RANDOX TOXICOLOGY

INTRODUCTION

Biochip array technology enables the simultaneous detection of multiple analytes from a single sample. As drug impaired driving is becoming a major problem in the US and worldwide, recommendations for the toxicological investigation of drug-impaired driving and motor vehicle fatalities were reported. These recommendations focused on a two-tier approach of drug analysis.

Tier I consisted of the most prevalent drugs found in the US impaired driving population and Tier 2 drugs being less frequently encountered, with regional significance and/or beyond the routine analytical capabilities of some laboratories.

METHODOLOGY

- Competitive chemiluminescent biochip-based immunoassays were employed. Ligands were immobilized and stabilized to the biochip surface defining an array of twenty discrete test sites (15 Tier 1 assays and 5 Tier 2 assays). The signal output is inversely proportional to the concentration of drug in the sample.
- Two panels were developed so that the desired cut-offs were achieved in each matrix and that the relevant parent and metabolite compounds were detected in the whole blood and urine respectively.

	Tier I	
Amphetamine	Cocaine metabolite (Benzoylecgonine)	Opiates
Barbiturates	Generic Opioids	Oxycodone I
Benzodiazepine I	Meprobamate	Oxycodone 2
Benzodiazepine 2	Methadone	Phencyclidine
Cannabinoids	Methamphetamine	Zolpidem

Test Menu on DoA ULTRA Array

BIOCHIP ARRAY SCREENING OF BLOOD AND URINE SAMPLES FOR THE RECOMMENDED DRUGS ASSOCIATED WITH DRIVING UNDER THE INFLUENCE OF DRUGS (DUID)

Tier I drugs should be the minimum testing that should be completed in drug driving casework.¹ Recommended cut-offs have been stated suitable for the matrix of interest such as blood and urine.

This study reports the applicability of a biochip array to the simultaneous screening of Tier I and Tier 2 drugs in whole blood and a second biochip array suitable for urine. This leads to test consolidation and an increase in the screening capacity, which is relevant in test settings.

- The assays are semi-quantitative and applicable to both the fully automated Evidence analyser and the semi-automated analyser Evidence Investigator. The systems have dedicated software to process, report and archive the data produced.
- The sample volume required is 60µl of whole blood (diluted 1 in 4) and 10 µl of neat urine.

T	ier 2
Buprenorphine	Tramadol
Dextromethorphan	Tricyclic antidepressants (TCAs generic)
Fentanyl	

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RESULTS

Application to blood (on Evidence Investigator)

Tier I		
Assay	LOD (ng/mL) (neat sample)	Cut-off (ng/mL)
Amphetamine	5.97	20
Barbiturates	5.10	50
Benzodiazepine I	0.07	10
Benzodiazepine 2	0.53	ΙΟ
Cannabinoids	I.45	10
Cocaine metabolite (Benzoylecgonine)	I.27	50
Generic Opioids	0.84	10
Meprobamate	9.23	100
Methadone	0.13	10
Methamphetamine	5.74	20
Opiates	0.35	10
Oxycodone I	1.02	10
Oxycodone 2	0.47	10
Phencyclidine	0.32	5
Zolpidem	0.07	10
Tier 2		
Assay	LOD (ng/mL) (neat sample)	Cut-off (ng/mL)
Buprenorphine	0.004	5
Dextromethorphan	0.01	5
Fentanyl	0.09	2
Tramadol	0.29	5
Tricyclic antidepressants (TCAs generic)	1.19	60

Precision

Intra-assay (n=20) and inter-assay precision (n=20) values, expressed as CV (%) were <20 for all the assays at different concentration levels.

Application to urine (on Evidence Investigator)

AssayLOD (ng/mL)Cut-off (ng/mL)Amphetamine51.2200Barbiturates27.5200Benzodiazepine I0.4100	
Amphetamine51.2200Barbiturates27.5200Benzodiazepine I0.4100	
Barbiturates27.5200Benzodiazepine I0.4100	
Benzodiazepine I 0.4 100	
Benzodiazepine 23.7100	
Cannabinoids 3.1 20	
Cocaine metabolite (Benzoylecgonine) 4.8 I 50	
Generic Opioids 7.2 100	
Meprobamate 23.9 500	
Methadone 5.5 300	
Methamphetamine I2.6 200	
Opiates 11.4 200	
Oxycodone I 5.1 100	
Oxycodone 2 0.3 100	
Phencyclidine I.0 25	
Zolpidem I.I IO	
Tier 2	
Assay LOD Cut-off (ng/mL) (ng/mL)	
Buprenorphine metabolite0.25	
Dextromethorphan 0.8 20	
Fentanyl 0.3 2	
Tramadol 0.7 5	
Tricyclic antidepressants I.7 I00 (TCAs generic)	

Precision

Intra-assay (n=20) and inter-assay precision (n=20) values, expressed as CV (%) were <20 for all the assays at different concentration levels.

CONCLUSION

The results indicate applicability of biochip array technology to the simultaneous screening of drugs associated with DUID in Tier 1 and Tier 2 under reported recommendations. The twenty immunoassays arrayed on each biochip surface presented both the desired sensitivity and reproducibility required to achieve screening at the recommended cutoffs. This methodology allows for multianalytical screening of blood and urine samples, leading to test consolidation and increased screening capacity in test settings.

Reference

¹Logan, B.K. *et al.* Recommendations for toxicological investigation of drug-impaired driving and motor vehicle fatalities. *Journal of Analytical Toxicology* 2013:37(8):552-558.