

New York State Sexual Offense and Drug-Facilitated
Sexual Assault Evidence Collection Kits
Order Form for Medical Providers

Please note: Kits will be mailed within 30 days of the order being received.

Date of Order: ____/____/____

Please indicate the **kit type** and include the number of **cases** for the order:

Sexual Assault Kit **QUANTITY:**
(12 kits in a case - minimum of 1 case to be shipped)

Drug Facilitated Kit: **QUANTITY:**
(6 kits in a case - minimum of 1 case to be shipped)

The following information must be completed in order to process the request.

Name of Individual Requesting Kits:

Name of Hospital/Rape Crisis Center/Medical Provider

Department /Building and Room Number:

Address:

City	State: NY	Zip
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Telephone Number:

E-mail Address:

Kits now include a wallet card titled:
Defendant HIV Testing: Information for Survivors of Sexual Assault
Please check here to receive copies in Spanish:

E-mail the completed form to: dcjsvawa@dcjs.ny.gov

Questions? Send an e-mail to dcjsvawa@dcjs.ny.gov or call (518) 485-9905.

For DCJS use only:

- Date order received and verified : ____/____/____
- Order received via: ____ email ____ phone