

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

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

## Applicant Information

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

## Testing Information

1. Which test kit(s) are you requesting? (provide quantity)

Fentanyl Analog Screening (FAS)	Quantity <input type="text"/>
FAS Version 1	Quantity <input type="text"/>
FAS Version 2 and 3	Quantity <input type="text"/>
FAS Version 4	Quantity <input type="text"/>
Emergent Drug Panel (EDP)	Quantity <input type="text"/>
Emergent Drug Panel – Version 1 (EDP-V1)	Quantity <input type="text"/>
<input type="text"/>	
Emergent Drug Panel – Internal Standard (EDP-IS)	Quantity <input type="text"/>
<input type="text"/>	

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) \_\_\_\_\_

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