



New York State Sexual Offense and Drug Facilitated Sexual Assault Evidence Collection Kits Order Form

PLEASE NOTE: This order form should only be used by hospitals in New York State to order kits that will be used to collect forensic evidence from victims of sexual assault.

Please Note: Kits will be shipped within 30 days of the order being received.

Date of Order:

Choose kit type and provide amount of cases ordered on the line provided:

Part A: Sexual Assault Kit CASE QUANTITY: (1 case = 12 kits)

Part B: Drug Facilitated Kit: CASE QUANTITY: (1 case = 6 kits)

The following information must be completed in order to process the request:

Name of Individual Requesting Kits:

Hospital/Rape Crisis Center/Medical Provider

Department/Building and Room Number:

Address:

City State: NY Zip

Telephone Number:

Email Address:

Email completed form to: kits@dcjs.ny.gov

If you have any questions regarding the order form or the kits, please e-mail the above address or call (518) 457-1901.

For DCJS use only:

Date order received: ___/___/___ Order received via: ___ email ___ phone