	Feedback for changes to SD-7 - Supplemental Document for Construction of an Analytical Scheme	SWGDRUG Response
1	None	
2	Page 3: Move footnote 4 for Pharmaceutical Identifiers so it is in sequential order with 1-3 for clarity. Also matches formatting of SWGDRUG Recommendations 8.2.	Formatting of the document has been updated to incorporate feedback.
3		
4	Question #9B: Discussion: the first sentence: "...peak heights with an internal standard were selected, and the positive test results corroborate each other." Question #11: Scheme Selected - the "c" in category should be capitalized.	Agreed. Both suggestions have been incorporated. Note: #9B is now A.9.2 and #11 is now A.11

5	In the table for Scheme Selected #8B, the statement Data not required to affect fentanyl identification, was added and does improve the clarity of the table from previous versions. However, would the language used in the GC-MS section from the first table of Question #7 be more appropriate and maintain consistency throughout the document? tR of analyte peak was not compared with a reference material Comparison to reference material not performed; no information which could be assessed was obtained ********** In the table for Scheme Selected #8D, the Assessment following the first MS (EI) should not contain the statement: Further testing required due to inconsistent test results. This is not an assessment of the data from that technique alone, but that of the scheme. In the discussion for this scheme, clarification could be made to indicate that the first selected opioid targeted GC-MS method was a direct cause of the insufficient data to support an identification of oxycodone or a finding of no controlled substances detected. ********** For Question #9B, the Assessment of GC results in the table could be written to reflect consistent wording throughout the document. Information provides Category B selectivity and the result is consistent with Δ9-THC and CBD, and the [Δ9-THC] is greater than 0.3%. In both the GC Results listed in the table and the Discussion paragraph, it may be more accurate to compare the total ion abundances of the THC and internal standard instead of the single point maximum height of each peak. ********** The addition of the Clandestine Drug Laboratory Evidence analytical methods section is outside the previous scope of purpose for SD-7. Adding the Analytical Groups 1-5 classification system to this document does not bring clarity but confusion. These examples and a discussion of how they differ from analytical schemes consisting of Category A-C techniques should be reserved for an additional Supplemental Document.	1. Agreed. Modification made to ensure consistency within the document. (Note: #8B is now A.8.2) 2. Agreed. Statement has been removed from the table and incorporated into the discussion for the scheme. (Note: #8D is now A.8.4) 3. The wording in the table relating to the assessment of the GC results has been updated. In this example the analytical method used peak height rather than peak area, either of which can be employed if appropriately validated. Therefore no further modifications made to this example. (Note: #9B is now A.9.2) 4. The purpose of SD7 includes reference to both Part IIIB and Part IIIC of the Recommendations. Therefore the additional clandestine laboratories examples fall within the scope of this document. To assist with readability and delineation between seized drug and clan lab examples, sections A and B have been created in the document and examples are aligned with these sections.
6	We would like some examples to be included regarding mixture samples. Each example provided just involve the identification of one compound in each scenario. However, nothing is related to having say ANPP and Fentanyl in a sample, where they both elicit the same color test result. Would both then have Cat C data or just one? And if just one, how does one say which one?	Additional examples (such as the one suggested) may be considered for future revisions.

7		
8	1. Table 1 Note 3- Is it necessary to specify “when used with a wavelength range” for UV spectroscopy as the technique will be typically used with a wavelength range? 2. Recommendation: To combine the table for Category C with A and B. The 4 notes applicable to Table 1 can be placed below the table. 3. Scheme Selected #8C. Recommendation: Suggest revising the result in Category C “Appearance consistent with a pharmaceutical-grade oxycodone tablet” to “"OC80 markings similar to a known pharmaceutical product containing oxycodone" to be consistent with the phrasing used in Scheme Selected #8B. 4. Scheme Selected #11 Recommendation: To amend the conclusion to “No controlled substances was identified in the liquid” 5. Recommendation: To include colour test in Analytical Group 4 together with spot and precipitation tests. To give a table number for Analytical Groups and Techniques. 6. Question #15, Scheme Selected #15 Group 4: Recommendation: To amend “white solid produced” to "white precipitate formed" as the term “precipitate” was consistently used in the document.	1. It is necessary to include the specification when UV spectroscopy is used as a Category B technique to differentiate between the use of a UV single wavelength detector, which would be classified as a category C technique. 2. An update to the document formatting has consolidated the table on one page. 3. Agreed. Revised wording incorporated. (Note: #8C is now A.8.3) 4. Wording of the conclusion is grammatically correct and consistent with other conclusions. No change made. (Note: #11 is now A.11) 5. Spot test changed to color test in the list of tests under Analytical Group 4 in the introduction to section B of this document, as well as in section IIIC.4.4.4 of the Recommendations. Additionally the wording in B.2 has been updated from spot test to precipitate test. The table heading has also been added to the list of Analytical Groups and Techniques. (Note: #15 is now B.2) 6. Agreed. Terminology updated. (Note: #15 is now B.2)

9	For the psilocin monographs, I noticed for the preliminary color test(s) say the following: 3. SCREENING TECHNIQUES 3.1. COLOR TESTS COMPOUND REAGENT COLOR PRODUCED Psilocin Marquis Greenish-brown Froehde's Greenish-blue → Yellow Psilocybin Marquis Dull Orange Froehde's Grey-blue → Green →Yellow Please forgive me, but I am surprised that SWGDRUG is recommending Marquis Reagent and Froehde's Reagent. Marquis Reagent is a general reagent, but better known for stimulants and narcotics. The UNODC document specifically states not to use the Marquis Reagent with psilocin. The Froehde's Reagent is better known for narcotics as well. Sure these two reagents can be used for a multitude of substances, but having something turn greenish-brown with the Marquis is not as unique as something turning purple in PDMAB or red to blue with the addition of HCl when using Fast Blue B. I am curious to know why the Marquis or Froehde's were chosen as the "best practice" when it comes to psilocin? Published papers indicate to use Fast Blue B (psilocin) and/or PDMAB (hallucinogens) as the color changes seen are more unique to hallucinogens. Many of the labs I know employ either PDMAB or Fast Blue B. Why not recommend PDMAB or Fast Blue B for psilocin? Thank you for answering my question. Have a great day!	Thanks for your suggestions. Updating of the psilocin monograph was outside the scope of the modifications to the guidelines and SD-7 but your comments have been noted for consideration when this may occur. Not incorporated in the SD-7 revision.