|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BIOLOGY** | | Quantity | | | **TRACE EVIDENCE** | | Quantity | | |
| Sexual Assault Evidence Collection Kits | | |  |  | Primer Gunshot Residue Collection Kits | | |  |  |
|  | | |  | |  | | |  | |
| Suspect Reference Sample Collection Kits  (used only for reference DNA sample for suspect in case) | | |  |  |  | | |  | |
|  | | |  | | **TOXICOLOGY** | | |  | |
| Suspect Evidence Collection Kits  (used for collection of evidence from a suspect’s person) | | |  |  | Blood Alcohol Collection Kits | | |  |  |
| **DNA DATABANK** | | |  | |  | | |  |  |
| Offender DNA Collection Kits  (used only for persons upon arrest, conviction, or offender registration) | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
| **Please send the above kits to the requestor shown below** | | | | | | | | | |
| **Requestor Information:** | | | | | | | | | |
| Name and Title: |  | | | | | | | | |
| Agency/Hospital Name: |  | | | | | | | | |
| Mail Address 1: |  | | | | | | | | |
| Mail Address 2: |  | | | | | | | | |
| City, State, Zip |  | | | | | | | | |
| Email address & Phone: |  | | | | | | | | |
| **Email Completed Order Form To:**  [LabKits@kbi.ks.gov](mailto:kbi-lab@kbi.ks.gov)  **Download additional forms at:**  [KBI - Kansas Bureau of Investigation - Forensic Science Center](https://www.kansas.gov/kbi/about/about_lab_evidence.shtml) | | | | | | **Or Mail or Fax Completed Order Form To:**  Attn: Kit Distribution  Kansas Bureau of Investigation  Forensic Science Center  2001 SW Washburn Ave  Topeka, Ks 66604  Phone: 785-296-1137  Fax: 785-368-6564 | | | |