



Oklahoma State Bureau of Investigation
Criminalistics Services Division
Laboratory Kit and Supply Request Form

Contact Information

Requestor's Name: _____
Requesting Agency: _____
Street Address: _____
City: _____ Zip Code: _____
Telephone Number: _____ Date of Request: _____
Email: _____

Available Evidence Collection Kits and Supplies

| | | | |
|---|--------|---|--------|
| <input type="checkbox"/> Sexual Assault Kit* | Qty: _ | <input type="checkbox"/> Arson Cans** | Qty: _ |
| <input checked="" type="checkbox"/> Gunshot Residue Kit | Qty: _ | <input type="checkbox"/> Buckets (Clan Lab)** | Qty: _ |
| <input type="checkbox"/> Blood Alcohol / Blood Drug Kit | Qty: _ | <input type="checkbox"/> Nalgene Bottles (Clan Lab)** | Qty: _ |
| <input type="checkbox"/> Drug Facilitated Sexual Assault* | Qty: _ | <input type="checkbox"/> Pipettes (Clan Lab)** | Qty: _ |
| <input type="checkbox"/> Evidence Envelopes | Qty: _ | | |

*Note: These items are only available to medical and other authorized Sexual Assault Evidence Collection facilities.

**Note: These items are not available for shipping and must be picked up by the requesting agency.

| | |
|--|--|
| FOR OSBI USE ONLY | |
| <input type="checkbox"/> To Be Shipped | <input type="checkbox"/> Picked Up in Person |
| Number of Kits Released: | Number of Supplies Released: |
| SAK _____ | EE _____ |
| GSR _____ | Arson Can _____ |
| BA/BD _____ | Buckets _____ |
| DFSA _____ | Nalgene Bottles _____ |
| _____ | Pipettes _____ |
| Date Kits were Shipped or Picked Up: _____ | |
| Released By: _____ | |

Please fax this request to the Forensic Science Center at (405) 330-4732

or

e-mail the form to Tiffany Burger at Tiffany.Meyer@osbi.ok.gov or Julie Garrett at Julie.Garrett@osbi.ok.gov.