



NAME: _____

OF PANELS: _____

EMAIL: _____

CUP TEST

PHONE: _____

DIP TEST

DRUG PANELS	CUT-OFF IN NG/ML	RED = CLIA WAIVED
(6-MAM) 6-Monoacetylmorphine Heroin	<input type="checkbox"/> 10	
(AMP) Amphetamine	<input type="checkbox"/> 100, 300 , 500, 1000	
(APAP) Acetaminophen	<input type="checkbox"/> 2000, 5000	
(BAR) Barbiturates	<input type="checkbox"/> 200, 300	
(BUP) Buprenorphine	<input type="checkbox"/> 5, 10	
(BZO) Benzodiazepines	<input type="checkbox"/> 50, 100, 150, 200, 300	
(CFYL) Carfentanyl	<input type="checkbox"/> 500	
(CLZP) Klonopin	<input type="checkbox"/> 300	
(COC) Cocaine	<input type="checkbox"/> 10, 50, 100, 150 , 200, 300	
(COT) Cotinine	<input type="checkbox"/> 200	
(EDDP) Methadone Metabolite	<input type="checkbox"/> 300	
(ETG) Ethyl Glucuronide Alcohol	<input type="checkbox"/> 300, 500	
(FEN) Fentanyl	<input type="checkbox"/> 1, 2, 5, 10, 20, 25, 50, 100, 200, 300	
(GBPT) Gabapentin	<input type="checkbox"/> 1000, 2000	
(K2) JWH-018 / JWH-073	<input type="checkbox"/> 20, 25, 50	
(K3) AB-PINACA	<input type="checkbox"/> 25, 300	
(K4) UR-144 5-Pentanoic Acid Metabolite	<input type="checkbox"/> 10	
(KET) Ketamine	<input type="checkbox"/> 100, 300, 1000	
(KRA) Kratom	<input type="checkbox"/> 25, 100, 200, 250, 300, 500	
(LSD) Lysergic Acid Diethylamide	<input type="checkbox"/> .5, 3, 10	
(MCAT) S(-)-MethcathinoneHcl	<input type="checkbox"/> 1000	
(MDMA) Ecstasy	<input type="checkbox"/> 100, 200, 300, 500 , 1000	
(MDPV) Methylenedioxypyrovalerone	<input type="checkbox"/> 300, 500	
(MEP) Mephedrone	<input type="checkbox"/> 500	
(MET) Methamphetamine	<input type="checkbox"/> 100, 300, 500 , 1000	
(MQL) Methaqualone	<input type="checkbox"/> 300	
(MTD) Methadone	<input type="checkbox"/> 50, 150, 200, 300 , 500	
(MTHP) Methylphenidate	<input type="checkbox"/> 300	
(OPI) Opiates / Morphine	<input type="checkbox"/> 50, 100, 300 , 2000	
(OXY) Oxycodone	<input type="checkbox"/> 100 , 150, 300	
(PCP) Phencyclidine	<input type="checkbox"/> 25	
(PPX) Propoxyphene	<input type="checkbox"/> 100, 300	
(TCA) Tricyclic Antidepressants	<input type="checkbox"/> 100, 1000	
(THC) Marijuana	<input type="checkbox"/> 5, 10, 15, 20, 25, 40, 50 , 100, 150, 200, 300, 600	
(TRA) Tramadol	<input type="checkbox"/> 100, 200, 300	
(XYL) Xylazine	<input type="checkbox"/> 1000	
(ZOLP) Zolpidem	<input type="checkbox"/> 10	

ADULTERATION PANELSSpecific Gravity SG , pH PH , Oxidant OX Creatinine CRE , Nitrite NIT , Glutaraldehyde GLUT

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