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WASHINGTON STATE PATROL
WASHINGTON STATE TOXICOLOGY LABORATORY
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May 23, 2024

Washington State Patrol Toxicology Laboratory User Agencies:

SUBJECT: General Drug Testing for Driving Under the Influence Case Submissions

The Toxicology Laboratory Division performs limited testing on **Driving Under the Influence (DUI) submissions** when the ethanol (alcohol) results are at/above 0.09 g/100mL or the THC results are at/above 7.0 ng/mL.

Effective May 27, 2024, in **DUI casework** where ethanol or THC result thresholds are not met and more comprehensive drug testing is requested, only the below listed compounds will be routinely confirmed following identification in screening:

Amphetamines: amphetamine, methamphetamine, MDA, MDMA

Benzodiazepines: 7-aminoclonazepam, alprazolam, bromazolam, clonazepam, clonazolam, diazepam, etizolam, flualprazolam, flubromazolam, lorazepam, nordiazepam, oxazepam, temazepam

Cocaine/metabolites: benzoylecgonine, cocaine

Opiates/Opioids: 6-AM, codeine, fentanyl, hydrocodone, morphine, norfentanyl, oxycodone

Methadone

The Laboratory recognizes there may be some cases which require testing outside of the above listed compounds. If a user agency determines additional/specialized testing is required, further testing may be requested by contacting the Laboratory at 206-262-6100 or toxlab@wsp.wa.gov.

Sincerely,

Elizabeth Gough, Commander
Toxicology Laboratory Division

EG:eg

Washington State Patrol Toxicology Laboratory Division

Scope of Testing

General screening by the Toxicology Laboratory Division may include volatiles analysis and/or one or a combination of the following drug screens: enzyme multiplied immunoassay (EMIT), fentanyl screen by LC-MSMS, basic drug screen by gas chromatography - mass spectrometry/nitrogen phosphorus detection (GC-MS/NPD), drug screen by liquid chromatography - time of flight mass spectrometry (LC-TOF-MS) and cannabinoids screen by liquid chromatography - tandem mass spectrometry (LC-MSMS). Case circumstances may dictate additional screening or targeted analyses, either in-house or by an external laboratory (see Testing Scope B and C). The Toxicology Laboratory Division reserves the right to decide which method(s) to use.

Please see below for testing/reporting for specific case types.

Please contact the laboratory at 206-262-6100 or toxlab@wsp.wa.gov with any questions.

Routine testing for **Driving Under the Influence (DUI)** case submissions will include volatiles analysis.

• If ethanol results are at/above 0.09 g/100 mL, no drug testing will be performed

• If THC results are at/above 7.0 ng/mL, no further drug testing will be performed

For these cases, a comment will appear on the Toxicology Test Report to indicate testing is limited.

Additional screening for therapeutic drugs and drugs of abuse (e.g., LC-TOF-MS, fentanyl screen by LC-MSMS, GC-MS/NPD, targeted analytes) will be performed only when the above predetermined levels are not met and if case circumstances warrant.

In **Drug Recognition Expert (DRE)** case submissions, testing will be conducted by request regardless of blood alcohol and/or THC concentrations.

Routine testing for **Death Investigation** case submissions will include volatiles analysis and one or a combination of the following drug screens: EMIT, fentanyl LC-MSMS screen, GC-MS/NPD or LC-TOF-MS. Cannabinioids screening and confirmation is not routinely performed for this case type. Case circumstances may dictate addtional screening or targeted analyses.

Routine testing for **Drug-Facilitated Sexual Assault (DFSA)** case submissions will include volatiles analysis for both urine and blood specimens. Cannabinioids screening and confirmation is not routinely performed for this case type. Drug screening for urine DFSA submissions will include EMIT, GC-MS/NPD screen and urine benzodiazepines analysis, and screening for blood DFSA case submissions will include the LC-TOF-MS screen (positive and negative mode).

Routine testing for **Drug Investigation** case submissions will include volatiles analysis and one or a combination of the following drug screens: EMIT, fentanyl screen by LC-MSMS, GC-MS/NPD or LC-TOF-MS. Cannabinioids screening and confirmation is not routinely performed for this case type. Case circumstances may dictate addtional screening or targeted analyses.

Routine testing for **Liquor and Cannabis Board** case submissions will include volatiles analysis. Case circumstances may dictate addtional screening or targeted analyses.

Reporting Information

If analytes listed in Testing Scope A are presumptively identified in screening, but are not confirmed, results are reported as "none detected." This includes analytes with confirmation results less than the lower limit of quantitation/reporting (LOQ) for the confirmation test method.

If analytes listed in Testing Scope B are presumptively identified in screening, and confirmation testing is not performed, presumptive results are not reported for those analytes. If warranted, a comment may appear on the Toxicology Test Report to indicate comprehensive confirmation testing was not performed. The presence of an analyte listed in Testing Scope C may be *indicated* in screening however, crtieria for detection is not met and no result is reported.

Confirmation testing for presumptive positive EMIT results may not be performed, based on case type (e.g., death investigation). Where confirmation testing is not performed, or where confirmation testing is performed and no reportable results are obtained (e.g., < LOQ or ND), the drug/drug class is removed from the EMIT panel description on the Toxicology Test Report.

If a low amount of available specimen volume prevents analyses that would otherwise be performed, a comment will appear on the Toxicology Test Report to indicate sample volume is insufficient for complete analysis.

There are analytes for which the Toxicology Laboratory and the external subcontractor laboratory do not have the capability to detect or confirm (e.g., helium, nitrogen). Biochemical testing (e.g., glucose, insulin, vitamin D) is outside the scope of the Toxicology Laboratory testing protocols. The customer may submit specimens to a clinical laboratory for biochemical analysis.

Measurement uncertainty for ethanol and THC is included on the Toxicology Test Report. Measurement uncertainty for reported quantitative results for other analytes is available on the Toxicology Laboratory website.

Refer to May 23, 2024 notification (cover page) for the current list of routinely confirmed compounds for DUI case submissions.

Washington State Patrol Toxicology Laboratory

Testing Scope A

Testing Scope A lists analytes included in general screening and confirmation analyses performed by the Toxicology Laboratory, test method information and the limit/type of reporting. These analytes are routinely confirmed as part of the laboratory's testing protocol. Note that the GC-MS/NPD drug screen may be used in place of the LC-TOF-MS screen for urine and serum specimens, and for blood specimens with poor specimen quality (e.g., decomposed postmortem); select analytes listed in Drug Analysis section below are detectable in the GC-MS/NPD screen.

Volatiles Analysis

Compound	Screen Method	Confirmation Method	Reporting Limit
acetone	Headspace GC	Headspace GC	10 mg/dL
difluoroethane*	Headspace GC	Headspace GC/MS	POS
ethanol	Headspace GC	Headspace GC	0.01-0.02 g/100 mL
isopropanol	Headspace GC	Headspace GC	10 mg/dL
methanol	Headspace GC	Headspace GC	10 mg/dL
sevoflurane*	Headspace GC	Headspace GC/MS	POS

*NOTE: Other volatile compounds (e.g., tetrafluoroethane, butane, ethyl chloride, ether) may be detected in Headspace GC analysis and/or in targeted testing by Headspace GC/MS, performed when a specific compound is noted as suspected in the case history.**

EMIT Immunoassay Analysis

Drug/Drug Class	Method	Panel	Reporting
amphetamines	Enzyme-multiplied immunoassay technique (EMIT)	DUI/DRE and Death Investigation	presumptive positive
barbiturates	Enzyme-multiplied immunoassay technique (EMIT)	DUI/DRE and Death Investigation	presumptive positive
benzodiazepines	Enzyme-multiplied immunoassay technique (EMIT)	DUI/DRE and Death Investigation	presumptive positive
cannabinoids	Enzyme-multiplied immunoassay technique (EMIT)	DUI/DRE and Death Investigation	presumptive positive
cocaine metabolite	Enzyme-multiplied immunoassay technique (EMIT)	DUI/DRE and Death Investigation	presumptive positive
opiates	Enzyme-multiplied immunoassay technique (EMIT)	DUI/DRE and Death Investigation	presumptive positive

NOTE: Urine specimens (including DFSA) are analyzed using DUI/DRE immunoassay panel, excluding amphetamines. A more extensive panel may be run for any matrix type, based on case type/specimens received. EMIT may be run for cannabinoids only, or cannabinoids may be added to the DUI/DRE panel, for matrices other than urine, in lieu of the LC-MSMS cannabiniods screen.

Drug Analysis

Drug	Screen Method	Confirmation Method	Reporting Limit
6-acetylmorphine	LC-TOF-MS	Opiates LC-MSMS	2 ng/mL
7-aminoclonazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
7-aminoflunitrazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	POS
7-aminonimetazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
7-aminonitrazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
alpha-OH-alprazolam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
alprazolam	LC-TOF-MS or GC-MS/NPD	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
amphetamine	LC-TOF-MS	Amphetamines LC-MSMS	0.01 mg/L
benzoylecgonine (confirmed > 50 ng/mL)	LC-TOF-MS	Cocaine and Metabolites GC-MS	0.01 mg/L
bromazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
carbon monoxide†	CO-Oximeter Spectrophotometry	CO-Oximeter Spectrophotometry	≥ 10% saturation carboxyhemoglobin
carboxy-THC (delta-9)	LC-MSMS Cannabinoids Screen	Cannabinoids LC-MSMS	5 ng/mL
chlordiazepoxide	LC-TOF-MS or GC-MS/NPD	Benzodiazepines LC-AJS/LC-MSMS	0.01 mg/L
clobazam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
clonazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	0.01 mg/L
clonazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
clotiazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
cocaethylene	LC-TOF-MS or GC-MS/NPD	Basic Drugs GC-MS/NPD	POS ≥ approx. 10 ng/mL
cocaine	LC-TOF-MS or GC-MS/NPD	Basic Drugs GC-MS/NPD	POS ≥ approx. 10 ng/mL
codeine	LC-TOF-MS or GC-MS/NPD	Opiates LC-MSMS	0.01 mg/L
delorazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
demoxepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
desalkylflurazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
deschloroetizolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
desmethylflunitrazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
dextromethorphan	LC-TOF-MS or GC-MS/NPD	Basic Drugs GC-MS/NPD or Basic Drugs LC-MSMS	POS
diazepam	LC-TOF-MS or GC-MS/NPD	Benzodiazepines LC-AJS/LC-MSMS	0.01 mg/L
diclazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
diphenhydramine	LC-TOF-MS or GC-MS/NPD	Basic Drugs GC-MS/NPD or Basic Drugs LC-MSMS	POS
estazolam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
etizolam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
fentanyl**	LC-TOF-MS or GC-MS/NPD or Fentanyl LC-MSMS Screen	Fentanyl/Norfentanyl LC-MSMS	0.5 ng/mL
flualprazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
flubromazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
flubromazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
flunitrazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
flunitrazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
flurazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
gabapentin	LC-TOF-MS	Pregabalin and Gabapentin by LC-MSMS	1 mg/L
hydrocodone	LC-TOF-MS or GC-MS/NPD	Opiates LC-MSMS	0.01 mg/L
hydromorphone	LC-TOF-MS	Opiates LC-MSMS	2 ng/mL
lorazepam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
lormetazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
MDA	LC-TOF-MS or GC-MS/NPD	Amphetamines LC-MSMS	0.01 mg/L
MDMA	LC-TOF-MS or GC-MS/NPD	Amphetamines LC-MSMS	0.01 mg/L
meclonazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
methadone	LC-TOF-MS or GC-MS/NPD	Methadone LC-MS	0.01 mg/L
methamphetamine	LC-TOF-MS or GC-MS/NPD	Amphetamines LC-MSMS	0.01 mg/L
methylclonazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
midazolam	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	5 ng/mL
morphine	LC-TOF-MS	Opiates LC-MSMS	0.01 mg/L
n-desmethylclobazam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
nifoxipam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
nimetazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
nitrazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
nitrazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
nordiazepam	LC-TOF-MS or GC-MS/NPD	Benzodiazepines LC-AJS/LC-MSMS	0.01 mg/L
norfentanyl**	LC-TOF-MS	Fentanyl/Norfentanyl LC-MSMS	POS ≥ 0.5 ng/mL
oxazepam	LC-TOF-MS or GC-MS/NPD	Benzodiazepines LC-AJS/LC-MSMS	0.01 mg/L
oxycodone	LC-TOF-MS or GC-MS/NPD	Opiates LC-MSMS	0.01 mg/L
oxymorphone	LC-TOF-MS	Opiates LC-MSMS	0.01 mg/L
phenazepam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
phencyclidine	LC-TOF-MS or GC-MS/NPD	Phencylidine GC-MS	0.01 mg/L
pregabalin	LC-TOF-MS	Pregabalin and Gabapentin LC-MSMS	1 mg/L
pyrazolam	LC-TOF-MS	Designer Benzodiazepines LC-MSMS	POS ≥ 5 ng/mL
quetiapine	LC-TOF-MS or GC-MS/NPD	Benzodiazepines and Quetiapine LC-MSMS	0.02 mg/L
temazepam	LC-TOF-MS or GC-MS/NPD	Benzodiazepines LC-AJS/LC-MSMS	0.01 mg/L
THC (delta-9)	LC-MSMS Cannabinoids Screen	Cannabinoids LC-MSMS	1 ng/mL
trazodone (confirmed > 200 ng/mL)	LC-TOF-MS or GC-MS/NPD	Trazodone LC-MS	0.05 mg/L
zopiclone	LC-TOF-MS	Benzodiazepines LC-AJS/LC-MSMS	POS ≥ 0.01 mg/L

*Due to lack of availability of reference materials for inhalant compounds, results from qualitative analysis for inhalants are not traceable to SI units.

**Low therapeutic levels for fentanyl/norfentanyl may be < LC-TOF-MS detection limit; targeted methods are available for detection of fentanyl/norfentanyl at low concentrations.

†Carbon monoxide testing is performed only if requested by the customer; this test method is not included in the scope of the laboratory's ANAB accreditation.

NOTE: LC-TOF-MS analysis is limited to blood specimens only. Urine, serum and tissue homogenate specimens are screened by EMIT, and/or GC-MS/NPD and/or LC-MSMS cannabinoids screen.

Benzodiazepine confirmation for urine, serum or tissue homogenate may be performed by Benzodiazepines and Quetiapine LC-MSMS (in place of Benzodiazepines LC-AJS/LC-MSMS), with limit for qualitative or quantitative reporting at 0.01 mg/L. Designer Benzodiazepines by LC-MSMS is validated for blood matrix only.

Washington State Patrol Toxicology Laboratory
Testing Scope B

Testing Scope B lists analytes which may be identified in standard screening analyses, but are not confirmed as part of the laboratory's standard testing protocol. Note that confirmation testing will not be performed based solely on the inclusion of these analytes on the submitted Request for Analysis form. The Toxicology Laboratory evaluates whether confirmation is warranted, based on individual case circumstances or communication with the customer. Confirmation of these analytes may require that testing be performed by an external laboratory.

Drug Analysis

Drug	Screen Method	Drug	Screen Method
3-methyl fentanyl	LC-TOF-MS	lamotrigine	LC-TOF-MS
4-ANPP	LC-TOF-MS	levetiracetam	LC-TOF-MS
4-methoxy-butyryl fentanyl	LC-TOF-MS	lidocaine	LC-TOF-MS or GC-MS/NPD
acetaminophen^	LC-TOF-MS	loperamide	LC-TOF-MS
acetyl fentanyl	LC-TOF-MS	MDPV	LC-TOF-MS or GC-MS/NPD
acetyl norfentanyl	LC-TOF-MS	menitrazepam	LC-TOF-MS
acryl fentanyl	LC-TOF-MS	meperidine	LC-TOF-MS or GC-MS/NPD
adinazolam	LC-TOF-MS	meprobamate	LC-TOF-MS or GC-MS/NPD
amantadine	LC-TOF-MS	metaxalone	LC-TOF-MS
amitriptyline	LC-TOF-MS or GC-MS/NPD	methaqualone	LC-TOF-MS
aripiprazole	LC-TOF-MS	methocarbamol	LC-TOF-MS
atenolol	LC-TOF-MS	methylone	LC-TOF-MS
atomoxetine	LC-TOF-MS	methylphenidate	LC-TOF-MS
baclofen	LC-TOF-MS	metizolam	LC-TOF-MS
benzocaine	LC-TOF-MS or GC-MS/NPD	metoprolol	LC-TOF-MS
β-hydroxythiofentanyl	LC-TOF-MS	mirtazapine	LC-TOF-MS
bromazepam	LC-TOF-MS	mitragynine	LC-TOF-MS
brompheniramine	LC-TOF-MS	naloxone	LC-TOF-MS
brorphine	LC-TOF-MS	naltrexone	LC-TOF-MS
bupivicaine	LC-TOF-MS or GC-MS/NPD	naproxen	LC-TOF-MS
buprenorphine	LC-TOF-MS	norbuprenorphine	LC-TOF-MS
bupropion	LC-TOF-MS or GC-MS/NPD	norfluoxetine	LC-TOF-MS or GC-MS/NPD
butyryl fentanyl	LC-TOF-MS	norketamine	LC-TOF-MS
caffeine	LC-TOF-MS or GC-MS/NPD	normeperidine	LC-TOF-MS
camazepam	LC-TOF-MS	norquetiapine	LC-TOF-MS
carbamazepine	LC-TOF-MS	nortriptyline	LC-TOF-MS or GC-MS/NPD
carisoprodol	LC-TOF-MS or GC-MS/NPD	n-propylamphetamine	LC-TOF-MS
carfentanil	LC-TOF-MS	o-desmethylvenlafaxine	LC-TOF-MS or GC-MS/NPD
cathinone	LC-TOF-MS	olanzapine	LC-TOF-MS
cetirizine	LC-TOF-MS	oxcarbazepine	LC-TOF-MS
cevadine	LC-TOF-MS	para-fluorobutyryl fentanyl	LC-TOF-MS
chlorpheniramine	LC-TOF-MS or GC-MS/NPD	para-fluorofentanyl	LC-TOF-MS
chlorpromazine	LC-TOF-MS or GC-MS/NPD	paroxetine	LC-TOF-MS
citalopram	LC-TOF-MS or GC-MS/NPD	perlapine	LC-TOF-MS
clomipramine	LC-TOF-MS	phentermine	LC-TOF-MS
clonidine	LC-TOF-MS or GC-MS/NPD	phenytoin	LC-TOF-MS
cloniprazepam	LC-TOF-MS	primidone	LC-TOF-MS
clotiazepam	LC-TOF-MS	promethazine	LC-TOF-MS
clozapine	LC-TOF-MS or GC-MS/NPD	propranolol	LC-TOF-MS
cyclobenzaprine	LC-TOF-MS or GC-MS/NPD	propoxyphene	LC-TOF-MS or GC-MS/NPD
cyproheptadine	LC-TOF-MS	pseudoephedrine	LC-TOF-MS
deschloroketamine	LC-TOF-MS	protriptyline	LC-TOF-MS
desipramine	LC-TOF-MS	remifentanil	LC-TOF-MS
desmethylclomipramine	LC-TOF-MS	remifentanil acid	LC-TOF-MS
desmethyldoxepin	LC-TOF-MS or GC-MS/NPD	risperidone	LC-TOF-MS
desmethylsertraline	LC-TOF-MS or GC-MS/NPD	sertraline	LC-TOF-MS or GC-MS/NPD
diltiazem	LC-TOF-MS or GC-MS/NPD	tapentadol	LC-TOF-MS
doxepin	LC-TOF-MS or GC-MS/NPD	thioridazine	LC-TOF-MS
doxylamine	LC-TOF-MS or GC-MS/NPD	tizanidine	LC-TOF-MS
duloxetine	LC-TOF-MS	tramadol	LC-TOF-MS or GC-MS/NPD
ephedrine	LC-TOF-MS	triazolam	LC-TOF-MS
fluoxetine	LC-TOF-MS or GC-MS/NPD	trimipramine	LC-TOF-MS
flutazolam	LC-TOF-MS	valeryl fentanyl	LC-TOF-MS
fonazepam	LC-TOF-MS	venlafaxine	LC-TOF-MS or GC-MS/NPD
furanyl fentanyl	LC-TOF-MS	verapamil	LC-TOF-MS or GC-MS/NPD
guaifenesin	LC-TOF-MS	veratridine	LC-TOF-MS
halazepam	LC-TOF-MS	vilazodone	LC-TOF-MS
hydroxyzine	LC-TOF-MS	xylazine	LC-TOF-MS
imipramine	LC-TOF-MS	zaleplon	LC-TOF-MS
isobutyryl fentanyl	LC-TOF-MS	zolpidem	LC-TOF-MS or GC-MS/NPD
isotonitazene	LC-TOF-MS	zonisamide	LC-TOF-MS
ketamine	LC-TOF-MS or GC-MS/NPD	xylazine	LC-TOF-MS
lacosamide	LC-TOF-MS		

^Acetaminophen typically confirmed by an external laboratory in select death investigation submissions only (e.g., infant/child death)

Analytes detected by LC-TOF-MS in negative mode only; negative mode analysis performed based on case circumstances/request information.	
amobarbital	pentobarbital
butalbital	salicylic acid
ibuprofen	topiramate
phenobarbital	valproic acid

NOTE: This list is not all-inclusive; additional analytes may be added to the LC-TOF-MS database as reference materials become available.

Testing Scope C

Testing Scope C lists those analytes for which the laboratory does not have the capability to routinely detect in the standard testing protocol. *Note the presence of an analyte may be indicated in screening however, crtieria for detection is not met and no result is reported.* The Toxicology Laboratory evaluates whether testing is warranted, based on individual case circumstances, information on the submitted Request for Analysis form, or communication with the customer. Analysis, however, will not be performed based solely on the inclusion of these analytes on the submitted request for analysis form. Any screening or targeted analyses/confirmation testing for these analytes will be performed by an external laboratory.

Drug	
buspirone	pentazocine
cyanide	pheniramine
designer opioids	phenethylpropanolamine
ethylene glycol	procaine
GHB	propofol
haloperidol	psilocin
lithium	strychnine
LSD	synthetic cannabinoids "spice"
mesoridazine	synthetic cathinones "bath salts"
methylone	trimethoprim
metoclopramide	toluene
nefazidone	ziprasidone
nitrous oxide	

NOTE: This list is not all-inclusive.