



Multi-Drugs Saliva Rapid Test Cube Package Insert

For medical and other professional *in vitro* diagnostic use only

INTENDED USE & SUMMARY

The Multi-Drugs Saliva Rapid Test Cube is a lateral flow chromatographic immunoassay for the qualitative detection of multiple drugs and metabolites in human oral fluid of following drugs without the need of instruments. Package insert for testing of any combination of the following drugs:

| Test | Cut-off (ng/mL) |
|-------------------------------------|-----------------|
| Amphetamine (AMP) | 50 |
| Barbiturates (BAR) | 50 |
| Buprenorphine (BUP) | 10/5 |
| Benzodiazepines (BZO) | 50/30 |
| Cocaine (COC) | 50/20 |
| Fentanyl (FYL) | 50/20/10 |
| K2 | 25 |
| Ketamine (KET) | 50 |
| Methylenedioxymethamphetamine(MDMA) | 50 |
| Methylenedioxypyrovalerone (MDPV) | 300 |
| Marijuana (THC) | 50/20 |
| Methamphetamine (MET) | 50 |
| Methadone metabolite (EDDP) | 20 |
| Methadone (MTD) | 30 |
| Opiate (OPI) / Morphine (MOP) | 40/20 |
| Oxycodone (OXY) | 20 |
| Phencyclidine (PCP) | 10 |
| Tramadol (TRA) | 30 |
| Tricyclic Antidepressants (TCA) | 100 |
| Alcohol (ACL) | 0.02% |

This test will detect other related compounds, please refer to the Analytical Specificity table in this package insert.

This assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/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.

PRINCIPLE

The Multi-Drugs Saliva Rapid Test Cube is an immunoassay based on the principle of competitive binding. Drugs which may be present in the saliva specimen compete against their respective drug conjugate for binding sites on their specific antibody.

During testing, a saliva specimen migrates upward by capillary action. A drug, if present in the saliva specimen below its cut-off concentration, will not saturate the binding sites of its specific antibody coated on the particles. The antibody coated particles will then be captured by the immobilized drug conjugate and a visible colored line will show up in the test line region of the specific drug strip. The colored line will not form in the test line region if the drug level is above its cut-off concentration because it will saturate all the binding sites of the antibody coated on the particles.

A drug-positive saliva specimen will not generate a colored line in the specific test line region of the strip because of drug competition, while a drug-negative saliva specimen or a specimen containing a drug concentration less than the cut-off will generate a line in the test line region. To serve as a procedural control, a colored line will always appear at the control line region indicating that proper volume of specimen has been added and membrane wicking has occurred.

Saliva Alcohol Test consists of a plastic strip with a reaction pad attached at the tip. On contact with solutions of alcohol, the reaction pad will rapidly turn colors depending on the concentration of alcohol present. The pad employs a solid-phase chemistry which uses a highly specific enzyme reaction.

COMPOSITION

Each test kit contains test cube, saliva collector and package insert.

Materials required but not provided: timer.

STORAGE AND STABILITY

- Store the test kit in a cool, dry place between 2-30°C. Keep away from light. Exposure to temperature and/or humidity outside the specified conditions may cause inaccurate results.
- Do not freeze.** Use the test kit at temperatures between 15-30°C.
- Use the test kit between 10-90% humidity.
- Do not use the test kit beyond the expiration date (printed on the foil pouch and box).

Note: All expiration dates are printed in Year-Month-Day format. 2022-06-18 indicates June 18, 2022.

WARNINGS, PRECAUTIONS AND LIMITATIONS

- For professional *in vitro* diagnostic use only. Do not use after the expiration date.
- The test cube should remain in the sealed pouch until use.
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The used test cube should be discarded according to local regulations.
- The Multi-Drugs Saliva Rapid Test Cube provides only a preliminary analytical result. A more specific chemical method must be used to obtain a confirmed result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.
- It is possible that technical or procedural errors, as well as other interfering substances in the saliva specimen may cause erroneous results.
- A positive result indicates presence of the drug or its metabolites but does not indicate level of intoxication, administration route or concentration in oral fluid.
- A negative result may not necessarily indicate drug-free saliva. Negative results can be obtained when drug is present but below the cut-off level of the test.
- The test does not distinguish between drugs of abuse and certain medications.
- A positive result might be obtained from certain foods or food supplements.
- The Saliva Alcohol Test is highly sensitive to the presence of alcohol. Alcohol vapors in the air are

sometimes detected by the Saliva Alcohol Test. Alcohol vapors are present in many institutions and homes. Alcohol is a component in many household products such as disinfectant, deodorizers, perfumes, and glass cleaners. If the presence of alcohol vapors is suspected, the test should be performed in an area known to be free of vapors.

- Ingestion or general use of over-the-counter medications and products containing alcohol can produce positive results.

SPECIMEN STORAGE

Saliva specimens may be stored at 2-8°C for up to 48 hours prior to assay. For prolonged storage, specimens may be frozen and stored below -20°C. Frozen specimens should be thawed and mixed before testing.

SPECIMEN COLLECTION AND TEST PROCEDURE

The test subject should not eat, drink or smoke for at least 10 minutes before the test. Refrigerated tests and saliva samples should be brought to room temperature (15-30°C) prior to testing. For saliva testing, donor must not place anything in the mouth including food, drink, gum, or tobacco products for at least 15 minutes prior to sample collection.

Sample Collection

The oral fluid should be collected using the collector provided with the kit. Follow the detailed "Test procedure" below. No other collection device should be used with this test. Oral fluid collected at any time of the day may be used.

- Remove the saliva collector (collection sponge) and the Saliva Cube Test from the foil pouch. Relax the mouth and insert the collection sponge into the mouth. Start Timer.
- The collection sponge must be in horizontal position throughout the collection process. Using a circular motion, gently swab both cheeks 5-10 times, gums 5-10 times, and surface of tongue 5-10 times, actively swab the inside the mouth, top of tongue, and between cheek and gum until the volume indicator is completely covered with a Red "OK" (usually about 2-4 minutes). Lightly pressing the sponge between the tongue and teeth will help the sponge absorb the saliva. Once saturated, the sponge should contain no hardened areas.

Important: Do not bite, suck, or chew on the collection swab. It is critical that the collection sponge is held horizontally during collection otherwise there will be insufficient saliva collected although the indicator turns Red. During collection of the oral fluid, relax the mouth while swabbing the tongue and cheek as this will aid in the collection of the oral fluid.

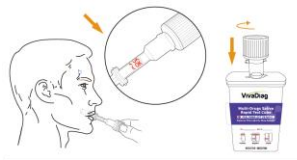
Please note: After Sample is collected, carry out testing within 7 minutes, even if the volume/saturation indicator has not yet changed.

Sample Test

- Remove the Saliva Cube from sealed pouch and place it upright on a clean, flat surface. Gently and slowly insert the saliva collector into the saliva cube with the buckle on the top of the saliva collector aligned with the catch of the saliva cube, press to the bottom, and turn clockwise until you hear a click.
- Stand the test cube upright on a flat surface and begin the timer. Ensure that the cube remains upright for the duration of the test.
- Subject dates and adds initials to the label on the cube.
- Remove the peel-off label.
- If an alcohol test is available, read the results of the Alcohol tests at 3-5 minutes.
- Read the results of the Drug tests at 5-10 minutes.

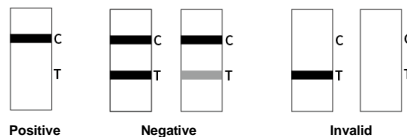
Notes and Troubleshooting

- Invalid results may occur, if the strips do not wick, or the oral fluid is too thick or viscous to run, and the oral fluid tends to form air bubbles which sit at the bottom of the strip and prevent the strip from running.
- If strips do not appear to flow, gently tap the cube on the table or counter surface and gently move the cube back and forth several times, allowing capillary action to begin, thus initiating the test.
- The indicator has not turned Red after 5 minutes: Some donors may have a dry mouth. Rotate the swab in a circular motion while swabbing each area of the oral cavity until the saturation indicator activates and turns Red "OK".



INTERPRETATION OF TEST RESULTS

DRUG TEST:



Positive: A colored line in the control line region (C) but no line in the test line region (T) for a specific drug indicates a positive result. This indicates that the drug concentration in the specimen exceeds the designated cut-off for that specific drug.

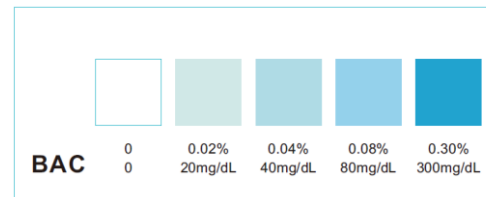
Negative: Two distinct colored lines appear. A colored line in the control line region (C) and a colored line in

the test line region (T) for a specific drug indicate a negative result. This indicates that the drug concentration in the specimen is below the designated cut-off level for that specific drug.

Note: The shade of color in the test region (T) may vary, but it should be considered negative whenever there is even a faint colored line.

Invalid: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test using a new test panel. If the problem persists, discontinue using the lot immediately and contact your local distributor.

ALCOHOL TEST:



Negative: No color change appears on the reaction pad. The color should match the color block on the pouch corresponding to a negative (-) result. This indicates that alcohol has not been detected.

Positive: A color change appears on the reaction pad. The BAC will range from 0.02% to 0.30%, with the color on the reaction pad varying from a light blue to a dark blue, falling on or between the corresponding color blocks on the pouch.

QUALITY CONTROL

Internal procedural controls are included in the test. A colored line appearing in the control region (C) is the internal procedural control. This procedural control line indicates that sufficient flow has occurred, and the functional integrity of the test device has been maintained. Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

PERFORMANCE

1. Accuracy

The clinical specimens were analyzed by GC-MS and the Multi-Drugs Saliva Rapid Test Cube. Saliva samples taken from volunteers claiming to be non-users were examined under both tests. The results were >95% in agreement with GC/MS.

2. Analytical Sensitivity

A drug-free urine pool was spiked with drugs to the concentrations at $\pm 50\%$ cut-off and $\pm 25\%$ cut-off. The results are summarized below.

| Drug Conc. Cut-off range) | n | AMP | | BAR | | BUP | | BUP5 | | BZO 50 | | BZO 30 | |
|---------------------------|----|-----|----|-----|----|-----|----|------|----|--------|----|--------|----|
| | | - | + | - | + | - | + | - | + | - | + | - | + |
| 0% | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -25% Cut-off | 30 | 30 | 0 | 29 | 1 | 29 | 1 | 29 | 1 | 30 | 0 | 29 | 1 |
| Cut-off | 30 | 12 | 18 | 14 | 16 | 12 | 18 | 12 | 18 | 12 | 18 | 14 | 16 |
| +25% Cut-off | 30 | 2 | 28 | 8 | 22 | 4 | 26 | 2 | 28 | 4 | 26 | 3 | 27 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

| Drug Conc. Cut-off range) | n | COC 50 | | COC 20 | | FYL | | FYL 20 | | FYL 10 | | K2 | |
|---------------------------|----|--------|----|--------|----|-----|----|--------|----|--------|----|----|----|
| | | - | + | - | + | - | + | - | + | - | + | - | + |
| 0% | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -25% Cut-off | 30 | 29 | 1 | 28 | 2 | 28 | 2 | 29 | 1 | 28 | 2 | 29 | 1 |
| Cut-off | 30 | 17 | 13 | 15 | 15 | 19 | 11 | 18 | 12 | 18 | 12 | 17 | 13 |
| +25% Cut-off | 30 | 2 | 28 | 2 | 28 | 6 | 24 | 3 | 27 | 4 | 26 | 2 | 28 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

| Drug Conc. Cut-off range) | n | KET | | MDMA | | MDPV | | THC | | THC 20 | | MET | |
|---------------------------|----|-----|----|------|----|------|----|-----|----|--------|----|-----|----|
| | | - | + | - | + | - | + | - | + | - | + | - | + |
| 0% | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -25% Cut-off | 30 | 28 | 2 | 28 | 2 | 24 | 6 | 24 | 6 | 24 | 6 | 28 | 2 |
| Cut-off | 30 | 19 | 11 | 17 | 13 | 15 | 15 | 14 | 16 | 15 | 15 | 14 | 16 |
| +25% Cut-off | 30 | 6 | 24 | 4 | 26 | 5 | 25 | 5 | 25 | 3 | 27 | 3 | 27 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

| Drug Conc. Cut-off range) | n | EDDP | | MTD | | OPI | | OPI 20 | | OXY | |
|---------------------------|----|------|----|-----|----|-----|----|--------|----|-----|----|
| | | - | + | - | + | - | + | - | + | - | + |
| 0% | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 |
| -25% Cut-off | 30 | 24 | 6 | 28 | 2 | 28 | 2 | 27 | 3 | 28 | 2 |
| Cut-off | 30 | 15 | 15 | 16 | 14 | 14 | 16 | 14 | 16 | 14 | 16 |
| +25% Cut-off | 30 | 5 | 25 | 2 | 28 | 9 | 21 | 2 | 28 | 4 | 26 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

| Drug Conc. Cut-off range) | n | PCP | | TRA | | TCA | |
|---------------------------|----|-----|---|-----|---|-----|---|
| | | - | + | - | + | - | + |
| 0% | 30 | 30 | 0 | 30 | 0 | 30 | 0 |
| -50% Cut-off | 30 | 30 | 0 | 30 | 0 | 30 | 0 |

| | | | | | | | |
|--------------|----|----|----|----|----|----|----|
| -25% Cut-off | 30 | 28 | 2 | 28 | 2 | 28 | 2 |
| Cut-off | 30 | 14 | 16 | 17 | 13 | 18 | 12 |
| +25% Cut-off | 30 | 9 | 21 | 7 | 23 | 6 | 24 |
| +50% Cut-off | 30 | 0 | 30 | 0 | 30 | 0 | 30 |

3. Analytical Specificity

| Compounds | Con.ng/mL | Compounds | Con.ng/mL |
|---|-----------|-----------------------------|-----------|
| AMPHETAMINE | | | |
| d-Amphetamine | 50 | d-MDA | 50 |
| d,l-Amphetamine | 100 | Tyramine | 10,000 |
| r-Amphetamine | 1,000 | | |
| BARBITURATES | | | |
| Secobarbital | 50 | Amobarbital | 400 |
| Butalbital | 100 | Barbital | 500 |
| Phenobarbital | 400 | | |
| Buprenorphine | | | |
| Buprenorphine | 10 | Norbuprenorphine | 50 |
| Buprenorphine-3-β-D-glucuronide | 10 | Norbuprenorphine-3-β-D-gluc | 50 |
| Buprenorphine | | | |
| Buprenorphine | 5 | Norbuprenorphine | 25 |
| Buprenorphine-3-β-D-glucuronide | 5 | Norbuprenorphine-3-β-D-gluc | 25 |
| BENZODIAZEPINES 50 | | | |
| Oxazepam | 50 | Nordiazepam | 300 |
| Alprazolam | 20,000 | Temazepam | 25 |
| Chlordiazepoxide | 8,000 | Triazolam | > 100,000 |
| Clobazam | 750 | Estazolam | 250 |
| Diazepam | 90 | Desalkylflurazepam | 1,000 |
| Flurazepam | > 100,000 | Flunitrazepam | > 100,000 |
| Lorazepam | 6,500 | Midazolam | 80,000 |
| Nitrazepam | 16,500 | | |
| BENZODIAZEPINES 10 | | | |
| Oxazepam | 30 | Nordiazepam | 180 |
| Alprazolam | 12,000 | Temazepam | 15 |
| Chlordiazepoxide | 4,800 | Triazolam | 60,000 |
| Clobazam | 450 | Estazolam | 150 |
| Diazepam | 54 | Desalkylflurazepam | 600 |
| Flurazepam | 60,000 | Flunitrazepam | 60,000 |
| Lorazepam | 3,900 | Midazolam | 48,000 |
| Nitrazepam | | | |
| COCAINE 50 | | | |
| Benzoylcegonine | 50 | Ecgonine | 16,000 |
| Cocaine | 60 | Ecgonine methyl ester | 72,500 |
| COCAINE 20 | | | |
| Benzoylcegonine | 20 | Ecgonine | 6,400 |
| Cocaine | 24 | Ecgonine methyl ester | 29,000 |
| FENTANYL 50 | | | |
| Fentanyl | 50 | Norfentanyl | 50 |
| FENTANYL 20 | | | |
| Fentanyl | 20 | Norfentanyl | 20 |
| FENTANYL 10 | | | |
| Fentanyl | 10 | Norfentanyl | 10 |
| SPC/K2 | | | |
| JWH 073 4-butanolic acid | 25 | JWH 018 5-pentanoic acid | 25 |
| JWH-0734-Hydroxybutyl | 100 | JWH-0185-Hydroxypentyl | 125 |
| JWH-018N-(4-hydroxypentyl) | 100 | JWH-018 (Spice Cannabinoid) | 40,000 |
| KETAMINE | | | |
| Ketamine | 50 | Norketamine | 50 |
| METHYLENEDIOXYMETHAMPHETAMINE | | | |
| 3,4-Methylenedioxyamphetamin (MDMA) | | | 50 |
| 3,4-Methylenedioxyamphetamine (MDA) | | | 6,250 |
| 3,4-Methylenedioxyethylamphetamine (MDEA) | | | 20 |
| Methamphetamine | | | 1,125 |
| l-methamphetamine | | | 2,000 |
| METHYLENEDIOXYPYROVALERONE | | | |
| 3,4-Methylenedioxyprovalerone | | | 300 |
| METHAMPHETAMINE | | | |
| Methamphetamine | 50 | MDEA | 400 |
| MDMA | 100 | d,l-Ephedrine | 20,000 |
| d-MDA | 30,000 | 1R, 2S, l-Ephedrine | > 100,000 |
| d,l-Methamphetamine | 60 | R(-)-Amphetamine | > 100,000 |
| l-Methamphetamine | 2500 | | |
| METHADONE METABOLITE | | | |
| Methadone metabolite | 20 | Phencyclidine | 20,000 |
| Meperidine | 20,000 | Promazine | 10,000 |
| Methadone | 20,000 | Promethazine | 5,000 |

| | | | |
|--------------------------------------|--------|-----------------------------------|----------|
| Norfentanyl | 20,000 | Prothipendyl | 10,000 |
| Prozine | 2,500 | | |
| METHADONE | | | |
| Methadone | 30 | Doxylamine | 100,000 |
| MARIJUANA | | | |
| Δ ⁹ -Tetrahydrocannabinol | 50 | 11-nor-Δ ⁹ -THC-9 COOH | 15 |
| Δ ⁸ -Tetrahydrocannabinol | 75 | Cannabinol | > 10,000 |
| MARIJUANA | | | |
| Δ ⁹ -Tetrahydrocannabinol | 20 | 11-nor-Δ ⁹ -THC-9 COOH | 6 |
| Δ ⁸ -Tetrahydrocannabinol | 30 | Cannabinol | 4,000 |
| OPIATES 40 | | | |
| Morphine | 40 | Heroin | 80 |
| 6-Acetylmorphine | 48 | Hydrocodone | 1,280 |
| Codeine | 24 | Hydromorphone | 400 |
| Dihydrocodeine | 40 | Oxycodone | 80,000 |
| Ethyl morphine | 40 | Morphine-3-β-D-glucuronide | 200 |
| OPIATES 20 | | | |
| Morphine | 20 | Heroin | 40 |
| 6-Acetylmorphine | 24 | Hydrocodone | 640 |
| Codeine | 12 | Hydromorphone | 200 |
| Dihydrocodeine | 20 | Oxycodone | 40,000 |
| Ethyl morphine | 20 | Morphine-3-β-D-glucuronide | 100 |
| OXYCODONE | | | |
| Oxycodone | 20 | Hydrocodone | 5,000 |
| Oxymorphone | 1,000 | Hydromorphone | 8,000 |
| TRAMADOL | | | |
| Tramadol | | | 30 |
| TRICYCLIC ANTIDEPRESSANTS | | | |
| Nortriptyline | | | 100 |

INTERFERENCE









A study was conducted to determine the interference of the test with compounds in either drug-free saliva or amphetamine,Benzoylcegonine,Cocaine,Ketamine,Marijuana,Methadone,3,4-Methylenedioxy-Metamphetamine, d-Methamphetamine, Morphine positive saliva. The following compounds show no interference when tested with the Multi-Drugs Saliva Rapid Test Cube at a concentration of 100 µg/mL.


NON INTERFERENCE


| | | | |
|----------------------|------------------------|------------------|----------------------|
| Acetophenetidin | Cortisone | Isoxsuprine | d-Pseudoephedrine |
| N-Acetylprocainamide | l-Cotinine | Ketoprofen | Quinidine |
| Acetylsalicylic acid | Creatinine | Labetalol | Quinine |
| Aminopyrine | Deoxycorticosterone | Loperamide | Salicylic acid |
| Amoxicillin | Dextromethorphan | Meprobamate | Serotonin |
| Ampicillin | Diclofenac | Methoxyphenamine | Sulfamethazine |
| l-Ascorbic acid | Diflunisal | Methylphenidate | Sulindac |
| Apomorphine | Digoxin | Nalidixic acid | Tetracycline |
| Aspartame | Diphenhydramine | Naproxen | Tetrahydrocortisone, |
| Atropine | Ethyl-p-aminobenzoate | Niacinamide | 3 Acetate |
| Benzilic acid | β-Estradiol | Nifedipine | Tetrahydrocortisone |
| Benzoic acid | Estrone-3-sulfate | Norethindrone | Tetrahydrozoline |
| Bilirubin | Erythromycin | Noscapine | Thiamine |
| d,l-Brompheniramine | Fenoprofen | d,l-Octopamine | Thioridazine |
| Caffeine | Furosemide | Oxalic acid | d,l-Tyrosine |
| Cannabidiol | Gentisic acid | Oxolinic acid | Tolbutamide |
| Chloral hydrate | Hemoglobin | Oxymetazoline | Triamterene |
| Chloramphenicol | Hydralazine | Papaverine | Trifluoperazine |
| Chlorothiazide | Hydrochlorothiazide | Penicillin-G | Trimethoprim |
| d,l-Chlorpheniramine | Hydrocortisone | Perphenazine | d,l-Tryptophan |
| Chlorpromazine | o-Hydroxyhippuric acid | Phenelzine | Uric acid |
| Cholesterol | 3-Hydroxytyramine | Prednisone | Verapamil |
| Clonidine | d,l-Isoproterenol | d,l-Propanolol | Zomepirac |



REFERENCES

1. Tietz NW. Textbook of Clinical Chemistry. W.B. Saunders Company. 1986; 1735
2. Baselt RC. Disposition of Toxic Multi-Drugs and Chemicals in Man. 2nd Ed. Biomedical Publ., Davis, CA. 1982; 488
3. Hawks RL, CN Chiang. Urine Testing for Drugs of Abuse. National Institute for Drug Abuse (NIDA), Research Monograph 73, 1986

| INDEX OF SYMBOLS | | | |
|---|---|---|--------------|
|  | Consult instructions for use |  | Use by |
|  | For <i>in vitro</i> diagnostic use only |  | Lot number |
|  | Storage temperature limitations |  | Manufacturer |
|  | Authorized Representative |  | Do not reuse |

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