

# Transfer Facility Patient Consent for Evidence Collection and Chain of Custody Form

PATIENTS NOT REPORTING TO LAW ENFORCEMENT, LEAVE THIS BOX BLANK

Patient's Name \_\_\_\_\_

DOB \_\_\_\_\_ Hospital Medical Record No. \_\_\_\_\_

Patient Label  
PATIENTS NOT REPORTING  
LEAVE BLANK

## MANDATED REPORTING REQUIREMENT

**For patients under the age of 18 (minors):** *(unless legally emancipated by reason of marriage or entry into a branch of the United States armed services)* Illinois law requires healthcare professionals to report suspected abuse or neglect to the Department of Children and Family Services (DCFS) under the Abused and Neglected Child Reporting Act (ANCRA).

- Age of consent to sexual activity is 17
- If the offender is in a position of authority, trust or in a caregiver capacity, the age of consent to sexual activity is 18

DCFS is required to immediately refer reports in which a child is the alleged victim of sexual abuse to the local law enforcement agency for consideration of criminal investigation or other action.

### For patients age 18 and older (adults):

- Illinois law requires healthcare professionals to report suspected abuse, neglect, or exploitation to the Department of Aging for:
  - Any adult patient age 60 or older who cannot report or seek protection for themselves
  - Any adult patients age 18 to 59 with a disability and who cannot report or seek protection for themselves

## LAW ENFORCEMENT NOTIFICATION REQUIREMENT

Illinois law requires healthcare professionals to notify law enforcement when treating any injury sustained as a victim of a criminal offense, including sexual assault. However, a patient is NOT required to speak directly with law enforcement or to participate in an investigation.

## CONSENT FOR TESTING OR STORAGE OF EVIDENCE

I understand that I can choose to have the collected evidence released to a crime lab for testing.

OR

I can choose to have the collected evidence held in storage.

If choosing to store the evidence, I understand that law enforcement is only required to hold the evidence **for a minimum of 10 years, or until my 28<sup>th</sup> birthday, if under the age of 18**. I understand that I can change my mind, and choose to make a report to law enforcement, and release the evidence for testing to a crime lab any time prior to the evidence storage period ending.

Patient *(if **able** to consent)* – or- if **not able** to consent: Parent / Guardian / Health Care POA **(please circle role & initial next to choice)**

- **Test** evidence (must be 13 years or older to consent to testing) \_\_\_\_\_
- **Hold** evidence in storage (not testing) \_\_\_\_\_ Evidence storage period ends on \_\_\_\_\_

Patient *(if **able** to consent)* -or- if **not** able to consent: Parent / Guardian / Health Care POA (please circle role & sign, **if NOT reporting initial**) Date/Time \_\_\_\_\_

Healthcare Professional Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date/Time \_\_\_\_\_

If applicable, Interpreter Name \_\_\_\_\_

Interpreter's ID \_\_\_\_\_

Date/Time \_\_\_\_\_

Original to law enforcement case file, copy to hospital medical record, copy to patient.

**DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT**

ISP 6-006 (01/26)

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## RECEIPT OF INFORMATION (completed by healthcare professional and law enforcement representative)

I certify that the following items were given to law enforcement. (**healthcare professional initial all that apply**)

**DO NOT** use this form for Urine Toxicology Specimen (utilize the ISP Toxicology Consent form)

\_\_\_\_\_ Pre-void External Genital Wipe

\_\_\_\_\_ Evidence bags: Total number of bags (\_\_\_\_\_) Describe each bag's content:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Evidence transferred from facility on: \_\_\_\_\_  
(Date/Time)

Signature of **receiving** law enforcement representative: \_\_\_\_\_

Printed Officer ID# and Rank: \_\_\_\_\_ Agency: \_\_\_\_\_

Signature of **releasing** healthcare professional: \_\_\_\_\_

Printed healthcare professional name and title: \_\_\_\_\_