

# LABELING AND PACKAGING FORENSIC EVIDENCE

## UNRESTRICTED EVIDENCE

### Forms

#### 1. Authorization for Exam

- Complete the form. The patient has the option to initial in two areas; authorization for our program to communicate with advocacy and authorization to release protected information from their SANE exam to law enforcement/prosecution. The patient must initial the authorization to release protected information if they want their kit(s) tested.
- Original copy is scanned into the medical record, the other is given to the patient.

<p><b>Authorization for Examination of Victims of Sexual Assault &amp; for Release &amp; Use of Medical Legal Information</b></p> <p><b>Examination:</b> I authorize Regions Hospital Sexual Assault Nurse Examiner to examine and treat me on _____ (date) for injuries or conditions sustained as a result of a sexual assault that occurred on or about _____ (date). I authorize Regions Hospital and staff to collect samples and specimens and conduct medical tests that may be necessary or helpful for treatment and legal evidence. I also authorize photographs to be taken as needed.</p> <p>This exam is to document, diagnose and treat injuries and potential conditions related to a sexual assault. The nurse will not attempt to identify, diagnose or treat any pre-existing medical problems. I also authorize Regions Hospital to use the information from this exam for educational purposes relating to its Sexual Assault Nurse Examiner program.</p> <p>____ (Patient or patient representative's initials)    <b>Authorization to Communicate with Advocacy</b> I authorize Regions Hospital SANE Program to communicate with SOS Sexual Violence Services regarding ongoing care.</p> <p>____ (Patient or patient representative's initials)    <b>Authorization to Release Protected Information</b> I authorize Regions Hospital to release the following, gathered during my exam, for the purpose of criminal and associated legal proceedings:</p> <ul style="list-style-type: none"><li>• Evidence collected during this exam</li><li>• Protected health information obtained during this exam and hospital visit</li><li>• Photographs taken during this exam</li><li>• Any other information gathered in connection with this exam and treatment</li></ul> <p>I understand this authorization does not obligate me to participate in the prosecution of the assailant. I authorize Regions Hospital SANE Program to communicate with agencies officially involved with the investigation and prosecution of the sexual assault. These agencies include: law enforcement (police), criminal laboratories, and prosecuting and defense attorneys.</p>	
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Must initial here for unrestricted evidence

#### 2. BCA Sexual Assault Evidence Testing and Storage Consent Form (see sample next page)

- This form is found in the green unrestricted kit folder in the SANE work area (or in carts at our HealthEast sites).
- Complete the form by checking the box next to Unrestricted Kit Testing.
- Have the patient sign and date the form.
- **Place the kit# on the form.**
- Put a patient sticker on this form and make two copies. One copy is given to the patient, the other is scanned into the medical record. The original is paper clipped to the Chain of Evidence and placed in the green unrestricted kit folder in the evidence room. This must accompany the unrestricted evidence to the 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.

Check here



## 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.

Write the Kit Number somewhere on the form

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

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

Pt signs/dates

## Sexual Assault Kit

### 1. Sexual Assault History form

- Complete the Sexual Assault History form that is inside the sexual assault kit. You can use a patient sticker for the patient name/age section.
- For the 'Patient's description of assault' section, write a brief summary rather than the patient's full account.

**Minnesota BCA** PATIENT INFORMATION AND SEXUAL ASSAULT HISTORY FORM  
Bureau of Criminal Apprehension

Version: A Document Number: 205-BI Authorization: KSD/MS  
Page 1 of 4 Pages Issue Date: 06/21/18 Distribution: FSS

This kit is designed to assist medical personnel in the collection of evidentiary specimens for analysis by the Minnesota Bureau of Criminal Apprehension Laboratory.

Hospital: Regions Collected by: Melissa Jackson RN, SA

Please return this form to the kit after the exam is completed.

**STEP 1: ALCOHOL AND TOXICOLOGY:**  
Is blood alcohol or toxicology testing needed?  Yes  No

Note: Do not put tubes intended for alcohol or toxicology testing into this kit. Please use the separate Blood Alcohol Kit or Urine Kit for this purpose. **Collect first!**

**STEP 2: GENERAL INFORMATION**

Patient's Name: Johnson, Ellen M  
Age: \_\_\_\_\_

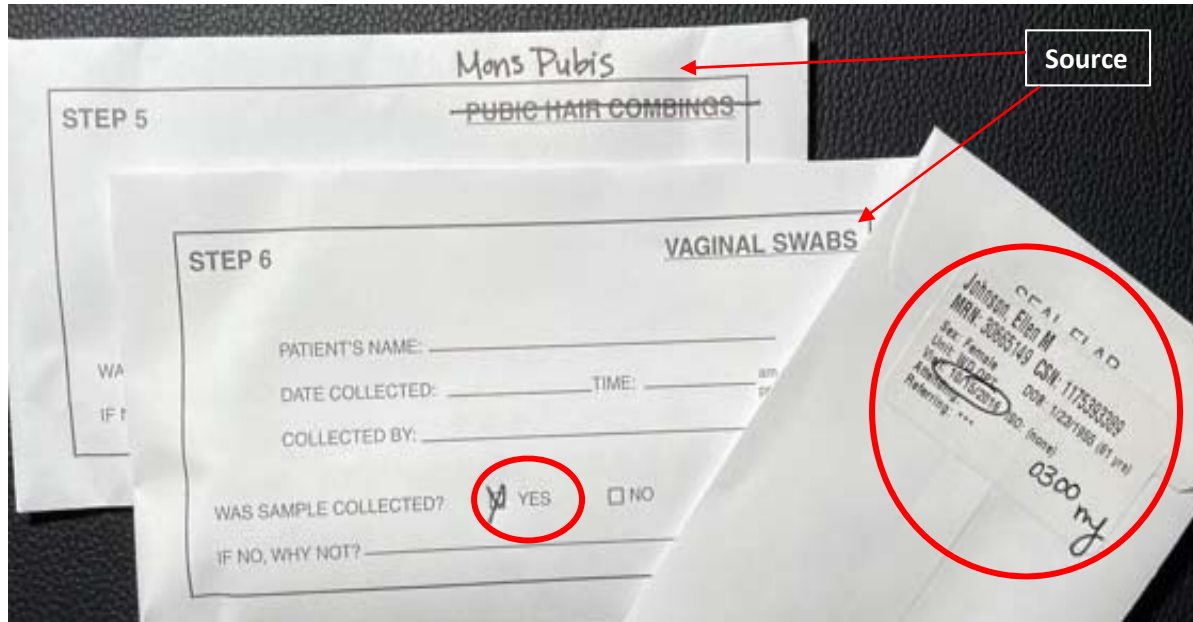
MRN: 30805149 CSN: 1175393389  
Sex: Female DOB: 1/23/1956 (81 yrs)  
Unit: W/D SPT  
Walt: 10/15/2016 ISO: (none)  
Attending: \_\_\_\_\_  
Referring: \_\_\_\_\_

Date of alleged assault: 4/7/21 Time: 0600 AM/PM  
Date of hospital exam: 4/7/21 Time: 1230 AM/PM

Patient's description of assault: Penile vaginal penetration and penile oral assault

## 2. Swabs and Envelopes

- Ensure the source of the envelope's contents is labeled on the outside of the envelope. Write it in if needed.
- Put a check mark in the 'Yes' box confirming the sample was collected.
- After the dried swab is placed in the envelope, seal the envelope with a patient sticker. Circle the date (or write it in) and write the time the specimen was collected. Include the collecting examiner's initials.
- *Optional: Overlap writing on envelope and sticker to demonstrate seal integrity.*



## 3. Sealing the kit

- Complete the 'For Hospital Personnel' section. Include pt MRN, DOB, case # and kit # in writing on the box. *You can include a pt sticker in addition to writing this info.*
- Only complete the 'Place Kit in Secured Storage Area' section if you will be putting evidence in the fridge.
- Seal the kit with the included evidence tape. At a minimum, include date evidence was packaged and your initials. You can include the time as well. Overlap writing on tape and kit to demonstrate seal integrity. You do not need to handwrite the kit number since the kit is already labeled.
- Fill out an unrestricted kit sticker and place it anywhere on the box. This is the only kit that needs an unrestricted kit sticker.

Case # 21-000123 Kit # MN 00012  
**SEXUAL ASSAULT EVIDENCE COLLECTION KIT**  
 MRN 30665149 DOB 1/23/55  
 FOR HOSPITAL PERSONNEL

VICTIM'S NAME Johnson, Ellen  
 SANE (Please Print)  
 PHYSICIAN'S NAME Melissa Jackson  
 (Please Print)  
 KIT SEALED BY Melissa Jackson  
 (Please Print)

PLACE KIT IN SECURED STORAGE AREA

PLACED BY Melissa Jackson  
 (Please Print)  
 DATE 4/8/21 TIME 1500 am pm

**UNRESTRICTED KIT**  
 REPORT MADE TO LAW ENFORCEMENT

Jurisdiction: Ramsey / St. Paul PD

Case #: 21-000123

Handwritten on kit:

- Patient name/MRN/DOB
- Case #
- Kit #

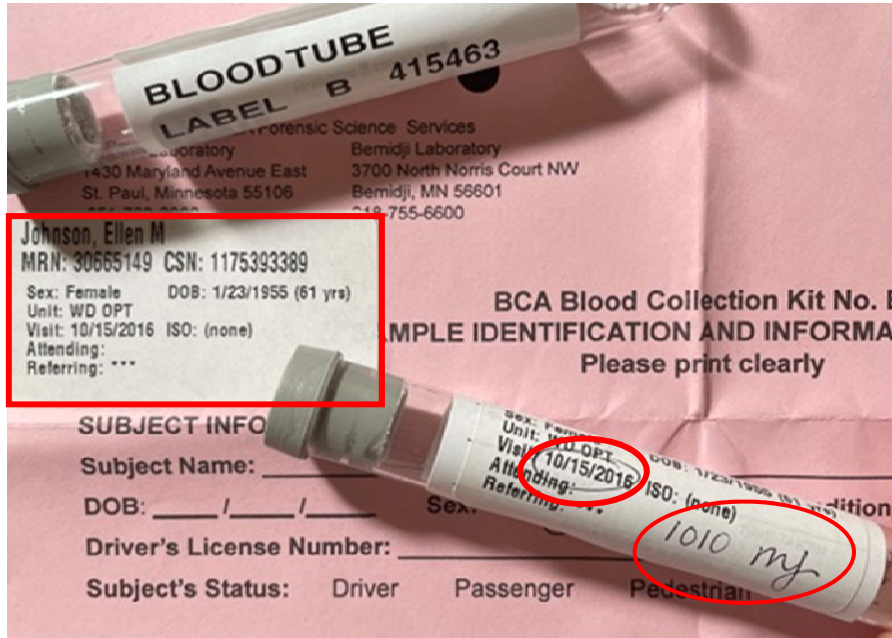
Writing overlapping tape and kit



## Blood and Urine for Toxicology

### 1. Samples

- Place a patient sticker on tubing/cup. *The patient sticker can go on the labels included with the kits if you choose.*
- Circle the date (or write it in) and write the time of specimen collection. Include the collecting examiner's initials.
- Ensure the time on the specimen and the time on the tox form match! *This is important for accuracy with the testing process. Blood and urine collection times should be different.*



### 2. BCA Toxicology Information sheet

- Complete form in Epic (or pink/yellow form in kits at our HealthEast sites) and include a copy in each kit before sealing it.
- The pink and yellow forms need a patient sticker and stay in the kit, even if the form is completed in Epic (see above photo).

**BCA Blood/Urine Collection Kit**

**Blood Kit #** (located at top of pink form in kit box) \*\*\*  
**Urine Kit #** (located at top of yellow form in kit box) \*\*\*

**Subject information**

**Agency Information**  
Sexual assault occurred: Date: \*\*\* Time: \*\*\*  
County of offense: {ED SO COUNTY OF OFFENSE:11000963}  
Case # \*\*\*  
Send report to agency: {ED SO OFFENSE REPORTED TO:11000964}  
Attention: Sex crimes investigation unit

**Current Active Meds:**  
**Name of medications given in ED prior to collecting urine/blood:** {NONE:10966}

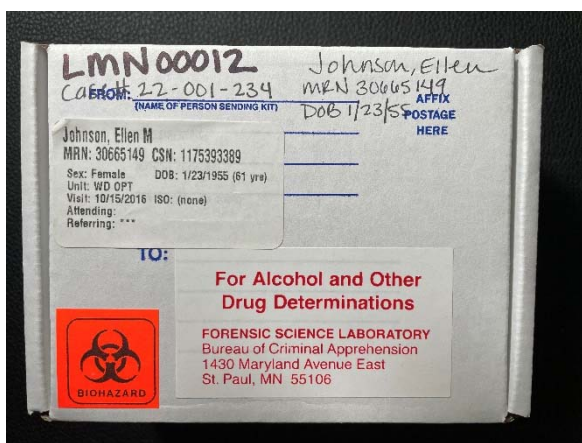
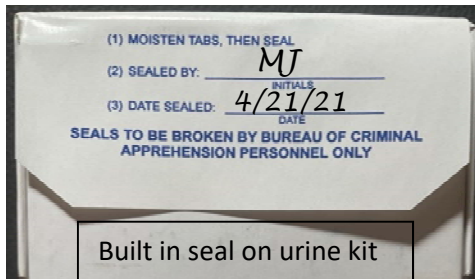
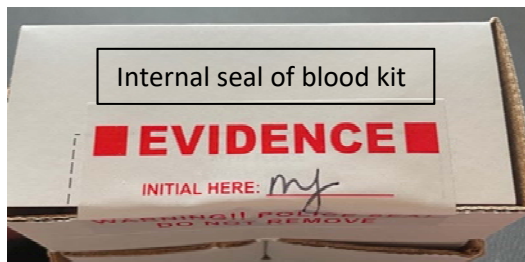
**Kit/Sample Information**  
**Blood** kit intact & sealed when received? {YES/NO/COMMENT:11002441}  
Powder present in tubes? {YES/NO/COMMENT:11002441}  
Blood sample taken: Date: \*\*\* Time: \*\*\* Sample taken by: \*\*\*

**Urine** bottle sealed when received? {YES/NO/COMMENT:11002441}. Powder present in bottle? {YES/NO/COMMENT:11002441}  
Urine sample taken: Date: \*\*\* Time: \*\*\* Sample taken by: \*\*\*  
Drug Facilitated Sexual Assault suspected: {SO DFSA:20947}



### 3. Sealing Blood and Urine Toxicology Kits

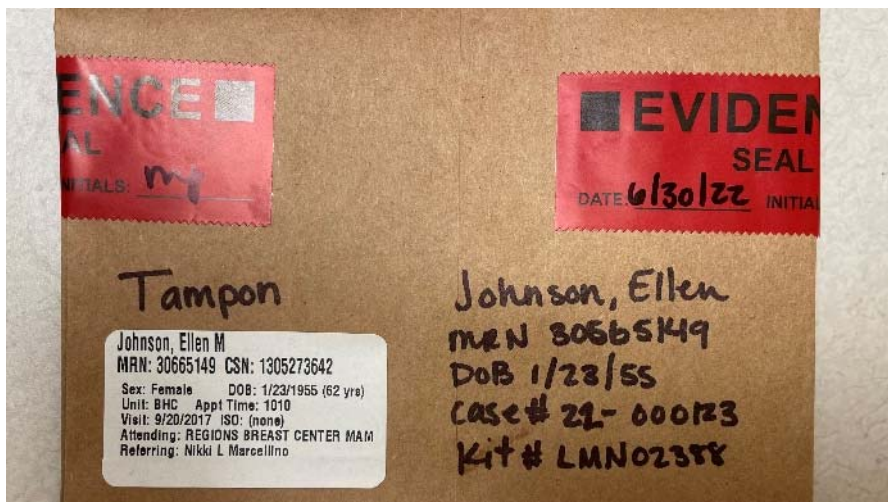
- The blood kit includes two stickers; one for sealing the internal box (include your initials on the sticker) before placing it in the included plastic bag, and one for sealing the outside of the box (include the date the box was sealed and your printed name).
- The urine kit has built in seals on either end of the lid of the box. Moisten both to adhere it to the bottom box and write in your initials and the date the kit was sealed. *You can alternatively use red evidence tape to seal the kit.*
- Handwrite the patient name, MRN, DOB, kit # and case # somewhere on the box. *You can include a patient sticker in addition to writing the above info.*



### Additional Evidence

#### 1. Condoms and tampons

- Specimens should be placed in a specimen cup with holes in the lid. Label the cup with a patient sticker, circle the date and write in the time of collection and initials of the SANE collecting.
- Place the cup in a paper bag and handwrite the patient identifiers, kit # and case # and a description of bag contents on the outside. *You can include a patient sticker in addition to writing the above info.*
- Seal the bag on both sides with evidence tape. You may need to use more than one piece of tape, depending on the size of the bag. At a minimum, include date evidence was packaged and your initials on the tape. You can include time as well. Overlap writing on tape and kit to demonstrate seal integrity.



## 2. Clothing

- Place dried clothing in a paper bag. Only one item per bag.
- Write a description of the item on the outside of the bag as well as patient identifiers, kit # and case #. *You can include a patient sticker in addition to writing the above info.*
- Seal the bag on both sides with evidence tape. You may need to use more than one piece of tape, depending on the size of the bag. At a minimum, include date evidence was packaged and your initials on the tape. You can include time as well. Overlap writing on tape and kit to demonstrate seal integrity.
- *It is helpful to number each bag if there are multiple items. Those numbers should correspond with what is written on the chain of evidence.*

## 3. SANE note and diagrams

- Place a copy of the SANE note and diagrams in an envelope to include with evidence.
- Label envelope with a patient sticker.

## Track Kit

- Access Track Kit at <https://mn.track-kit.us/Login>
- After logging in, follow the steps on the Track Kit guideline to log the evidence into the Track Kit system.

# RESTRICTED EVIDENCE

## Forms

### 1. Authorization for Exam

- Complete the form. The first line to initial should still be completed if the patient consents to allow our program to communicate with advocacy. Leave the second line to initial (authorization to release protected information) blank since the patient is choosing kit storage at this time.
- One copy is scanned into the medical record, the other is for the patient.

<p><b>Authorization for Examination of Victims of Sexual Assault &amp; for Release &amp; Use of Medical Legal Information</b></p> <p><b>Examination:</b> I authorize Regions Hospital Sexual Assault Nurse Examiner to examine and treat me on _____ (date) for injuries or conditions sustained as a result of a sexual assault that occurred on or about _____ (date). I authorize Regions Hospital and staff to collect samples and specimens and conduct medical tests that may be necessary or helpful for treatment and legal evidence. I also authorize photographs to be taken as needed.</p> <p>This exam is to document, diagnose and treat injuries and potential conditions related to a sexual assault. The nurse will not attempt to identify, diagnose or treat any pre-existing medical problems. I also authorize Regions Hospital to use the information from this exam for educational purposes relating to its Sexual Assault Nurse Examiner program.</p> <p>_____(Patient or patient representative's initials) <u>Authorization to Communicate with Advocacy</u> I authorize Regions Hospital SANE Program to communicate with SOS Sexual Violence Services regarding ongoing care.</p> <p>_____(Patient or patient representative's initials) <u>Authorization to Release Protected Information</u> I authorize Regions Hospital to release the following, gathered during my exam, for the purpose of criminal and associated legal proceedings:</p> <ul style="list-style-type: none"><li>• Evidence collected during this exam</li><li>• Protected health information obtained during this exam and hospital visit</li><li>• Photographs taken during this exam</li><li>• Any other information gathered in connection with this exam and treatment</li></ul> <p>I understand this authorization does not obligate me to participate in the prosecution of the assailant. I authorize Regions Hospital SANE Program to communicate with agencies officially involved with the investigation and prosecution of the sexual assault. These agencies include: law enforcement (police), criminal laboratories, and prosecuting and defense attorneys.</p>	
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Leave blank!



### 2. BCA Sexual Assault Evidence Testing and Storage Consent Form (see next page)

- This form is found in the Restricted Kit folder (red folder) in the SANE work area (or in carts at our Healtheast sites).
- Complete the form by checking the box next to 'Restricted Kit Storage'. Leave the patient name/signature/date section blank. Instead, complete the section below this, at the bottom of the form; place a checkmark in the 'For restricted kits only' box and print/sign your name, date, and the hospital name.
- **Write the kit# on the form.**
- This form is placed in the large white envelope within the red folder in the evidence room (or in the fridge at Healtheast). No additional copies are needed for the patient or the medical record.

**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: \_\_\_\_\_ **Leave blank!**

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

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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

SANE completes

Write the Kit Number here

3. Restricted Sexual Assault Kit Information form (see next page)

- This form automatically prints with the SANE forms packet at Regions and is in the pre-printed chart packets at our HealthEast sites. If the patient chooses unrestricted kit testing, you may place this form in the shred bin since it is not needed.
- Write the kit# on the form. Have the patient sign/date and include your signature. One copy is given to the patient and one is scanned into the medical record.



**Restricted Sexual Assault Kit Information**

**Regions SANE Program 651-254-1611**

- 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 on the outside of the kit. Kits are identified by the kit number only.
- 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. Photographs are stored in a secure drive only the SANE program can access. Regions SANE Program 651-254-1611.
- Evidence kits are not opened or 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. For Ramsey County, contact SOS Sexual Violence Services at 651-266-1000. For Washington County, contact Canvas Health at 651-777-1117.
- 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 kit number:

\_\_\_\_\_

Write in the kit # here

**4. Do Not Release form**

- This form is found in the Restricted Kit folder (red folder) in the SANE work area (or in carts at our Healtheast sites).
- Add both a patient sticker and Kit # and check the reason for the restriction of evidence.
- Attach this to the front of the Chain of Evidence.

Patient label	Kit #

**Do NOT release this evidence without:**

- a release of information AND BCA Sexual Assault Evidence Testing and Storage Consent Form signed by the patient
- or a search warrant/court order because:

\_\_\_\_ Patient refused evidence release at time of exam

\_\_\_\_ Exam performed on incapacitated patient

SANES: Attach this to the Chain of Evidence form to alert Security so evidence is not released without proper authorization

Security: Attach the 2 signed forms or search warrant/court order to the copy of the Chain of evidence form and give these to the ED Coordinator when evidence is released to Law Enforcement. All of these copies are sent to medical records to be scanned into the chart.

5. Chain of Evidence

- Fill out the chain of evidence the same as we do for unrestricted cases and include the kit # on the form.

Sexual Assault Chain of Evidence		Kit Number	Police Case Number
Date / Time of Incident:	Date / Time of Exam	Police report made at this time: YES NO	
Police Department Case Reported To:		Police Department Phone Number (if available)	
<input type="checkbox"/> BCA Sexual Assault Kit <input type="checkbox"/> BCA Blood Kit for Drugs / alcohol <input type="checkbox"/> BCA Urine Kit for drugs / alcohol <input type="checkbox"/> SANE report	Evidence Collected: Describe clothing (total # of bags _____) _____ _____ <input type="checkbox"/> Other: (describe / list) _____ _____		
Collecting Examiner (SANE): Signature of SANE Nurse _____ Print Name _____ <i>All materials are properly sealed with evidence tape</i>			
Placed in secure storage by: Signature of SANE Nurse _____ Print Name _____ Date / Time placed in storage _____			

Do not list underwear here if they are inside the kit!

Do not list items going home with the patient (underwear, clothing). Only items for long term storage at Regions (tampons, condoms) should be listed in this section.

Sexual Assault Kit

1. Sexual Assault History form

- Complete the Sexual Assault History form that is inside the sexual assault kit. You *can* use a patient sticker for the patient name/age section.
- For the 'Patient's description of assault' section, write a brief summary rather than the patient's full account.

**BCA** PATIENT INFORMATION AND SEXUAL ASSAULT HISTORY FORM  
Bureau of Criminal Apprehension

Version: A Document Number: 205-BI Authorization: KSD/MS  
Page 1 of 4 Pages Issue Date: 06/21/18 Distribution: FSS

This kit is designed to assist medical personnel in the collection of evidentiary specimens for analysis by the Minnesota Bureau of Criminal Apprehension Laboratory.

Hospital: Regions Collected by: Melissa Jackson RN, SANE-A

Please return this form to the kit after the exam is completed.

**STEP 1: ALCOHOL AND TOXICOLOGY:**  
Is blood alcohol or toxicology testing needed?  Yes  No  
Note: Do not put tubes intended for alcohol or toxicology testing into this kit. Please use the separate Blood Alcohol Kit or Urine Kit for this purpose. **Tested first!**

**STEP 2: GENERAL INFORMATION**

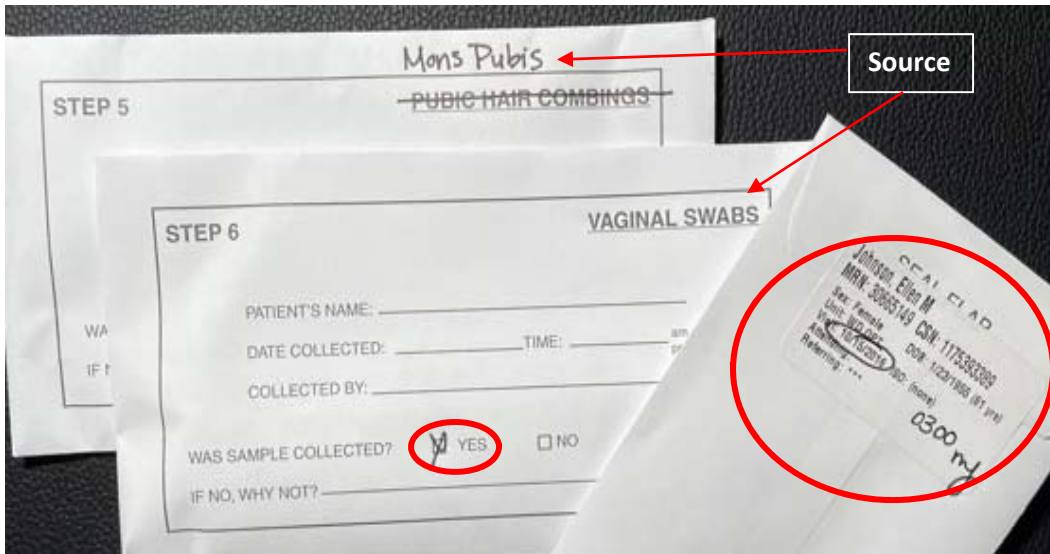
Patient's Name: Johnson, Ellen M  
Age: \_\_\_\_\_  
MRN: 30965149 CSN: 1175393389  
Sex: Female DOB: 1/23/1955 (81 yrs)  
Unit: WD OPT  
Wait: 10/15/2018 ISO: (none)  
Referring: \*\*\*

Date of alleged assault: 4/7/21 Time: 0600 AM/PM  
Date of hospital exam: 4/7/21 Time: 1230 AM/PM

Patient's description of assault: Penile vaginal penetration and penile oral assault

## 2. Swabs and Envelopes

- Ensure the source of the envelope's contents is labeled on the outside of the envelope. Write it in if needed.
- Put a check mark in the 'Yes' box confirming the sample was collected.
- After the dried swab is placed in the envelope, seal the envelope with a patient sticker. Circle the date (or write it in) and write the time the specimen was collected. Include the collecting examiner's initials.
- *Optional: Overlap writing on envelope and sticker to demonstrate seal integrity.*



## 3. Underwear

- Dried underwear can be placed inside the kit in a paper bag, if they fit.
- Label the bag with a description of the contents.
- Seal the bag with a patient sticker. Circle the date (or write it in) and write the time the specimen was collected. Include the collecting examiner's initials.
- *You can also package them per our unrestricted evidence procedure and give to the patient to store at home if they do not fit inside the kit.*

## 4. Sealing the Kit

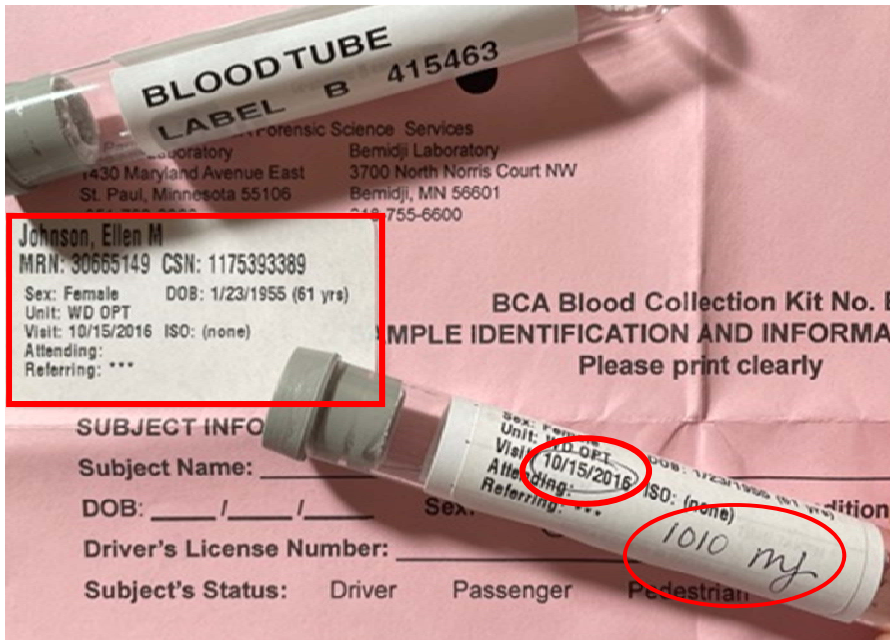
- Complete the 'For Hospital Personnel' section. **Victim's name = kit number.**
- **Do not put a patient sticker on the outside of the kit.** *No patient information should be outside the kit.*
- Seal the kit with evidence tape. At a minimum, include the date that evidence was packaged and your initials on the tape. You can include time as well. Overlap writing on tape and kit to demonstrate seal integrity.

A photograph of a 'SEXUAL ASSAULT EVIDENCE COLLECTION KIT' form. The 'FOR HOSPITAL PERSONNEL' section is filled out with handwritten information: VICTIM'S NAME 'LMN 00012', SANE, PROVIDER'S NAME 'Melissa Jackson', KIT SEALED BY 'Melissa Jackson', PLACED BY 'Melissa Jackson', DATE '6/22/22', and TIME '1200' (with 'pm' circled). The 'FOR POLICE PERSONNEL' section is blank.

## Blood and Urine for Toxicology

### 1. Samples

- Place a patient sticker on tubing/cup labeled with the date and time of specimen collection and the collecting examiner's initials. *The patient sticker can go on the labels included with the kits if you choose.*
- Ensure the time on the specimen and the time on the toxicology form match! *This is important for accuracy with the testing process. Blood and urine collection times should be different.*



### 2. BCA Toxicology Information sheet

- Complete form in Epic (or pink/yellow form in kits at our HealthEast sites) and include a copy in each kit before sealing it.
- The pink and yellow forms need a patient sticker and stay in the kit, even if the form is completed in Epic (see above photo).

BCA Blood/Urine Collection Kit

Blood Kit # (located at top of pink form in kit box) \*\*\*  
Urine Kit # (located at top of yellow form in kit box) \*\*\*

**Subject information**

**Agency Information**  
Sexual assault occurred: Date: \*\*\* Time: \*\*\*  
County of offense: {ED SO COUNTY OF OFFENSE:11000963}  
Case # \*\*\*  
Send report to agency: {ED SO OFFENSE REPORTED TO:11000964}  
Attention: Sex crimes investigation unit

**Current Active Meds:**  
Name of medications given in ED prior to collecting urine/blood: {NONE:10966}

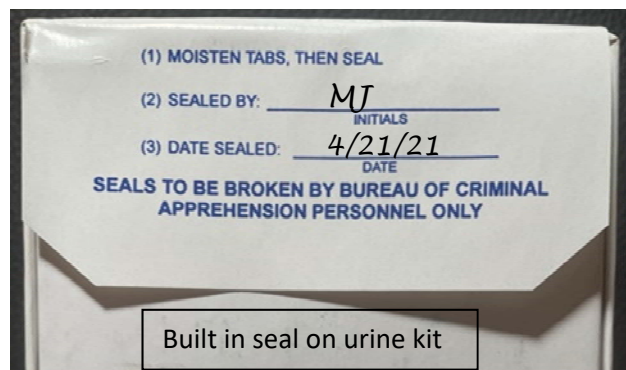
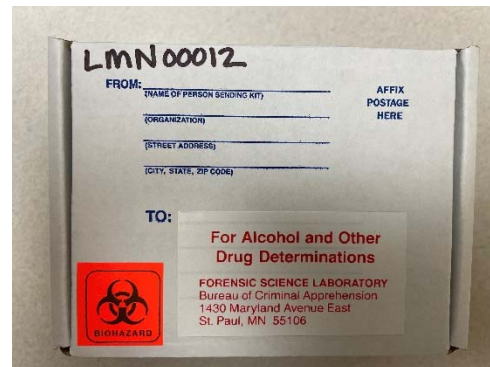
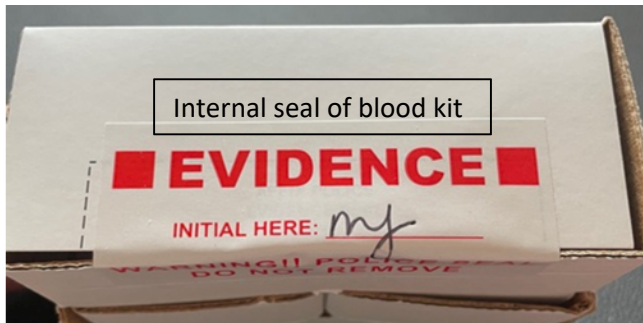
**Kit/Sample Information**  
Blood kit intact & sealed when received? {YES/NO/COMMENT:11002441}  
Powder present in tubes? {YES/NO/COMMENT:11002441}  
Blood sample taken: Date: \*\*\* Time: \*\*\* Sample taken by: \*\*\*

Urine bottle sealed when received? {YES/NO/COMMENT:11002441}. Powder present in bottle? {YES/NO/COMMENT:11002441}  
Urine sample taken: Date: \*\*\* Time: \*\*\* Sample taken by: \*\*\*  
Drug Facilitated Sexual Assault suspected: {SO DFSA:20947}



### 3. Sealing the Blood and Urine Toxicology Kits

- The Blood kit includes two stickers; one for sealing the internal box (include your initials on the sticker) before placing it in the included plastic bag, and one for sealing the outside of the box (include the date the box was sealed and your printed name).
- The Urine kit has built in seals on either end of the lid of the box. Moisten both to adhere it to the bottom box and write in your initials and the date the kit was sealed. You can also use red evidence tape to seal the kit.
- Write the kit number somewhere on each box. *No patient information should be on the outside of the kit.*



### Additional Evidence

#### 1. Condoms and tampons

- Specimens should be placed in a specimen cup with holes in the lid. Label the cup the same as unrestricted evidence with a patient sticker, date/time of collection and initials of the collecting examiner.
- Place the cup in a paper bag and handwrite the patient identifiers, the kit number and a description of bag contents on the outside. *You can include a patient sticker in addition to writing the above info.*
- Seal the bag on both sides with evidence tape. You may need to use more than one piece of tape, depending on the size of the bag. At a minimum, include date evidence was packaged and your initials on the tape. You can include time as well. Overlap writing on tape and kit to demonstrate seal integrity.
- *These specimens will not be transported to the BCA. Ellen will store them in our long-term storage fridge.*



## 2. Clothing

- Give the patient an appropriate size bag if clothing (other than underwear) should be collected as evidence. The patient should store it at home until they decide whether to report to law enforcement.

## 3. SANE note and diagrams

- Place a copy of the SANE note and diagrams in an envelope to include with evidence.
- Label envelope with a patient sticker.

## Track Kit

- Access Track Kit at <https://mn.track-kit.us/Login>
- After logging in, follow the steps on the Track Kit guideline to log the evidence into the Track Kit system.

## Bookend Cards

- Fill out bookend cards as usual, regardless of whether evidence is restricted or unrestricted.
- Include a patient sticker or handwrite the MRN on the card. You do not need to write the kit number on the card.
- For a restricted case, leave 'Case #' blank or write N/A.

The image shows a yellow bookend card with the following handwritten information:

- Name/Patient Label: Johnson, Ellen
- DOB: 1/23/55 MRN: 30665149
- Case #: 22-000123 Date/time: 7/5/22
- Jurisdiction: Ramsey Co. Sheriff
- SANE: Melissa Janson

A patient sticker is affixed to the top right of the card, containing the following printed information:

- Johnson, Ellen M
- MRN: 30665149 CSN: 1175393389
- Sex: Female DOB: 1/23/1955 (61 yrs)
- Unit: WD OPT
- Visit: 10/15/2016 ISO: (none)
- Attending: \*\*\*
- Referring: \*\*\*