

SCREENING OF BIOLOGICAL SPECIMENS BY ENZYME MULTIPLIED IMMUNOASSAY TECHNIQUE (EMIT) AND ENZYMATIC ASSAY

18.1 POLICY

This test method may be used to presumptively identify several drugs or drug metabolites and/or drug classes as being present in biological specimens.

Any adjustments or deviations from the procedures below must be approved by a member of TLD Management and appropriately documented in the batch.

18.2 PURPOSE

The purpose of this standard operating procedure (SOP) is to provide technical direction for the presumptive identification of amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, methadone, opiates, phencyclidine (PCP), and tricyclic antidepressants (TCA), in urine, whole blood, serum, plasma, vitreous humor, or tissue homogenate, and presumptive identification of acetaminophen and salicylate in urine.

As a colorimetric test for ketones and glucose is performed on post-mortem urine samples at the same time as the urine EMIT procedure, directions for using and reporting from Keto-Diastix® Test Strips are included in this SOP.

18.3 PRINCIPLE

Immunoassays are scientific tests that use antibodies to identify and qualitatively measure amounts of a chemical substance. In forensic toxicology, these are typically used to screen biological samples for the presence of an antigen; most commonly a drug. These are competitive binding assays and are rapid methods for qualitatively detecting individual drugs or metabolites, or classes of drugs in urine or extracted blood or tissue samples.

The assay is based on competition between drug in the specimen and drug labeled with the enzyme glucose-6-phosphate dehydrogenase to antibody binding sites. Enzyme activity decreases upon binding to the antibody, so the relative drug concentration in the specimen can be compared to a known concentration. The enzyme converts NAD⁺ to NADH, resulting in a change in absorbance that is measured by a spectrophotometer.

Specificity (the degree to which the assay correctly identifies only the compound(s) of interest) is a critical component of immunoassays. Cross-reactivity to structurally similar compounds is inherent. Understanding the compounds that exhibit cross-reactivity is important to data interpretation.

18.4 SPECIMENS

18.4.1 Specimens include whole blood, serum, plasma, urine, vitreous humor and tissue homogenate.

18.4.2 The standard specimen volume of whole blood, tissue homogenate, or vitreous humor is 1 mL.

18.4.3 Smaller volumes of specimens may be analyzed at the Forensic Scientist's discretion.

18.4.4 Analysis of larger specimen volumes must be approved and documented.

18.4.5 Given that serum, plasma, and urine do not require any sample preparation, approximately 8 drops of each sample type is sufficient to complete testing.

18.5 REAGENTS, MATERIALS AND EQUIPMENT

18.5.1 REAGENTS

18.5.1.1 Acetonitrile

18.5.1.2 Certified blank blood

18.5.1.3 Certified blank urine

18.5.1.4 Dilute aqueous *Emit*® Drug Assay Buffer

Emit® Drug Assay Buffer Concentrate (from TCA reagent kit) is diluted 1:14 with DI H₂O. (For example: Add 5 mL concentrated EMIT buffer to 70 mL of DI H₂O and mix, for total volume of 75 mL dilute aqueous EMIT buffer). Changes to the final volume are permitted, provided that the proportions are maintained. This solution is used to prepare the working blood EMIT buffer (18.5.1.9) and to reconstitute the TCA reagents (18.5.1.12).

18.5.1.5 *Emit*® Drug Assay Buffer Concentrate

18.5.1.6 *Emit*® II Plus reagents for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, methadone, opiates and phenytoin (PCP) (supplied as ready-to-use liquids, kept refrigerated).

18.5.1.7 *Emit*® tox™ serum tricyclic antidepressants calibrator and controls, kept refrigerated.

18.5.1.8 Methanol (MeOH)

18.5.1.9 Working blood EMIT buffer

Equal parts dilute aqueous EMIT buffer (prepared in 18.5.1.4) and MeOH are mixed to prepare working blood EMIT buffer. (For example: Mix 525 mL dilute EMIT buffer and 525 mL MeOH for a total volume of 1050 mL working EMIT buffer). Changes to the final volume are permitted, provided that the proportions are maintained. The solution is stored in a plastic or glass bottle at room temperature and expires one year from the date of preparation.

18.5.1.10 Stanbio Laboratory Acetaminophen Liquacolor® reagents (supplied as a ready-to-use liquids, kept refrigerated).

18.5.1.11 Stanbio Laboratory Salicylate Liqui-UV® reagents (supplied as liquids, kept refrigerated). Reagent A (R1) is ready to use without modification. Reagent B (R2) is diluted to a total volume of 10 mL with DI H₂O.

18.5.1.12 TCA reagents, reconstituted

TCA reagents A and B are reconstituted with 3 mL DI H₂O, using a volumetric glass or calibrated piston pipette. TCA reagents R1 and R2 are prepared as follows:

- Reagent 1 (R1) is prepared by mixing one part reconstituted reagent A with 8 parts dilute aqueous EMIT buffer (prepared in 18.5.1.4). (For example, the 3 mL of reconstituted reagent A is mixed with 24 mL dilute aqueous EMIT buffer for a total volume of 27 mL R1).
- Reagent 2 (R2) is prepared by mixing one part reconstituted reagent B with 8 parts dilute aqueous EMIT buffer.

18.5.1.13 UTAK urine toxicology controls (UTAK 0 negative control, UTAK 5 positive control), kept refrigerated.

18.5.2 MATERIALS

- 18.5.2.1 Disposable 16 x 125mm tubes with closures
- 18.5.2.2 Disposable 12 x 75mm tubes with closures
- 18.5.2.3 Fisherbrand conical sample cups (or equivalent)
- 18.5.2.4 Disposable centrifuge tubes with closures
- 18.5.2.5 Disposable pipette tips
- 18.5.2.6 Keto-Diastix® Test Strips
- 18.5.2.7 Laboratory glassware (graduated cylinders, flasks)
- 18.5.2.8 Volumetric glassware (flasks, pipettes)

18.5.3 EQUIPMENT

- 18.5.3.1 Olympus AU400e
- 18.5.3.2 Calibrated, adjustable piston pipettes
- 18.5.3.3 Centrifuge
- 18.5.3.4 Vortex mixer
- 18.5.3.5 Evaporator (Caliper LS, formerly Zymark, TurboVap)

18.6 STANDARDS, CALIBRATORS AND CONTROLS

18.6.1 STANDARDS

- 18.6.1.1 Reference materials (referred to interchangeably in this method as stock standards) are used for the preparation of working standards which in turn are used to produce calibrators for use with all matrices except urine.
- 18.6.1.2 Stock standards are purchased from an approved reference material supplier and include the following:
 - a. Benzoyllecgonine: 1.0 mg/mL

- b. Morphine: 1.0 mg/mL
- c. Oxazepam: 1.0 mg/mL
- d. Secobarbital: 1.0 mg/mL
- e. 11-nor-9-COOH- Δ 9-THC 1.0 mg/mL
- f. d-Methamphetamine 1.0 mg/mL
- g. Phencyclidine 1.0 mg/mL
- h. Methadone 1.0 mg/mL
- i. Nortriptyline 1.0 mg/mL

18.6.1.3 Working standard (used for all matrices except urine)

- a. Using a calibrated pipette, add the following volumes of each compound to a 50 mL Class A volumetric flask:

Compound	Volume (μ L)	Final Standard Concentration (mg/L)	Cal Level 1 Concentration (mg/L)	Cal Level 2 Concentration (mg/L)
benzoylecgonine	250	5	0.10 mg/L	-
morphine	62.5	1.25	-	0.05 mg/L
oxazepam	125	2.5	-	0.10 mg/L
secobarbital	250	5	0.10 mg/L	-
(-)-11-nor-9-COOH- Δ 9-THC	25	0.5	0.01 mg/L	-
d-methamphetamine	250	5	-	0.20 mg/L
phencyclidine	25	0.5	0.01 mg/L	-
methadone	250	5	0.10 mg/L	-
nortriptyline	250	5	0.10 mg/L	-

- b. Add MeOH to the flask to the designated volume.
- c. Adjustments to the final volume are permitted, provided that the proportions and final concentration is maintained.
- d. The final concentration of the working standard, and calibrator level target concentrations, are listed in the table above for each compound. The working standard is stored in the freezer in an amber bottle and expires one year from the date of preparation.

18.6.1.4 Working control standard

- a. Using a calibrated pipette, add the following volumes of each compound to a 10 mL Class A volumetric flask:

Compound	Volume (μ L)	Final Standard Concentration (mg/L)	Low Pos Ctl Concentration (mg/L)	High Pos Ctl Concentration (mg/L)
benzoylecgonine	125	12.5	0.125 mg/L	0.25 mg/L
morphine	60	6	0.06 mg/L	0.12 mg/L
oxazepam	200	20	0.20 mg/L	0.40 mg/L
secobarbital	150	15	0.15 mg/L	0.30 mg/L
(-)-11-nor-9-COOH- Δ 9-THC	12.5	1.25	0.0125 mg/L	0.025 mg/L
d-methamphetamine	200	20	0.20 mg/L	0.40 mg/L

phencyclidine	12.5	1.25	0.0125 mg/L	0.025 mg/L
methadone	125	12.5	0.125 mg/L	0.25 mg/L
nortriptyline	125	12.5	0.125 mg/L	0.25 mg/L

- b. Add MeOH to the flask to the designated volume.
- c. Adjustments to the final volume are permitted, provided that the proportions and final concentration is maintained.
- d. The final concentration of the working control standard, and positive control target concentrations, are listed in the table above for each compound. The working standard is stored in the freezer in an amber bottle and expires one year from the date of preparation.

18.6.2 CALIBRATORS – All calibrations are single-point, qualitative only.

18.6.2.1 Blood, Serum, Plasma, Vitreous or Tissue Homogenate:

- a. Calibrators are prepared in certified blank blood at the time of analysis using the working standard. The preparation of the calibrators is detailed in 18.7 SAMPLE PREPARATION. If necessary, calibrators may be prepared in alternate matrices provided that the matrix has been previously determined to not contain any of the compounds tested for by this procedure.
- b. All single-point calibrations are generated from calibrator level 1, with the exception of amphetamines, benzodiazepines and opiates, which use calibrator level 2 for calibration. Single-point calibration levels represent the cutoff concentrations.

18.6.2.2 Urine: Urine calibration is performed at least once a week (at conclusion of weekly instrument maintenance).

The following calibrators are supplied as liquids, ready to use, and kept refrigerated:

- a. *Emit® II Plus* calibrators (level 1, 2, and 3). Stable until expiration date printed on vial.
- b. Stanbio Laboratory acetaminophen calibrator (300 mg/L). Stable until expiration date printed on vial.
- c. Stanbio Laboratory salicylate calibrator (300 mg/L). Stable until expiration date printed on vial.

The following calibrator requires reconstitution:

Emit® tox™ TCA calibrator (300 mg/L nortriptyline, reconstituted with 3 mL DI H₂O using a volumetric pipette). Stable for 12 weeks from date of reconstitution.

18.6.3 CONTROLS

Each batch must include at least 10% controls, including both positive and negative controls. The controls must bracket the case specimens and all batches must end with a positive control.

18.6.3.1 Blood, Serum, Plasma, Vitreous, or Tissue Homogenate

18.6.3.1.1 Negative Controls

- a. At least two negative whole blood controls are tested at the start of every batch. One is to function as the matrix blank for the spectrophotometer, and the remaining functions as a negative control. All controls are prepared using certified blank blood.
- b. If a batch contains more than 30 unknown samples, an additional negative control is created for each 10 samples to bring the total percentage of controls to 10% of the batch. Any additional negative controls are to be spaced as evenly as possible throughout the test batch.

18.6.3.1.2 Positive Controls

- a. At least two whole blood positive controls are tested with every batch.
- b. Stock standards used to prepare positive controls are obtained from an approved reference material supplier.
- c. The control working standard is prepared as described in 18.6.1.4.
- d. The preparation of the positive whole blood controls is detailed in 18.7 SAMPLE PREPARATION. Alternatively, quality control personnel may provide in-house positive controls.

18.6.3.2 Urine

18.6.3.2.1 Daily Quality Control

A Green Rack (see 18.3.3.1) is run once daily and consists of:

- a. A negative control, which can either be certified blank urine or UTAK 0. The UTAK 0 is reconstituted with 5 mL DI H₂O and must be used within 30 days of reconstitution.
- b. A urine positive control, UTAK 5, is reconstituted with 5 mL DI H₂O and must be used within 25 days of reconstitution. This serves as the positive urine control for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, methadone, opiates and PCP.
- c. The *Emit@ tox™* TCA positive urine control requires reconstitution with 3 mL DI H₂O. Solution is stable for 12 weeks from date of reconstitution.
- d. A salicylate/acetaminophen positive urine control is prepared in-house as follows:

- Stock solutions (2.0 mg/mL)

Add 200 mg acetaminophen to 50 mL DI H₂O in a Class A 100 mL volumetric flask. Fill to designated volume with DI H₂O and mix, adding low heat as necessary for complete dissolution.

Add 200 mg salicylic acid to 50 mL DI H₂O in a Class A 100 mL volumetric flask. Fill to designated volume with DI H₂O and mix, adding low heat as necessary for complete dissolution.

Stock solutions may be stored refrigerated in an amber bottle for up to one year from the date of preparation.

•Urine control

Add 5 mL of each stock solution to a Class A 100 mL volumetric flask. Fill to designated volume with fresh, drug-free urine. The control solution is stored in the refrigerator in an amber bottle and expires 3 months from the date of preparation.

NOTE: If preparing the acetaminophen/salicylate positive control from stock solutions that have been refrigerated, the stock solutions may need to be carefully heated and mixed (approximately one hour) to ensure complete dissolution before preparing urine control.

18.6.3.2.2 Within-batch Quality Controls

- a. At least one negative control is tested at the start of every batch. The negative control can either be certified blank urine or UTAK 0. Note that if the green QC rack is run concurrently with the test batch, this serves as the negative at the start of the batch.
- b. At least one urine positive control is tested with every batch. This positive control is prepared in-house on the day of analysis and run as a sample test (see 18.6.3.2, use Profile 1) at the end of each urine batch.
- c. This positive control is prepared by adding 20 μ L of the blood EMIT working control standard to 0.25 mL blank urine in a 12 x 75mm tube. Cap the tube and vortex mix. Transfer the contents of the tube to a sample cup.

NOTE: If a batch contains more than 20 unknown samples, an additional negative control is created for each 10 samples to bring the total percentage on controls to 10% of the batch. Any additional negative controls are to be spaced as evenly as possible throughout the test batch.

18.7 SAMPLE PREPARATION (Blood, Vitreous, or Tissue Homogenate)

18.7.1 Blood, Vitreous, or Tissue Homogenate

NOTE: Serum or plasma will be run with contemporary blood calibrators and controls, but do not require sample preparation. Skip to step 18.7.1.11 for unextracted serum or plasma samples. Serum or plasma samples may be extracted, as determined by available sample volume.

- 18.7.1.1 Label a clean 16 x 125mm tube for each member of the test batch. (i.e. calibrators, controls, or case samples).
- 18.7.1.2 Add 1 mL of certified blank whole blood into each of the two calibrator tubes (low and high), the matrix blank, and the positive and negative control(s).
- 18.7.1.3 Using the working standard, spike the low and high calibrators as follows: Add 20 μ L of working standard to the low calibrator tube and 40 μ L to the high calibrator tube.

- 18.7.1.4 Using the working control standard, spike the low and high positive controls as follows: Add 10 μ L of working control standard to the low positive control tube and 20 μ L to the high positive control tube.
- 18.7.1.5 Sample 1 mL of each case sample into its respective tube.
- 18.7.1.6 To each tube, add 1 mL of methanol, followed immediately by 3 mL of acetonitrile. Vortex mix approximately 30 seconds.
- 18.7.1.7 Centrifuge the tubes for 5 minutes at 2000rpm to achieve separation.
- 18.7.1.8 Decant the supernatant into a conical centrifuge tube, and evaporate under air at 50°C to approximately 100 μ L.
- 18.7.1.9 Remove the tubes from the evaporator and add 350 μ L of working blood EMIT buffer and vortex mix.
- 18.7.1.10 Centrifuge the tubes for 5 minutes at 2000rpm.
- 18.7.1.11 Transfer the clear supernatant to labeled conical sample cups for analysis on the Olympus AU400e. See section 18.8 INSTRUMENTAL PARAMETERS for guidance.

18.7.2 Urine

- 18.7.2.1 Urine samples require no sample preparation. A few drops (8-10) of sample are transferred into labeled conical sample cups for analysis on the Olympus AU400e (see 18.8 INSTRUMENTAL PARAMETERS).
- 18.7.2.2 Ketones and glucose testing must be performed on urine samples. This is done using Keto-Diastix® test strips (follow manufacturer's instructions). The results are documented at the bottom of the urine report from the AU400e.

18.8 INSTRUMENTAL PARAMETERS

18.8.1 INSTRUMENT MAINTENANCE

Daily, weekly, monthly, 3-month, and 6-month maintenance is required to keep the AU400e in working order. Refer to the Olympus AU400e Maintenance Manual for instructions on routine maintenance as well as troubleshooting any issues that may arise. Maintenance records are filed in the instrument maintenance/QC binder.

18.8.2 INSTRUMENT CALIBRATION

- 18.8.2.1 From the main computer screen, under USER, select "Start Condition/New Data Index". Change the data index to reflect the current time and set the operator name.
- 18.8.2.2 Under USER, select "Order Calibration from Racks", select which sample type (serum or urine- select serum if using blood, serum, plasma, vitreous or tissue homogenate). Click on "Start Entry" and enter "1" under "profile" if using the serum panel, "2" for the urine panel. Click "Entry" to make the selection, and then click on "Exit."

18.8.2.3 For urine calibration, use a blue sample rack with DI H₂O in position 10. Fill each labeled position in a yellow sample rack with the appropriate calibrator.

NOTE: The urine calibration is performed weekly, or as needed, with calibration data filed in the instrument maintenance/QC binder.

18.8.2.4 For blood (and other associated matrices), use a blue sample rack, with the supernatant from the extracted matrix blank in position 1. Fill position 1 of the red-striped yellow sample rack with the supernatant from the 20 μ L low calibrator, and position 2 with the 40 μ L high calibrator.

NOTE: Blood (and other associated matrices) calibration is performed with each batch containing those matrices.

18.8.3 ORDERING CONTROL SAMPLES

NOTE: Ensure that step 18.8.2.1 (setting the operator name and data index) is performed before ordering any quality controls or sample tests.

18.8.3.1 To order urine controls (performed once daily, select "Order QC from Green Rack" under USER. Select urine for the sample type. Fill the labeled sections of a green sample rack with the appropriate quality controls.

18.8.3.2 The negative(s), low, and high control for blood and other associated matrices are ordered as samples. See section 18.8.4 ORDERING SAMPLE TESTS.

18.8.4 ORDERING SAMPLE TESTS

18.8.4.1 Under USER, choose "Select Report Format". Select either the urine report or blood report appropriately.

18.8.4.2 Under USER, select "Order Sample Tests". Set the sample type appropriately.

18.8.4.3 Click on "Start Entry" at the bottom of the screen, and enter the sample ID (for example "Negative Control" or an ST# associated with a case).

18.8.4.4 Click on "Profile" and select "1" for serum and "2" for urine.

18.8.4.5 Click on "Entry" at the bottom of the screen to accept the selections. Continue as above until all sample tests have been ordered.

18.8.4.6 Samples are placed in labeled conical sample cups in gray sample racks for urine, and in red-striped gray racks for blood and other associated matrices. Ensure that the position of each sample cup matches the position ordered as above in 18.8.4.3.

18.8.4.7 Once all calibration, quality control samples, and case samples have been ordered, and the racks have been placed in the rack loading area of the AU400e, the green "PLAY" arrow is pressed at the top of the screen to start the analysis.

18.9 CRITERIA FOR BATCH ACCEPTANCE

If the analysis of the batch meets the criteria listed below, the results for the specimens are accepted.

18.9.1 Controls

18.9.1.1 Negative control – blood and associated matrices

The negative control must read negative for all analytes. If the negative control is positive for any analyte, (response of >100) all unknowns must be reanalyzed for that analyte.

18.9.1.2 Negative control – urine

The negative control must read negative (<25) for all analytes. If any analyte reads 25 or higher, all unknowns must be reanalyzed for that analyte.

18.9.1.3 Positive controls – blood and associated matrices

- a. The low control is prepared to elicit responses slightly above the cutoff concentration (i.e. response just over 100). In the event that one or more analytes does not read >100, that analyte response is multiplied by 0.75, and truncated to a whole number, to determine the new cutoff response. Any unknown samples reading greater than or equal to the new cutoff response shall be confirmed for that analyte. For example, if the opiate control reads 94, the resulting cutoff is 70. All cases with an opiate response ≥ 70 will be confirmed for opiates.
- b. The high control must read positive for all analytes (>100). In addition, the response for the high control should be greater than the response for each analyte in the low control. If an analyte's response is negative, all unknowns must be reanalyzed for that analyte.

18.9.1.4 Positive controls – urine

- a. The UTAK 5 and TCA positive control responses must read >80 for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, methadone, opiates, PCP and TCAs, respectively.
- b. The acetaminophen and salicylate control response must read between 80 and 120, inclusive.

NOTE: The UTAK 5, TCA and acetaminophen/salicylate positive controls described in 18.9.1.4.a-b above are those positioned in the green sample rack (designated as quality control samples).

- c. Within-batch positive quality controls (spiked using working control standard - see 18.6.3.2.2.c) must read >80 for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, methadone, opiates, TCAs and PCP.

- d. If any of the above criteria are not met for an analyte, all unknowns must be reanalyzed for that analyte.

18.10 CRITERIA FOR CASE SAMPLE ACCEPTANCE

If the criteria for batch acceptance have been satisfied, the results of individual case samples are deemed suitable for reporting if the following criteria are met.

- 18.10.1 If the analyte response printed on the report is >100, (or greater than or equal to the new cutoff as described in 18.9.1.3.a), it may be reported as presumptive positive.

NOTE: For acetaminophen and salicylate in urine, the response must read >20 to be reported as presumptive positive.

- 18.10.2 The entire batch, including the Excel worklist, case samples, quality control, and calibration data (for blood and other associated matrices only), is submitted for technical peer review.

- 18.10.3 The peer review process includes verification that the calibration and all quality controls are acceptable (or that positive low blood control responses <100 are appropriately documented and/or new cutoff values are determined), and a report is included for all samples listed on the worklist.

- 18.10.4 For blood and other associated matrices, the original sample report and copies of the calibration, negative controls, low control, high control, and worklist are included in the respective case file. The original calibration data, control results, and worklist are retained in the case file of the first sample in the batch.

For urine, the original sample report and copies of the control results and the worklist are included in each respective case file. The original control results and worklist are retained in the case file of the first sample in the batch.

18.11 REPORTING

- 18.11.1 Any positive results reported from this assay are indicated as "presumptive positive" in the LIMS panel.

- 18.11.2 All presumptive positive results that are chosen to be confirmed must be confirmed by a separate method, in the same matrix, or from a different matrix from the same individual; if the confirmation method indicates results are not reportable, the presumptive positive EMIT result(s) is removed from the LIMS panel.

- 18.11.3 For reporting of positive glucose and/or ketones results from testing with Keto-Diastix® strips, the estimated result (based on test strip color comparison to ranges in color chart provided by the manufacturer) is reported in units of mg/dL.

18.12 TRACEABILITY

- 18.12.1 Traceability of the reference materials to SI units is provided through the certificate of analysis provided by the approved reference material supplier.

LIST OF CHANGES

Revision Date	Description	Page Number
5/30/13	Method approved by the State Toxicologist. See DRA dated 5/28/13. Method released for evidentiary use as of 5/30/13.	All
6/13/14	Added target concentrations to calibrator description table and added table for preparation of working control standard to spike positive controls, in lieu of prepared whole blood controls, to section 18.6.1. Changed opiates cutoff concentration from 20 ng/mL to 50 ng/mL in 18.6.1. Noted calibrator levels (cutoff concentrations) for compound classes in 18.6.2. Changed control description to reflect spiked positive controls in 18.6.3 and 18.7.1.4. Corrected reconstitution expiration for UTAK 0 to 30 days in 18.6.3. Added Keto-Diastix® to materials list in 18.5.2 and amended wording in 18.7.2. Removed 18.11.3, which described presumptive reporting	3-8
6/1/15	Added "Technique" to title. Minor changes throughout document needed for clarification or grammatical reasons. Changes made to '18.6.3 Controls' to reflect the need for 10% controls with every batch, that controls must bracket casework, and all batches must end with a positive control.	All
6/30/15	Preparation instructions for the within-run spiked urine positive control in 18.6.3.2.2 (c) were modified for use of 0.25 mL blank urine (previously 0.5 mL), to provide an opiates concentration above the target cutoff (calibrator level).	7
10/7/15	Replaced "UTAK 0" in 18.9.1.2 with "negative" to reflect use of either the UTAK 0 negative serum control or blank urine.	10
3/16/16	Edited 18.6.1.4 to indicate use of the working controls standard to prepare positive controls for all matrices. Added wording to 18.9.1.4 to describe acceptance criteria for the within-batch (spiked) positive controls and a note to clarify that the UTAK 5, TCA and acetaminophen/salicylate positive controls (not spiked with working control standard) are positioned in the green quality control sample rack on the instrument. Other minor edits throughout. See DRA dated 1/28/16.	4, 7, 9, 10-11

Archived 11/16/16

Black, Amanda (WSP)

From: Peterson, Brianna (WSP)
Sent: Friday, September 30, 2016 12:19 PM
To: G-D-Toxicology Lab
Subject: changes to testing operations
Attachments: Tox Lab_Oct 2016.pptx

Hello-

As mentioned at our last lab meeting, due to increased case submissions beyond the capability of our budget, changes to our regular Operations need to occur.

I have attached a power point that outlines what the management team is proposing for changes, some of which were based on feedback from you all. Please review and provide feedback to me by Oct 7th. Final decisions to the proposed changes will be discussed at the Oct 11th lab meeting.

One change that goes into effect October 1st is that EMIT testing will no longer be performed on urine samples for death investigation cases. Once we have finalized all of our changes, our customers will be informed that urine samples no longer need to be submitted. This will save us vault space, time entering the samples into LIMS, and money on the red tops we provided and Olympus reagents.

Thanks to everyone that provided me feedback regarding LIMS entry. We will continue with the practice of taking photos of all DUI cases. However, we will no longer enter the sample volume into LIMS – this will only be recorded on the request for analysis form.

Thanks-
Brianna

Archived 11/11/16

Changes to Toxicology Operations

October 2016

Death cases

- Urine EMIT – no longer performed
- Blood EMIT – Panel includes amines, barbs, benzos, coc metabolite, opiates, THC
- Basics: not performed for non-drug suicides and natural deaths if EMIT negative
- THC confirmation: not needed for homicides unless officer involved
 - Still performed for traffic deaths, LNI, impairment related

Driving cases

- Blood EMIT: panel includes amines, benzos, barbs, cocaine metabolite, opiates, and THC
- BDS: No longer required for Vehicular Homicide or Vehicular Assault cases
- Confirmations needed at 100 ng/mL cutoff (BDS result):
 - TCAs
 - SSRIs
 - Citalopram, Trazodone

*Even though the conf. assay has a lower LOD, <100 ng/mL is not relevant to impairment

DFSA

- Urine EMIT panel: Barb, Benzo, Coc, Opi
- Basic: Yes
- Benzo:
 - For urine – depends on case history and timeline
 - For blood – same as urine, and not performed if Urine Benzo is negative

*Will try to triage on front end to not accept cases that aren't 'true' DFSA

Decreasing panels in EMIT

- PCP, Methadone, and TCAs are all detected in BDS
- Approximately 66% of death cases currently have a BDS performed
- Each BDS extraction is ~\$2.00
- We spend ~\$100,000/yr in Olympus reagents

*Performing additional BDS testing for things that will no longer be detected by EMIT is more cost effective than having panel drug detected by EMIT

Other strategies

- Gabapentin performed for:
 - All driver cases with case history mention and/or breakdown in Basic
 - Only death cases marked pending tox if case history mentions and/or breakdown in Basic

Future topic: creating a backlog

- Considerations:
 - Vault space
 - Increased calls/emails checking status
 - More cases designated 'rush'
 - What do we do if Baird decision is not favorable

Archived 11/7/16

From: [Peterson, Brianna \(WSP\)](#)
To: [G-D-Toxicology Lab](#)
Subject: operational updates
Date: Friday, October 28, 2016 3:18:47 PM
Attachments: [Urine_testing_161027docx.docx](#)

Our newest PEC, Melvin Brathwaite, is scheduled to start on Nov 7th. QA Dept has scheduled for the newest revision of the Operations Manual to be issued on this date (so the org chart can be complete and accurate). We are revising the Operations Manual to reflect the change in testing guidelines (Vhom, Vassault, DFSA, THC testing etc) and evidence management (not tracking mailing barcodes or volume in LIMS.)

On Monday afternoon, Lisa is going to start the process of modifying the testing panels on the Olympus and the resulting report formats. Please do not plan on using the Olympus after noon on Monday. We may not be able to get the Olympus reports changed on Monday – I will email with a status update at the end of the day Monday (10.31).

Letters went out today to all medical examiners/ coroners to inform them that we will no longer be providing testing on urine. See attached.

Have a good weekend!
Brianna

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