Allegheny County
Office of the Medical Examiner
Forensic Laboratory
1520 Penn Avenue • Pittsburgh, PA 15222
Phone (412) 350-4800 • Fax (412) 350-3861

EVIDENCE SUBMITTAL FORM

Sexual Assault

1. Agency Name: _____ Agency Incident #:
2. New Submittal: _____ Yes _____ No If No, prior Lab Number: _____
3. Type of Offense or Occurrence: _____
4. Date and Time of Offense or Occurrence: _____
5. Location of Offense or Occurrence: (Street, City, Borough, Township, etc.)

_____

6. Facts of Offense or Occurrence:

Areas of Penetration: ☐ Vaginal ☐ Rectal ☐ Oral ☐ Unknown

7. Actor's Name: _____ Age: _____ Sex: _____ Race: _____

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8. Victim's Name: _____ Age: _____ Sex: _____ Race: _____
9. Specimen Collection:

Blood: _____ Date: _____ Time: _____

Urine: _____ Date: _____ Time: _____

10. Did victim urinate prior to collection of urine specimen? YES _____ No _____ How many times? _____
11. Type of analysis requested: ____ Alcohol ____ Drug Screen ____ Other: _____

____ Serology

12. Type of drug suspected:

Victim Information

13. Time elapsed between last intercourse before this assault:

☐ < 1 day ☐ 1-2 days ☐ 2-5 days ☐ >5 days

14. ☐ This Sexual Assault Kit is being submitted in connection with a reported sexual assault and must be completed within six (6) months of receipt

15. Did victim take any drugs (prescription, recreational, or OTC)?

16. Did victim consume alcohol? Yes _____ No _____ How much?_____

17. Was victim unconscious? Yes _____ No _____ How long?_____

18. Victim's description of symptoms:

19. Witness' description of symptoms:

Actor Information

20. Occupation:_____

21. Did actor take any drugs (prescription, recreational, or OTC)?

22. What drugs does suspect have available to him/her?

23. Did actor consume alcohol? Yes _____ No _____ How much? _____

24. Additional History:

25. Investigating Officer: _____ Phone Number:_____

26. Submit Laboratory Report to: (Name, Address, and Telephone Number of Agency):