

SAMS -TRACK

MEDICAL PROFESSIONAL

TECH TIPS

All SAFE kits must be entered in SAMS.

Required fields are highlighted in red.

If you need an account, please send an email to: SAMSTrack@osp.oregon.gov

If you have any questions or concerns, please contact SAMS Track at SAMSTrack@osp.oregon.gov

Initiate kit ×

Medical facility

Collection (Required)

*Kit number:
21-12345

*Collection date
05/03/2023 08:47

Incident Date

*Nurse name
Lehman, Susan

Anonymous

Medical facility Pick X

Medical Note

Kit # **Must** contain a (-) dash. If a SAFE kit does not have a kit number and bar code, please dispose of the SAFE kit and retrieve a SAFE kit with a kit number and bar code.

Don't forget to select this box if the kit is anonymous.

“Anonymous kit” means a sexual assault forensic evidence kit collected from a victim who has not participated with a law enforcement agency in the creation of a report of the sexual assault.

The victim demographics box is optional.

Victim Demographics (Optional)

Race

Q PickX

Gender

Q PickX

Mental Health

Disability

Age

LE Notification (Required)

Notification date

📅

Agency

Q PickX

Cancel

Save

This box should contain the police agency you call to pick-up the kit. It is vital that the police agency is notified to pick up the kit. If you have any questions or comments, please contact SAMSTrack@osp.oregon.gov