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To: Director,  
Doping Control Centre

Date: \_\_\_\_\_

### CUT-OFF LEVELS FOR DRUGS AND ALCOHOL TESTING

We agree / disagree \* with the following cut-off levels:

Analyte / Metabolite	Screening Test using Enzyme Immunoassay (ng/mL)	Confirmatory Test using Gas Chromatography Mass Spectrometry (ng/mL)
Marijuana Metabolites (9-carboxy-THC)	20	15
Cocaine Metabolites (Benzoylecgonine)	300	150
Opiates Metabolites: • Morphine • Codeine • 6-monoacetylmorphine	300	300 300 10
Phencyclidine	25	25
Amphetamines: • Amphetamine • Methamphetamine	1000	500 500
Methadone	300	200
Benzodiazepines	300	300
Barbiturates	300	200
Propoxyphene	300	200
Alcohol (Blood)	Not Available	40 mg/dL**

\* Please circle if your company has a different cut-off level; amend the cut-off level, sign and date the amendment.

\*\* GC/FID – Gas Chromatography Flame Ionization Detection

Company Stamp and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company's Representative:

Designation:

Signature:

\_\_\_\_\_  
\_\_\_\_\_  
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