



NAME: _____

OF PANELS: _____

EMAIL: _____

CUP TEST

PHONE: _____

DIP TEST

DRUG PANELS	CUTOFF	CLASS	CUTOFF	CLASS
(6AM) 6-Acetylmorphine	<input type="checkbox"/> 10	FUO		
(AMP) Amphetamine	<input type="checkbox"/> 300	FUO	<input type="checkbox"/> 500	CLIA
(BAR) Barbiturates	<input type="checkbox"/> 200	FUO	<input type="checkbox"/> 300	CLIA
(BZO) Benzodiazepines	<input type="checkbox"/> 200	FUO	<input type="checkbox"/> 300	CLIA
(BUP) Buprenorphine	<input type="checkbox"/> 10	CLIA		
(CLO) Clonazepam	<input type="checkbox"/> 300	FUO		
(COC) Cocaine	<input type="checkbox"/> 100	FUO	<input type="checkbox"/> 150	CLIA
(COT) Cotinine	<input type="checkbox"/> 50	FUO		
(EDDP) Methadone Metabolite	<input type="checkbox"/> 300	CLIA		
(ETG) Ethyl Glucuronide Alcohol	<input type="checkbox"/> 500	FUO		
(FEN) Fentanyl Norfentanyl	<input type="checkbox"/> 20	FUO		
(GAB) Gabapentin	<input type="checkbox"/> 1000	FUO		
(K2) Synthetic Marijuana	<input type="checkbox"/> 10	FUO		
(K2+ / K3) AB-PINACA	<input type="checkbox"/> 10	FUO		
(KET) Ketamine	<input type="checkbox"/> 1000	FUO		
(KRA) Kratom	<input type="checkbox"/> 100	FUO		
(MDMA) Ecstasy	<input type="checkbox"/> 500	CLIA		
(MDVP) 3,4-methylenedioxypropylone	<input type="checkbox"/> 1000	FUO		
(MET) Methamphetamine	<input type="checkbox"/> 300	FUO	<input type="checkbox"/> 500	CLIA
(MTD) Methadone	<input type="checkbox"/> 200	FUO	<input type="checkbox"/> 300	CLIA
(MQL) Methaqualone	<input type="checkbox"/> 300	FUO		
(OPI) Opiates	<input type="checkbox"/> 300	CLIA	<input type="checkbox"/> 2000	CLIA
(OXY) Oxycodone	<input type="checkbox"/> 100	CLIA		
(PCP) Phencyclidine	<input type="checkbox"/> 25	CLIA		
(PPX) Propoxyphene	<input type="checkbox"/> 300	FUO		
(TCA) Tricyclic-Antidepressants	<input type="checkbox"/> 1000	CLIA		
(THC) Marijuana	<input type="checkbox"/> 15	FUO	<input type="checkbox"/> 50	CLIA
(TML) Tramadol	<input type="checkbox"/> 100	FUO		
(XYL) Xylazine	<input type="checkbox"/> 100	FUO		

ADULTERATION PANELS

Specific Gravity (S), pH (P), Oxidant (O)	<input type="checkbox"/>
Creatinine (C), Nitrite (N), Glutaraldehyde (G)	<input type="checkbox"/>

Our tests have the option to feature your logo on the device. Please paste a copy of your logo in the box below for our review. Pricing & production time may change with this option.

PLEASE NOTE: Medical Distribution Group, Inc. must approve your device configuration request and deposits must be paid before we can schedule production. Thank you

Please email this completed PDF form to Neil at: neilb@MedicalDistributionGroup.com