



# KANSAS BUREAU OF INVESTIGATION

## Forensic Science Center

### Application for Seized Drug Field Test Consideration

Please fill out all portions of this form. Missing or incomplete information may result in the device not being considered for evaluation or delay the evaluation until the following review cycle.

#### Requestor Information

Name and Title: \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Mail Address 1: \_\_\_\_\_  
Mail Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Requestor must be a member of the requesting agency's administration. If an additional point of contact is desired, please place their name and contact information here:

#### Requested Field Test Information

Instrument/Technology Name: \_\_\_\_\_  
Manufacturer Name: \_\_\_\_\_  
Product or Model Number: \_\_\_\_\_  
Manufacturer Contact Name: \_\_\_\_\_  
Manufacturer Contact Email: \_\_\_\_\_  
Brief Description: \_\_\_\_\_



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Are there any known issues that should be addressed in the evaluation?

No Yes (if yes, list issues below)

Does the manufacturer provide in-person or online training in the use of this instrument?

No Yes

Will the manufacturer or agency provide a test instrument/technology to the KBI Laboratory for assessment?

No Yes

Is there any available research, previous validation studies, or operating manuals for this instrument?

No Yes (if yes, please include them with this application)

List known contacts that have used the requested instrument (law enforcement and/or forensic laboratory).  
Include contact name, agency, and email.

Email Completed Order Form To: [FieldTesting@kbi.ks.gov](mailto:FieldTesting@kbi.ks.gov)