

# Restricted and Unrestricted Sexual Assault Kit (SAK) Guide For Packaging and Submitting

# Accessing the Required Forms

The screenshot displays the Minnesota Bureau of Criminal Apprehension (BCA) website. The header includes navigation links: Home, Divisions, Media Center, Contact DPS, and Translate. The BCA logo and name are prominently displayed, along with the text "A Division of the Minnesota Department of Public Safety". A search bar is located on the right side of the header.

The main navigation bar includes links: BCA Home, About, BCA Divisions, Boards/Committees, Library, Calendar, and Contact.

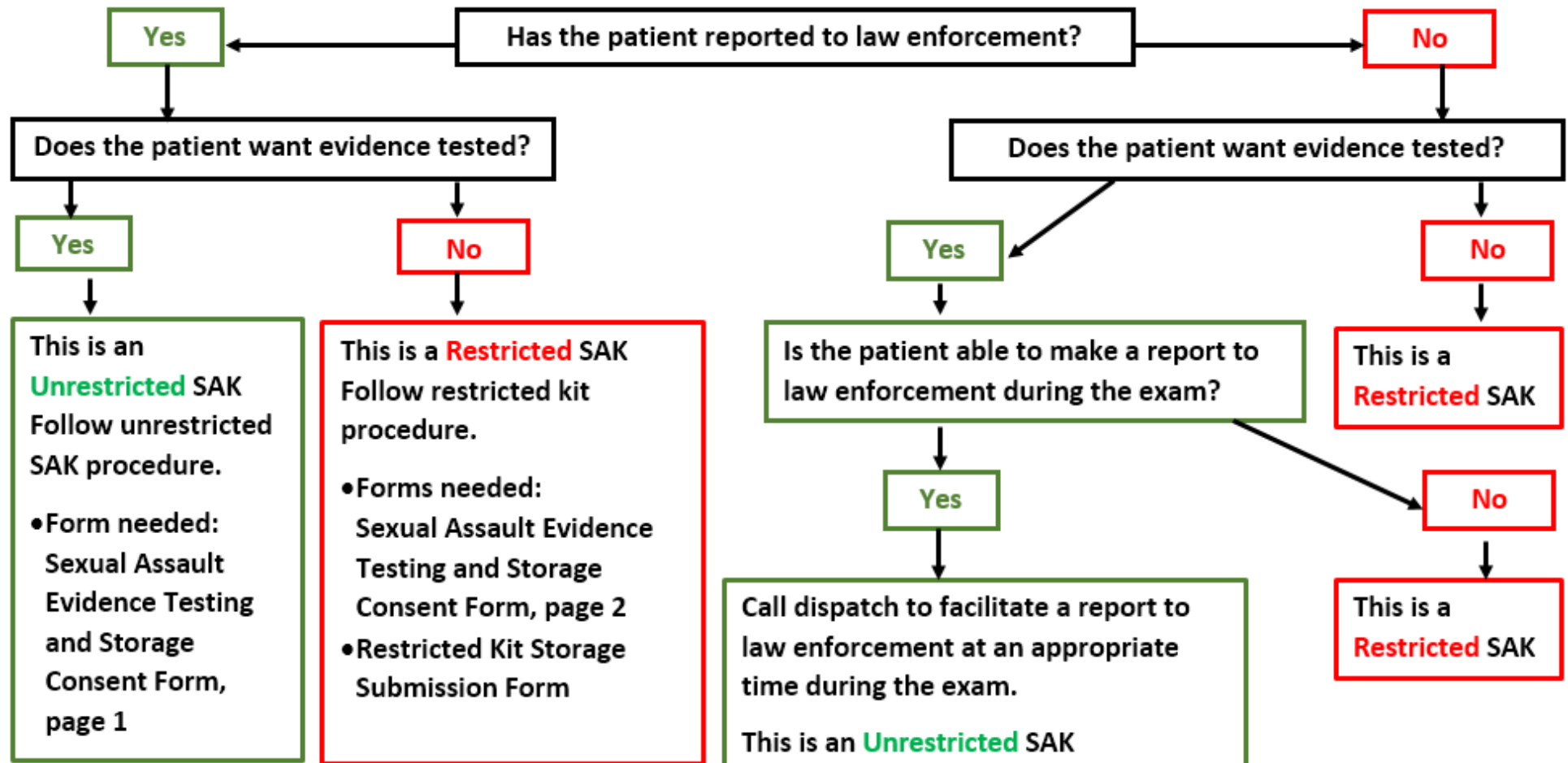
The left sidebar contains a list of services, with "Investigative Services" circled in red. A red arrow points from this link to the "Forensic Science Services" section. Within this section, "Sexual Assault Kit Information" is also circled in red. Another red arrow points from this link to the "Sexual Assault Evidence Collection Kit Statute" page.

The "Forensic Science Services" section lists various services, including Laboratories / Contacts, Forensic Testing Services, Careers in Forensic Science, Breath Testing Program, Courtroom Testimony, Crime Scene Processing, Evidence Submission, Order Collection Kit, and Sexual Assault Kit Information. The "Sexual Assault Kit Information" link is circled in red.

The "Sexual Assault Evidence Collection Kit Statute" page features a banner image of evidence containers and the text "FORENSIC SCIENCE". Below the banner, the heading "WHAT'S NEW" is followed by the link "Sexual Assault Evidence Collection Kit Statute". The text states: "Starting January 1, 2021, ALL Unrestricted Sexual Assault Evidence Collection Kits are submitted to a forensic laboratory. The BCA Forensic Science Services (FSS) qualifies forensic laboratories. Also starting January 1, 2021, ALL Restricted Sexual Assault Evidence Kits are required to be submitted to the BCA FSS. For more information, please select Sexual Assault Kit Information".


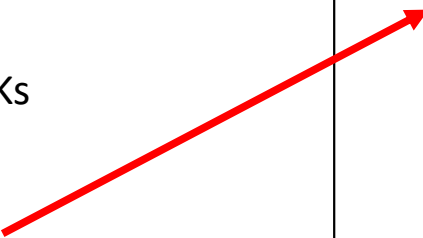
The "Sexual Assault Kit Information" page has a heading "SEXUAL ASSAULT KIT INFORMATION" and a link "Sexual Assault Evidence Collection Kit Legislation Information MN Statute §299C.106" circled in red. Below this, contact information for Staci Bennett, Assistant Laboratory Director, is provided: (651) 793-2980 or [staci.bennett@state.mn.us](mailto:staci.bennett@state.mn.us). A link to "Sexual Assault Examination Kit Testing and Storage FAQ" is also present.

# Sexual Assault Kit Storage and Testing Decision-Making Tree



# Unrestricted SAKs

- **Sexual Assault Evidence Testing and Storage Consent Form** is available online
- Online fillable and printable PDF
- Page One of BCA form is for **Unrestricted** SAKs
- Patient marks “**Unrestricted Kit Testing**” on page one
- Patient signs and dates form  
(the form does not require guardian/parent signature, refer to MN minor consent information)
- Make two copies
  - Give one to the patient
  - One copy to scan into their chart



**BCA** Sexual Assault Evidence Testing and Storage Consent Form

Minn. Stat. §299C.106 defines an Unrestricted Kit as "a kit that has an accompanying release form signed by the patient allowing law enforcement to submit the kit to a forensic laboratory". A Restricted kit is defined as "a kit that does not have an accompanying release form signed by the patient authorizing law enforcement to submit the kit to a forensic laboratory". Kits must be submitted for either testing or storage within the timeframes specified in the statute.<sup>1</sup>

**This document is designed to guide you in selecting an option to proceed with forensic testing of your kit(s) or to store your kit(s) securely at the BCA Forensic Laboratory.**

☒ **Unrestricted Kit Testing**

- I am choosing to make a report to law enforcement.
- I consent to the forensic testing of samples and specimens collected, also known as Sexual Assault Evidence Collection, Blood and/or Urine Kits.
- I give permission to the facility at which my examination was performed to release my identifying information and any samples and specimens collected during the forensic examination to the law enforcement agency involved in investigating and prosecuting the suspect(s). This includes the release of my name, date of birth, and location (city and county) of the incident.
- I understand I may revoke this authorization in writing to the medical facility at any time. However, I understand this revocation may not apply to information or materials already released or to actions already taken.

Print Patient/Guardian<sup>2</sup> Name: \_\_\_\_\_

Patient/Guardian<sup>2</sup> Signature & Date: \_\_\_\_\_

☐ Indicate here if kit was previously designated and submitted as a Restricted Kit.

BCA Forensic Laboratory Barcode Number: \_\_\_\_\_

**BCA** Division of Criminal Apprehension

FS5-F-01-2020  
Version: 03/08/2021  
Page 1 of 3

## Page 3 of the *Sexual Assault Evidence Testing and Storage Consent Form* Minor Consent

### Medical Provider Instructions and Further Information:

Other items of evidence (e.g. clothing, bedding) will not be stored at the BCA Forensic Laboratory. Underwear can be included if properly dried and will fit into kit box.

ALL Restricted Kits submitted to the BCA Forensic Laboratory must be accompanied by a **Restricted Sexual Assault Kit Submission Form** for centralized storage.

Include a copy of the Consent and the Restricted Sexual Assault Kit Submission Form inside the kit mailing box.

<sup>1</sup> Minn. Stat. §299C.106, subd. 3. Submission and storage of sexual assault examination kits.

(a) Within 60 days of receiving an unrestricted sexual assault examination kit, a law enforcement agency shall submit the kit for testing to a forensic laboratory. The testing laboratory shall return unrestricted sexual assault examination kits to the submitting agency for storage after testing is complete. The submitting agency must store unrestricted sexual assault examination kits indefinitely.

(b) Within 60 days of a hospital preparing a restricted sexual assault examination kit or a law enforcement agency receiving a restricted sexual assault examination kit from a hospital, the hospital or the agency shall submit the kit to the Bureau of Criminal Apprehension. The bureau shall store all restricted sexual assault examination kits collected by hospitals or law enforcement agencies in the state. The bureau shall retain a restricted sexual assault examination kit for at least 30 months from the date the bureau receives the kit.

<sup>2</sup> Guardian signature required only if applicable. Refer to Minn. Stat. §144.343, subd. 1 for further information.



### 2020 Minnesota Statutes

#### 144.343 PREGNANCY, VENEREAL DISEASE, ALCOHOL OR DRUG ABUSE, ABORTION.

##### Subdivision 1. **Minor's consent valid.**

Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.

# Minor Consent



## MINOR CONSENT FOR MEDICAL AND MENTAL HEALTH TREATMENT

This fact sheet will address two main issues:

1. When may a sexual assault advocate or medical professional provide services to a minor without consent from the minor's parent?
2. When is the advocate or medical professional required to keep the services confidential, even from the minor's parent?

### 1. General rule: Parent's consent required

In Minnesota as with most other states, the general rule is that a parent must be informed about and give consent for medical treatment for her child.

### Exceptions to general rule:

In the following situations, a minor (an individual under 18 years of age) may consent to medical or mental health treatment by herself without separate permission from a parent or guardian:

### Pregnancy/STD

Any minor may consent to medical or mental health services to diagnose either pregnancy or STD's. Minn. Stat. §144.343 subd. 1

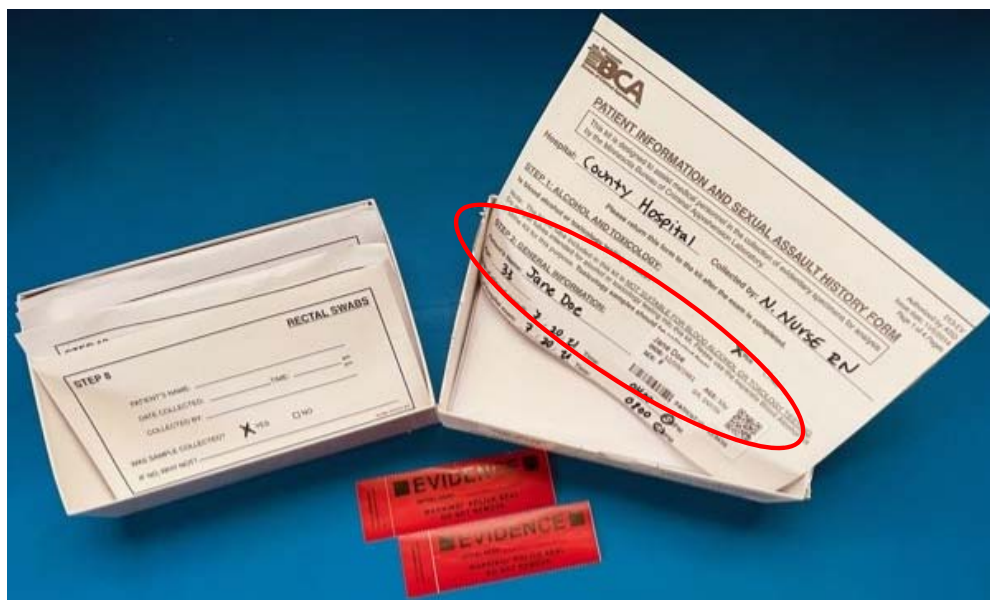
A minor (whether sexually assaulted or not) may obtain a medical examination to diagnose or treat these conditions. Her parents need not give consent.

See also SVJI fact sheet on emergency contraception and compassionate care for sexual assault victims.



# Step One - Packaging **Unrestricted** SAKs

- When exam completed, put collected specimen envelopes in SAK box
- Fill out BCA ***Patient Information and Sexual Assault History*** - Form included in SAK
- Put patient information or patient label on the form
- Seal SAK with red tape included in the box
- Initial and date over seals



## Step Two - Unrestricted SAKs

- Put patient information on the outside of the SAK (patient label and hand written, labels occasionally fall off the box)
- Call law enforcement to pick up SAK from the hospital
- Fill out “Chain of Possession” with law enforcement when handing off the evidence
- Clearly mark **Unrestricted** on box

**BCA Sexual Assault Evidence Testing and Storage Consent Form**

Miss. Stat. §299C.106 defines an **Unrestricted SAE** as "a kit that has an accompanying release form signed by the patient allowing law enforcement to submit the kit to a forensic laboratory". A **Restricted SAE** is defined as "a kit that does not have an accompanying release form signed by the patient authorizing law enforcement to submit the kit to a forensic laboratory". Kits must be submitted for either testing or storage within the timeframes specified in the statute.<sup>1</sup>

This document is designed to guide you in selecting an option to proceed with forensic testing of your kit(s) or to store your kit(s) securely at the BCA Forensic Laboratory.

Jane Doe  
DOB: 1/1/1980  
SSN: P

ASS: RV  
DA: 7/20/21

PATIENT ID: 123456

☒ **Unrestricted Kit Testing**

- I am choosing to make a report to law enforcement.
- I consent to the forensic testing of samples and specimens collected, also known as Sexual Assault Evidence Collection, Blood and/or Urine Kits.
- I give permission to the facility at which my examination was performed to release my identifying information and any samples and specimens collected during the forensic examination to the law enforcement agency involved in investigating and prosecuting the suspect(s). This includes the release of my name, date of birth, and location (city and county) of the incident.
- I understand I may revoke this authorization in writing to the medical facility at any time. However, I understand this revocation may not apply to information or materials already released or to actions already taken.

Print Patient/Guardian Name: **JANE DOE**

Patient/Guardian Signature: *Jane Doe* Date: *7/20/21*

☐ Indicate here if kit was previously designated and submitted as a Restricted Kit.

BCA Forensic Laboratory Barcode Number: \_\_\_\_\_

**SEXUAL ASSAULT EVIDENCE**

FOR HOSPITAL PER

VICTIM'S NAME: **Jane Doe**

PHYSICIAN'S NAME: **Dr. Smith**

KIT SEALED BY: **N. NURSE RN**

PLACE KIT IN SECURED STORAGE AREA

PLACED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR POLICE PERSONNEL

RECEIVED FROM: **N. NURSE RN**

DATE: **7-20-21** TIME: **1200** PM

RECEIVED BY: **O. Officer**

DATE: **7-20-21** TIME: **1200** PM

RECEIVED FROM: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PM

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PM

DELIVER TO THE CRIME LABORATORY IMMEDIATELY

REFRIGERATE AFTER USE

**Unrestricted**

DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF CRIMINAL APPREHENSION  
FORENSIC SCIENCE LABORATORY



## Step Three - Unrestricted SAKs

- Place SAK (1) and signed ***Sexual Assault Evidence Testing and Storage Consent Form*** (2) into BCA mailing sleeve (3)

1

2

3

SEXUAL ASSAULT EVIDENCE  
FOR HOSPITAL PER  
VICTIM'S NAME Jane Doe  
PHYSICIAN'S NAME Dr. Smith  
KIT SEALED BY N. Nurse RN

BCA Sexual Assault

Minn. Stat. §299C.106 defines  
signed by the patient allowing  
Restricted kit is defined as "a  
patient authorizing law enforce  
submitted for either testing or

This document is design  
testing of your kit(s) or

Jane Doe  
DOB: 12/09/1981 AGE: 33Y  
SEX: F DR. SMITH

PATIENT ID: 12

Unrestricted Kit Test  
• I am choosing to

FROM: \_\_\_\_\_

TO: DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF CRIMINAL APPREHENSION  
1430 MARYLAND AVENUE E.  
ST. PAUL, MINNESOTA 55106

BIOHAZARD

ATTENTION: LABORATORY

- Law enforcement transports Unrestricted SAK and other evidence to BCA
- Document in patient's chart that the SAK was given to law enforcement

# Unrestricted Kit- Additional Evidence

- Toxicology kits
  - Fill out enclosed paperwork with patient information
  - Label boxes with patient information, date, case number and jurisdiction
  - Clearly label box **Unrestricted**
  - Give to law enforcement with the SAK

## Urine Kit

Jane Doe  
DOB: 12/09/1981 AGE: 33y  
SEX: F DR. SMITH

POSTAGE HERE

PATIENT ID: 123456

TO: FORENSIC SCIENCE LABORATORY  
Bureau of Criminal Apprehension  
1430 Maryland Avenue East  
St. Paul, MN 55106

St Paul case # 18-000001 **Unrestricted**  
Lwalther Rn SANE

(1) MOISTEN TABS, THEN SEAL  
(2) SEALED BY LWalther RN  
(3) DATE SEALED: 9/15/18  
SEALS TO BE BROKEN BY BUREAU OF CRIMINAL APPREHENSION PERSONNEL ONLY

LW

M7

(1) MOISTEN TABS, THEN SEAL  
(2) SEALED BY LWalther RN  
(3) DATE SEALED: 9/15/18  
SEALS TO BE BROKEN BY BUREAU OF CRIMINAL APPREHENSION PERSONNEL ONLY

## Blood Kit

Jane Doe  
DOB: 12/09/1981 AGE: 33y  
SEX: F DR. SMITH

PATIENT ID: 123456

ST Paul case # 18-000001  
Lwalther Rn SANE

TO: For Alcohol and Other  
Drug Determinations

FORENSIC SCIENCE LABORATORY  
Bureau of Criminal Apprehension  
1430 Maryland Avenue East  
St. Paul, MN 55106

**Unrestricted**

IPPING SEAL

9/15/18  
LWalther RN SANE  
(SIGNATURE)

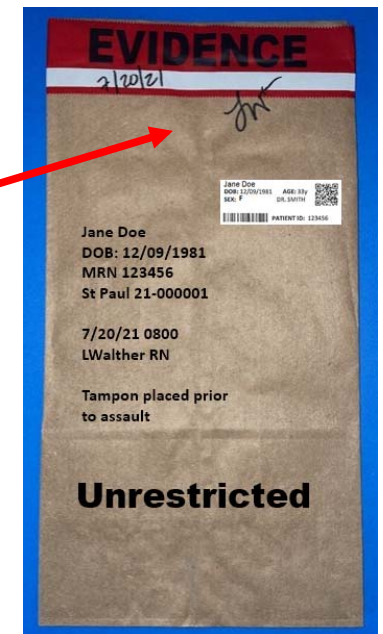
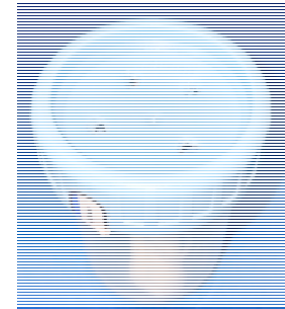
# Unrestricted Kit- Additional Evidence

- Place each piece of clothing in a paper bag
- Label bags with
  - Patient information
  - Date/time
  - Item type, size and color
  - Case number, jurisdiction
  - Name of person collecting item
  - Clearly mark **Unrestricted**
- Seal bag with evidence tape
  - Initial and date over the seal



# Unrestricted Kit- Additional Evidence

- Tampons and condoms
  - Poke holes in top of specimen container with scalpel, or sterile scissors
  - Label specimen container with patient label, date/time, & initials
  - Place container in paper bag, label paper bag
  - Seal the paper bag with evidence tape
  - Clearly mark **Unrestricted**
  - Initials and date across the seal
  - Refrigerate until hand off to law enforcement



## Examples of Restricted SAKs

- Patient has not reported to law enforcement
- Patient says they will report in the near future, but has not reported at time of exam
- Patient says they reported but they don't have a case number
  - Call law enforcement to get a case number
  - No case number = it is **Restricted**
- Patient reported a crime – but did not report sexual assault
  - Evidence collected is **Restricted**
- Patient has reported to LE but does not want to release evidence for testing

# Examples of **Restricted** SAKs

- A friend or family member reported, patient unwilling to participate in investigation
- Exam done on incapacitated patient
- Patients sexually assaulted prior to/in prison or jail
  - Able to have a medical forensic exam
  - Choose to have their kit tested - **Unrestricted**
  - Choose to release SAK to Office of Special Investigations - **Unrestricted**
  - Choose not to have their SAK tested – **Restricted**



# Restricted SAKs

- Sexual Assault Evidence Testing and Storage Consent Form
- Page two of the form is for **Restricted** SAKs
- Patient marks **Restricted** Kit Storage
- Patient may sign and date form
- If patient does not wish to have any identifying on SAK or form, the nurse or provider signs the form
- Unique ID number
- Make a copy for patient and a copy for their chart

☒ **Restricted Kit Storage**

- I am choosing **Restricted Kit Storage** for my Sexual Assault Evidence Collection Kit(s).
  - I do not consent to the forensic testing of samples and specimens collected, also known as Sexual Assault Evidence Collection Kit, Blood and/or Urine Kits.
  - I understand testing will not occur unless I make a report to law enforcement and provide consent to test my kit as indicated above for Unrestricted Kits.
  - I understand that my Restricted Kit(s) will be transported for long-term storage at the BCA Forensic Laboratory.
  - I understand that Restricted Kits will be maintained for a minimum of 30 months from the date of receipt by the BCA Forensic Laboratory.
  - I understand any identifying information submitted with my Restricted Kit(s) will be used for storage/tracking purposes only, will be kept secure as private data, and will not be shared with law enforcement.

**Any identifying information provided will be maintained as private data pursuant to Minn. Stat. §13.82, Subd. 17(b)**

- I understand, if at any time, I would like to change my decision from Restricted Kit Storage to Unrestricted Kit to be tested, it is my responsibility to contact law enforcement, directly or through my Advocate. I understand I will need to sign a consent form to allow forensic testing.
- I understand that after 30 months, the BCA may destroy the evidence from my forensic examination without any further notification to me.

Print Patient/Guardian<sup>2</sup> Name: \_\_\_\_\_

Patient/Guardian<sup>2</sup> Signature & Date: \_\_\_\_\_

☐ For Restricted Kits only - Please check box if Patient/Guardian does not consent to the release of identifying information to the BCA Forensic Laboratory.

I affirm I have discussed the information above with Patient/Guardian and the Patient/Guardian has selected the option of Restricted Kit storage without identifying information\*.

Print Medical Provider Name: \_\_\_\_\_

Medical Provider Signature & Date: \_\_\_\_\_

Medical Facility Identifier\*: \_\_\_\_\_

\*If no identifying information is provided with a Restricted Kit, a unique medical facility identifier MUST be included on the kit(s), this Consent form and Restricted Kit Submission Form. Enough information must be provided with this kit to allow for conversion to Unrestricted status if the Patient/Guardian chooses to do so.

**BCA**  
Bureau of Criminal Apprehension

FSS-F-61-1020  
Version: 03/08/2021  
Page 2 of 3

# Restricted SAK Unique Identification Number

- Create a numbering system for your hospital
  - Day, month, year of exam and hospital initials – 010121CH
  - Hospital, year and consecutive numbers – County Hospital 2021 001
- Where do you document unique ID numbers?
  - Patient's chart
  - Logbook
- This is a temporary fix until the Kit Tracking system is in place in 2022

# Restricted Kit Submission Form

- Online fillable and printable PDF
- Fill in the form and print 2 copies
  - One to submit with SAK
  - One to scan into patient's chart
- Unique ID number
- Patient may decline to put name or date of birth on the form
- Designate one person to receive the confirmation email/mail
- Scan the returned form with barcode into patient's chart

**RESTRICTED KIT STORAGE**  
Submission Form  
PSS-F-42-10201 Issue Date: 12/31/2020

Minnesota Bureau of Criminal Apprehension  
Forensic Science Service  
Website: [bca.dps.mn](http://bca.dps.mn)  
Email: [bca.labs.vault@state.mn](mailto:bca.labs.vault@state.mn)

**Complete this form and place inside the mailing box. Kits can be hand delivered or mailed to the BCA Forensic Laboratory – see page 2**  
Keep a copy of this form for your files. Required fields indicated with \*\*\*.

Name and Location of submitting Medical Facility *		Medical Facility Identifier*	
		If Patient name is not provided, this unique number will be needed if the kit is to be converted to Unrestricted for testing purposes.	
City, State of Incident*	County of Incident *	Date Kit Collected *	
Patient Name		Patient Date of Birth	
Law Enforcement Agency (if applicable)		Law Enforcement ICR or Property #	
Blood Kit # (as applicable)*		Urine Kit # (as applicable) *	
If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.		If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.	

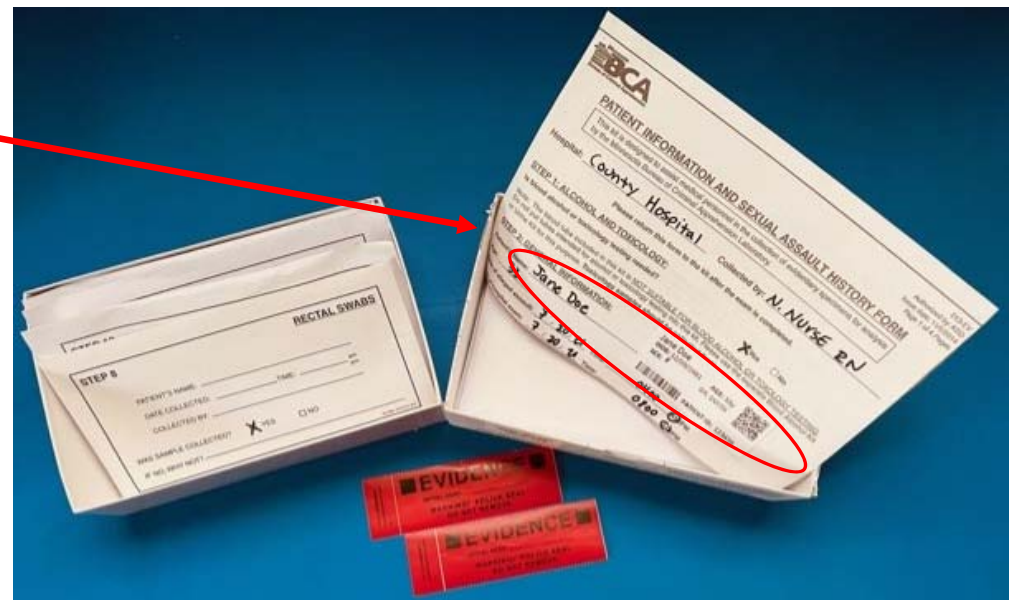
**If the Restricted Kit(s) is being transported to the BCA by the law enforcement agency, the kit(s) must be clearly marked as Restricted to ensure proper barcoding and receipt.**

Once the kit(s) is (are) received by the BCA Forensic Laboratory, a copy of this submission form will be returned to the medical facility personnel or law enforcement officer designated below. The completed form will have the unique barcode number(s) assigned to the SAECK and Toxicology Kits (if submitted). Please keep a copy of this form in the event the patient would like the kit tested in the future (conversion to Unrestricted status).

\*Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*Phone # \_\_\_\_\_  
\*Email Address \_\_\_\_\_

# Step One - Restricted SAKs

- When exam is completed, put collected specimen envelopes in box
- Fill out BCA ***Patient Information and Sexual Assault History Form*** included in the SAK
- Put patient label on form
- Seal SAK with red tape included in the kit
- Initial and date across red tape



## Step Two - Restricted SAKs

- Label front of SAK with Unique ID number
- Clearly mark **Restricted** on SAK to ensure proper barcoding and receipt
- Complete page two of the ***Sexual Assault Evidence Testing and Storage Consent Form***
- Complete ***Restricted Kit Storage Submission Form***

The image shows two forms related to Sexual Assault Evidence Collection Kits (SAEKs). The left form is the 'Restricted Kit Storage Submission Form' (CH 001 2021) and the right form is the 'Sexual Assault Evidence Collection Kit' (CH 001 2021).

**Restricted Kit Storage Submission Form (Left):**

- Form ID: CH 001 2021
- Section: Restricted Kit Storage
- Section 1: I am choosing Restricted Kit Storage for my Sexual Assault Evidence Collection Kit(s).
- Section 2: I do not know as I
- Section 3: I understand provide cur
- Section 4: I understand BCA Forms
- Section 5: I understand the date of
- Section 6: I understand used for who not be other
- Section 7: Any identifying inform
- Section 8: I understand Storage to: enforcement consent for
- Section 9: I understand forensic use
- Section 10: Print Patient/Guardian/No Patient/Guardian/ Signatu
- Section 11: For Restricted Kit of identifying inform
- Section 12: I affirm I have discussed selected the option of Law
- Section 13: Print Medical Provider/No Print Medical Provider/ Signatu
- Section 14: Medical Facility Identifier
- Section 15: Any identifying information is a using the Consent Form and has submitted in restricted status
- Section 16: If the Restricted Kit(s) is being transported to the BCA by the law enforcement agency, the kit(s) must be clearly marked as Restricted to ensure proper barcoding and receipt.
- Section 17: (Once the kit(s) is (are) received by the BCA Forensic Laboratory, a copy of this submission form will be returned to the medical facility personnel or law enforcement officer designated below. The completed form will have the unique barcode number(s) assigned to the SAEK and Toxicology Kits (if submitted). Please keep a copy of this form in the event the patient would like the kit tested in the future (consent is unwithdrawable).
- Section 18: Name, Address, Phone #, Email Address
- Section 19: Date/Time Received, Lab Personnel Signature, Kit(s) received Yes/No
- Section 20: Barcode(s)
- Section 21: For further information, please contact: Bureau of Criminal Apprehension - Forensic Science Services, 1400 Maryland Ave., S.E., P.O. Box 57000, St. Paul, MN 55156-0001, Phone (612) 725-2900, FAX (612) 725-2901

**Sexual Assault Evidence Collection Kit (Right):**

- Form ID: CH 001 2021
- Section: SEXUAL ASSAULT EVIDENCE COLLECTION KIT
- Section 1: FOR HOSPITAL PERSONNEL
- Section 2: KIT DELETED BY: N. Nurse BV
- Section 3: PLACED IN SECURED STORAGE AREA
- Section 4: PLACED BY: DATE, TIME, AM/PM
- Section 5: FOR POLICE PERSONNEL
- Section 6: CHAIN OF POSSESSION
- Section 7: RECEIVED FROM: DATE, TIME, AM/PM
- Section 8: RECEIVED BY: DATE, TIME, AM/PM
- Section 9: RECEIVED FROM: DATE, TIME, AM/PM
- Section 10: RECEIVED BY: DATE, TIME, AM/PM
- Section 11: Restricted
- Section 12: ISSUED TO THE CRIMINAL LABORATORY
- Section 13: STATE OF MINNESOTA, DEPARTMENT OF PUBLIC SAFETY, FORENSIC SCIENCE LABORATORY

## Step Three - Restricted SAKs

- Place sexual assault kit (1) and
- ***Sexual Assault Evidence Testing and Storage Consent Form*** (2) and ***Restricted Kit Storage Submission Form*** (3) in outer pre-addressed BCA mailing sleeve (4)
- Send to directly to BCA in the mail – USPS or FEDEX etc.
- Document in patient's chart the date/time when SAK was sent to the BCA

The image shows a Sexual Assault Evidence Collection Kit (SAEK) and its submission form. The kit is labeled "SEXUAL ASSAULT EVIDENCE COLLECTION KIT" and "FOR HOSPITAL PERSONNEL". It includes a "RESTRICTED KIT STORAGE Submission Form" and a "TO: DEPARTMENT OF PUBLIC SAFETY BUREAU OF CRIMINAL APPREHENSION" label. The kit is marked with a red "1" and the submission form with a red "2". The "RESTRICTED KIT STORAGE Submission Form" is marked with a red "3" and the "TO: DEPARTMENT OF PUBLIC SAFETY BUREAU OF CRIMINAL APPREHENSION" label with a red "4". The kit is also marked with a red "1" and the submission form with a red "2". The kit is marked with a red "1" and the submission form with a red "2".

1

2

3

4

SEXUAL ASSAULT EVIDENCE COLLECTION KIT  
FOR HOSPITAL PERSONNEL  
CH 001 2021  
Dr. Smith  
N. Nurse  
KIT SEALED BY

RESTRICTED KIT STORAGE  
Submission Form  
7-00.7-01-1001 (Rev. 10/1/10)

CH 001  
Restricted Kit St

I am choosing  
Kit(s).

I do not see  
known as S

I understand  
provide con

I understand  
BCA Forensi

I understand  
the date of

Complete this form and  
Keep a co  
Name and Locatio  
Fi

County

City, State of Incident

Pg

FROM:

TO: DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF CRIMINAL APPREHENSION  
1430 MARYLAND AVENUE E.  
ST. PAUL, MINNESOTA 55106

BIOHAZARD

ATTENTION: LABORATORY



## Restricted Kit Additional Evidence

- Underwear can be placed in the SAK if it is dry and fits
- Underwear can be placed in a small brown bag or swab envelope



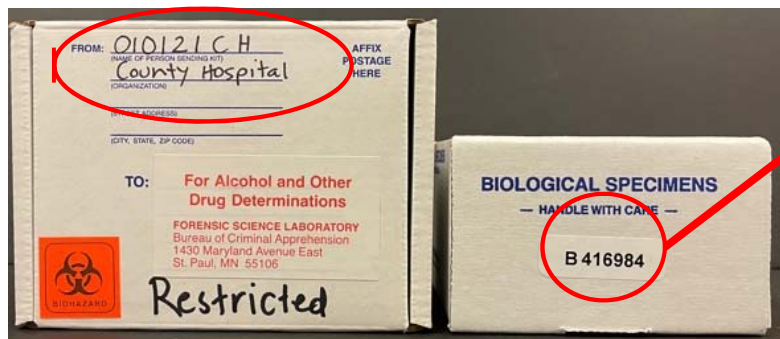
## Restricted Kit Additional Evidence

- Tampon/condoms – currently the BCA has no plan to store
- Additional clothing - currently the BCA has no plan to store
- Patients are encouraged to put clothing in paper bag and save in secure location at home



# Restricted Toxicology Specimens – Blood

- Unique ID number
- Fill in Blood kit number on ***Restricted Kit Storage Submission Form***
- Send to BCA without any patient ID information on outside of box
- Label box with Unique ID number
- Clearly mark box **Restricted**



**RESTRICTED KIT STORAGE**  
Submission Form  
FSS-F-01-1021 Issue Date: 12/31/0020

Minnesota Bureau of Criminal Apprehension  
Forensic Science Service  
Website: [bca.dhs.gov](http://bca.dhs.gov)  
Email: [bca.lab.vsu@state.mn.us](mailto:bca.lab.vsu@state.mn.us)

Complete this form and place inside the mailing box. Kits can be hand delivered or mailed to the **BCA Forensic Laboratory – see page 2**  
Keep a copy of this form for your files. Required fields indicated with \*\*\*.

Name and Location of submitting Medical Facility	Medical Facility Identifier*
City, State of Incident* County of Incident *	Date Kit Collected *
Patient Name	Patient Date of Birth
Law Enforcement Agency (if applicable)	Law Enforcement ICR or Property #
Blood Kit # (as applicable)*	Urine Kit # (as applicable) *
B 416984	

If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.

If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.

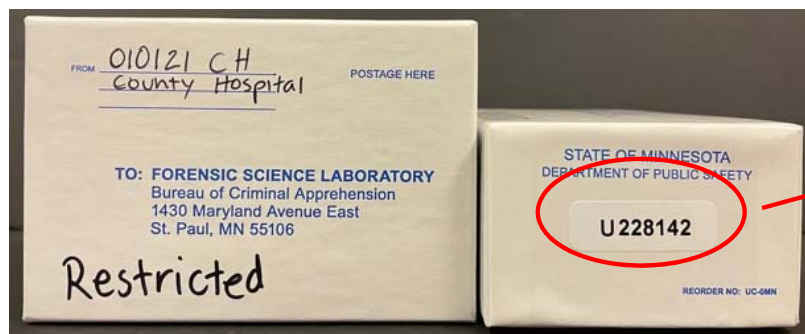
If the Restricted Kit(s) is being transported to the BCA by the law enforcement agency, the kit(s) must be clearly marked as Restricted to ensure proper barcoding and receipt.

Once the kit(s) is (are) received by the BCA Forensic Laboratory, a copy of this submission form will be returned to the medical facility personnel or law enforcement officer designated below. The completed form will have the unique barcode number(s) assigned to the SAECK and Toxicology Kits (if submitted). Please keep a copy of this form in the event the patient would like the kit tested in the future (conversion to Unrestricted status).

\*Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*Phone # \_\_\_\_\_  
\*Email Address \_\_\_\_\_

# Restricted Toxicology Specimens - Urine

- Fill in Blood kit number on ***Restricted Kit Storage Submission Form***
- Send to BCA without any patient ID information on the outside of the box
- Label box with Unique ID number
- Clearly mark **Restricted**



**RESTRICTED KIT STORAGE Submission Form**  
PSS-F-45-11021 Issue Date: 12/31/2020

Minnesota Bureau of Criminal Apprehension  
Forensic Science Service  
Website: [bca.bca.mn](http://bca.bca.mn)  
Email: [bca.lab.view@state.mn](mailto:bca.lab.view@state.mn)

Complete this form and place inside the mailing box. Kits can be hand delivered or mailed to the **BCA Forensic Laboratory – see page 2**  
Keep a copy of this form for your files. Required fields indicated with \*\*\*.

Name and Location of submitting Medical Facility *		Medical Facility Identifier*
		If Patient name is not provided, this unique number will be needed if the kit is to be converted to Unrestricted for testing purposes.
City, State of Incident*	County of Incident *	Date Kit Collected *
Patient Name		Patient Date of Birth
Law Enforcement Agency (if applicable)		Law Enforcement ICR or Property #
Blood Kit # (as applicable)*		Urine Kit # (as applicable) *
		<b>U 228142</b>
If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.		If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.

**If the Restricted Kit(s) is being transported to the BCA by the law enforcement agency, the kit(s) must be clearly marked as Restricted to ensure proper barcoding and receipt.**

Once the kit(s) is (are) received by the BCA Forensic Laboratory, a copy of this submission form will be returned to the medical facility personnel or law enforcement officer designated below. The completed form will have the unique barcode number(s) assigned to the SAECK and Toxicology Kits (if submitted). Please keep a copy of this form in the event the patient would like the kit tested in the future (conversion to Unrestricted status).

\*Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*Phone # \_\_\_\_\_  
\*Email Address \_\_\_\_\_

# Restricted SAK Patient Discharge Information

- Available on mnforensicnurses.org under the tab *Medical Forensic Exam Training Handouts* password - 2021
- Discharge information with unique ID number
- Advocacy referral
  - Rapehelpmn.org – by zip code
  - RAINN.org 24/7 online help
- Give patient paper bags to store clothing store in secure location at home

## Restricted Sexual Assault Kit Information

- The Minnesota Bureau of Criminal Apprehension (BCA) is the designated entity that is required by law to securely store all sexual assault evidence kits when they are restricted (not reported to law enforcement) for a minimum of 30 months.
- 30 months from the time the BCA receives your kit(s), if no report to law enforcement has been made, the BCA has the authority to destroy your kit(s).
- **Restricted kits submitted to the BCA will not contain any identifying information inside or outside the kit.**  
Instead, a unique identification number will be assigned to all evidence collected (see below).
- All medical information, including the Forensic Medical Exam note and any additional care provided during your exam will be securely stored in your medical chart at the hospital.
- **Evidence kits are not tested unless a report is made to law enforcement.** To make a report, contact the law enforcement agency serving the location of where the assault took place. However, Minnesota statute 609.3459 does state that a victim may initiate a report by contacting any law enforcement agency, regardless of where the crime may have occurred. You will be required to sign forms to convert your kit(s) to an unrestricted kit for testing and to allow release of your Forensic Medical Exam note to law enforcement.
- You are strongly encouraged to contact advocacy services to help with the reporting process.  
RapehelpMN.org or RAINN.org can help you find advocacy services near you or you can call RAINN 800.656.4673.
- If you make a report to law enforcement, your kit(s) will be tested by the BCA. Please contact the law enforcement agency investigating your case for any results received.

Your restricted kit unique identification number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Nurse

# Turning a **Restricted** SAK to **Unrestricted**

- Patient has medical forensic exam completed
- **Restricted** SAK sent to BCA per statute
- Patient makes report to law enforcement at a later date
- Patient signs a ***Release of Information*** for law enforcement
- Law enforcement requests all patient records pertaining to medical forensic exam
- Patient may or may not have their unique ID number
- Hospital needs to connect patient to the **Restricted** kit unique ID number on SAK