

Instructions for Use

Version: 1.0.1
Revision date: 5-Oct-23

Tetrahydrocannabinol (THC) Rapid Test Kit

Catalog No.: abx092220

Size: 20 tests / 40 tests / 400 tests / 2000 tests / 10000 tests

Detection limit: 50 ng/ml

Storage: Store all reagents at 4-30°C. Keep dry.

Application: For quantitative detection of Tetrahydrocannabinol and its metabolites in human urine.

Introduction and assay principle

Tetrahydrocannabinol (THC) is an abundant cannabinoid in cannabis plant resins. THC is pharmacologically active, interacts with cannabinoid receptors (CB1 and CB2), and plays a role in physiological processes such as learning, memory, sleep/wake cycles, cardiovascular function, inflammation, pain, and stress and mood regulation.

Abbexa's Tetrahydrocannabinol (THC) Rapid Test Kit is based on the gold immuno-chromatography assay (GICA) principle. Any Tetrahydrocannabinol in the samples combines with the colloidal gold particle-labelled Tetrahydrocannabinol antibody. This complex will diffuse to the test area which is coated with Tetrahydrocannabinol-BSA antigen which competitively binds to the gold-particle labelled Tetrahydrocannabinol monoclonal antibody in the sample. The control area is coated with goat anti-mouse IgG. The specific antigen-antibody reaction and the GICA principle are combined to qualitatively detect the content of Tetrahydrocannabinol and its metabolites in human urine.

Kit Components (20 tests)

- Test cassettes with pipettes

Material Required But Not Provided

- Timer
- Urine cup or container

Sample preparation

- **Urine:** Use a disposable cup or clean container to collect samples. If the specimen shows precipitates the urine should be centrifuged, filtered or allowed to settle to obtain a clear supernatant for testing. The urine should be used immediately after collection for testing, or stored at 2-8°C for up to 48 hours prior to testing. Specimens can be frozen and stored below -20°C.

Assay procedure

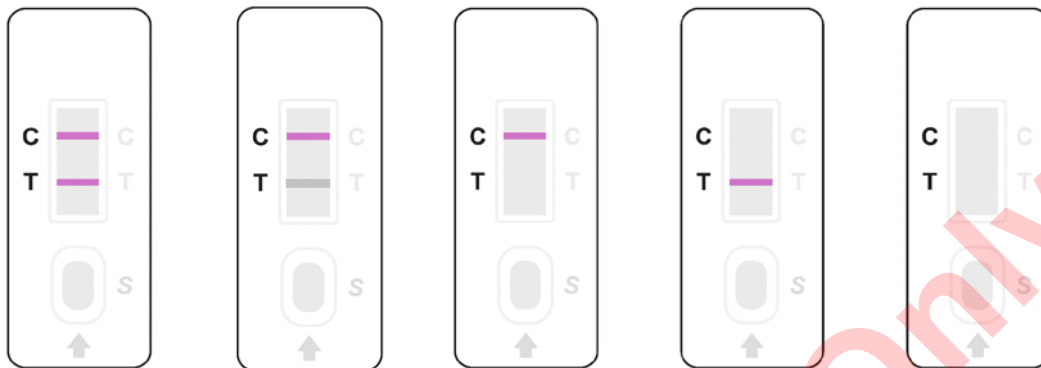
1. Bring samples, test cassettes and sample diluent to room temperature prior to testing.
2. Take a test cassette and lay it flat on a clean table. Using the provided pipette, slowly and vertically add 3-4 drops (approximately 80 µl – 100 µl) of sample to the sample well on the test cassette. Avoid foaming.
3. Leave at room temperature for 5 min, then analyze the result. The result is only valid for 10 minutes.

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Results analysis

- **Negative result:** A colored line is observed in both the control (C) section and the test (T) section.
- **Positive result:** A colored line is observed in the control (C) section but not the test (T) section.
- **Invalid result:** No colored line is observed in the control (C) section.



Negative

Negative

Positive

Invalid

Invalid

Notes

1. The test cassettes should be brought to room temperature before use.
2. A positive result does not indicate intoxication, administration route or concentration in urine. A positive result might be obtained from certain foods or food supplements.
3. The test does not distinguish between drugs or abuse and certain medications.
4. After opening the aluminum foil, use the test cassette as soon as possible.
5. Samples should be clear with no visible particles, turbidity or bacterial pollution.
6. Do not mix or re-use the disposable pipettes to avoid cross-contamination.
7. Avoid touching the cassette membrane through the sample well or test result window.
8. This kit is for qualitative detection of Amphetamine in human urine samples. For other sample types, a preliminary experiment is recommended to determine compatibility with this kit. Positive samples can be tested with another method (e.g. HPLC, LC/MS) for quantitative results.
9. This kit is for research use only and the results are for reference only. It is recommended to use this kit in conjunction with another detection method.
10. No cross-reactivity was observed with the following substances tested at 100 µg/ml: Oxazepam, Lorazepam, (-)-Norpseudoephedrine, Temazepam, Diazepam, Deoxyephedrine, Thebaine, Amobarbital, Trifluoperazine, Caffeine, Secobarbital, d-pseudoephedrine, Meperidine, Phenobarbital, (+/-)-Norephedrine, Procaine, Pentamine, d-Propoxyphene, PCP, Ketamine, Diphenhydramine, Oxycodone, Lidocaine, Phencyclidine, Naltrexone, Imipramine, Amitriptyline, Perphenazine, Thioridazine, Phenylethylamine-a, Ranitidine, Trimipramine, Chlorpromazine, Promethazine, Maprotiline, Ethyl morphine, Nortriptyline, Hydrocodone, (+)-Brompheniramine, Naloxone, Codeine, Hydromorphone, Levorphanol, Norcodeine, (+/-)-Ephedrine, Benzoyllecgonine, Histamine, Oxymorphone, Ampicillin, Cocaine, (+/-)-Epinephrine, Methadone, Amikacin, Etonitazene, Phenylpropanolamine.
11. All waste should be disposed appropriately. Please note that you may need to follow special waste disposal procedures for infectious samples. Please check local disposal regulations.