


# Fax/Email Order Form for Reordering Illinois Sexual Assault Kits Reorder # ILSP600


**SIRCHIE**<sup>®</sup>  
 Command Every Scene™  
 Phone: 800.356.7311, 919.554.2244  
 Email: [sales@sirchie.com](mailto:sales@sirchie.com)  
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**Illinois State Police**  
Sexual Assault Evidence Collection Kit

Patient _____	RD/Agency # _____	Unit Assigned _____	Notes
Patient Address _____	DOB _____	Date of Examination _____	
Hospital Name and Address _____	City _____		
Address Where Assault Occurred _____			
Examining Health Professional _____ <small>(print name)</small>	Signature _____		
Nurse _____ <small>(print name)</small>	Signature _____		
Transferred to law enforcement representative _____	Signature _____		
by _____ <small>(print name)</small>	City _____		
Law enforcement agency _____	Signature _____		
Law enforcement representative _____ <small>(print name)</small>	Time of pickup _____	Evidence Type	
Date of pickup _____			

This kit is approved by the Illinois State Police

***Please fill in the following information and email to:***

**Sue Jennings**

**Email: [sjennings@sirchie.com](mailto:sjennings@sirchie.com)**

Number of Kits Requested *(in increments of 12)*: \_\_\_\_\_

**Order in increments of 12 to not exceed 24 kits.**

**Due to changes that may occur, do not order more than 3 months of kits at a time.**

## SHIP TO:

Agency Name: \_\_\_\_\_

Street Address \_\_\_\_\_

*Note: Must be street address (not P.O. Box)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department: \_\_\_\_\_

Ship to Attention of: \_\_\_\_\_

Phone Number: \_\_\_\_\_