|  |  |  |  |
| --- | --- | --- | --- |
| **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, oroffender 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**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 InvestigationForensic Science Center2001 SW Washburn AveTopeka, Ks 66604Phone: 785-296-1137Fax: 785-368-6564 |