## **Traceable Opioid Material\* Kit Questions**

Please provide the information below so that your request can be processed quickly.

1. Which of the following best describes your laboratory? (Select only one)
☐ Academic Research Laboratory
☐ Environmental Laboratory
Government Crime Laboratory
☐ Government Toxicology Laboratory
Private or Public Clinical Laboratory
Other (please specify)
— Other (picase specify)
2. Which of the following tests or services are performed by your laboratory? (Select all that apply)
Seized drug sample testing
Post-mortem toxicology sample testing
Workplace drug screening
Newborn drug screening
Drug pharmacology and pharmacokinetics research
Clinical testing for disease diagnosis and treatment or surveillance
☐ Other
3. On average, how many opioid-related samples does your laboratory analyze on a weekly basis? $\square$ <100
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☐ 101-500 ☐ 504-4000
□ 501-1000 □ 1000
□ >1000
4. Which of the following analytical techniques do you perform in your laboratory?  (Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify)
(Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify)  St. Which matrix type does your laboratory analyze? (Select all that apply)
(Select all that apply)  □ Immunoassay □ Infrared Spectroscopy □ Mass Spectrometry □ Nuclear Magnetic Resonance Spectroscopy □ Raman Spectroscopy □ X-ray Diffraction □ Chromatographic Separation □ UV/Vis □ Other (please specify) □ Stelect all that apply) □ Blood
(Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify)  S. Which matrix type does your laboratory analyze? (Select all that apply) Blood Urine
(Select all that apply)  □ Immunoassay □ Infrared Spectroscopy □ Mass Spectrometry □ Nuclear Magnetic Resonance Spectroscopy □ Raman Spectroscopy □ X-ray Diffraction □ Chromatographic Separation □ UV/Vis □ Other (please specify) □ Stelect all that apply) □ Blood
(Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify)  S. Which matrix type does your laboratory analyze? (Select all that apply) Blood Urine
(Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify)  St. Which matrix type does your laboratory analyze? (Select all that apply) Blood Urine Other (please specify)
(Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify) Blood Urine Other (please specify) Other (please specify) Other (please specify) Shood Other (please specify) Other (please specify)
(Select all that apply)  Immunoassay Infrared Spectroscopy Mass Spectrometry Nuclear Magnetic Resonance Spectroscopy Raman Spectroscopy X-ray Diffraction Chromatographic Separation UV/Vis Other (please specify) Blood Urine Other (please specify) Other (please specify) Other (please specify)  China Other (please specify) Other (please specify)  China Other (please specify)  Solution Chromatographic Separation UV/Vis Other (please specify)  China Other (please specify)  Country  Country
(Select all that apply)   Immunoassay   Infrared Spectroscopy   Mass Spectrometry   Nuclear Magnetic Resonance Spectroscopy   Raman Spectroscopy   X-ray Diffraction   Chromatographic Separation   UV/Vis   Other (please specify)   Blood   Urine   Other (please specify)   Other (please specify)   G. What sample sizes are being tested? (Select all that apply)   < 0.1 mL   0.1- 0.5 mL

CDC estimates the average public reporting burden for this collection of information as 6 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0047).

<sup>\*</sup>TRACEABLE OPIOID MATERIAL, TOM KITS, and the TOM KITS logo are marks of the U.S. Department of Health and Human Services.