Frequently asked questions

Oral fluid drug testing with Quantisal™

Q: Why choose laboratory-based oral fluid drug testing?

A: Oral fluid testing offers confidential lab-based drug test results from a minimally invasive, observed collection. It is excellent at detecting recent drug use because it can screen for drugs in a donor's system soon after use.

By using oral fluid instead of urine drug testing, employers can oversee their donors as they collect their own oral fluid specimens. The nature of an observed collection may help reduce the likelihood of tampering or a donor challenge later in the drug testing process.

Q: What drug testing situations are best suited to an oral fluid drug test?

A: Oral fluid testing is ideal for a broad range of testing situations ranging from pre-employment, to reasonable suspicion, to post-accident testing where the employer is interested in assessing what's in the donor's system at the time of collection.

Q: Quest Diagnostics Employer Solutions is transitioning to a new oral fluid device, Quantisal. Why are we transitioning away from Oral-Eze?

A: Over the past 2 years, global supply chain issues have affected everything from automobile processors to every-day goods and services. Unfortunately, supply challenges also affected the production of the Oral-Eze product. While considering the impact of this supply disruption, we also understand the value lab-based oral fluid testing brings to drug-free workplace programs. For that reason, we will be adopting the Quantisal oral fluid collection device and bring lab-based oral fluid testing back as a mainstay within our products offered.

Q: What drugs are tested with the Quantisal oral fluid collection device?

A: Our laboratory tests a variety of drugs in oral fluid including amphetamine, methamphetamines, cocaine, marijuana (THC), opiates, and phencyclidine (PCP).

Q: What are some benefits of using the Quantisal oral fluid collection device?

A: The most immediate benefit is in the collection experience. Unlike other lab-based oral fluid products, the Quantisal device can go from the donor's mouth to the transport tube. There is no need to disassemble any part of the collector device. This is an improvement to the donor experience and will help to eliminate confusion.

Quantisal has a unique volume indicator window that ensures enough specimen for screening, confirmation, and repeat testing. When the indicator window of the Quantisal collection device turns blue 1 mL (+/-10%) of oral fluid has been collected. This avoids the possibility of not enough specimen for testing or "Quantity Not Sufficient" (QNS) results. Additionally, Quantisal does not use artificial stimulants to increase saliva production.

As a result, the amount of drug recovered from the Quantisal collection device provides confidence that even low levels of drug are detected.

Q: What is the detection window for drugs in oral fluid?

A: While every drug and donor are different, oral fluid is widely regarded as the most reliable specimen type for detecting recent use. Oral fluid can detect most drugs starting soon after ingestion and extending out for 24-48 hours after use.

Q: How does the detection window for oral fluid compare with urine testing?

A: Just like traditional urine testing, the window of detection in oral fluid is different for each drug. Like urine drug testing, oral fluid testing detects recent drug use and may also identify very recent usage that may be missed by urine testing. For most drugs, the maximum window of detection in oral fluid is about 1 to 2 days. In contrast, urine testing detects drugs, or their metabolites excreted in one of the body's waste systems and may detect some drugs for a slightly longer period of time (1 to 3 days). Moreover, oral fluid testing may detect drug use 1 to 2 hours after ingestion/use while urine testing usually requires 2-6 hours to detect use after ingestion/use.

Q: Is the Quantisal test FDA-listed?

A: Yes. The Quantisal collection device is FDA 510K cleared.

Q: Who collects an oral fluid drug test specimen?

A: One of the advantages of an oral fluid collection is that the donor controls his or her specimen under direct visual supervision. The "collector" really is an observer and has a small role in the process of specimen collection, the process most often challenged by donors. If the donor wants to challenge the collection, the only person to challenge is him or herself.

Q. How long does it take to collect an oral fluid specimen?

A. The oral fluid collection, utilizing the Quantisal collection device, is complete when the unique volume indicator window turns blue. This typically occurs within 5 minutes. Collectors should coach their donors regarding how to provide an adequate specimen volume.

Q: Is the Quantisal pad safe to put in a donor's mouth?

A: Yes. The pad is a cotton-fiber filter paper that has not been treated with any salts or flavorings, offering an improved donor experience.

Q: How long must the donor's mouth be empty prior to an oral fluid drug test?

A: The donor's mouth must be empty (no food, gum, liquids, tobacco, etc.) for at least 10 minutes prior to beginning the oral fluid drug test.

Q: Does coughing or talking affect the result because the donor removes the device from their mouth?

A: While not recommended, coughing, or talking should not impact the result of the test. However, these behaviors may slow the collection time, and are thus not recommended.

Q: Will recent oral surgery (root canals, extractions, etc.), sutures or dentures impact the drug test?

A: No. However, if sutures are located where the collection device will be placed, it is better to collect the specimen from the opposite side of the mouth.

Q: What if the donor is taking medications and wants to write the names of the medications on the Custody and Control Form (CCF)?

A: For privacy reasons, the names of medications that the donor may be taking must ***not*** be listed on the Chain of Custody Form. However, as a reminder, the donor may list them on the back side of their copy of the CCF in the event the donor is contacted by a Medical Review Officer (MRO).

Q: Can an oral fluid test be beaten?

A: We have not found any adulterants that can beat the test at this time, nor are we aware of any devices used to successfully cheat an oral fluid test. Of course, donors may attempt to introduce something onto the pad or collection vial. This risk is minimized because every collection is directly observed.

Q: How does the laboratory determine if the oral fluid specimen is valid?

A: We perform specimen validity testing on every oral fluid specimen, giving you the added assurance that the specimen is appropriate for testing.

Q: What is specimen validity testing?

A: Specimen validity testing measures the integrity of the collected specimen by the concentration of protein(s) present in the sample.

We have utilized a test for albumin for our previous Oral-Eze device—a naturally occurring protein that is expected to be present in all donors' oral fluid/saliva. The test helps to ensure that the specimen is oral fluid/saliva and that there is enough of the specimen to perform the testing. Similarly, Quantisal validity testing will utilize albumin as well as other proteins (i.e., 'total protein') expected in saliva to provide this determination.

As of July 2023, Quantisal specimen validity testing will be performed using total protein.

Q: What is 'total protein' and how does it differ from albumin for specimen validity testing?

A: Total protein is a non-specific measurement of the total amount of all proteins present in an oral fluid specimen at time of collection.

The difference between albumin and total protein is that albumin is only one of many proteins found in oral fluid whereas a total protein measurement encompasses many more of the proteins contained in oral fluid. Albumin levels can decrease in oral fluid due to age, certain disease states as well as illnesses, and due to physiological changes like dehydration.

Total protein measures albumin and other protein(s) expected to be present in all donors' oral fluid/saliva making it a robust assay for specimen validity testing.

Q: How are the results reported?

A: As with all laboratory-based testing, oral fluid drug test results are recorded in the laboratory information system and reported to the client by confidential fax, direct interface (e.g., web services), web reporting via Employer Solutions Portal (ESP).

Q: If an oral fluid test is non-negative and confirmed positive, what steps are taken to verify for prescription use or misuse?

A: Non-negative results are typically reported by our laboratory to the client's Medical Review Officer (MRO). However, an MRO is not always part of a company's drug testing programs and review protocols. If an MRO is utilized to review results, they will review the results of the oral fluid drug test and may contact the donor to inquire about prescription medications.

Q: How long are non-negative oral fluid specimens retained by the laboratory?

A: Non-negative specimens are retained for a minimum of 12 months (the same time as non-negative urine specimens.)

Q: What testing methodology is used?

A: A 2-tiered testing process is used:

1. A portion of the oral fluid specimen is first screened using enzyme immunoassay (EIA), a proven reliable methodology for routine drug testing.
2. Any specimens that are presumptively positive in the drug screening process are then confirmed, using another portion of the oral fluid specimen, using either gas chromatography-mass spectrometry (GC-MS) or liquid chromatography chromatography-mass spectrometry/mass spectrometry (LC-MS/MS).

Q: Is EIA forensically defensible?

A: Yes. EIA technology is well-established and is the same technology that has long been used for screening for drugs of abuse in urine.

Q: What is the difference between EIA and ELISA?

A: EIA is the more traditional enzyme immunoassay. The technology has been widely used for the analysis of drugs of abuse in urine. It is homogenous in nature, meaning that the analysis is performed without any physical separation during the analysis, which enables faster throughput and improved turnaround times. ELISA is a heterogeneous process which requires several processing steps prior to reading the results.

Q: What is the liquid in the vial?

A: The liquid is a buffer preservative solution that stabilizes the oral fluid specimen and helps prevent the drugs and/or metabolites in the specimen from degrading.

Q: What is included in my supply order of Quantisal devices?

A: Each order includes testing/collection devices, Chain of Custody Forms which includes tamper-evident seals and transportation envelopes. If the specimens are shipped to the lab by overnight courier, air bills for shipping the specimen to your designated laboratory are included with the order.

Q: Who should I contact with questions about oral fluid drug testing from Quest?

A: Contact your sales or account management representative for more information or call our National Customer Support Center at 1.800.877.7484.