



Sexual Assault Evidence Testing and Storage Consent Form

Minn. Stat. §299C.106 defines an Unrestricted Kit as “a kit that has an accompanying release form signed by the patient allowing law enforcement to submit the kit to a forensic laboratory”. A Restricted kit is defined as “a kit that does not have an accompanying release form signed by the patient authorizing law enforcement to submit the kit to a forensic laboratory”. Kits must be submitted for either testing or storage within the timeframes specified in the statute.¹

This document is designed to guide you in selecting an option to proceed with forensic testing of your kit(s) or to store your kit(s) securely at the BCA Forensic Laboratory.

☐ **Unrestricted Kit Testing**

- **I am choosing to make a report to law enforcement.**
 - o I consent to the forensic testing of samples and specimens collected, also known as Sexual Assault Evidence Collection, Blood and/or Urine Kits.
 - o I give permission to the facility at which my examination was performed to release my identifying information and any samples and specimens collected during the forensic examination to the law enforcement agency involved in investigating and prosecuting the suspect(s). This includes the release of my name, date of birth, and location (city and county) of the incident.
 - o I understand I may revoke this authorization in writing to the medical facility at any time. However, I understand this revocation may not apply to information or materials already released or to actions already taken.

Print Patient/Guardian² Name: _____

Patient/Guardian² Signature & Date: _____

☐ Indicate here if kit was previously designated and submitted as a Restricted Kit.

BCA Forensic Laboratory Barcode Number: _____



Restricted Kit Storage

- **I am choosing Restricted Kit Storage for my Sexual Assault Evidence Collection Kit(s).**
 - o I do not consent to the forensic testing of samples and specimens collected, also known as Sexual Assault Evidence Collection Kit, Blood and/or Urine Kits.
 - o I understand testing will not occur unless I make a report to law enforcement and provide consent to test my kit as indicated above for Unrestricted Kits.
 - o I understand that my Restricted Kit(s) will be transported for long-term storage at the BCA Forensic Laboratory.
 - o I understand that Restricted Kits will be maintained for a minimum of 30 months from the date of receipt by the BCA Forensic Laboratory.
 - o I understand any identifying information submitted with my Restricted Kit(s) will be used for storage/tracking purposes only, will be kept secure as private data, and will not be shared with law enforcement.

Any identifying information provided will be maintained as private data pursuant to Minn. Stat. §13.82, Subd. 17(b)

- o I understand, if at any time, I would like to change my decision from Restricted Kit Storage to Unrestricted Kit to be tested, it is my responsibility to contact law enforcement, directly or through my Advocate. I understand I will need to sign a consent form to allow forensic testing.
- o I understand that after 30 months, the BCA may destroy the evidence from my forensic examination without any further notification to me.

Print Patient/Guardian² Name: _____

Patient/Guardian² Signature & Date: _____

☐ For Restricted Kits only - Please check box if Patient/Guardian does not consent to the release of identifying information to the BCA Forensic Laboratory.

I affirm I have discussed the information above with Patient/Guardian and the Patient/Guardian has selected the option of Restricted Kit storage without identifying information*.

Print Medical Provider Name: _____

Medical Provider Signature & Date: _____

Medical Facility Identifier*: _____

*If no identifying information is provided with a Restricted Kit, a unique medical facility identifier MUST be included on the kit(s), this Consent form and Restricted Kit Submission Form. Enough information must be provided with this kit to allow for conversion to Unrestricted status if the Patient/Guardian chooses to do so.

Medical Provider Instructions and Further Information:

Other items of evidence (e.g. clothing, bedding) will not be stored at the BCA Forensic Laboratory. Underwear can be included if properly dried and will fit into kit box.

ALL Restricted Kits submitted to the BCA Forensic Laboratory must be accompanied by a **Restricted Sexual Assault Kit Submission Form** for centralized storage.

Include a copy of the Consent and the Restricted Sexual Assault Kit Submission Form inside the kit mailing box.

¹Minn. Stat. §299C.106, subd. 3. Submission and storage of sexual assault examination kits.

(a) Within 60 days of receiving an unrestricted sexual assault examination kit, a law enforcement agency shall submit the kit for testing to a forensic laboratory. The testing laboratory shall return unrestricted sexual assault examination kits to the submitting agency for storage after testing is complete. The submitting agency must store unrestricted sexual assault examination kits indefinitely.

(b) Within 60 days of a hospital preparing a restricted sexual assault examination kit or a law enforcement agency receiving a restricted sexual assault examination kit from a hospital, the hospital or the agency shall submit the kit to the Bureau of Criminal Apprehension. The bureau shall store all restricted sexual assault examination kits collected by hospitals or law enforcement agencies in the state. The bureau shall retain a restricted sexual assault examination kit for at least 30 months from the date the bureau receives the kit.

²Guardian signature required only if applicable. Refer to Minn. Stat. §144.343 , subd. 1 for further information.