



AFFIX
BIOHAZARD
STICKER
HERE

STATE OF NEW HAMPSHIRE SEXUAL ASSASULT EVIDENCE COLLECTION KIT

JURISDICTION OF ASSAULT (TOWN, STATE): _____

PATIENT'S NAME (print): _____ D.O.B: _____
(Replace with kit serial number for anonymous reports)

HOSPITAL: _____ DATE OF EXAM: _____

EXAMINER NAME (print): _____

EXAMINER SIGNATURE: _____

CHAIN OF CUSTODY

I certify that I have received the following items (check those which apply):

One sealed evidence kit Sealed clothing bag (s) Number of bags _____

Urine Sample (on ice) Other _____

DATE: _____ TIME: _____ AM/PM

RECEIVED FROM: _____

ACCEPTED BY: _____

DATE: _____ TIME: _____ AM/PM

RECEIVED FROM: _____

ACCEPTED BY: _____

DATE: _____ TIME: _____ AM/PM

RECEIVED FROM: _____

ACCEPTED BY: _____

ALWAYS DELIVER THE KIT TO THE CRIME LABORATORY WITHOUT DELAY

Kit contains liquid blood sample, kit MUST BE refrigerated: yes no

Urine collected: yes no MUST ALWAYS FREEZE URINE

For questions about collection procedures, please see the State of New Hampshire Office of the Attorney
 General Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation
<http://www.doj.nh.gov/criminal/victim-assistance/documents/acute-care-protocol.pdf>
 For other information call the State Police Forensic Laboratory (603) 223-3854

TO REORDER KITS CALL: (603) 271-6817

Kits are provided free of charge by The State of New Hampshire Department Of Justice