



**Cuyahoga County Regional Forensic Science Laboratory  
DNA Department  
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 Section:**  
(Biological/DNA analysis will not be started until the following information has been provided)

1. **Location where assault occurred:** \_\_\_\_\_
2. **Items Submitted:** \_\_\_\_\_
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  
**If yes, elimination standards submitted?**      Yes      No
6. **Please write a short summary of the event.**

**Information provided by:** \_\_\_\_\_  

Agency Representative/Detective's Name
Date