OMB No. 0920-1313
Exp. Date 03/31/2026

Applicant Information

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

1. Which test kit(s) are you requesting? (provide quantity)
   - Fentanyl Analog Screening (FAS) Quantity [___]
   - FAS Version 1 Quantity [___]
   - FAS Version 2 and 3 Quantity [___]
   - FAS Version 4 Quantity [___]
   - Emergent Drug Panel (EDP) Quantity [___]
   - Emergent Drug Panel – Version 1 (EDP-V1) Quantity [___]
   - Emergent Drug Panel – Internal Standard (EDP-IS) Quantity [___]
2. Which test kit(s) have you previously received? (provide quantity)
   - Fentanyl Analog Screening (FAS) Quantity [___]
   - FAS Version 1 Quantity [___]

FAS Version 2 and 3 Quantity [___]
FAS Version 4 Quantity [___]
Emergent Drug Panel (EDP) Quantity [___]
Emergent Drug Panel – Version 1 (EDP-V1) Quantity [___]
Emergent Drug Panel – Internal Standard (EDP-IS) Quantity [___]

3. 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) _____

4. 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) _____

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

- ☐ Opioids
- ☐ Synthetic Cannabinoids
- ☐ Stimulants and Hallucinogens
- ☐ Benzodiazepines

6. 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

7. 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) _____

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

- ☐ Blood
- ☐ Urine
- ☐ Drug Powders
- ☐ Waste Water
- ☐ Other (please specify) _____

Submit