

Only for SAK Submissions – Complete a new form for each SAK

This form must be filled out completely in order to provide timely customer service. Failure to provide essential information within two weeks of submission will result in the return of the evidence.

AGENCY:		CRIME LAB BARCODE HERE FOR LAB USE ONLY For evidence submission guidelines, refer to the Forensic Services Guide			
AGENCY CASE NO.:					
RELATED LEA & CASE NO(S).:					
OFFENSE:					
OFFENSE DATE:					
SUSPECT(S) - LAST, FIRST	DOB	ASAB	VICTIM – LAST, FIRST	DOB	ASAB
1			1		
2			LIST ONLY ONE VICTIM PER FORM		

SUBMITTING AGENCY INFORMATION

ASSIGNED OFFICER (LAST, FIRST, TITLE)	BADGE NO.	TELEPHONE	E-MAIL
SECONDARY CONTACT (LAST, FIRST, TITLE)	BADGE NO.	TELEPHONE	E-MAIL

EVIDENCE SUBMISSION INFORMATION

AGENCY SAK ITEM #	WA SAK TRACKING SYSTEM (Track-Kit) #	ADDITIONAL DNA REFERENCE(S) ITEM #	COLLECTED FROM (LAST, FIRST)	REFERENCE TYPE
	WA			
Has consent for testing been granted in the WA Sexual Assault Tracking System (Track-Kit)? <input type="checkbox"/> YES <input type="checkbox"/> NO			SUBMITTAL METHOD:	
SUBMITTED BY (LAST, FIRST)		SIGNATURE	DATE	TIME
NOTE: Signing the Request for Laboratory Examination constitutes written agreement between the Washington State Patrol Crime Laboratory Division (CLD) and the submitting agency, subject to, but not limited to, the Terms and Conditions within this document.				
RECEIVED BY (LAST, FIRST)		SIGNATURE	DATE	TIME
All items received sealed unless otherwise noted.			DNA WORK PRODUCT ITEM #	
RELEASED BY (LAST, FIRST)		SIGNATURE	DATE	TIME
RELEASED TO (LAST, FIRST, OR AGENCY)		SIGNATURE OR RELEASE METHOD	DATE	TIME

EVIDENCE RETURN INFORMATION – *The evidence submitted above should be returned to:*

AGENCY	CONTACT PERSON	E-MAIL
STREET ADDRESS	CITY	ZIP CODE

COMMENTS:

AGENCY:		AGENCY CASE NO.:	
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<p>CONSUMPTION OF EVIDENCE AUTHORIZATION <i>I, the above submitting official, authorize the WSP Crime Laboratory or its designated contracting laboratory to consume the sexual assault kit evidence in this case if it is determined to be necessary. I acknowledge that the laboratory will make every effort to preserve at least half of the evidence or DNA extract from the evidence. When this is not possible, if I authorize consumption, the evidence and/or DNA extract from the evidence will be consumed.</i></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
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Authorization of consumption is required at time of submission for all sexual assault kit testing submissions with no charged individual. It is the responsibility of the submitting official to determine their authority to authorize such consumption. Consultation with and/or authority from your Prosecuting Attorney's Office may be required. To rescind consumption, contact the WSP Vancouver Crime Laboratory.

SPECIAL INSTRUCTIONS – Please include any additional relevant details related to this case, as needed (e.g. court dates, imminent public safety concerns, whether an individual been charged, additional contact information, additional subjects, related agency cases, etc.).

INVESTIGATIVE INFORMATION – All fields must be completed for submission. If the information is unknown or could not be obtained after contacting the victim, then identify as Unknown. Please use the **Incident Summary** section to indicate why any responses were listed as unknown.

CONSENTING SEXUAL CONTACT

<p>Did the victim have consensual sexual contact within seven days prior to the collection of the kit?</p>	<p>Is the consensual partner the same individual as the assailant?</p>
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If they are not the same individual as the assailant, please list the name(s) of the consensual partner(s), if available:

If any consensual partners have been identified, or are identified at a future date, please submit their reference sample.

UNDERWEAR DETAILS

<p>If underwear is included in the kit, how is it associated with the assault?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unknown <input type="checkbox"/> Worn During Incident <input type="checkbox"/> Worn Directly After <input type="checkbox"/> Worn After Victim Showered or Bathed 	<p>Additional Comments:</p>
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INCIDENT SUMMARY – Must include, if available, the location of the incident (i.e. suspect's residence, victim's vehicle, etc), the nature of the relationship between the victim and assailant(s), and any other details that might be relevant to laboratory examinations. Also provide additional details regarding the consensual activity of the victim (within seven days of evidence collection) to help differentiate consensual acts from the assault. Please attach a hospital report, if available.

EVIDENCE SUBMISSIONS	<p>WSP Vancouver Crime Lab ATTN: SAK Case Evidence – PEC 1401 Kauffman Ave. Vancouver, WA 98660-2752</p> <p>PLEASE ENSURE ALL EVIDENCE IS PROPERLY SEALED (INITIALED & DATED OVER SEAL) BEFORE SHIPPING</p>
<p>E-mail: EvidenceSubmission-VancouverCrimeLab@wsp.wa.gov Phone: (360) 993-3800</p>	
WA SAK TRACKING SYSTEM	<p>PLEASE UPDATE THE SAK TRACKING SYSTEM BEFORE SHIPPING TO THE CRIME LAB https://wa.track-kit.us/</p>
<p style="text-align: center;">INSTRUCTIONS FOR USE</p> <p>Please type and complete the form electronically. When submitting evidence, clearly identify the agency case number and item number on each evidence package and use these exact numbers on the evidence submission form. For additional information, please reference the Forensic Services Guide.</p> <p>If you have questions regarding the use of this form or the proper submittal of a sexual assault kit please call the Vancouver Crime Laboratory at (360) 993-3800.</p> <p>If you have additional evidence items for this case, please use the general CRIME LABORATORY REQUEST FOR LABORATORY EXAMINATION form and submit to your local Crime Laboratory as appropriate. <u>This submission form is for sexual assault kits and associated DNA reference samples only.</u></p> <p>AGENCY CASE NUMBER (ACN): Enter the number your agency uses to track the case.</p> <p>RELATED AGENCY CASE NO(S): Enter any related agency case number(s). Use the “Special Instructions” section to explain relationship or record additional ACNs.</p> <p>ASAB (ASSIGNED SEX AT BIRTH): Options are male, female, or unknown. Identify as unknown if it is not apparent if the individual was assigned as male or female at birth. These responses assist the laboratory in determining the most appropriate SAK screening method to utilize.</p> <p>ASSIGNED OFFICER: The primary investigator and the person that your agency wants listed on the laboratory report. If the report should be delivered to another person, describe delivery instructions in the “Special Instructions” section.</p> <p>EVIDENCE ITEM #: The individual tracking number your agency uses to identify the item.</p> <p>SUBMITTED BY: This is filled in by your agency representative who personally delivers or ships the evidence to the laboratory.</p>	
<p style="text-align: center;">ADDITIONAL RESOURCES</p> <p>For information about our current methods for sexual assault kit processing, please reference the WSP Changes to Sexual Assault Kit Processing in the Lab, May 2021, flyer.</p> <p>For access to survivor resources, please visit the WA State Office of the Attorney General Sexual Assault Kit Initiative (SAKI) website.</p>	



REQUEST FOR LABORATORY EXAMINATION (RFLE) – TERMS AND CONDITIONS SEXUAL ASSAULT KIT SUBMISSION – DNA

1. In order for a Sexual Assault Kit Submission Request for Laboratory Examination (RFLE) to be considered received by the Crime Laboratory Division (CLD), the form must be completed in its entirety, including the consumption of evidence authorization, investigative information, and incident summary sections. **Incomplete forms will be directed back to the submitting official.**
2. Prior to the start of evidence testing, CLD personnel will review the evidence and case information against the services requested on the RFLE to confirm that the CLD has the appropriate capabilities and resources to perform the services requested. If the laboratory is unable to satisfy the request, CLD staff will notify the submitting official that the request cannot be completed, with an explanation. Differences between the requested services and the services that the CLD can provide will be resolved before any work commences. Refer to the [Forensic Services Guide](#) for detailed evidence submission guidelines and policies.
3. Reported opinions and interpretations are based on the results obtained from the tested item. Conclusions will be released in accordance with the CLD Quality Operations Manual. This includes, where applicable, a technical review being completed prior to releasing written or verbal results.
4. All evidence items received by the CLD will be returned to the agency listed under the Evidence Return Information section of the RFLE unless otherwise indicated in a crime laboratory report.
5. Each laboratory report will have the following information (if applicable and available):
 - a. The name and address of the laboratory, and the location where the tests were carried out, if different from the address of the laboratory.
 - b. The lab number unique to this report and the associated request number(s).
 - c. The name of the submitting agency.
 - d. The name of the submitting official.
 - e. The submitting agency case number.
 - f. Suspect and victim names.
6. Laboratory reports will have the following format:
 - a. Overview (optional).
 - b. Results and Conclusions.
 - c. Evidence (optional if listed under b above).
 - d. Methods and Observations.
 - e. Remarks (optional).
7. Laboratory reports do not include information that can readily be made available upon request such as the date of receipt of the items and testing date. The laboratory testing date falls within the timeframe of when the evidence is received and the date on the issued laboratory report.
8. By submitting a sexual assault kit to the CLD for testing the submitting official is attesting that the victim has consented to have their kit forensically tested or that the need for consent has been waived under RCW 5.70.040.

Questions about services provided can be brought to the laboratory manager or supervisor of the Vancouver Crime Laboratory by calling (360) 993-3800. Additional contact information can be found on the [WSP Laboratory Services website](#).