

# SEXUAL ASSAULT EVIDENCE COLLECTION KIT ORDER

Date
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Agency/Organization Name	County		
Street Address (No P.O. Box Numbers accepted)	City	State	ZIP Code

<b>CHECK ONE: (10 kits per case; maximum of six cases)</b> Please Enter the Number of Cases Desired
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Name of Requestor
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Telephone Number of Requestor	Email Address of Requestor
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Special Instructions
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<b>E-MAIL COMPLETED FORM TO: <a href="mailto:MISAEK@arrowheadforensics.com">MISAEK@arrowheadforensics.com</a></b> OR <b>FAX COMPLETED FORM TO: 913-945-1849</b>  Arrowhead Forensics, 11006 Strang Line Rd., Lenexa, KS 66215   913-894-8388
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If your organization is in possession of expired Sexual Assault Evidence Kits (SAEKs) which will not be used, please contact the Michigan State Police (MSP) Grants and Community Services Division (GCSD) for information on where to send them ([MSP-SAEK@michigan.gov](mailto:MSP-SAEK@michigan.gov)). If your organization needs SAEKs for training purposes please contact the MSP GCSD to obtain expired kits for training.