

Drug of Abuse Products and Prices – Urine Dip Card Devices



Available with and without adulterants (specific gravity, pH, oxidants)

Part Number	Panel	Configurations	Test per Box
DAM-114	1	AMP 1000 - amphetamines	25
DAM-A-114	1	AMP 300 – amphetamine (forensic use only)	25
DBA-114	1	BAR 300 - barbiturates	25
DBZ-114	1	BZO 300 - benzodiazepines	25
DBU-114	1	BUP 10 – buprenorphine (forensic use only)	25
DCO-114	1	COC 300 - cocaine	25
DCO-A-114	1	COC 150 – cocaine (forensic use only)	25
DMT-114	1	MTD 300 - methadone	25
DMD-114	1	MDMA 500 - ecstasy	25
DMA-114	1	MAMP 1000 - methamphetamine	25
DMA-A-114	1	MAMP 500 – methamphetamine (forensic use only)	25
DOP-114	1	OPI 2000 - opiates	25
DMO-114	1	OPI 300 - opiates	25
DOX-114	1	OXY 100 - oxycodone	25
DTC-114	1	TCA 1000 – tricyclic antidepressants	25
DTH-114	1	THC 50 - marijuana	25
DPC-114	1	PCP25 - phencyclidine	25
DPP-114	1	PPX 300 - propoxyphene	25
SDP-124	2	THC, COC	25
SDP-234	3	THC, COC, MAMP	25
SDP-144	4	THC, COC, MAMP, OPI	25
SDP-254	5	THC, COC, MAMP, AMP, OPI	25
SDP-354	5	THC, COC, MAMP, OPI, PCP	25
SDP-354-A	5 + AT	THC, COC, MAMP, OPI, PCP + SG/PH/OX	25
SDP-654	5	THC, COC, MAMP OPI 300, BZO	25
SDP-1554	5	THC, COC, MAMP, OPI, MDMA	25
SDP-164	6	THC, COC, MAMP, AMP, OPI, PCP	25
SDP-264	6	THC, COC, MAMP, AMP, OPI, BZO	25
SDP-364	6	THC, COC, MAMP, OPI 300, BZO, OXY	25
SDP-174	7	THC, COC, MAMP, AMP, OPI 300, BZO, MDMA	25
SDP-184	8	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR	25
SDP-284	8	THC, COC, MAMP, AMP, OPI, PCP, MDMA, OXY	25
SDP-384	8	THC, COC, MAMP, OPI, BZO, BAR, MTD, OXY	25
SDP-194	9	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD	25
SDP-2104	10	THC, COC, MAMP, AMP, OPI 300, PCP, BZO, BAR, MTD, TCA	25
SDP-4104	10	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD, MDMA	25
SDP-5104	10	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD, PPX	25
SDP-5104-A	10 + AT	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD, PPX + SG/PH/OX	25
SDP-6104	10	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD, OXY	25
SDP-1114	11	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD, PPX, MDMA	25
SDP-1124	12	THC, COC, MAMP, AMP, OPI, PCP, BZO, BAR, MTD, PPX, OXY, MDMA	25

To Order, Please Contact us at 866-933-0964 or sales@micro-distributing.com

Drug of Abuse Products and Prices – Urine Cassette Devices



Part Number	Panel	Configurations	Test per Box
DAM-102	1	AMP 1000 – amphetamines	25
DBA-102	1	BAR 300 - barbiturates	25
DBZ-102	1	BZO 300 - benzodiazepines	25
BUP-102	1	BUP 10 – buprenorphine (for forensic use only)	25
DCO-102	1	COC 300 – cocaine	25
DMT-102	1	MTD 300 - methadone	25
DMD-102	1	MDMA 500 – ecstasy	25
DMA-102	1	MAMP 1000 – methamphetamine	25
DOP-102	1	OPI 2000 – opiates	25
DMO-102	1	OPI 300 - opiates	25
DOX-102	1	OXY 100 - oxycodone	25
DTC-102	1	TCA 1000 – tricyclic antidepressants	25
DTH-102	1	THC 50 – marijuana	25
DPC-102	1	PCP 25 – phencyclidine	25
DPP-102	1	PPX 300 - propoxyphene	25
SCS-1125	2	THC, COC	25
SCS-1135	3	THC, COC, MAMP	25
SCS-1145	4	THC, COC, MAMP, OPI	25
SCS-1155	5	THC, COC, MAMP, AMP, OPI	25
SCS-2155	5	THC, COC, AMP, OPI, PCP	25
SCS-3155	5	THC, COC, MAMP, OPI, PCP	25
SCS-1165	6	THC, COC, MAMP, AMP, OPI, PCP	25
SCS-2165	6	THC, COC, MAMP, AMP, OPI, BZO	25
SCS-22105	10	THC, COC, MAMP, AMP, OPI, PCP, BAR, BZO, MTD, MDMA	25



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Drug of Abuse Products and Prices – Urine Test Cup Devices



NO-STEP Cup - Available with and without adulterants (specific gravity, pH, oxidants)

Part Number	Panel	Configurations	Test per Box
SCP-1237	3	THC, COC, MAMP	25
SCP-1247	4	THC, COC, MAMP, OPI	25
SCP-1247-A	4 + AT	THC, COC, MAMP, OPI + SG/PH/OX	25
SCP-3257	5	THC, COC, MAMP, OPI, PCP	25
SCP-3257-A	5 + AT	THC, COC, MAMP, OPI, PCP + SG/PH/OX	25
SCP-1257	5	THC, COC, MAMP, AMP, OPI	25
SCP-1257-A	5 + AT	THC, COC, MAMP, AMP, OPI + SG/PH/OX	25
SCP-6157	5	THC, COC, MAMP, OPI, BZO	25
SCP-6157-A	5 + AT	THC, COC, MAMP, OPI, BZO + SG/PH/OX	25
SCP-2167	6	THC, COC, MAMP, AMP, OPI, BZO	25
SCP-2167-A	6	THC, COC, MAMP, OPI, BZO, AMP + SG/PH/OX	25
SCP-4167-A	6	THC, COC, OPI, AMP300, OXY, MDMA + SG/PH/OX	25
SCP-5167-A	6	THC, COC, OPI300, MAMP, OXY, AMP + SG/PH/OX	25
SCP-2177-A	7	THC, COC, OPI, MAMP, BZO, AMP/OXY + SG/PH/OX	25
SCP-3387-A	8	THC, COC, OPI300, MAMP500, AMP300, PCP, BZO, PPX + SG/PH/OX	25
SCP-1287-A	8	THC, COC, OPI, MAMP, PCP, AMP, BAR, BZO + SG/PH/OX	25
SCP-2187-A	8	THC, COC, OPI, MAMP, OXY, AMP, MTD, BZO + SG/PH/OX	25
SCP-1297-A	9	THC, COC, OPI, MAMP, PCP, AMP, BAR, BZO, MTD + SG/PH/OX	25
SCP-21107	10	THC, COC, MAMP, AMP, OPI, PCP, BAR, BZO, MTD, MDMA	25
SCP-21107-A	10 + AT	THC, COC, MAMP, AMP, OPI, PCP, BAR, BZO, MTD, MDMA + SG/PH/OX	25
SCP-31107	10	THC, COC, MAMP, AMP, OPI, PCP, BAR, BZO, MTD, PPX	25
SCP-31107-A	10 + AT	THC, COC, MAMP, AMP, OPI, PCP, BAR, BZO, MTD, PPX + SG/PH/OX	25
	12 + AT	THC, COC, MOR300, MAMP, PCP, AMP, BAR, BZO, MTD, MDMA, OXY, PPX + SG/PH/OX	25



NO STEP Cup - Available with and without adulterants (specific gravity, pH, oxidants)

Part Number	Panel	Configurations	Test per Box
SCPII-1257	5	THC, COC, OPI, MAMP, AMP	25
SCPII-2167	6	THC, COC, OPI 300, MAMP, AMP, BZO	25
SCPII-2167-A	6 + AT	THC, COC, OPI 300, MAMP, AMP, BZO + SG/PH/OX	25
SCPII-41107	10	THC, COC, OPI 300, MAMP, PCP, AMP, BAR, BENZ, MTD, OXY	25
SCPII-41107-A	10 + AT	THC, COC, OPI 300, MAMP, PCP, AMP, BAR, BENZ, MTD, OXY + SG/PH/OX	25

Drug of Abuse Products and Prices – Urine Adulteration Strips

One-Step SVT

Part Number	Panel	Configurations	Test per bottle
DUC-111	7	Creatinine, Nitrites, pH, Glutaraldehyde, Oxidants/Pyridinium Chlorochromate, Specific Gravity	25

Drug of Abuse Products and Prices – Oral Fluid Test Devices



For Forensic Use Only

Part Number	Panel	Configurations	Test per box
SSB-148	4	THC, COC, MAMP, OPI	25
SSB-158	5	THC, COC, MAMP, OPI, AMP	25
SSB-168	6	THC, COC, MAMP, AMP, OPI, PCP	25
SSB-268	6	THC, COC, OPI, OXY, PCP, AMP	25
SSB-368	6	THC, COC, MAMP, OXY, BZO, OPI	25
SSB-188	8	THC, COC, OPI, MAMP, PCP, AMP, BZO, OXY	25
SSB-1108	10	THC, COC, OPI, MAMP, PCP, AMP, BZO, OXY, BAR, MTD	25

Oral-Q Saliva Drug Test *For Forensic Use Only*

Part Number	Panel	Configurations	Test per Box
SAL-61	6	THC, COC, MAMP, OPI, BZO, OXY	25

Alcohol Detection Products



Part Number	Configurations	Test per box
56204	Saliva Alcohol Test 0.02 % BAC cutoff DOT Approved	24
55011	Saliva Alcohol Test 0.02% - 0.30% BAC (semi-quantitative result)	24



Part Number	Configurations	Test per box
BS02	Breath Alcohol Test 0.02 % BAC cutoff	25

Q.E.D

Part Number	Configurations	Test per box
QED A-150	Saliva Alcohol Test (semi-quantitative result) DOT Approved & CLIA Waived	10

To Order, Please Contact us at 866-933-0964 or sales@micro-distributing.com

Collection Supplies Products

Part Number	Description	Items Per Box
190058	90 ml sterile cup with screw top lid & temp strip	100
840180	90 ml sterile cup with screw top lid (no temp strip)	100
840120	6 oz. Beaker	100
191950	6 oz. Beaker with temp strip	100
110032	Single Bag Kit, 90ml x 53 screw top vial w/temp strip, Specimen Bag w/absorbent packed in heat sealed bag	100
120033	Split Bag Kit, 90ml x 53 screw top vial w/temp strip, 60ml x 48 screw top vial, Specimen bag w/absorbent packed in heat sealed bag	100
LV 10620	Large – Vinyl Gloves	100
LV 10621	Medium – Vinyl Gloves	100
LV 10622	Small – Vinyl Gloves	100
811160	Tamper Evident Security Seals	100
BAG001	Specimen Bag – Security Sealed	100
860025	Mini-Infrared Thermometer (just point and click)	1

Custom Configurations: Available with minimum purchase requirements.

Availability: Contact us to confirm product availability before ordering.

CLIA Waived Devices: Ask for our complete product line.

Shipping: Customer is responsible for shipping cost. Call for rate quotes.

Ordering: Available via phone, fax, or online.



Fax Order Form

Please Complete and Fax this Form to 254-939-5867

BILL TO:	SHIP TO:
Company Name:	Company Name
Address:	Address:
City, St, Zip	City, St, Zip
ATTN:	ATTN:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Part#	Item Description	Qty (boxes)

Comments: _____

Shipping Method: (check your choice below)

_____ Ground (3-5 days) _____ Saver (3 days) _____ 2nd Day (2 days)

_____ Standard Overnight (3:00 PM) _____ Priority Overnight (10:30 AM)

Payment Method: (check your choice below)

_____ Send Me an Invoice (If applicable, PO# _____)

_____ Bill My Credit Card You Have On File

_____ Bill This Credit Card (circle type): VISA MC AmEx

Card #: _____

Expires: _____ Name on Card: _____

Card Billing Address: _____

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