

Sexual Assault Patient Return to Consent for Evidence Analysis

Consent to Testing of Held Evidence

I have provided law enforcement with information regarding sexual assault. I give permission for evidence and information gathered during my medical forensic exam to be released to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a forensic lab no later than 10 days from today. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).

Patients must be 13 years or older to consent to the release of evidence for testing at the forensic lab. If the patient is unable to consent for themselves, a parent, guardian, or health care power of attorney (POA) can consent on their behalf. Please indicate your role below:

Patient Parent Guardian Health Care POA

Patient/ Parent/ Guardian/ Health Care POA print & sign name

Date/Time

Witness print & sign name

Date/Time

Law Enforcement Representative print & sign name

Date/Time

Agency: _____

Law enforcement must provide victim with the Mandatory Notice of Victim's Right to Information Regarding Sexual Assault Evidence Testing (Form B) upon completion of written consent to test evidence. 725 ILCS 203/35(c).

The information below is based on the patient's ISP Sexual Assault Patient Consent and Chain of Custody form:

Date of Evidence Collection: _____ Report #: _____

Evidence Collected: **(law enforcement representative to initial all that apply)**

_____ Illinois State Police (ISP) Sexual Assault Evidence Collection Kit

• K# _____

_____ ISP Sexual Assault Patient Consent and Chain of Custody Form

_____ Urine Toxicology Specimen

_____ ISP Toxicology Consent *

_____ Pre-Void External Genital Wipe

_____ Evidence Bags: Total number of bags (_____)

* Must be included with urine toxicology specimen