

# 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**

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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: \_\_\_\_\_