

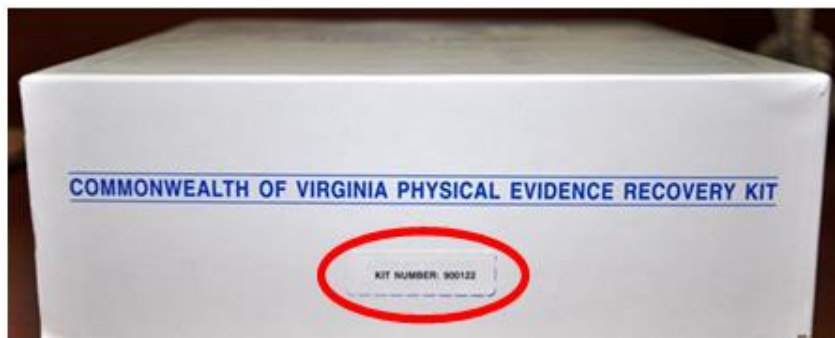
**Anonymous PERK Submission Photo Instructions**

**This visual guide is to be used along with the Anonymous PERK Submission Instructions.**

1. Seal all four sides of the PERK box with sturdy tape. Initial all seals such that part of the initials are on the surface of the box and on the surface of the tape.



2. Affix a unique PERK number label onto the bottom end of the PERK box in the designated space.



3. Affix a unique PERK number label on the front of the PERK 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 box has no liquid or wet contents.

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

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

PATIENT'S NAME: [Redacted] HOSPITAL PERSONNEL

FACILITY: St. Mary's Hospital (804) 881-8574  
 CLINICIAN: Clarice Smith, BSN, RN Forensic Nurse  
 KIT SEALED BY: Clarice Smith, BSN, RN Forensic Nurse

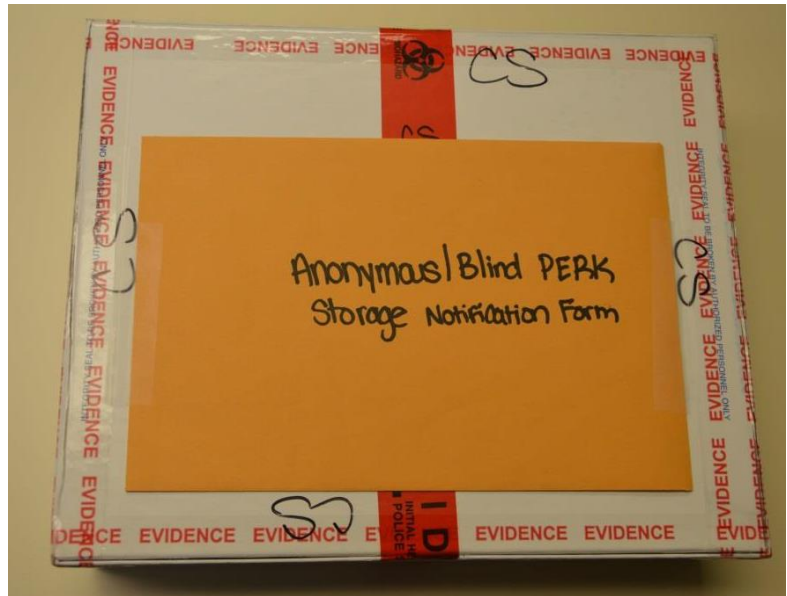
Contents needing preservation  Non-hazardous material  Other

**X** 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			
RECEIVED 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 3500 0008</u> <u>1824 0035</u>
DATE:		TIME:	
RECEIVED BY:		AGENCY:	
DATE:		TIME:	

- Place the Anonymous PERK Storage Notification Form in a sealed envelope and attach the envelope to the back of the PERK box.



- Place the PERK into a sturdy shipping box.



- Seal the shipping box and affix the shipping label onto the outside of the shipper.

