

Honolulu Police Department- Scientific Investigation Section

FORM: **OUTSIDE AGENCY WORK REQUEST- SEXUAL ASSAULT KIT**

FORM #: SIS-44B REVISION DATE: 2025-08-29 ISSUING AUTHORITY: Quality Coordinator

CASE INFORMATION- Please fill out one form per sexual assault kit submitted			
Agency		Report Number	
Offense		SAK Barcode #	
REQUESTOR INFORMATION			
Requestor Name		Requestor Title	
Requestor Email		Requestor Phone	
Supervisor Name		Supervisor Title	
Supervisor Email		Supervisor Phone	
Submission of this form indicates agreement with SIS's Terms of Service and Confidentiality Exceptions available in the SIS's Customer Handbook: https://www.honolulupd.org/organization/divisions/scientific-investigation/ Objections must be specified below. Each accommodation is a one-time request and will not apply to future requests.			
VICTIM INFORMATION			
Biological Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		
Did the victim indicate "Report to Law Enforcement" on the Authorization for Collection, Release, and Storage of Sexual Assault Evidence Collection Kit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SUSPECT INFORMATION			
(If there are multiple, add their information to the additional comments box).		ADDITIONAL INFORMATION:	
Biological Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		
Reference sample obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(Biological) Relationship to victim:			
CONSENSUAL PARTNER INFORMATION (if applicable – within 120 hours): <input type="checkbox"/> N/A			
(If there are multiple, add their information to the additional information box).		ADDITIONAL INFORMATION:	
Biological Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		
Reference sample obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
When was the last consensual encounter?			
CASE CIRCUMSTANCES: Please select one of the options below to provide case information.			
<input type="checkbox"/> Option 1 – Send pages 1-5 of the Medical Legal Document. Please redact as your agency sees necessary.			
<input type="checkbox"/> Option 2 – Fill out the following information			
(1) Did the victim lose consciousness during the assault?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(2) Was there reported ejaculation? If so, where?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(3) Brief description of case (if known, include the type of assault and body sites involved (i.e. penile/vaginal penetration, oral contact with breasts, etc.))			
SAK TRIAGE			
Based on the following priority list, up to FOUR collected SAK components will be tested starting from #1			The following SAK components will only be tested upon request.
1. Condom	4. Feminine hygiene products	8. Face swabs	12. Bra
2. Vaginal swabs / Penile swabs (male victims)	5. Underpants	9. External genitalia swabs	13. Outer clothing
3. Anal/Rectal swabs	6. Breast swabs	10. Alternate other site swabs	14. Fingernail samples
	7. Neck swabs	11. Oral swabs	15. Hair combs
This laboratory workflow will automatically be applied unless otherwise specified. If you would like to request testing of specific SAK components, please list up to FOUR component numbers from the above list:			

HPD-SIS USE ONLY			
SIS #:		Date/Time Received:	
Attach all communication records:		<input type="checkbox"/> Accepted as is <input type="checkbox"/> Modified <input type="checkbox"/> Rejected in full <input type="checkbox"/> Cancelled	