



Cuyahoga County Regional Forensic Science Laboratory

DNA Sexual Assault Evidence Submission Checklist

CCRFSL
Case #: _____

Submitting
Agency: _____

Agency/PD
Case#: _____

Following information must be completed with all Sexual Assault Evidence submissions to DNA Unit:

(Biological/DNA analysis will not be started until the following information has been provided)

1. **Location where assault occurred:** _____

2. **Items Submitted:** SA Kit Fetus/Product of conception - Provide Date of Collection: _____
Other: _____

3. **Victim's relationship to subject:** _____

4. **Sexual acts alleged:** Vaginal Intercourse _____ Anal Intercourse _____
Oral Contact - victim on subject: where? _____
Oral Contact - subject on victim: where? _____
Other (Specify): _____

5. **Has the victim had consensual relations within 3 days prior to the assault?** Yes No Unknown
If yes, elimination standards submitted? Yes No N/A

6. **If the requested testing is for criminal paternity, provide the full name and race of the mother (victim) and alleged father:**

Victim/Mother's Name: _____ Race: _____
Alleged Father's Name: _____ Race: _____

7. **Please write a short summary of the event:**

Information provided by:

Agency Representative/Officer's Name

Date