

STATE OF INDIANA

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

COLLECTION INFORMATION

Victim's Name	
Date Collected	
Facility	
Nurse/Collector	
Phone number	
Date and time Sealed	

Please do not place photographs or other medical records in kit.

Victim reporting to Law Enforcement ☐

Victim not reporting to Law Enforcement ☐

Anonymous ☐

LAW ENFORCEMENT AGENCY

Agency	
Case Number	
Investigating Officer	
Phone number	
Date Kit Picked Up	
Kit Received from	

Affix
Biohazard Label
Here

PIN #

(Kit Barcode)

SAC Tracking No: INYY-#####

NO REFRIGERATION REQUIRED

Long sides

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EVIDENCE SEAL HERE

EVIDENCE SEAL HERE

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