Ohio Department of Health

REVISED August 2014

Sexual Assault Evidence Collection Kit
For all patients and suspects

Name or ID	Hospital and City where the exam took place	City/County where assault took place

☐ Yes-Evidence for drug facilitated sexual assault also collected (evidence is in the refrigerator/freezer).

Evidence Secured by:

Nurse/Physician—print name _____ Hospital/Facility and City _____

Nurse/Physician—signature _____ Date and Time _____

Evidence Released by:

Nurse/Physician—print name _____ Hospital/Facility and City _____

Nurse/Physician—signature _____ Date and Time _____

Evidence Released to:

Law Enforcement—print name _____ Badge# _____ Agency _____

Law Enforcement—signature _____ Date and Time _____

Sexual Assault Evidence Collection Kit (*Please indicate contents of clothing bags*)

Clothing Bag 1:	Clothing Bag 3:
Clothing Bag 2:	Clothing Bag 4:
Other:	

Ohio Attorny General's Office
Bureau of Criminal Investigation

Ohio Alliance to End Sexual Violence

ONCAC
Ohio Network of Children's Advocacy Centers

American Academy Of Pediatrics Ohio Chapter

Ohio Committee on Child Abuse and Neglect

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE
Ohio Branch

International Association of Forensic Nurses
Ohio Chapter
Leadership. Care. Expertise.

Seal with Evidence Tape

— Refrigeration Not Required —