

**Anonymous PERK Storage Extension Request Written Objection to Destruction**

I am requesting the Division of Consolidated Laboratory Services (DCLS) extend the holding period of my Physical Evidence Recovery Kit (PERK) corresponding to:

PERK ID Number: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Jurisdiction or Submitting Hospital: \_\_\_\_\_

*I understand that in accordance with Virginia Code §19.2-11.6:*

- *DCLS will store my PERK for an additional period of 10 years as a result of my written notification.*
- *After the additional 10-year storage period, DCLS may destroy my PERK without contacting me.*
- *DCLS will not release my PERK unless notified by either law-enforcement or an attorney for the Commonwealth that I have elected to report my offense to law-enforcement.*

***By signing/initialing below, I acknowledge that I understand the information above and that this request serves as my official request to extend my PERK storage and retention by DCLS for an additional ten (10) years. I further acknowledge that this written objection form is not a contract and does not create contractual obligations.***

Victim's signature/initials: \_\_\_\_\_

Date of Request: \_\_\_\_\_