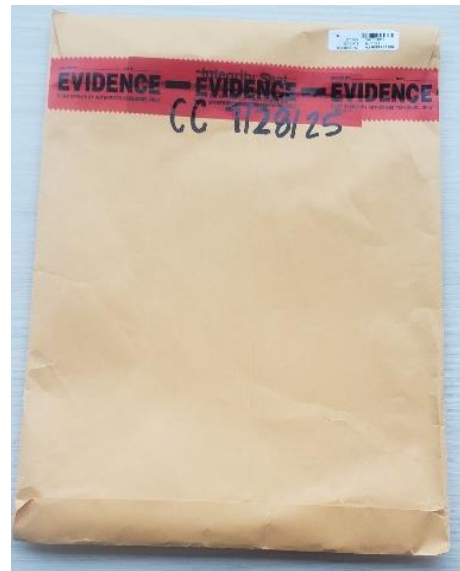


Anonymous NFK Submission Instructions

In accordance with Virginia Code § 19.2-11.6, the Division of Consolidated Laboratory Services (DCLS) shall accept and store anonymous trace evidence collection kits in cases of strangulation where the victim elects not to make a report to law enforcement. These trace evidence collection kits, also called Neck & Fingernails Kits (NFKs), are referred to as “Anonymous NFKs.” DCLS will accept and store any anonymous NFK (Virginia or non-Virginia) collected in response to an incident that occurred in a Virginia jurisdiction.

Preparing and Sealing the NFK

1. Evidence collected must be packaged within the NFK envelope only.
2. No liquid biological specimens such as blood or urine will be accepted, as refrigerated storage is not available.
3. The NFK envelope shall be sealed as follows:
 - Seal the top flap of the NFK envelope with evidence tape or a tape of sufficient strength to maintain a seal.
 - Initial the seal such that part of the initials are on the surface of the tape and part on the surface of the NFK envelope.
 - Ensure the integrity of the seal is able to withstand the rigors of shipping.



Completing the Front of the NFK Envelope

4. Fill out the information on the front of the NFK envelope (the design and format of the kit may differ by state).
 - Fill out all fields on the front of the NFK envelope (below are Virginia fields, but fields may differ by state).

- Fill in the JURISDICTION OF OFFENSE (in lieu of the PATIENT'S NAME), NAME OF THE FACILITY SUBMITTING THE EVIDENCE, PHONE NUMBER, CLINICIAN, and NAME OF THE INDIVIDUAL WHO SEALED THE KIT.
- Under CHAIN OF CUSTODY (in the RELINQUISHED BY field), fill in your name, agency, date, and time.
- Under CHAIN OF CUSTODY (in the RECEIVED BY field), fill in the secure storage location where the envelope will be placed for shipment. Include the USPS (carrier) tracking number for the package in the area designated for RECEIVING AGENCY.

- Fill in the unique NFK KIT NUMBER.
 - **VIRGINIA NFKs:** The NFK envelope is pre-labeled with the unique KIT NUMBER.
 - **NON-VIRGINIA KITS:** See **Step 5** for specific instructions on how to assign an appropriate unique KIT NUMBER.

Completing the Anonymous Storage Notification Form

- The health care provider must ensure that the victim receives a written copy of the **Anonymous Neck & Fingernails Kit Storage Notification Form (62833)**. This form is designed to comply with the requirement in Virginia Code § 19.2-11.6 that health care providers inform the victim of information regarding anonymous NFKs. This form must be provided to **all** victims whose assault occurred in a Virginia jurisdiction and who chose to not report the offense to law enforcement. The Anonymous Neck & Fingernails Kit Storage Notification Form can be found on the DCLS website (<https://dgs.virginia.gov/dcls/NFK>).

When completing the “Kit Number” section of the Anonymous Neck & Fingernails Kit Storage Notification Form, please be aware of the following adjustments that need to be made, depending on whether the kit is a Virginia NFK or a non-Virginia kit.

- **VIRGINIA NFKs:** Write the Kit Number or affix a sticker with the Kit Number in the “Kit Number” field at the top of the form.

- The unique Kit Number can be found on a pre-affixed label on the front of the NFK envelope. It can also be found within the NFK envelope on a sheet of peel-off, self-adhesive stickers. The victim must be advised that this unique number must be provided to law enforcement should the victim choose to make a report.

Patient Name: Sallie Mae
Health Care Facility Name: St. Mary's Hospital
Health Care Facility's Number: 804-281-8574
Date of Exam: 7/1/2025
Kit Number: NFK224-00001

- **NON-VIRGINIA KITS:** Write the kit number (if applicable) in the "Kit Number" field at the top of the form.

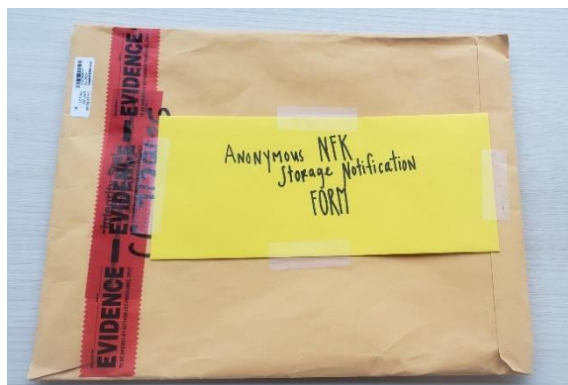
- If the kit from the given jurisdiction **has** a unique identification number on the kit, write "NVA" (for Non-Virginia) followed by the unique identification number in the "Kit Number" field at the top of the form. For example, a kit with the identification number S000001 should be written as NVAS000001.

Patient Name: Sallie Mae
Health Care Facility Name: St. Mary's Hospital
Health Care Facility's Number: 804-281-8574
Date of Exam: 7/1/2025
Kit Number: NVAS000001

- If the kit from the given jurisdiction **does not have** a unique identification number on the kit, contact the DCLS Evidence Custodian (DCLS_Evidence@dgs.virginia.gov **OR** 804-648-4480 ext. 102 or ext. 348) to obtain a unique identification number.

Patient Name: Sallie Mae
Health Care Facility Name: St. Mary's Hospital
Health Care Facility's Number: 804-281-8574
Date of Exam: 7/1/2025
Kit Number: Fill in the unique identifier provided by DCLS

6. The health care provider must place the fully executed Anonymous Neck & Fingernails Kit Storage Notification Form in a sealed envelope and attach the sealed envelope to the outer backside of the NFK envelope with tape.

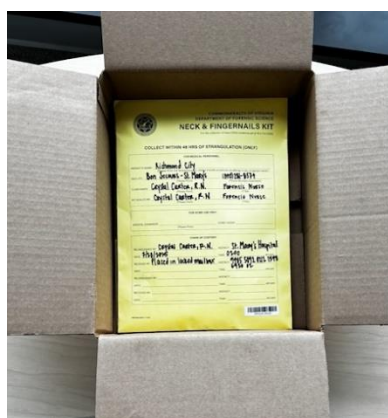


Shipping the NFK to DCLS

7. Obtain a shipping label addressed to DCLS address and include the unique Kit Number in the recipient line to ensure the package is easily identified to contain an Anonymous NFK when it arrives at DCLS.

**Division of Consolidated Laboratory Services
Attn: DCLS Evidence Custodian (Add Unique Kit Number Here)
600 North 5th Street
Richmond, Virginia 23219**

8. Place the NFK envelope into a sturdy shipping box, seal the shipper, and affix the shipping label to the outside of the shipper. The shipping box should be approximately 12" x 10" x 4".



9. Send the package to DCLS.

Additional Information

For additional health care provider information and instructions, please refer to the Comprehensive NFK Legislation Summary for Health Care Providers (63116) located on the DCLS website (<http://www.dgs.virginia.gov/dcls/NFK>).

DCLS will only store anonymous NFKs for strangulation cases. The NFK will remain in storage for a minimum period of two (2) years from receipt. The victim may request DCLS to hold the NFK in storage for an additional ten (10) years by completing and submitting the Anonymous NFK Storage Extension Request Form (62833) located on the DCLS website (<http://www.dgs.virginia.gov/dcls/NFK>) prior to the end of the initial two (2) year storage period.

In the event the victim decides to report the assault, the investigating law enforcement agency or the Attorney for the Commonwealth shall request the NFK be released to the law enforcement agency by contacting the DCLS Evidence Custodian at DCLS_Evidence@dgs.virginia.gov OR 804-648-4480 ext. 102 or ext. 348.

Unless contacted by law enforcement or the victim, DCLS may destroy the NFK after the initial two (2) year storage period or any additional ten (10) year storage period.

For questions regarding the submission, retention, or destruction of anonymous NFKs, please contact the DCLS Evidence Custodian at DCLS_Evidence@dgs.virginia.gov OR 804-648-4480 ext. 102 or ext. 348.