

## Attachment 5a. Test Kit Application and Questions for US Laboratories (Word)

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OMB No. 0920-1313  
Exp. Date 12/31/2022

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### Applicant Information

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First Name [\_\_\_\_\_] ]  
Last Name [\_\_\_\_\_] ]  
Institution [\_\_\_\_\_] ]  
Lab Name (optional) [\_\_\_\_\_] ]  
Street Address Line 1 [\_\_\_\_\_] ]  
Street Address Line 2 [\_\_\_\_\_] ]  
City [\_\_\_\_\_] ]  
State [\_\_\_\_\_] (dropdown) \* This field is required  
Zip/Postal Code [\_\_\_\_\_] ]  
Email [\_\_\_\_\_] ]  
Verify Email [\_\_\_\_\_] ]  
Telephone [\_\_\_\_\_] ]  
Does your laboratory have a current DEA registration to handle scheduled substances?  
[YES/NO] \* This field is required

### Testing Information

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1. Which test kit(s) are you requesting / have you previously received?  
(provide quantity requested)

Fentanyl Analog Screening (FAS) Quantity [\_\_\_\_\_] ]  
FAS Version 1 Quantity [\_\_\_\_\_] ]  
FAS Version 2 and 3 Quantity [\_\_\_\_\_] ]  
FAS Version 4 Quantity [\_\_\_\_\_] ]  
Emergent Drug Panel (EDP) Quantity [\_\_\_\_\_] ]

2. Which of the following best describes your laboratory? (Select only one)

- Academic Research Laboratory
- Environmental Laboratory
- Government Crime Laboratory

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- Government Toxicology Laboratory
- Private or Public Clinical Laboratory
- Other (please specify) \_\_\_\_\_

3. 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 (please specify) \_\_\_\_\_

4. Which of the following drug categories does your laboratory test for? (Select all that apply)

- Opioids
- Synthetic Cannabinoids
- Stimulants and Hallucinogens
- Benzodiazepines

5. On average, how many opioid, synthetic cannabinoid, stimulant, hallucinogen, or benzodiazepine-related samples does your laboratory analyze on a weekly basis? (Select only one)

- < 100
- 100 - 500
- 501 - 1000
- > 1000

6. 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

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- X-ray Diffraction
- Chromatographic Separation
- UV/Vis
- Other (please specify) \_\_\_\_\_

7. Which sample matrices does your laboratory analyze? (Select all that apply)

- Blood
- Urine
- Drug Powders
- Waste Water
- Other (please specify) \_\_\_\_\_

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**Submit**