DOA MultiGnost test panel

AMP BAR BUP BZO COC EDDP KET MDMA MET MOP MTD OPI PCP TCA THC TRA

TEST PANEL FOR RAPID DETECTION OF ILLEGAL DRUGS

PACKAGE INSERT FOR ANY COMBINATION OF THE FOLLOWING DOA MULTIGNOST TESTS

Ref: DOA013 ver. A, AB, B, C, D, E, F, G, H, I, J, K, L, M, N
DOA MultiGnost 3, 1x10 test panel

Ref: DOA015 ver. A, B, C, D, E, F, G, H, I
DOA MultiGnost 5, 1x10 test panel

Ref: DOA016 ver. A, B, C, D, E, F, G
DOA MultiGnost 6, 1x10 test panel

Ref: DOA018 ver. A
DOA MultiGnost 8, 1x10 test panel

Ref: DOA8-25 ver. A
DOA MultiGnost 8, 1x25 test panel

Ref: DOA050 ver. A, B, C, D, E, F, G
DOA MultiGnost 10, 1x5 test panel

Ref: DOA10-25 ver. A, B, C, D, E, F, G
DOA MultiGnost 10, 1x25 test panel

Including Specimen Validity Tests (S.V.T.) for Oxidants/Pyridinium Chlorochromate (OX/PCC), Specific Gravity (S.G.), pH, Nitrite (NIT), Glutaraldehyde (GLUT) and Creatinine (CRE).

INTENDED USE & SUMMARY

Urine based screen tests for multiple drugs of abuse arange from simple immunoassay tests to complex analytical procedures. The speed and sensitivity of immunoassays have made them the most widely accepted method to screen urine for multiple drugs of abuse.

DOA MultiGnost test panel (Urine) is a lateral flow chromatographic immunoassay for the qualitative detection of following drugs without the need of instruments.[1]

Test	Calibrator	Cut-off
Amphetamine (AMP 300)	d-Amphetamine	300 ng/mL
Amphetamine (AMP)	d-Amphetamine	1,000 ng/mL
Barbiturates (BAR)	Secobarbital	300 ng/mL
Benzodiazepines (BZO)	Oxazepam	300 ng/mL
Buprenorphine (BUP)	Buprenorphine	10 ng/mL
Cocaine (COC 150)	Benzoylecgonine	150 ng/mL
Cocaine (COC)	Benzoylecgonine	300 ng/mL
Ketamine (KET)	Ketamine	1,000 ng/mL
Marijuana (THC)	11-nor-Δ^9-THC-9 COOH	50 ng/mL
Methadone (MTD)	Methadone	300 ng/mL
Methadone metabolite (EDDP)	2-Ethylidene-1,5-dimethyl-3,3-dipheylpyrrolidine	100 ng/mL
Methamphetamine (MET)	d-Methamphetamine	1,000 ng/mL
Methylenedioxymethamphetamine (MDMA)	d,l-Methylenedioxymethamphetamine	500 ng/mL
Morphine (MOP)	Morphine	300 ng/mL
Opiate (OPI)	Morphine	2,000 ng/mL
Phencyclidine (PCP)	Phencyclidine	25 ng/mL
Tramadol (TRA)	Tramadol	100 ng/mL
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000 ng/mL

This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

Configurations of DOA MultiGnost Test Panel (Urine) come with any combination of the above listed drug analytes with or without S.V.T. This assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

S.V.T. SUMMARY

Each S.V.T. strip contains chemically treated reagent pads. Three to five minutes following the activation of the reagent pads by the urine sample, the colors that appear on the pads can be compared with the printed color chart card. The color comparison provides a semi-quantitative screen for any combination of oxidants/pyridinium chlorochromate (PCC), specific gravity, pH, nitrite, glutaraldehyde and creatinine in human urine which can help assess the integrity of the urine sample.

PRINCIPLE

DOA MultiGnost Test Panel (Urine) is an immunoassay based on the principle of competitive binding. Drugs which may be present in the urine specimen compete against their respective drug conjugate for binding sites on their specific antibody.

During testing, a urine specimen migrates upward by capillary action. A drug, if present in the urine specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody coated on the particles. The antibody coated particles will then be captured by the immobilized drug conjugate and a visible colored line will show up in the test line region of the specific drug strip. The colored line will not form in the test line region if the drug level is above its cut-off concentration because it will saturate all the binding sites of the antibody coated on the particles.

A drug-positive urine specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative urine specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. To serve as a procedural control, a colored line will always appear at the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred.

S.V.T. PRINCIPLE

Adulteration is the tampering of a urine specimen with the intention of altering the test results. The use of adulterants can cause false negative results in drug tests by either interfering with the screening test and/or destroying the drugs present in the urine. Dilution may also be employed in an attempt to produce false negative drug test results.

One of the best ways to test for adulteration or dilution is to determine certain urinary characteristics such as pH and specific gravity and to detect the presence of oxidants/PCC, specific gravity, pH, nitrite, glutaraldehyde and creatinine in urine.

- **Oxidants/PCC** (Pyridinium chlorochromate) tests for the presence of oxidizing agents such as bleach and hydrogen peroxide. Pyridinium Chlorochromate is a commonly used adulterant.[2] Normal human urine should not contain oxidants or PCC.
- **Specific gravity** tests for sample dilution. The normal range is from 1.003 to 1.030. Values outside this range may be the result of specimen dilution or adulteration.
- **pH** tests for the presence of acidic or alkaline adulterants in urine. Normal pH levels should be in the range of 4.0 to 9.0. Values outside of this range may indicate the sample has been altered.
- **Nitrite** tests for commonly used commercial adulterants such as Klear or Whizzies. They work by oxidizing the major cannabinoid metabolite THC-COOH.[3] Normal urine should contain no trace of nitrite. Positive results generally indicate the presence of an adulterant.
- **Glutaraldehyde** tests for the presence of an aldehyde. Adulterants such as UrinAid and Clear Choice contain glutaraldehyde which may cause false negative screening results by disrupting the enzyme used in some immunoassay tests.[2] Glutaraldehyde is not normally found in urine; therefore, detection of glutaraldehyde in a urine specimen is generally an indicator of adulteration.
- **Creatinine** is a waste product of creatine, an amino acid contained in muscle tissue and found in urine.[1] A person may attempt to foil a test by drinking excessive amounts of water or diuretics such as herbal teas to "flush" the system. Creatinine and specific gravity are two ways to check for dilution and flushing, which are the most common mechanisms used in an attempt to circumvent drug testing. Low creatinine and specific gravity levels may indicate dilute urine. The absence of creatinine (< 5 mg/dL) is indicative of a specimen not consistent with human urine.

REAGENTS

Each test contains specific drug antibody-coupled particles and corresponding drug-protein conjugates. A goat antibody is employed in each control line.

S.V.T. REAGENTS

Adulteration Pad	Reactive indicator	Buffers and non-reactive ingredients
Oxidants/PCC	0.36%	99.64%
Specific Gravity	0.25%	99.75%
pH	0.06%	99.94%
Nitrite	0.07%	99.93%
Glutaraldehyde	0.02%	99.98%
Creatinine	0.04%	99.96%

PRECAUTIONS

- For medical and other professional *in vitro* diagnostic use only. Do not use after the expiration date.
- The test panel should remain in the sealed pouch until use.
- All specimens should be considered potentially hazardous and handled in the

same manner as an infectious agent.

- The used test panel should be discarded according to local regulations.

STORAGE AND STABILITY

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). The test panel is stable through the expiration date printed on the sealed pouch. The test panel must remain in the sealed pouch until use. **DO NOT FREEZE**. Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

Urine Assay

The urine specimen must be collected in a clean and dry container. Urine collected at any time of the day may be used. Urine specimens exhibiting visible precipitates should be centrifuged, filtered, or allowed to settle to obtain a clear supernatant for testing.

Specimen Storage

Urine specimens may be stored at 2-8°C for up to 48 hours prior to testing. For prolonged storage, specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed well before testing. When tests include S.V.T., storage of urine specimens should not exceed 2 hours at room temperature or 4 hours refrigerated prior to testing. For best results, test specimens immediately following collection.

MATERIALS

Materials Provided

- Test panels
- SVT/Adulterant color chart (if applicable)
- Package insert

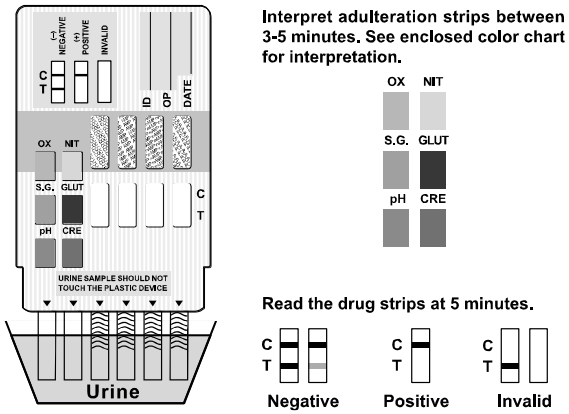
Materials Required But Not Provided

- Specimen collection container
- Timer

DIRECTIONS FOR USE

Allow the test panel, urine specimen, and/or controls to equilibrate to room temperature (15-30°C) prior to testing.

1. Remove the test card from the sealed pouch and use it as soon as possible. Remove the cap from the end of the test card. With arrows pointing toward the urine specimen, immerse the strip(s) of the test card vertically in the urine specimen for at least 10-15 seconds. **Immerse the strip(s) to at least the level of the wavy lines, but not above the arrow(s) on the test card.**
2. Replace the cap and place the test card on a non-absorbent flat surface, start the timer and wait for the colored line(s) to appear.
3. Read the adulteration strip between 3 and 5 minutes by comparing the colors on the adulteration strip to the enclosed color chart. If the result indicates adulteration, do not interpret the drug test results. Either retest the urine or collect another specimen.
4. **Read the drug strip results at 5 minutes.** Do not read results after 10 minutes.



Interpret adulteration strips between 3-5 minutes. See enclosed color chart for interpretation.

Read the drug strips at 5 minutes.

INTERPRETATION OF RESULTS

(Please refer to the illustration above)

NEGATIVE:* A colored line in the control line region (C) and a colored line in the test line region (T) for a specific drug indicate a negative result. This indicates that the drug concentration in the urine specimen is below the designated cut-off level for that specific drug.

***NOTE:** The shade of color in the test region (T) may vary, but it should be considered negative whenever there is even a faint colored line.

POSITIVE: A colored line in the control line region (C) but no line in the test line region (T) for a specific drug indicates a positive result. This indicates that the drug concentration in the urine specimen exceeds the designated cut-off for that specific drug.

INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test using a new test panel. If the problem persists, discontinue using the lot immediately and contact your local distributor.

SVT/ADULTERANT INTERPRETATION

(Please refer to the color chart)

Semi-quantitative results are obtained by visually comparing the reacted color blocks on the strips to the printed color blocks on the color chart. No instrumentation is required.

QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line region (C) is considered an internal procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as good laboratory practice to confirm the test procedure and to verify proper test performance.

LIMITATIONS

1. DOA MultiGnost Test Panel (Urine) provides only a preliminary analytical result. A more specific chemical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.[4, 5]
2. It is possible that technical or procedural errors, as well as other interfering substances in the urine specimen may cause erroneous results.
3. Adulterants, such as bleach and/or alum, in urine specimens may produce erroneous results regardless of the analytical method used. If adulteration is suspected, the test should be repeated with another urine specimen.
4. A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in urine.
5. A negative result may not necessarily indicate drug-free urine. Negative results can be obtained when drug is present but below the cut-off level of the test.
6. The test does not distinguish between drugs of abuse and certain medications.
7. A positive result might be obtained from certain foods or food supplements.

S.V.T. ADULTERATION LIMITATIONS

1. The adulteration tests included with this product are meant to aid in the determination of abnormal specimens. While comprehensive, these tests are not meant to be an "all-inclusive" representation of possible adulterants.
2. Oxidants/PCC: Normal human urine should not contain oxidants or PCC. The presence of high levels of antioxidants in the specimen, such as ascorbic acid, may result in false negative results for the oxidants/PCC pad.
3. Specific Gravity: Elevated levels of protein in urine may cause abnormally high specific gravity values.
4. Nitrite: Nitrite is not a normal component of human urine. However, nitrite found in urine may indicate urinary tract infections or bacterial infections. Nitrite levels of > 20 mg/dL may produce false positive glutaraldehyde results.
5. Glutaraldehyde: Is not normally found in urine. However certain metabolic abnormalities such as ketoacidosis (fasting, uncontrolled diabetes or high-protein diets) may interfere with the test results.
6. Creatinine: Normal creatinine levels are between 20 and 350 mg/dL. Under rare conditions, certain kidney diseases may show dilute urine.

PERFORMANCE CHARACTERISTICS

Accuracy

A side-by-side comparison was conducted using the Multi-Drug One Step Screen Test Panel (Urine) and commercially available drug rapid tests. Testing was performed on approximately 300 specimens previously collected from subjects present for drug screen testing. Presumptive positive results were confirmed by GC/MS. The following results were tabulated:

% Agreement with Commercial Kit

Specimen	AMP 300	AMP	BAR	BZO	BUP**	COC 150	COC
Positive	>99%	97%	>99%	90%	88%	>99%	95%
Negative	>99%	>99%	99%	97%	>99%	>99%	>99%
Total	>99%	98%	99%	94%	97%	>99%	98%

Specimen	KET	THC	MTD	EDDP 100	MET 300
Positive	*	98%	>99%	*	*
Negative	*	>99%	>99%	*	*
Total	*	99%	>99%	*	*

Specimen	MET	MDMA	MOP 300	OPI 2000	OXY	PCP	TRA	TCA
Positive	98%	>99%	>99%	99%	96%	98%	*	95%
Negative	>99%	99%	>99%	>99%	99%	>99%	*	>99%
Total	99%	99%	>99%	>99%	98%	>99%	*	99%

*** NOTE:** Commercial kit unavailable for comparison testing.

**** NOTE:** BUP was compared to the self-reported use of Buprenorphine.

% Agreement with GC/MS

Specimen	AMP 300	AMP	BAR	BZO	BUP*	COC 150	COC
Positive	>99%	97%	92%	97%	98%	99%	96%
Negative	99%	95%	98%	95%	>99%	99%	90%
Total	99%	96%	95%	96%	>99%	99%	93%

Specimen	KET	THC	MTD	EDDP 100
Positive	>99%	96%	99%	98%
Negative	95%	97%	94%	>99%
Total	95%	96%	96%	99%

Specimen	MET	MDMA	MOP 300	OPI 2000	OXY	PCP	TRA*	TCA**
Positive	99%	97%	>99%	98%	99%	>99%	99%	>99%
Negative	94%	>99%	94%	97%	98%	96%	96%	89%
Total	96%	98%	97%	98%	99%	97%	97%	91%

*** NOTE:** BUP and TRA were based on LC/MS data instead of GC/MS.
**** NOTE:** TCA was based on HPLC data instead of GC/MS.

Analytical Sensitivity

A drug-free urine pool was spiked with drugs to the concentrations at ± 50% cut-off and ± 25% cut-off. The results are summarized below.

Drug Conc. (Cut-off range)	AMP 300		AMP		BAR		BZO		BUP	
	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	90	0
-50% Cut-off	30	0	30	0	30	0	30	0	90	0
-25% Cut-off	27	3	22	8	27	3	27	3	75	15
Cut-off	13	17	12	18	22	8	11	19	60	30
+25% Cut-off	4	26	2	28	8	22	5	25	31	59
+50% Cut-off	0	30	0	30	2	28	0	30	0	90

Drug Conc. (Cut-off range)	COC 150		COC		KET		THC	
	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	90	0	30	0
-50% Cut-off	30	0	30	0	90	0	30	0
-25% Cut-off	24	6	30	0	90	0	12	18
Cut-off	14	16	4	26	57	33	1	29
+25% Cut-off	7	23	0	30	3	87	1	29
+50% Cut-off	0	30	0	30	0	90	0	30

Drug Conc. (Cut-off range)	MTD		EDDP 100		MET	
	-	+	-	+	-	+
0% Cut-off	30	0	90	0	30	0
-50% Cut-off	29	1	90	0	30	0
-25% Cut-off	24	6	90	0	30	0
Cut-off	21	9	37	53	18	12
+25% Cut-off	2	28	8	82	1	29
+50% Cut-off	0	30	0	90	0	30

Drug Conc. (Cut-off range)	MDMA		MOP 300		OPI 2000		OXY		PCP		TCA		TRA	
	-	+	-	+	-	+	-	+	-	+	-	+	-	+
0% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	90	0
-50% Cut-off	30	0	30	0	30	0	30	0	30	0	30	0	90	0
-25% Cut-off	26	4	25	5	25	5	30	0	19	11	29	1	90	0
Cut-off	17	13	17	13	15	15	18	12	16	14	18	12	61	29
+25% Cut-off	4	26	1	29	6	24	6	24	6	24	5	25	21	69
+50% Cut-off	0	30	0	30	0	30	0	30	0	30	0	30	2	88

Analytical Specificity

The following tables lists the concentration of compounds (ng/mL) that are detected positive in urine by the Multi-Drug One Step Screen Test Panel (Urine) at 5 minutes.

AMPHETAMINE 300	
d-Amphetamine	300
d,l-Amphetamine	390
l-Amphetamine	50,000
p-Hydroxyamphetamine	1,560
p-Hydroxynorephedrine	100,000
3,4-Methylenedioxyamphetamine (MDA)	1,560
β-Phenylethylamine	100,000
Phenylpropanolamine (d,l-Norephedrine)	100,000
Tyramine	100,000
AMPHETAMINE	
d-Amphetamine	1,000
d,l-Amphetamine	3,000
l-Amphetamine	50,000
d,l-3,4-Methylenedioxyamphetamine (MDA)	2,000
Phentermine	3,000
BARBITURATES	
Secobarbital	300
Alphenal	150
Amobarbital	300
Aprobarbital	200
Butabarbital	75
Butalbital	2,500

KETAMINE	
Ketamine	1,000
Pentobarbital	50,000
Secobarbital	100,000
Norketamine	50,000
MARIJUANA	
11-nor-Δ^9-THC-9 COOH	50
11-nor-Δ^8-THC-9 COOH	30
Cannabinol	20,000
Δ^8-THC	15,000
Δ^9-THC	15,000
METHADONE	
Methadone	300
Doxylamine	50,000
EDDP 100	
2-Ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)	100
METHAMPHETAMINE	
d-Methamphetamine	1,000
p-Hydroxymethamphetamine	30,000
Mephentermine	50,000
l-Methamphetamine	8,000
d,l-3,4-Methylenedioxymethamphetamine (MDMA)	2,000
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	

Butethal	100
Cyclopentobarbital	600
Pentobarbital	300
Phenobarbital	100
BENZODIAZEPINES	
Oxazepam	300
Alprazolam	196
Bromazepam	1,562
Chlordiazepoxide	1,562
Clobazam	98
Clonazepam	781
Clorazepate	195
Delorazepam	1,562
Desalkylflurazepam	390
Diazepam	195
Estazolam	2,500
Flunitrazepam	390
α-Hydroxyalprazolam	1,262
d,l-Lorazepam	1,562
RS-Lorazepam glucuronide	156
Midazolam	12,500
Nitrazepam	98
Norchlordiazepoxide	195
Nordiazepam	390
Temazepam	98
Triazolam	2,500
BUPRENORPHINE	
Buprenorphine	10
Buprenorphine 3-D-glucuronide	15
Norbuprenorphine	20
Norbuprenorphine 3-D-glucuronide	200
COCAINE 150	
Benzoylecgonine	150
Cocaine	400

d,l-3,4-Methylenedioxymethamphetamine (MDMA)	500
d,l-3,4-Methylenedioxyamphetamine (MDA)	3,000
3,4-Methylenedioxyethylamphetamine (MDEA)	300
MORPHINE 300	
Morphine	300
Codeine	300
Ethylmorphine	6,250
Hydrocodone	50,000
Hydromorphone	3,125
Levorphanol	1,500
6-Monoacetylmorphine (6-MAM)	400
Morphine 3-β-D-glucuronide	1,000
Norcodeine	6,250
Normorphine	100,000
Oxycodone	30,000
Oxymorphone	100,000
Procaine	15,000
Thebaine	6,250
OPIATE 2000	
Morphine	2,000
Codeine	2,000
Ethylmorphine	5,000
Hydrocodone	12,500
Hydromorphone	5,000
Levorphanol	75,000
6-Monoacetylmorphine (6-MAM)	5,000
Morphine 3-β-D-glucuronide	2,000
Norcodeine	12,500
Normorphine	50,000
Oxycodone	25,000
Oxymorphone	25,000
Procaine	150,000
Thebaine	100,000
PHENCYCLIDINE	

Cocaethylene	6,250
Ecgonine	12,500
Ecgonine methylester	50,000
COCAINE	
Benzoylecgonine	300
Cocaine	780
Cocaethylene	12,500
Ecgonine	32,000
TRAMADOL	
Cis-tramadol	100
n-Desmethyl-cis-tramadol	195
o-Desmethyl-cis-tramadol	6,250
Phencyclidine	100,000
Procyclidine	100,000
d,l-O-Desmethyl venlafaxine	25,000

Phencyclidine	25
4-Hydroxyphencyclidine	12,500
TRICYCLIC ANTIDEPRESSANTS	
Nortriptyline	1,000
Amitriptyline	1,500
Clomipramine	12,500
Desipramine	200
Doxepin	2,000
Imipramine	400
Maprotiline	2,000
Nordoxepin	1,000
Promazine	1,500
Promethazine	25,000
Trimipramine	3,000

Cross-Reactivity

A study was conducted to determine the cross-reactivity of the test with compounds in either drug-free urine or Amphetamine 300, Amphetamine, Barbiturates, Benzodiazepines, Buprenorphine, Cocaine 150, Cocaine, Ketamine, Marijuana, Methadone, EDDP 100 (Methadone metabolite), Methamphetamine, Methylenedioxymethamphetamine, Morphine 300, Opiate 2000, Oxycodone, Phencyclidine, Tramadol and Tricyclic Antidepressants positive urine. The following compounds show no cross-reactivity when tested with DOA MultiGnost Test Panel (Urine) at a concentration of 100 µg/mL.

Non Cross-Reacting Compounds

4-Acetamidophenol	Diclofenac	Labetalol	Prednisolone
Acetone	Dicyclomine	Lidocaine	Prednisone
Acetophenetidin	Diflunisal	Lindane	d,l-Propanolol
Acetylsalicylic acid	Digoxin	Lithium	Quinacrine
Albumin	4-Dimethylaminoantipyrine	Loperamide	Quinidine
alpha-Naphthaleneacetic Acid	Diphenhydramine	l-Thyroxine	Quinine
Aminopyrine	5,5-Diphenylhydantoin	Meperidine	R(-) Deprenyl
Amoxapine	EMDP	Meprobamate	Riboflavin
Amoxicillin	Erythromycin	Methaqualone	Salicylic acid
Ampicillin	β-Estradiol	Methoxyphenamine	Serotonin
Apomorphine	Estrone-3-sulfate	Methylphenidate	Seroquel
Ascorbic acid	Ethyl alcohol	Metoprolol	Sertraline
Aspartame	Ethyl-p-aminobenzoate	N-Acetylprocainamide	Sodium Chloride
Atropine	Etodolac	Nalidixic acid	Sulfamethazine
Benzilic acid	Famprofazone	Nalorphine	Sulindac
Benzoic acid	Fenoprofen	Naproxen	Tetracycline
Benzydamine	Fluoxetine	Niacinamide	Tetrahydrocortison-3-acetate
Brompheniramine	Furosemide	Nifedipine	Tetrahydrozoline
Caffeine	Gentisic acid	Nimesulide	Theophylline
Cannabidiol	d-Glucose	Norethindrone	Thiamine
Chloral Hydrate	Guaiacol Glyceryl Ether	Noscapine	Thioridazine
Chloramphenicol	Hemoglobin	d,l-Octopamine	Tolbutamide
Chloroquine	Hydralazine	Orphenadrine	Trans-2-phenylcyclopropylamine
Chlorothiazide	Hydrochlorothiazide	Oxalic acid	Trazodone
Chlorpromazine	Hydrocortisone	Oxolinic acid	Triamterene
Chlorprothixene	o-Hydroxyhippuric acid	Oxymetazoline	Trifluoperazine
Cholesterol	3-Hydroxytyramine	Papaverine	Trimethoprim
Cimetidine	Ibuprofen	Pemoline	d,l-Tryptophan
Clonidine	Iproniazid	Penicillin	d,l-Tyrosine
Cortisone	Isoproterenol	Pentazocine	Uric acid
Creatinine	Isoxsuprine	Phenelzine	Verapamil
Deoxycorticosterone	Kanamycin	Pheniramine	Zomepirac
Dextromethorphan	Ketoprofen	Phenothiazine	

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