



DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Patient's Name \_\_\_\_\_

DOB \_\_\_\_\_ Hospital Medical Record No. \_\_\_\_\_

Patient Label

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

**Medical Forensic Exam and Evidence Collection** (patient of any age. If patient is unable to provide consent due to age or mental status, consent may be obtained from parent or guardian, please circle.)

Initial one choice \_\_\_\_\_ I consent to \_\_\_\_\_ I decline a medical forensic exam and evidence collection. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample. I understand that I will not be directly billed for any outpatient portion of the medical forensic exam. If declined, I understand that I can return to any treatment facility within 7 days of the assault and request that a medical forensic exam and evidence collection be completed.

**Photographic Evidence** (must be 13 years old or older. If under 13 years old, consent may be obtained from parent or guardian, please circle)

Initial one choice \_\_\_\_\_ I consent to \_\_\_\_\_ I decline the collection of photographic evidence. I understand that these photos may include injuries and photos of my genital area. I understand that law enforcement may request photos independent of the medical forensic exam if I choose to report to law enforcement.

**Reporting Decision and Evidence Analysis** (must be 13 years old or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) **Choose option A, B, OR C and initial the choice.**

**Option A - Patient Report**

I am choosing to provide information directly to a law enforcement officer. I understand that I may decide how much information I provide and that I may stop the interview at any time.

Patient must also select one of the additional options below.

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 lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).  
(PATIENT REPORT AND TEST)

**OR**

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28th birthday of a patient under the age of 18.  
(PATIENT REPORT AND HOLD)

**Option B - Health Care Provider Report**

I am choosing to **allow health care providers (HCP)** to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my sexual assault exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).  
(HCP REPORT AND TEST)

**OR**

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28th birthday of a patient under the age of 18.  
(HCP REPORT AND HOLD)

**Option C - Non-Report**

At this time I am choosing **NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE** in any investigation. I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28th birthday of a patient under the age of 18.  
(NON-REPORT AND HOLD).

Kit Tracking Number

PLACE KIT TRACKING NUMBER ON PATIENT COPY ONLY

Sign here only if Option A was chosen

Sign here only if Option B was chosen

Initial here only if Option C was chosen

Original to law enforcement case file, copy to hospital medical record, copy to patient.

**DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT**

