



KANSAS BUREAU OF INVESTIGATION

Forensic Science Center

Application for Oral Fluid 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)

Will the manufacturer 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)

Does the device allow for storage, download and/or printing of results for review at a later time?

No Yes

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

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