

**CONSENT FOR THE
STORAGE OF PHYSICAL EVIDENCE
RECOVERY KIT (PERK) FOR
NON-REPORTED SEXUAL ASSAULTS**

Date of Exam:
Health Care Facility:
PERK Number:

I _____ am requesting that the evidence collected from the Physical Evidence Recovery Kit (PERK) examination be stored by the Division of Consolidated Laboratory Services. At this time, I do not want to file a report with the police, and I am not prepared to release my name to law enforcement nor provide them with the evidence collected in the PERK examination.

I have read and understand the following:

A. The benefits of filing a report with law enforcement at this time include:

- a. Law enforcement will have the opportunity to interview me about the assault and collect evidence from the crime scene(s) and from the suspect.
- b. Witnesses may be interviewed in a timely fashion.
- c. Law Enforcement will take immediate custody of the evidence collected from the PERK examination.
- d. My evidence may be analyzed by the Virginia Department of Forensic Science and may aide in the identification of the assailant and subsequent investigations and prosecution.
- e. Law enforcement can assist in addressing immediate safety concerns, and offer immediate protection to victims.
- f. I may be eligible for Crime Injuries Compensation Funds to pay for out-of-pocket expenses relating to this crime.

B. The risks of delaying a report to law enforcement and choosing not to be interviewed at this time may include:

- a. Evidence that would normally be collected by law enforcement may be permanently lost. This includes chain of custody blood and urine specimens collected in instances of suspected drug-facilitated sexual assault.
- b. Suspects and witnesses will not be interviewed, and they may not be available at a later time.
- c. It may be more difficult to successfully file charges and prosecute my case if I delay filing a police report.

C. The evidence collected from the PERK examination will be stored by the Division of Consolidated Laboratory Services.

- a. The evidence is labeled with a unique PERK number (listed on the top of this form), and my name is sealed within the evidence kit when submitted to the Division of Consolidated Laboratory Services for storage.
- b. The Division of Consolidated Laboratory Services shall not release my name or the PERK to law enforcement without my written consent.
- c. The Division of Consolidated Laboratory Services will hold the PERK for 120 days from receipt of the PERK.
- d. My PERK will not be analyzed during this time unless I choose to file a police report.
- e. After 120 days, the Division of Consolidated Labs will dispose of the PERK without any further notification to me.

D. If I decide to file a police report, it is my responsibility to call the following law enforcement agency within 120 days from receipt of the evidence:

Law enforcement agency: _____

Phone number: _____

My signature below indicates my understanding of the information above and my authorization for the Division of Consolidated Laboratory Services to dispose of the PERK 120 days from receipt PERK.

Patient Signature

Date

Health Care Providers Signature

**Division of Consolidated Laboratory Services
600 North 5th Street
Richmond, Virginia 23219**

**Instructions for Submission of
PERK Evidence in Cases
Without Law Enforcement Reporting**

In accordance with Executive Order 92 (2009) the Division of Consolidated Laboratory Services (DCLS) shall accept and store the Physical Evidence Recovery Kit (PERK) in cases of sexual assault where the person elects not to make a report to law enforcement.

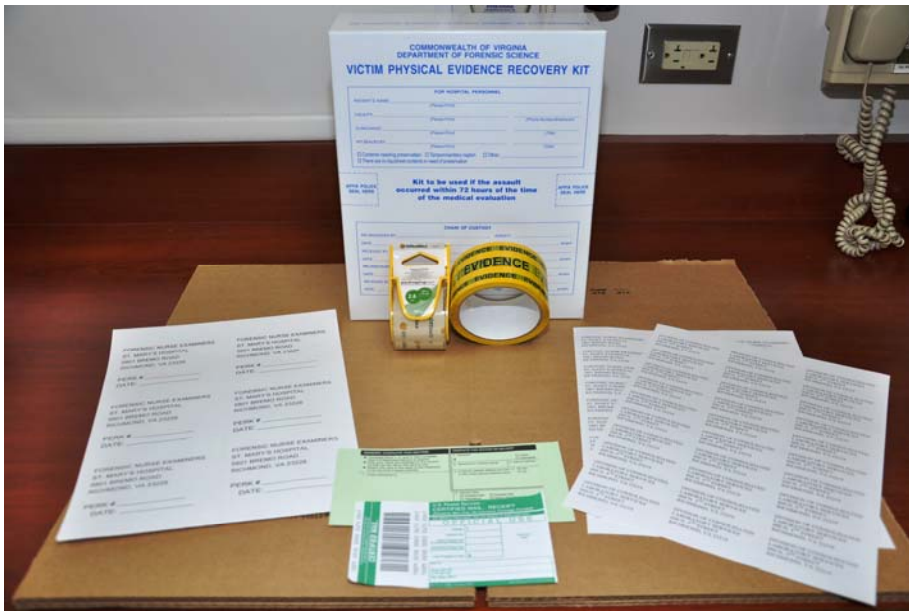
Below are instructions for packaging and submitting the PERK to the DCLS.

1. Evidence collected must be packaged within the PERK box only. Items not included in the PERK box will not be accepted, including drug screen specimens, bags of clothing or other items.
2. The PERK shall be sealed on all four sides with evidence tape or in the absence of evidence tape, a packing tape of sufficient strength to maintain a seal. All four sides of the seal shall be initialed by the healthcare provider such that part of the initials is on the surface of the box and part on the surface of the tape. The integrity of the seal must be able to withstand the rigors of shipping.
3. Clothing and/or other evidence will not be accepted unless sealed in the PERK box.
4. **No liquid biological specimens such as blood or urine will be accepted. Refrigerated storage is not available**
5. **The healthcare provider will ensure that the victim receives a written copy of the Consent for the Release of Evidence Form with the unique PERK identifier number attached. This unique PERK identifier number can be found within the box on a sheet of peel off, self-adhesive stickers. The victim will be advised that this unique number needs to be provided to law enforcement should the victim choose to make a report.**
6. The healthcare provider should affix the PERK number onto the outside of the PERK box in the designated space, so that is clearly visible.
7. After the procedures stated above are completed, the PERK shall be placed into a sturdy shipping box. The shipping box should be approximately 12" x 10" x 4". Place one of the unique numbered PERK labels to the outside of the shipping box directly beneath the return address. Legibly write the date of collection below the numbered label. (see attached photographs)
8. Upon the completion of Step Number 7, send the box via **U.S. Postal Service Certified Mail** to DCLS at the following address:

**Division of Consolidated Laboratory Services
600 North 5th Street
Richmond, Virginia 23219**

The DCLS will only store the evidence in these non-reported sexual assault cases. PERKs will not be opened. The evidence will remain in storage for a period of 120 days from receipt of the PERK. In the event the victim decides to report the assault, the investigating law enforcement agency shall request the evidence from the DCLS using the Request for Evidence Form.

If you have any questions about evidence submission, please contact Dr. Tom York (804-648-4480 X 151) or Grier Mills (804-648-4480 X 154) at the DCLS.



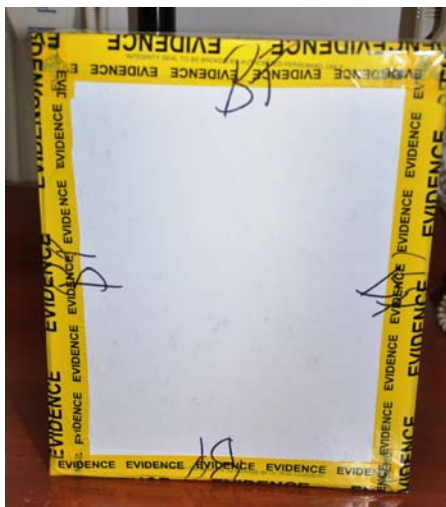
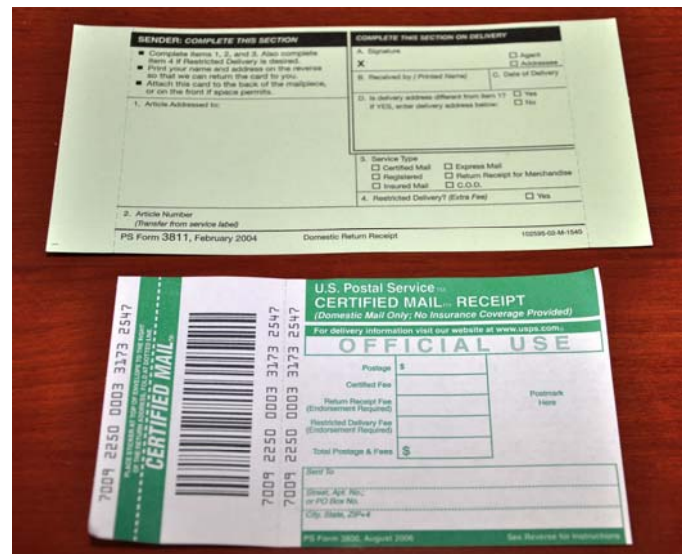
Prepare a packaging and shipping kit, to mail the PERK to DCLS.

Items needed:

1. Sturdy shipping box (apprx. 12x10x4)
2. Packing tape and evidence tape
3. Labels
4. Certified Mail Receipts

The box should be mailed via **U.S. Postal Service Certified Mail** to:

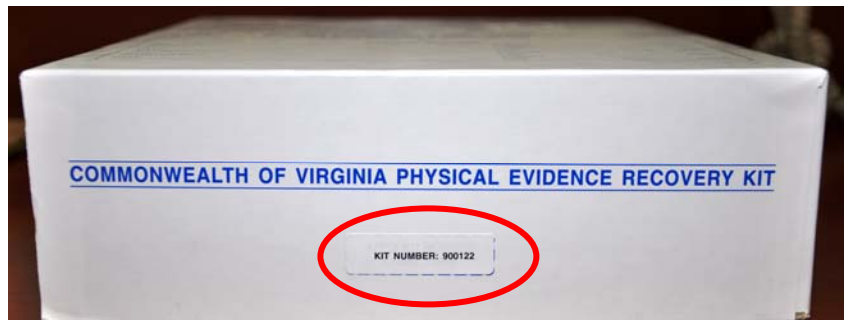
Division of Consolidated Laboratory Services
 600 North 5th Street
 Richmond, VA 23219



The PERK must be sealed on all four sides with tape and initialed on each side with initials on the surface of the box and on the tape.



The unique PERK number must be attached and clearly visible on the end of the PERK in the designated place.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE
VICTIM PHYSICAL EVIDENCE RECOVERY KIT

FOR HOSPITAL PERSONNEL

PATIENT'S NAME: _____ KIT NUMBER: 900122
FACILITY: St. Mary's Hospital 804-281-8574
(Please Print) (Phone Number/Extension)
CLINICIAN(S): _____
(Please Print) (Title)
KIT SEALED BY: Bonnie Price, MSN, RN Forensic Nurse
(Please Print) (Title)

Contents needing preservation: Tampon/sanitary napkin Other: _____
 There are no liquid/wet contents in need of preservation

AFFIX POLICE SEAL HERE

Kit to be used if the assault occurred within 72 hours of the time of the medical evaluation

AFFIX POLICE SEAL HERE

CHAIN OF CUSTODY

RELINQUISHED BY: Bonnie Price AGENCY: St. Mary's Hospital
DATE: 10/10/09 TIME: 0230
RECEIVED BY: Placed in locked mail box AGENCY: _____
DATE: _____ TIME: _____ am/pm
RELINQUISHED BY: _____ AGENCY: _____
DATE: _____ TIME: _____ am/pm
RECEIVED BY: _____ AGENCY: _____
DATE: _____ TIME: _____ am/pm

Affix the unique PERK number onto the outside of the box, in the area designated PATIENT'S NAME.

Complete the sections for FACILITY, PHONE NUMBER, CLINICIAN and KIT SEALED BY.

Mark an **X** designating that the PERK has no liquid or wet contents. Wet and liquid items **will not** be accepted by DCLS.

Under CHAIN OF CUSTODY fill in the name, agency, date, time and where the box will be placed for shipment.



Place the sealed PERK into a sturdy box for mailing.



Seal the shipping box with packing tape. In the upper left-hand corner, place a return label with the facilities address, next place a unique numbered PERK label and below that write the date.

In the upper right-hand corner, affix the Certified Mail Receipt. The U.S. Postal Service will postmark the receipt and give it to the sender. This receipt must be placed in the patient's medical/forensic record for proof of shipment.

In the center of the box, affix a label printed with the address for DCLS. Below that label affix the completed green U.S. Postal Service Certified Mail address card. Upon receipt of the package by DCLS, this card will be mailed back to the sender and should also be placed in the patient's medical/forensic record for proof of shipment.