

**Oregon State Police  
Forensic Services Request  
SEXUAL ASSAULT FORM**

Reason: <input type="checkbox"/> <b>Rush</b> Date Due: _____ DA Contact: (if known) _____		Gray Area for Lab Use Only Start Date: _____ Lab Case # _____		Analyst: _____ Page ____ of ____	
		Sub # _____ Req # _____			
Agency Case # _____ <input type="checkbox"/> Additional Suspect Info Only <input type="checkbox"/> Previous Evidence Submitted		Secondary Agency Case # _____		Restrict this case to: (Refer to the OSP Forensic Services Website <a href="https://tinyurl.com/OSP-Forensic-Documents">https://tinyurl.com/OSP-Forensic-Documents</a> for further information) Investigating Officer _____ Agency _____ Lab Staff _____	
Offense <input type="checkbox"/> FMVA		Offense Date (mm/dd/yy) _____		County of Venue _____	
Last (Individual # 1)		First _____		Middle _____	
<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy) _____	SID # _____	FBI # _____
Last (Individual # 2)		First _____		Middle _____	
<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy) _____	SID # _____	FBI # _____
Last (Individual # 3)		First _____		Middle _____	
<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy) _____	SID # _____	FBI # _____
Investigating Officer (Please Print) _____		Phone # of Investigating Officer _____	E-mail of Investigating Officer _____		
Per ORS 181A.325(e), law enforcement agencies are prohibited from submitting anonymous kits to the Department of the State Police for testing. An anonymous kit is defined as "a SAFE kit collected from a victim who has not participated with a Law Enforcement agency in the creation of a report of the sexual assault." SAFE Kits meeting the current definition of an "anonymous kit" under Oregon law are not to be submitted to the laboratory. <b>By submitting a SAFE Kit to the laboratory, the agency acknowledges that they have determined that the SAFE Kit is not anonymous.</b>					
<b>The Oregon State Police Forensic Services Division reserves the right to select appropriate methods of analysis based on the type of evidence and information provided.</b>					
Enter Sexual Assault Kit number here: _____					
Lab Exhibit _____	Agency Exhibit _____	Description of Evidence (Please associate evidence with appropriate individual, if applicable)		Requested service (Refer to the OSP Forensic Services Website <a href="https://tinyurl.com/OSP-Forensic-Documents">https://tinyurl.com/OSP-Forensic-Documents</a> for further information)	
Submission of this form indicates agreement with the confidentiality, simplified reporting, and selection of methods information available at the following location: <a href="https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf">https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf</a>					
Submitted to Lab By (Please Print) _____		Submitted to Lab By (Signature) _____		Date Submitted _____	
Submitted via <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Other		<b>LAB USE ONLY</b>			
Date / Time _____					
Lab Staff _____					
Evidence Transfer or Referral Received From: _____		Via: <input type="checkbox"/> UPS	Date / Time _____		Lab Staff _____
<input type="checkbox"/> Item(s) <input type="checkbox"/> Submission					