

Victim Paperwork

THIS KIT IS DESIGNED FOR THE COLLECTION OF FORENSIC EVIDENCE (*WITHIN 7 DAYS OF A REPORTED SEXUAL ASSAULT*) FOR ANALYSIS BY THE ALASKA STATE CRIME LABORATORY.

USE ONLY ONE KIT PER PERSON

IF THIS KIT IS BEING COLLECTED FOR A FEMALE SUSPECT, INTIMATE SAMPLES MUST BE COLLECTED BY A MEDICAL PROFESSIONAL.

CONSENT FORMS *REQUIRED for victim kits only*

Consent Form – Victim Reported Case

Or

Consent Form – Anonymous Victim Case

Review the appropriate form with the victim and have them initial/sign where indicated.

If the suspect has exercised the right to remain silent, follow normal agency/departments procedures. For suspects who have invoked their right to silence, utilize the notes section of the step 1a forensic history form for documentation purposes.

Step 1A ***VICTIM INTERVIEW FORM**

***SUSPECT FORENSIC HISTORY FORM**

***ANONYMOUS FORENSIC HISTORY FORM**

Step 1B **VICTIM ONLY**

MEDICAL HISTORY FORM AND DIAGRAMS

Step 1C **SUSPECT ONLY**

ANATOMICAL DIAGRAMS

Step 1D **EVIDENCE COLLECTION LOG**

Fill out the information requested and initial where indicated.

No other forms will be accepted.

These forms may not be altered.

**Please be aware that the Victim Interview (History of Incident), Suspect Forensic History and the Anonymous Forensic History forms are all Step 1A. Complete only one of the Step 1A forms.*

**A copy of the completed forms must be returned within the kit
AND
provided to law enforcement [except for in anonymous victim cases].**

The kit instructions and forms are available under Forms on the Crime Lab webpage at:
<https://dps.alaska.gov/comm/crimelab/home>

Wear ***gloves and mask*** during evidence collection.

Change gloves often.

Maintain other universal precautions as needed.

Once a sample has been collected, the swab(s) should be placed back in the swab package immediately. The swab package is then placed into the appropriate envelope.

Swabs SHOULD NOT be left out in the open to dry.

If more swabs are needed than are provided in the kit, use hospital or agency supplied swabs to collect samples.

The *plastic sleeves* containing the paperwork are for organizational purposes only. They may be discarded upon opening.

PHOTO DOCUMENTATION GUIDELINES

1. If collecting a victim kit, explain the purpose of the exam photographs (to document exam findings) and obtain consent.
2. Take an identification photo at the beginning and end of the series; this may consist of a photo of an Identification Card, hospital face sheet or other label that clearly identifies the date, photographer, agency, and victim/suspect (name, case number, or medical record number).
3. For overall photos:
 - Photograph the subject overall, including front and back, and right and left sides with clothing.
 - Photograph for facial identification (frontal, R/L sides).
 - Note all injuries, skin disruptions, and scars on the anatomical diagrams provided. Indicate if from assault or other event (per subject).
4. Photo document each injury noted (separately). Use the “Rule of Threes”:
 - Orientation photo to identify location of injury or finding (Overall of area).
 - Close up of injury or finding.
 - Close up of injury or finding using a scale. Be careful not to cover any part of the injury.
5. For colposcopic photos, be systematic:
 - Photograph overall area, top to bottom, side to side.
 - External genital structures to more internal structures.
 - Lowest magnification to highest.
 - Note all injuries on the anatomical diagrams provided.
6. Download photos to digital storage media or print per agency policy, maintaining copy for medical record. Ensure successful transmission to digital storage media before deleting from camera.
7. Label photos or digital storage media.
8. Place any photos and/or digital storage media in a separate envelope. **Encryption is not permitted.** Label and seal the envelope. Initial and date the seal.

FOR REPORTED CASES

DO NOT place the Photo Documentation media inside the evidence box. These photos should be given to law enforcement and/or the case officer.

FOR ANONYMOUS VICTIM CASES

Place the sealed evidence sample envelopes, the sealed Photo Documentation, and a copy of the signed consent form and Step 1 forms in the evidence box.

The Photo Documentation media will be removed and returned to law enforcement by the laboratory should the case become reported at a later date.

FOREIGN MATERIAL SHEET

Under some circumstances, for example when the suspect is a complete stranger to the victim, you may want to consider trace evidence collection.

1. Place a clean hospital bed sheet on the floor.
2. Obtain a white paper drape and place it on top of the clean bed sheet.
3. Instruct the person to stand in the center of the white paper drape and have them carefully remove all clothing and undergarments with assistance, if necessary, to collect any foreign material that may fall off the clothing.
4. Instruct the person to carefully step off the white paper drape.
5. Fold the white paper drape to securely retain any trace evidence recovered.

Place the white paper drape in a clean paper bag. Seal the bag with tape. Initial and date the seal. Fill out all information on the front of the bag and submit the item to law enforcement along with other clothing items. **DO NOT place this item in the kit. It should be packaged separately and given to law enforcement.**

The hospital bed sheet should not be collected as evidence.

CLOTHING

1. Collect each clothing item as it is removed.
 - Wet or damp clothing should be air dried before packaging (when possible).
 - Do not cut through any existing holes, rips or stains on the clothing.
 - Do not shake out the clothing (trace evidence is easily lost).
 - Remove all items from the pockets. Consult with law enforcement to determine if items from pockets need to be collected as evidence.
2. **Place each item of clothing into a clean brown paper bag. DO NOT place more than one item in each bag.**
3. If additional clothing/underwear are carried into the exam (items worn during assault, etc.), place the clothing into brown paper bags and label accordingly.
4. Label the bag(s) with the relevant case information (agency number, subject's name, contents, etc.)

It is not necessary to document the date and time collected, and the name of the individual collecting the sample, on each sample envelope unless there was a significant delay during collection or the samples were collected by someone other than the examiner named on the outside of the kit.

Step 2 UNDERWEAR / BRIEFS

Place the underwear/briefs (**worn at the time of the exam**) into the bag labeled "Underwear". Seal the bag with tape. Initial and date the seal. Fill out the information on the front of the bag.

If underwear is carried into the exam, place in a brown paper bag and submit item to law enforcement along with other clothing items. **Underwear carried into the exam are not to be placed in the kit.**

Before collection of a sample from the body, inspect the area for injury and document findings on the diagrams provided in Step 1B.

Step 3 DEBRIS COLLECTION

Remove the paper bindle(s) from the envelope. Unfold and place on a flat, clean surface. Collect any foreign debris (dirt, fibers, hairs, leaves, etc.) found on the head or body and place it in the center of the paper. Carefully refold the bindle. Note the location the sample was collected from on the bindle. Collect debris from different areas/body parts in separate bindles.

Do not seal the bindle(s). Place the bindle(s) back in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Immediately after collection, swabs are to be returned to the swab sleeve, cotton tip down. The swab sleeve is then placed in the appropriate white Step envelope.

DO NOT use a swab dryer or leave swabs out to dry.

Step 4 ORAL SWABS

Collect a sample within 24 hours of an oral assault for the detection of semen. If time of the assault has not been determined, use your discretion, based on the physical exam, in deciding whether or not to collect.

Simultaneously using both swabs provided (**do not moisten the swabs**), carefully swab the oral cavity. Include the gum line, teeth, roof of the mouth, surface of the tongue, and beneath the tongue.

Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Use the Step 9 Miscellaneous Swabs envelope for collection of fluids from the face in an oral assault.

Step 5 REFERENCE BUCCAL [CHEEK] SWABS *REQUIRED*

Have the subject rinse their mouth with water several times prior to collection of known sample.

The crime lab will NOT proceed with any case-related DNA analysis without a known sample.

Simultaneously using both swabs provided (**do not moisten the swabs**), swab the inside of the subject's left and right cheeks (at least six times).

Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope.

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Step 6 FINGERNAIL SCRAPINGS

Used for the collection of foreign DNA in cases involving scratching or digital penetration.

Remove the contents of the envelope labeled "FINGERNAIL SCRAPINGS-LEFT HAND". Unfold the paper bindle and place it on a clean, flat surface. Hold the subject's left hand over the paper and using the thin-pointed swab provided; carefully scrape under all five fingernails allowing any loose debris present to fall onto the paper. Place the swab in the center of the bindle and refold the paper (**you will need to refold the bindle to accommodate the swab**) and place the bindle back in the sample envelope.

Repeat this procedure for the right hand. Place the thin-pointed swab in the center of the bindle and refold the paper (**refold the bindle to accommodate the swab**) and place the bindle back in the sample envelope.

Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelopes.

Step 7 FINGER SWABS

Used for the collection of foreign DNA in cases involving forceful contact, scratching and/or digital penetration.

Moisten the swab provided with sterile/distilled water and thoroughly swab each of the subject's five fingers on the left hand using the one swab provided, including the area around the cuticles.

Place the swabs back in the swab sleeve, cotton tip down, and place the sleeve in the sample envelope labeled "FINGER SWABS-LEFT".

Repeat this procedure for the right hand using the swab provided. Place the swabs back in the swab sleeve, cotton tip down, and place the sleeve in the sample envelope labeled "FINGER SWABS-RIGHT".

Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelopes.

Step 8 PUBIC HAIR COMBINGS

Used for the collection of foreign hairs.

Do not allow the subject to comb their own pubic hairs.

Remove the paper bindle and comb from the envelope. Unfold and place the paper partially under the subject's buttocks. Using the comb provided, comb the pubic hair in a downward stroke so that any loose hairs and/or debris will fall onto the paper sheet. **Do not comb more than twice.** Refold the bindle and place the comb and any hairs collected into the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Use of an alternate light source (ALS) at a wavelength of 450 nm may aid in locating possible saliva, semen, or other biological fluids for collection.

Step 9 MISCELLANEOUS SWABS

Used for the collection of suspected SEMEN stains on the body (non-genital).

Used for the collection of suspected SALIVA from bite marks and licked/sucked areas (non-genital).

Used for the collection of foreign BLOOD stains on the body.

Used for the collection of OTHER suspected contact sources of DNA (strangulation, forceful grasping, etc.)

DO NOT swab bleeding wounds, cuts or abrasions.

If you are collecting Facial Swabs, DO NOT swab the lips.

Moisten the swab provided with sterile/distilled water and thoroughly, but gently swab the area of interest, ***using a separate swab for each collection.***

Place each swab back in a swab sleeve, cotton tip down, and then place the sleeve in one of the sample envelopes provided. Note the location of the area swabbed on the envelope.

Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelopes.

IF THIS KIT IS BEING COLLECTED FOR A FEMALE SUSPECT, THE FOLLOWING SAMPLES MUST BE COLLECTED BY A MEDICAL PROFESSIONAL.

Step 10 EXTERNAL GENITALIA / ANAL SWABS

Used for the detection of foreign DNA in cases of oral contact or extensive skin to skin (including penile or digital) contact.

Using the single swabs provided, lightly moisten the swabs with sterile/distilled water and carefully swab the relevant external genitalia *in separate collections, as follows*:

- a. **Female** - Mons and outer aspect of labia majora
- b. **Female** - Remainder of vulva (inner aspect of labia majora, labia minora, etc.)
- c. **Male** - Penis (glans and shaft) - If uncircumcised, retract the foreskin when swabbing
- d. Perineum and Anus (external only)

Place each of the swabs back in a separate swab sleeve, cotton tip down, and then place the sleeves in the respective labeled sample envelopes provided.

Seal the envelope(s) with tape. Initial and date the seal(s). Fill out the information on the front of the envelopes.

Assemble provided swab boxes. Immediately after collection, vaginal, cervical and rectal swabs are to be placed in the provided swab boxes, cotton tip down. The swab boxes are then placed in the appropriate white Step envelopes.

Step 11 VAGINAL SWABS

Used for the detection of foreign DNA in case of penile/digital vaginal penetration.

Simultaneously using both swabs provided (do not moisten the swabs), carefully swab the vaginal vault.

Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled "VAGINAL SWABS".

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Step 12 CERVICAL SWABS

Used for the detection of semen in case of penile/vaginal penetration.

Simultaneously using both swabs provided (do not moisten the swabs), carefully swab the Cervical Os.

Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled "CERVICAL SWABS".

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Step 13 RECTAL SWABS (INTERNAL)

Used for the detection of foreign DNA in case of penile/digital rectal penetration.

Simultaneously using both swabs provided, carefully swab the rectum (the swabs may be moistened to assist with insertion if an anoscope is not being used).

Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled "RECTAL SWABS".

Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

FINAL PACKAGING INSTRUCTIONS

1. Verify that the Underwear bag and any of the sample envelopes used are properly labeled and sealed.
2. Place the Underwear bag (underwear worn to exam only) and sample envelopes inside the evidence kit box.
3. **Place a copy of the completed consent form and Step 1 forms inside the evidence kit box.** Please do not staple or paper clip the pages.

A second copy of the paperwork should be given to law enforcement and/or the case officer (except in anonymous victim cases).

4. Fill out all information on the front of the evidence kit box.
5. Seal the evidence kit box with the tape provided. Initial and date the seal(s).

It is NOT necessary to completely seal around all edges of the kit. A seal is sufficient if the contents cannot be accessed without breaking the seal.



6. Place any photos and/or digital storage media in a separate envelope. **Encryption is not permitted.** Seal the envelope. Initial and date the seal.

Photos and/or digital media storage should only be sealed inside the evidence kit box in anonymous victim cases. In all other cases, the envelope containing these items should be given to law enforcement and/or the case officer.

7. Verify that all additional clothing collected (including underwear carried to exam) is properly packaged, labeled and sealed (in individual brown paper bags). Clothing is submitted to the crime lab (as needed) as separate items of evidence.
8. Check the appropriate box on the outside of the kit if **ONLY** the known/reference buccal swab (Step 5) was collected or if the kit only contains the completed paperwork.

Unused kit components may be disposed of or recycled for agency use as needed.

A copy of this form must be placed in the evidence box and one must be provided to the victim.

Initials

I understand that I am consenting to a medical-forensic examination in which evidence of sexual assault will be collected by a forensic nurse or other health care provider. I may stop the interview and/or withdraw consent for any portion of the examination at any time.	
I understand that once an item of evidence has been collected, I may not withdraw my consent to the collection of that item.	
I understand that, if my assault is reported to law enforcement, the agencies responding to my report of sexual assault will exchange information in order to facilitate services that best meet my medical-forensic needs.	
I understand that the documentation and collection of evidence may include photographing injuries, including injuries to the genital area, and a forensic evidence collection kit will be used to gather evidence such as biological fluids for DNA testing, my clothing, and any other items.	
I understand that the health care provider will release a copy of the medical-forensic examination report and all forensic evidence, including photographic evidence, to law enforcement for their use. I understand that once this evidence is disclosed it may be re-disclosed as required to facilitate criminal prosecution.	
I understand that health care providers are mandated reporters in regards to children, vulnerable adults, and certain types of injuries. A mandated reporter is required to report to the designated agency whenever medical care is sought for such injuries and is required to report any other information that falls under the mandated reporting statutes.	
I understand that a victim of sexual assault who is over the age of 16 years may not be required to pay, directly or indirectly, for the costs of the forensic portion of the examination. The forensic portion includes all steps necessary to collect evidence for a forensic examination kit as per AS1868.040. I understand that any treatment beyond the forensic examination, such as emergency room care, laboratory, testing, medications, etc., is at my own expense.	

Note: A. Signature of parent or guardian if victim is an unemancipated minor or mentally incompetent. *
B. If minor child is presenting, and parent or guardian is not present, a police officer may take immediate action to protect the well-being of the child, who may require immediate medical attention. The police officer shall, at the earliest opportunity, notify the Department of Health and Social Services, Office of Children's Services.

Victim's Signature Victim's Name (Print)

Guardian's Signature (if applicable) Guardian's Name (Print)

Date Time am pm

* AS 25.20.025 provides that minor children may give consent for their own health care under certain circumstances.

_____ Law Enforcement Signature	_____ Advocate	_____ Examiner's Signature
_____ Law Enforcement Name (Print)	_____ Advocate Agency	_____ Examiner's Name (Print)
_____ Agency	_____ ID#	_____ Agency
_____ Law Enforcement Case Number		

Victim interview to be conducted by law enforcement. 1A form may be charted by medical provider based on the law enforcement interview.

Not for use in anonymous cases

Agency Case Number: _____

Time Interview started: _____ am pm

Intake Date: _____

Time Interview ended: _____ am pm

Date of assault (most recent if multiple assaults): _____

Time/Time frame: _____ am pm

Multiple incidents over time

RECOMMENDED INTRODUCTION:

“The information and evidence that is being collected from you is critical to the success of the investigation of your assault. Some of the questions you will be asked may be very personal, but we ask them to help us provide you with medical treatment and also to make decisions about testing the evidence in this kit.”

VICTIM INFORMATION:

Name: _____ DOB: _____ Age: _____

Biological sex at birth: Female Male Gender identity: _____

Race/Ethnicity: Alaska Native Caucasian/White African American/Black Asian Native American/Indian
 Hispanic/Latino Other: _____ Stated Observed

Interpreter Used Yes No

Language Used _____ Language Line: Ref # _____

Name of interpreter _____

Relationship _____ Telephone _____

RECOMMENDATIONS FOR STARTING INTERVIEW:

It is recommended the interview be started with an open-ended prompt such as:

- *“Help me understand how you are feeling right now.”*

After the victim provides a response to this prompt, transition to questions such as one of the following:

- *“What if anything, can you tell me about what happened?”*
- *“In as much detail as possible, tell me about what you are able to remember about what happened.”*

Allow victim to provide an UNINTERRUPTED NARRATIVE to the above question(s). If necessary, prompt with brain-based cues (help me understand...tell me more about...). These brain-based cues should be used throughout your victim interview.

***CHARTING OR DOCUMENTATION OF RESPONSES SHOULD BE NOTED BEGINNING ON PAGE 3.**

After the UNINTERRUPTED NARRATIVE, the investigating officer may need to ask some or all the following questions to obtain additional details not provided in the initial narrative. *When asking the questions on this form, use the people’s names, do not use terms assailant/suspect and victim.* NOT ALL OF THESE QUESTIONS MAY BE NECESSARY.

CIRCUMSTANCES OF THE MEETING:

- In as much detail as possible, what, if anything, are you able to tell me about what happened leading up to the incident?

VERBAL AND NON-VERBAL COMMUNICATION BY AND BETWEEN ASSAILANT AND VICTIM:

- Tell me about what [the assailant] said to you before the incident, if anything.
- Tell me about what you said, before the incident, if anything, to [the assailant].
- What are you able to tell me about what [the assailant] did physically (OR: with his body) to you before the incident, if anything?
- Tell me about what you did physically (OR: with your body), if anything, to [the assailant] before the incident.
- Tell me about what you said to [the assailant] during the incident, if anything.
- Tell me about what [the assailant] said to you during the incident, if anything.
- Tell me about what [the assailant] did physically (OR with his body) to you, if anything, during the incident.

Examiner’s Initials: _____

- Tell me about what you did physically, if anything, **during** the incident.
- Tell me about what you did physically to [the assailant], if anything, **during** the incident.
- Help me understand your thoughts when all of this was happening.
- What can you tell me about you and [your assailant's] clothing being removed, if it was?
- Tell me about how the incident stopped or what made [the assailant] stop.
- Help me understand, if you are able, how [the assailant] would have known that you did not consent to this.
- What happened **afterwards**?
- Tell me about what [the assailant] said to you, if anything, **after** the incident.
- Help me understand your thoughts **after** the incident.
- Is there anything about this experience that specifically sticks out in your mind, or that you cannot forget?
- Did you have any interactions with [the assailant] before the assault (even briefly, or shortly before)? (These can be in person, phone, text, other messages.) **If yes**, ask following questions under HISTORY below. **If no, the HISTORY section must be skipped.**

HISTORY:

(Only ask the questions in this section if assailant was previously KNOWN to victim)

- Help me understand your relationship with [the assailant]. *You may need to use the following prompts:*
 - Tell me about how you knew [the assailant] **before** this event.
 - Tell me about any **past** sexual or physically intimate history with [this assailant].
 - Tell me about your **past** communications with [the assailant], generally.
 - Help me understand how you communicated with [the assailant] (in person, by phone, text, apps, email).
 - If electronic evidence is **not** disclosed using the above prompt, then prompt with “tell me about any electronic communication you have had with [the assailant], if any?” This includes texts or messaging i.e., “snaps.”
 - Tell me about any communication (in person, by phone, text, apps, email) you may have had with [the assailant] **after** the event.

If the victim describes prior sexual/intimate history with the assailant:

- Were any of the prior sexual encounters without your consent?
- Tell me about how you have communicated previously with [the assailant] when you agreed, or wanted, to engage in sexual acts. (This could include verbal or nonverbal communication.)
- Tell me about how you have communicated previously with [the assailant] when you did not agree, or did not want, to engage in sexual acts. (This could include verbal or nonverbal communication.)
- Tell me about how [the assailant] responded to those communications previously.

COMMUNICATION REGARDING CONSENT IN THE CURRENT INCIDENT, IF ANY:

DO NOT ASK THESE QUESTIONS IF THIS CASE INVOLVES FORCE BETWEEN STRANGERS (no prior contact/completely unknown to the victim).

- What, if anything, can you tell me about sexual encounters that you **did** consent to with [the assailant]? (If prior encounters are disclosed, prompt with “help me understand.”)
- **Before** this incident?
- **During** this incident?
- **After** this incident?
- Did your agreement to any sex acts change during the course of the incident?
 - If yes or no, prompt with “help me understand that.”
 - “Help me understand how you communicated that.”
 - “Help me understand your thoughts.”
 - Tell me how [the assailant] responded to this change. (*verbally/nonverbally*)
- Tell me about the sex acts that you did not consent to.
- What if anything, can you tell me about how [the assailant] knew that you were not consenting?

LOCATION OF ASSAULT	DESCRIPTION OF LOCATION:
(Check all that apply)	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Outdoors	
<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Residence/Home	
<input type="checkbox"/> Place of business	
<input type="checkbox"/> Place of employment	
<input type="checkbox"/> Other:	

“Now I’m going to go ask some very specific questions. I know you may have already answered some of these when you explained what happened. I apologize if I make you repeat yourself, but I want to make sure that we don’t miss any important information. These questions may also help you remember other details.”

ACTS DESCRIBED BY VICTIM (note method/manner)					
Did you:					Describe:
• Scratch [the assailant(s)]	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Bite [the assailant(s)]	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Hit [the assailant(s)]	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Kick [the assailant(s)]	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Any injuries to [assailant(s)] resulting in bleeding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Location:
Did [the assailant(s)]:					Describe:
• Scratch you	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Bite you	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Hit or kick you	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Kiss and/or lick you	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Any injuries to you resulting in bleeding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Location:
Were your hands in contact with:					Describe nature of contact:
• [the assailant’s] breasts/chest	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• [the assailant’s] external genitalia/penis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• [the assailant’s] anus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Were [the assailant(s)] hands in contact with:					Describe nature of contact:
• your breasts/chest	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• your external genitalia/penis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• your anus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Did [the assailant(s)]:					Describe:
• Force you to masturbate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Masturbate on you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
• Masturbate near you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Was there oral contact of your genitalia by [the assailant(s)]?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
Was there oral contact of [the assailant’s] genitalia by you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
Was there penetration of your genital opening by [the assailant(s)]?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	<input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Foreign object / other _____

Examiner’s Initials: _____

Was there penetration of your anal opening by [the assailant(s)]?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	<input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Foreign object / other _____
Was a lubricant used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Type:
Was a condom used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Was the condom discarded?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> Unsure	Location:
Did ejaculation occur?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Location: <input type="checkbox"/> Mouth <input type="checkbox"/> Vagina <input type="checkbox"/> Anus/Rectum <input type="checkbox"/> Body surface <input type="checkbox"/> Clothing <input type="checkbox"/> Bedding <input type="checkbox"/> Other
Position(s) during assault: <input type="checkbox"/> Supine <input type="checkbox"/> Standing <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Lying on side (right/left) <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____					

Did you have:				
Loss of Memory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure	Describe:
Lapse of consciousness?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure	Describe:

METHODS EMPLOYED BY ASSAILANT(S)					
Threats or fear/intimidation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Describe:
Grabbing, grasping, or holding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Location:
Physical blows?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Location:
Was a weapon or other object used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Type:
Were physical restraints used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Type:
Burns (chemical or thermal)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Location:

If yes to any of the following, see Strangulation Assessment					
Strangulation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
Choking?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
Suffocation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:

Were pictures / video taken?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Describe:
If yes to the above:	<input type="checkbox"/> Before		<input type="checkbox"/> During		<input type="checkbox"/> After

Other Methods Employed?	Describe: _____
-------------------------	-----------------

“We need to ask you some questions about any drug use or alcohol use around the time of the assault. The use of drugs and alcohol is not the main focus of the investigation, but this information is very important in your medical care and the investigation of the sexual assault.”

ALCOHOL AND DRUG INFORMATION:

Was alcohol used by [the assailant] in the time surrounding the assault? Unknown No Yes

Was alcohol used by you in the time surrounding the assault? Unknown No Yes

Ingestion Voluntary Involuntary

If yes, describe. How was alcohol obtained? _____

What was consumed (by you and by [the assailant(s)]? _____

How much (by you and by [the assailant(s)]? _____

Approximate time of first and last drinks? _____

Were drugs (including prescriptions) used by [the assailant] in the time surrounding the assault? Unknown No Yes

Were drugs (including prescriptions) used by you in the time surrounding the assault? Unknown No Yes

Ingestion Voluntary Involuntary

If yes, describe. How was the drug obtained? _____

What was consumed (by you and by [the assailant(s)]? _____

How much (by you and by [the assailant(s)]? _____

Approximate time of first and last use? _____

MEDICAL HISTORY:

Have you had a bone marrow transplant? No Yes unknown

Have you *received* a blood transfusion? (Note: this does **not** include donating blood) No Yes unknown

If yes, approximately how long ago? _____

If biological female victim:

Was victim menstruating at the time of the assault? No Yes N/A

Has the victim started her menses since the assault? No Yes N/A

If yes, how many hours/days after: _____

If biological male victim:

Has the victim had a vasectomy? No Yes N/A

If yes, has the victim had a vasectomy reversal? No Yes

HYGIENE/ACTIVITY (since the assault and prior to the exam)			VICTIM'S DESCRIPTION
If <24 hours since the assault, have you:			<input type="checkbox"/> N/A (>24 hours since assault)
Ate/Drank	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Brushed teeth/Gargled/Rinsed Mouth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Urinated	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Wiped genitals (not while using bathroom)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what and where is it?

If <72 hours since the assault, have you:			<input type="checkbox"/> N/A (>72 hours since assault)
Had a bowel movement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Used a douche/enema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Showered/Bathed/Steamed/Washed Genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Vomited	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Since the assault, have you:		
Inserted a <input type="checkbox"/> feminine hygiene product <input type="checkbox"/> birth control device	What? _____	Are you still wearing it? <input type="checkbox"/> No (where is the item now? _____) <input type="checkbox"/> Yes (Tampons worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.)
Used a <input type="checkbox"/> pad or <input type="checkbox"/> panty liner		Are you still wearing it? <input type="checkbox"/> No (where is the item now? _____) <input type="checkbox"/> Yes (Pads/pantyliners worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.)
Other: _____		

CLOTHING WORN AT TIME OF EXAM

Condition/Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Intact <input type="checkbox"/> Dirty <input type="checkbox"/> Wet <input type="checkbox"/> Torn <input type="checkbox"/> Apparent blood	Clothing worn at time of exam: (List) <input type="checkbox"/> Shirt/T-shirt Describe: _____ <input type="checkbox"/> Jeans/Pants Describe: _____ <input type="checkbox"/> Coat/Jacket Describe: _____ <input type="checkbox"/> Underwear Describe: _____ <input type="checkbox"/> Bra Describe: _____ <input type="checkbox"/> Socks/Shoes Describe: _____ <input type="checkbox"/> Other Describe: _____
--	---

Have you changed **any** clothing since the assault? No (skip to sexual history)
 Yes (continue with remainder of section)

CLOTHING WORN AT TIME OF ASSAULT (if different from clothing worn to exam) N/A (same clothing)

Clothing worn at time of assault: (List)

<input type="checkbox"/> Shirt/T-shirt	Describe: _____
<input type="checkbox"/> Jeans/Pants	Describe: _____
<input type="checkbox"/> Coat/Jacket	Describe: _____
<input type="checkbox"/> Underwear	Describe: _____
<input type="checkbox"/> Bra	Describe: _____
<input type="checkbox"/> Socks/Shoes	Describe: _____
<input type="checkbox"/> Other	Describe: _____

If the victim has changed clothing since the assault, where is the clothing now?
 Unsure At scene With victim Given to law enforcement Other _____

Were any items laundered? No Yes
 If yes, please describe: _____

“As part of the investigation, it is likely that the samples collected from your body will be tested for DNA. If you have had recent sexual activity with anyone, law enforcement will try to obtain a DNA sample (by taking a swab from the inside of their cheek) so we can determine if the DNA from your kit is from your sexual partner or the person who assaulted you. We understand that these questions may be very personal—we are asking them only to be able to identify any DNA we might find. The sample from your sexual partner will not be used for any other purpose.”

RECENT SEXUAL HISTORY:

Prior to the assault, did you have sexual activity within the specified time frames? No Yes

If yes,

- Within the last 7 days,
 - Penile / Vaginal penetration No Yes OR Digital / Vaginal penetration No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____
 - Penile / Anal penetration No Yes OR Digital / Anal penetration No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____
 - Oral / genital contact received No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____
 - Oral / genital contact given No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____

Since the assault, have you had sexual activity? No Yes

If yes,

- Penile / Vaginal penetration No Yes OR Digital / Vaginal penetration No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____
- Penile / Anal penetration No Yes OR Digital / Anal penetration No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____
- Oral / genital contact received No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____
- Oral / genital contact given No Yes
 - If yes, Date/time: _____ Name(s): _____
 - Did ejaculation occur? Unknown No Yes N/A
 - Was a barrier used? Unknown No Yes Type: _____

SUSPECT INFORMATION: Number of assailants: 1 2 3 4 >4, add supplemental pages, as necessary

1. Name: _____ Age: _____ Race/Ethnicity: _____

Biological Sex: Male Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown Known Stranger Spouse (current/former) Partner (current/former) Relative Friend Other: _____

PHYSICAL CHARACTERISTICS:

Hair color: Blonde Brown Black Red Other _____ Length: Short Medium Long Shaved/Bald

Facial hair: No Yes If yes, type: _____

2. Name: _____ Age: _____ Race/Ethnicity: _____

Biological Sex: Male Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown Known Stranger Spouse (current/former) Partner (current/former) Relative Friend Other: _____

PHYSICAL CHARACTERISTICS:

Hair color: Blonde Brown Black Red Other _____ Length: Short Medium Long Shaved/Bald

Facial hair: No Yes If yes, type: _____

3. Name: _____ Age: _____ Race/Ethnicity: _____

Biological Sex: Male Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown Known Stranger Spouse (current/former) Partner (current/former) Relative Friend Other: _____

PHYSICAL CHARACTERISTICS:

Hair color: Blonde Brown Black Red Other _____ Length: Short Medium Long Shaved/Bald

Facial hair: No Yes If yes, type: _____

4. Name: _____ Age: _____ Race/Ethnicity: _____

Biological Sex: Male Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown Known Stranger Spouse (current/former) Partner (current/former) Relative Friend Other: _____

PHYSICAL CHARACTERISTICS:

Hair color: Blonde Brown Black Red Other _____ Length: Short Medium Long Shaved/Bald

Facial hair: No Yes If yes, type: _____

TO BE COMPLETED BY THE MEDICAL PROVIDER

Time assessment started: ____ am pm Time assessment ended: ____ am pm

MEDICAL HISTORY:

Drug allergies: No known allergies Yes If yes, list: ____

Latex allergy: No Yes

Other allergies: No Yes If yes, list: ____

Vaccine History:

Tetanus: Up to date (last 5 – 10 years) Not current Unsure

Hepatitis A: No Yes Partial series Unsure

Hepatitis B: No Yes Partial series Unsure

Gardasil: No Yes Partial series Unsure

Current medications (prescriptions, contraceptives, over the counter, herbal or home remedies):

None Yes

If yes, list (include dosage and time last taken for each, if known) ____

Is the victim at risk of having withdrawal/DT's during the exam? No Yes

If yes, is there a seizure history associated with withdrawal? No Yes

Does the victim have any observed disabilities?

No Yes If yes, describe ____

Does the victim have a safe living environment to return to? No Yes

Any recent medical procedures/treatments (30 days) that may affect the interpretation of any physical or forensic findings?

No Yes If yes, describe ____

Did the victim seek medical care between the assault and this examination that may affect the interpretation of any physical findings or potential forensic evidence? No Yes If yes, describe ____

Was a pelvic exam done? No Yes N/A

GYNECOLOGICAL HISTORY:

LMP: _____ Was LMP normal (per victim): Yes No If no, describe _____

G _____ P _____ Delivery in the last 8 weeks: No Yes If yes: Vaginal C-section

Does victim think she could be pregnant? No Yes If yes, how many weeks: _____

Has victim been treated for an STI in the last 6 weeks? No Yes

If yes: Date: _____ For: _____ Treated with: _____

REVIEW OF CURRENT SYSTEMS <input type="checkbox"/> ROS not assessed
Constitutional: <input type="checkbox"/> Current health concerns <input type="checkbox"/> Fever or chills <input type="checkbox"/> Pain: if yes, scale ____/10 <input type="checkbox"/> Other: _____ Describe: _____
DERM: <input type="checkbox"/> Current skin lesions <input type="checkbox"/> Scars <input type="checkbox"/> Easy bleeding/bruising <input type="checkbox"/> Other: _____ Describe: _____
HEENT: Problems with: <input type="checkbox"/> speech <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Swallowing <input type="checkbox"/> Ever a time pressure was applied to the neck (assess for strangulation) <input type="checkbox"/> Other: _____ Describe: _____
Cardiovascular: <input type="checkbox"/> Known heart murmur <input type="checkbox"/> Other heart problems <input type="checkbox"/> Current chest pain <input type="checkbox"/> Current palpitations <input type="checkbox"/> Other: _____ Describe: _____
Pulmonary: <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Other breathing problems _____ Describe: _____
GI: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Bowel incontinence <input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Rectal Itching <input type="checkbox"/> Rectal discharge <input type="checkbox"/> Other: _____ Describe: _____
GU: <input type="checkbox"/> Pelvic pain <input type="checkbox"/> Genital itching <input type="checkbox"/> Genital discharge <input type="checkbox"/> Genital pain <input type="checkbox"/> Genital bleeding <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> Painful urination <input type="checkbox"/> Blood in urine <input type="checkbox"/> Other: _____ Describe: _____
Neurologic: <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Seizures <input type="checkbox"/> Syncope <input type="checkbox"/> Current headache <input type="checkbox"/> Other: _____ Describe: _____
Musculoskeletal: <input type="checkbox"/> Muscle or joint pain <input type="checkbox"/> Fractures <input type="checkbox"/> Other: _____ Describe: _____
Mental health: <input type="checkbox"/> Self-harm (cutting, etc.) <input type="checkbox"/> Suicidal thoughts, gestures, attempts <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> PTSD: _____ Describe: _____
Other: _____
<input type="checkbox"/> ROS negative except as noted above

PHYSICAL ASSESSMENT:

Victim accompanied in exam by: Forensic examiner Advocate Other: _____

GENERAL PHYSICAL EXAMINATION

Temperature _____ PO Ax Pulse _____ Respiration _____ Blood Pressure _____

Height _____ Weight _____ Hair color _____ Eye Color _____

General physical appearance, demeanor, level of alertness, condition of clothing:

Additional information: _____

Area	WNL	ABN	Not Examined	See Diagram	Describe significant findings
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scalp/hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose and Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouth/Lips/Pharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck/nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Examiner's Initials: _____

FEMALE/MALE - HEAD/NECK

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
I	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

Notes: <input type="checkbox"/> No injuries noted

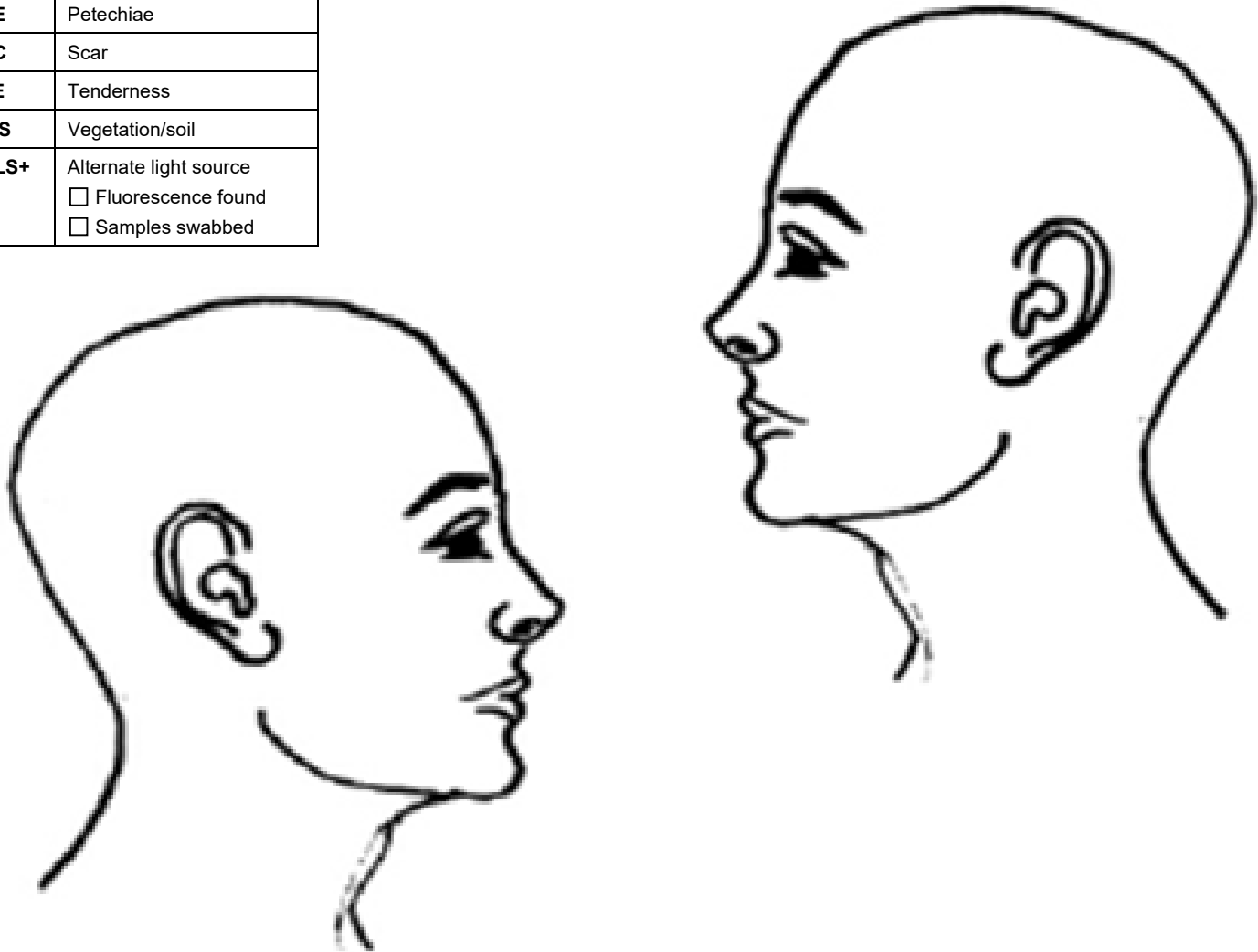


Examiner's Initials: _____

FEMALE/MALE - HEAD/NECK

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
I	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

Notes: <input type="checkbox"/> No injuries noted

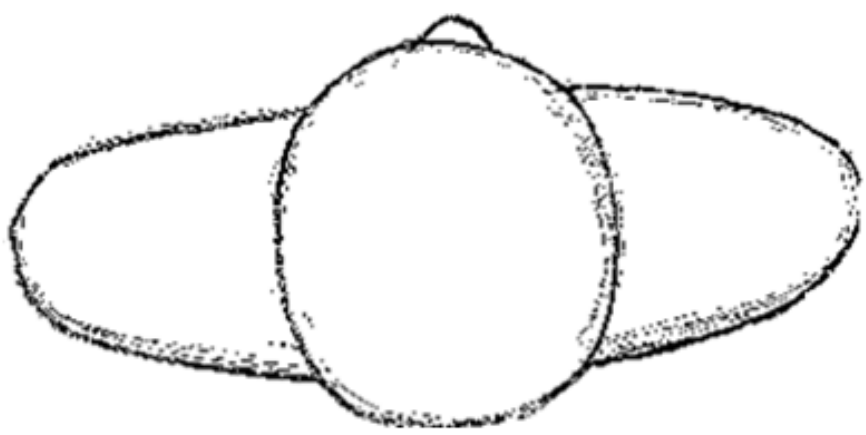
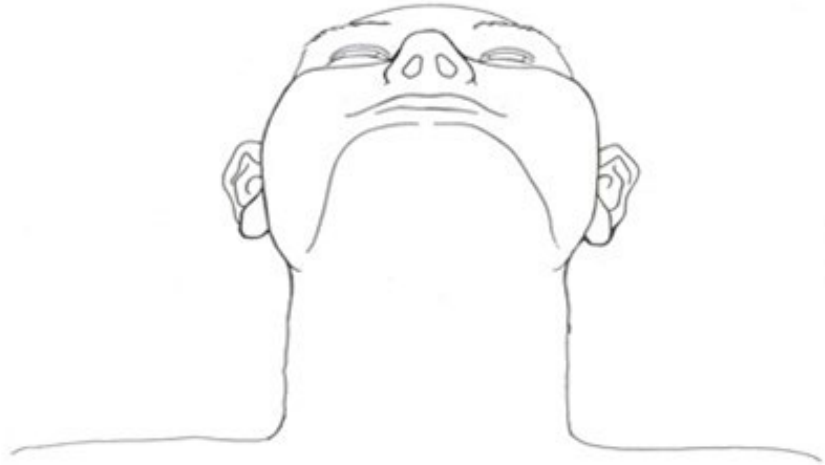


Examiner's Initials: _____

FEMALE/MALE - HEAD/NECK

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
I	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

Notes: <input type="checkbox"/> No injuries noted

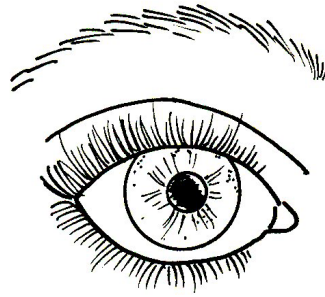


Examiner's Initials: _____

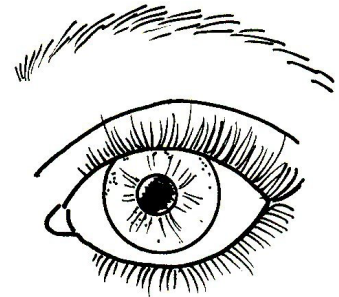
FEMALE/MALE – EYES

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

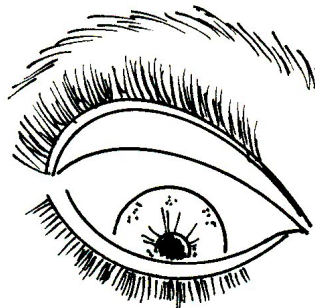
RIGHT SUBCONJUNCTIVA



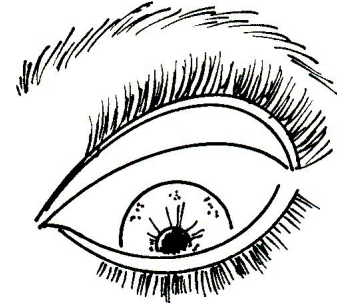
LEFT SUBCONJUNCTIVA



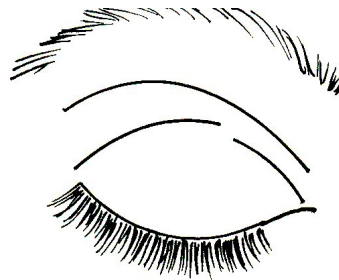
RIGHT INNER EYELID



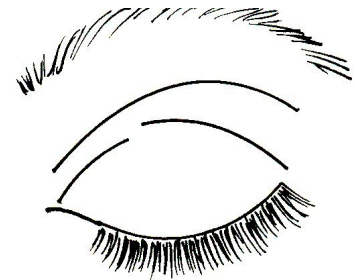
LEFT INNER EYELID



RIGHT EYELID



LEFT EYELID

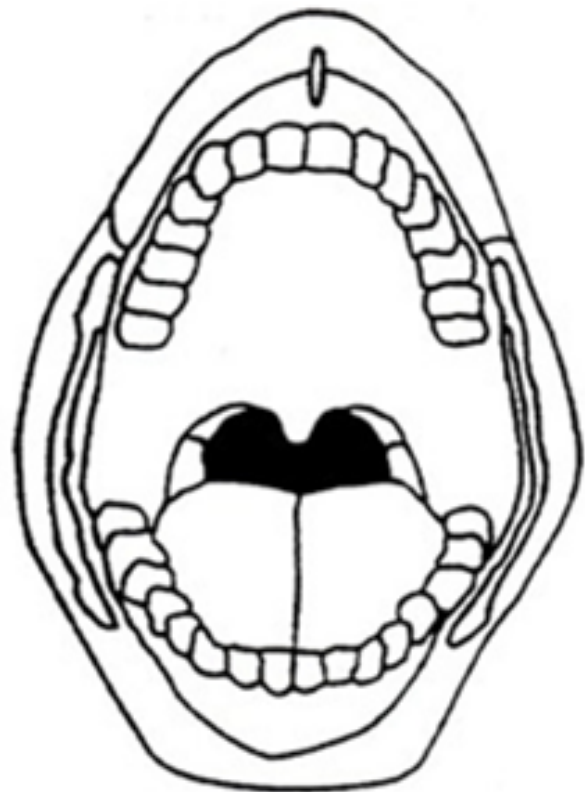
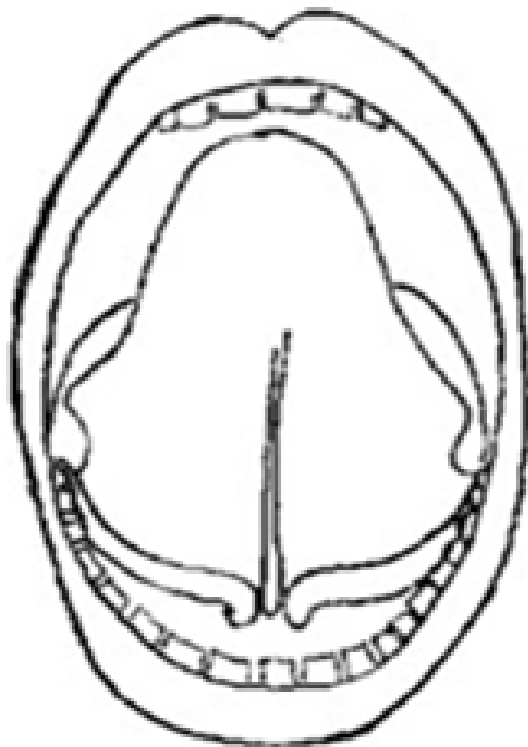


Notes: No injuries noted

FEMALE/MALE – MOUTH

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

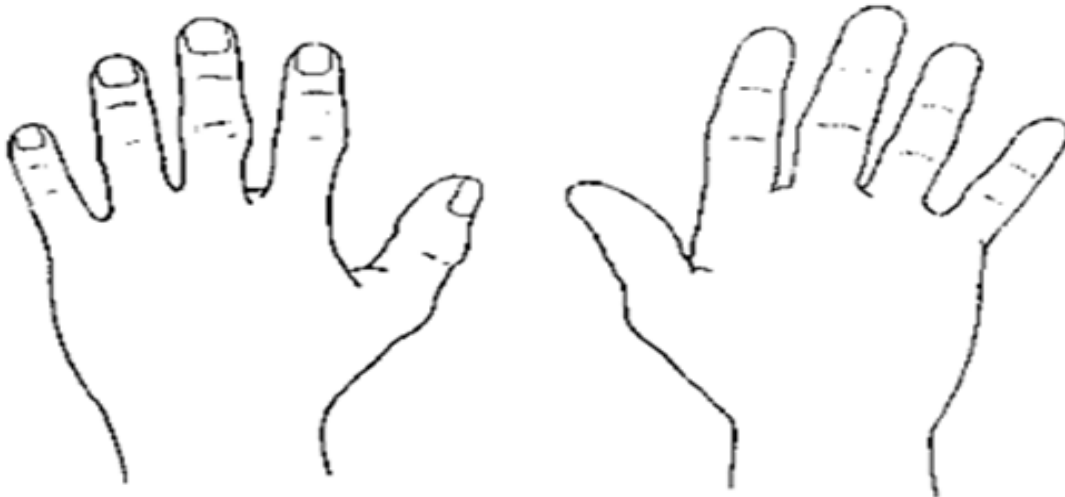
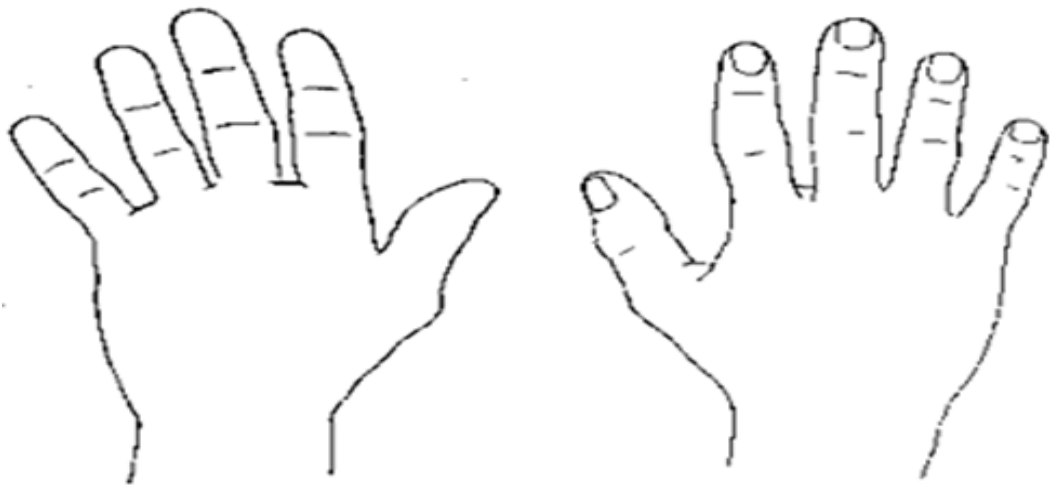
Notes: <input type="checkbox"/> No injuries noted



FEMALE/MALE – HANDS

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

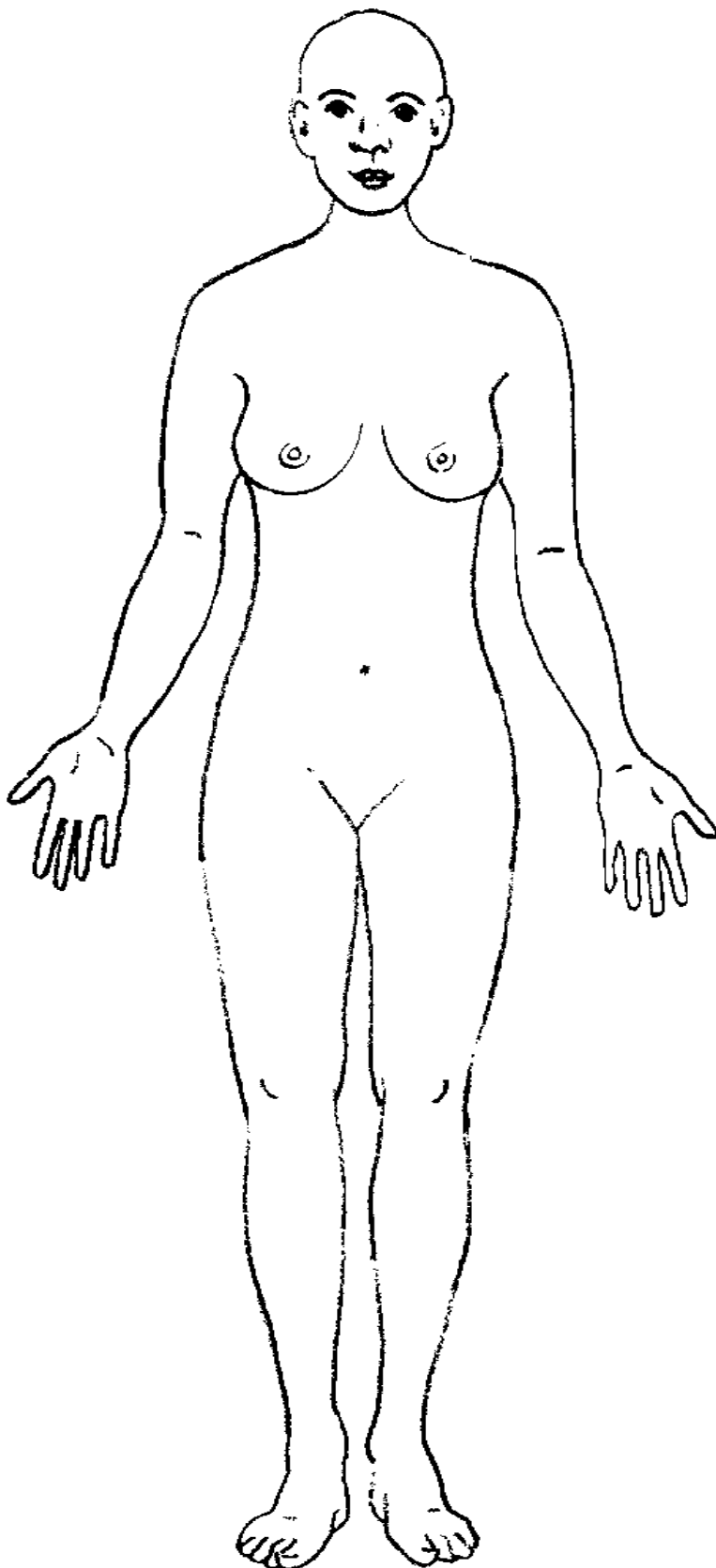
Notes: <input type="checkbox"/> No injuries noted



Examiner's Initials: _____

FEMALE - ANTERIOR VIEW

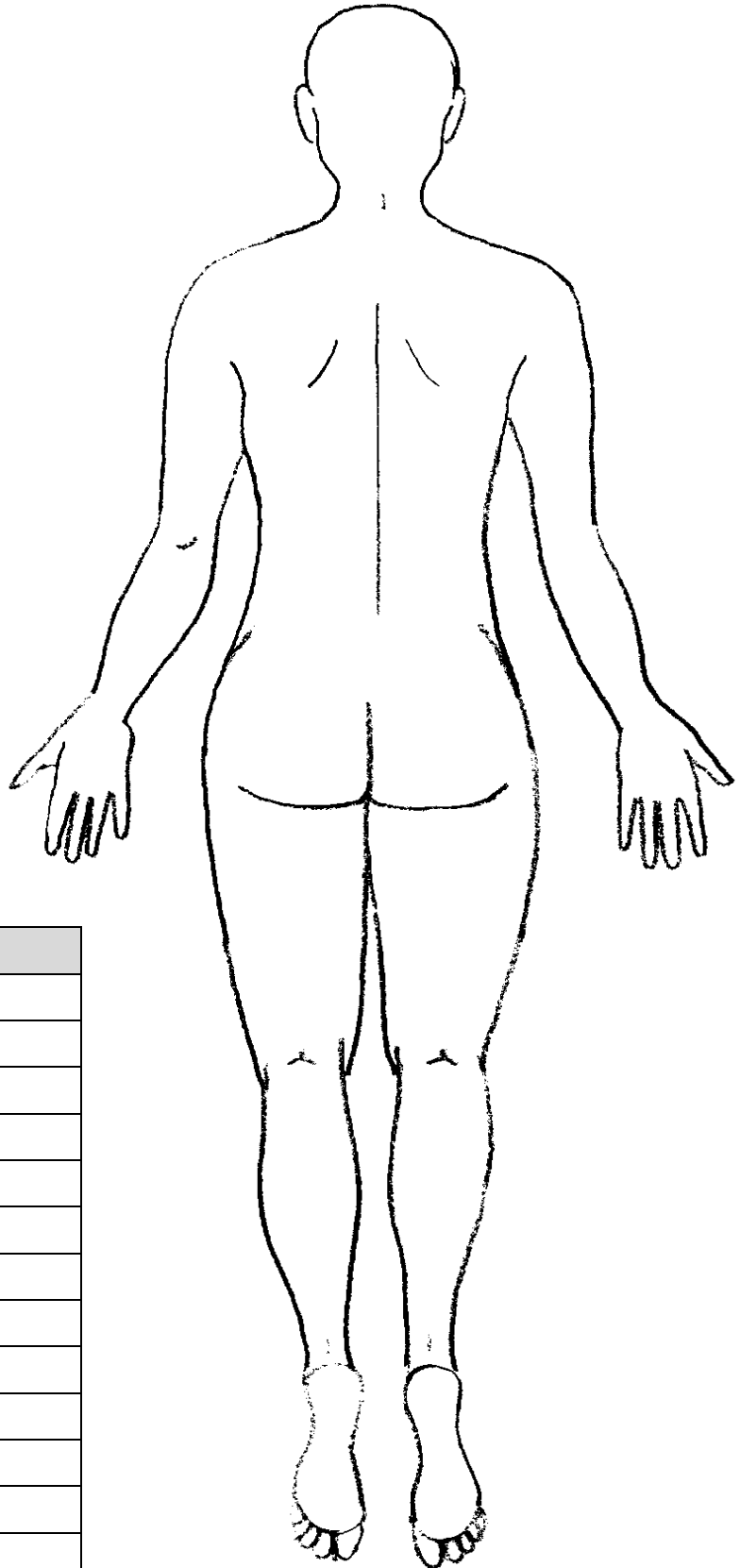
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



Notes: <input type="checkbox"/> No injuries noted

FEMALE - POSTERIOR VIEW

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

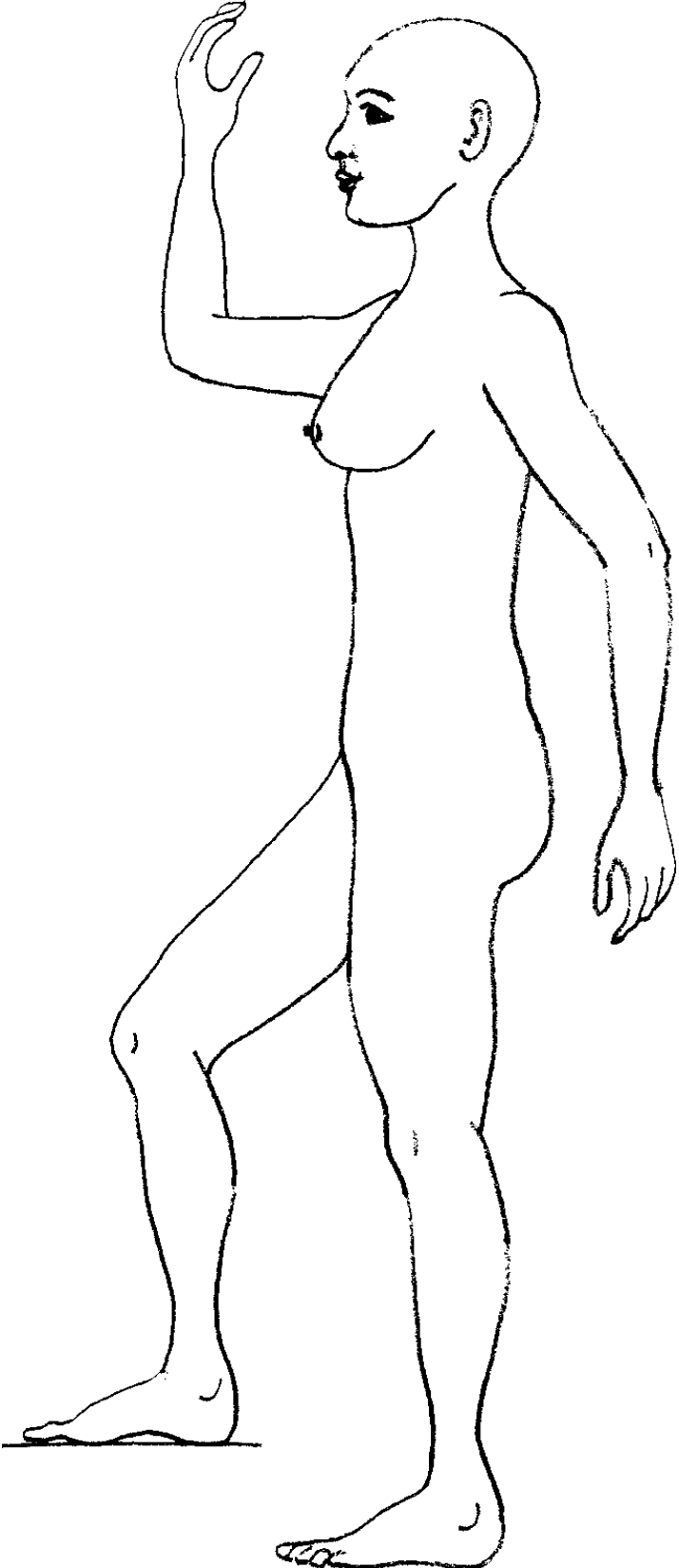


Notes: <input type="checkbox"/> No injuries noted

FEMALE - LATERAL VIEW (LEFT)

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

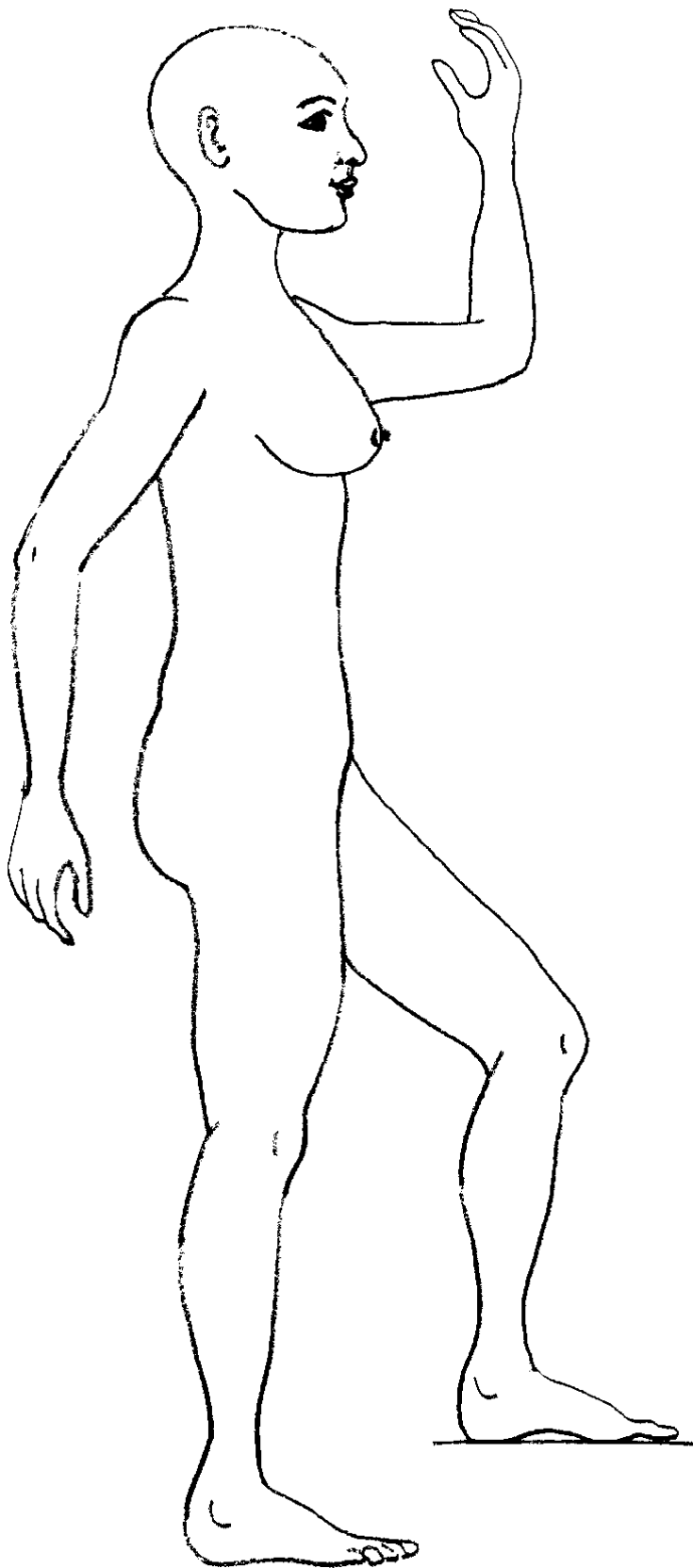
Notes: <input type="checkbox"/> No injuries noted



Examiner's Initials: _____

FEMALE - LATERAL VIEW (RIGHT)

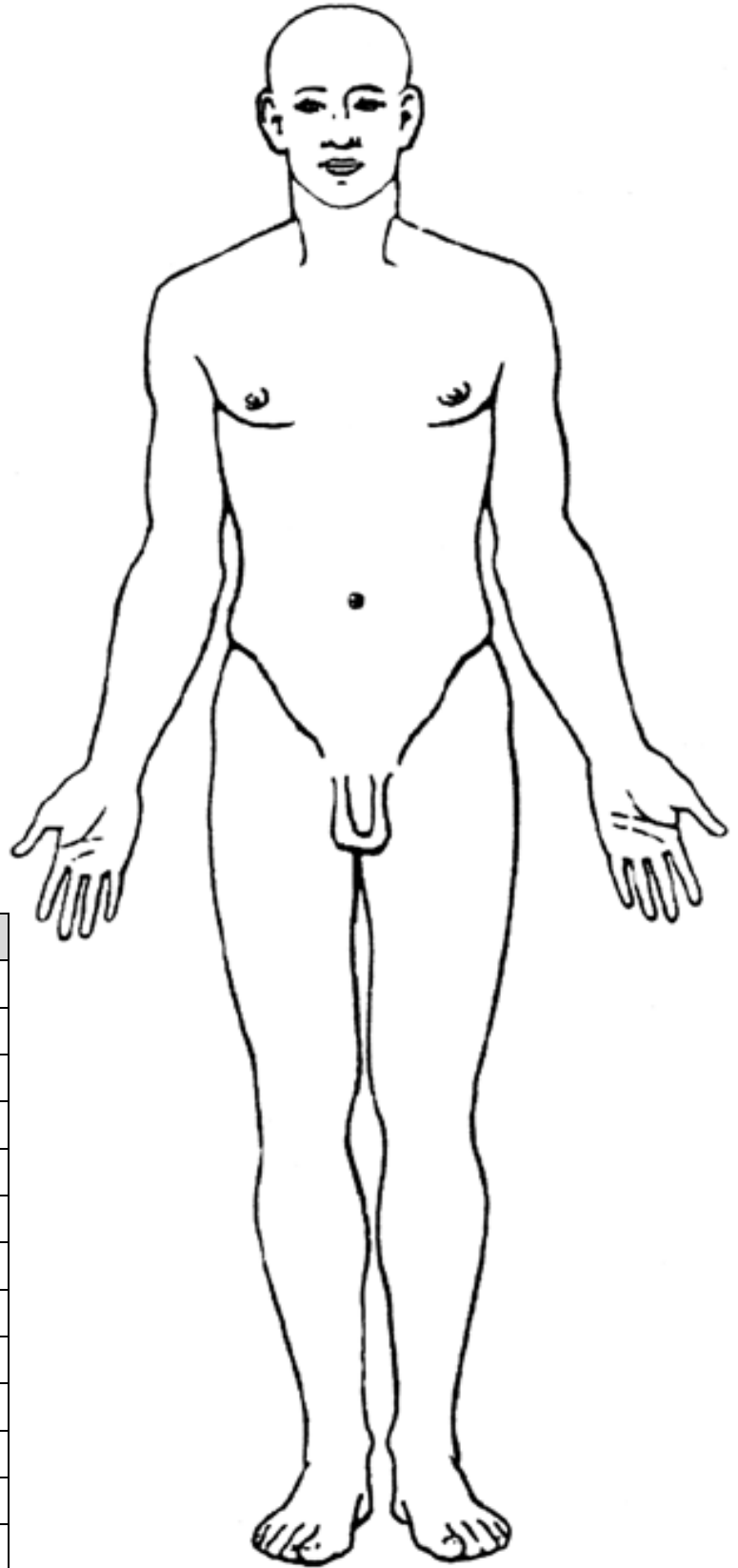
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



Notes: <input type="checkbox"/> No injuries noted
--

MALE - ANTERIOR VIEW

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

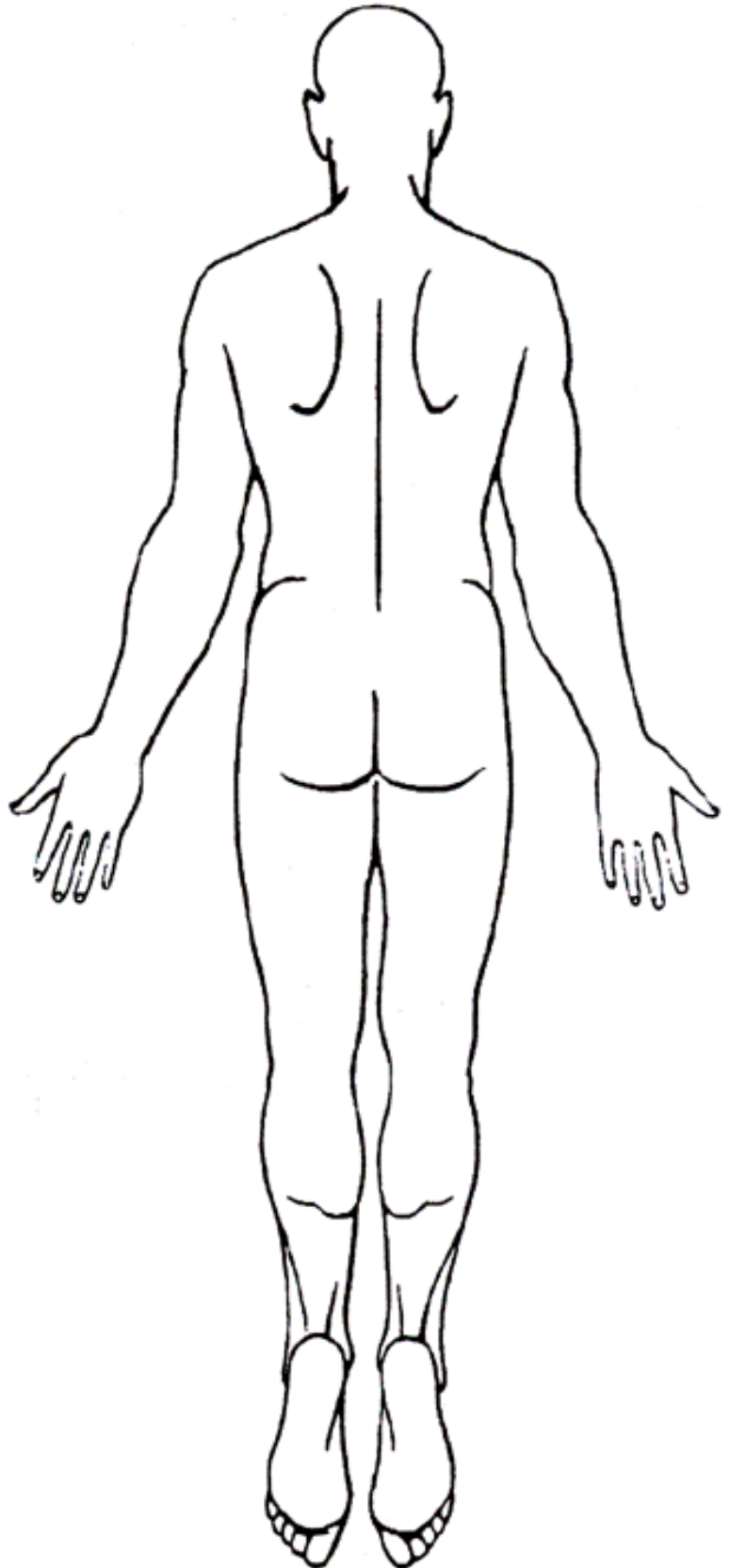


Notes: <input type="checkbox"/> No injuries noted

Examiner's Initials: _____

MALE -POSTERIOR VIEW

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

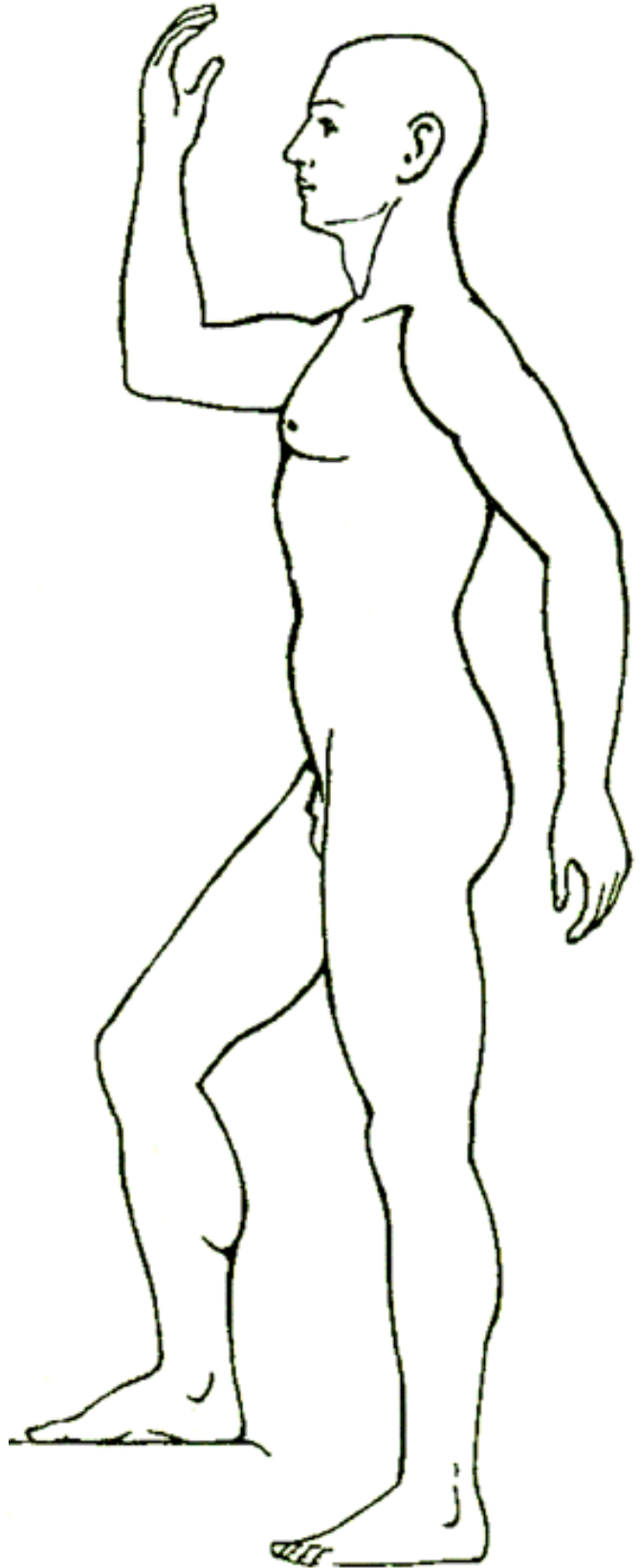


Notes: <input type="checkbox"/> No injuries noted

MALE - LATERAL VIEW (LEFT)

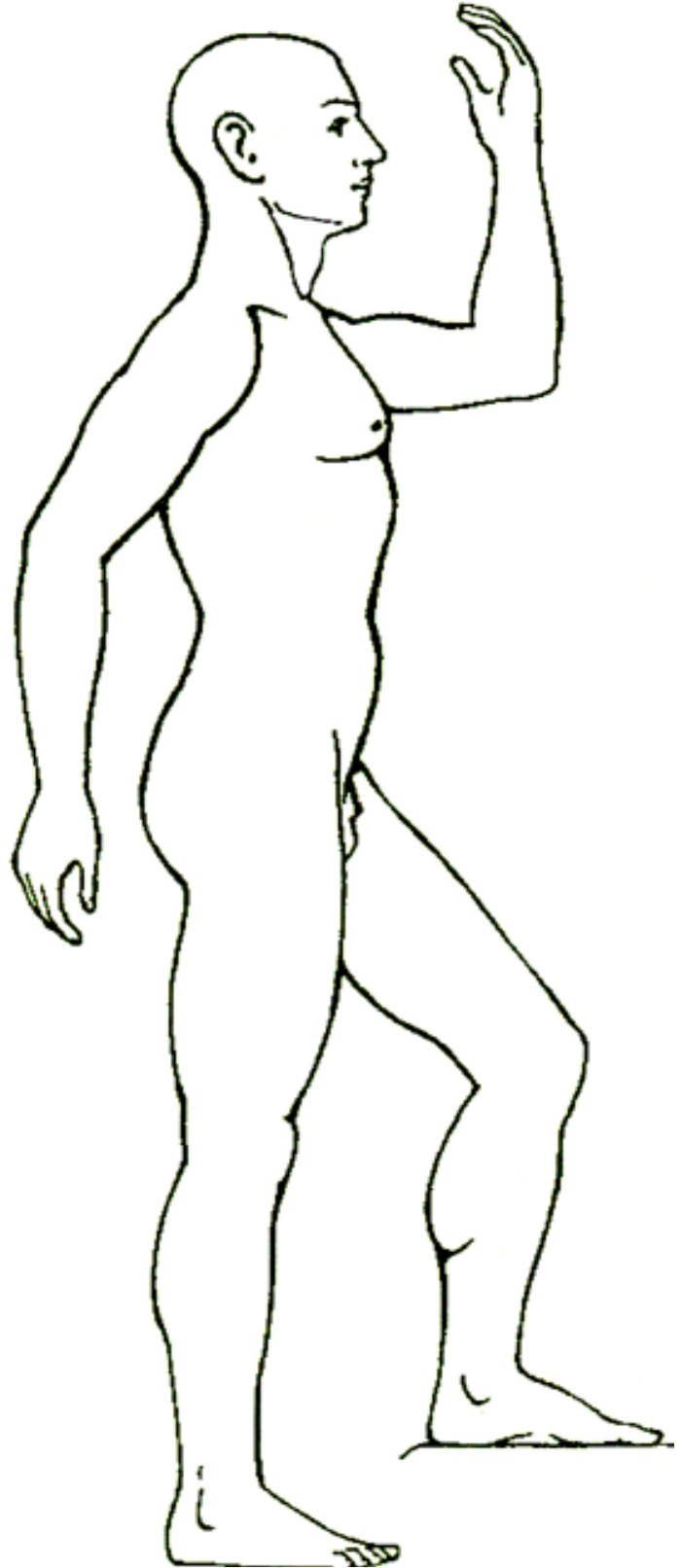
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

Notes: <input type="checkbox"/> No injuries noted



MALE - LATERAL VIEW (RIGHT)

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



Notes: <input type="checkbox"/> No injuries noted

ANOGENITAL FINDINGS - FEMALE		
Exam Method	<input type="checkbox"/> Direct Visualization	<input type="checkbox"/> Colposcope <input type="checkbox"/> Other Magnification _____
Exam Positions/Methods	Separation	Traction
Lithotomy	<input type="checkbox"/>	<input type="checkbox"/>
Knee Chest	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Recumbent	<input type="checkbox"/>	<input type="checkbox"/>
<p>Was TBD used? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, was there positive uptake? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Was speculum exam completed? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Was a colposcope used? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Was an anoscope exam completed? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Lubricant used: <input type="checkbox"/> Surgilube <input type="checkbox"/> 2% Lidocaine Jelly <input type="checkbox"/> Triad <input type="checkbox"/> Other: _____</p> <p>Were photographs taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Did the victim complain of pain or experience pain during the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____</p>		

ANATOMICAL SITE:	WNL	ABN	Not Examined	See Diagram	DESCRIBE:
Inner thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mons Pubis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labia Majora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labia Majora/Minora Junction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labia Minora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clitoral Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clitoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peri hymenal tissues (urethra/vestibule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hymen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fossa Navicularis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Posterior Fourchette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vagina (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cervix (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectum (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discharge noted	<input type="checkbox"/>	<input type="checkbox"/>	If abnormal, indicate location <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal _____		

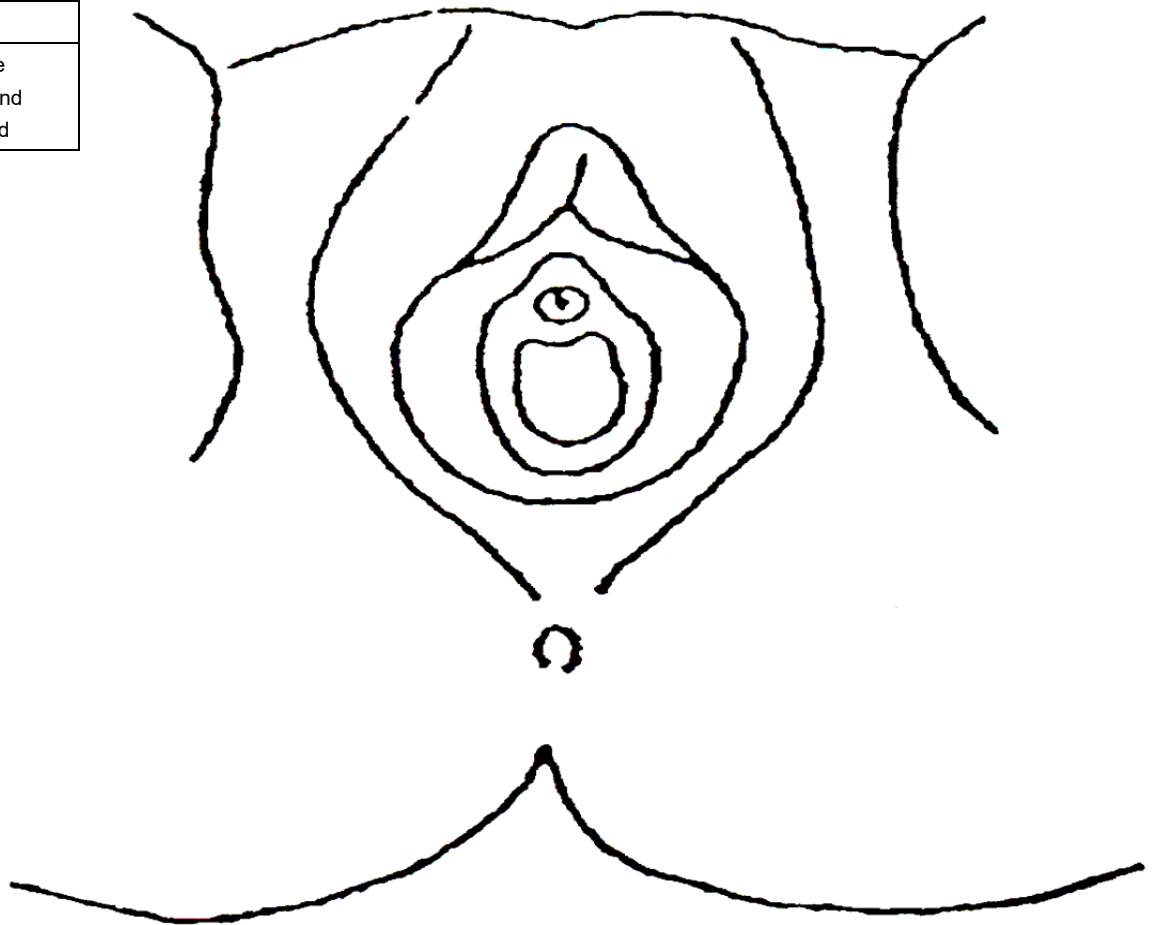
ANOGENITAL FINDINGS - MALE		
Exam Method	<input type="checkbox"/> Direct Visualization	<input type="checkbox"/> Colposcope <input type="checkbox"/> Other Magnification _____
Exam Positions/Methods	Separation	Traction
Supine	<input type="checkbox"/>	<input type="checkbox"/>
Knee Chest	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Recumbent	<input type="checkbox"/>	<input type="checkbox"/>
<p>Was TBD used? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, was there positive uptake? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Was a colposcope used? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Was an anoscope exam completed? <input type="checkbox"/> Not indicated <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Lubricant used: <input type="checkbox"/> Surgilube <input type="checkbox"/> 2% Lidocaine Jelly <input type="checkbox"/> Triad <input type="checkbox"/> Other: _____</p> <p>Were photographs taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____</p> <p>Did the victim complain of pain or experience pain during the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____</p>		

ANATOMICAL SITE:	WNL	ABN	Not Examined	See Diagram	DESCRIBE:
Inner thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mons Pubis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaft of Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head of Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scrotum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectum (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discharge noted	<input type="checkbox"/>	<input type="checkbox"/>	If abnormal, indicate location <input type="checkbox"/> Rectal <input type="checkbox"/> Penile _____		

FEMALE GENITALIA (EXTERNAL)

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

<i>Notes:</i> <input type="checkbox"/> No remarkable findings



FEMALE GENITALIA (EXTERNAL)

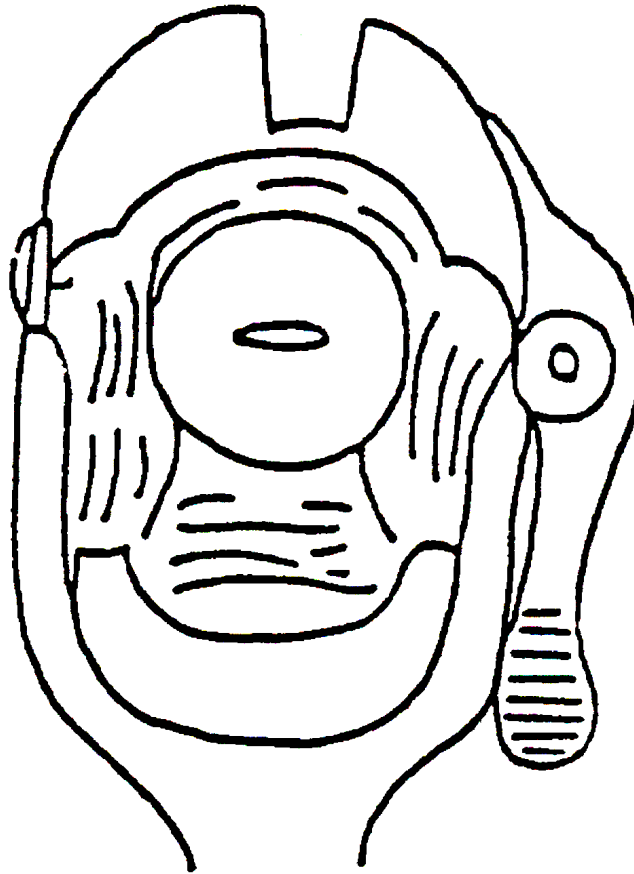
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

Notes: <input type="checkbox"/> No remarkable findings



FEMALE GENITALIA (INTERNAL)

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

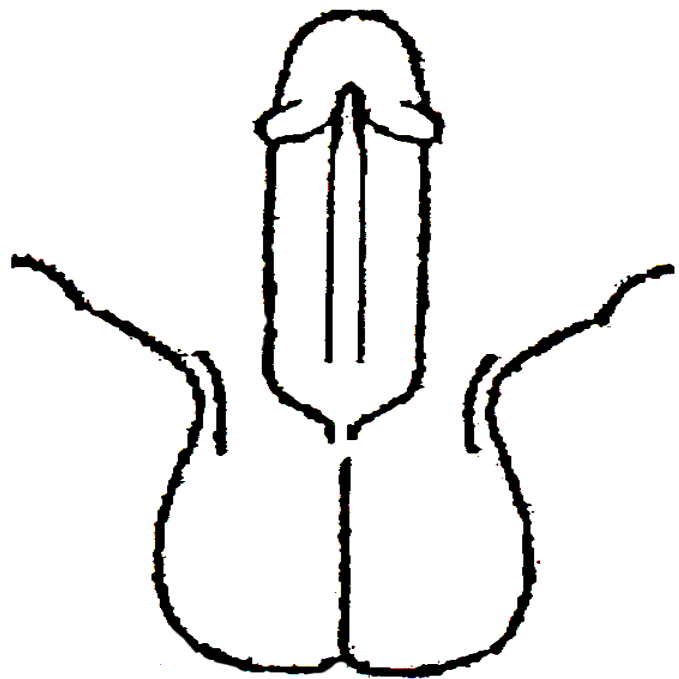
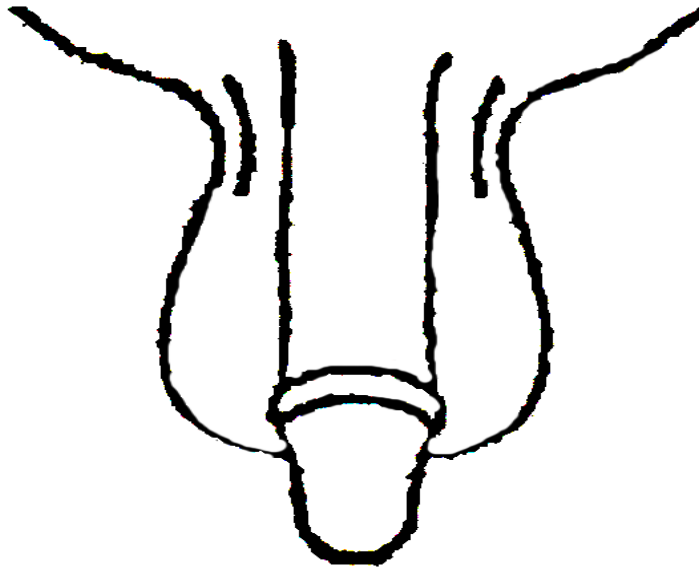


Notes: <input type="checkbox"/> No remarkable findings

Examiner's Initials: _____

MALE GENITALIA (EXTERNAL)

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

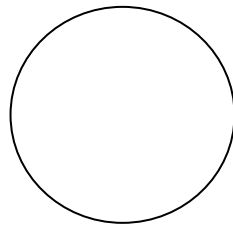


Notes: <input type="checkbox"/> No remarkable findings	
Circumcised <input type="checkbox"/> Yes <input type="checkbox"/> No	

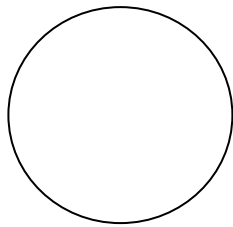
Examiner's Initials: _____

FEMALE/MALE - ANAL/RECTAL

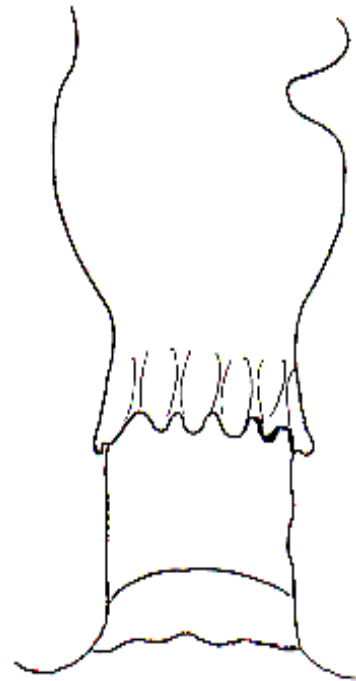
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



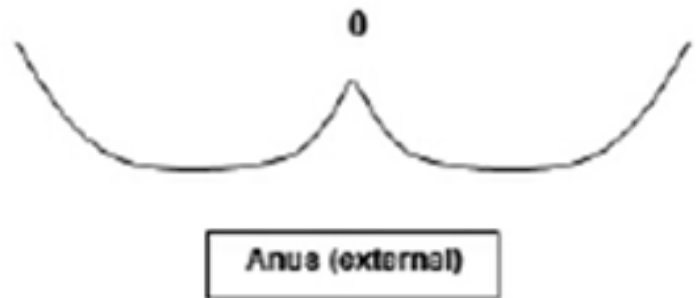
Rectum



Anal Canal



Notes:	<input type="checkbox"/> No remarkable findings



Anus (external)

LABORATORY TESTING/SPECIMENS COLLECTED:

Blood sample collected. No Yes If yes, time completed _____

ETOH Bedside Blood Glucose Hepatitis Panel HIV RPR HSV2 Quant HCG Secondary LE sample

Urine sample collected. No Yes If yes, time completed _____

UA HCG GC/CT Toxicology DFSA Toxicology Secondary LE sample Trichomoniasis

Swab samples collected. No Yes If yes, time completed _____

	Genital	Anal	Oral
GC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESULTS OBTAINED AT TIME OF EXAM:

TEST	RESULTS		
ETOH			<input type="checkbox"/> NA
Blood Glucose			<input type="checkbox"/> NA
Urine HCG	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Urinalysis	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Sperm	<input type="checkbox"/> Positive (Motile/Non-motile)	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Bacterial Vaginosis	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Trichomoniasis	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Yeast	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Gonorrhea	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA
Chlamydia	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NA

Notes:

Kit Samples Collected	
Step 2 Underwear/briefs (worn at time of exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 3 Debris Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 4 Oral Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 5 Reference Buccal [Cheek] Swabs	REQUIRED
Step 6 Fingernail Scrapings	
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 7 Finger Swabs	
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 8 Pubic Hair Combing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 9 Miscellaneous Swabs	
• Semen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Saliva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Blood	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 10 External Genitalia / Anal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• <i>Female</i> Mons and outer aspect of labia majora	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
• <i>Female</i> Remainder of vulva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
• <i>Male</i> Penis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
• Perineum and anus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 13 Vaginal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
Step 14 Cervical Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> n/a
Step 15 Rectal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
ITEMS PLACED IN STORAGE:	
Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
By: _____	Signature: _____

Additional Items Collected:
The following items are submitted to law enforcement/case officer separately and ARE NOT to be included in the kit.

Check all that apply

Shirt/T-shirt
 Sweatshirt/Sweater
 Pants/Jean
 Coat/Jacket
 Bra
 Underwear/briefs (carried into exam)
 Other (describe): _____
 none collected

Photos/Digital Media
(in kit only if anonymous report)

NOTES:

CONFIDENTIAL – DO NOT RELEASE THIS PAGE

To Be Completed AND Retained by Law Enforcement

Law enforcement agencies are required to comply with AS 44.41.065. This law requires that they make reasonable efforts to notify you that your kit has been tested.

Specifically, this means that, if you choose, you will be notified by the law enforcement agency handling your case that your sexual assault evidence collection kit was tested by the Crime Lab. It is your right to know your kit has been tested.

(A) I want to be notified that my sexual assault kit was tested by opting to use Track-Kit, a web-based portal for tracking the status of sexual assault kits. I have been given log-in information about how to check the status of my kit.

Track-Kit Bar Code: _____ (or sticker) (____) Victim initials

OR

(B) I decline to use Track-Kit and I want law enforcement to notify me that my sexual assault kit was tested by using my contact information below. (____) Victim initials

(If you opt out of Track-Kit, it is important for us to know the best way to reach you. Sometimes phone numbers change. We recommend notification by email. Email also may be more secure than voice mail. However, it is your choice as to how you would like to be notified.)

I would like to be contacted by (please select one):

- Email: _____
- Phone: _____
It is okay to leave a voice mail on this number that my kit was tested Yes _____ No _____
- Text: _____
- Certified mail: _____

If the law enforcement agency is unable to reach me by the method I selected above, I request (authorize) them to contact the following person and notify them that my kit was tested:

- Name (friend, family, victim service provider) _____
- Phone / Email: _____

OR

(C) I choose **not** to be notified by law enforcement or Track-Kit that my sexual assault kit was tested. (____) Victim initials

Victim Signature: _____ Guardian Signature (if minor): _____
Printed Name: _____ Printed Name: _____
Date: _____ Date: _____

NOTICE TO LAW ENFORCEMENT: It is law enforcement's obligation to notify the victim of when a sexual assault kit has been tested. If the victim does not opt-in to Track-Kit, you must notify the victim of the status of the sexual assault kit. This advisement must be uploaded to your agency's case management system.