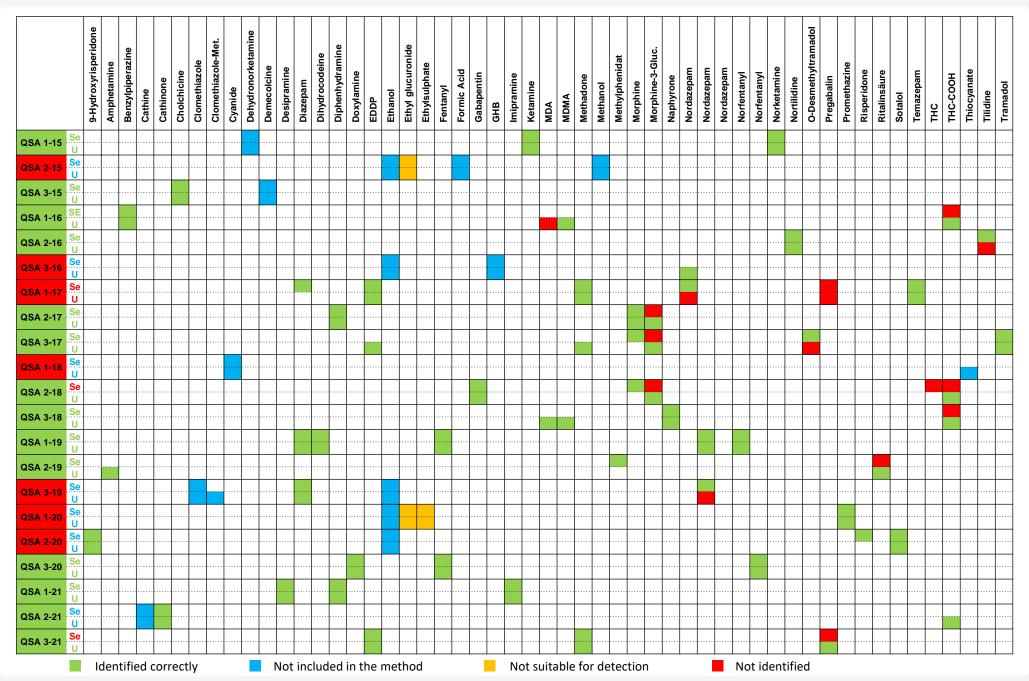
Overview of Spiked Compounds and Toxtyper® Results QSA 1-2015 to 3-2021

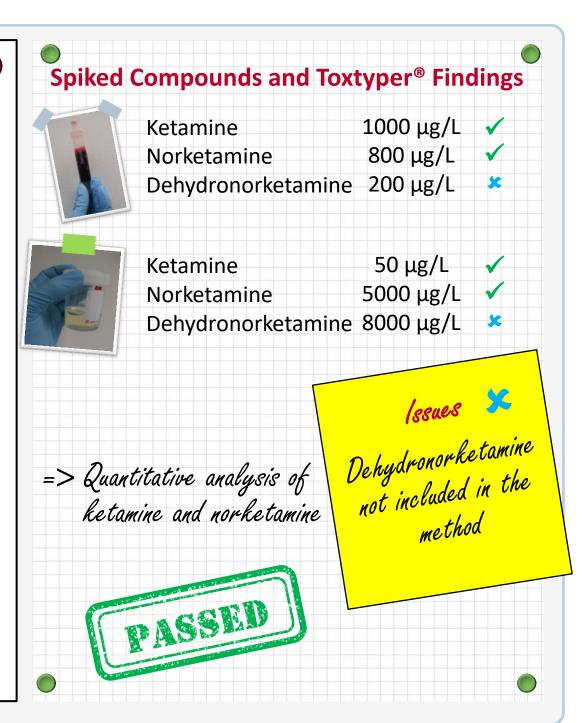
(Detailed information can be found on the following pages)



Case History:

A young man is found unresponsive in a disco in the evening. The emergency physician called in finds signs of paralysis on the body, speech disorders, muscle spasms and muscle tremors. The man reports having experimented with a party drug. A blood and urine sample are sent in for analysis.

- Are there any xenobiotics detectable?
- Which compound caused the described symptoms?
- Which preparation was ingested?





A 2-2015

Case History:

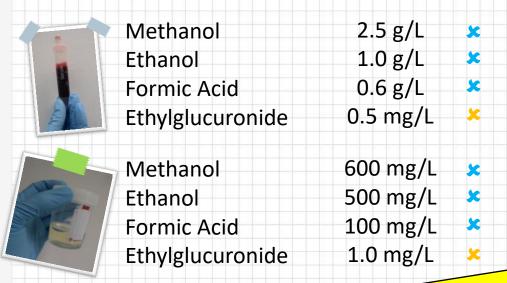
A police patrol recognizes the impaired driving of a motorist and performs a control. The police officer observes gait, speech and visual disorder. The breath alcohol level is 0.8 ‰. The man states that he is a sober alcoholic and has released himself from hospital his family admitted him because he drank from a bottle containing a clear and spirituous liquid.

A blood and urine sample are sent in for analysis.

Questions:

- Are there any xenobiotics detectable?
- Which compound caused the described condition?
- Which therapy might have been applied in the hospital?

Spiked Compounds and Toxtyper® Findings



lssues

EtG is included in the screening but not great for LC-MSn detection

Methanol, ethanol and formic acid are not detectable by LC-ESI-MS





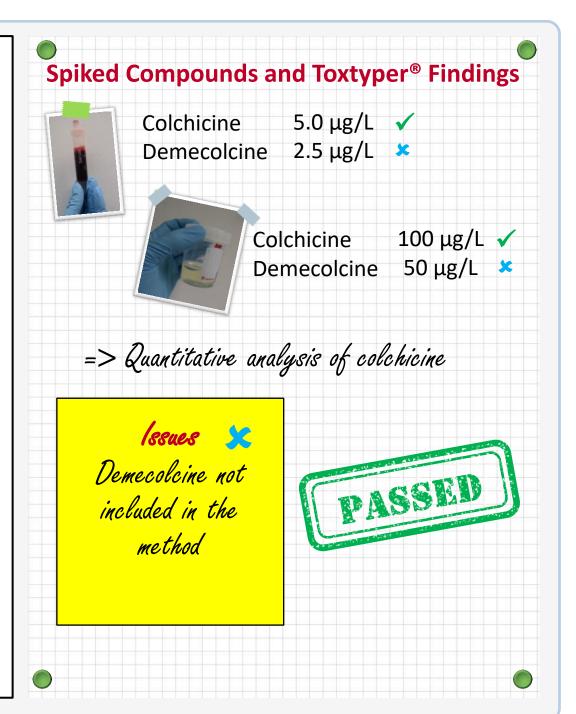


Case History:

A young man presents himself to a doctor because of swallowing problems, vomiting, and diarrhea. He seasoned his dinner with plants and wild herbs collected in an nearby forest. A few hours after the meal first symptoms like a sore throat appeared.

A blood and urine sample are sent in for analysis.

- Are there any xenobiotics detectable?
- Which compound caused the described condition?
- Which plant was probably collected?





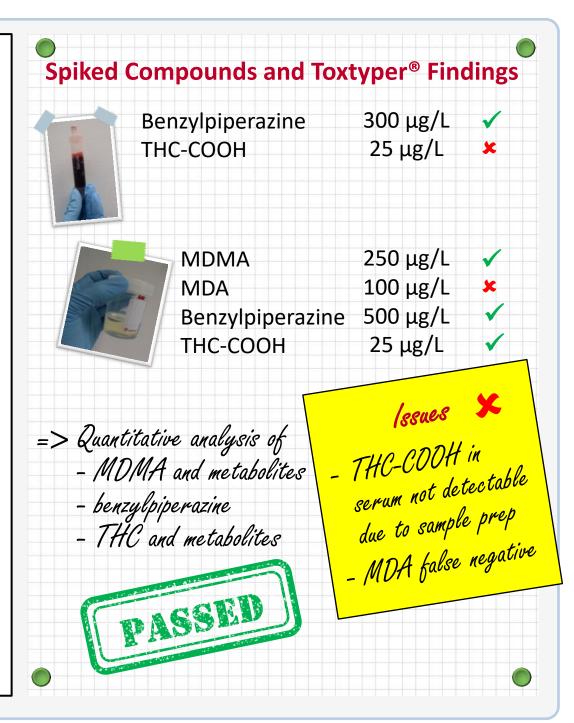


Case History:

A young women is admitted to the ER. She complains about severe nausea and headache. Her blood pressure is very high, she shows states of anxiety and several seizures. An uptake of drugs of abuse is assumed.

A blood and urine sample are sent in for analysis.

- Are there any xenobiotics detectable?
- Which compound primarily caused the described condition?







Case History:

A young Turkish man is caught by a police patrol while breaking into a building. While getting arrested the man gets more and more aggressive. He can't be detained by routine procedures and seems to be uneffected by pain.

He tells the physician that he drank something but no alcohol. A blood and urine sample are sent in for analysis.

- Are there any xenobiotics detectable?
- Which compound caused the described condition?
- Which preparation was ingested?





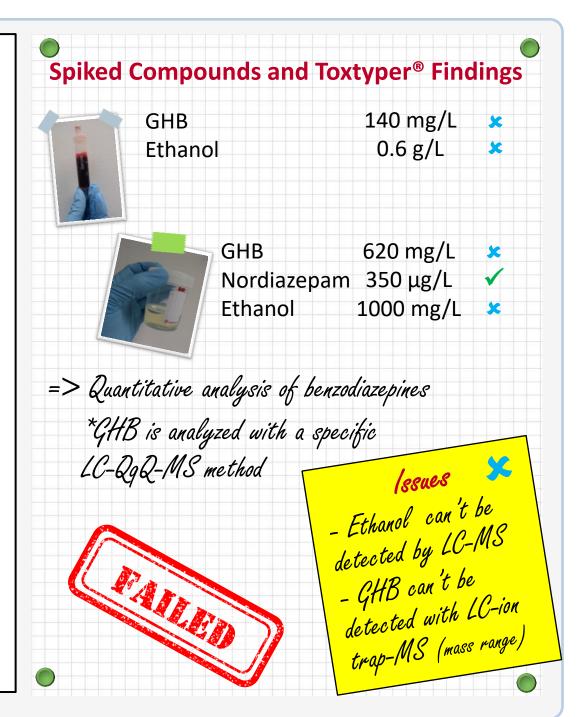


Case History:

A young woman is at a party with her friends in a well-known club. She consumes multiple glasses of champagne. Soon she gets dizzy. Her condition gets worse quickly and she is admitted to a hospital.

A blood and urine sample are sent in for analysis.

- Are there any xenobiotics detectable?
- Which compound primarily caused the described condition?







Case History:

A young woman is caught shoplifting. When the police arrives, she acts very aggressive and provocative, making weird statements like "it was an order from the highest authorities". She is known to the police as a drug addict.

A blood and urine sample are sent in for analysis.

Questions:

- Are there any xenobiotics detectable?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Pregabalin
Diazepam
Nordiazepam
Temazepam
Methadone
EDDP



15 mg/L 🗶

200 μg/L 🗸

150 μg/L



Pregabalin 7.0 mg/L x Nordiazepam 10 μg/L x Temazepam 400 μg/L √ Methadone 400 μg/L √ EDDP 400 μg/L √

- => Quantitative analysis of
 - benzodiazepines
 - methadone and metabolite



Issues

Pregabalin not

detectable in serum

due to sample prep

but false negative in

urine!





Case History:

A woman causes a minor accident while parking. However, she then continues to drive in serpentine lines and with frequent changes in driving speed. The police stops the woman, who claims to be taking medication for pain and to be under constant medical supervision. When her blood was taken, she appeared drowsy and her speech was slurred. A blood and urine sample are sent in for analysis.

Questions:

- Are there any xenobiotics detectable?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Diphenhydramine 5
Morphine 5
Morphine-3-gluc. 5

500 μg/L 25 μg/L

. 500 μg/L 😕



Diphenhydramine Morphine Morphine-3-gluc.

1500 μg/L 🗸

10 μg/L 🗸

c. 1500 μg/L 🗸

- => Quantitative analysis of
 - diphenhydramine
 - Morphine, 6-MAM and metabolites

Morphine-gluc not detected due to sample prep.







Case History:

A young man is found huddled and apathetic in a toilet in the evening. There is vomit and a used disposable syringe nearby. He stammers to the emergency doctor that he had injected himself with something around noon.

A blood and urine sample are sent in for analysis.

Questions:

- Are there any xenobiotics detectable?
- How to asses the concentrations?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Tramdol 1500 μ g/L \checkmark O-Desmethyltramadol 500 μ g/L \checkmark Morphine 20 μ g/L \checkmark Morphine-3-gluc. 300 μ g/L \star



Tramadol 2000 μg/L \checkmark O-Desmethyltramadol 600 μg/L \star Morphine-3-gluc. 500 μg/L \checkmark Methadone 200 μg/L \checkmark EDDP 200 μg/L \checkmark

- => Quantitative analysis of:
 - tramadol and metabolite
 - Methadone and EDDP
 - morphine, 6-MAM and metabolites



/ssues

Morphine-gluc not

detected due to sample

prep.

O-Desmethyltramadol

false negative in urine

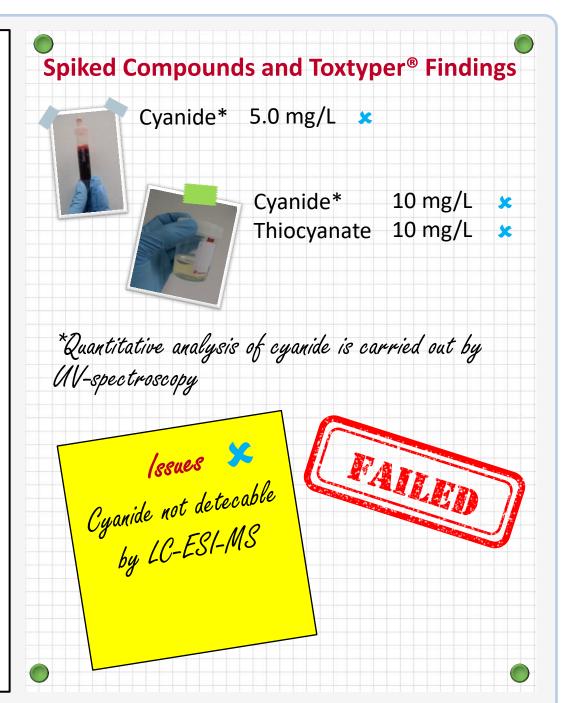




Case History:

A 30 year old lab tech is found dead by a friend on the patio of his house. To the police, the friend states that the deceased had relationship problems recently. No evidence of drugs or medication was found at the scene, only a broken glass lying on the ground. A blood and urine sample are taken and sent in for analysis.

- Which compounds can be detected?
- How to evaluate the concentrations?
- Which compound primarily caused the described condition?







Case History:

A young man with a known drug addiction is stopped by the police. The he is is carrying contains suspected stolen goods. At first, the arrested man seems lethargic and reacts foolishly to questions. During blood collection he changes to provocative and aggressive behavior. He does not respond to questions and talks confused and muddled. A blood and urine sample are taken and sent in for analysis.

Questions:

- Which compounds can be detected?
- How to assess the concentrations?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Gabapentin10,000 μg/LTHC $5.0 \mu g/L$ THC-COOH $125 \mu g/L$ Morphine $125 \mu g/L$ Morphine-3-gluc $300 \mu g/L$



10,000 μg/L ✓ 150 μg/L ✓ uc 500 μg/L ✓

- => Quantitative analysis of:
 - THC and metabolites
 - morphine, 6-MAM and metabolites



Issues X
THC and THC-COOH
and Morphine-gluc not
detected due to sample
prep



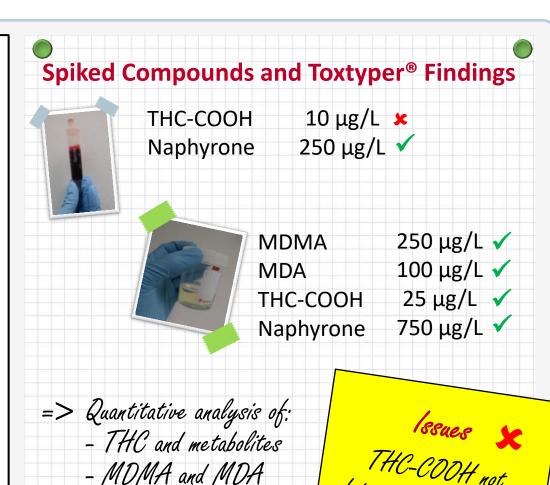


Case History:

A police patrol stops a car early in the morning for speeding. A young man is sitting in the car. During questioning, the man makes a strikingly awake impression, although he says he is coming from a party. He shows a clearly agitated behavior and constantly tries to engage the officers into a conversation. His pupils are not dilated. Nevertheless, the officers suspect drug influence. A blood and urine sample are taken and sent in for analysis.

Questions:

- Which compounds can be detected?
- How to assess the concentration?
- Which compound caused the described condition?



- naphyrone





Case History:

A known drug addict is found dead in his appartment. His room mates states that the deceased had recently changed his consumption pattern and got his drugs from a hospital now.

A blood and urine sample are sent in for analysis.

Questions:

- Which compounds can be detected?
- How to evaluate the concentrations?
- Which compound caused the described condition?

Spiked Compounds and Toxtyper® Findings



Fentanyl 35 μg/L ✓
Norfentanyl 10 μg/L ✓
Diazepam 100 μg/L ✓
Nordiazepam 150 μg/L ✓
Dihydrocodeine 25 μg/L ✓



Fentanyl 75 μg/L ✓
Norfentanyl 60 μg/L ✓
Diazepam 150 μg/L ✓
Nordiazepam 200 μg/L ✓
Dihydrocodeine 60 μg/L ✓

- => Quantitative analysis of:
 - benzodiazepines
 - fentanyl and metabolites
 - dihydrocodine and opiods in general





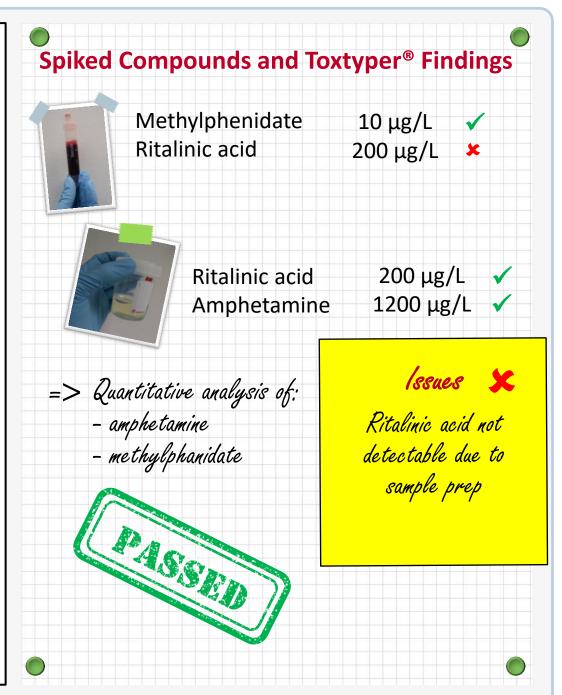


Case History:

A young driver is taken for a blood sample after testing positive for amphetamine in a rapid urine test. During the control, the man stated that he has to take Ritalin. The police asks whether this statement is correct.

The blood and urine sample are sent in for analysis.

- Was the medication taken as stated?
- Are there any signs for the uptake of additional compounds?
- Are the statements plausible?







Case History:

A 60-year-old man is found motionless in a building entrance in the morning. According to the wife, her husband had suffered from alcohol problems in the past. It had been very restless for a long had suffered from sleep time and disorders. A blood and urine sample are sent in for analysis.

Questions:

- Which compounds can be detected?
- How to assess the concentrations?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



20 mg/L Clomethiazole 500 μg/L Diazepam $250 \mu g/L$ Nordiazepam Ethanol 2.0 %



1.0 mg/L Clomethiazole Clomethiazole-Met. Diazepam Nordiazepam Ethanol

50 mg/L x 0.5 mg/L 0.4 mg/L 1.5 %

x

=> Quantitative analysis of: - benzodiazepines



Clomethiazole and metabolite not included in the method





Case History:

A 60 year old man is found lifeless in his bedroom in the morning. In the room are numerous older and new beer cans and bottles of vodka. The man's guardian states that there had been a quarrel the night before, which is why she had left the apartment.

A blood and urine sample are sent in for analysis.

Questions:

- Which substances can be detected?
- How to asses the concetrations?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Promethazine 1.5 mg/L ✓
Ethanol 3.0 g/L
Ethylglucuronide 2.0 mg/L
Ethylsulfate 1.0 mg/L

×



Promethazine 5.0 mg/L ✓
Ethanol 3.5 g/L
Ethylglucuronide 1.0 mg/L
Ethylsulfate 0.8 mg/L

=> Quantitative analysis of promethazine

Issues

EtG and ETS are
included in the
screening but not
great for LC-MSn
detection



Issues

Ethanol is not detectable by LC-ESI-MS







Case History:

Mr. D. has lined up to turn left. Although the traffic light has been red for 10 sec., he continues to cross the intersection. An accident occurs. After stopping, he resisted and was unable to provide any relevant information. He claims having lost his driver's license at an unknown place. A blood and urine sample are sent in for analysis.

Questions:

- Which substances can be detected and are the findings suitable to explain the condition?
- Was Mr. D still fit to drive?
- What other recommendations would you make beyond assessing a possible driving unsafety?

Spiked Compounds and Toxtyper® Findings



Sotalol 3.0 mg/L ✓
Ethanol 0.65 g/L ★
Risperidone 8.0 μg/L ✓
Hydroxy-Risperidon 12 μg/L ✓



Sotalol 4.0 mg/L Hydroxy-Risperidone 150 μg/L Ethanol 0.75 g/L

- => Quantitative analysis of:
 - sotalol
 - risperidone and metabolite



Issues

Ethanol is not detectable by LCESI-MS





Case History:

Ms. S. strikes several cars in a narrow street late in the evening. She states to the police that she regularly takes painkillers due to chronic pain. The police officers assess her condition as drowsy, almost dazed, she seems to be physically and mentally impaired, her speech is unclear. A blood and urine sample are sent in for analysis.

Questions:

- Which substances can be detected?
- How to assess the concentrations?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



4.0 μg/L 🗸 Fentanyl 4.0 μg/L 🗸 Norfentanyl 500 μg/L 🗸 Doxylamine



Fentanyl 50 μg/L 🗸 150 μg/L 🗸 Norfentanyl 1000 μg/L 🗸 Doxylamine

- => Quantitative analysis of:

 - doxylaminefentanyl and metabolite







Case History:

A woman is found unconscious on a train. A fellow passenger says that she told him she suffered from motion sickness. In the course of the journey, she had therefore taken several tablets. The woman is taken to hospital. A blood and urine sample are sent in for analysis.

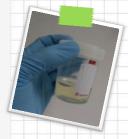
Questions:

- Which substances can be detected?
- How to assess the concentrations?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Diphenhydramine 600 μg/L ✓ Imipramine 400 μg/L ✓ Desipramine 500 μg/L ✓



Diphenhydramine 1500 μg/L ✓ Imipramine 1000 μg/L ✓ Desipramine 700 μg/L ✓

- => Quantitative analysis of:
 - desipramine
 - imipramine
 - diphenhydramine







Case History:

During a police check at a motorway service area, a young man stands out due to his nervous behavior. He obviously has impairments in standing and walking and suffers from severe dry mouth. In the trunk of his vehicle is a large amount of plant material. The man denies having consumed any of the plant material. He claims just to be tired from the long drive. A blood and urine sample are sent in for analysis.

- Are there any xenobiotics detecable?
- Were drugs or medications ingested?
- Are exogenous substances responsible for the described condition?







Case History:

Due to his aggressive driving, a young man is stopped by the police. He is known to the police as a drug addict and does not have a valid driver's license. During the check, the man violently resists the officers' instructions and behaves aggressively.

A blood and urine sample are sent in for analysis.

Questions:

- Are there any xenobiotics detecable?
- Which compound primarily caused the described condition?

Spiked Compounds and Toxtyper® Findings



Pregabalin Methadone EDDP 5000 μg/L **x** 150 μg/L **√**

20 μg/L 🗸



Pregabalin Methadone EDDP 5000 μg/L 🗸

400 μg/L 🗸

400 μg/L 🗸

=> Quantitative analysis of:

- methadone and EDDP

- pregabalin



Issues

Pregabalin not detectable in serum due to sample prep

Congratulations



You made it through 21 cases

I hope there was no cheating