STATE OF ALASKA
Pediatric Sexual Assault Evidence Kit **Consent Form**

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

	Initials
I understand that this examination is conducted for purposes of medical evaluation, documentation and treatment of injuries, and to discover, collect, and preserve evidence of sexual assault. I understand that this exam may include the collection of reference specimens and screening for alcohol, drugs, and sexually transmitted infections. Knowing this, I consent to this examination for medical evaluation and evidence collection of sexual assault. I understand that I may withdraw my consent at any time for any portion of this evidentiary examination. I understand that an advocate is available to me at any time in this process.	
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 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 any treatment beyond the medical forensic exam may be at my own expense unless authorized by the law enforcement agency or by other arrangements. This may include emergency room care, laboratory testing, medications, etc.	

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)

_____ _____ ☐ am ☐ pm
Date Time

**** 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		

Examiner's Initials: _____

THIS KIT SHOULD BE USED TO ASSIST IN THE COLLECTION OF FORENSIC SAMPLES FROM CHILDREN AGE 14 AND UNDER FOR ANALYSIS BY THE ALASKA STATE CRIME LABORATORY.

EXAMINATION CONSIDERATIONS FOR CHILDREN

First, do no harm:

- ✓ Allow children to have control of as many aspects of the exam as possible.
- ✓ Proceed at the child's pace.
- ✓ Never restrain a child to conduct a forensic exam – if the child is severely distressed, the exam should be deferred. Gentle restraint by caregiver holding very young child in frog-leg position on their lap is reasonable for short periods of time (<3 min.) when necessary.
- ✓ In the event a young child is severely distressed and uncooperative and an exam is imperative (for example, active anogenital bleeding), arrangements should be made for a sedated evaluation at a hospital.
- ✓ Intravaginal speculum exams should NEVER be done on prepubertal children in an out-patient setting.
- ✓ Intravaginal swabs should RARELY be used on pre-pubertal children.

Prepare the child and caregiver for the examination:

- ✓ Explain the steps and the types of samples that will be collected during the exam.
- ✓ Give the child permission to say stop at any time during the exam if it becomes painful or too upsetting to them. An empowered child is a cooperative child.

General guidelines for the timing of forensic evidence collection include:

- ✓ Oral Swabs ≤24 hours
- ✓ Anal Swabs ≤48 hours
- ✓ Vaginal Swabbings ≤72 hours
- ✓ Specific circumstances may affect decision making, such as hygiene activities, age, etc.

CONSENT FORM ***REQUIRED***

Review the form with the parent/legal guardian.
Have them initial and sign where indicated.

Step 1A FORENSIC HISTORY FORM

Fill out all information requested and initial where indicated.

Step 1B MEDICAL EXAMINATION FORM

Fill out all information requested and initial where indicated.

Step 1C EVIDENCE COLLECTION LOG

Fill out all information requested and initial where indicated.

A copy of the completed forms must be returned within the kit
AND
provided to law enforcement.

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.

PHOTO DOCUMENTATION GUIDELINES

1. 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 child victim (name, case number, or medical record number).

3. For overall photos:
   - Photograph the child 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 patient).

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.

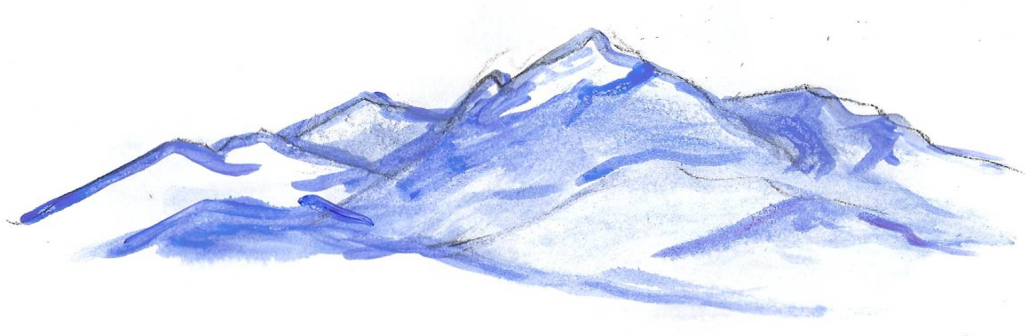
5. For colposcopic photos, be systematic:
   - Photograph overall area, top to bottom, side to side
   - External genital structures to more internal structures
   - Lowest magnification to highest
   - Note all injuries on the anatomical diagrams provided.

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, NOT in the kit. Encryption is not permitted. Label and seal the envelope. Initial and date the seal.

   DO NOT place the photos and/or digital storage media inside the evidence kit box. A copy may be provided to law enforcement upon request.



FOREIGN MATERIAL COLLECTION

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 child 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 child 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 the clothing into clean brown paper bags. Do not place more than one item in each bag.**
3. If additional clothing 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, child's name, contents, etc.)
5. Seal the bag(s) with tape. Initial and date the seal.
6. DO NOT PLACE THE CLOTHING/BROWN PAPER BAGS IN THE EVIDENCE BOX.

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 (or DIAPER)

1. Place the underwear (worn at the time of the exam) into the Step 2 bag labeled "Underwear".

★ Diapers [even those worn to the exam] or underwear carried into the exam by victim should be placed in a Drypak evidence bag and submitted item to law enforcement along with other clothing items. **Diapers/underwear carried into the exam are not to be placed in the kit.**

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

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

1. Remove the paper bindle(s) from the envelope.
   Unfold and place it on a flat, clean surface.
2. Inspect all body surfaces for foreign debris (dirt, fibers, hairs, leaves, etc).
3. Collect any foreign debris found and place it in the center of the paper.
4. Carefully refold the bindle.
   Note the location the sample was collected on the bindle.
   Do not seal the bindle(s). Repeat as needed. Debris from different areas/body parts should be collected in separate bindles.

Place the bindle(s) back in the Step 3 envelope and seal 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.

1. Inspect the oral cavity for injuries. Document any findings on anatomical diagram.
2. Remove the contents of the envelope. **Do not moisten the swabs**. Simultaneously using both swabs provided, 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 labeled "ORAL SWABS".
3. Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelope.

Step 5 REFERENCE BUCCAL [CHEEK] SWABS *REQUIRED*

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

1. Have the child rinse their mouth with water several times prior to collection of the Known DNA sample.
2. Simultaneously using both swabs provided, swab the inside of the child's left and right cheek (at least six times).
3. Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope labeled "Known DNA Sample".
4. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Step 6 FINGERNAIL SCRAPINGS

Collect only if history indicated.

1. Remove the contents of the envelope labeled "FINGERNAIL SCRAPINGS LEFT HAND".
2. Unfold the paper bindle and place it on a clean, flat surface.
3. Hold the child'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.
4. Place the thin-pointed swab in the center of the bindle and refold the bindle. **Note you will need to refold the bindle to accommodate the swab.** Place the bindle back in the "LEFT HAND" envelope.
5. Repeat this procedure for the child's right hand. Place the thin-pointed swab in the center of the bindle and refold the bindle. **Note you will need to refold the bindle to accommodate the swab.** Place the bindle back in the "RIGHT HAND" envelope.
6. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelopes.

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

Step 7 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 (skin to skin, oral/vaginal, etc)

Do not swab bleeding wounds, cuts or abrasions.

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

Step 7 MISCELLANEOUS SWABS - Continued

1. Moisten the swab provided with sterile/distilled water and thoroughly, but gently swab the area of interest, *using a separate swab for each collection*.
2. 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. **Repeat as needed.**
3. Seal the envelope(s) with tape. Initial and date the seal(s). Fill out the information on the front of the envelope(s).

Step 8 EXTERNAL GENITALIA / ANAL SWABS

Collect if assault/abuse reported within 72 hours of examination.

1. Using the single swabs provided, 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 the victim is uncircumcised, retract the foreskin when swabbing
    d. Perineum and Anus (external only)
2. Place each of the swabs back in a separate swab sleeve, cotton tip down, and then place the sleeves in the respective sample envelopes provided.
3. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Assemble provided swab boxes. Immediately after collection, vaginal 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 9 VAGINAL SWABS

Collect if assault/abuse reported within 72 hours of examination.

Intravaginal speculum exams are **never** recommended on prepubertal children unless there is:

a. Vaginal bleeding
b. Report of foreign body

This may require evaluation under anesthesia. Mature **postmenarcheal** females may tolerate the procedure without sedation. Intravaginal swabs may be obtained **without use of a speculum if indicated.**

1. Remove the contents of the envelope. **Do not moisten the swabs**. Simultaneously using both swabs provided, carefully swab the proximity of cervical and posterior vaginal pool if indicated.
2. Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope provided.
3. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Step 10 RECTAL SWABS (INTERNAL)

Collect a sample within 48 hours of a rectal assault. If time of the assault has not been accurately determined, use your discretion, based on the physical exam, in deciding whether or not to collect.

1. Moisten the swabs provided with sterile/distilled water. Simultaneously using both swabs provided, carefully swab the rectum.
2. Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled "RECTAL SWABS".
3. 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/diaper worn to exam only) and sample envelopes inside the evidence kit box.
3. **Place a copy of the completed consent/information form and Step 1 forms inside the evidence kit box.** Please do not staple or paperclip the pages.

   A second copy of the paperwork should be given to law enforcement and/or the case officer.
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.

Do not place the photos and/or digital storage media inside the evidence kit box. A copy may be provided to law enforcement upon request.

7. Verify that all additional clothing collected (including underwear/diaper carried into 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.

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

FORENSIC HISTORY TO BE COMPLETED BASED ON CHILD FORENSIC INTERVIEW

GENERAL INFORMATION

Agency Case Number: _____
Date/time interview started: _____ ☐am ☐pm
Date/time interview ended: _____ ☐am ☐pm

Child's Information:
Last Name _____
First Name _____
Middle Initial _____

Age _____ **Date of Birth** _____ **Biological sex at birth:** ☐ **Female** ☐ **Male**
Gender identity: _____

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

Interpreter Used ☐ Yes ☐ No **Language Used** _____ **Language Line: Ref #** _____
Name of interpreter _____ Relationship _____ Telephone _____

FORENSIC INTERVIEW

HISTORY PROVIDED BY: ☐ CHILD ☐ OTHER (specify): _____

Date of assault (most recent if multiple incidents):_____
Time/Time frame: _____ ☐ Within last 72 hours
☐ Multiple incidents over time: _____

Record patient's name for:
Female Genitalia _____
Male Genitalia _____
Breasts _____
Anus _____

Forensic interview conducted by _____ and was observed by_____.
Description of location and assault: _____

Officer's Initials: _____

Examiner's Initials: _____

ACTS DESCRIBED (note method/manner)

Name of Historian _____ Relationship to patient _____

Description	No	Yes	Attempted	Unsure	N/A	Describe
Genital/vaginal contact/penetration by assailant with:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Anal contact/penetration by assailant with:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Oral copulation of genitals:						
Of child by assailant	☐	☐	☐	☐	☐	
Of assailant by child	☐	☐	☐	☐	☐	
Oral copulation of anus:						
Of child by assailant	☐	☐	☐	☐	☐	
Of assailant by child	☐	☐	☐	☐	☐	
Anal/genital contact of assailant by child	☐	☐	☐	☐	☐	
Non-genital or other act(s)?	☐	☐	☐	☐	☐	☐ Fondling ☐ Licking ☐ Kissing ☐ Suction Injury ☐ Strangling ☐ Striking ☐Other impact Describe:
Did assailant(s) injure child?	☐	☐	☐	☐	☐	☐Scratch ☐Bite ☐Hit ☐Kick ☐Other:
Did child injure assailant(s)?	☐	☐	☐	☐	☐	☐Scratch ☐Bite ☐Hit ☐Kick ☐Other:
Contraceptive or lubricant products?	☐	☐	☐	☐	☐	If yes, ☐Condom ☐Other: _____
Did ejaculation occur?	☐	☐	☐	☐	☐	If yes, note location(s) : ☐Mouth ☐Vagina ☐Body surface ☐On bedding ☐Anus/Rectum ☐Clothing ☐Other
Was force or threats used?	☐	☐	☐	☐	☐	If yes, describe:
Were weapons used?	☐	☐	☐	☐	☐	If yes, describe:
Were pictures/videotapes taken?	☐	☐	☐	☐	☐	If yes, note type(s) ☐Photos ☐Video ☐Other
Were pornographic pictures/videotapes shown?	☐	☐	☐	☐	☐	If yes, note type(s) ☐Photos ☐Video ☐Other
Position(s) during assault: ☐Supine ☐Prone ☐Sitting ☐Standing ☐Lying on side (right/left) ☐Unknown ☐Other						

Loss of Memory? ☐ No ☐ Yes ☐ unknown	
Lapse of consciousness? ☐ No ☐ Yes ☐ unknown	
Behavioral changes in patient? ☐ No ☐ Yes	

Officer's Initials: _____

Examiner's Initials: _____

ALCOHOL AND DRUG INFORMATION:

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

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

Ingestion ☐ Voluntary ☐ Involuntary

If yes, describe. How was alcohol obtained?:

_____

_____

What was consumed (by victim and by suspect)?

_____

How much (by victim and by suspect)?

_____

Approximate time of first and last drink?

_____

_____

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

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

Ingestion ☐ Voluntary ☐ Involuntary

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

_____

What was consumed (by victim and by suspect)?

_____

How much (by victim and by suspect)?

_____

Approximate time of first and last use?

_____

_____

Officer's Initials: _____

Examiner's Initials: _____

MEDICAL HISTORY:

Has the victim had a bone marrow transplant? ☐ No ☐ Yes ☐ unknown

Has the victim *received* a blood transfusion? ☐ No ☐ Yes ☐ unknown
If yes, approximately how long ago? _____

If, female
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: _____

HYGIENE/ACTIVITY (since the assault and prior to the exam)			**VICTIM'S DESCRIPTION**
If <24 hours since the assault, has the victim:	No	Yes	
Ate/Drank	☐	☐	
Brushed teeth/Gargled/Rinsed Mouth	☐	☐	
Urinated	☐	☐	
Wiped genitals (not while using bathroom)	☐	☐	If yes, with what and where is it?

If <72 hours since the assault, has the victim:	No	Yes	
Had a bowel movement	☐	☐	
Used a douche/enema	☐	☐	
Showered/Bathed/Steamed/Washed Genitals	☐	☐	Number of times:
Vomited	☐	☐	

Since the assault, has the victim:		
Inserted a ☐ feminine hygiene product ☐ birth control device	What? _____ _____	Is victim still wearing it? ☐ No (where is the item now? _____) ☐ Yes (Tampons worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.)
Used a ☐ pad ☐ panty liner ☐ diaper		Is victim still wearing it? ☐ No (where is the item now? _____ ☐ Yes (Pads/pantyliners worn to the exam should be collected and submitted in a Drypak evidence bag within the kit. Diapers should be submitted as separate items.)
Other:		

Officer's Initials: _____

Examiner's Initials: _____

CLOTHING WORN AT TIME OF EXAM	
Condition/Appearance: ☐ Clean ☐ Intact ☐ Dirty ☐ Wet ☐ Torn ☐ Apparent blood	Clothing worn at time of exam: (List) ☐ Shirt/T-shirt Describe: _____ ☐ Jeans/Pants Describe: _____ ☐ Coat/Jacket Describe: _____ ☐ Underwear/Diaper Describe: _____ ☐ Bra Describe: _____ ☐ Socks/Shoes Describe: _____ ☐ Other Describe: _____

Has the victim changed ***any*** clothing since the assault?

☐ No (skip to sexual history)

☐ Yes (continue with remainder of clothing section on next page)

CLOTHING WORN AT TIME OF ASSAULT (if different from clothing worn to exam)	
Clothing worn at time of assault: (List)	
☐ Shirt/T-shirt	Describe: _____
☐ Jeans/Pants	Describe: _____
☐ Coat/Jacket	Describe: _____
☐ Underwear/Diaper	Describe: _____
☐ Bra	Describe: _____
☐ Socks/Shoes	Describe: _____
☐ Other	Describe: _____

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: _____

Officer's Initials: _____

Examiner's Initials: _____

SEXUAL CONTACT HISTORY			
Has the child had sexual contact, *prior to the assault*, within the specified time frames?			
Vaginal (within the past 7 days)	☐ No	☐ Yes If yes, date/time:_____ With: _____	
Anal (within the past 72 hours)	☐ No	☐ Yes If yes, date/time:_____ With: _____	
Oral (received within past 24 hours)	☐ No	☐ Yes If yes, date/time:_____ With: _____	
Oral (given within past 24 hours)	☐ No	☐ Yes If yes, date/time:_____ With: _____	
Did ejaculation occur?	☐ No	☐ Yes If yes, where:_____	☐ Unknown
Was a barrier used?	☐ No	☐ Yes If yes, type:_____	☐ Unknown

Since the assault, has the child had recent sexual contact?			
Vaginal	☐ No	☐ Yes If yes, date/time:_____ With: _____	
Anal	☐ No	☐ Yes If yes, date/time: _____ With: _____	
Oral (received)	☐ No	☐ Yes If yes, date/time: _____ With: _____	
Oral (given)	☐ No	☐ Yes If yes, date/time: _____ With: _____	
Did ejaculation occur?	☐ No	☐ Yes If yes, where:_____	☐ Unknown
Was a barrier used?	☐ No	☐ Yes If yes, type: _____	☐ Unknown

Officer's Initials: _____

Examiner's Initials: _____

SUSPECT INFORMATION: Number of assailants: ☐ 1 ☐ 2 ☐ 3 ☐ 4

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: _____

Officer's Initials: _____

Examiner's Initials: _____

TO BE COMPLETED BY THE MEDICAL PROVIDER

Date/Time assessment started:_____ ☐am ☐pm
Date/Time assessment ended:_____ ☐am ☐pm

Medical Facility Where Exam Performed MR # _____
Name _____
Address _____
City/State/Zip_____, AK, _____
Telephone _____

Patient's Name
Last Name _____
First Name _____
Middle Initial _____

Street Address
Address _____
City/State/Zip _____, ____, _____
Telephone _____

Age _____ **Date of Birth** _____ **Biological Sex at Birth** ☐ F ☐ M **Ethnicity** _____

Name of Child's Caregiver _____ **Gender** ☐ F ☐ M
☐ Parent ☐ Legal Guardian ☐ Other (specify) _____
Address _____
City/State/Zip _____, ____, _____
Telephone home: _____ Cell: _____

Name of Child's Caregiver _____ **Gender** ☐ F ☐ M
☐ Parent ☐ Legal Guardian ☐ Other (specify) _____
Address _____
City/State/Zip _____, ____, _____
Telephone home: _____ Cell: _____

MANDATORY REPORTING FOR SUSPECTED CHILD ABUSE AND NEGLECT

OCS
☐ Telephone Report ☐ Written Report Submitted **Location** _____ **Telephone** _____ **Date** _____
☐ Report made prior to appointment

Law Enforcement
☐ Telephone Report ☐ Written Report Submitted **Location** _____ **Telephone** _____ **Date** _____
☐ Report made prior to appointment

RESPONDING PERSONNEL TO MEDICAL FACILITY

OCS	**Name** _____	**Agency** _____	☐ **Unknown**
Law Enforcement Officer	**Name** _____	**Agency** _____	☐ **Unknown**

Examiner's Initials: _____

PAST MEDICAL HISTORY describe any positives below				
Description	**Yes**	**No**	**Unknown**	**Describe**
Hospitalization(s)	☐	☐	☐	
Surgery	☐	☐	☐	
Significant illness/injury including fractures/burns	☐	☐	☐	
Other pertinent med hx (birth, etc.)	☐	☐	☐	
Medical conditions or prior treatments, procedures or surgeries that may affect interpretation of findings	☐	☐	☐	
Allergies (drugs, latex, other)	☐	☐	☐	
Medications	☐	☐	☐	
Immunizations up to date	☐	☐	☐	
Disabilities	☐	☐	☐	
Normal growth and development	☐	☐	☐	
Menstrual periods	☐	☐	☐	Age of menarche _____LMP _____ ☐ Tampons ☐ Pads ☐N/A
Contraception	☐	☐	☐	
Other abuse history	☐	☐	☐	

REVIEW OF SYSTEMS
Constitutional: ☐ Wt loss/gain ☐Eating problems ☐Sleep problems ☐ Pain: if yes, scale _____/10 ☐ Other:
DERM: ☐Eczema ☐Warts ☐Lesions ☐Scars ☐ Easy bleeding/bruising ☐ Other:
HEENT: ☐Problems with speech ☐Hearing ☐ Vision ☐Ear infections ☐ Other:
Cardiovascular: ☐ Heart murmur ☐ Heart problems ☐ Other:
Pulmonary: ☐ Asthma ☐ Pneumonia ☐ Other breathing problems ☐ Other:
GI: ☐ Constipation ☐Diarrhea ☐ Vomiting ☐ Incontinence ☐ Bleeding (rectal) ☐ Abdominal pain ☐ Itching (rectal) ☐ Other:
GU: ☐Genital or anal itching ☐ Discharge ☐ Pain ☐ Bleeding ☐UTI ☐ Symptoms of previous injury ☐ Bed wetting/wetting pants ☐History of STD ☐ Other:
Neurologic: ☐Seizures ☐Syncope ☐ Irritability ☐ Lethargy ☐ Other:
Musculoskeletal: ☐ Pain ☐ Fractures ☐Other:
Mental health: ☐Self harm ☐ Sexualized behavior ☐ Other behavioral changes:
Other:
☐ **ROS negative except as noted above**

PERTINENT FAMILY MEDICAL HISTORY (HPV, HSV, HIV, Mollusca, etc)

Examiner's Initials: _____

GENERAL PHYSICAL EXAMINATION

Temperature _____ ☐ PO ☐ Ax Pulse _____ Respiration _____ Blood Pressure _____

Height _____ _____ % Weight _____ _____ % BMI _____ HC (Child <2)_____ _____%

Hair color _____ Eye Color_____

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

Pain:

Is victim having pain? ☐ No ☐ Yes If yes, current pain level per victim is: _____ out of 10 (0 = none, 10 = worst possible)

Location of pain: _____

Type of pain: _____

What makes pain worse: _____

What makes pain better: _____

Additional information:

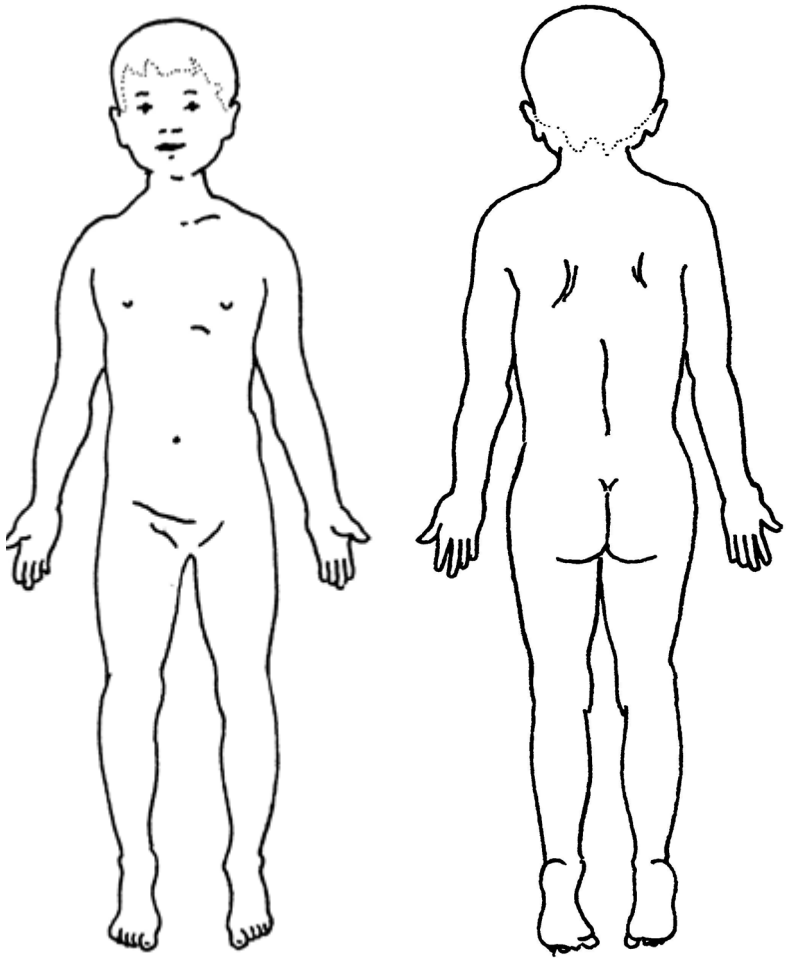
Area	WNL	ABN	Not Examined	See Diagram	Describe significant findings
Skin	☐	☐	☐	☐	
Head	☐	☐	☐	☐	
Scalp/hair	☐	☐	☐	☐	
Eyes	☐	☐	☐	☐	
Nose and Ears	☐	☐	☐	☐	
Mouth/Lips/ Pharynx	☐	☐	☐	☐	
Teeth	☐	☐	☐	☐	
Neck/nodes	☐	☐	☐	☐	
Lungs	☐	☐	☐	☐	
Chest	☐	☐	☐	☐	Sexual Maturity Rating
Heart	☐	☐	☐	☐	
Abdomen	☐	☐	☐	☐	
Back	☐	☐	☐	☐	
Buttocks	☐	☐	☐	☐	
Extremities	☐	☐	☐	☐	
Neurological	☐	☐	☐	☐	
Development	☐	☐	☐	☐	

Examiner's Initials: _____

GENERAL PHYSICAL EXAMINATION *(continued)*

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 ☐ Fluorescence found ☐ Samples swabbed

☐ **No injuries noted**



FRONT VIEW **REAR VIEW**

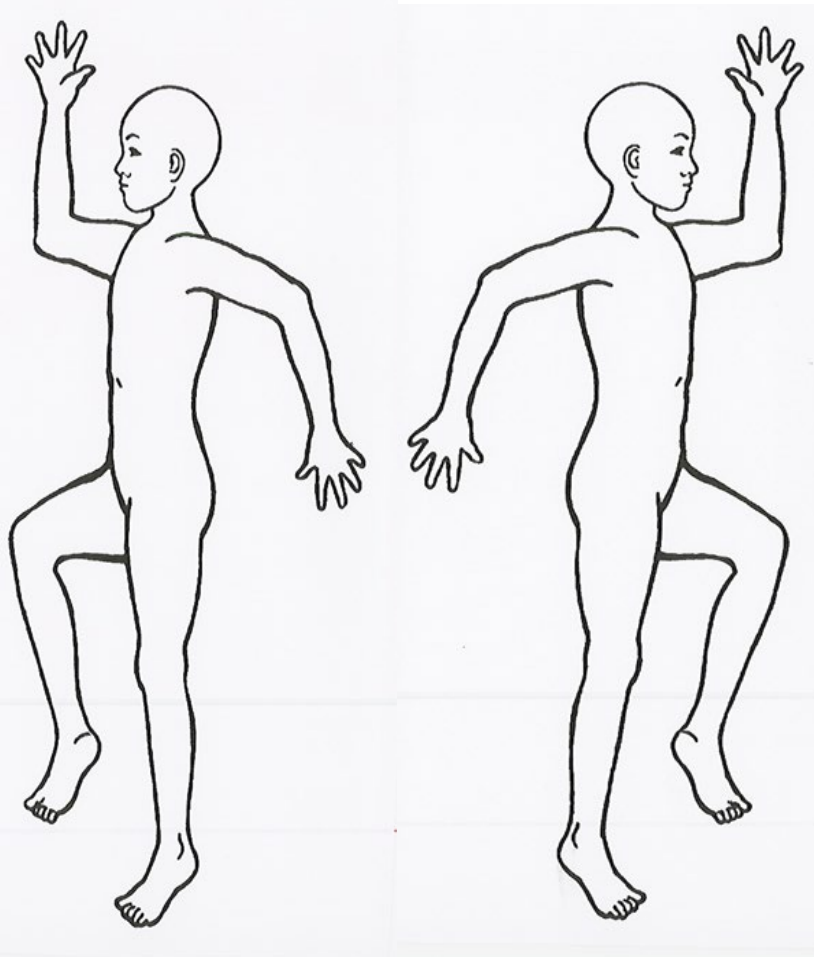
NOTES:

Examiner's Initials: _____

GENERAL PHYSICAL EXAMINATION *(continued)*

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 ☐ Fluorescence found ☐ Samples swabbed

☐ **No injuries noted**



LEFT SIDE VIEW **RIGHT SIDE VIEW**

NOTES:

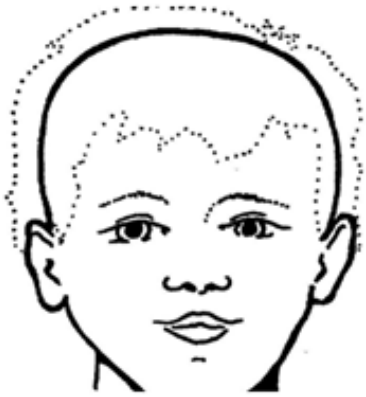
Examiner's Initials: _____

GENERAL PHYSICAL EXAMINATION *(continued)*

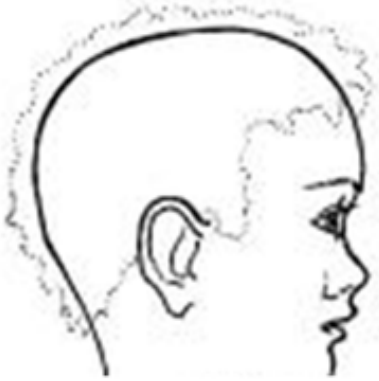
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source ☐ Fluorescence found ☐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

☐ **No injuries noted**

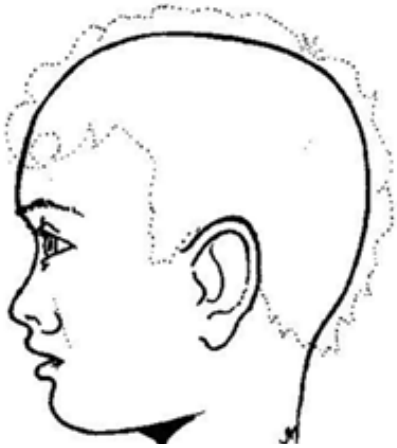
Child Face, Front View



Child Face, Right View



Child Face, Left View



Child Face, Oral and Nasal View

NOTES:

Examiner's Initials: _____

GENITAL FINDINGS - Female

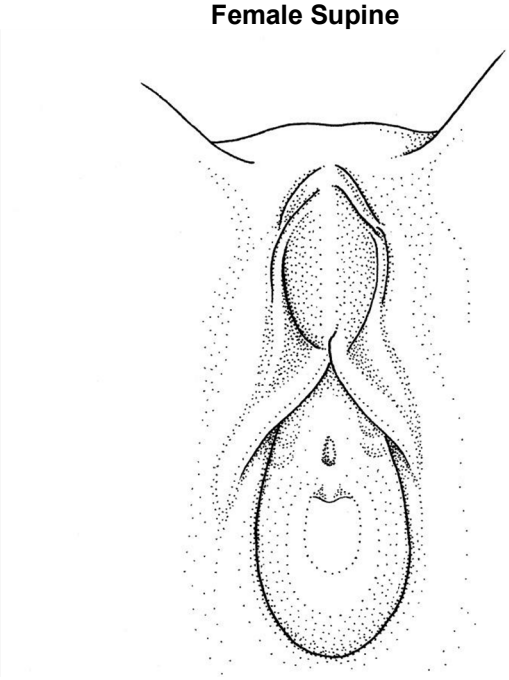
Exam Method ☐ **Direct Visualization** ☐ **Colposcope** ☐ **Other Magnification** _____

Exam Positions/Methods	Separation	Traction	Knee Chest
Supine	☐	☐	☐
Knee Chest	☐	☐	☐
☐ Saline/Water	☐ Moistened Swab	☐ Catheter	☐ Speculum ☐ Other _____

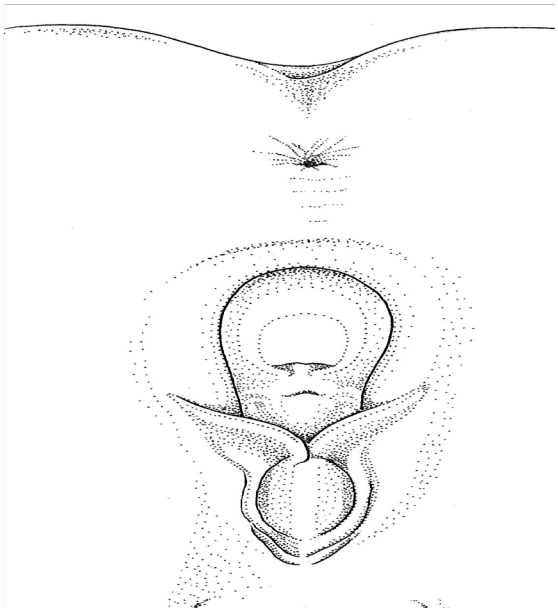
Sexual Maturity Rating _____

	WNL	ABN	Describe
Inner thighs	☐	☐	
Inguinal adenopathy	☐	☐	
Labia Majora	☐	☐	
Labia Minora	☐	☐	
Clitoral Hood	☐	☐	
Perihymenal tissues (urethra/vestibule)	☐	☐	
Hymen Morphology ☐ Annular ☐ Crescentic ☐ Imperforate ☐ Redundant ☐ Septate ☐ Other _____ Hymen Description: _____			
Fossa navicularis	☐	☐	
Posterior fourchette	☐	☐	
Perineum	☐	☐	
Vagina (if visualized)	☐	☐	☐ **n/a**
Cervix (if visualized)	☐	☐	☐ **n/a**
Discharge	☐ Yes	☐ No	If yes, describe

Female Supine



Female Knee-Chest



Examiner's Initials: _____

GENITAL EXAMINATION – Male

Exam Method ☐ **Direct Visualization** ☐ **Colposcope** ☐ **Other Magnification** _____

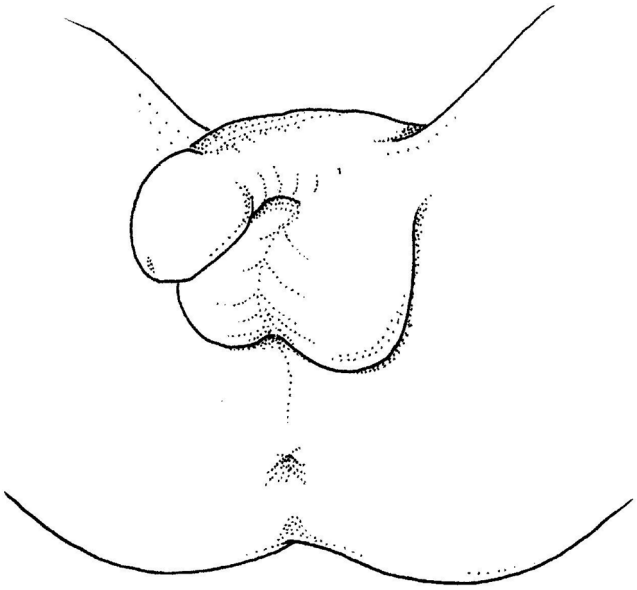
Exam Positions/methods:
☐ Supine ☐ Prone ☐ Moistened swab ☐ Other _____

Genital Sexual Maturity Rating _____

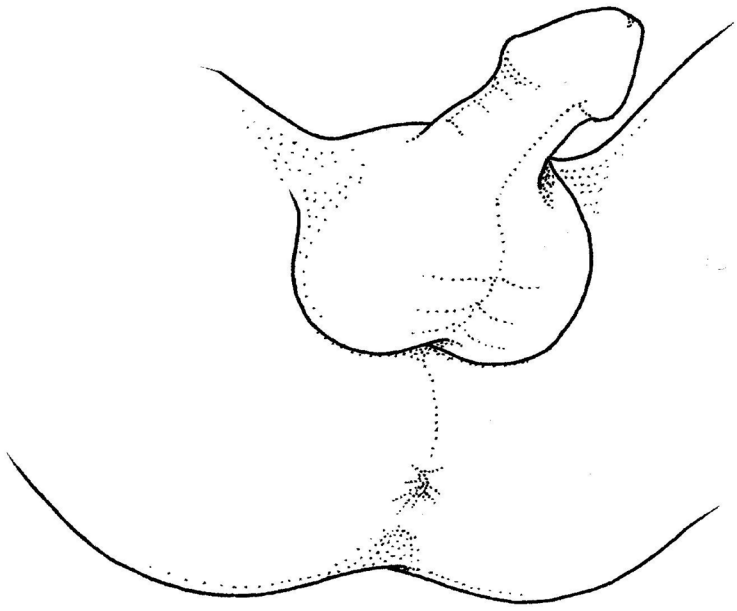
Circumcised ☐ Yes ☐ No

	WNL	ABN	Describe
Inner thighs	☐	☐	
Inguinal adenopathy	☐	☐	
Perineum	☐	☐	
Foreskin	☐	☐	
Glans Penis	☐	☐	
Penile Shaft	☐	☐	
Urethral meatus	☐	☐	
Scrotum	☐	☐	
Testes	☐	☐	
Discharge	☐ Yes	☐ No	If yes, describe

Male Dorsal View



Male Ventral View



Examiner's Initials: _____

ANUS AND RECTUM

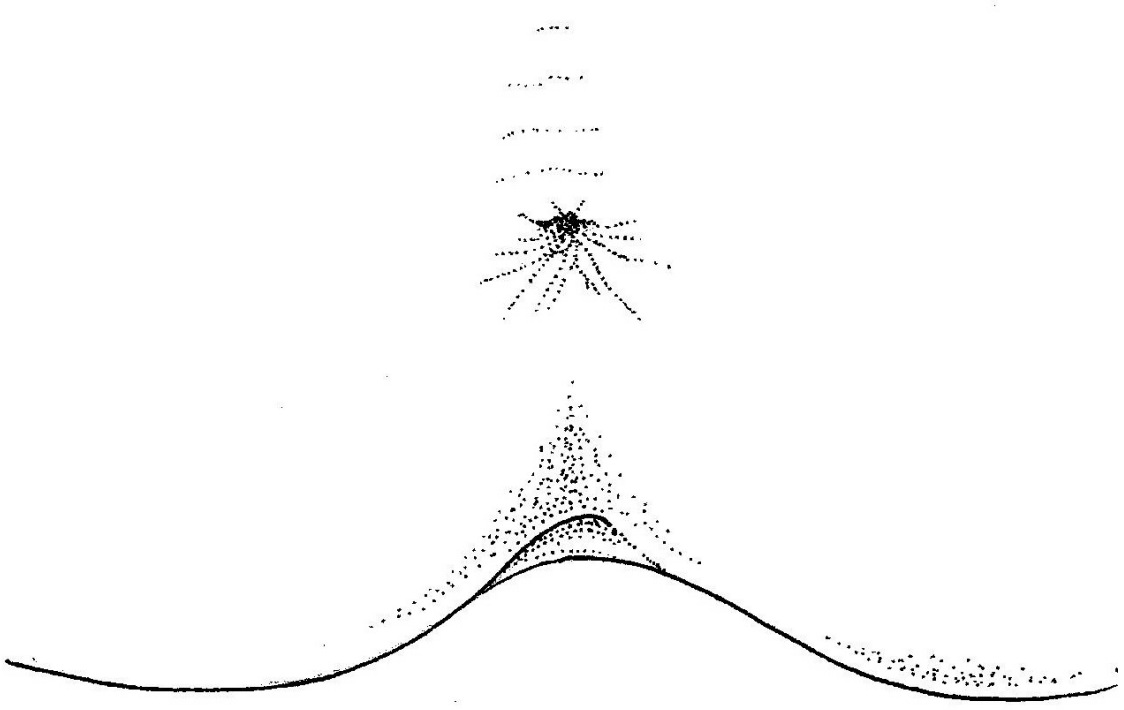
Exam Method ☐ **Direct Visualization** ☐ **Colposcope** ☐ **Other Magnification** _____

Exam Positions	Observation	Observation with traction
Supine	☐	☐
Supine knee chest	☐	☐
Prone knee chest	☐	☐
Lateral recumbent	☐	☐

Exam Methods ☐ Moistened Swab ☐ Anoscopy ☐ Other _____

Check the ABN box(es) if there are abuse/assault related findings and describe abnormal or unusual findings

	WNL	ABN	Describe
Buttocks	☐	☐	
Perianal skin	☐	☐	
Anal verge/folds	☐	☐	
Anal tone	☐	☐	
Rectum	☐	☐	☐ Not seen
Anal dilation	☐ Yes	☐ No	If yes: ☐ Immediate ☐ Delayed Comments: _____
Stool present in rectal ampulla	☐ Yes	☐ No	☐ Undetermined



Examiner's Initials: _____

PHOTO DOCUMENTATION METHODS							
Area	**Yes**	**No**	**Colposcope/Still**	**Macrolens/Still**	**Colposcope/Videocamera**	**Other Optics**	**Photographed by**
Body	☐	☐	☐	☐	☐		
Genitals	☐	☐	☐	☐	☐		
Type of Film/Media	☐ Digital ☐ Other (specify)_____						
Recommended follow-up photographs are taken in 1 – 2 days?	☐ N/A ☐ Yes: _____ ☐ No						

MEDICAL LAB TESTS PERFORMED ☐ NONE
REMINDER: DO NOT INCLUDE LAB SAMPLES IN EVIDENCE KIT

STD CULTURES	GC	CHLAMYDIA	Other	Describe	Collected By	Results
Oral	☐	N/A				
Vestibular	☐	☐				
Cervical	☐	☐				
Rectal	☐	☐				
PCR	☐	☐		Source		
Wet Mount	☐					
Serology	☐ Syphilis	☐ HIV		☐ Hepatitis		
Pregnancy Test	☐ Blood	☐ Urine				
Urinalysis	☐					
Urine drug screen	☐ Done @ _____			☐ N/A		
Toxicology screen	☐ Done @ _____			☐ N/A		
DFSA screen	☐ Done @ _____			☐ N/A		
Other Tests				Source		

PLAN OF CARE

1. Medications: ☐ No changes from previous ☐ Changes: _____
2. STI prophylaxis: ☐ Not indicated ☐ Yes: _____
3. Pregnancy prophylaxis: ☐ Not indicated ☐ Yes: _____
4. Counseling referral: ☐ No ☐ Yes: _____
5. Other recommendations/referrals: _____

PATIENT DISPOSITION

☐ Admitted ☐ Home ☐ Protective Custody ☐ Other specify:_____

☐ Follow up Exam Needed (specify reason): _____

Examiner's Initials: _____

TO BE COMPLETED BY THE MEDICAL PROVIDER

SUMMARY OF FINDINGS AND INTERPRETATION

1. Disclosure

- ☐ Yes
- ☐ No
- ☐ Unable to interview

Comments:

2. Interpretation of anal-genital findings

- ☐ Normal Exam or Normal Variant: can neither confirm nor negate sexual abuse
- ☐ Abnormal likely due to medical condition
- ☐ Infection not related to sexual abuse/assault
- ☐ Infection that can by sexually or non-sexually transmitted
- ☐ Infection due to sexual contact, perinatal
- ☐ Finding(s) indicative of acute or healed trauma to the genital/anal tissues
- ☐
- ☐ Indeterminate:
- ☐ Findings are highly suggestive of sexual abuse
- ☐ Definite evidence of sexual abuse and/or sexual contact
- ☐ Exam not done due to no disclosure refused by parent refused by child other:

Comments:

3. Interpretation of general physical exam

4. Need further consultation or re-evaluation

- ☐ Yes
- ☐ No

Specify:

5. Additional comments regarding other findings, interpretations, and recommendations:

PLAN OF CARE

- Pending labs:

GC/CT NAAT	☐ Urine (dirty catch)		neg☐	Date
	☐ Vaginal		neg☐	Date
	☐ Rectal		neg☐	Date
	☐ Throat/oral		neg☐	Date
Serology:	☐ Syphilis		neg☐	Date
	☐ HIV		neg☐	Date
	☐ Hepatitis B		neg☐	Date
	☐ Hepatitis C		neg☐	Date
	☐ Other		neg☐	Date
	☐ Other		neg☐	Date
Urinalysis	☐ UA ☐ reflex culture		neg☐	Date
Vaginitis Panel	☐ Vag Path DNA *or* ☐ Wet Prep		neg☐	Date
Cultures:	(Choose) Describe:		neg☐	Date
	(Choose) Describe:		neg☐	Date
Other Tests			neg☐	Date
Other Tests			neg☐	Date
Toxicology	☐ Urine		neg☐	Date

- Medications: ☐N/A ☐No medication changes ☐New/changed medications: _____
- Counseling referral: ☐Yes, provided by team ☐Not indicated based on assessment ☐Not indicated, already established ☐Other: _____
- Handouts: ☐None ☐Educational materials discussed and provided by team ☐Other: _____
- Other recommendations/referrals: _____
- Follow up letter to PCP: ☐N/A ☐Yes

PATIENT DISPOSITION

☐Admitted ☐Home ☐Protective Custody

☐Other specify:

☐Follow up Exam Needed (specify reason):

Printed Name: _____

Provider Signature: _____

Date/Time: _____

Kit Samples Collected	
Step 2 Underwear (worn at time of exam)	☐ Yes ☐ No ☐ Deferred
Step 3 Debris Collection	☐ Yes ☐ No ☐ Deferred
Step 4 Oral Swabs	☐ Yes ☐ No ☐ Deferred
Step 5 Reference Buccal [Cheek] Swabs	**REQUIRED**
Step 6 Fingernail Scrapings	
• Left Hand	☐ Yes ☐ No ☐ Deferred
• Right Hand	☐ Yes ☐ No ☐ Deferred
Step 7 Miscellaneous Swabs	
• Semen	☐ Yes ☐ No ☐ Deferred
• Saliva	☐ Yes ☐ No ☐ Deferred
• Blood	☐ Yes ☐ No ☐ Deferred
• Other	☐ Yes ☐ No ☐ Deferred
Step 8 External Genitalia / Anal Swabs	☐ Yes ☐ No ☐ Deferred
• *Female* Mons and outer aspect of labia majora	☐ Yes ☐ No ☐ Deferred ☐ N/A
• *Female* Remainder of vulva	☐ Yes ☐ No ☐ Deferred ☐ N/A
• *Male* Penis	☐ Yes ☐ No ☐ Deferred ☐ N/A
• Perineum and anus	☐ Yes ☐ No ☐ Deferred
Step 9 Vaginal Swabs	☐ Yes ☐ No ☐ Deferred ☐ N/A
Step 10 Rectal Swabs	☐ Yes ☐ No ☐ Deferred

NOTES:

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/Jeans
- ☐ Coat/Jacket
- ☐ Diaper
- ☐ Underwear/briefs (carried into exam)
- ☐ Other (describe): _____
- ☐ none collected

☐ Photos/Digital Media

ITEMS PLACED IN STORAGE: **Date:** **Time:** ☐ am ☐ pm

By: Signature:

Examiner's Initials: _____