

**Commonwealth of Pennsylvania**

**Sexual Assault Evidence Collection Kit**

**Consent for Testing**

This form may be used by a law enforcement agency to obtain consent to test a sexual assault kit when consent was **not** granted by a victim at the time of kit collection. This form is **not** intended for use by healthcare facilities at the time of the medical-forensic exam.

A law enforcement agency may also develop their own form for this purpose.

Incident Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Exam/Evidence Collection: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, do hereby grant consent for laboratory testing and analysis of this sexual assault evidence collection kit.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Victim’s Signature/Representative’s Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

­­­­­­­­­­­­­­­­­­­­­­­Date of Consent

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

­­­­­­­­­­­­­­Law Enforcement Signature

**Securely attach form to outside of kit.**