FORENSIC SCIENCE PRODUCTS

Fentanyl Analog Screening (FAS) Kit

The Centers for Disease Control and Prevention (CDC) has developed Traceable Opioid Material* Kits to support laboratory detection of current and emerging opioids in the U.S. The CDC has contracted Cayman Chemical to manufacture and distribute the FAS Kit, which is part of the Traceable Opioid Material* Kits product line. The FAS Kit and its expansion packs (Emergent Panels Version 1, 2, and 3) contain analog reference materials that enable labs to screen for 212 synthetic opioid compounds, including more than 190 fentanyl analogs. To view the entire list of compounds included in the kit, please download the compound list (PDF).

Is My Lab Eligible for a Free FAS Kit?

Labs that perform drug testing or analysis may apply for a free FAS Kit if they meet the following requirements:

- Must be located in the U.S. (or a U.S. Territory) with a verifiable business address
- Hold a valid DEA controlled substance registration for Schedule I controlled substances

To start the application process for a new DEA controlled substance registration, go to https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp.
For additional guidance, contact DEA's Registration Call Center at 1-800-882-9539 or a local DEA field office. A description of the registration process and a link to DEA's field office search tool can be found at https://www.deadiversion.usdoj.gov/drugreg/process.htm.

FAS Kit Application

To be considered for a free FAS Kit, please ensure your lab meets the eligibility requirements stated above and completely fill out the application below.

Apply Today

First Name

Enter first name

Last Name

Enter last name

Institution

Enter organization

Enter email

Verify Email

Verify email

Telephone

Enter telephone

Quantity Requested

Enter a number

Does your laboratory have a current DEA registration to handle scheduled substances?

Please Select

Form Approved
OMB No. 0923-0047
Exp. Date 01/31/2022

Which of the following best describes your laboratory?

Please Select

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**
- ☐ **Other (please specify)**

On average, how many opioid-related samples does your laboratory analyze on a weekly basis?

Please Select

Which of the following analytical techniques do you perform in your laboratory? (Select all that apply)

- ☐ **Immunoassay**
- ☐ **Infrared Spectroscopy**
- ☐ **Nuclear Magnetic Resonance Spectroscopy**
- ☐ **Raman Spectroscopy**
- ☐ **X-ray Diffraction**
- ☐ **Chromatographic Separation**
- ☐ **UV/Vis**
- ☐ **Other (please specify)**

Which matrix type does your laboratory analyze? (Select all that apply)

☐ **Blood**

☐ **Urine**

☐ **Other (please specify)**

What sample sizes are being tested?

☐ **<0.1 mL**

☐ **0.1-0.5 mL**

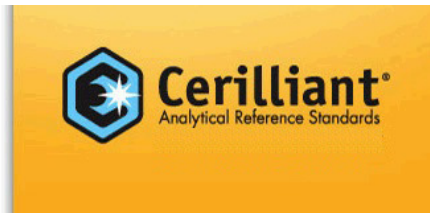
☐ **>0.5 mL**

☐ **Other (please specify)**

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)

Submit

Attachment 6. Traceable Opioid Material* Kits Questions (Online Example 2)



opioid crm kit request

If you represent a business that is located in the United States and would like to participate in the ***free Opioid CRM Program***, complete the request below.

Labs requesting free Opioid CRM Kits are required to:

- Be located in the US
- Be a legitimate and verifiable business, universities or public agencies
- Have a valid DEA Registration prior to shipment
- Have a verifiable business address

To request one or more Opioid CRM Kits, please ensure your lab meets the requirements stated above and complete the application below.

* Required Field

Contact Information

* Full Name	
* Title/Position	
* Email	
* Telephone	
Cerilliant Account Number, If Known:	

Company Shipping Address (*Shipping address must match address listed on DEA registration*)

* Laboratory Name	
* Attention	
* Street Address 1	
Street Address 2	
* City	
* State/Province	Alabama
* ZIP/Postal Code	
* Country	Select Country

DEA Registration

US DEA Registration is required prior to shipment. Please provide the information requested below about the status of your DEA Registration.

* Does your laboratory have the required DEA Registration?	Select...
If Yes, enter the DEA Registration Number	
* Quantity of Opioid CRM Kits Requesting:	

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Opioid CRM Kits Application 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 below)

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
- ☐ Other (please specify below)

3. On average, how many opioid-related samples does your laboratory analyze on a weeklybasis?

- ○ <100
- ○ 101-500
- ○ 501-1000
- ○ >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 below)

5. Which matrix type does your laboratory analyze? *(Select all that apply)*

- ☐ Blood
- ☐ Urine
- ☐ Other (please specify below)

6. What sample sizes are being tested? *(Select all that apply)*

- ☐ <0.1 mL
- ☐ 0.1-0.5 mL
- ☐ >0.5 mL
- ☐ Other (please specify below)

Additional Information or Comments

Cancel Submit

If you have questions or need further assistance, contact our Customer Service Team