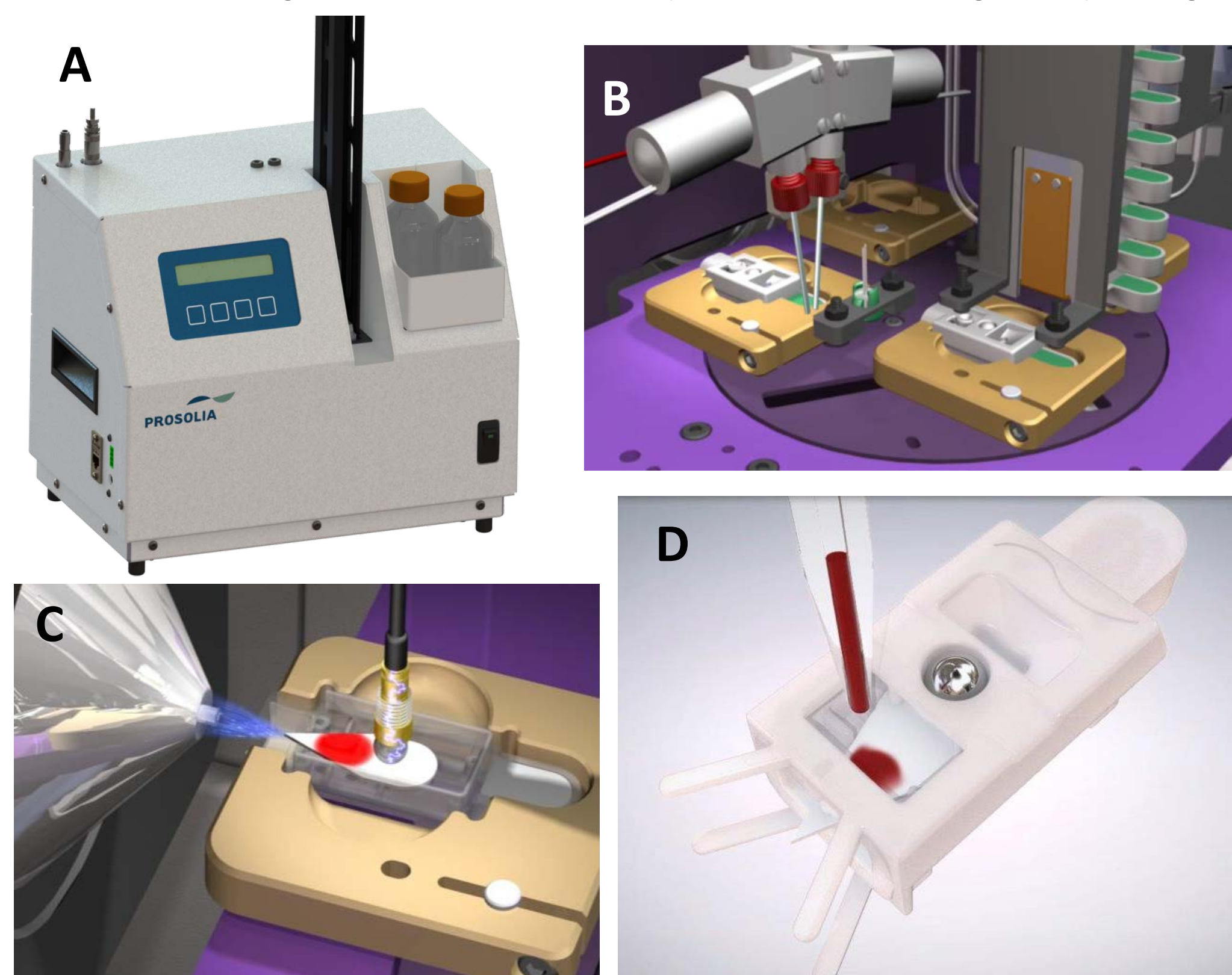


## Overview

- ❑ **Paper Spray Mass Spectrometry** is a method for direct analysis of biofluid samples, including **dried blood spots**. No sample preparation is needed
- ❑ Goal: develop a **drug screening** method for post-mortem forensic toxicology
  - Screen for 154 commonly encountered drugs and drug metabolites, including amphetamines, analgesics, anesthetics, anticonvulsants, antidepressants, antipsychotics, barbiturates, benzodiazepines, and opiates.
- ❑ A representative subset of the more challenging targets was selected for initial assessment and method development

## Introduction

- ❑ An MS front-end is available that attaches to MS in place of the HPLC system and commercial electrospray/APCI source
- ❑ ~10  $\mu\text{L}$  of sample is applied to a single-use cartridge containing the paper substrate
- ❑ An extraction/spray solvent is applied to the cartridge
  - Solvent wicks through the paper and performs an extraction from the dried biofluid sample
  - Electrospray ionization is induced directly from the paper tip
- ❑ Advantages: no chromatography, no sample preparation, small sample volume, no carry-over, no solvent waste, low solvent consumption
- ❑ Disadvantages: lower selectivity (no chromatography), higher detection limits



**Figure 1.**  
A. Paper spray autosampler (Velox 360, Prosolia Inc.)

B. Inside autosampler - moving cartridges between stations

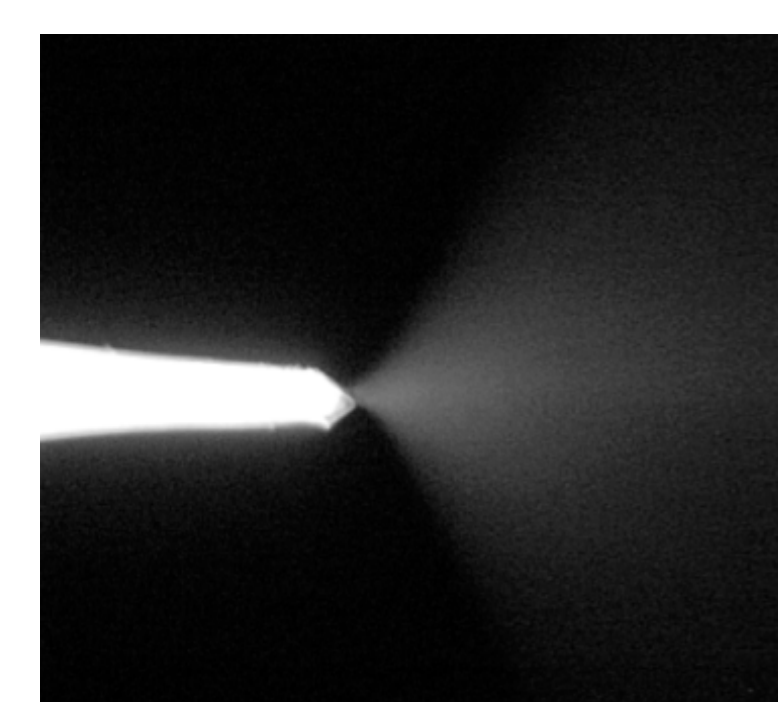
C. Paper spray cartridge in the analysis position

D. Paper spray cartridge with blood sample applied



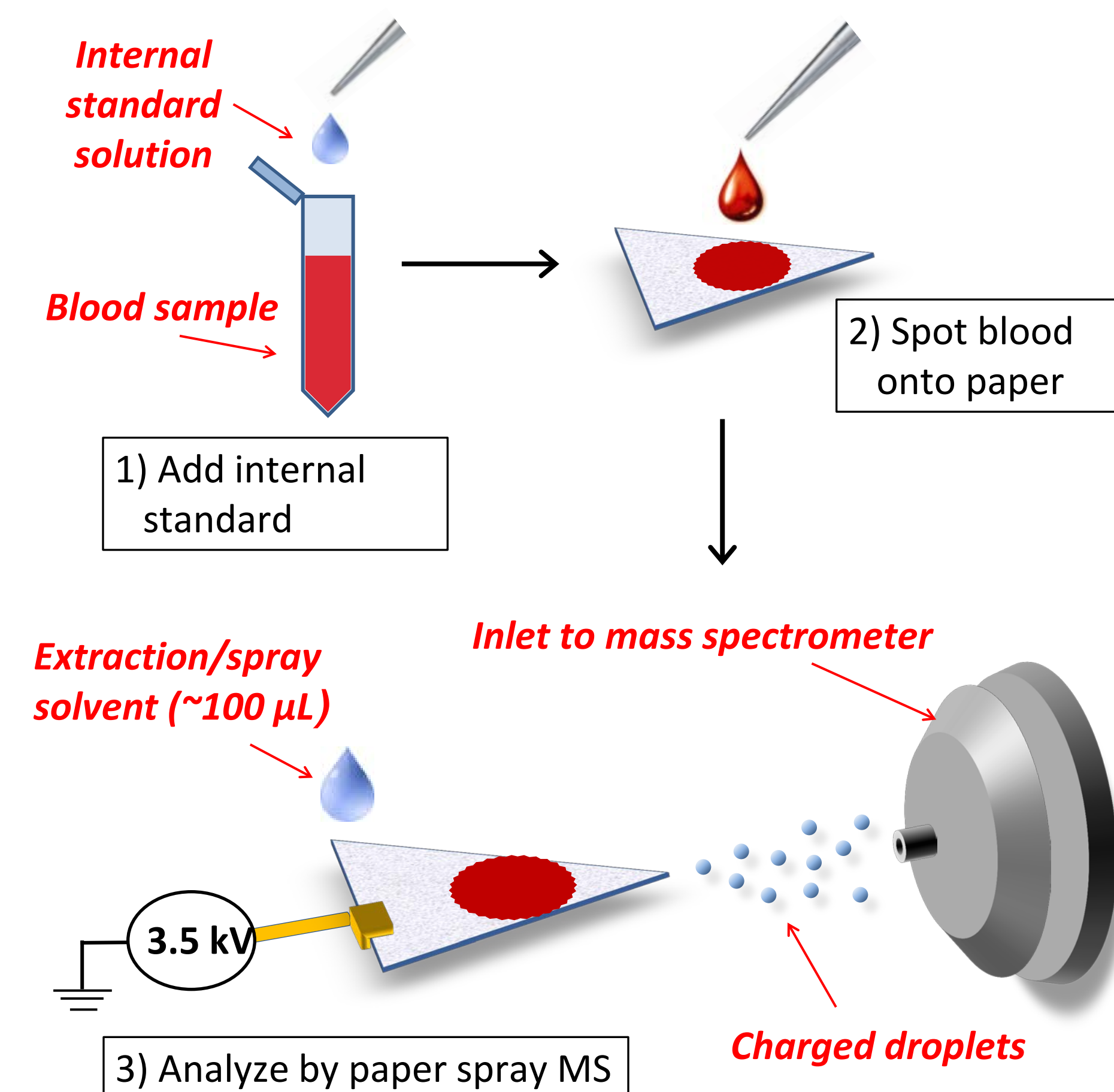
**Figure 2.**  
Top: Wetted paper tip, no HV applied. Viewed with camera mounted on MS

Bottom: Paper after spray voltage is applied. Taylor cone is visible



**Figure 3.** Picture of cone-jet generated from paper

## Methods



Procedure

### Sample loading

10-20  $\mu\text{L}$  of blood sample was pipetted onto the sample and allowed to dry. The blood sample can be mixed with an internal standard solution prior to spotting if desired.

### Extraction and ionization

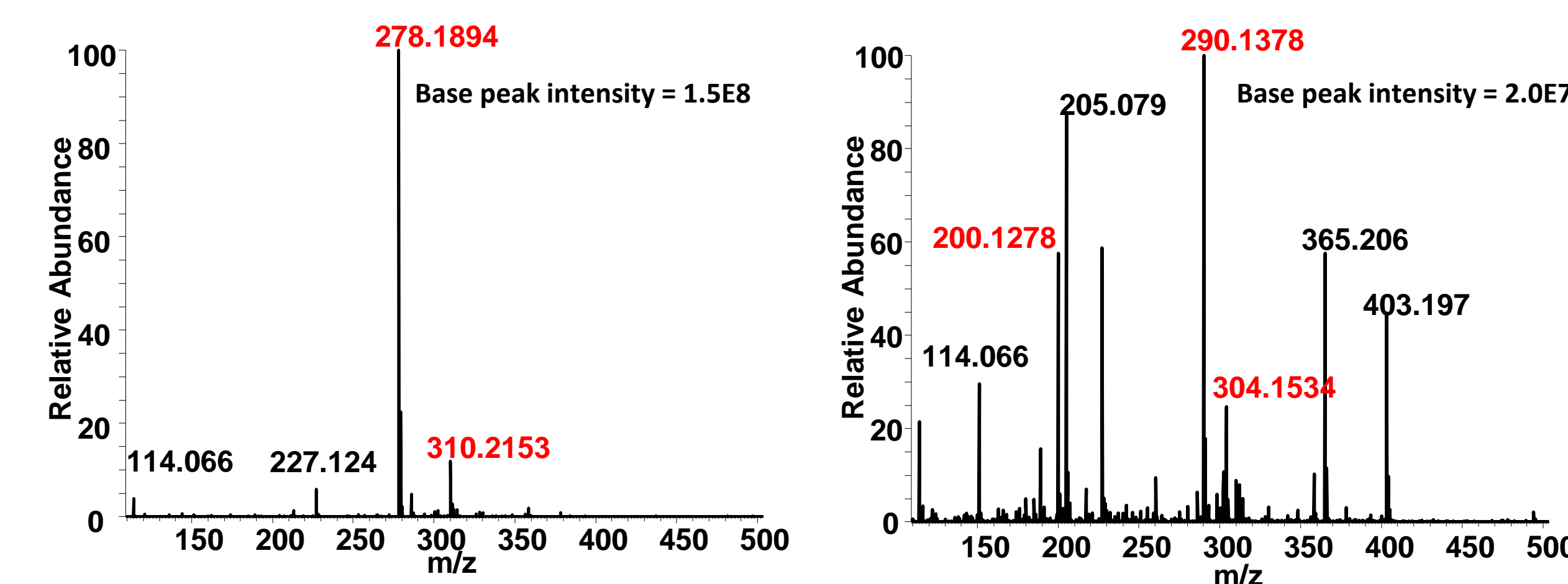
~100  $\mu\text{L}$  solvent is applied to the back of the paper. The solvent acts as both the extraction solvent and the electrospray solvent. Typical solvents include methanol or acetonitrile mixed with water (<10%) and acetic acid (<0.1%). Extraction step takes about 60 seconds.

### Detection

The cartridge is positioned about 5mm in front of the inlet to the MS. Spray voltage of 3-5 kV is applied to the paper. Analyte signal is normally seen immediately. Signal duration is about 60 seconds.

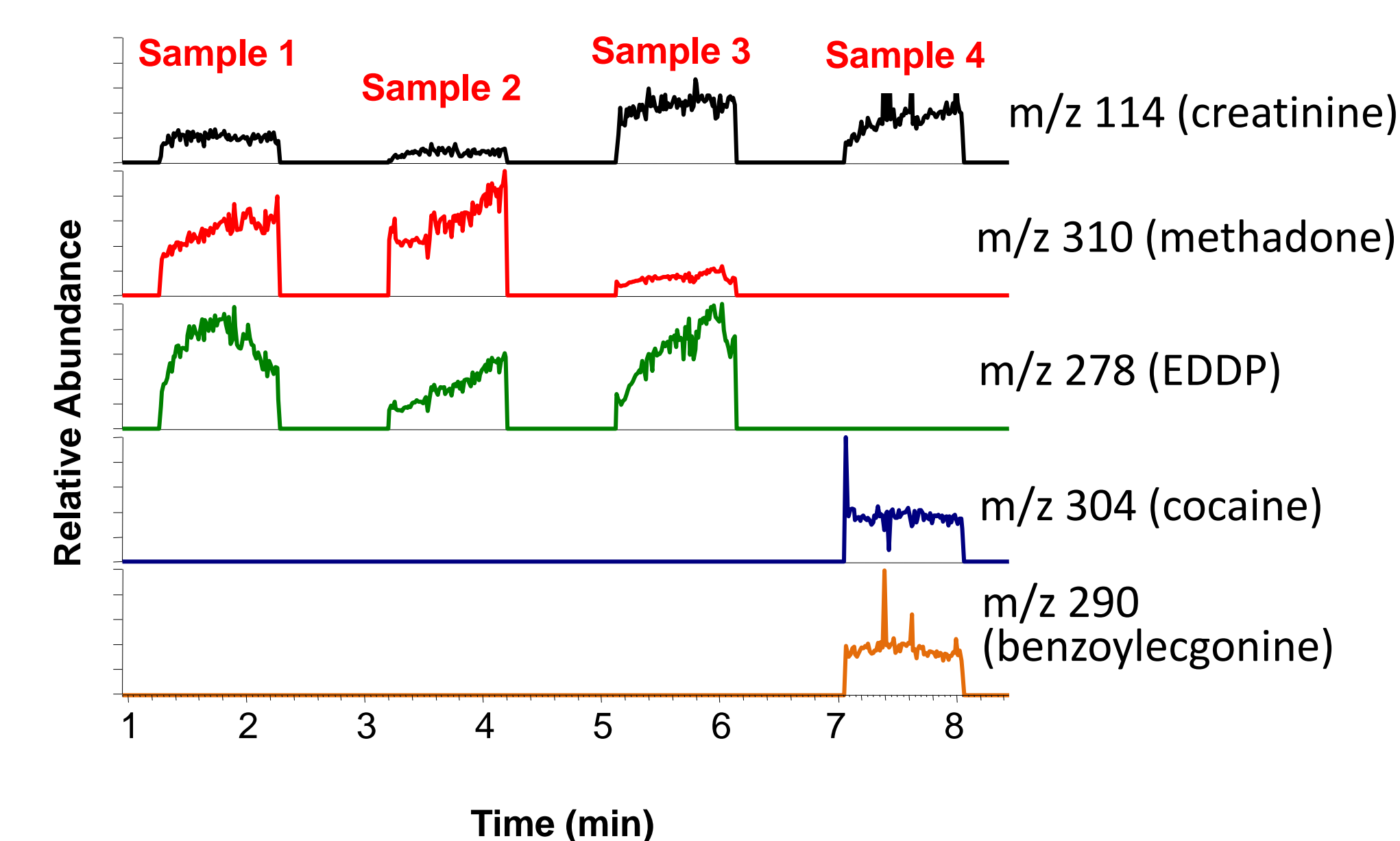
## Results

### 1. Drug Screening in Urine – Exact Mass on the Extractive



**Figure 4.** Two spectra obtained from paper spray MS of urine samples obtained from a methadone clinic. Analysis was performed on a Thermo Extractive MS

Compound	Theoretical m/z (M+H) <sup>+</sup>
Ecgonine methyl ester	200.1281
Benzoyllecgonine	290.1387
Cocaine	304.1543
EDDP	278.1903
Methadone	310.2165



**Figure 5.** Extracted ion chromatograms (5ppm window) for several compounds detected from the urine. Four samples are shown on each chromatogram

# Mass Spectrometry: a Direct Analysis Approach

E. Manicke, Rachel Potter

University-Purdue University Indianapolis, Indianapolis, Indiana 46202, United States

## Drug Screening in Blood – MS/MS on a Triple Quad

Table 1. Results for a representative subset of challenging drugs analyzed from human whole blood

☐ Challenging drugs were selected for initial assessment

➤ Poor ionizers or low cutoff levels

☐ Screening cutoffs were set by consultation with AIT Laboratories

☐ Potential interferences with the same nominal mass were obtained from drugbank.ca and hmdb.ca (drug origin only)

Drug	Target Cutoff (ng/mL)	SRM Transition	Signal to Blank at Cutoff	Potential Interferences (HMDB.ca)	Excluded Interferences
Alprazolam	5	309→281	8	Pinazepam	Oxybuprocaine <sup>1</sup>
		309→205	8	Fluoxetine glucuronide 8-Hydroxycarteolol	Phenylbutazone <sup>2</sup> Indecainide <sup>3</sup>
7-Aminoclonazepam	10	286→121	11	Morphine	Same as morphine
		286→94	6	Same as morphine	
Amphetamine	50	136→91	64	Adenine (136→119)	Homocysteine <sup>1</sup>
		136→119	31		
Buprenorphine	1	468→414	2	4-Hydroxytamoxifen sulfate	Tobramycin <sup>3</sup> Tiropramide <sup>3</sup>
		468→396	2		
Clonazepam	10	316→214	3	Codeine N-oxide Rotigotine Saxagliptin	Bromazepam <sup>1</sup> Efavirenz <sup>1</sup> Alizapride <sup>1</sup> Mitiglinide <sup>3</sup> Chlorprothixene <sup>3</sup>
		316→241	5		
Cocaethylene	50	318→196	68	beta-oxycodol N2-Monodes-methylinzatidine	Nilutamide <sup>2</sup> Nateglinide <sup>2</sup> Tetrabenazine <sup>3</sup>
		318→82	51	Arbutamine	Butenafine <sup>1</sup>
Fentanyl	1	337→105	2	Captopril-cysteine disulfide	Acebutolol <sup>1</sup> Berberine <sup>1</sup>
		337→188	6		Acetyl- $\alpha$ -methylfentanyl <sup>3</sup> N-Desmethyl rosvastatin <sup>1</sup>
Gabapentin	500	172→137	44	N.F.	Metronidazole <sup>1</sup> Rasagiline <sup>1</sup>
		172→119	48		
Ketamine	100	238→125	48	2-Amino-5-benzoylbenzimidazole	N.F.
		238→89	37		
Meprobamate	2000	219→180	67	N-despropyl ropinirole	Mephenytoin <sup>3</sup> N-Acetylserotonin <sup>1</sup>
		219→158	34		
Morphine	20	286→152	5	<u>Norcodeine</u> <u>Hydromorphone</u> <u>Norhydrocodone</u> Letrozole Isothipendyl N-Monodesmethyl-rizatriptan Mepyramine	7-Aminoclonazepam <sup>1</sup> Cladribine <sup>1</sup> fludarabine <sup>1</sup> Faropenem <sup>1</sup> Probenecid <sup>2</sup>
		286→165	6		
Normeperidine	25	234→56	8	N,N-Didesmethyltramadol	Dopamine 3/4-O-sulfate <sup>3</sup> Lomustine <sup>2</sup>
		234→42	5		p-Chlorobenzene sulfonyl urea <sup>2</sup>
Topiramate	2000	362→265	67	Methylhydroxyglyclazide 7-Hydroxyglyclazide Alogliptin Methylergonovine nor-Levomethadyl acetate	Disopyramide <sup>1</sup> Hexetidine <sup>1</sup> Cefacetrile <sup>2</sup> Noracymethadol <sup>3</sup>
		362→207	66		
Zolpidem	10	308→235	45	2-oxobrimonidine Alcaftadine Ibopamine Hydroxyterbinafine	Nitazoxanide <sup>2</sup> Glutathione <sup>1</sup> Tolnaftate <sup>1</sup>
		308→92	13		

### Excluded interferences

<sup>1</sup>MS/MS spectra from the literature or database was compared to the target MS/MS spectra. There was no interference at the two target SRM channels. Main spectral source was Thermo's mzcloud

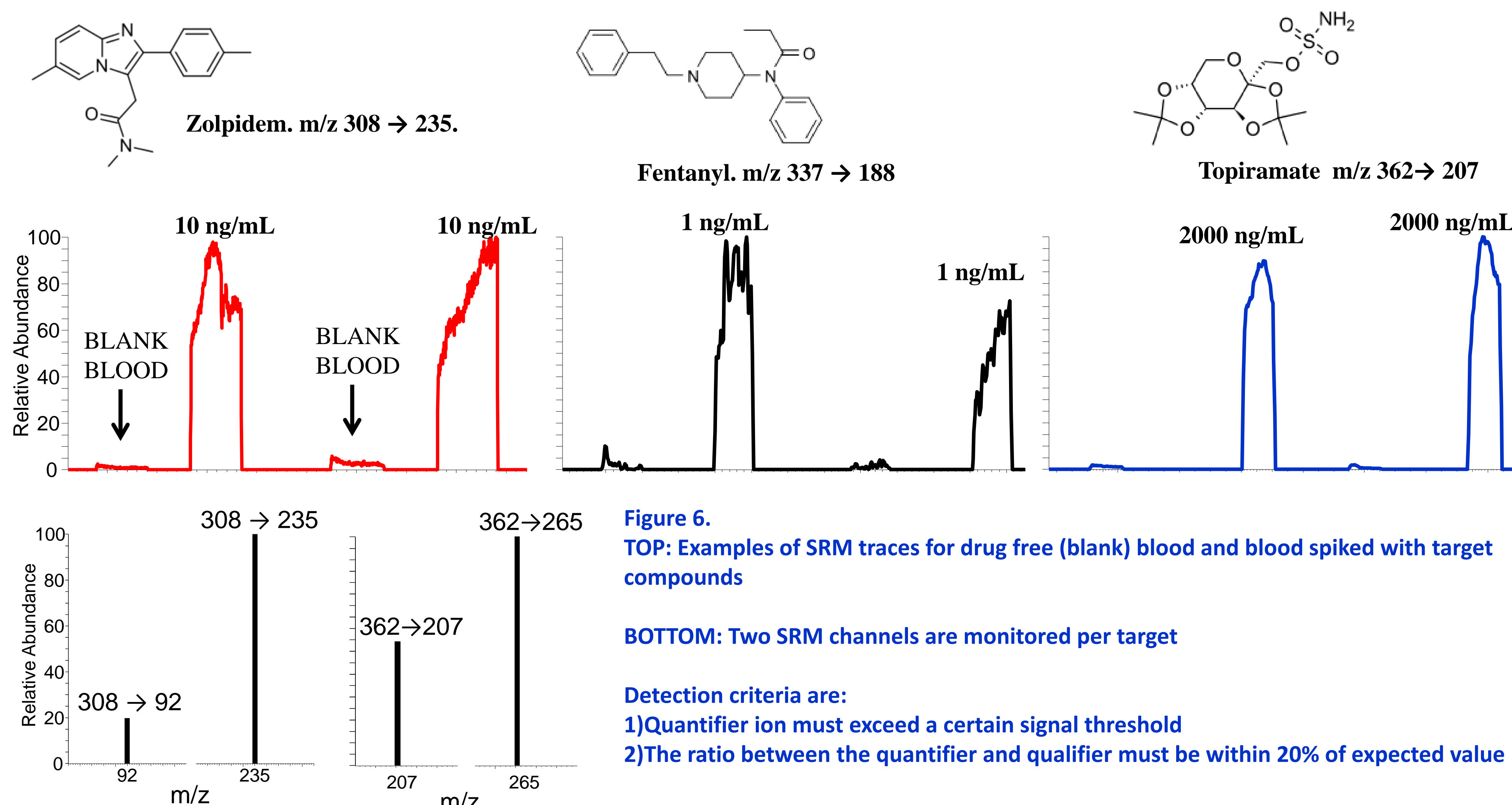
<sup>2</sup>compound is a poor ionizer and is unlikely to give appreciable MS signals

<sup>3</sup>compound is not available in the US and is also not an abused drug

### Potential interferences

☐ Not enough information to exclude. Compounds will be tested for interferences if commercially available

☐ The underlined compounds are known to interfere with the target compounds at one or both SRM channels



## Conclusions

- ☐ From a subset of the most challenging drugs, paper spray MS/MS showed adequate sensitivity for 11 of the 14 targets for direct analysis of dried blood spots
- ☐ Only modest improvement is required to have adequate sensitivity for the other 3 targets.
- ☐ Within-class interferences, especially for opiates, is likely to occur
- ☐ No other source of false positives have been identified for this subset
- ☐ Next steps:
  - Refine method to improve sensitivity (sample volume, extraction solvent)
  - Test remaining compounds to ensure adequate detection limits
  - Use database searching to identify possible interfering compounds for the remaining target compounds. Experimentally test when needed.
  - Develop negative ion mode method (naproxen, salicylic acid, valproic acid, furosemide, hydrochlorothiazide, thiopental)

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