



27229N - SUBSTANCE ABUSE PANEL 10-50,OP,6AM,BRZ2,A5,C15,T

Req Name: SAP 10-50 OP+6A,BRZ2

SUBMITTED URINE SPECIMENS TESTED AT THE LISTED CUTOFFS.

DRUG CLASS	INITIAL TEST LEVEL	CONFIRMATORY TEST LEVEL	CONFIRMATORY METHOD
AMPHETAMINES	500 ng/mL		
Amphetamine		250 ng/mL	MS
Methamphetamine		250 ng/mL	MS
BARBITURATES	200 ng/mL		
Amobarbital		200 ng/mL	MS
Butalbital		200 ng/mL	MS
Pentobarbital		200 ng/mL	MS
Phenobarbital		200 ng/mL	MS
Secobarbital		200 ng/mL	MS
BENZODIAZEPINES	200 ng/mL		
Alprazolam Metabolite		200 ng/mL	MS
Oxazepam		200 ng/mL	MS
COCAINE METABOLITES	150 ng/mL	100 ng/mL	MS
MARIJUANA METABOLITES	50 ng/mL	15 ng/mL	MS
METHADONE	300 ng/mL	200 ng/mL	MS
METHAQUALONE	300 ng/mL	200 ng/mL	MS
MDA-ANALOGUES	500 ng/mL		
MDA		250 ng/mL	MS
MDMA		250 ng/mL	MS
MDEA		250 ng/mL	MS
OPIATES	300 ng/mL		
Codeine		300 ng/mL	MS
Morphine		300 ng/mL	MS
Hydromorphone		300 ng/mL	MS
Hydrocodone		300 ng/mL	MS
OXYCODONES	100 ng/mL		
Oxymorphone		100 ng/mL	MS
Oxycodone		100 ng/mL	MS
6-ACETYLMORPHINE	10 ng/mL	10 ng/mL	MS
PHENCYCLIDINE	25 ng/mL	25 ng/mL	MS
PROPOXYPHENE	300 ng/mL	200 ng/mL	MS

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