

ORAL FLUID VS URINE

There are many differences to consider when deciding between a urine or oral fluid collection for drug monitoring.

Detection windows, drug concentrations, cutoff levels, presence/absence of metabolites, and physiological factors can vary depending on the specimen type.

	URINE	ORAL FLUID
Test Type(s) Available	Presumptive Definitive	Definitive
Advantages	Generally provides a longer detection window.* ⁵ Larger sample volume beneficial if additional testing is necessary.	Generally provides snapshot of recent use, but ion trapping may elongate detection windows in certain circumstances. ^{1,2,3,4,5} Non-invasive and reduced risk of adulteration.
Limitations	There is an increasing market of synthetic urine products. If collections are not or cannot be observed there may be an increased risk of sample tampering. Inability to provide sample volume requirements of 3mL or greater.	Generally provides a shorter detection window. ⁵ Dry mouth can cause difficulty with collection. Smaller sample volume limits ability for additional testing if needed. No eating or drinking 15 minutes prior to collection.
Specimen Validity*	Creatinine, Oxidant, pH, Specific gravity	Not available
Storage Suggestions	Specimens should be tested as soon as possible but can still be tested days after collection if there is no visible mold growth. Please note individual analyte degradation can occur even if testing can still be performed.	
	Up to 14 days if refrigerated, 5-7 days at room temperature.	Up to 10 days if refrigerated, 48 hours at room temperature.
Helpful Tips	To prevent accidental leaks during transit, twist the cap to the left to align the device and lid thread, then twist to the right to tighten. Place the specimen device on its side on a paper towel after tightening the lid to ensure proper lid sealing.	Use Quantisal® collection devices only as specimens received in any other oral fluid device cannot be tested. The swab tip should be placed down in the Quantisal® collection tube to prevent contamination and automatic rejection.

*Superscript * indicates a separate clinical bulletin is available with additional information.*

A Precision Diagnostics trained Clinical Support Specialist can assist with further review of your patient's results

(800) 635-6901 Option 2

References:

1. Allen, Keith R. (2011) Screening for drugs of abuse: which matrix, oral fluid or urine. *Annals Clinical Biochemistry*, 48, 531-541.
2. Bosker, Wendy M., and Marilyn A. Huestis. Oral fluid testing for drugs of abuse. *Clinical chemistry* 55.11 (2009): 1910-1931.
3. Drummer OH. Drug testing in oral fluid. *Clin Biochem Rev.* 2006 Aug;27(3):147-59. PMID: 17268583; PMCID: PMC1579288.
4. Huestis MA, Cone EJ. Methamphetamine disposition in oral fluid, plasma, and urine. *Ann N Y Acad Sci.* 2007 Mar;1098:104-21. doi: 10.1196/annals.1384.038. Epub 2007 Mar 1. PMID: 17332086; PMCID: PMC2709797
5. Smiley, S., & Pesce, A. (2020). Comparison of methamphetamine detection in urine and oral fluid. In *Toxicology Cases for the Clinical and Forensic Laboratory* (pp. 501-503). Academic Press.

Precision Diagnostics is a leader in clinical laboratory testing and medication adherence monitoring. Specializing in qualitative and quantitative drug testing, our innovative state-of-the art technology provides new levels of data visibility and pricing transparency.

Precision's role is to ensure each participant, from the patient to the provider and the payor, benefits from our continued commitment to the principles of value-based care and medically necessary test utilization.

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