



Bureau of Laboratories
 110 Pickering Way
 Exton, PA 19341
 Ph: 610-280-3464
 FX: 610-450-1932

ACT 27 - Sexual Assault Testing and Evidence Collection Act
INITIAL Data Reporting Form ONLY

Facility Information:

Facility Type: Law Enforcement Laboratory

Facility Name: _____

Street Address: _____

City: _____

State: _____ Zipcode: _____

Phone: _____

FAX: _____

Contact Person:

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Initial Report Statistics of Evidence Awaiting Testing (Data up to 07 Sept 2015):

Law Enforcement Agency only:

_____ Number of sexual assault cases in your jurisdiction as of 07 September 2015 for which evidence has NOT been submitted for laboratory testing.

Laboratory facility only:

_____ Number of sexual assault cases in your jurisdiction as of 07 September 2015 for which evidence has NOT been analyzed.

Date Report Submitted: _____

Law Enforcement Agency only:

Please provide the name and contact information of the laboratory(s) to which you submit or have submitted sexual assault case evidence for analysis in the past five (5) years (if more than four laboratories, please complete additional copies of this page).

Laboratory Name: _____
Street Address: _____

City: _____
State: _____ Zipcode: _____
Phone: _____
FAX: _____
Email: _____

Laboratory Name: _____
Street Address: _____

City: _____
State: _____ Zipcode: _____
Phone: _____
FAX: _____
Email: _____

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Street Address: _____

City: _____
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Phone: _____
FAX: _____
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