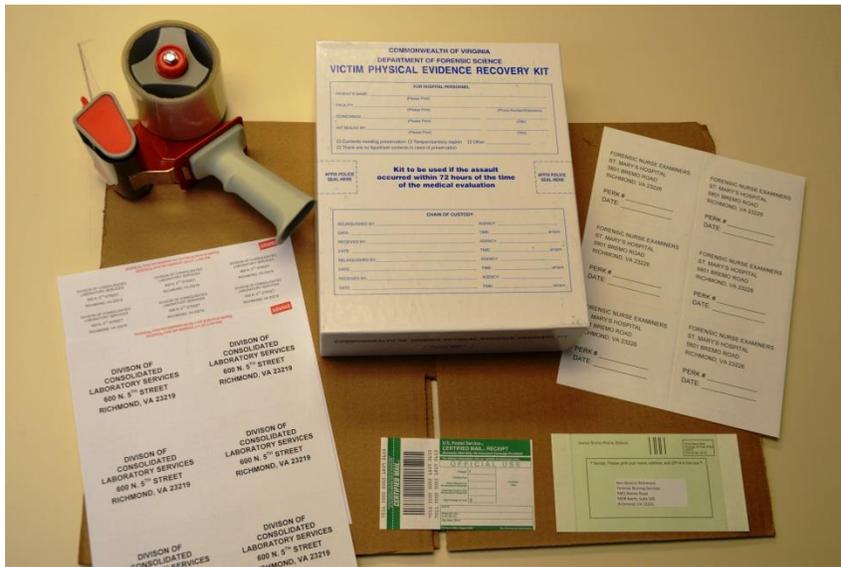


Instructions for mailing Anonymous/Blind PERKS to Division of Consolidated Laboratory Services (DCLS)



1. Prepare a packaging and shipping kit to mail the PERK to DCLS.

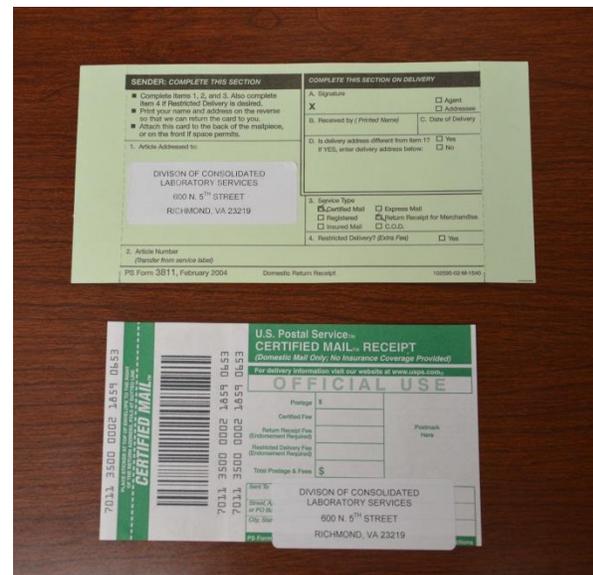
Items needed:

1. Sturdy shipping box (apprx. 12x10x4)
2. Packing and/or evidence tape
3. Labels
4. Certified Mail Receipts
5. Anonymous/Blind PERK Storage Notification Form
6. Sharpie/Permanent Marking Pen

2. The box should be mailed via **U.S. Postal Service Certified Mail** to:

Division of Consolidated Laboratory Services
600 North 5th Street
Richmond, VA 23219

Attn: DCLS Evidence Custodian

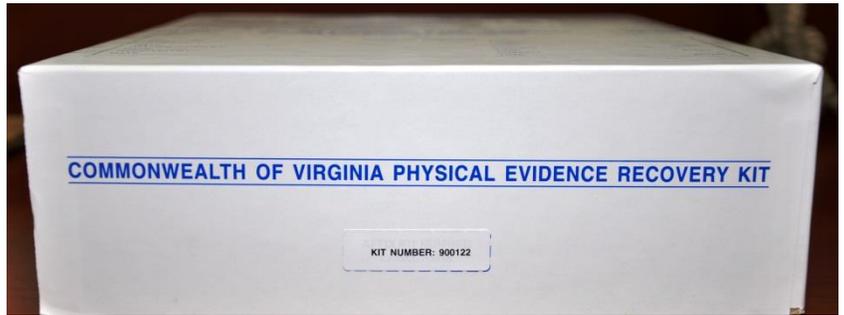


3. In addition to regular PERK seals, the PERK must be sealed on all four sides with tape and initialed on each side with initials on the surface of the box and on the tape.



Instructions for mailing Anonymous/Blind PERKS to Division of Consolidated Laboratory Services (DCLS)

- A unique PERK number label must be attached and clearly visible on the end of the PERK box in the designated place.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE
VICTIM PHYSICAL EVIDENCE RECOVERY KIT

KIT ID NUMBER: 13075 R HOSPITAL PERSONNEL

PATIENT'S NAME: _____ (Please Print)

FACILITY: St. Mary's Hospital (Please Print) (Phone Number) (804) 281-8574

CLINICIAN(S): Clarice Smith, BSN, RN Forensic Nurse (Please Print) (Title)

KIT SEALED BY: Clarice Smith, BSN, RN Forensic Nurse (Please Print) (Title)

Contents needing preservation Tampon/sanitary napkin Other: _____
 There are no liquid/wet contents in need of preservation

Kit to be used if the assault occurred within 72 hours of the time of the medical evaluation

CHAIN OF CUSTODY

RELINQUISHED BY: <u>Clarice Smith, BSN, RN</u>	AGENCY: <u>St. Mary's Hospital</u>
DATE: <u>1-2-16</u>	TIME: <u>1424</u>
RECEIVED BY: <u>Placed in locked mailbox</u>	AGENCY: <u>7011 8500 0008</u>
DATE: _____	TIME: <u>1854 0053</u>
RELINQUISHED BY: _____	AGENCY: _____
DATE: _____	TIME: _____
RECEIVED BY: _____	AGENCY: _____
DATE: _____	TIME: _____

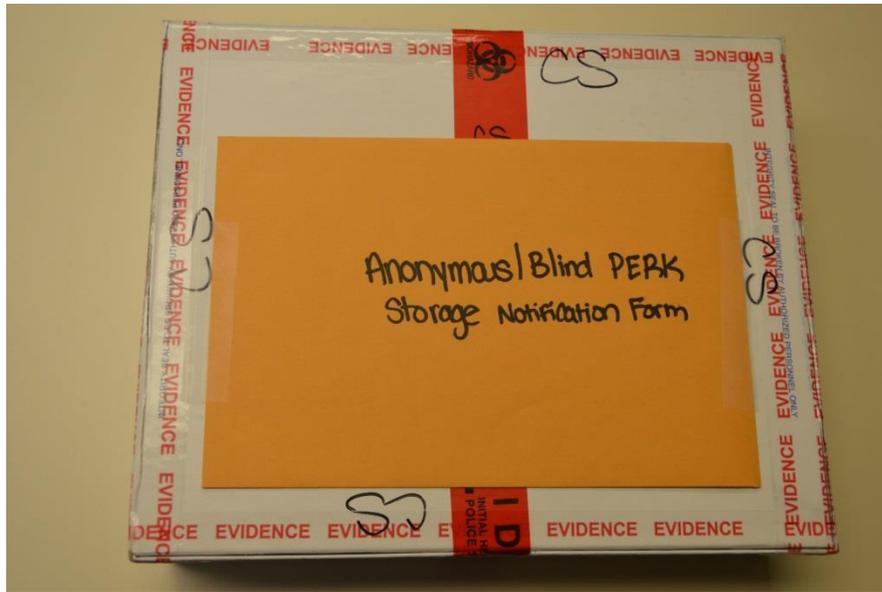
- Affix a unique PERK number label onto the top of the box, in the area designated PATIENT'S NAME.

Complete the sections for FACILITY, PHONE NUMBER, CLINICIAN and KIT SEALED BY.

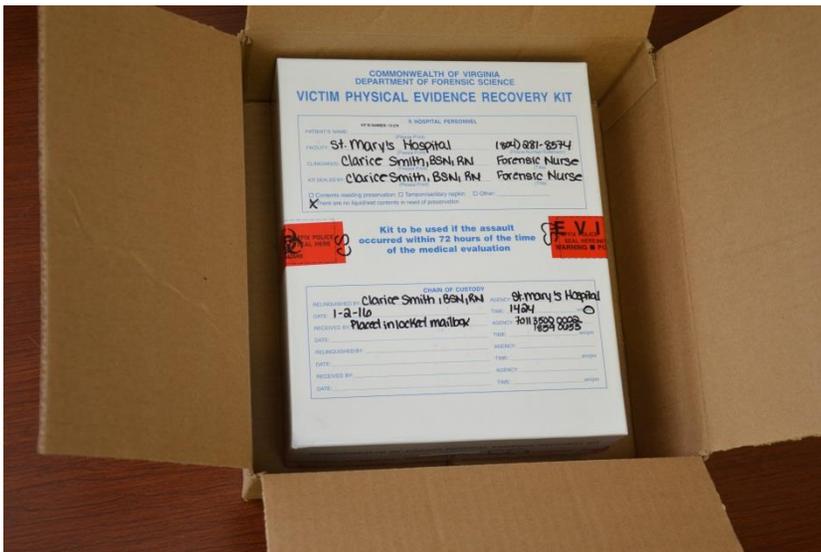
Mark an **X** designating that the PERK has no liquid or wet contents. Wet and liquid items **will not** be accepted by DCLS.

Under CHAIN OF CUSTODY fill in your name, agency, date, time and where the box will be placed for shipment. Include the USPS tracking number for the package in the area designated for Receiving Agency

Instructions for mailing Anonymous/Blind PERKS to Division of Consolidated Laboratory Services (DCLS)



6. The Division of Consolidated Labs needs the Anonymous/Blind PERK Storage Notification Form included with each kit it receives. Place the Anonymous/Blind PERK Storage Notification Form in a regular envelope and tape it to the bottom of the PERK. Write Anonymous/Blind PERK Storage Notification Form on the envelope.



7. Place the sealed PERK into a sturdy box for mailing.

Instructions for mailing Anonymous/Blind PERKS to Division of Consolidated Laboratory Services (DCLS)



8. Seal the shipping box with packing tape. In the upper left-hand corner, place a return label with the facility's address, next place a unique PERK number label below the address with the date.
9. In the upper right-hand corner, affix the Certified Mail Receipt. The U.S. Postal Service will postmark the receipt and give it to the sender. This receipt must be placed in the patient's medical/forensic record for proof of shipment.
10. In the center of the box, affix a label printed with the address for DCLS. Below mailing label, affix the completed green U.S. Postal Service Certified Mail address card. Upon receipt of the package by DCLS, this card will be mailed back to the sender and should also be placed in the patient's medical/forensic record for proof of shipment.