Proof of Concept/Comparison of Automated SPE/HPLC/MS/MS Methods to Traditional Immunoassay with MS Confirmation in Death Investigation Cases

Robert M. Sears¹, Wendy C. Bell¹, Kenneth C. Lewis², Thurman L. Allsup² and Kim Gamble³
¹SC Law Enforcement Division, Columbia, SC 29221
²OpAns LLC, Durham, NC 27713, ³ITSP Solutions, Inc., Suwanee, GA 30024
Introduction

Immunoassay for screening followed by solid phase extraction (SPE) coupled with GC/MS or LC/MS/MS is well established for identification and confirmation/quantification of drugs and/or poisons from complex biological matrices submitted to forensic laboratories. However, reduced budgets and staffing necessitate improved operational efficiency. This poster provides a detailed comparison of operational efficiency using in-line automated SPE HPLC/MS/MS, versus traditional methods, for the analysis of postmortem blood samples submitted in death investigation cases.

Background

Today, many forensic labs face difficulties related to budget cuts, reduced staffing, the need to effectively utilize instrument time and resources, and a need to increase the productivity of the remaining scientists. In a previous comparison, Instrument Top Sample Preparation (ITSP) coupled to liquid chromatography/mass spectrometry/mass spectrometry (LC/MS/MS) has proven itself a viable option for analysis of urine specimens to improve productivity and reduce the cost of analysis within the Forensic Toxicology laboratory. The ITSP system provides integrated online sample preparation which is controlled via the mass spectrometer software and utilizes disposable extraction cartridges. In this study, blood samples from death investigation cases were analyzed with ITSP/LC/MS/MS for comparison with results from immunoassay followed by standard solid phase extraction (SPE) and gas chromatography/mass spectrometry (GC/MS) or LC/MS/MS. All results provided in this study are from actual case samples.

Upon initial receipt, samples were screened for cocaine metabolite (benzoylcgonine) and opiates using Abbott Diagnostics fluorescence polarization immunoassay (FPIA). Additionally, samples were screened for amphetamine, methamphetamine, benzodiazepines, oxycodone, and cannabinoids (THC-A) using Immunalysis enzyme-linked immunosorbent assays (ELISA) Previously validated confirmation methods using GC/MS or LC/MS/MS were utilized on samples which were positive on screening for one or more of the previously listed drug classes or had a history of drugs suspected, provided by the submitting agency, which fell outside of the normal screening panel. Aliquots of confirmed positive samples were supplied to OpAns for testing utilizing the ITSP system.

Samples were stored refrigerated at 2-6°C for up to 12 months prior to retrieval and analysis using ITSP methods.
**ITSP Design**

Analytical syringe replaces standard column reservoir found in SPE and filter media formats.

Needle penetrates septum and creates seal so that when plunger is depressed, sample is forced through media. Septum also grips needle to allow instrument to pick up ITSP cartridge for movement.

Small inner diameter of ITSP Needle Guide reduces inner volume while assisting in maintaining a vertical perpendicular position.

**SPE or Sample Filtration Media**

Sample can be eluted into collection plate.

ITSP is protected under the following US PTO Patents: 6,859,615, 7,001,774 & 7,798,021. European Patents 1 74 701 and 1 808 700. Canadian Patents 2,316,648. Other patents pending.

**Apparatus**

Autosampler: CTC Analytics PAL System

HPLC auto sampler

or Gerstel MPS with ITSP hardware kit and centrifuge

HPLC: Agilent Model 1200 SL with Binary Pump

MS: Agilent Model 6430 QQQ
Opiate Sample Preparation

ITSP SPE methods are very similar to other SPE methods with adjustments made for reduced sample and solvent volumes and the use of positive pressure. Samples to be analyzed for opiates were assembled for the PAL by combining 25 µL of internal standard and 200 µL blood in standard 12x32mm vials (2mL) with the metal ring caps (for transport). Once loaded on the CTC auto sampler, 600 µL of 0.33 N HCl was added to each sample on the plate. As part of the automated extraction, plates were mixed via vortexing for 30 seconds followed by centrifugation for 3 minutes at approximately 2000g.

1. Load 700 µL of sample on the ITSP SPE cartridge.
2. Wash the ITSP cartridge with 100 µL Acetate buffer pH 4.5.
3. Wash the ITSP cartridge with 100 µL of water.
4. Wash the ITSP cartridge with 100 µL of methanol.
5. Move ITSP cartridge over collection vial and Elute with 100 µL of elution solvent (3:7:0.2 Water:Acetonitrile:Ammonium Hydroxide).
6. Dilute extract with 100 µL of water into the same vial.
7. Mix by aspirate/dispense.
8. Inject for LC/MS/MS analysis.
9. Peak areas were determined using Agilent MassHunter software.

Opiates of Interest Include:

<table>
<thead>
<tr>
<th>RT Compound</th>
<th>RT Compound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.34 Morphine</td>
<td>2.30 Hydrocodone</td>
</tr>
<tr>
<td>1.44 Oxymorphone</td>
<td>2.52 6-MAM</td>
</tr>
<tr>
<td>1.55 Hydromorphone</td>
<td>4.05 Fentanyl</td>
</tr>
<tr>
<td>1.96 Codeine</td>
<td>4.15 Methadone</td>
</tr>
<tr>
<td>2.15 Oxycodone</td>
<td></td>
</tr>
</tbody>
</table>

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### Analysis Conditions (Opiates)

**ITSP Cartridges:**
- UCT Styre Screen Strong Cation Exchange 10 mg (MicroLiter 07-UBCXP10-20A)

**LC Conditions:**
- **Solvent A:** Water with 0.1% (v/v) Formic Acid
- **Solvent B:** Methanol with 0.1% (v/v) Formic Acid
- **Column:** 50 x 3mm i.d., Poroshell 120 EC-C18, 2.7 µm (Agilent)
- **Injection Vol.:** 10 µL
- **Column Temperature:** 30ºC
- **Flowrate:** 0.8 mL/min

**Gradient:**

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>0.0</th>
<th>0.50</th>
<th>1.00</th>
<th>3.00</th>
<th>4.00</th>
<th>6.00</th>
<th>6.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>%B</td>
<td>3</td>
<td>3</td>
<td>15</td>
<td>20</td>
<td>100</td>
<td>100</td>
<td>3</td>
</tr>
</tbody>
</table>

**MS Conditions:**
- **Instrument:** Agilent 6430 Triple Quadrupole
- **Ionization Mode:** Electrospray @ 350ºC
- **Polarity:** Positive
- **Transitions:** Available upon request
Benzodiazepine Sample Preparation

Samples to be analyzed for benzodiazepines were assembled for the PAL by combining 25 µL of internal standard and 200 µL blood in standard 12x32mm vials (2mL) with the metal ring caps (for transport). Once loaded on the CTC auto sampler, 600 µL of 0.01 N Acetic Acid was added to each sample on the plate. As part of the automated extraction, plates were mixed via vortexing for 30 seconds followed by centrifugation for 3 minutes at approximately 2000g.

1. Load 700 µL of sample on the ITSP SPE cartridge.
2. Wash the ITSP cartridge with 200 µL 0.01 N Acetic Acid.
3. Wash the ITSP cartridge with 100 µL of Water:0.01N Acetic Acid:Methanol (2:2:1)
5. Elute with 100 µL of elution solvent B (Tetrahydrofuran with 2% Ammonium Hydroxide)

1. Dilute extract with 100 µL of water into the same vial.
2. Mix by aspirate/dispense.
3. Inject for LC/MS/MS analysis.
4. Peak areas were determined using Agilent MassHunter software.

Benzodiazepines of Interest Include:

<table>
<thead>
<tr>
<th>RT</th>
<th>Compound</th>
<th>RT</th>
<th>Compound</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.75</td>
<td>7-Amino Clonaepam</td>
<td>2.75</td>
<td>2-OH Ethyl Flurazepam</td>
</tr>
<tr>
<td>1.03</td>
<td>7-Amino Flunitrazepam</td>
<td>2.76</td>
<td>Alprazolam</td>
</tr>
<tr>
<td>1.73</td>
<td>Chlordiazepoxide</td>
<td>2.79</td>
<td>Oxazepam</td>
</tr>
<tr>
<td>1.83</td>
<td>Midazolam</td>
<td>2.79</td>
<td>Lorazepam</td>
</tr>
<tr>
<td>2.50</td>
<td>Clonazepam</td>
<td>2.91</td>
<td>Temazepam</td>
</tr>
<tr>
<td>2.52</td>
<td>a-OH Triazolam</td>
<td>2.99</td>
<td>Nordiazepam</td>
</tr>
<tr>
<td>2.61</td>
<td>a-OH Alprazolam</td>
<td>3.17</td>
<td>Diazepam</td>
</tr>
</tbody>
</table>

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**Analysis Conditions (Benzodiazepines)**

**ITSP Cartridges:** UCT Styre Screen Strong Cation Exchange 10 mg (MicroLiter 07-UBCXP10-20A)

**LC Conditions:**

**Solvent A:** Water with 0.1% (v/v) Formic Acid  
**Solvent B:** Methanol with 0.1% (v/v) Formic Acid  
**Column:** 50 x 3mm i.d., Poroshell 120 EC-C18, 2.7 µm (Agilent)  
**Injection Vol.:** 10 µL  
**Column Temperature:** 30ºC  
**Flowrate:** 0.8 mL/min

**Gradient:**

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>0.0</th>
<th>0.50</th>
<th>5.0</th>
<th>7.00</th>
<th>7.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>%B</td>
<td>30</td>
<td>30</td>
<td>100</td>
<td>100</td>
<td>30</td>
</tr>
</tbody>
</table>

**MS Conditions:**

**Instrument:** Agilent 6430 Triple Quadrupole  
**Ionization Mode:** Electrospray @ 350ºC  
**Polarity:** Positive  
**Transitions:** Available upon request
Benzodiazepines

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### Benzodiazepine Test Results

<table>
<thead>
<tr>
<th>Sample #</th>
<th>SLED Results</th>
<th>OpAns/ITSP Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1002</td>
<td>30 mg/mL Oxazepam 40 mg/mL Temazepam 120 ng/mL Diazepam 450 mg/mL Nordiazepam</td>
<td>24 ng/mL Oxazepam 43 ng/mL Temazepam 133 ng/mL Diazepam 731 ng/mL Nordiazepam</td>
</tr>
<tr>
<td>1017</td>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>1023</td>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>1024</td>
<td>&lt; 10 ng/mL Clonazepam 50 ng/mL 7-aminoclonazepam</td>
<td>9 ng/mL Clonazepam 30 ng/mL 7-aminoclonazepam</td>
</tr>
<tr>
<td>1032</td>
<td>10 ng/mL Diazepam &lt; 10 ng/mL Nordiazepam</td>
<td>18 ng/mL Diazepam 9 ng/mL Nordiazepam</td>
</tr>
<tr>
<td>1035</td>
<td>10 ng/mL Lorazepam &lt; 10 ng/mL Oxazepam 60 ng/mL Temazepam</td>
<td>14 ng/mL Lorazepam 5 ng/mL Oxazepam 70 ng/mL Temazepam</td>
</tr>
<tr>
<td>1047</td>
<td>&lt; 10 ng/mL Clonazepam 40 ng/mL 7-aminoclonazepam</td>
<td>14 ng/mL Clonazepam 36 ng/mL 7-aminoclonazepam</td>
</tr>
<tr>
<td>1049</td>
<td>50 ng/mL Diazepam 140 mg/mL Nordiazepam 120 mg/mL Oxazepam Clonazepam Qualifier out</td>
<td>63 mg/mL Diazepam 155 mg/mL Nordiazepam 147 mg/mL Oxazepam 5 mg/mL Clonazepam</td>
</tr>
<tr>
<td>1051</td>
<td>110 ng/mL Alprazolam</td>
<td>148 ng/mL Alprazolam</td>
</tr>
<tr>
<td>1057</td>
<td>130 ng/mL Diazepam 240 ng/mL Nordiazepam &lt;10 ng/mL Oxazepam &lt;10 ng/mL Temazepam</td>
<td>140 ng/mL Diazepam 203 ng/mL Nordiazepam 8 ng/mL Oxazepam 12 ng/mL Temazepam</td>
</tr>
<tr>
<td>1060</td>
<td>180 ng/mL Lorazepam</td>
<td>166 ng/mL Lorazepam</td>
</tr>
<tr>
<td>1063</td>
<td>50 ng/mL Alprazolam</td>
<td>78 ng/mL Alprazolam</td>
</tr>
<tr>
<td>1064</td>
<td>10 ng/mL Lorazepam</td>
<td>12 ng/mL Lorazepam</td>
</tr>
<tr>
<td>1067</td>
<td>290 ng/mL Diazepam 20 ng/mL Nordiazepam</td>
<td>423 ng/mL Diazepam 28 ng/mL Nordiazepam</td>
</tr>
<tr>
<td>1069</td>
<td>410 ng/mL Diazepam 130 ng/mL Nordiazepam &lt; 10 ng/mL Oxazepam &lt;10 ng/mL Temazepam</td>
<td>517 ng/mL Diazepam 131 ng/mL Nordiazepam 7 ng/mL Oxazepam 11 ng/mL Temazepam</td>
</tr>
<tr>
<td>1070</td>
<td>80 ng/mL Diazepam 60 ng/mL Nordiazepam</td>
<td>105 ng/mL Diazepam 88 ng/mL Nordiazepam</td>
</tr>
</tbody>
</table>

### Opiate Test Results

<table>
<thead>
<tr>
<th>Sample #</th>
<th>SLED Results</th>
<th>OpAns/ITSP Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1001</td>
<td>Neg Drug Screen</td>
<td>5.6 ng/mL Fentanyl</td>
</tr>
<tr>
<td>1002</td>
<td>200 ng/mL Hydromorphone</td>
<td>227 ng/mL Hydromorphone</td>
</tr>
<tr>
<td>1015</td>
<td>41 ng/mL Fentanyl</td>
<td>35 ng/mL Fentanyl</td>
</tr>
<tr>
<td>1020</td>
<td>200 ng/mL Morphine (free)</td>
<td>295 ng/mL Morphine (free)</td>
</tr>
<tr>
<td>1023</td>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>1031</td>
<td>25 ng/mL Fentanyl 30 ng/mL Hydrocodone</td>
<td>25 ng/mL Fentanyl 31 ng/mL Hydrocodone</td>
</tr>
<tr>
<td>1034</td>
<td>6.8 ng/mL Fentanyl 180 ng/mL Oxycodeone</td>
<td>7.6 ng/mL Fentanyl 183 ng/mL Oxycodeone</td>
</tr>
<tr>
<td>1042</td>
<td>50 ng/mL Oxycodeone</td>
<td>73 ng/mL Oxycodeone</td>
</tr>
<tr>
<td>1064</td>
<td>&lt; 50 ng/mL Morphine (LOQ for batch)</td>
<td>69 ng/mL Morphine</td>
</tr>
<tr>
<td>1066</td>
<td>10 ng/mL Hydrocodone (LOQ) 460 mg/mL Oxycodeone</td>
<td>17 ng/mL Hydrocodone 541 ng/mL Oxycodeone</td>
</tr>
<tr>
<td>1069</td>
<td>200 ng/mL Hydrocodone</td>
<td>168 ng/mL Hydrocodone</td>
</tr>
</tbody>
</table>
Discussion

The ITSP methods used in this poster were originally developed for application to the clinical field of pain management. In a previous comparison of ITSP with more traditional extraction methods, ITSP has proven to be sufficiently robust to process forensic urine samples resulting in reduced cost of analysis and faster turn around time. With the exception of a few cases, the application of these methods to post mortem blood samples provided results that were generally in good agreement with original quantitative data (± 30%). Storage conditions and elapsed time between the original quantitation and the subsequent analysis by OpAns with ITSP may have contributed to the unusually large differences seen in a few of the samples.

The lower limit of quantitation for benzodiazepines analyzed by SLED has been identified as 10 ng/mL. During analysis by OpAns using ITSP, several samples were found to contain one or more benzodiazepines with a concentration of 10 ng/mL or less. The lower limit of quantitation for all analytes using the ITSP methods is 5 ng/mL. With the exception of sample 1001, all analytes of interest were identified by both methods. Sample 1001 originally screened negative by immunoassay was found to contain Fentanyl when analyzed using ITSP and LC/MS/MS.

Conclusions

In this comparison of ITSP with traditional sample preparation and confirmation techniques, ITSP has proven itself to be sufficiently robust to enable analysis of post mortem blood specimens even after extended storage of specimens. Appropriate sample dilution prior to extraction and the use of positive pressure for sample application and elution resulted in an automated method capable of extracting difficult biological specimens. Use of automated sample preparation coupled with quantitation/confirmation by LC/MS/MS should reduce analyst work load related to sample preparation thereby reducing turn around time and allowing the analyst to concentrate on other tasks. Future work should involve a larger set of actual cases and provide evaluation of additional drugs and drug classes as well as the ability of the ITSP system to process additional specimen types.

For Further Information Contact:
Ken Lewis at KLewis@OpAns.com (919) 323-4299
Kim Gamble at Kim.Gamble@ITSPsolutions.com (855) 395-8300
Robert Sears at Robsears@sled.sc.gov (803) 896-7365