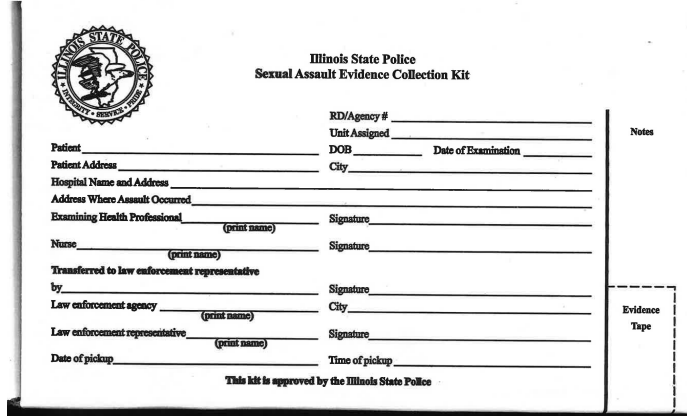


Fax/Email Order Form for Reordering Illinois Sexual Assault Kits Reorder # ILSP600

SIRCHIE[®]
Command Every Scene™
Phone: 800.356.7311, 919.554.2244
Email: sales@sirchie.com
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The form is titled "Illinois State Police Sexual Assault Evidence Collection Kit". It features the Illinois State Police seal on the left. The form contains several sections for data entry:

- RD/Agency #**: _____
- Unit Assigned**: _____
- Patient**: _____
- DOB**: _____
- Date of Examination**: _____
- Patient Address**: _____
- City**: _____
- Hospital Name and Address**: _____
- Address Where Assault Occurred**: _____
- Examining Health Professional**: _____ (print name) _____ Signature _____
- Nurse**: _____ (print name) _____ Signature _____
- Transferred to law enforcement representative**: _____
- by**: _____ Signature _____
- Law enforcement agency**: _____ (print name) _____ City _____
- Law enforcement representative**: _____ (print name) _____ Signature _____
- Date of pickup**: _____
- Time of pickup**: _____

At the bottom, it states "This kit is approved by the Illinois State Police". On the right side, there are two vertical columns: "Notes" and "Evidence Type".

Please fill in the following information and email to:

Sue Jennings

Email: sjennings@sirchie.com

Number of Kits Requested *(in increments of 12)*: _____

Order in increments of 12 to not exceed 24 kits.

Due to changes that may occur, do not order more than 3 months of kits at a time.

SHIP TO:

Agency Name: _____

Street Address _____

Note: Must be street address (not P.O. Box)

City: _____ State: _____ Zip: _____

Department: _____

Ship to Attention of: _____

Phone Number: _____