

**Anonymous PERK Storage Notification Form**

**ANONYMOUS PHYSICAL EVIDENCE RECOVERY KIT  
(PERK) STORAGE NOTIFICATION FORM (PART A)**

<b>Patient Name:</b>
<b>Health Care Facility Name:</b>
<b>Health Care Facility's Number:</b>
<b>Date of Exam:</b>
<b>PERK ID Number:</b>

I \_\_\_\_\_ am requesting that the evidence collected during my Physical Evidence Recovery Kit (PERK) examination be stored by the Division of Consolidated Laboratory Services. At this time, I do not want to contact, give my name, or give my PERK to law enforcement.

I have read and understand the following:

**A. The evidence collected during my examination will be stored in a sealed box by the Division of Consolidated Laboratory Services (DCLS).**

- a. The outside of the sealed box will be labeled with a unique PERK ID number (listed on the top right of this form) and my name will not be visible on the outside of the box.
- b. DCLS will hold my PERK for at least two (2) years.
- c. DCLS will not release my name or my PERK to law enforcement unless I make a police report.
- d. After two (2) years, DCLS can destroy my PERK without contacting me.
- e. I may request DCLS to store my PERK for an additional ten (10) years by contacting the DCLS Evidence Custodian at (804) 648-4480 ext. 102 and submitting a written objection to the destruction of my PERK that includes the PERK number found at the top right of this form.
- f. DCLS may destroy my PERK after the initial two year storage period or any additional ten year storage period without contacting me.

**B. If I decide to make a police report, I should call the following law enforcement agency.**

Law enforcement agency: \_\_\_\_\_

Phone number: \_\_\_\_\_

**By signing below, I acknowledge that I understand the information above and that DCLS may destroy my PERK after two (2) years has passed unless I make a report to law enforcement or submit my written objection to having my PERK destroyed before the end of the of the two (2) year storage period.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

**ANONYMOUS PHYSICAL EVIDENCE RECOVERY KIT (PERK)  
STORAGE NOTIFICATION FORM (PART B)**

**Why is it helpful to make a report to the police now?**

- a. The police can talk with you about what happened and see if there is any other evidence from the crime scene(s) and from the suspect(s).
- b. The police can talk to possible witness(es).
- c. The police will get the PERK, and it will be tested for DNA. This may help the police with their case.
- d. The police may be able to help you with any safety concerns you may have.
- e. The Virginia Victims Fund may be able to help you with any crime-related costs.

**Why waiting to make a report to the police can make it harder to prosecute the person(s) who assaulted you:**

- a. Evidence that could help with the police investigation may be lost forever, including blood, urine and additional items.
- b. The police will not be able to talk to the suspect(s) or the witness(es), who may not be available or located at a later time.
- c. It may be harder to investigate and prosecute the case if you wait to make a police report.

**The cost for collection of the PERK is paid for by the Virginia Victims Fund (VVF). You may receive additional bills from the doctor or hospital for medical care. If you have any questions about a bill you receive, please contact the VVF at (800) 552-4007 or at [info@virginiavictimsfund.org](mailto:info@virginiavictimsfund.org) for help.**

**If you need help or want to talk with someone, please call the Virginia Family Violence and Sexual Assault Hotline at (800) 838-8238 (V/TTY). Hotline staff is available 24 hours a day.**