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For Sales Outside USA (OUS) Only

Fentanyl (qualitative), DxC 700 AU

System Reagent: C68809

The information provided in this application sheet is intended as a supplement to the package insert.
 Refer to the package insert for information on intended use, reagent storage, and additional performance data.

General	LIH	ISE	Calculated Test	Range
Test Name: <input type="text" value="FEN"/> ▼				
Type: <input type="text" value="Urine"/> ▼				
Operation: <input type="text" value="Yes"/> ▼				
Sample Volume	<input type="text" value="15"/> μL	Dilution	<input type="text" value="0"/> ▼ μL	OD Limit
Pre-Dilution Rate	<input type="text" value="1"/> ▼			Min. OD <input type="text" value="-2.0000"/> Max OD <input type="text" value="3.0000"/>
Reagent Volume	R1 (R1-1) <input type="text" value="120"/> μL	Dilution	<input type="text" value="0"/> μL	Reagent OD Limit
	R1-2 <input type="text"/> μL	Dilution	<input type="text"/> μL	1st. Low <input type="text" value="-2.0000"/> High <input type="text" value="3.0000"/>
	R2 (R2-1) <input type="text" value="45"/> μL	Dilution	<input type="text" value="10"/> μL	Last Low <input type="text" value="-2.0000"/> High <input type="text" value="3.0000"/>
Common Reagent	Type <input type="text" value="None"/>	Name	<input type="text" value="None"/>	Analytical Measuring Range Low <input type="text" value="-999999.9"/> High <input type="text" value="999999.9"/>
Wavelength	Pri <input type="text" value="340"/> ▼ nm	Sec	<input type="text" value="410"/> ▼ nm	Correlation Factor A <input type="text" value="1.0"/> B <input type="text" value="0"/>
Method	<input type="text" value="FIXED"/> ▼			
Reaction Slope	<input type="text" value="+"/> ▼			
Measuring Point-1	1st <input type="text" value="14"/>	Last	<input type="text" value="19"/>	Onboard Stability Period <input type="text"/> Day <input type="text"/> Hour
Measuring Point-2	1st <input type="text"/>	Last	<input type="text"/>	LIH Influence Check <input type="text"/> ▼
Linearity Limit	<input type="text"/> %			
Lag Time Check	<input type="text"/> ▼			
				Lipemia <input type="text"/> ▼
				Icterus <input type="text"/> ▼
				Hemolysis <input type="text"/> ▼

General	LIH	ISE	Calculated Test	Range				
Test Name: <input type="text" value="FEN"/> ▼								
Type: <input type="text" value="Urine"/> ▼								
Value/Flag <input type="text" value="Flag"/>								
Level Low <input type="text" value="99.9"/> High <input type="text" value="100.0"/>								
Specific Ranges								
	From	To	Other Type	Low High				
<input type="checkbox"/> 1:	Sex <input type="text" value="#"/> ▼	Year <input type="text" value="#"/> ▼	Month <input type="text" value="#"/> ▼	Year <input type="text" value="#"/> ▼	Month <input type="text" value="#"/> ▼	<input type="text" value="None"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
<input type="checkbox"/> 2:	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
<input type="checkbox"/> 3:	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
<input type="checkbox"/> 4:	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
<input type="checkbox"/> 5:	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
<input type="checkbox"/> 6:	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
7:	Standard demographics						<input type="text" value="#"/>	<input type="text" value="#"/>
8:	Not within expected values						<input type="text" value="#"/>	<input type="text" value="#"/>
Critical Limits	Low <input type="text" value="#"/>	High <input type="text" value="#"/>	Unit <input type="text"/>	<input type="text" value="Select"/>	Decimal Places <input type="text" value="1"/>			

Calibrators	General	ISE	Calculated Test	Range
Test Name: <input type="text" value="FEN"/> ▼				
Type: <input type="text" value="Urine"/> ▼				
<input type="checkbox"/> Use Serum Cal.				
Calibration Type:	<input type="text" value="AB"/> ▼	Formula:	<input type="text" value="Y=AX+B"/> ▼	Counts: <input type="text" value="2"/>
<Calibrator Parameters>				
	Calibrator	OD	Conc	Range
				Low High
Point-1	<input type="text" value="#"/> ▼		100.0*	-9999999 9999999
Point-2	<input type="text"/> ▼			
Point-3	<input type="text"/> ▼			
Point-4	<input type="text"/> ▼			
Point-5	<input type="text"/> ▼			
Point-6	<input type="text"/> ▼			
Point-7	<input type="text"/> ▼			
MB Type Factor	<input type="text"/>	1-Point Calibration Point	<input type="text"/> ▼	<input type="checkbox"/> with Conc-0
				Slope Check <input type="text" value="None"/> ▼
				<input type="checkbox"/> Allowable Range Check
				<input type="checkbox"/> Reagent Blank
				<input type="checkbox"/> Calibration <input type="text"/>
				Advanced Calibration
				Operation <input type="text" value="Yes"/> ▼
				Interval (RB) <input type="text" value="Lot"/> ▼
				Interval <input type="text" value="Lot"/> ▼
				Stability
				Reagent <input type="text" value="14"/> Day <input type="text" value="0"/> Hour
				Calibration <input type="text" value="14"/> Day <input type="text" value="0"/> Hour

User Defined

* The cutoff is normalized to 100. Positive samples are ≥ 100 and are flagged with a (P). LZI Norfentanyl Qualitative Calibrator Ref No.: C68810.



Fentanyl (semi-quantitative), DxC 700 AU

System Reagent: C68809

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General	LIH	ISE	Calculated Test	Range
Test Name: <input type="text" value="FEN"/> ▼				
Type: <input type="text" value="Urine"/> ▼				
Operation: <input type="text" value="Yes"/> ▼				
Sample Volume	<input type="text" value="15"/> μL	Dilution	<input type="text" value="0"/> ▼ μL	OD Limit
Pre-Dilution Rate	<input type="text" value="1"/> ▼			Min. OD <input type="text" value="-2.0000"/> Max OD <input type="text" value="3.0000"/>
Reagent Volume	R1 (R1-1) <input type="text" value="120"/> μL	Dilution	<input type="text" value="0"/> μL	Reagent OD Limit
	R1-2 <input type="text"/> μL	Dilution	<input type="text"/> μL	1st. Low <input type="text" value="-2.0000"/> High <input type="text" value="3.0000"/>
	R2 (R2-1) <input type="text" value="45"/> μL	Dilution	<input type="text" value="10"/> μL	Last Low <input type="text" value="-2.0000"/> High <input type="text" value="3.0000"/>
Common Reagent	Type <input type="text" value="None"/>	Name	<input type="text" value="None"/>	Analytical Measuring Range Low <input type="text" value="2.5"/> High <input type="text" value="20"/>
Wavelength	Pri <input type="text" value="340"/> ▼ nm	Sec	<input type="text" value="410"/> ▼ nm	Correlation Factor A <input type="text" value="1"/> B <input type="text" value="0"/>
Method	<input type="text" value="FIXED"/> ▼			
Reaction Slope	<input type="text" value="+"/> ▼			
Measuring Point-1	1st <input type="text" value="14"/>	Last	<input type="text" value="19"/>	Manufacturer Factor A <input type="text" value="1"/> B <input type="text" value="0"/>
Measuring Point-2	1st <input type="text"/>	Last	<input type="text"/>	Onboard Stability Period <input type="text"/> Day <input type="text"/> Hour
Linearity Limit	<input type="text"/> %			
Lag Time Check	<input type="text"/> ▼			
				LIH Influence Check <input type="text"/> ▼
				Lipemia <input type="text"/> ▼
				Icterus <input type="text"/> ▼
				Hemolysis <input type="text"/> ▼

General	LIH	ISE	Calculated Test	Range
Test Name: <input type="text" value="FEN"/> ▼				
Type: <input type="text" value="Urine"/> ▼				
Value/Flag <input type="text" value="#"/> Level Low <input type="text" value="#"/> High <input type="text" value="#"/>				
Specific Ranges				
	From	To	Other Type	Low High
<input type="checkbox"/> 1:	Sex <input type="text" value="#"/> ▼ Year <input type="text" value="#"/> Month <input type="text" value="#"/>	Year <input type="text" value="#"/> Month <input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/> <input type="text" value="#"/>
<input type="checkbox"/> 2:	<input type="text" value="#"/> ▼ <input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/> <input type="text" value="#"/>
<input type="checkbox"/> 3:	<input type="text" value="#"/> ▼ <input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/> <input type="text" value="#"/>
<input type="checkbox"/> 4:	<input type="text" value="#"/> ▼ <input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/> <input type="text" value="#"/>
<input type="checkbox"/> 5:	<input type="text" value="#"/> ▼ <input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/> <input type="text" value="#"/>
<input type="checkbox"/> 6:	<input type="text" value="#"/> ▼ <input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="#"/> <input type="text" value="#"/>	<input type="text" value="None"/>	<input type="text" value="#"/> <input type="text" value="#"/>
7:	Standard demographics			<input type="text" value="#"/> <input type="text" value="#"/>
8:	Not within expected values			<input type="text" value="#"/> <input type="text" value="#"/>
Critical Limits	Low <input type="text" value="#"/>	High <input type="text" value="#"/>	Unit <input type="text" value="ng/mL"/>	Select <input type="text"/> Decimal Places <input type="text" value="2"/>

Calibrators	General	ISE		
Test Name: <input type="text" value="FEN"/> ▼				
Type: <input type="text" value="Urine"/> ▼				
<input type="checkbox"/> Use Serum Cal.				
Calibration Type:	<input type="text" value="5AB"/> ▼	Formula:	<input type="text" value="Polygonal"/> ▼	Counts: <input type="text" value="2"/>
<Calibrator Parameters>				Slope Check <input type="text" value="+"/> ▼
	Calibrator	OD	Conc	Range
				Low High
Point-1	# ▼		§*	-2.0000 3.0000
Point-2	# ▼		‡*	-2.0000 3.0000
Point-3	# ▼		‡*	-2.0000 3.0000
Point-4	# ▼		‡*	-2.0000 3.0000
Point-5	# ▼		‡*	-2.0000 3.0000
Point-6	# ▼			
Point-7	# ▼			
MB Type Factor	<input type="text"/>	1-Point Calibration Point	<input type="text"/> ▼	<input type="checkbox"/> Allowable Range Check
				<input type="checkbox"/> Reagent Blank
				<input type="checkbox"/> Calibration <input type="text"/>
				Advanced Calibration
				Operation <input type="text" value="Yes"/> ▼
				Interval (RB) <input type="text" value="Lot"/> ▼
				Interval <input type="text" value="Lot"/> ▼
				<input type="checkbox"/> with Conc-0
				Stability
				Reagent <input type="text" value="14"/> Day <input type="text" value="0"/> Hour
				Calibration <input type="text" value="14"/> Day <input type="text" value="0"/> Hour

User Defined
 § LZI Universal Negative Calibrator Ref No.: C68807
 ‡ LZI Norfentanyl Semi-Quantitative Calibrator Set Ref No.: C68811
 * Values set for working in ng/mL.



Fentanyl (wash step), DxC 700 AU

System Reagent: C68809

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General		LIH			ISE			Calculated Test			Range		
Test Name: <input type="text" value="FEN"/>					Type: <input type="text" value="Urine"/>			Operation: <input type="text" value="Yes"/>					
Test Name		Pre-Dispense Wash Count			Post-Dispense Wash Count								
		Detergent-1	Detergent-2	Water	Detergent-1	Detergent-2	Water						
1.	Fentanyl	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>					
2.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
3.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
4.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
5.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
6.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
7.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
8.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
9.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
10.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
11.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
12.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
13.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
14.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
15.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
16.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
17.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
18.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
19.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					
20.	X	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>					