

Evidence Collection and Submission

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Kit Submission Timeline

- **Unrestricted** SAK the hospital will notify law enforcement to collect the SAK
- Law enforcement collects **Unrestricted** SAK within 10 days
- Law enforcement sends **Unrestricted** SAK to the BCA for testing within 60 days

- **Restricted** SAK the hospital sends the SAK to the BCA for storage within 60 days
- **Restricted** SAKs stored at the BCA for 30 months

Accessing Track-Kit – Survivors

- <https://mn.track-kit.us/>
- Provided with barcode for kit and temporary password at time of exam
- Change password – “User Profile”
- No personal or case information is stored
- Choose to receive encrypted notifications

WELCOME TO YOUR PORTAL

The survivor portal is the web-based access point for information on your kit

On the survivor portal, you can:

- See your kit's progress as it moves from the medical facility to the law enforcement agency to the lab.
- Find survivor resources.
- Find contact information for the hospital, law enforcement agency, and prosecutor's office affiliated with your kit.
- Subscribe to updates on changes to your kit's status.
- Use the quick exit feature to leave the site quickly and clear your browser history.

Log in

- Go to the web address given to you at the time of your exam.
- Enter your username (the kit barcode) and your temporary password.
- The first time you log in you will be prompted to change your password.
- After that, you can change your password at any time by going to **User Profile > Password Management**
- Set up security questions to help you reset your password if you forget it.
- Go to **User Profile > Security Questions** and follow the on-screen instructions.
- If you forget your password you can reset it by answering security questions (if you set them up) or by clicking on **Forgot Your Password?** on the login page.

Navigate the portal

Quick EXIT button

User Profile icon

Welcome My Kit Resources Contacts Clear Browser History FAQ Leave this site quickly - EXIT

User Account Settings

Password Management Security Questions Update Notifications

UPDATE PASSWORD

Please complete the following form. Mandatory fields are marked with a red asterisk (*)

Current Password *

New Password *

Confirm New Password *

Update

SECURITY QUESTIONS

Please select and answer each security question to enable the password reset functionality

Please complete the following form. Mandatory fields are marked with a red asterisk (*)

Security Question *

Answer *

Security Question *

Answer *

Security Question *

Answer *

Update

- Go to **"My Kit"** to see your kit's status.
- Go to **"Resources"** to find helpful Resources.
- Go to **"Contacts"** to view information about the hospital, law enforcement, and prosecutor's office associated with your kit.
- Go to **"FAQ"** to learn about Frequently Asked Questions.
- Go to the User Profile icon to manage your password and subscribe to updates.
- Log out using the **"EXIT"** button.

PORTAL DETAILS AND SETTINGS

Understanding the options available in the survivor portal

View your kit's details

- Whether or not you gave consent to have your kit tested.
- Discard date for your kit if you did not give consent for testing.
- Current status and location of your kit.
- The history of your kit's progress through the system.

MY KIT'S DETAILS

AUTHORIZATION

Did you authorize this kit for testing? Yes No
Indicates whether or not consent was provided for the forensic testing of your kit.

KIT STATUS TIMELINE

Your timeline's most recent updates are displayed at the top.
Timeline Legend

A blue calendar with a "plus" icon indicates that this is the latest and current step that has been recorded for your kit.

A green calendar with a "check" icon indicates that the kit has moved on from this event.

Set up notifications

- To receive updates on your kit, go to **User Profile > Update Notifications** and choose the updates you wish to be sent by email or text.
- You can also designate an ideal time of day for update.

User Account Settings
Password Management Security Questions Update Notifications

UPDATE NOTIFICATIONS

Please select your preferred method of communication and then select which notifications you wish to receive.

Email

Phone

Notification Ideal Time

Name	By Email	By Text
Status Change	<input type="checkbox"/>	<input type="checkbox"/>
Survivor Password Has Changed	<input type="checkbox"/>	<input type="checkbox"/>

Update

Page 1 of 1 (2 items)

Use the privacy and security features

- In the upper-left corner of the screen verify the time of your last login to ensure that your account is secure.
- Click on the **"EXIT"** button in the upper-right corner of the screen to leave the site quickly.
- Go to **"Clear Your Browser History"** for instructions on clearing survivor portal from your browser's history.

Welcome My Kit Resources Contacts Clear Browser History FAQ Leave this site quickly - EXIT

Find resources and help

- In this section you can search for victim advocacy services, telephone hotlines, or other helpful resources such as links to websites, resource guides, or videos.
- You can filter the resources by geographical area to find something close to home.

RESOURCES & HELP

FIND RESOURCES AND ASSISTANCE IN YOUR AREA

State

Minnesota

County

Anoka County

City

Edina

Search

Survivor Notification Opt-In

- Text or email notifications
 - Email notifications will come from noreply@mail.track-kit.us
 - *Your Track-Kit password has been changed. If you did not request a password change, please contact 1-888-470-4252 or support@stacsdna.com*
 - *This notification has been sent to inform you that the location of your kit (MN##### or LMN#####) has changed. Please log-in into the Track-Kit website for more details*
- Quick exit button is in the top right hand corner of the page
- Need to clear the history

Evidence Collection

Evidence Collection – Swabs

- Swab collection is based on patient's account **No** oral assault = **no** oral swabs
- Reason swabs were collected need to be documented in chart and BCA form
- All skin swabs are collected with a light touch, in a circular motion
- Purpose is to obtain DNA from suspect, not the victim
- All swabs are collected together, at the same time
- Use sterile water or saline to moisten swabs – 1 or 2 drops per swab
- Use a **moist** swab to collect **dry** secretions
- Use a **dry** swab to collect **moist** secretions

Contamination of Evidence

- Make every attempt not to talk, cough, or sneeze while collecting samples (or wear a mask)
- Avoid cross-contamination
 - Wear gloves when handling evidence
 - Change gloves between each sample
 - Ensure work area is clean
 - If swab drops after collection, document – Do Not Use!

Evidence Collection - Skin

- Examples of when to collect skin swabs
 - Strangulation – swab neck and fingernails from patient’s hands
 - Perpetrator oral contact on patient’s body – kissing, licking, biting, sucking
 - Perpetrator ejaculated on patient’s skin
 - Pre-ejaculate on patient’s skin
 - Perpetrator held patient’s wrists tightly for a few minutes – Touch DNA
- Collect 2 moistened swabs from each site
 - Neck - both sides on the same 2 swabs
 - Breasts - collect swabs from each breast and package separately
- Collect even if showered 1-2 times

STEP 12	MISCELLANEOUS SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____	TIME: _____ am pm
COLLECTED BY: _____	
BODY LOCATION: <u>Neck</u>	
SUSPECTED FLUID TYPE: <u>Saliva</u>	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	
	REVMK STEP12.1 2/15

Evidence Collection - Fingernails

- Collect if patient reports scratching perpetrator
- Collect **1 moistened swab** from all of the fingernails on right hand
- Collect **1 moistened swab** from all of the fingernails on left hand
- Package each hand swab separately

Cumulative moist swab on all 5 fingernails



STEP 10	MISCELLANEOUS SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____ TIME: _____	am pm
COLLECTED BY: _____	
BODY LOCATION: _____	Fingernails left hand
SUSPECTED FLUID TYPE: _____	Skin cells
WAS SAMPLE COLLECTED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, WHY NOT? _____	

REIMN STP10.1 2/06

Evidence Collection – Oral

- Collect 4 dry swabs up to 24-36 hours after oral assault
- Swab upper gum line and behind top teeth
- Swab lower gum line and behind bottom teeth
- Swab under tongue
- Swab around piercings

STEP 9 **ORAL SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

HE1MX STEP 9.3 2/15

Pubic Hair Combing

- Place edge of white paper under buttocks
- Lightly comb the pubic hair over the white piece of paper
- Fold the comb and any loose hairs into the paper
- Place in the envelope, label and seal it
- Showered = **NO** collection
 - Hairs are extremely transient
 - Hair is not a good source of DNA



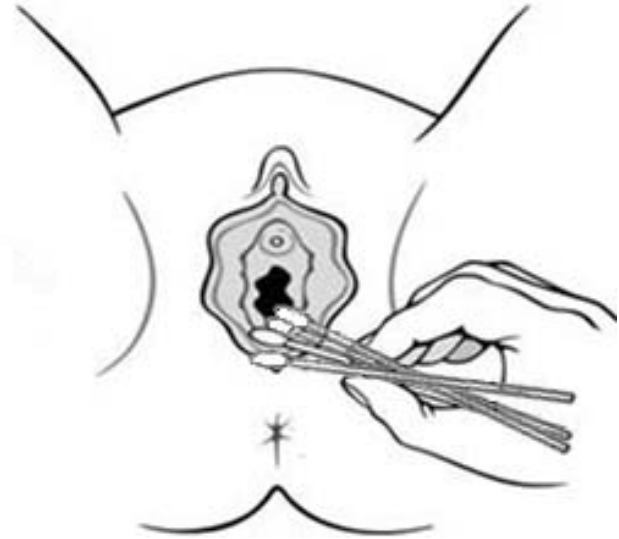
Evidence Collection – Female External Genital

■ Collect

- All vaginal penetration – digital or penile
- Oral contact by perpetrator
- Even if showered 1-2 times
- Even if menstruating
- Collect up to **120 hours**

■ Perineal = external genital

- **4 swabs** collected at the same time
- Swab all of the vulva and perineum
- Lightly moistened with saline or sterile water



STEP 8	PERINEAL SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____	TIME: _____ am pm
COLLECTED BY: _____	
WAS SAMPLE COLLECTED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, WHY NOT? _____	

RE11M: STEP 8 2/15

Evidence Collection - Female Internal Genital

- Don't use Lube (document on the BCA form if you do)
- Collect **4 dry swabs** from vaginal vault up to **120 - 240 hours**
- Collect **2 dry swabs** from cervical os up to **120 - 240 hours**
- Collect even if menstruating
- Blindly collect vaginal swabs if patient declines speculum exam
- Blindly collect vaginal swabs if there is no provider available
 - Insert swabs 4-5 cm into vagina and gently rotate
- Important for a provider to do a speculum exam when patient has vaginal bleeding to determine if it is menstrual blood or injury

STEP 6 **VAGINAL SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

BCA Form STEP 6.0 2/15

STEP 7 **CERVICAL SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

BCA Form STEP 7.0 2/15

Evidence Collection – Male Genital

- Pubic hair combing if patient has **not** showered
- Penis - Collect **2 lightly moistened** swabs, 48-72 hours after assault
- Scrotum - Collect **2 lightly moistened** swabs, 48-72 hours after assault

STEP 11 **PENILE SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

RE1MN STEP11.3.2/15

STEP 11 ~~PENILE SWABS~~ **Scrotum**

PATIENT'S NAME: _____


DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

RE1MN STEP11.3.2/15



Evidence Collection – Anal (External)

- Anal = exterior
- Label envelope **Anal**
- Collect **4 moistened swabs**
 - Collect all 4 at the same time
 - Collect up to **120 hours**
 - Even if showered 1-2 times

STEP 10 **RECTAL SWABS**
Anal

PATIENT'S NAME: _____

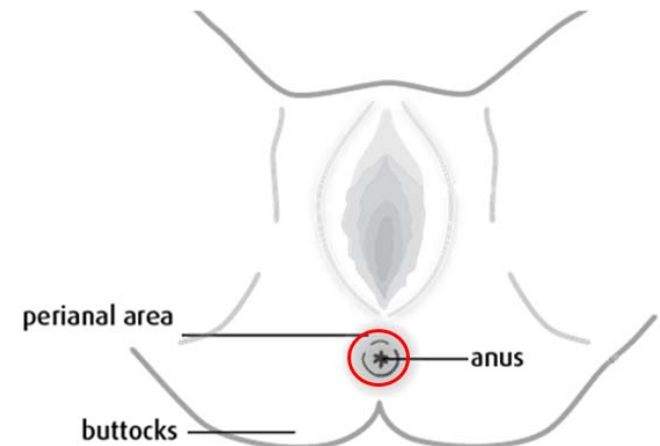
DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

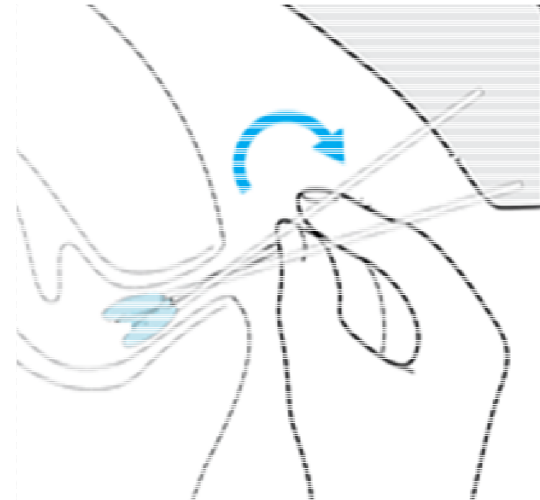
IF NO, WHY NOT? _____

RE: 10/11 STEP 10.2 (1/11)



Evidence Collection – Rectal (Internal)

- Rectal = inside
- Collect **4 moistened swabs**
- Collect up to **48 hours**
- Can collect 2 swabs at a time
- Insert 2-3 cm into anal canal
- Gently rotate

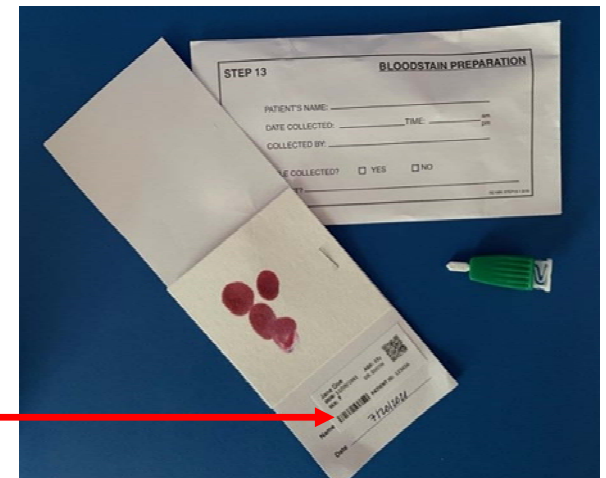


STEP 10	RECTAL SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____ TIME: _____ am pm	
COLLECTED BY: _____	
WAS SAMPLE COLLECTED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, WHY NOT? _____	
<small>RE319N STEP10.2 2/15</small>	

Patient's DNA Blood Sample

- Blood needs to be collected for the patient's DNA sample
- Blood should be placed on **inner** filter paper in the Bloodstain Preparation envelope
- Blood draw not needed - use lancet provided in the sexual assault kit to collect of 5-7 drops of blood
- If unable to collect blood - Collect 4 dry swabs from patient's inner cheek
 - Label **Buccal** swabs

Patient label, date/time



Moist Biological Trace Evidence

- **Unrestricted** SAK only
- Collect tampons or condoms
- Allow to air dry as long as possible
- Put in sterile container, label
- Place container in a brown paper bag
- Label paper bag
- Seal the paper bag with evidence tape
 - Initials and date across the seal
- Refrigerate until hand off to law enforcement
- Document trace evidence in the chart

Poke holes in top of specimen container with large bore needle, or sterile scissors



Label specimen container with patient label, exam time, & initials

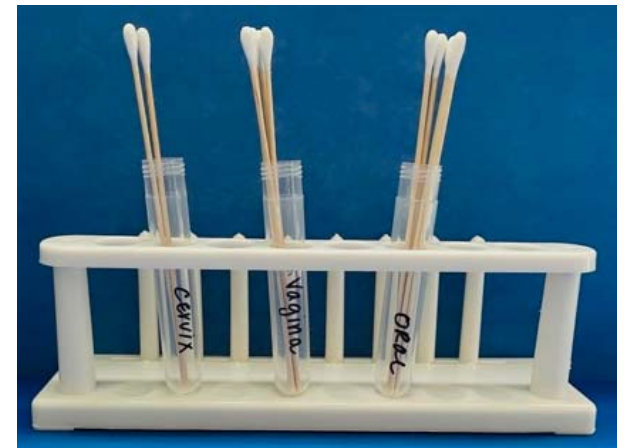


Clothing Evidence

- **Restricted** SAK – only collect underwear if it is dry and can fit in SAK
- **Unrestricted** SAK - judiciously collect clothing worn after the assault
- Do not force patient to provide clothing - Document “patient declined”
- Handle/manipulate clothing as little as possible
- Important to ensure clothing is dried prior to packaging
 - If not, notify law enforcement
- Clothing at home – give patient paper bags

Drying Samples

- Dry in a low traffic area
- Don't use a fan - they can blow dust, skin cells etc. around and attach to sample
- Drying swabs prevents
 - Contamination (leak through) from sample to sample
 - Loss of sample – wet samples stick to the envelope when they dry
- Allow to air dry – about an hour
- Drying options -
 - Swab dryer – not best practice
 - Swab drying rack – test tube rack/test tubes
 - Cups
 - SAK box method



Drying Swabs

1. Carefully open swab wrapper
2. Pull back the clear wrapper side
3. Label swab wrapper
4. Collect sample



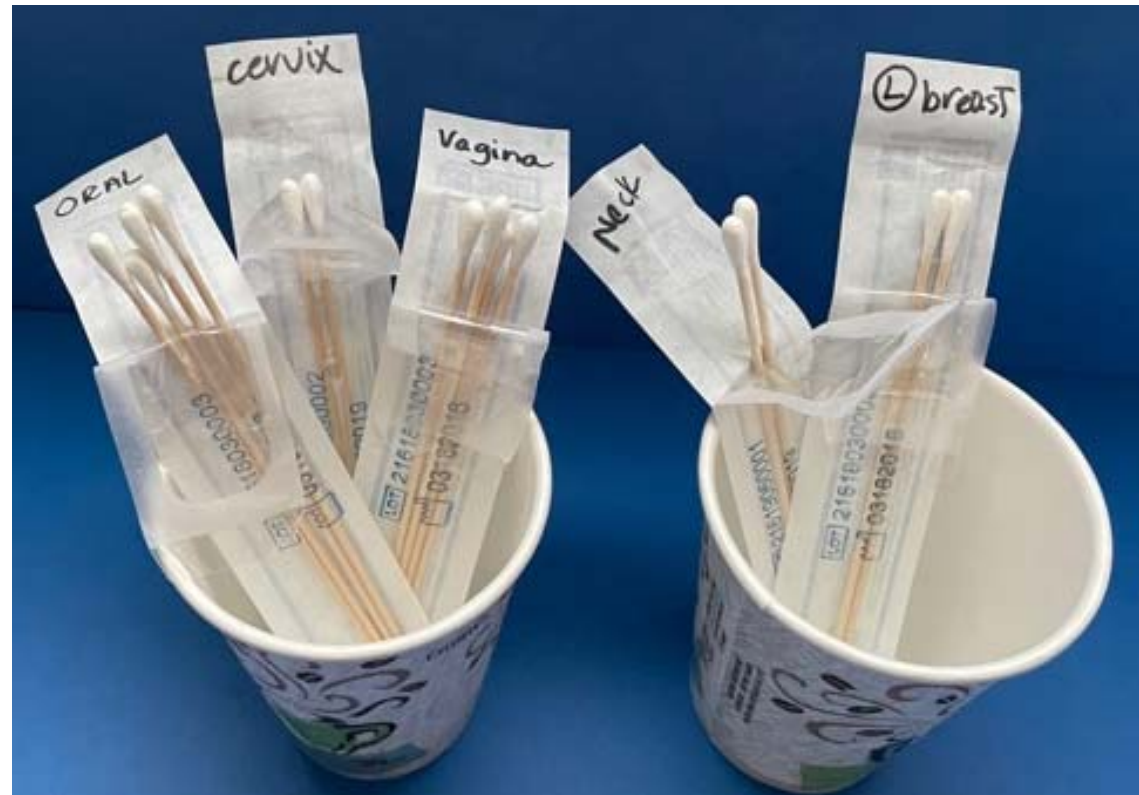
Drying Swabs

5. Slide wooden stick ends in first
6. Leave swab wrapper pulled back to air dry cotton tips
7. Put all the of the swabs for each sample back in one wrapper



Drying Swabs

- Carefully place swab wrappers in cups
- Ensure that the individual swab wrappers do not touch to prevent cross contamination





SAK Box
method

1.
Put SAK
box
bottom
into SAK
box top



2.

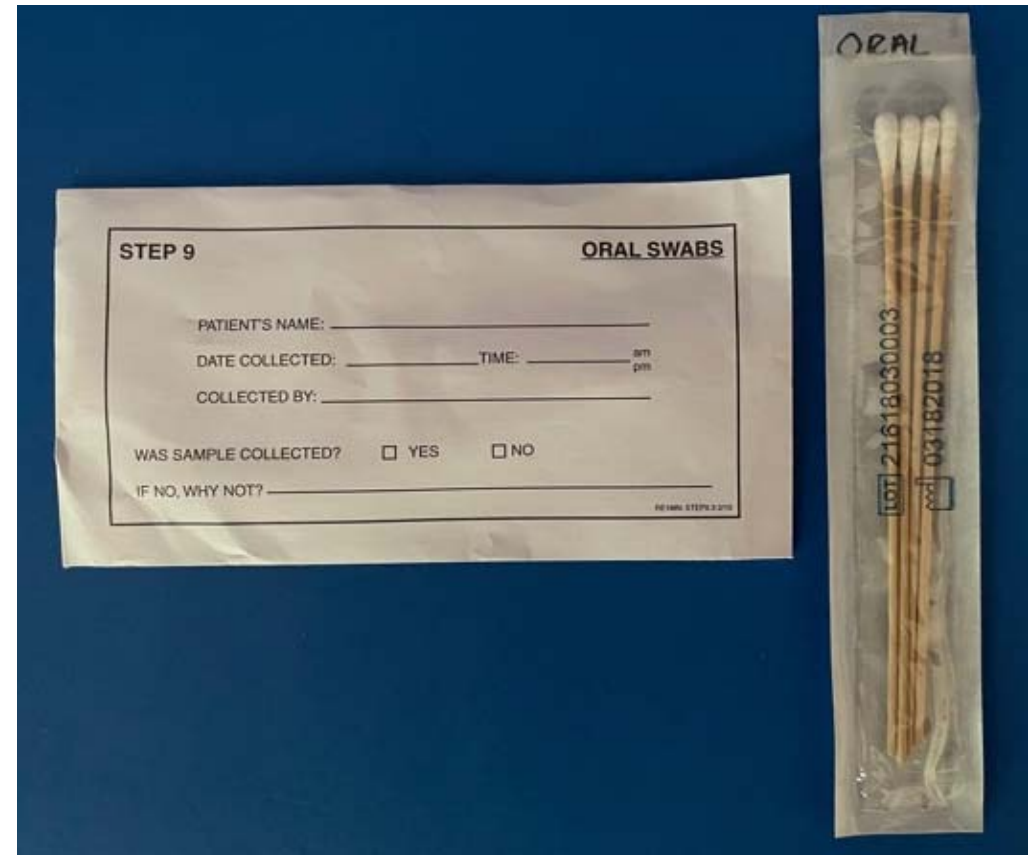
Place swabs back in swab wrappers

3.

Slide wrappers between the top and bottom box

Packaging Swabs

1. Swabs will be dry in ~ 1 hour
2. Pull the clear side of wrapper up and over cotton tips of swabs



Packaging Swabs

3. Slide cotton tips end of wrapper into the envelope

4. Close the envelope



Label Envelopes

The image shows two envelopes for swab collection. The top envelope is labeled 'STEP 10 RECTAL SWABS' and has a red circle around the 'X' in the 'WAS SAMPLE COLLECTED?' section. The bottom envelope is labeled 'STEP 11' and has 'Neck' handwritten above the 'PENILE SWABS' title, which is also circled in red. Both envelopes have fields for patient name, date, time, and collector, and a 'WAS SAMPLE COLLECTED?' section with 'YES' and 'NO' options.

STEP 10 **RECTAL SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 11 **Neck** **~~PENILE SWABS~~**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

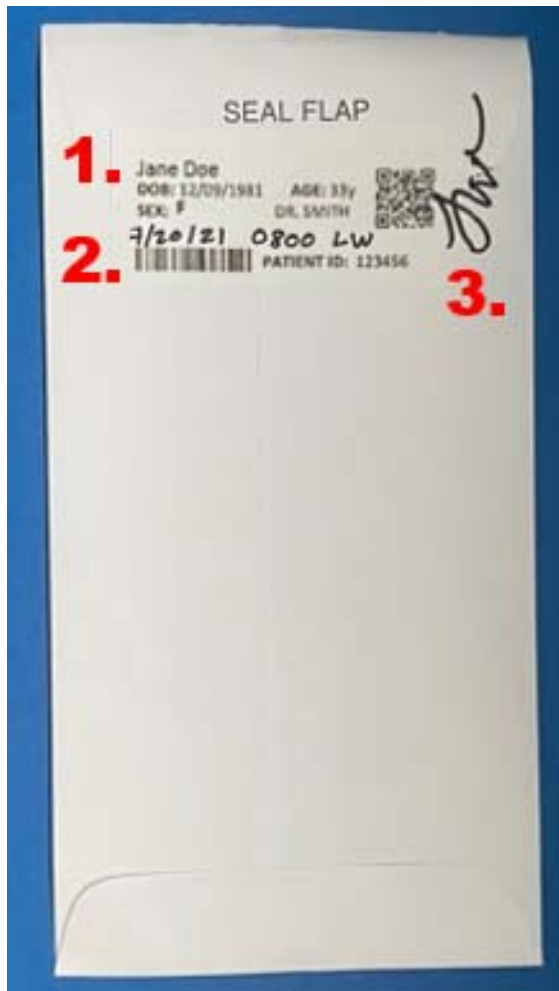
COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

- 1.** All envelopes need to be marked with the collection site
- 2.** On the front of the envelope mark YES for “Was the sample collected?”
- 3.** No other information is needed on the front of the envelope

Seal Envelopes



1. Patient label over the seal

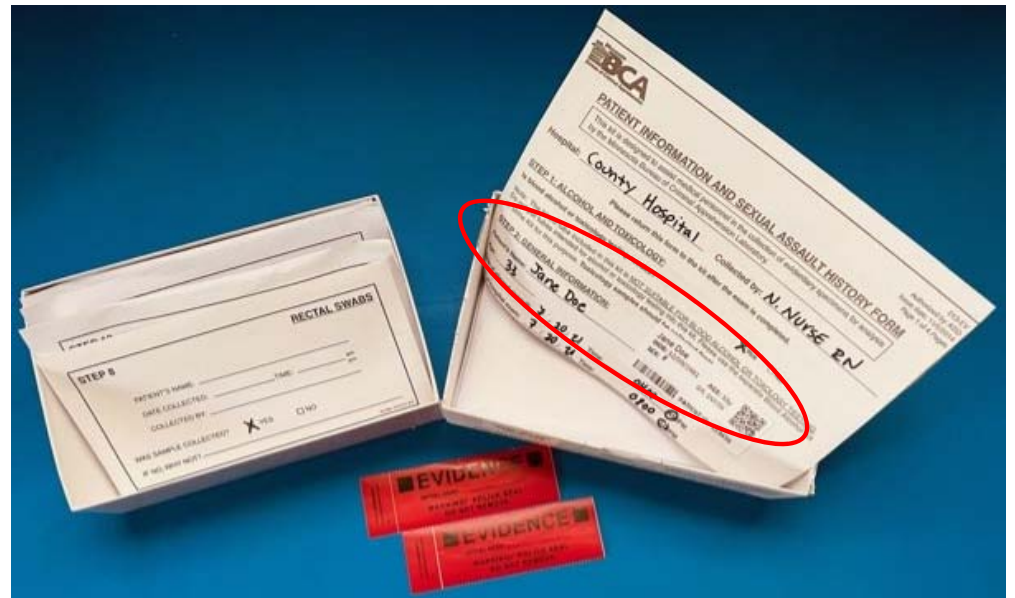
2. Initials, date and time on the label

3. Your initials over the seal

Only put envelopes with collected specimens back in the SAK

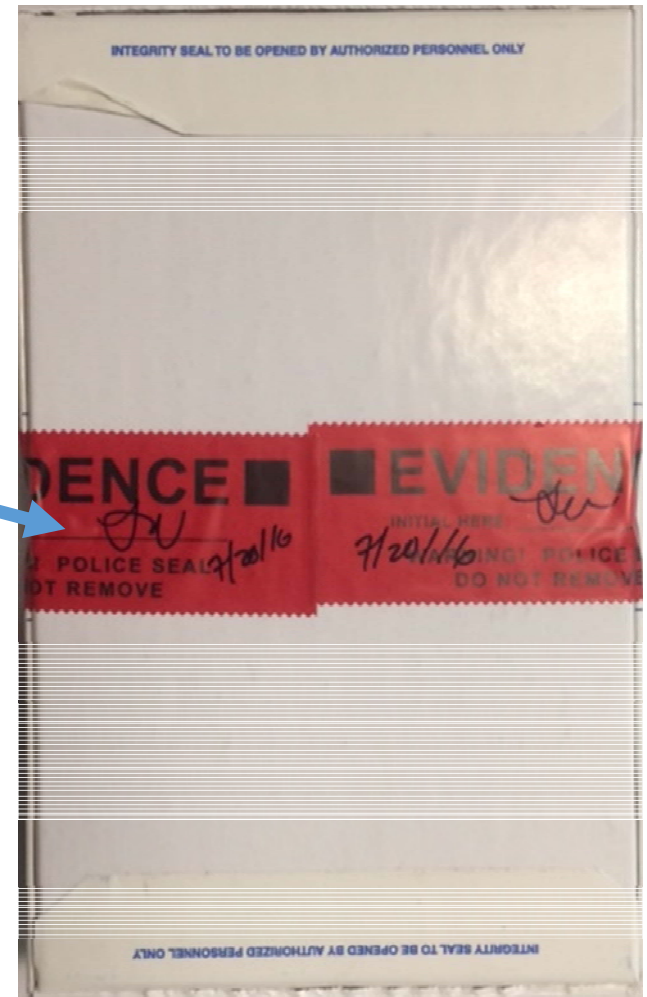
Envelopes and Report in SAK

- Put collected specimen envelopes in box
- Fill out BCA ***Patient Information and Sexual Assault History*** Form
- Put patient information or patient label on the form



Seal SAK

- Seal SAK with red tape included in the SAK
- Initial and date over seals
- **Restricted** or **Unrestricted** are the same up to this point

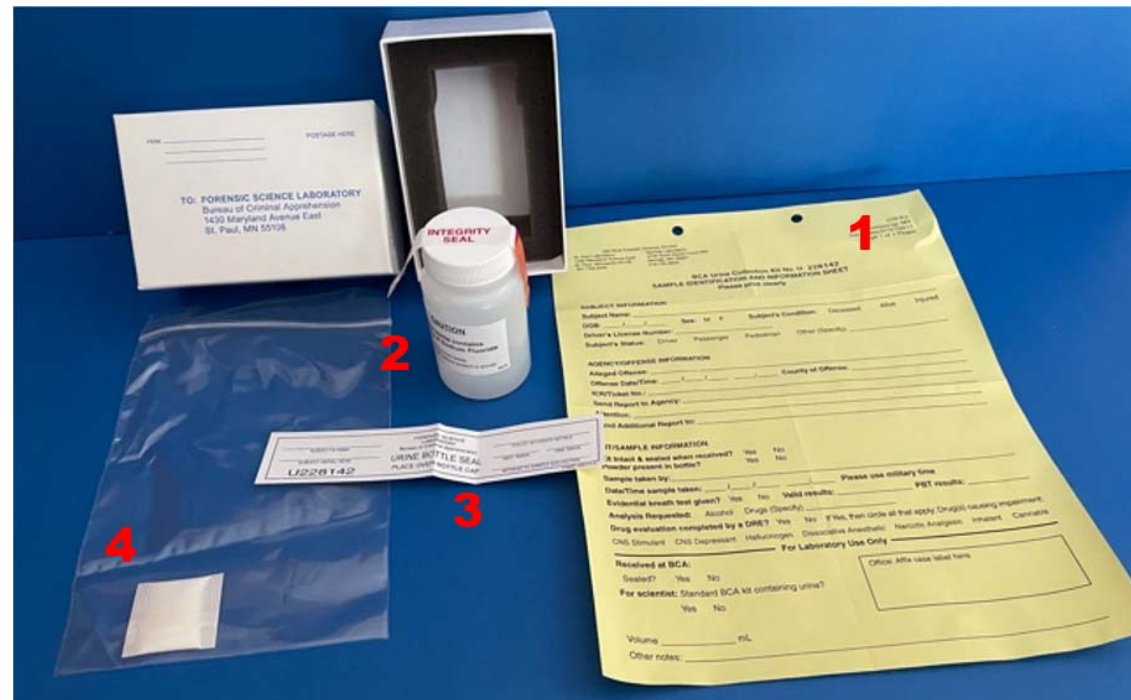


Toxicology Evidence

- Collect on all patients unless patient declines – document patient “Declined”
- Collect **Blood up to 48 hours** post assault
- Collect **Urine up to 120 hours** post assault
- Use specimen container in urine toxicology kit
- Use grey top tubes in blood toxicology kit
- Toxicology kits should be refrigerated following collection until hand-off to law enforcement or sending to BCA (do not need to be refrigerated in the mail)
- Specimens not tested without report to Law Enforcement

Toxicology Evidence – Urine Kit

1. Form – document:
 - Exact time collected
 - Drugs given to patient in the ED
 - Patient's pertinent meds and last dose
 - Drug and alcohol consumed
 - DFSA concern - document # of times patient has voided
2. Specimen Container
3. Label
4. Plastic bag
 - Collect ASAP
 - Instruct patient not to wipe if genital swabs have not been collected yet
 - 100 ml is preferred





1. Label specimen container

2. Place in bag and bottom of box

3. Lift flaps and seal

Toxicology Evidence – Blood Kit

1. Form - document

- Exact time collected
- Drugs given in the ED
- Patient's pertinent meds
- Drug and alcohol consumed

2. Inner box with gray top tubes

3. Betadine wipe

4. Vacutainer/needle

5. Tube labels

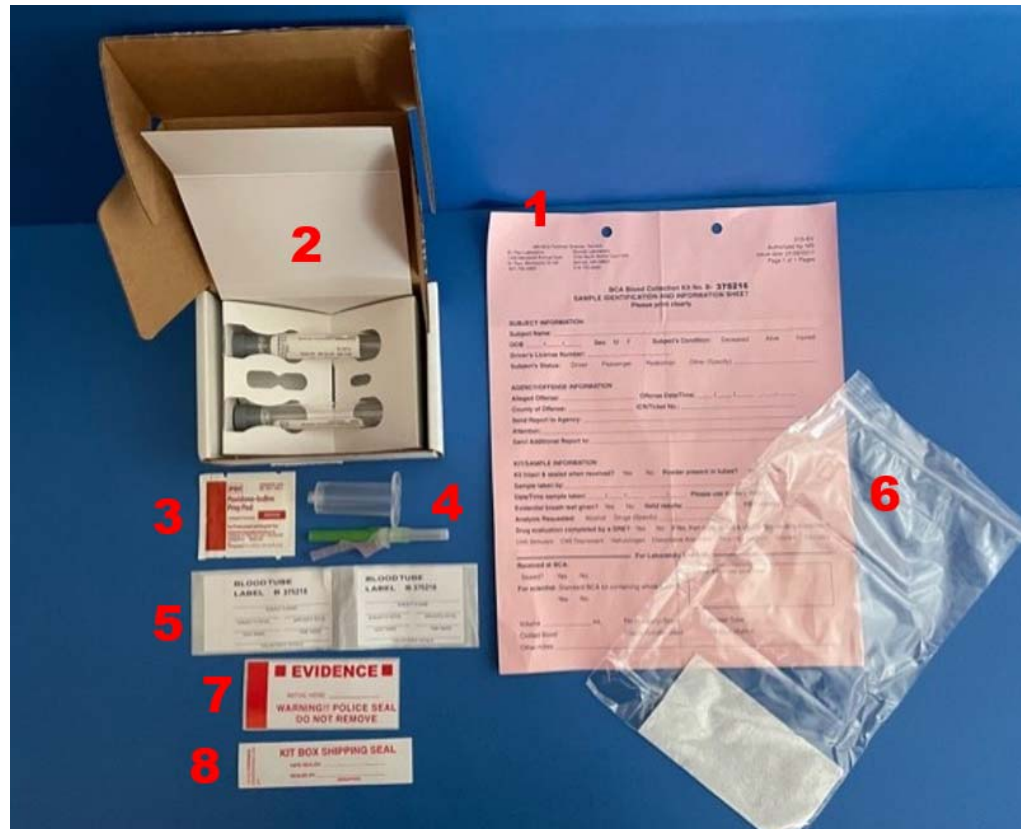
6. Plastic bag

7. Inner box seal

8. Outer box security seal

- Collect ASAP

- 10 ml per tube





1. Label tubes



2. Seal inner box



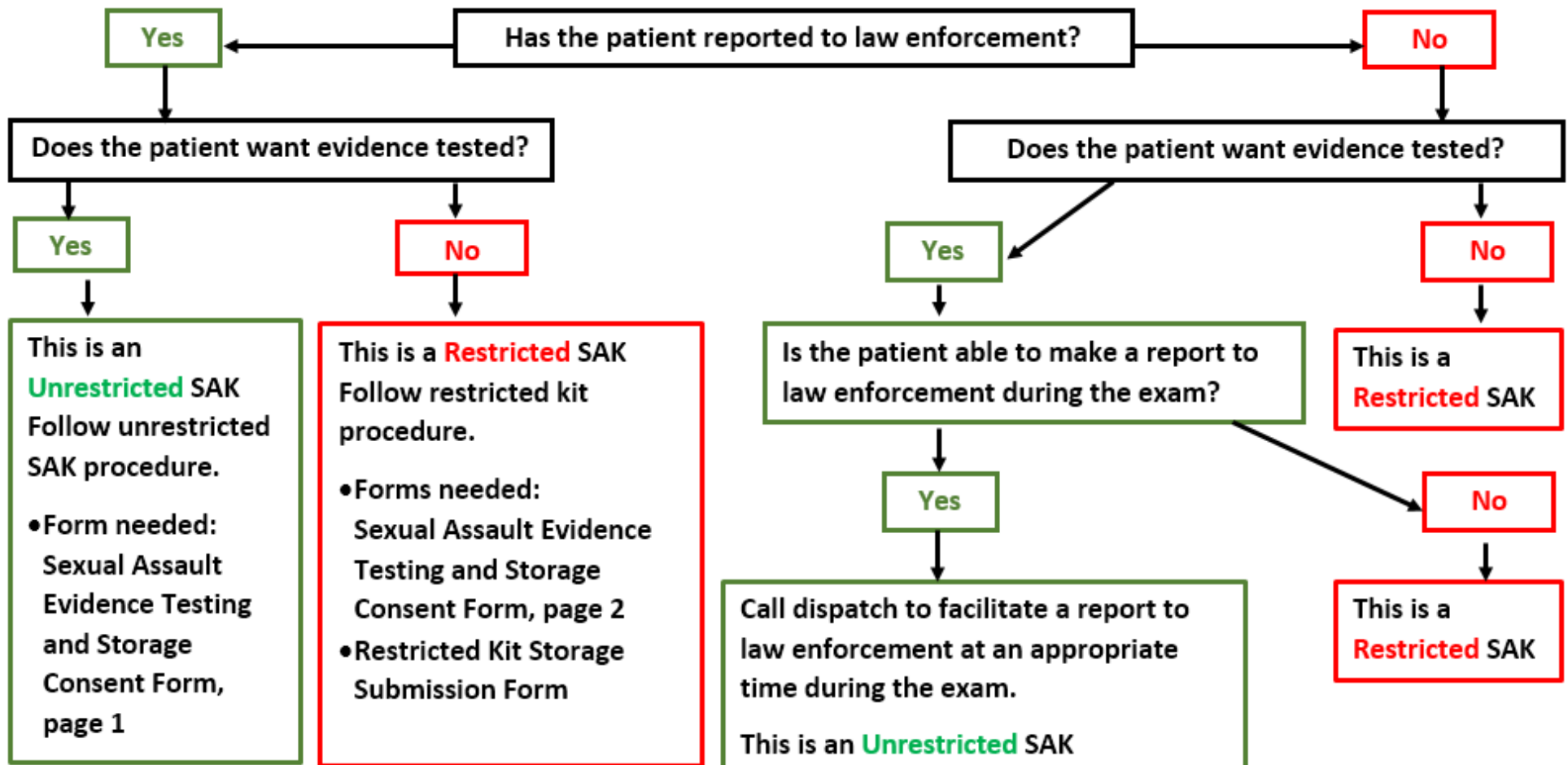
3. Place box in plastic bag

Is the Evidence **Unrestricted** or **Restricted**?

Unrestricted – patient reported to law enforcement

- Patient information and labels on all evidence **inside** of all kits
 - Patient information and labels on all the **outside** of all kits
 - Sexual Assault Kit **barcode number** on the **outside** of all kits
-
- **Restricted** – patient has not made a report to law enforcement
 - Patient information and labels on all evidence **inside** of all kits
 - **Only** the Sexual Assault Kit **barcode number** on the outside of all kits (no patient information on the outside of kits)

Sexual Assault Kit Storage and Testing Decision-Making Tree



Required BCA Testing/Storage Consent Form

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.¹

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/Guardian² Name: _____

Patient/Guardian² Signature & Date: _____

Indicate here if kit was previously designated and submitted as a Restricted Kit.
BCA Forensic Laboratory Barcode Number: _____

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Unrestricted – Page One

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/Guardian² Name: _____

Patient/Guardian² 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 information².

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.

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Restricted – Page Two

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

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.

¹Minn. 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.

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



Office of the Revisor of Statutes

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.

Minors can consent and sign for medical forensic exam

Required **Restricted** SAK Submission Form

RESTRICTED KIT STORAGE Submission Form <small>PSS-F-01-1021 Issue Date: 12/31/2020</small>		Minnesota Bureau of Criminal Apprehension Forensic Science Service Website: bca.dhs.mn Email: bca.lab.vsu13@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*	
<input type="text"/>		<input type="text"/>	
<small>If Patient name is not provided, this unique number will be needed if the kit is to be converted to Unrestricted for testing purposes.</small>			
City, State of Incident*	County of Incident *	Date Kit Collected *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Patient Name		Patient Date of Birth	
<input type="text"/>		<input type="text"/>	
Law Enforcement Agency (if applicable)		Law Enforcement ICR or Property #	
<input type="text"/>		<input type="text"/>	
Blood Kit # (as applicable)*		Urine Kit # (as applicable) *	
<input type="text"/>		<input type="text"/>	
<small>If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.</small>		<small>If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.</small>	
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 <input type="text"/>			
*Address <input type="text"/>			
*Phone # <input type="text"/>			
*Email Address <input type="text"/>			

Unrestricted Sexual Assault Kits

(Restricted SAK – skip to page 55)

Testing Consent Form **Unrestricted** SAK

- Patient marks “**Unrestricted** Kit Testing” on page one
- Patient signs and dates ***Sexual Assault Evidence Testing and Storage Consent Form****
- Write SAK **Barcode number** on the form
- Original sent to BCA
- 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.¹

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? Name: _____

Patient/Guardian? Signature & Date: _____

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

BCA Forensic Laboratory Barcode Number: **MN00123**

BCA FSS-F 01-1020
Version: 03/08/2021
Page 1 of 3

Label **Unrestricted** SAK

1. Patient Name and label
2. Provider/Collector Name
3. Name of person sealing SAK
4. Date/time **if** placed in secured storage
5. Jurisdiction and case number
6. Write **Unrestricted** on SAK
7. Write SAK **Barcode number** on SAK

SEXUAL ASSAULT EVIDENCE

FOR HOSPITAL PERSONNEL

Jane Doe
DOB: 1/1/1981 AGE: 35y
SEX: F HT: 5'07" PATIENT ID: L23456

1 VICTIM'S NAME **JANE DOE**

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

3 KIT SEALED BY **N. Nuvse RN**

PLACE KIT IN SECURED STORAGE AREA

4 PLACED BY _____

DATE _____ TIME _____ am/pm

5 **SPPD 21-123.456** FOR POLICE PERSONNEL POSSESSION

RECEIVED FROM _____

DATE _____ TIME _____ am/pm

RECEIVED BY _____

DATE _____ TIME _____ am/pm

RECEIVED FROM _____

DATE _____ TIME _____ am/pm

RECEIVED BY _____

DATE _____ TIME _____ am/pm

DELIVER TO THE CRIME LABORATORY IMMEDIATELY

REFRIGERATE AFTER USE

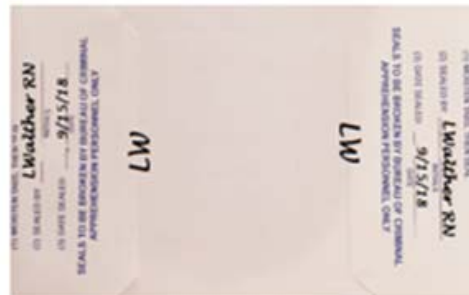
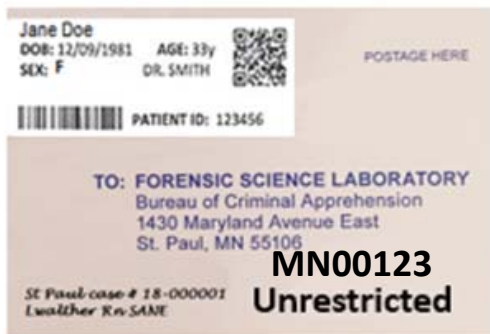
6 **Unrestricted**

7 **MN00123**

Toxicology Evidence **Unrestricted**

- Fill out enclosed paperwork with patient information
- Label boxes with patient information, date, case number and jurisdiction
- Write the Sexual Assault Kit **Barcode number** on the kit(s)
- Clearly label box **Unrestricted**
- Give to law enforcement with the SAK

Urine Kit

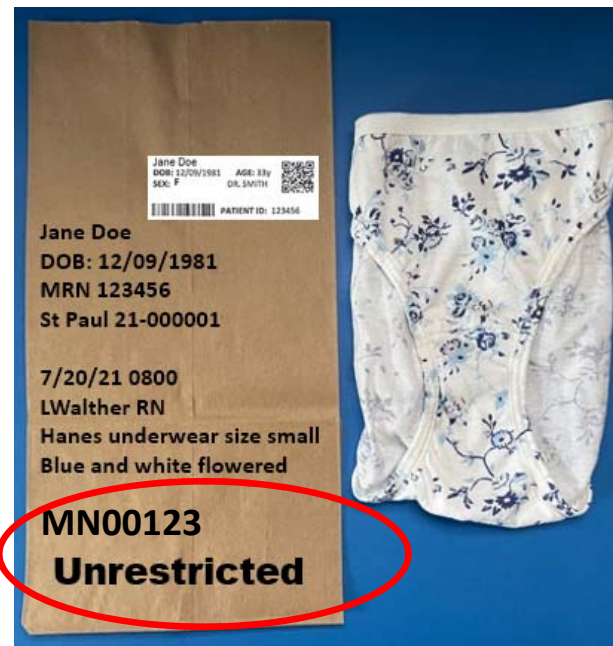


Blood Kit



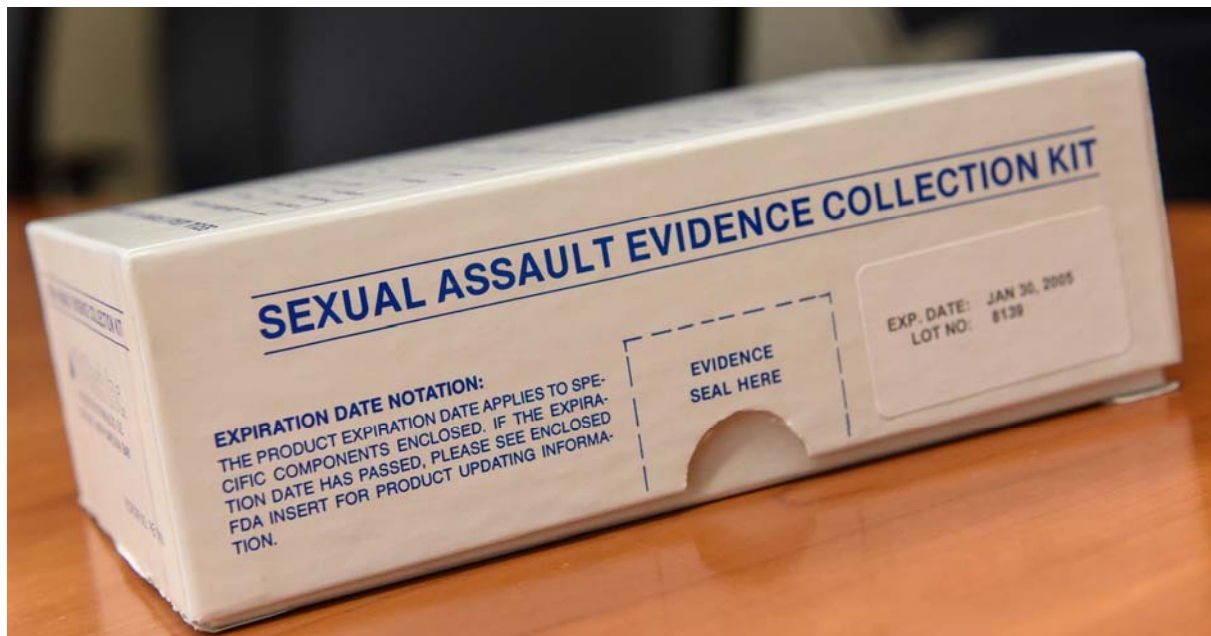
Additional Evidence **Unrestricted**

- 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
 - Write SAK Barcode number on bag(s)
 - Clearly mark **Unrestricted**
- Seal bag with evidence tape
 - Initial and date over the seal



Accessing Track-Kit – Hospital

Unrestricted SAK evidence collection completed – what's next?



Enter SAK Barcode in Track-Kit System

Go to <https://mn.track-kit.us>

SIGN IN

Please enter your login credentials below

Barcode (Username)

Password

[Contact Support](#)
[Forgot your password?](#)
[How do I get an account?](#)

[Sign In](#)


1. If you are having trouble logging in – lock up evidence in a secure location
2. Email zachary.bergan@state.mn.us and/or staci.bennett@state.mn.us at the BCA for password assistance
3. They respond quickly Monday thru Friday – keep evidence secure until you are able to access the Track-Kit system
- 4.


Select Your Hospital From the Drop Down Menu

Organization Selector

Your user account is a multi-organization account. Before proceeding, you must select the organization under which the various actions you intend to perform will be recorded.

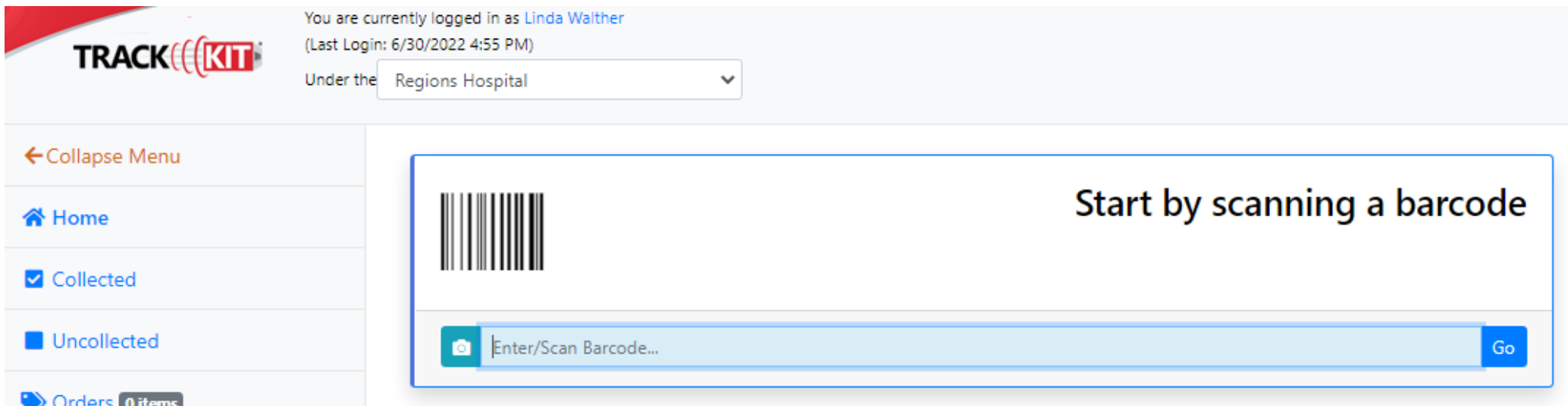
Please note: You will be able to change the organization you are acting under through the Dropdown Menu that will be located on the top left corner of the website.

Organization * 

Select... 

[Proceed](#)

Scan or Manually Enter Barcode Number



The screenshot shows the TRACK KIT web application interface. At the top left is the TRACK KIT logo. To the right, it displays the user's login information: "You are currently logged in as Linda Walther (Last Login: 6/30/2022 4:55 PM)" and "Under the Regions Hospital" with a dropdown arrow. On the left side, there is a navigation menu with options: "Collapse Menu", "Home", "Collected" (checked), "Uncollected", and "Orders Items". The main content area features a large blue-bordered box with a barcode icon on the left and the text "Start by scanning a barcode" on the right. Below this is a light blue input field with a camera icon on the left, the placeholder text "Enter/Scan Barcode...", and a blue "Go" button on the right.

1. Enter barcode and other required information

SAK Details

- **Unrestricted**
- Law Enforcement Agency
- Case number
- Blood and urine toxicology kit numbers
- Other evidence collected – clothing, tampon or condom

Kit Details

Please complete the following form. Mandatory fields are marked with a red asterisk(*)

General Details

Barcode ? MN00131

Kit Type ? Sexual Assault Kit

Status ? In Medical Facility

Tracking Completion Date ?

Medical Facility Details

MF Kit Status ? In Inventory

Collector * ? Donna Anderson

Collection Date * ? 3/9/2022

Is this an Unrestricted Kit? * ? Yes No

Law Enforcement Agency ? Select...

LEA Reporting County ? Select...

Blood Sample? * ? Yes No

Urine Sample? * ? Yes No

Other Items ? Yes No

Are you mailing kit to lab? N/A Yes No

Enter a tracking number if applicable

Print Reset Survivor Password Save Cancel

SAK Handoff **Unrestricted**

- Call law enforcement to pick up evidence
- Complete this section with law enforcement
- Give all **unrestricted** evidence to law enforcement

SEXUAL ASSAULT EVIDENCE Form 2000
MAY 2010
MNS 2 MINN. STAT.
64A.02, 64A.03

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
SPPD 123 456
PLACED BY _____
DATE _____ AM PM

FOR POLICE PERSONNEL
CHAIN OF POSSESSION
RECEIVED FROM N. NURSE RN
DATE 7-20-21 TIME 12:00 AM PM
RECEIVED BY O. OFFICER
DATE 7-20-21 TIME 12:00 AM PM

RECEIVED FROM _____
DATE _____ TIME _____ AM PM
RECEIVED BY _____
DATE _____ TIME _____ AM PM

DELIVER TO THE CRIME LABORATORY IMMEDIATELY
REFRIGERATE AFTER USE

Unrestricted
MN00123

SAK Handoff **Unrestricted**

- Put SAK and signed page one of the ***Sexual Assault Evidence Testing and Storage Consent Form*** in BCA mailing sleeve
- Law enforcement transports **Unrestricted** SAK and other evidence to BCA
- Document in patient's chart that the SAK was given to law enforcement

MN00123
Sexual Assault Evidence Testing and Storage Consent Form

FOR HOSPITAL/PER
VICTIM'S NAME **Jane Doe**
PHYSICIAN'S NAME **Dr. Smith**
KIT SEALED BY **N. NURSE RN**

BCA Sexual Assault
MN00123
Minn. Stat. 5299C.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 OIL SMITH

PATIENT ID: 11

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

Restricted Sexual Assault Kits

Storage Consent Form **Restricted** SAK

- Patient marks **Restricted** Kit Storage
- Patient may sign and date **Sexual Assault Evidence Testing and Storage Consent Form**
- If patient does not wish to have any identifying on SAK or form, the nurse or provider signs the form
- Sexual Assault Kit **Barcode number**
- Original sent to the BCA
- 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/Guardian² Name: _____
Patient/Guardian² 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*: **MN00123**

*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 PSS-F-01-2020
Version: 03/08/2021
Page 2 of 3

Restricted Kit Submission Form

- Fill in the form
- Original is submitted with SAK to BCA
- Print one to scan into patient's chart
- Sexual Assault Kit **Barcode 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-42-1021 Issue Date: 12/31/2020

Minnesota Bureau of Criminal Apprehension
Forensic Science Service
Website: bca.dps.mn.gov
Email: bca.lab.vsu1@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*
		MN00123 <small>If Patient name is not provided, this unique number will be needed if the kit is to be converted to Unrestricted for testing purposes.</small>
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) *
<small>If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.</small>		<small>If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.</small>

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 _____

Label **Restricted** SAK

1. Write SAK **Barcode number** on SAK
2. Provider/Collector Name
3. Name of person sealing SAK
4. Date/time if placed in secured storage
5. Clearly mark SAK **Restricted**

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

FOR HOSPITAL PERSONNEL

1 VICTIM'S NAME **MN00123**

2 PHYSICIAN'S NAME *Dr. Smith*

3 KIT SEALED BY *N. Nurse RN*

4 PLACE KIT IN SECURED STORAGE AREA

PLACED BY _____

DATE _____ TIME _____ am/pm

FOR POLICE PERSONNEL

CHAIN OF POSSESSION

RECEIVED FROM _____

DATE _____ TIME _____ am/pm

RECEIVED BY _____

DATE _____ TIME _____ am/pm

RECEIVED FROM _____

DATE _____ TIME _____ am/pm

RECEIVED BY _____

DATE _____ TIME _____ am/pm

5 **RESTRICTED**

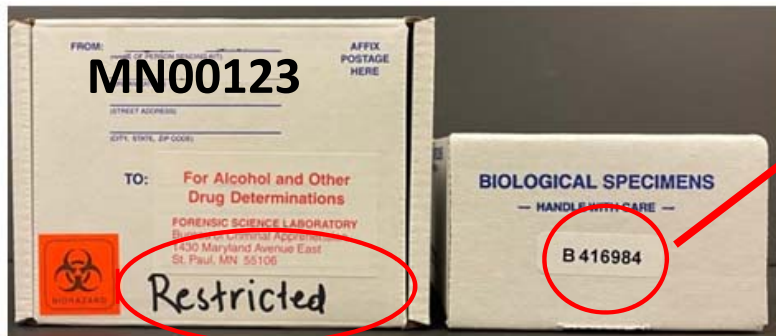
REFRIGERATE AFTER USE

Restricted

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
FORENSIC SCIENCE LABORATORY

Blood Toxicology Evidence **Restricted**

- SAK Barcode 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 SAK Barcode 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.dps.mn.gov
Email: bca.lab.vsu1@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* MN00123 <small>If Patient name is not provided, this unique number will be needed if the kit is to be converted to Unrestricted for testing purposes.</small>
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)* B 416984 <small>If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.</small>		Urine Kit # (as applicable) * <small>If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.</small>

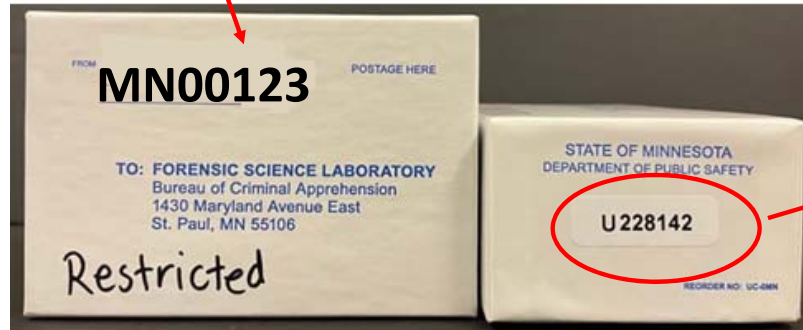
If the Restricted Kit(s) is being transported to the BCA by the law enforcement agency, the kit(s) must be clearly marked as Restricted to ensure proper barcoding and receipt.

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 _____

Urine Toxicology Evidence **Restricted**

- 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
 P55-F-81-1021 Issue Date: 12/31/2020

Minnesota Bureau of Criminal Apprehension
 Forensic Science Service
 Website: bca.dps.mn.gov
 Email: bca@bca.dps.mn.gov

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* MN00123 <small>If Patient Name is not provided, this unique number will be needed if the kit is to be converted to Unrestricted for testing purposes.</small>
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) * U 228142
<small>If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.</small>	<small>If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.</small>

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 _____

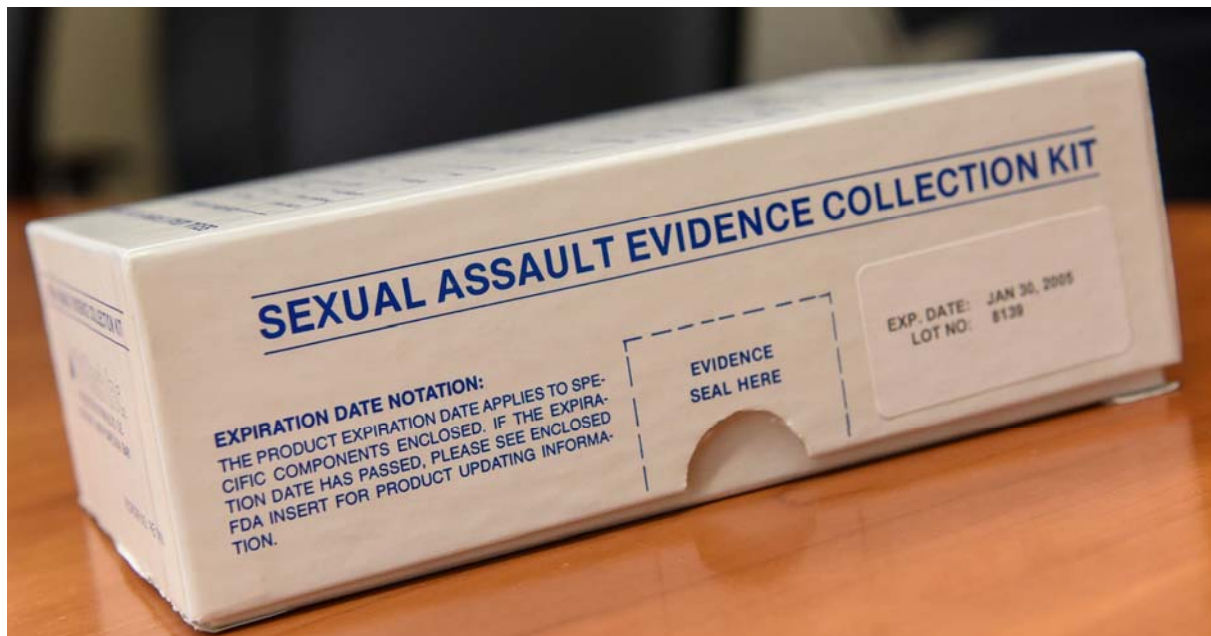
Additional Evidence **Restricted**

- 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



Accessing Track-Kit – Hospital

Restricted SAK evidence collection completed – what's next?



Enter SAK Barcode in Track-Kit System

Go to <https://mn.track-kit.us>

SIGN IN

Please enter your login credentials below

Barcode (Username)

Password

[Contact Support](#)

[Forgot your password?](#)

[How do I get an account?](#)

Sign In


1. If you are having trouble logging in – lock up evidence in a secure location
2. Email zachary.bergan@state.mn.us and/or staci.bennett@state.mn.us at the BCA for password assistance
3. They respond quickly Monday thru Friday – keep evidence secure until you are able to access the Track-Kit system
4. ♦ support@stacsdna.com ♦ 1-888-470-4252 ♦ 24 hours a day, 7 days a week


Select Your Hospital From the Drop Down Menu

Organization Selector

Your user account is a multi-organization account. Before proceeding, you must select the organization under which the various actions you intend to perform will be recorded.

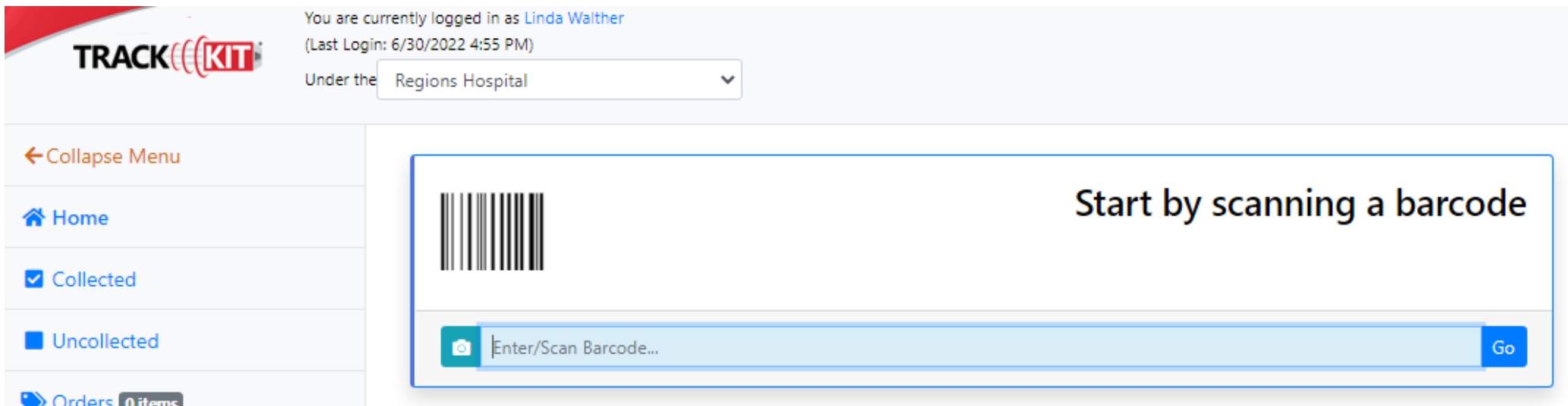
Please note: You will be able to change the organization you are acting under through the Dropdown Menu that will be located on the top left corner of the website.

Organization * 

Select... 

[Proceed](#)

Scan or Manually Enter Barcode Number



The screenshot shows the TRACK (KIT) web application interface. At the top left is the TRACK (KIT) logo. To the right, it displays the user's login information: "You are currently logged in as Linda Walther (Last Login: 6/30/2022 4:55 PM)" and "Under the Regions Hospital" with a dropdown arrow. On the left side, there is a navigation menu with the following items: "Collapse Menu", "Home", "Collected" (checked), "Uncollected", and "Orders Items". The main content area features a large blue-bordered box with a barcode icon on the left and the text "Start by scanning a barcode" on the right. Below this is a light blue input field with a camera icon on the left, the placeholder text "Enter/Scan Barcode...", and a blue "Go" button on the right.

Enter barcode and other required information

SAK Details

- **Restricted**
- Blood and urine toxicology kit numbers
- No other evidence collected for **restricted** cases
- If law enforcement in your area picks up Restricted SAKs – enter info, if you send the SAKs to the BCA – leave blank

Kit Details

Please complete the following form. Mandatory fields are marked with a red asterisk(*)

General Details

Barcode ⓘ MN00131

Kit Type ⓘ Sexual Assault Kit

Status ⓘ In Medical Facility

Tracking Completion Date ⓘ

Medical Facility Details

MF Kit Status ⓘ In Inventory

Collector * ⓘ Donna Anderson

Collection Date * ⓘ 3/9/2022

Is this an Unrestricted Kit? * ⓘ Yes No

Law Enforcement Agency ⓘ Select...

LEA Reporting County ⓘ Select...

Blood Sample? * ⓘ Yes No

Urine Sample? * ⓘ Yes No

Other Items ⓘ Yes No

Are you mailing kit to lab? ⓘ N/A Yes No

Enter a tracking number if applicable ⓘ

Print Reset Survivor Password Save Cancel

Send **Restricted** SAK to BCA

- Place sexual assault kit in the pre-addressed BCA mailing sleeve
- Place ***Sexual Assault Evidence Testing and Storage Consent Form*** and ***Restricted Kit Storage Submission Form*** in outer BCA mailing sleeve
- Hospital sends SAK and Toxicology kits to directly to BCA – regular mail
- Document in patient’s chart the SAK was sent to the BCA

SEXUAL ASSAULT EVIDENCE COLLECTION KIT
MN00123
VICTIM'S NAME
PROSECUTOR'S NAME
KIT SEALED BY

RESTRICTED KIT STORAGE
Submission Form
MN00123
Restricted Kit St

I am choosing this kit(s).

Complete this form and
Keep a copy
Name and Location
County
City, State of Incident
Date

FROM: _____

TO: DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
1490 MARYLAND AVENUE E.
ST. PAUL, MINNESOTA 55106

ATTENTION: LABORATORY

Discharge Information **Restricted** SAK

- Discharge information including **SAK Barcode number**
- Advocacy referral
 - Rapehelpmn.com – by zip code
 - RAINN.org 24/7 online help
- Give patient paper bags to store clothing store in secure location at home
- Email Linda at lwalthers@mncasa.org if you would like the discharge information for your hospital

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.com 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 sexual assault kit barcode number: **MN00123**

Signature of Patient/Parent/Guardian

Date

Signature of Nurse

Chain of Custody

- TRACK-KIT does NOT replace Chain of Custody forms
- Document the SAK Barcode number in EHR

Chain of Evidence Form

Evidence Information	
Patient Label	Collection Date: _____ Time: _____ <input type="checkbox"/> Blood, <input type="checkbox"/> Urine, <input type="checkbox"/> SA kit, <input type="checkbox"/> Other: _____ (# of bags) Collector Printed Name: _____ Collector Signature: _____ Restricted: <input type="checkbox"/> Unrestricted: <input type="checkbox"/> Case number: _____ Sexual Assault Barcode Number: _____
Chain of Evidence	
Placed in locked area by: _____	
BCA Lab Specimens and Copy of Hospital Records	Clothing
Released to: _____	Released to: _____
Agency: _____	Agency: _____
Released by: _____	Released by: _____
Placed in locked refrigerator by: _____	
Temporary Disposition of Evidence	
Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____
Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____
Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____
Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____

TRACK-KIT for Medical Facilities



Start by scanning a barcode

MN00269

Notes for Using Track-Kit at your Medical Facility

- Most tasks can be done by scanning a barcode. Track-Kit will show you where the kit is in the workflow.
- Your primary responsibilities in Track-Kit are to receive and collect kits.
- Other tasks you may need to perform include resetting a survivor password, collecting kits on behalf of other facilities, generating reports and performing administrative duties.

Receiving and Collecting Kits

Receiving a Shipment

Go to the **Orders** worklist and click on the **Receive** button.

Orders **11 items**

Follow the system prompts to add kits to your medical facility's inventory.

Order Number	Shipping Date	Courier	Tracking Number	Shipment Status	Start Barcode	End Barcode	Barcode Count
3	2/9/2022	Creskown Courier	987456	Shipped	MN00151	MN00200	50

Collecting a Kit

Uncollected

- Scan the kit barcode to open **Kit Details**.
- Enter mandatory fields (marked with a red asterisk *).
- You cannot save your work without entering these fields.

Is this an Unrestricted Kit?

Answer **Yes** if the survivor consents to forensic testing. Track-Kit sends a notification to the designated law enforcement agency to pick up the kit and deliver it to a lab for testing..

Answer **No** if the survivor does not consent to forensic testing. All restricted kits will go to the Bureau of Criminal Apprehension for storage. **You must indicate if law enforcement pickup is required.** Track-Kit will send a notification to law enforcement to pick up the kit unless you say it is not needed.

Toxicology Samples

Indicate if blood or urine samples are collected. When you answer **Yes**, you will be prompted to enter the blood or urine kit number, if applicable.

Reset Survivor Password

You can help survivors reset their passwords by clicking on this button and following the prompts.

Kit Details

Please complete the following form. Mandatory fields are marked with a red asterisk (*)

General Details

Barcode ⓘ MN00131
 Kit Type ⓘ Sexual Assault Kit
 Status ⓘ In Medical Facility
 Tracking Completion Date ⓘ

Medical Facility Details

MF Kit Status ⓘ In Inventory
 Collector ⓘ Doris Anderson
 Collection Date ⓘ 3/9/2022
 Is this an Unrestricted Kit? ⓘ Yes No
 Law Enforcement Agency ⓘ Select...
 LEA Reporting County ⓘ Select...
 Blood Sample? * ⓘ Yes No
 Urine Sample? * ⓘ Yes No
 Other Items ⓘ Yes No
 Are you mailing kit to lab? ⓘ N/A Yes No
 Enter a tracking number if applicable

Print Reset Survivor Password Save Cancel



TRACK for Medical Facilities



MN12345



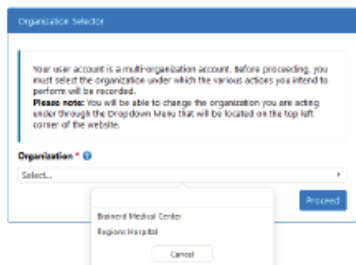
LMN12345

The kit types tracked by your system have different barcode formats:

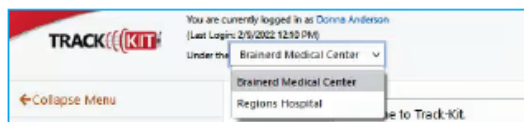
- MN##### - Sexual assault kits, or SAKs, these barcodes are affixed at the distributor.
- LMN##### - SAKs that were in inventory before the launch of Track-Kit in your state.
- OS##### - SAKs collected by an out-of-state organization. These kits are sent from the out-of-state organization to law enforcement.


Roaming Collector


Nurses who perform collections at more than one facility select the location where they are collecting upon sign-in. Once on the home page, click the drop-down list at top left corner to change locations.



The kits and the related information are different for each facility.



 **Missing Information** 0 items

 **Reporting Center**

 **Dynamic Search**

Required fields missing

Track-Kit does not block the workflow of the kit if the Collector and the Collection date fields are incomplete. However, the kit appears in **Missing Information** worklist until you enter the missing data.

Generate reports

Configure pre-defined reports to your preferences and save for future reports.

Advanced search features

Apply filters to conduct a multi-layered search and save your query for future searches

Administration Center

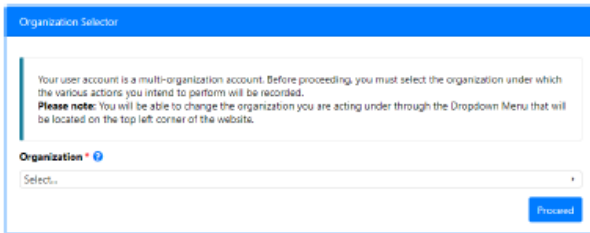
If you have administration privileges on your account, you can manage the Administration Center for your site. It is possible that not all administrative features are enabled for your account.

Administration Center										
Organization	Dashboard	Associated Agencies	Track-Kit Users	Track-Kit Roles	Collectors	Notification Recipients	Notification Types	Bulletin Board Messages	Portal Site Settings	Automatic Orders
Edit Organization and Survivor Contact information	View and interact with summary Dashboard charts	Link commonly selected law enforcement agencies to your facility	Add as many Track-Kit Users and Collectors to your site as required. Track-Kit Users are account holders and can log into the system. Collectors represent the SANEs at the medical facility. Not all Collectors are Track-Kit Users.	Edit Notification Types (pre-written email messages). Add and edit Notification Recipients.	Post Bulletin Board Messages	Edit Portal Site Settings	Configure automatic kit orders			

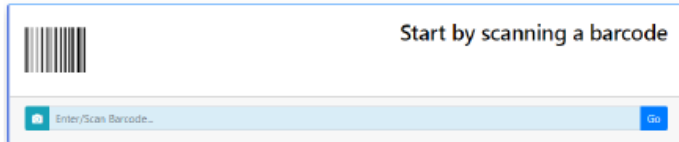
Track-Kit: MN Statewide Tracking System

Use MN Track-Kit when a MN Kit is used for evidence collection

- 1) Go To: <https://mn.track-kit.us/>
- 2) Use your PAVSA email to log in
- 3) Select the facility where the exam is taking place



- 4) Enter or scan the bar code number



- 5) Enter Kit Details

- a) Question: Is this an Unrestricted Kit?

Answer **YES** if the patient chose an Unrestricted Report (reporting assault to police) or if this is a Mandatory Report
Answer **No** if the patient chose a Restricted Report

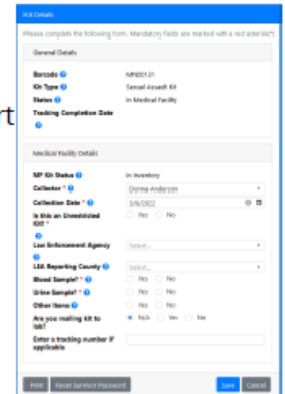
- b) If blood or urine was collected, enter in kit numbers associated with each

- 6) Explain the tracking system to the patient and give them the envelope titled, "Patient Track-Kit Information and Login"

- Tracks the status of their sexual assault kit
- If enabled, they can subscribe to email or text notifications

- 7) Prompt the advocate (if available) to assist patient in logging in for the first time

- 8) Document the bar code number in FeMR in the Description of Assault Tab



24 -Hour Support
1-888-470-4252
support@stacsdna.com

Guide created by PAVSA