



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

October 14, 2016

IMMUNALYSIS CORPORATION
JOSEPH GINETE
REGULATORY AFFAIRS SPECIALIST II
829 TOWNE CENTER DRIVE
POMONA CA 91767

Re: K161714

Trade/Device Name: Immunalysis Barbiturates Urine Enzyme Immunoassay,
Immunalysis Multi-Drug Calibrators

Regulation Number: 21 CFR 862.3150

Regulation Name: Barbiturate test system

Regulatory Class: II

Product Code: DIS, DKB

Dated: September 1, 2016

Received: September 6, 2016

Dear Joseph Ginete:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulations (21 CFR Parts 801 and 809), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, “Misbranding by reference to premarket notification” (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH’s Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,


Courtney H. Lias -S

Courtney H. Lias, Ph.D.
Director
Division of Chemistry and Toxicology Devices
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known)

k161714

Device Name

Immunalysis Barbiturates Urine Enzyme Immunoassay

Immunalysis Multi-Drug Calibrators

Indications for Use (Describe)

Immunalysis Barbiturates Urine Enzyme Immunoassay

The Immunalysis Barbiturates Urine Enzyme Immunoassay is a homogeneous enzyme immunoassay with a cutoff of 200 ng/mL. The assay is intended for use in laboratories for the qualitative and semi-quantitative analysis of Barbiturates in human urine with automated clinical chemistry analyzers. This assay is calibrated against Secobarbital. This in vitro diagnostic device is for prescription use only.

The semi-quantitative mode is for purposes of enabling laboratories to determine an appropriate dilution of the specimen for confirmation by a confirmatory method such as Gas Chromatography/ Mass Spectrometry (GC-MS) or Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) or permitting laboratories to establish quality control procedures.

The Immunalysis Barbiturates Urine Enzyme Immunoassay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. GC-MS or LC-MS/MS is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

Immunalysis Multi-Drug Calibrators:

The Immunalysis Multi-Drug Calibrators are intended for in vitro diagnostic use for the calibration of assays for the following analytes: Benzoylcegonine, Methamphetamine, Morphine, PCP, Secobarbital and Oxazepam. The calibrators are designed for prescription use with immunoassays.

Type of Use (Select one or both, as applicable)

☒ Prescription Use (Part 21 CFR 801 Subpart D)

☐ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510(k) SUMMARY

A. General Information

1. Applicant Name: Immunalysis Corporation
829 Towne Center Drive
Pomona, CA 91767
2. Company Contact: Joseph Ginete
Regulatory Affairs Specialist II
Phone: (909) 482-0840
Email: jginete@immunalysis.com
3. Date prepared: October 13, 2016

B. Device Identification

1. Trade Name: Immunalysis Barbiturates Urine Enzyme Immunoassay
Immunalysis Multi-Drug Calibrators
2. Common Name: Barbiturates Urine Enzyme Immunoassay
Multi-Drug Calibrators

C. Regulatory Information

1. Device Classification: II
2. Regulation Number: 21 CFR 862.3150 Barbiturate Test System
21 CFR 862.3200 Calibrators, Drug Specific
3. Panel: Toxicology (91)
4. Product Code: DIS
DKB
5. Predicate Device: DRI ® Barbiturates EIA Assay
6. Predicate Company: Diagnostic Reagents, Inc.
7. Predicate K Number: K955928

D. Device Description

The Immunalysis Barbiturates Urine Enzyme Immunoassay consists of antibody/ substrate reagent and enzyme conjugate reagent. The antibody/ substrate reagent includes a recombinant antibody to Secobarbital, a mouse monoclonal antibody to Secobarbital, glucose-6-phosphate (G6P) and nicotinamide adenine dinucleotide (NAD) in HEPES buffer with sodium azide as a preservative. The enzyme conjugate reagent includes Barbiturates labeled with glucose-6-phosphate dehydrogenase (G6PDH) in HEPES buffer with sodium azide as a preservative.

Immunalysis Multi-Drug Calibrators are included as part of the test system and provided separately. The calibrator kit includes four levels of drugs and a negative calibrator in a ready-to-use format. Automated clinical chemistry analyzers capable of maintaining a constant temperature, pipetting samples and reagents, mixing reagents, timing the reaction accurately and measuring enzymatic rates spectrophotometrically at 340nm can be used to perform the assay.

The Immunalysis Barbiturates Urine Enzyme Immunoassay uses barbiturates recombinant and monoclonal antibody. The assay is based on the competition of Barbiturates labeled enzyme glucose-6-phosphate dehydrogenase (G6PDH) and the free drug in the urine sample for the fixed amount of antibody binding sites. In the absence of the free drug in the sample, the antibody binds the drug enzyme conjugate and enzyme activity is inhibited. This creates a dose response relationship between drug concentration in the urine and enzyme activity. The enzyme G6PDH activity is determined at 340 nm spectrophotometrically by the conversion of NAD to NADH.

E. Intended Use

1. The Immunalysis Barbiturates Urine Enzyme Immunoassay is a homogeneous enzyme immunoassay with a cutoff of 200 ng/mL. The assay is intended for use in laboratories for the qualitative and semi-quantitative analysis of Barbiturates in human urine with automated clinical chemistry analyzers. This assay is calibrated against Secobarbital. This *in vitro* diagnostic device is for prescription use only.

The semi-quantitative mode is for purposes of enabling laboratories to determine an appropriate dilution of the specimen for confirmation by a confirmatory method such as Gas Chromatography/ Mass Spectrometry (GC-MS) or Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) or permitting laboratories to establish quality control procedures.

The Immunalysis Barbiturates Urine Enzyme Immunoassay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. GC-MS or LC-MS/MS is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

2. Immunalysis Multi-Drug Calibrators

The Immunalysis Multi-Drug Calibrators are intended for *in vitro* diagnostic use for the calibration of assays for the following analytes: Benzoylcegonine, Methamphetamine, Morphine, PCP, Secobarbital and Oxazepam. The calibrators are designed for prescription use with immunoassays.

F. Comparison With Predicate

Attribute	Predicate Device DRI Barbiturates Assay	Candidate Device Immunalysis Barbiturates Urine EIA
Similarities		
Intended Use	For the qualitative and semi-quantitative determination of the presence of Barbiturates in human urine at a cutoff of 200 ng/mL	Same
User Environment	For use in laboratories	Same
Measured Analytes	Barbiturate	Same
Test System	Enzyme immunoassay	Same
Materials	Antibody/substrate reagents and enzyme labeled conjugate	Same
Sample Matrix	Urine	Same
Cutoff Levels	200 ng/mL of Barbiturates	Same
Mass Spectrometry Confirmation	Required for preliminary positive analytical results	Same
Storage	2 – 8° C until expiration date	Same
Calibrator Form	Liquid	Same
Control Levels	Two levels (150 ng/mL and 250 ng/mL)	Same
Calibrator Levels	One negative and four levels (100, 200, 500 and 1000 ng/mL)	Same
Differences		
Antibody	Monoclonal antibody to Barbiturates	Recombinant and monoclonal antibodies to Barbiturates

G. Performance Characteristics:

The following laboratory performance studies were performed to determine substantial equivalence of the Immunalysis Barbiturates Urine Enzyme Immunoassay to the predicate. All studies utilized the Beckman Coulter AU 400e instrument.

1. Precision/ Cutoff Characterization – Study was performed for 20 days, 2 runs per day in replicates of 2 on drug free urine (N=80) spiked with secobarbital to concentrations of $\pm 25\%$, $\pm 50\%$, $\pm 75\%$, and $\pm 100\%$ of the cutoff (200 ng/mL). The spiked concentrations were confirmed by mass spectrometry (MS). The study verified that the cutoff serves as a boundary between a negative and positive interpretation of a qualitative result.

The following is a summary table of the qualitative analysis for the 200 ng/mL cutoff test data results.

Table 1 - Qualitative Analysis			
Concentration (ng/mL)	% of cutoff	# of determinations	Total Result
0	-100%	80	80 Negative
50	-75%	80	80 Negative
100	-50%	80	80 Negative
150	-25%	80	80 Negative
200	Cutoff	80	33 Neg/47 Pos
250	+25%	80	80 Positive
300	+50%	80	80 Positive
350	+75%	80	80 Positive
400	+100%	80	80 Positive

The following is a summary table of the semi-quantitative analysis for the 200 ng/mL cutoff test data results.

Table 2 - Semi-Quantitative Analysis			
Concentration (ng/mL)	% of cutoff	# of determinations	Total Result
0	-100%	80	80 Negative
50	-75%	80	80 Negative
100	-50%	80	80 Negative
150	-25%	80	80 Negative
200	Cutoff	80	23 Neg/ 57 Pos
250	+25%	80	80 Positive
300	+50%	80	80 Positive
350	+75%	80	80 Positive
400	+100%	80	80 Positive

- Specificity and Cross-Reactivity – Structurally similar compounds were spiked into drug free urine at levels that will yield a result that is equivalent to the cutoff. The study verified assay performance relative to the ability of the device to exclusively determine certain drugs, in both the qualitative and semi-quantitative modes.

The following is a summary table of qualitative results:

Table 3 - Structurally Related Compounds – Qualitative			
Compound	Concentration Tested (ng/mL)	Result	Cross-Reactivity (%)
Secobarbital	200	Positive	100
Allobarbital	690	Positive	29.0
Alphenal	190	Positive	105.3
Amobarbital	200	Positive	100.0
Aprobarbital	700	Positive	28.6
Barbital	9,000	Positive	2.2
Butabarbital	510	Positive	39.2
Butalbital	290	Positive	69.0
Butobarbital	190	Positive	105.3
Cyclopentobarbital	200	Positive	100.0
Hexobarbital	70,000	Positive	0.3
Mephobarbital	65,000	Positive	0.3

Table 3 - Structurally Related Compounds – Qualitative			
Compound	Concentration Tested (ng/mL)	Result	Cross-Reactivity (%)
Pentobarbital	420	Positive	47.6
Phenobarbital	460	Positive	43.5
Phenytoin	100,000	Negative	<0.2
Talbutal	220	Positive	90.9
Thiopental	3,700	Positive	5.4

The following is a summary table of semi-quantitative results:

Table 4 - Structurally Related Compounds – Semi-Quantitative			
Compound	Concentration Tested (ng/mL)	Result	Cross-Reactivity (%)
Secobarbital	200	Positive	100
Allobarbital	690	Positive	29.0
Alphenal	190	Positive	105.3
Amobarbital	200	Positive	100.0
Aprobarbital	700	Positive	28.6
Barbital	9,000	Positive	2.2
Butabarbital	510	Positive	39.2
Butalbital	290	Positive	69.0
Butobarbital	190	Positive	105.3
Cyclopentobarbital	200	Positive	100.0
Hexobarbital	70,000	Positive	0.3
Mephobarbital	65,000	Positive	0.3
Pentobarbital	420	Positive	47.6
Phenobarbital	460	Positive	43.5
Phenytoin	100,000	Negative	<0.2
Talbutal	220	Positive	90.9
Thiopental	3,700	Positive	5.4

- Interference – Structurally unrelated compounds were evaluated in qualitative and semi-quantitative modes by spiking the potential interferent into drug free urine containing secobarbital at $\pm 25\%$ of the cutoff. All potential interferents analyzed verified that assay performance is unaffected by externally ingested compounds. The results of this study are indicated in the table below.

Table 5 - Structurally Unrelated Compounds					
Compound	Concentration Tested (ng/mL)	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
4-Bromo-2,5-Dimethoxyphenethylamine	100,000	Negative	Negative	Positive	Positive
Acetaminophen	500,000	Negative	Negative	Positive	Positive
Acetylsalicylic Acid	100,000	Negative	Negative	Positive	Positive

Table 5 - Structurally Unrelated Compounds					
Compound	Concentration Tested (ng/mL)	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
6-Acetylcodeine	100,000	Negative	Negative	Positive	Positive
6-Acetylmorphine	100,000	Negative	Negative	Positive	Positive
Alprazolam	100,000	Negative	Negative	Positive	Positive
7-Aminoclonazepam	100,000	Negative	Negative	Positive	Positive
7-Aminoflunitrazepam	100,000	Negative	Negative	Positive	Positive
7-Aminonitrazepam	100,000	Negative	Negative	Positive	Positive
Amitriptyline	100,000	Negative	Negative	Positive	Positive
S-(+) Amphetamine	100,000	Negative	Negative	Positive	Positive
Benzylpiperazine	100,000	Negative	Negative	Positive	Positive
Bromazepam	100,000	Negative	Negative	Positive	Positive
Buprenorphine	100,000	Negative	Negative	Positive	Positive
Bupropion	100,000	Negative	Negative	Positive	Positive
Caffeine	500,000	Negative	Negative	Positive	Positive
Cannabidiol	100,000	Negative	Negative	Positive	Positive
Cannabinol	100,000	Negative	Negative	Positive	Positive
Carbamazepine	100,000	Negative	Negative	Positive	Positive
Carisoprodol	100,000	Negative	Negative	Positive	Positive
Chlordiazepoxide	100,000	Negative	Negative	Positive	Positive
Chlorpromazine	100,000	Negative	Negative	Positive	Positive
cis-Tramadol	100,000	Negative	Negative	Positive	Positive
Clobazam	100,000	Negative	Negative	Positive	Positive
Clomipramine	100,000	Negative	Negative	Positive	Positive
Clonazepam	100,000	Negative	Negative	Positive	Positive
Clozapine	100,000	Negative	Negative	Positive	Positive
Codeine	100,000	Negative	Negative	Positive	Positive
Cotinine	100,000	Negative	Negative	Positive	Positive
Cyclobenzaprine	100,000	Negative	Negative	Positive	Positive
Demoxepam	100,000	Negative	Negative	Positive	Positive
Desalkylflunitrazepam	100,000	Negative	Negative	Positive	Positive
Desipramine	100,000	Negative	Negative	Positive	Positive
Dextromethorphan	100,000	Negative	Negative	Positive	Positive
Diazepam	100,000	Negative	Negative	Positive	Positive
Digoxin	100,000	Negative	Negative	Positive	Positive
Dihydrocodeine	100,000	Negative	Negative	Positive	Positive
Diphenhydramine	500,000	Negative	Negative	Positive	Positive
Dehydronorketamine	25,000	Negative	Negative	Positive	Positive
Delta-9-THC	100,000	Negative	Negative	Positive	Positive
Doxepin	100,000	Negative	Negative	Positive	Positive
EDDP	100,000	Negative	Negative	Positive	Positive
EMDP	100,000	Negative	Negative	Positive	Positive
1R,2S(-)-Ephedrine	100,000	Negative	Negative	Positive	Positive
1S,2R(+)-Ephedrine	100,000	Negative	Negative	Positive	Positive
Ethyl glucuronide	100,000	Negative	Negative	Positive	Positive

Table 5 - Structurally Unrelated Compounds					
Compound	Concentration Tested (ng/mL)	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
Ethylmorphine	100,000	Negative	Negative	Positive	Positive
Fenfluramine	100,000	Negative	Negative	Positive	Positive
Fentanyl	100,000	Negative	Negative	Positive	Positive
Flunitrazepam	100,000	Negative	Negative	Positive	Positive
Fluoxetine	100,000	Negative	Negative	Positive	Positive
Flurazepam	100,000	Negative	Negative	Positive	Positive
Haloperidol	100,000	Negative	Negative	Positive	Positive
Heroin	100,000	Negative	Negative	Positive	Positive
Hydrocodone	100,000	Negative	Negative	Positive	Positive
Hydromorphone	100,000	Negative	Negative	Positive	Positive
11-hydroxy-delta-9-THC	100,000	Negative	Negative	Positive	Positive
Ibuprofen	500,000	Negative	Negative	Positive	Positive
Imipramine	100,000	Negative	Negative	Positive	Positive
Ketamine	100,000	Negative	Negative	Positive	Positive
Lamotrigine	100,000	Negative	Negative	Positive	Positive
Levorphanol tartrate	100,000	Negative	Negative	Positive	Positive
Lidocaine	100,000	Negative	Negative	Positive	Positive
Lorazepam	100,000	Negative	Negative	Positive	Positive
Lorazepam Glucuronide	50,000	Negative	Negative	Positive	Positive
Lormetazepam	100,000	Negative	Negative	Positive	Positive
LSD	100,000	Negative	Negative	Positive	Positive
Maprotiline	100,000	Negative	Negative	Positive	Positive
(+)-MDA	100,000	Negative	Negative	Positive	Positive
MDEA	100,000	Negative	Negative	Positive	Positive
MDMA	100,000	Negative	Negative	Positive	Positive
Meperidine	100,000	Negative	Negative	Positive	Positive
Meprobamate	100,000	Negative	Negative	Positive	Positive
S(+)-Methamphetamine	100,000	Negative	Negative	Positive	Positive
Methadone	500,000	Negative	Negative	Positive	Positive
Methaqualone	100,000	Negative	Negative	Positive	Positive
Methoxetamine	100,000	Negative	Negative	Positive	Positive
Methylone	100,000	Negative	Negative	Positive	Positive
Methylphenidate	100,000	Negative	Negative	Positive	Positive
Midazolam	100,000	Negative	Negative	Positive	Positive
Morphine	100,000	Negative	Negative	Positive	Positive
Morphine-3-glucuronide	100,000	Negative	Negative	Positive	Positive
Morphine-6-glucuronide	50,000	Negative	Negative	Positive	Positive
N-desmethyltapentadol	100,000	Negative	Negative	Positive	Positive
Nalorphine	100,000	Negative	Negative	Positive	Positive

Table 5 - Structurally Unrelated Compounds					
Compound	Concentration Tested (ng/mL)	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
Naloxone	100,000	Negative	Negative	Positive	Positive
Naltrexone	100,000	Negative	Negative	Positive	Positive
Naproxen	100,000	Negative	Negative	Positive	Positive
Nitrazepam	100,000	Negative	Negative	Positive	Positive
11-nor-9 carboxy THC	100,000	Negative	Negative	Positive	Positive
Norbuprenorphine	50,000	Negative	Negative	Positive	Positive
Norcodeine	100,000	Negative	Negative	Positive	Positive
Nordiazepam	100,000	Negative	Negative	Positive	Positive
Norketamine	100,000	Negative	Negative	Positive	Positive
Normorphine	100,000	Negative	Negative	Positive	Positive
Norpropoxyphene	100,000	Negative	Negative	Positive	Positive
Norpseudoephedrine	100,000	Negative	Negative	Positive	Positive
Nortriptyline	100,000	Negative	Negative	Positive	Positive
Olanzapine	100,000	Negative	Negative	Positive	Positive
Oxazepam	100,000	Negative	Negative	Positive	Positive
Oxycodone	100,000	Negative	Negative	Positive	Positive
Oxymorphone	100,000	Negative	Negative	Positive	Positive
PCP	100,000	Negative	Negative	Positive	Positive
Pentazocine	100,000	Negative	Negative	Positive	Positive
Phentermine	100,000	Negative	Negative	Positive	Positive
Phenylephedrine	100,000	Negative	Negative	Positive	Positive
Phenylpropanolamine	100,000	Negative	Negative	Positive	Positive
PMA	100,000	Negative	Negative	Positive	Positive
Prazepam	100,000	Negative	Negative	Positive	Positive
Propoxyphene	100,000	Negative	Negative	Positive	Positive
Propranolol	100,000	Negative	Negative	Positive	Positive
Protriptyline	100,000	Negative	Negative	Positive	Positive
R,R(-)-Pseudoephedrine	100,000	Negative	Negative	Positive	Positive
S,S(+)-Pseudoephedrine	100,000	Negative	Negative	Positive	Positive
Ranitidine	100,000	Negative	Negative	Positive	Positive
Ritalinic Acid	100,000	Negative	Negative	Positive	Positive
Salicylic Acid	500,000	Negative	Negative	Positive	Positive
Sertraline	100,000	Negative	Negative	Positive	Positive
Sufentanil Citrate	50,000	Negative	Negative	Positive	Positive
Tapentadol	100,000	Negative	Negative	Positive	Positive
Temazepam	100,000	Negative	Negative	Positive	Positive
Theophylline	100,000	Negative	Negative	Positive	Positive
Thioridazine	100,000	Negative	Negative	Positive	Positive
Triazolam	100,000	Negative	Negative	Positive	Positive
Trifluoromethylphenyl-piperazine	100,000	Negative	Negative	Positive	Positive

Table 5 - Structurally Unrelated Compounds					
Compound	Concentration Tested (ng/mL)	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
Trimipramine	100,000	Negative	Negative	Positive	Positive
Trazodone	100,000	Negative	Negative	Positive	Positive
Venlafaxine	100,000	Negative	Negative	Positive	Positive
Verapamil	100,000	Negative	Negative	Positive	Positive
Zolpidem Tartrate	100,000	Negative	Negative	Positive	Positive

4. Interference – Endogenous compounds were evaluated in qualitative and semi-quantitative modes by spiking the potential interferent into drug free urine containing secobarbital at $\pm 25\%$ of the cutoff. All potential interferents analyzed verified that assay performance is unaffected by internally existing physiological conditions. The results of this study are indicated in the table below:

Table 6 - Endogenous Compounds					
Compound	Concentration Tested	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
Acetone	1.0 g/dL	Negative	Negative	Positive	Positive
Ascorbic Acid	1.5 g/dL	Negative	Negative	Positive	Positive
Bilirubin	0.002 g/dL	Negative	Negative	Positive	Positive
Creatinine	0.5 g/dL	Negative	Negative	Positive	Positive
Ethanol	1.0 g/dL	Negative	Negative	Positive	Positive
Galactose	0.01 g/dL	Negative	Negative	Positive	Positive
γ -Globulin	0.5 g/dL	Negative	Negative	Positive	Positive
Glucose	2.0 g/dL	Negative	Negative	Positive	Positive
Hemoglobin	0.300 g/dL	Negative	Negative	Positive	Positive
Human Serum Albumin	0.5 g/dL	Negative	Negative	Positive	Positive
Oxalic Acid	0.1 g/dL	Negative	Negative	Positive	Positive
Riboflavin	0.0075 g/dL	Negative	Negative	Positive	Positive
Sodium Azide	1% w/v	Negative	Negative	Positive	Positive
Sodium Chloride	6.0 g/dL	Negative	Negative	Positive	Positive
Sodium Fluoride	1% w/v	Negative	Negative	Positive	Positive
Urea	6.0 g/dL	Negative	Negative	Positive	Positive

5. Boric Acid Interference – Boric acid at a concentration of 1% w/v was evaluated in qualitative and semi-quantitative modes by spiking the potential interferent into drug free urine containing secobarbital at $\pm 25\%$ of the cutoff. The results of this study are indicated in the table below. Due to the interference observed at $\pm 25\%$ of the cutoff, potential interference was also evaluated at $\pm 50\%$ of the cutoff. The results of this study are indicated in the table below.

Table 7 – Boric Acid					
Compound	Concentration Tested	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
Boric Acid	1% w/v	Negative	Negative	Negative	Negative

Table 8 – Boric Acid					
Compound	Concentration Tested	-50% Cutoff (100 ng/mL)		+50% Cutoff (300 ng/mL)	
		Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
Boric Acid	1% w/v	Negative	Negative	Negative	Negative

6. pH Interference – To evaluate potential interference from the effect of urine pH, device performance in the qualitative and semi-quantitative modes was tested using a range of urine pH values (3.0, 4.0, 5.0, 6.0, 7.0, 8.0, 9.0, 10.0 and 11.0). All test samples were prepared in drug free urine containing secobarbital at $\pm 25\%$ of the cutoff. No positive or negative interference was observed at urine pH values ranging from 3.0 to 11.0 for each test mode. The results of this study are indicated in the table below.

Table 9 - Effect of pH				
pH Value	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
	Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
3.0	Negative	Negative	Positive	Positive
4.0	Negative	Negative	Positive	Positive
5.0	Negative	Negative	Positive	Positive
6.0	Negative	Negative	Positive	Positive
7.0	Negative	Negative	Positive	Positive
8.0	Negative	Negative	Positive	Positive
9.0	Negative	Negative	Positive	Positive
10.0	Negative	Negative	Positive	Positive
11.0	Negative	Negative	Positive	Positive

7. Specific Gravity Interference - To evaluate potential interference from the specific gravity of urine, device performance in the qualitative and semi-quantitative modes was tested using a range of physiologically relevant urine specific gravity values (1.000, 1.002, 1.005, 1.010, 1.015, 1.020, 1.025 and 1.030). All test samples were prepared in drug free urine containing secobarbital at $\pm 25\%$ of the cutoff. No positive or negative interference was observed at urine specific gravity values ranging from 1.000 to 1.030 for each test mode. The results of this study are indicated in the table below.

Table 10 - Effect of Specific Gravity				
Specific Gravity Value	-25% Cutoff (150 ng/mL)		+25% Cutoff (250 ng/mL)	
	Qualitative	Semi-Quantitative	Qualitative	Semi-Quantitative
1.000	Negative	Negative	Positive	Positive
1.002	Negative	Negative	Positive	Positive
1.005	Negative	Negative	Positive	Positive
1.010	Negative	Negative	Positive	Positive
1.015	Negative	Negative	Positive	Positive
1.020	Negative	Negative	Positive	Positive
1.025	Negative	Negative	Positive	Positive
1.030	Negative	Negative	Positive	Positive

8. Linearity/ Recovery - A linearity study in the semi-quantitative mode was conducted by spiking a drug free urine pool with a high concentration of secobarbital above the highest calibrator. Additional pools were made by serially diluting the high concentration specimen with drug free urine to achieve concentrations ranging from 100 ng/mL to 1100 ng/mL. The 0 ng/mL specimen was made from drug free urine. Each pool was tested in triplicate to calculate the mean concentration values that were used to calculate drug recovery. The results of this study are indicated in the table below.

Table 11 - Linearity/ Recovery		
Expected Concentration (ng/mL)	Mean Concentration (ng/mL)	Recovery (%)
0	-0.6	N/A
100	93.2	93.2
200	196.0	98.0
300	314.7	104.9
400	418.1	104.5
500	487.9	97.6
600	604.1	100.7
700	724.2	103.5
800	819.3	102.4
900	891.2	99.0
1000	968.7	96.9
1100	981.8	89.3

9. Method Comparison – Ninety-six deidentified, unaltered leftover clinical urine samples obtained from clinical testing laboratories were analyzed for barbiturates at an assay cutoff of 200 ng/mL with the Immunalysis Barbiturates Urine Enzyme Immunoassay in both qualitative and semi-quantitative modes and compared to results by mass spectrometry (LC/MS-MS). The instruments used were a Beckman Coulter AU 400e and an Agilent 6430 Liquid Chromatography Tandem Mass Spectrometer.

The following is a summary table of qualitative assay results:

Table 12 – Qualitative Assay Performance verified by LC/MS-MS					
Type	Barbiturates Concentration				Agreement (%)
	< 100 ng/mL	100 ~ 199 ng/mL	200 ~ 300 ng/mL	> 300 ng/mL	
Qualitative/ Positive	0	0	8	44	100
Qualitative/ Negative	36	8	0	0	100

The following is a summary table of semi-quantitative assay results:

Table 13 – Semi-Quantitative Assay Performance verified by LC/MS-MS					
Type	Barbiturates Concentration				Agreement (%)
	< 100 ng/mL	100 ~ 199 ng/mL	200 ~ 300 ng/mL	> 300 ng/mL	
Semi-Quantitative/ Positive	0	0	8	44	100
Semi-Quantitative / Negative	36	8	0	0	100

10. Immunalysis Multi-Drug Calibrators

- Traceability – all components of the calibrators have been traced to a commercially available secobarbital solution.
- Value Assignment – Calibrators are manufactured and tested by mass spectrometry. The negative calibrator is a processed, drug free urine matrix. The negative calibrator is compared to a reference negative standard to ensure that it is free of analyte. The non-zero calibrators are prepared by spiking a known concentration of secobarbital in the negative calibrator matrix. If any of the analytes are not within the acceptable range, then the calibrator is adjusted and re-tested. Values are assigned to the calibrators once the mass spectrometry results are within the acceptable ranges.

H. Conclusion

The information provided in this pre-market notification demonstrates that the Immunalysis Barbiturates Urine Enzyme Immunoassay is substantially equivalent to the legally marketed predicate device for its intended use.