



**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*	Qty: _____	<input type="checkbox"/> Evidence Envelopes	Qty: _____
<input type="checkbox"/> Gunshot Residue	Qty: _____	<input type="checkbox"/> Arson Cans**	Qty: _____
<input type="checkbox"/> Blood Alcohol/Blood Drug	Qty: _____	<input type="checkbox"/> Buckets (Clan Lab)**	Qty: _____
<input type="checkbox"/> Marihuana Field Test	Qty: _____	<input type="checkbox"/> Nalgene Bottles (Clan Lab)**	Qty: _____
<input type="checkbox"/> Drug Facilitated Sexual Assault*	Qty: _____	<input type="checkbox"/> Pipettes (Clan Lab)**	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.

<b>For OSBI Use Only</b>			
To Be Shipped	<input type="checkbox"/>	Picked up in Person	<input type="checkbox"/>
Number of Kits Released:		Number of Supplies Released:	
<b>SAK</b>	_____	<b>EE</b>	_____
<b>GSR</b>	_____	<b>Arson Cans</b>	_____
<b>BA/BD</b>	_____	<b>Buckets</b>	_____
<b>MFTK</b>	_____	<b>Nalgene Bottles</b>	_____
<b>DFSA</b>	_____	<b>Pipettes</b>	_____
Date Kits were Shipped or Picked up: _____			
Released by: _____			

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

Or

Email the form to Linda Cain at [Linda.Cain@osbi.ok.gov](mailto:Linda.Cain@osbi.ok.gov) or Julie Garrett at [Julie.Garrett@osbi.ok.gov](mailto:Julie.Garrett@osbi.ok.gov)