SAMS -TRACK

MEDICAL PROFESSIONAL

TECH TIPS

All SAFE kits must be entered in SAMS.

Required fields are highlighted in red.

| Initiate kit × | | |
|--|---|--|
| ena Medical facility | | |
| Collection (Required) *Kit number: 21-12345 *Collection date o5/03/2023 08:47 Incident Date Incident Date *Nurse name | Kit # Must contain a (-) dash. If a SAFE kit does not have a kit number and bar code, please dispose of the SAFE kit and retrieve a SAFE kit with a kit number and bar code. | |
| Lehman, Susan Anonymous Medical facility | Don't forget to select this box if the kit is anonymous. | |
| Medical Note | "Anonymous kit" means a sexual assault forensic evidence kit collected from a victim who has not participated with a law enforcement agency in the creation of a report of the sexual assault. | |

The victim demographics box is optional.

| Victim Demographics (Optional) | |
|--------------------------------|----------|
| Race | |
| | Q Pick 🗙 |
| Gender | |
| | Q Pick 🗙 |
| Mental Health | |
| Disability | |
| Age | |

| DE Notification (Required) | | | - |
|---|--------|------|------|
| Notification date | | | |
| | | | |
| Agency | | | |
| | ٩ | Pick | × |
| | | | |
| | Cancel | R | Save |
| | | | |
| This box should contain the police agency you call to pick-up the kit. It is vital that the police agency is notified to pick up the kit. If you have any questions or comments, please contact <u>SAMSTrack@osp.oregon.gov</u> | | | |