



Kit Intake Form

This form should be used by Examiners to collect the required information to be entered into KITS – Kit Inventory and Tracking System while the onboarding process is being completed. This information should be collected directly from the victim prior to leaving the hospital or medical facility. Once access to KITS is granted, enter the information directly into KITS including evidence types, and Activity Log actions.

For assistance using this form, please contact soeck@ovs.ny.gov.

Case Information:

Collector/Examiner:

Medical Record #:

Date of Collection:

Time:

Medical Facility Name:

Victim Information:

First Name:

Biological Sex:

Male

Female

Last Name:

Gender Identity:

Male

Female

X

Date of Birth:

Notification Preferences:

Does victim consent to receive notifications?

If consent is given: Notification Preference (select all where consent is given):

Email

Email Address:

Phone Call

Phone Number:

Text Message

Phone Number:

Mail

Address:

Language Preferences:

Preferred Spoken:

Preferred Written:

If other:

If other:

Interpreter Needed?

Date of Collection:

First Name:

Last Name:

Date of Birth:

Add collected evidence:

Evidence Type	Description

** Attach additional sheets if necessary.*

Date of Collection:

First Name:

Last Name:

Date of Birth:

Activity Log:

Action Performed	Employee Name	Date & Time	Notes (including location)

** Attach additional sheets if necessary.*

Evidence Type List:

SOECK – Sexual Offense Evidence Collection Kit
DFSA – Drug Facilitated Sexual Offense kit
Top Clothing
Bottom Clothing
Underwear
Shoes
Jewelry
Hat
Belt
Scarf
Gloves
Sheet
Blanket – Small/Baby to Twin size
Blanket – Large/Queen to King size
Menstrual Pad

Tampon
Panty Liner
Period Cup
Diaper
Incontinence Product
Condom
Hormonal Ring
IUD
Diaphragm
Other – Accessory
Other – Bedding
Other – Hygiene Product
Other – Contraceptive
Other – Small
Other – Large

Activity Log – Action Performed List:

Moved to Hospital Storage Location
Check Out Item <i>(use when moving from one location to another)</i>
Transferred to Law Enforcement
Returned to Victim <i>(specify which evidence item was returned)</i>