

Victim Paperwork

A copy of this form must be placed in the evidence box.

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 withdraw consent at any time for any portion of the examination.	
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 or necessary to determine whether a sexual assault has occurred. I understand that any treatment beyond the forensic examination, such as emergency room care, laboratory, testing, medications, etc., is at my own expense.	

I have received and understand the *Notice of Privacy Practices* sheet. _____
Victim's Signature

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)

 Witness's Signature Witness'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		

A copy of this form must be placed in the evidence box.

NOTE: This form is to be used only when a patient reports directly to the health care provider, law enforcement has not been previously contacted, and the patient declines to report to law enforcement at this time. In addition to completing this form, the patient should also complete the "Consent for Medical-Forensic Examination - Reported Assault" form. That consent form must be sealed within the evidence box, so that the authorization to release information will not become effective unless the patient later reports the assault.

I _____ am requesting Sexual Assault Evidence Collection and I do not want to be interviewed at this time by law enforcement.

I have read and understand the following:

- A. I will not be billed for the forensic portion of the examination.
- B. The benefits of reporting to law enforcement may include:
 - 1. Law enforcement will have an opportunity to collect evidence from you, from the suspect, and from other possible crime scenes.
 - 2. Witnesses may be interviewed in a timely fashion.
 - 3. You may be eligible for Violent Crimes Compensation funds to pay for counseling and other services.
- C. The consequences of delayed reporting to law enforcement may include:
 - 1. Evidence that would normally be collected by law enforcement will be permanently lost.
 - 2. Suspects and witnesses will not be interviewed and they may not be available or cooperative later.
 - 3. Alaska law provides that an application for Violent Crimes Compensation may not be considered unless the crime is reported to police.
- D. By delaying an interview with law enforcement, it may be more difficult, if not impossible, for a prosecutor to file charges against the suspect, if you later decide to report.
- E. The evidence that is collected from you today will be preserved in a sealed container which will be identified by number only. The health care provider will not reveal your identity to law enforcement. This kit will be held at the crime laboratory and other collected evidence will be held by law enforcement. The evidence will remain sealed and untested unless and until you report the sexual assault. The evidence will be held in accordance with the evidence retention schedule of the agency that stores it.
- F. Your Authorization to Release Information will be sealed within the unidentified evidence container, and will become effective only if you decide to report the crime to law enforcement.
- G. If you decide you want to report to law enforcement you can do so by contacting:

Name/Agency

Phone Number

Victim's Signature

Date

Examiner's Initials: _____

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 victim (name, case number, or medical record number).
3. For macrophotography of body injuries:
 - Photograph the victim 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. Note if not from assault (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. **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 the unsealed white envelope containing a copy of the 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.

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

USE ONLY ONE KIT PER PERSON

CONSENT/INFORMATION FORMS *REQUIRED*

Consent Form – Victim Reported Case

Review the form with the victim. Have them initial and sign where indicated.

Information Form – Anonymous Victim Case

Review the form with the victim. Have them sign where indicated.

Step 1A FORENSIC HISTORY FORM

Step 1B MEDICAL HISTORY FORM

Step 1C ANATOMICAL DIAGRAMS

Step 1D EVIDENCE COLLECTION LOG

Fill out the information requested and sign where indicated.
No other forms will be accepted.

A copy of the completed Consent Form, Information Form (if applicable), Step 1A, Step 1B, Step 1C and Step 1D forms must be returned within the kit and the originals must be provided to law enforcement. No other forms will be accepted.

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

Assemble swab drying racks. Dry all samples collected prior to packaging. If more swabs are needed than are provided in the kit, use hospital or agency supplied swabs to collect samples. Wear gloves during evidence collection. Change gloves often. Maintain other universal precautions as needed.

Plastic sleeves are for organizational purposes only. Discard *plastic* sleeves upon opening.

FOREIGN MATERIAL SHEET

If the victim is a complete stranger to the suspect you may want to consider trace collection:

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

Place the white paper sheet 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. Items recovered may need to be collected as evidence depending on the individual case.
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, victim'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.**

Step 2 UNDERWEAR

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

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.

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 all information on the front of the envelope.

Step 4 ORAL SWABS

Used for the detection of semen in case of an oral assault when ejaculation is reported.

Using the two 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. Allow the swabs to dry. Place the swabs in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out all information on the front of the envelope.

Step 5 KNOWN DNA SAMPLE *REQUIRED*

HAVE THE VICTIM RINSE MOUTH WITH WATER SEVERAL TIMES PRIOR TO COLLECTION OF KNOWN SAMPLE.

Using the two swabs provided (**do not moisten the swabs**), swab the inside of the victim's left and right cheek (at least six times). Allow the swabs to dry. Place the swabs into the envelope labeled "KNOWN DNA SAMPLE". Seal the envelope with tape. Initial and date the seal. Fill out all 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 victim'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 victim's 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 all 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 suspect's five fingers on the left hand using the one swab provided, including the area around the cuticles. Allow the swab to dry. Place the swab into the sample envelope labeled "FINGER SWABS-LEFT".

Repeat this procedure for the right hand using the one swab provided. Allow the swab to dry. Place the swab into the sample envelope labeled "FINGER SWABS-RIGHT".

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

Step 8 PUBIC HAIR COMBINGS

Used for the collection of foreign hairs.

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

Remove the paper bindle and comb from the envelope. Unfold and place the paper partially under the victim'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 all information on the front of the envelope.

Use of an alternate light source (ALS) at a wavelength of 450 nm or a woods lamp (~375 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.)

Moisten a swab provided with sterile/distilled water and thoroughly swab the area of interest.

DO NOT swab bleeding wounds, cuts or abrasions.

If you are collecting Facial Swabs, DO NOT swab the lips. Carefully swab the facial skin around the lips and chin.

Allow the swab to dry. Place the swab 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 all information on the front of the envelopes.

Steps 10-12 are used for the detection of foreign DNA in cases of oral contact or extensive skin to skin contact.

Step 10 PENILE SWABS

Using the one swab provided, moisten with sterile/distilled water and thoroughly swab the glans and shaft.

If the victim is uncircumcised, retract the foreskin when swabbing. Allow the swab to dry. Place the swab in the sample envelope.

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

Step 11 FEMALE EXTERNAL GENITALIA SWABS

Using a swab provided, moisten with sterile/distilled water and swab the external genitalia. Allow the swab to dry. Place the swab in one of the three sample envelopes provided and document the location the sample was swabbed from.

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

Step 12 ANAL SWABS

Using the one swab provided, moisten the swab with sterile/distilled water and carefully swab the anus (external). Allow the swab to dry. Place the swab in the sample envelope provided.

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

Step 13 VAGINAL SWABS

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

Using the two swabs provided (do not moisten the swabs), carefully swab the vaginal vault. Allow the swabs to dry. Place the swabs in the sample envelope labeled "VAGINAL SWABS".

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

Step 14 CERVICAL SWABS

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

Using the two swabs provided (do not moisten the swabs), carefully swab the Cervical Os. Allow the swabs to dry. Place the swabs in the sample envelope labeled "CERVICAL SWABS".

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

Step 15 RECTAL SWABS

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

Using the two swabs provided, carefully swab the rectum (the swabs may be moistened to assist with insertion if an anoscope is not being used). Allow the swabs to dry. Place the swabs in the sample envelope labeled "RECTAL SWABS".

Seal the envelope with tape. Initial and date the seal. Fill out all 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 and sample envelopes inside the evidence kit box.
3. Place a copy of the completed Step 1 forms inside the evidence kit box. Please do not staple or paperclip the pages.

The original set of 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.

This envelope should be given to law enforcement and/or the case officer. In anonymous victim cases, it should be sealed in the kit.

7. Verify that all additional clothing collected 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. Note 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.

ACTS DESCRIBED BY VICTIM (note method/manner)					
Did the victim: <ul style="list-style-type: none"> • Scratch the assailant(s) • Bite the assailant(s) • Hit the assailant(s) • Kick the assailant(s) 	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe::
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
	<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): <ul style="list-style-type: none"> • Scratch the victim • Bite the victim • Hit or kick the victim • Kiss and/or lick the victim 	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Any injuries to victim resulting in bleeding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Unsure	Location:
Did the victim have firm hand contact with: <ul style="list-style-type: none"> • the assailant's anus • the assailant's breasts • the assailant's external genitalia/penis 	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Did the assailant(s) have firm hand contact with: <ul style="list-style-type: none"> • the victim's breasts • the victim's external genitalia/penis • the victim's anus 	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Did the assailant(s): <ul style="list-style-type: none"> • Force victim to masturbate? • Masturbate on/near the victim? 	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Describe:
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Was there oral contact of the victim's genitalia by the assailant(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Location:
Was there oral contact of the assailant's genitalia by the victim?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Location:
Was there penetration of victim's 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 <input type="checkbox"/> Other
Was there penetration of victim's 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 <input type="checkbox"/> 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"/> 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"/> On clothing <input type="checkbox"/> On 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:					

Officer's Initials: _____

Examiner's Initials: _____

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:
Choking/Strangulation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	
Involuntary ingestion of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Attempted	<input type="checkbox"/> Unsure	Type: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
Other:	Describe:				

ALCOHOL AND DRUG INFORMATION:

Was alcohol used by the victim at the time surrounding the assault? Unknown No Yes If yes, describe: _____

Were drugs used by the victim at the time surrounding the assault? Unknown No Yes If yes, describe: _____

Was victim menstruating at the time of the assault? No Yes

Has the victim started her menses since the assault? No Yes How many hours/days after: _____

HYGIENE/ACTIVITY (since the assault and prior to the exam)			VICTIM'S DESCRIPTION
Ate	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Drank	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Brushed teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Gargled/Rinsed mouth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Showered/Bathed/Steamed (circle one)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Wiped genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what:
Washed genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what:
Douched/Enema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Urinated	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Bowel movement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Vomited	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Inserted a <input type="checkbox"/> tampon <input type="checkbox"/> diaphragm <input type="checkbox"/> sponge	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Is victim still wearing it <input type="checkbox"/> No (discarded) <input type="checkbox"/> Yes (discarded)
Used a <input type="checkbox"/> pad or <input type="checkbox"/> panty liner	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Is victim still wearing it <input type="checkbox"/> No (discarded) <input type="checkbox"/> Yes (discarded)
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Officer's Initials: _____

Examiner's Initials: _____

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: _____

Is the clothing worn at the time of the exam the same clothing worn at the time of the assault?
 No Yes (same as above) If no, list the clothing items worn during the offense below:

CLOTHING WORN AT TIME OF ASSAULT	
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 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, were any items laundered? No Yes
 If yes, how: Cold-water wash Hot-water wash Dry-cleaned
 Was detergent used? No Yes Was a bleaching agent used? No Yes
 Where is the clothing now? Unsure At scene With victim Given to law enforcement Other

GYNECOLOGICAL HISTORY:

Has the victim had consensual sexual activity (**penile or digital penetration**) **prior to the assault**, in the specified time frames?

- Vaginal (within the last 7 days) No Yes Date: _____ With: _____
- Vaginal (within the last 3 weeks) No Yes Date: _____ With: _____
- Anal (within the past 72 hours) No Yes Date: _____ With: _____
- Anal (within the last 7 days) No Yes Date: _____ With: _____
- Oral (received within the past 24 hours) No Yes Date: _____ With: _____
- Oral (given within the past 24 hours) No Yes Date: _____ With: _____
- Did ejaculation occur? No Yes Was a barrier used? No Yes Type: _____

Since the assault, has the victim had consensual sexual activity (**penile or digital penetration**)? No Yes
 Date: _____ Time: _____
 Type: Vaginal Anal Oral With: _____

Officer's Initials: _____
 Examiner's Initials: _____

SUSPECT INFORMATION: Number of assailants: 1 2 3 4

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

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 _____

Is the victim currently being treated for any chronic medical or mental health conditions that may impact the exam?

No Yes If yes, describe _____

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 prior to this examination that may affect the interpretation of any physical findings or potential forensic evidence? No Yes

If yes, describe _____

Where: _____ Reason for care: _____

Was a pelvic exam done? No Yes

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: _____

PHYSICAL ASSESSMENT:

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

Vital Signs:

Temperature: _____ Heart Rate: _____ Blood pressure: _____ / _____ Respirations: _____

General:

Height: _____ Weight: _____ Eye Color: _____ Hair color: _____

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: _____

ANOGENITAL EXAM SUMMARY:

Position(s) used for the examination: Lithotomy Supine Knee Chest Prone Knee Chest

Was any discharge noted prior to or during manipulation of tissue (prior to insertion of speculum)? No Yes

If yes, describe _____

Was TBD used? No Yes If yes, was there positive uptake? No Yes

Was speculum exam completed? Not indicated Yes No If no, explain: _____

Was an anoscope exam completed? Not indicated Yes No If no, explain: _____

Lubricant used: Surgilube 2% Lidocaine Jelly Triad Other: _____

Was a colposcope used? Yes No if no, explain: _____

Were photographs taken? Not indicated Yes No if no, explain: _____

Did the victim complain of pain or experience pain during the exam? No Yes

If yes, describe _____

ANATOMICAL SITE:			DESCRIBE:
Mons Pubis	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Labia Majora	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Labia Majora/Minora Junction	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Labia Minora	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Clitoral Hood	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Clitoris	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Periurethra	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Hymen	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Fossa Navicularis	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Posterior Forchette	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Perineum	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Vagina	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Cervix	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Anus	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Rectum	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Shaft of penis	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Head of penis	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Scrotum	<input type="checkbox"/> No injury	<input type="checkbox"/> Injury	
Abnormal discharge noted	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal <input type="checkbox"/> Penile

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

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

Wet mount GC/CT (endocervical/urethral) Gonorrhea culture (oral/rectal) HSV culture (genital/rectal/penile)

RESULTS OBTAINED AT TIME OF EXAM:

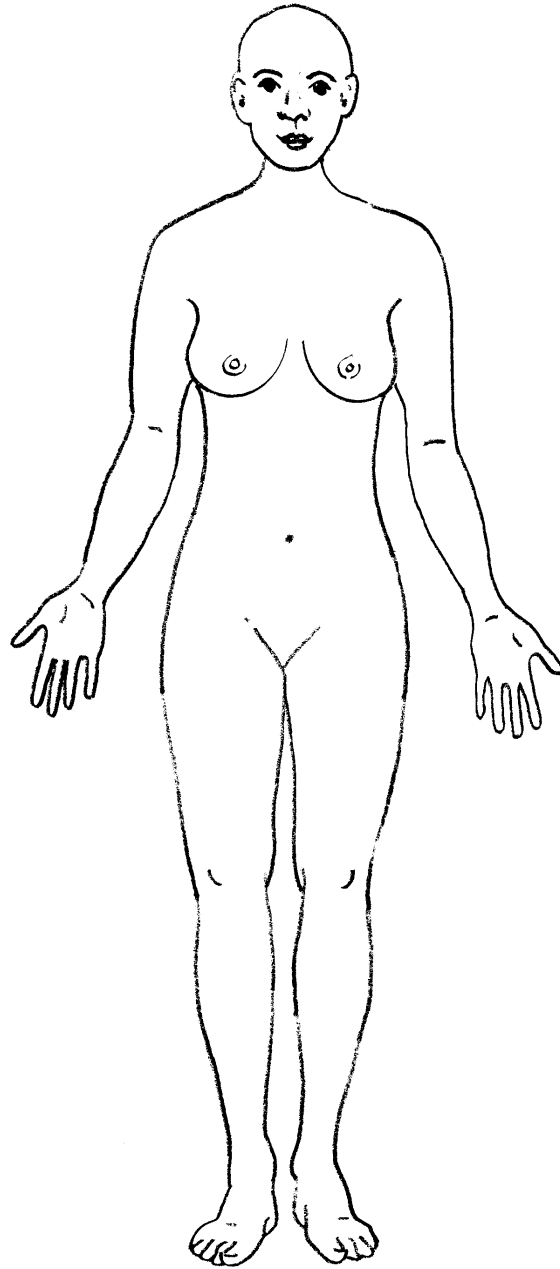
TEST	RESULTS		TEST	RESULTS	
ETOH		<input type="checkbox"/> NA	Bacterial Vaginosis	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Blood Glucose		<input type="checkbox"/> NA	Trichomoniasis	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Urine HCG	<input type="checkbox"/>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

Examiner's Initials: _____

NOTES:	

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

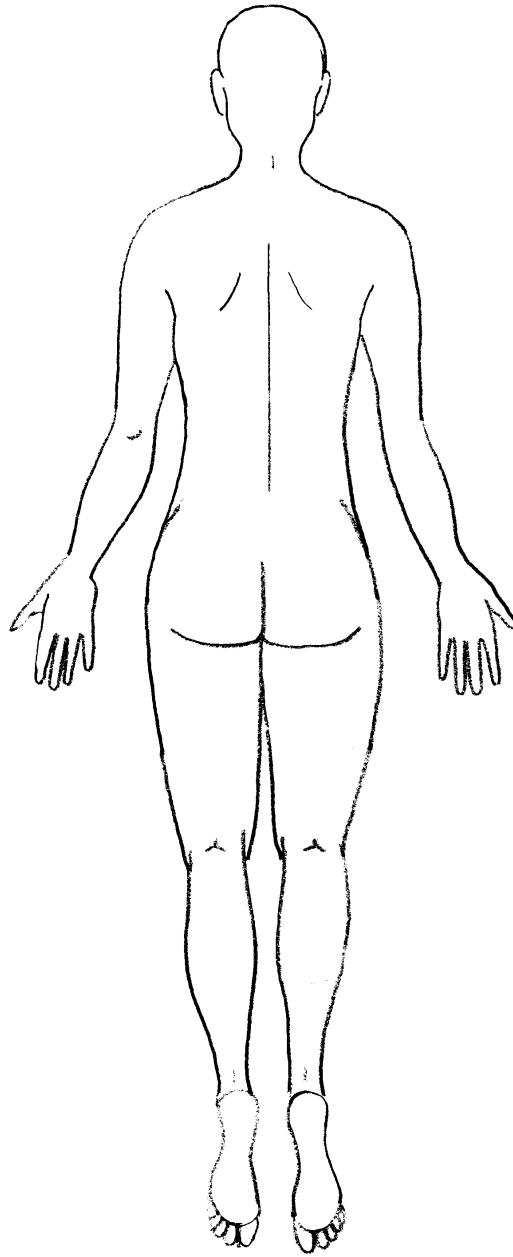
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

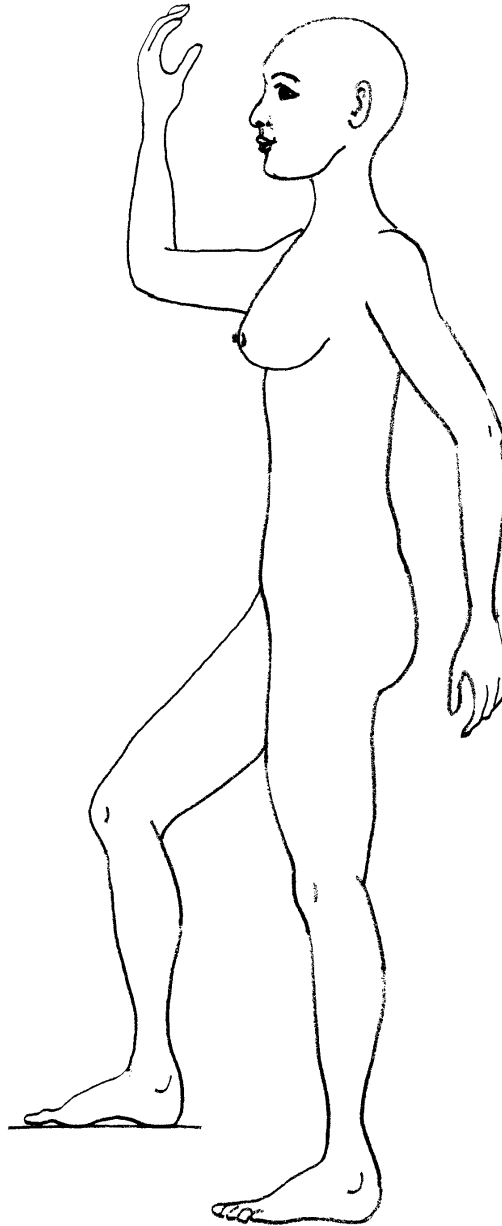
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

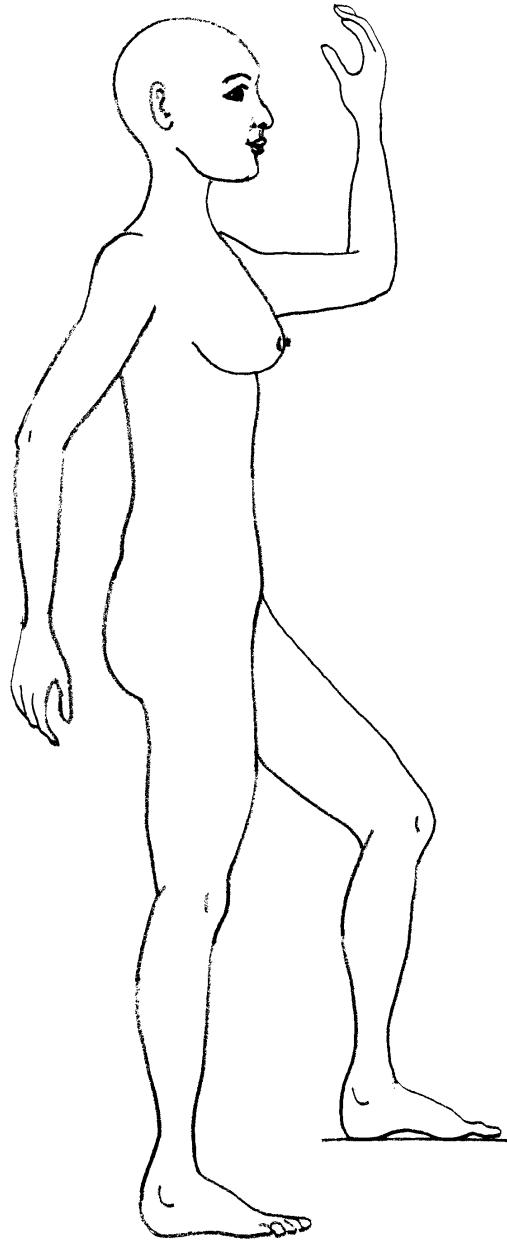
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

NOTES:

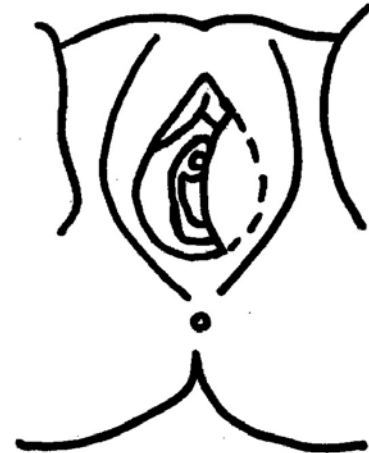
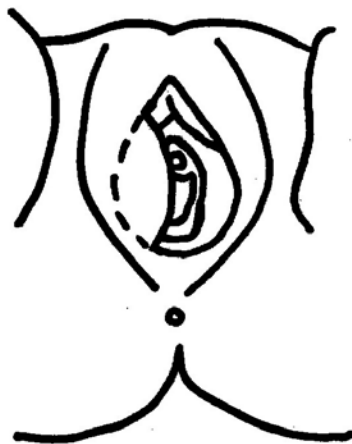
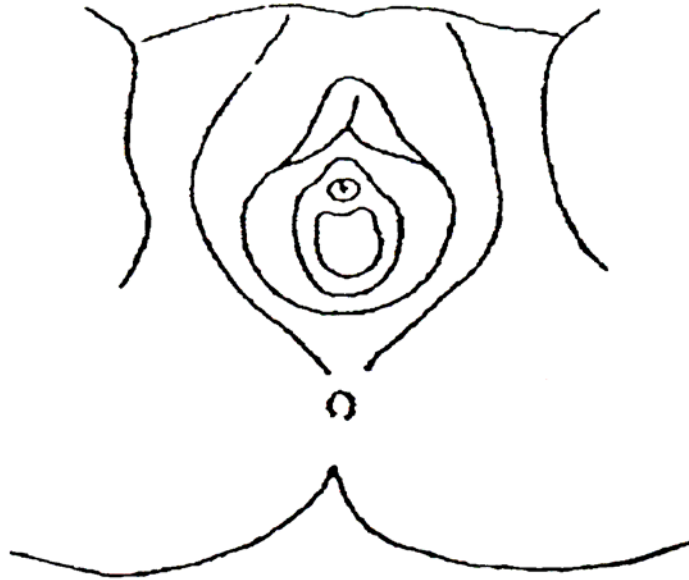
Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

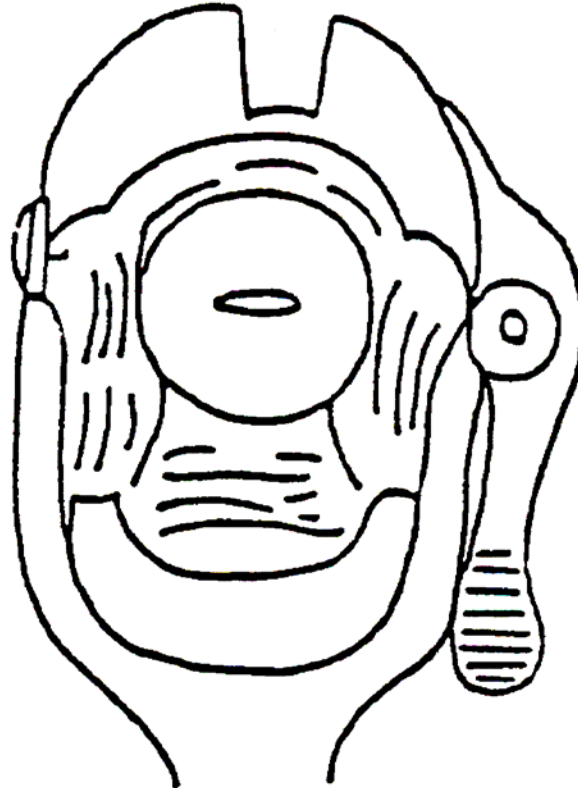
No injuries noted



NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

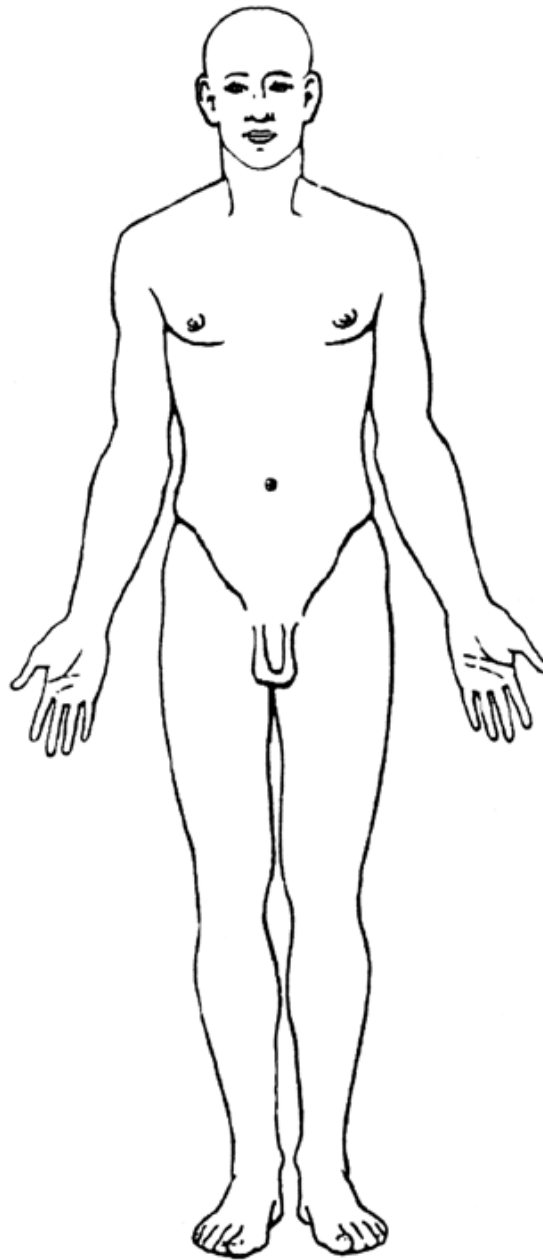
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

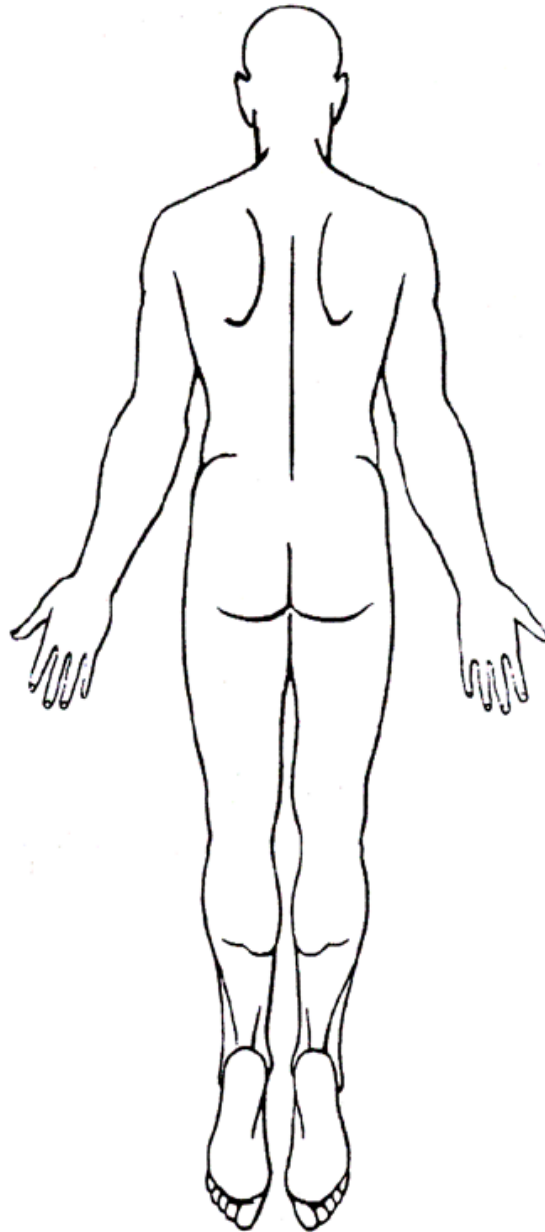
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

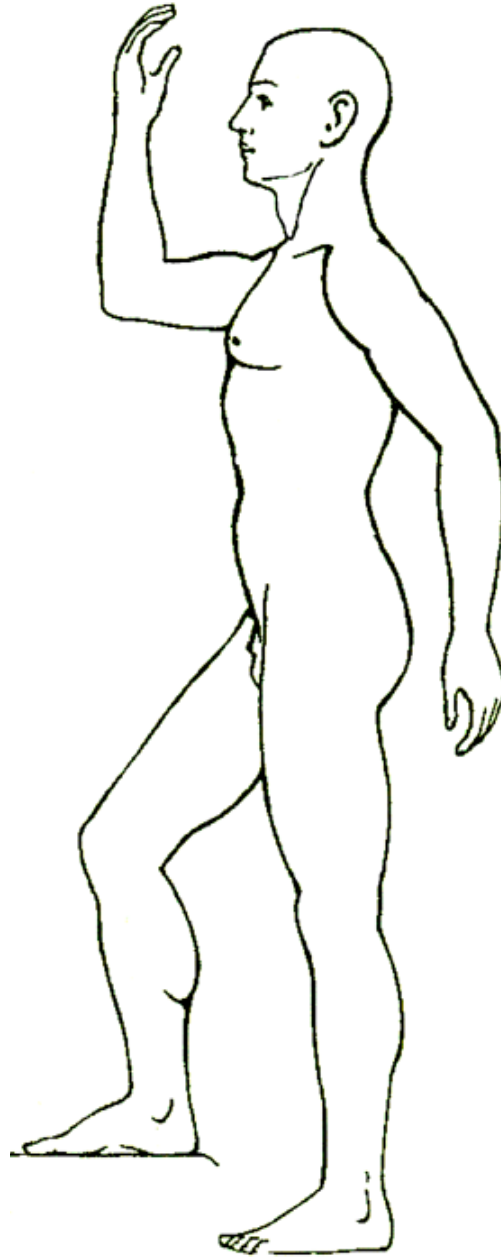
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

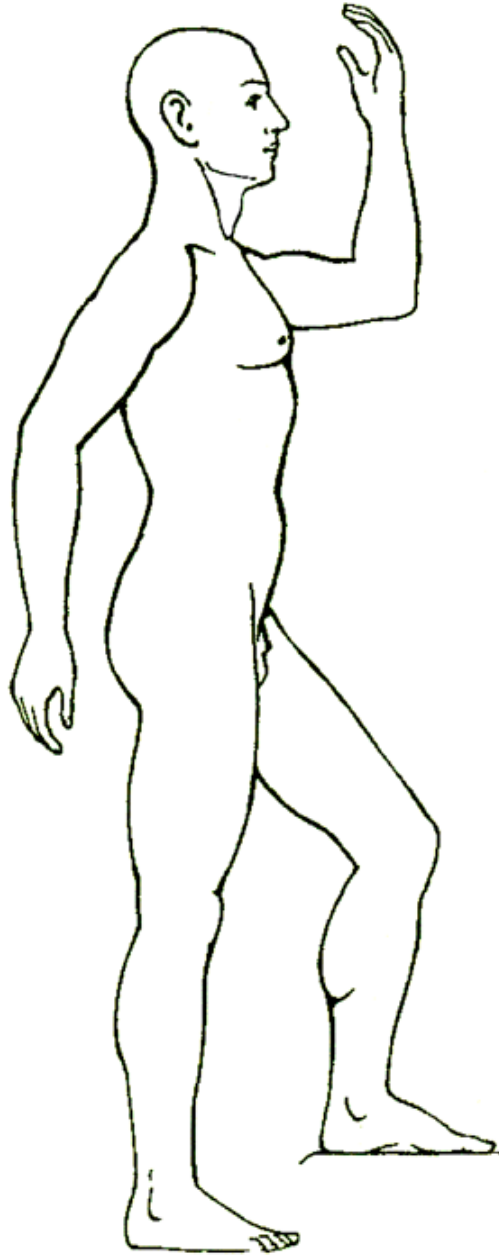


No injuries noted

NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

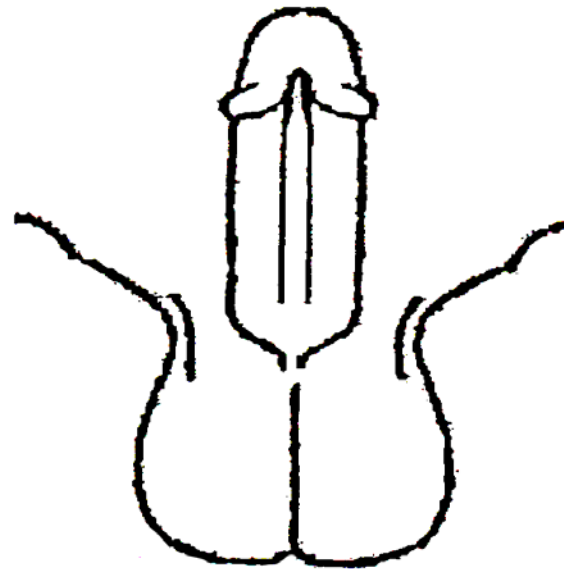
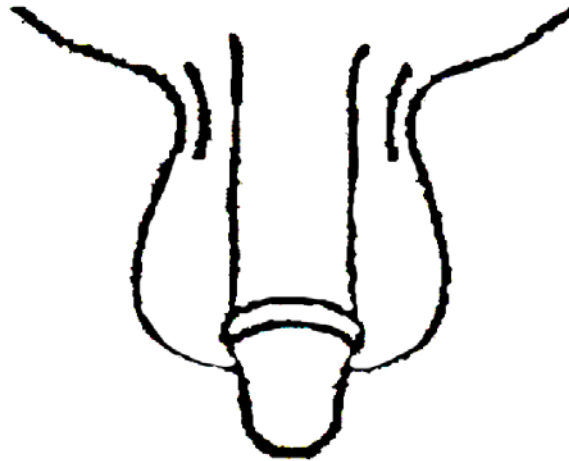
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

Circumcised Yes No

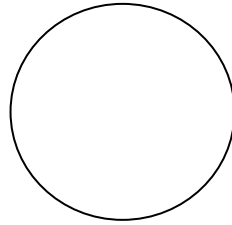
NOTES:

Examiner's Initials: _____

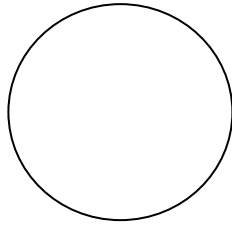
Page _____ of _____

FEMALE/MALE - ANAL/RECTAL

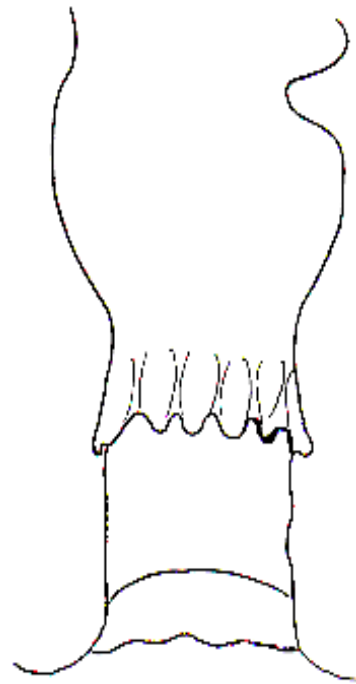
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/>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



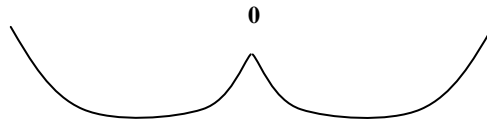
Rectum



Anal Canal



No injuries noted



Anus (external)

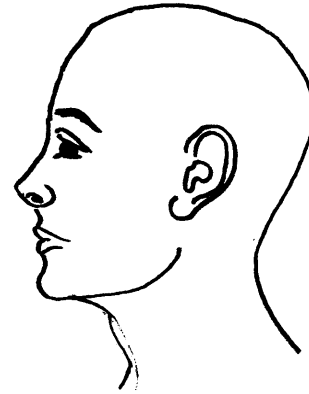
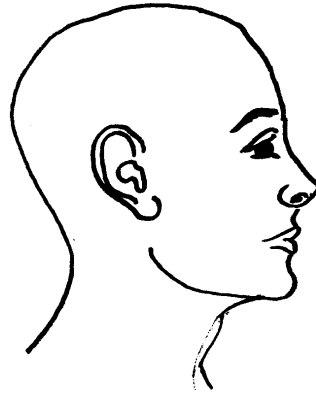
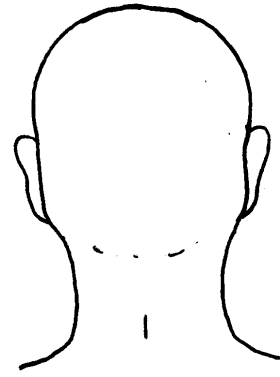
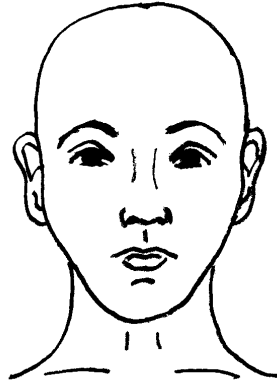
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

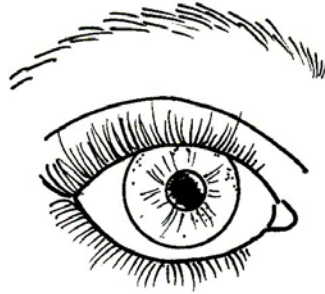
NOTES:

Examiner's Initials: _____

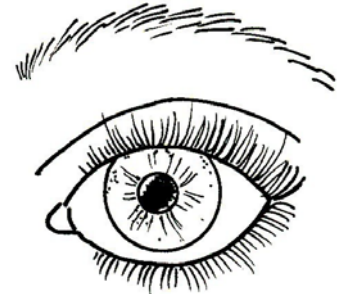
Page _____ of _____

FEMALE/MALE – EYE

RIGHT EYE

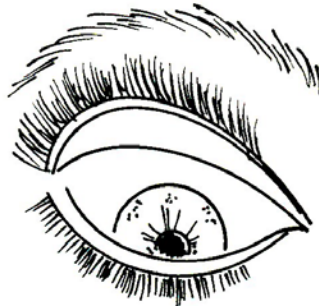


LEFT EYE

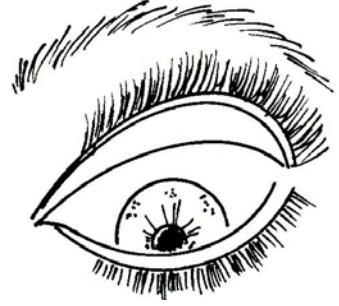


LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/>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

RIGHT INNER EYELID



LEFT INNER EYELID



RIGHT EYELID



LEFT EYELID

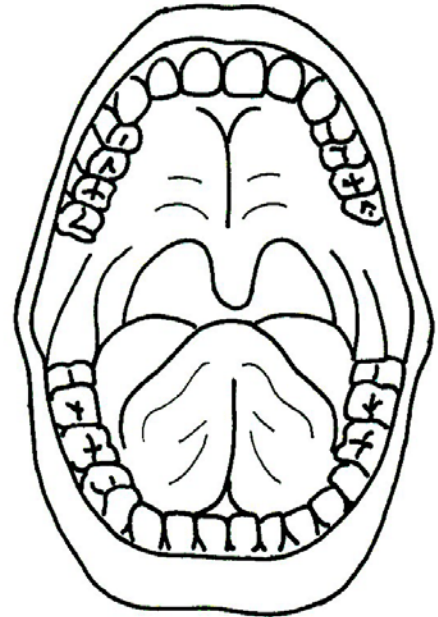
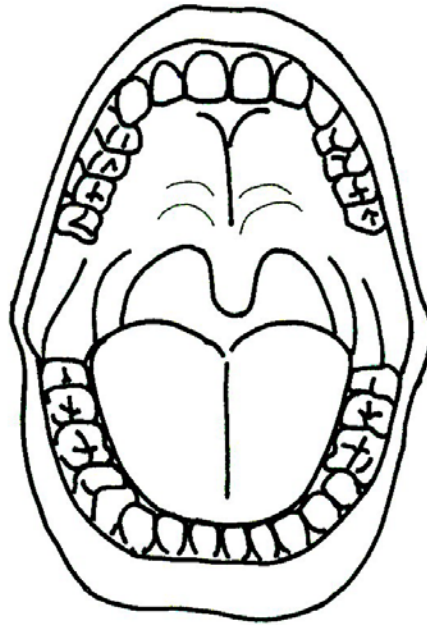


No injuries noted

NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

NOTES:

STATE OF ALASKA
Victim Sexual Assault Evidence Kit

Evidence Collection Log – Step 1D

Samples	Collected	Deferred	ITEMS COLLECTED:
Step 2 Underwear (worn at time of exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Submit items to law enforcement/case officer</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, check all that apply</p> <p><input type="checkbox"/> Shirt/T-shirt</p> <p><input type="checkbox"/> Sweatshirt/Sweater</p> <p><input type="checkbox"/> Pants/Jeans</p> <p><input type="checkbox"/> Coat/Jacket</p> <p><input type="checkbox"/> Bra</p> <p><input type="checkbox"/> Underwear (carried into exam)</p> <p><input type="checkbox"/> Other (describe): _____</p> <p><input type="checkbox"/> Photos/Digital Media</p>
Step 3 Debris Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 4 Oral Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 5 Known DNA Sample (Buccal)	REQUIRED		
Step 6 Fingernail Scrapings			
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 7 Finger Swabs			
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 8 Pubic Hair Combing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 9 Miscellaneous Swabs			
• Semen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Saliva	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Blood	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 10 Penile Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<p>NOTES: _____</p>
Step 11 Female External Genitalia Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Step 12 Anal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Step 13 Vaginal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Step 14 Cervical Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Step 15 Rectal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
ITEMS PLACED IN STORAGE:			
By: _____		Signature: _____	

Examiner's Initials: _____

Suspect Paperwork

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 suspect (name, case number, or medical record number).
3. For macrophotography of body injuries:
 - Photograph the suspect 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. Note if not from assault (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. **Encryption is not permitted.** Label and seal the envelope. Initial and date the seal.

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

THIS KIT IS DESIGNED FOR THE COLLECTION OF FORENSIC EVIDENCE SAMPLES FOR ANALYSIS BY THE ALASKA STATE CRIME LABORATORY.

USE ONLY ONE KIT PER PERSON

IF THE SUSPECT HAS EXERCISED THE RIGHT TO REMAIN SILENT, FOLLOW NORMAL AGENCY/DEPARTMENT PROCEDURES. FOR SUSPECTS WHO HAVE INVOKED THEIR RIGHT TO SILENCE UTILIZE THE NOTES SECTION OF THE STEP 1A FORENSIC HISTORY FORM FOR DOCUMENTATION PURPOSES.

CONSENT/INFORMATION FORMS (Not applicable)

Step 1A FORENSIC HISTORY FORM

Fill out all information requested and initial where indicated.

Step 1B MEDICAL HISTORY FORM (Not applicable)

Step 1C ANATOMICAL DIAGRAMS

Fill out all information requested and initial where indicated.

Step 1D EVIDENCE COLLECTION LOG

Fill out all information requested and initial where indicated.

A copy of the completed Step 1A, Step 1C and Step 1D forms must be returned within the kit and the originals must be provided to law enforcement. No other forms will be accepted.

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

Assemble swab drying racks. Dry all samples collected prior to packaging. If more swabs are needed than are provided in the kit, use hospital or agency supplied swabs to collect samples. Wear gloves during evidence collection. Change gloves often. Maintain other universal precautions as needed.

Plastic sleeves are for organizational purposes only. Discard *plastic* sleeves upon opening.

FOREIGN MATERIAL SHEET

If the suspect is a complete stranger to the victim you may want to consider trace collection:

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

Place the white paper sheet 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. Items recovered may need to be collected as evidence depending on the individual case.
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 collected (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, suspect'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.**

Step 2 UNDERWEAR

Place the suspect's 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 all information on the front of the bag.

Step 3 DEBRIS COLLECTION

Remove the paper bundle(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 bundle. Note the location the sample was collected from on the bundle.

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

Use the Step 4 sample envelope for cases involving male on male contact when ejaculation is reported.

Step 4 ORAL SWABS

Used for the detection of semen in case of an oral assault when ejaculation is reported.

Using the two 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. Allow the swabs to dry. Place the swabs in the sample envelope. Seal the envelope with tape. Initial and date the seal. Fill out all information on the front of the envelope.

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

Step 5 KNOWN DNA SAMPLE *REQUIRED*

HAVE THE SUSPECT RINSE MOUTH WITH WATER SEVERAL TIMES PRIOR TO COLLECTION OF KNOWN SAMPLE.

Using the two swabs provided (**do not moisten the swabs**), swab the inside of the suspect's left and right cheek (at least six times). Allow the swabs to dry. Place the swabs into the envelope labeled "KNOWN DNA SAMPLE". Seal the envelope with tape. Initial and date the seal. Fill out all 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 bundle and place it on a clean, flat surface. Hold the suspect'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 bundle and refold the paper (**you will need to refold the bundle to accommodate the swab**) and place the bundle back in the sample envelope.

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

Seal the envelopes with tape. Initial and date the seals. Fill out all 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 suspect's five fingers on the left hand using the one swab provided, including the area around the cuticles. Allow the swab to dry. Place the swab into the sample envelope labeled "FINGER SWABS-LEFT".

Repeat this procedure for the right hand using the one swab provided. Allow the swab to dry. Place the swab into the sample envelope labeled "FINGER SWABS-RIGHT".

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

Step 8 PUBIC HAIR COMBINGS

Used for the collection of foreign hairs.

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

Remove the paper bindle and comb from the envelope. Unfold and place the paper partially under the suspect'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 all information on the front of the envelope.

Step 9 MISCELLANEOUS SWABS

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.)

Moisten a swab provided with sterile/distilled water and thoroughly swab the area of interest.

DO NOT swab bleeding wounds, cuts or abrasions.

If you are collecting Facial Swabs, DO NOT swab the lips. Carefully swab the facial skin around the lips and chin.

Allow the swab to dry. Place the swab in one of the sample envelopes provided.

Note the location of the area swabbed on the envelope.

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

Steps 10-12 are used for the detection of foreign DNA in cases of oral contact or extensive skin to skin contact.

Step 10 PENILE SWABS

Whenever possible, collection of these samples should be conducted by an officer of the same gender.

Do not allow the Suspect to collect their own Penile Swabs.

Using the one swab provided, moisten with sterile/distilled water and thoroughly swab the glans and shaft.

If the suspect is uncircumcised, retract the foreskin when swabbing. Allow the swab to dry. Place the swab in the sample envelope.

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

If the collection of external genitalia swabs, anal swabs, vaginal and cervical swabs, or rectal swabs are required from a female suspect, the samples **MUST be collected by a medical provider.**

Step 11 FEMALE EXTERNAL GENITALIA SWABS

Using a swab provided, moisten with sterile/distilled water and swab the external genitalia. Allow the swab to dry. Place the swab in one of the three sample envelopes provided and document the location the sample was swabbed from.

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

Step 12 ANAL SWABS

Using the one swab provided, moisten the swab with sterile/distilled water and carefully swab the anus (external). Allow the swab to dry. Place the swab in the sample envelope provided.

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

Step 13 VAGINAL SWABS

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

Using the two swabs provided (do not moisten the swabs), carefully swab the vaginal vault. Allow the swabs to dry. Place the swabs in the sample envelope labeled "VAGINAL SWABS".

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

Step 14 CERVICAL SWABS

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

Using the two swabs provided (do not moisten the swabs), carefully swab the Cervical Os. Allow the swabs to dry. Place the swabs in the sample envelope labeled "CERVICAL SWABS".

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

Step 15 RECTAL SWABS

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

Using the two swabs provided, carefully swab the rectum (the swabs may be moistened to assist with insertion if an anoscope is not being used). Allow the swabs to dry. Place the swabs in the sample envelope labeled "RECTAL SWABS".

Seal the envelope with tape. Initial and date the seal. Fill out all 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 and sample envelopes inside the evidence kit box.
3. Place a copy of the completed Step 1 forms inside the evidence kit box. Please do not staple or paperclip the pages.

The original set of 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. This envelope should be given to law enforcement and/or the case officer.

7. Verify that all additional clothing collected 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. Note 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.

STATE OF ALASKA
Suspect Sexual Assault Evidence Kit

Forensic History – Step 1A

Agency Case Number: _____

Time Interview started: _____ am pm

Date: _____

Time Interview ended: _____ am pm

SUSPECT INFORMATION:

Name: _____ DOB: _____ Age: _____

APSIN Number: _____

Gender: Female Male

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

MEDICAL HISTORY:

Have you had a vasectomy? No Yes If yes, have you had a vasectomy reversal? No Yes

SEXUAL HISTORY:

Has suspect had consensual sexual activity (**penile or digital penetration**) **prior to the offense, in the specified time frames?**

- Vaginal (within the last 72 hours) No Yes Date: _____ With: _____
- Anal (within the past 72 hours) No Yes Date: _____ With: _____
- Oral (received within the past 24 hours) No Yes Date: _____ With: _____
- Did ejaculation occur? No Yes
- Was a barrier used? No Yes Type: _____

Since the offense, has the suspect had consensual sexual activity (**penile or digital penetration**)? No Yes

Date: _____ Time: _____

Type: Vaginal Anal Oral With: _____

HYGIENE/ACTIVITY (since the offense and prior to the exam)			SUSPECT'S DESCRIPTION
Ate	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Drank	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Brushed teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Gargled/Rinsed mouth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Showered/Bathed/Steamed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Wiped genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what:
Washed genitals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, with what:
Douched/Enema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Urinated	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Bowel movement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of times:
Vomited	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Officer's Initials: _____

Examiner's Initials: _____

CLOTHING WORN AT TIME OF EXAM

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

Is the clothing worn at the time of the exam the same clothing worn at the time of the offense?
 No Yes (same as above) If no, list the clothing items worn during the offense below:

CLOTHING WORN AT TIME OF OFFENSE

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

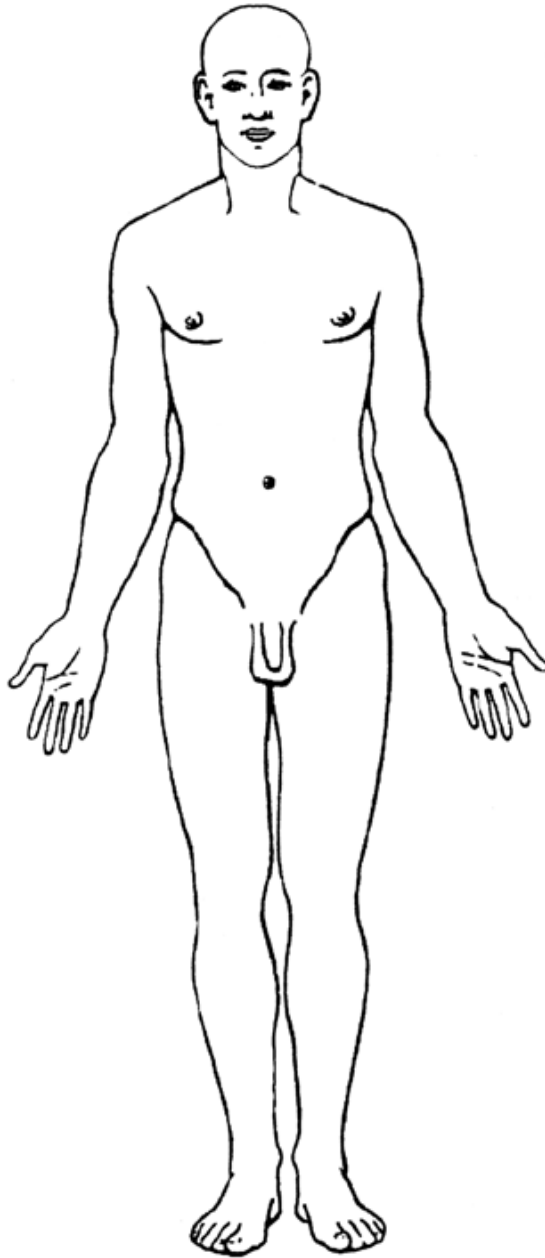
If the suspect has changed clothing since the offense, were any items laundered? No Yes
If yes, how: Cold-water wash Hot-water wash Dry-cleaned
Was detergent used? No Yes Was a bleaching agent used? No Yes

Where is the clothing now? Unsure At scene With suspect Given to law enforcement Other

NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

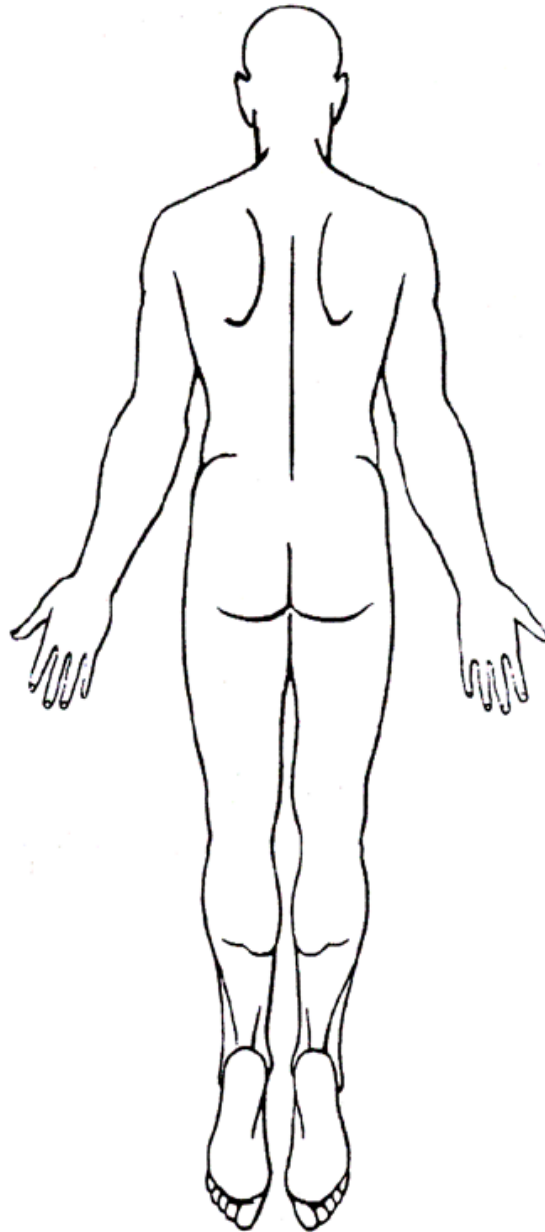
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

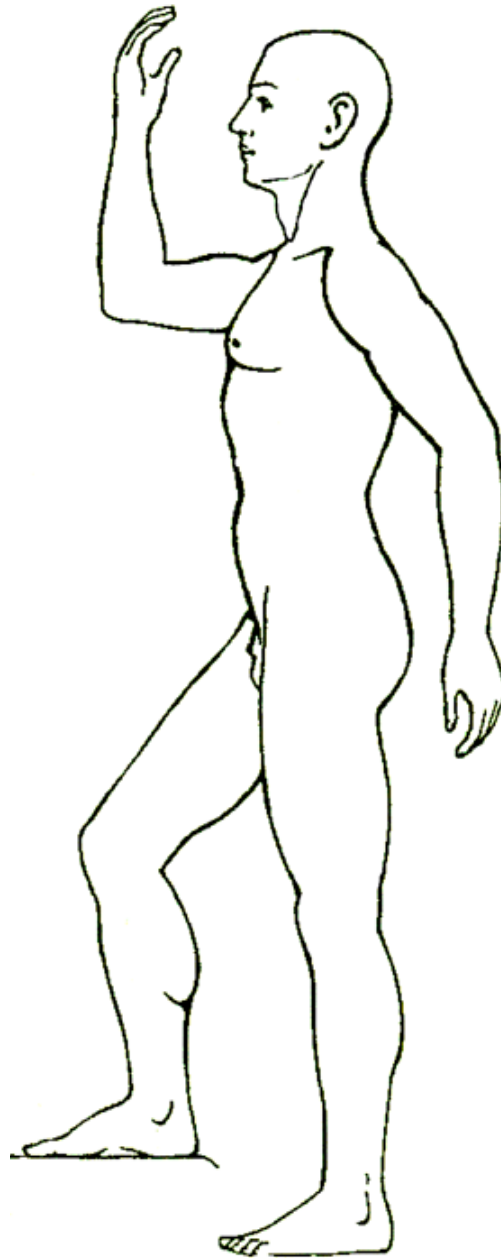
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

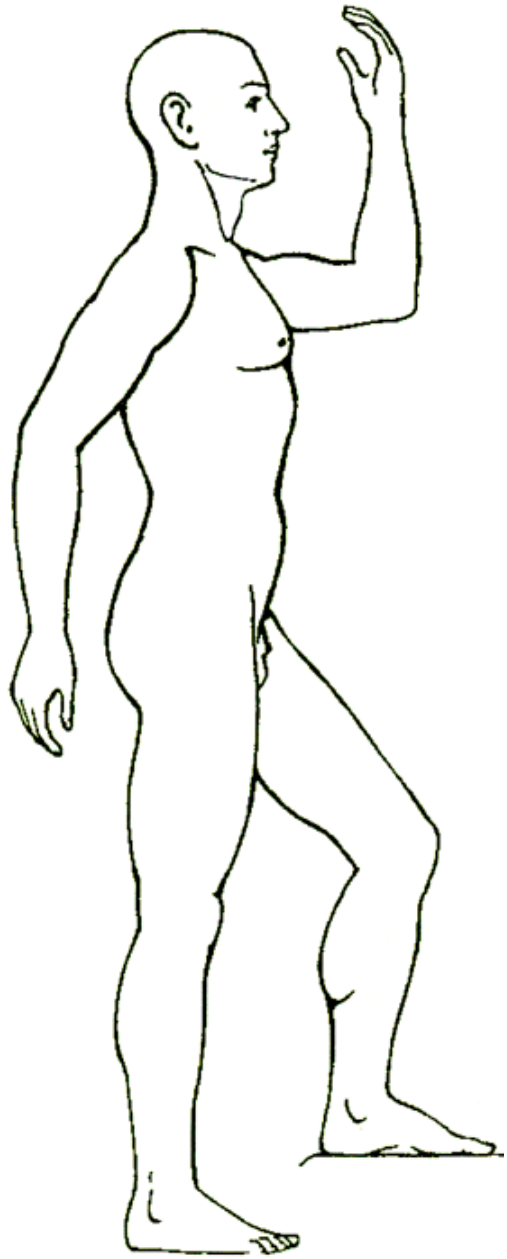


No injuries noted

NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

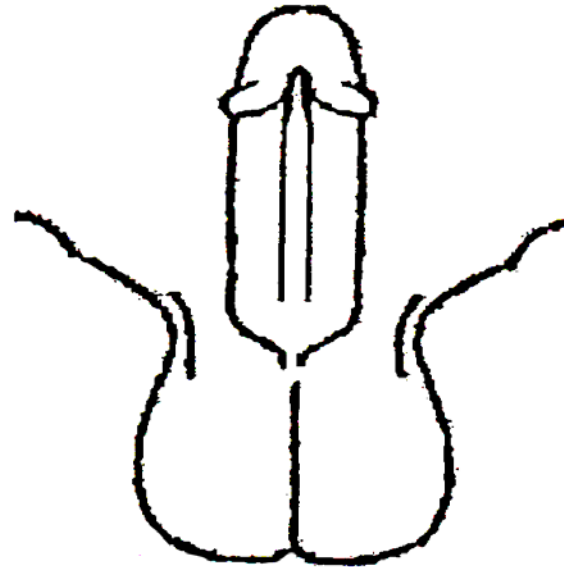
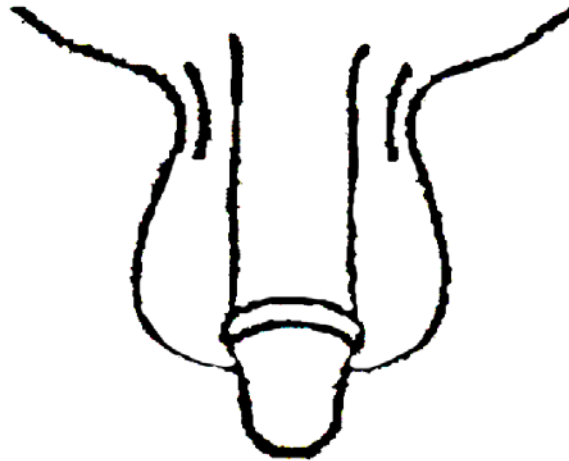
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

Circumcised Yes No

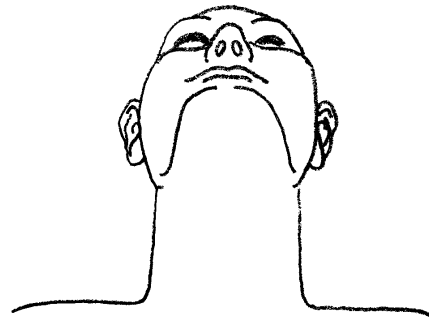
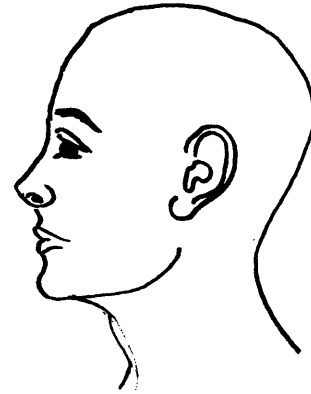
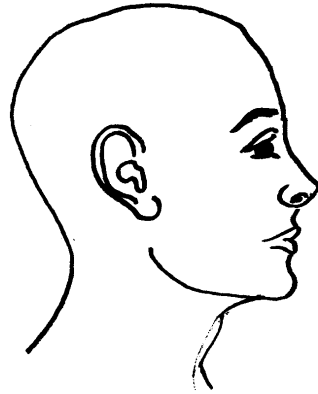
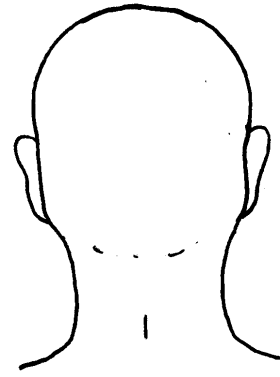
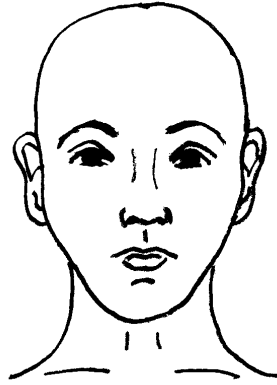
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

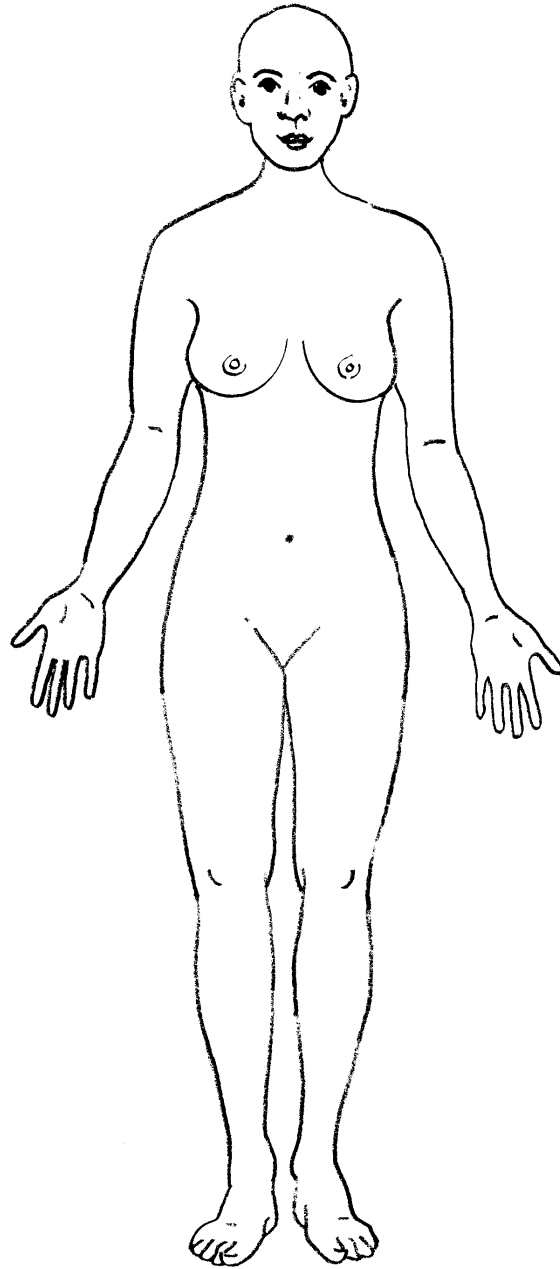
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

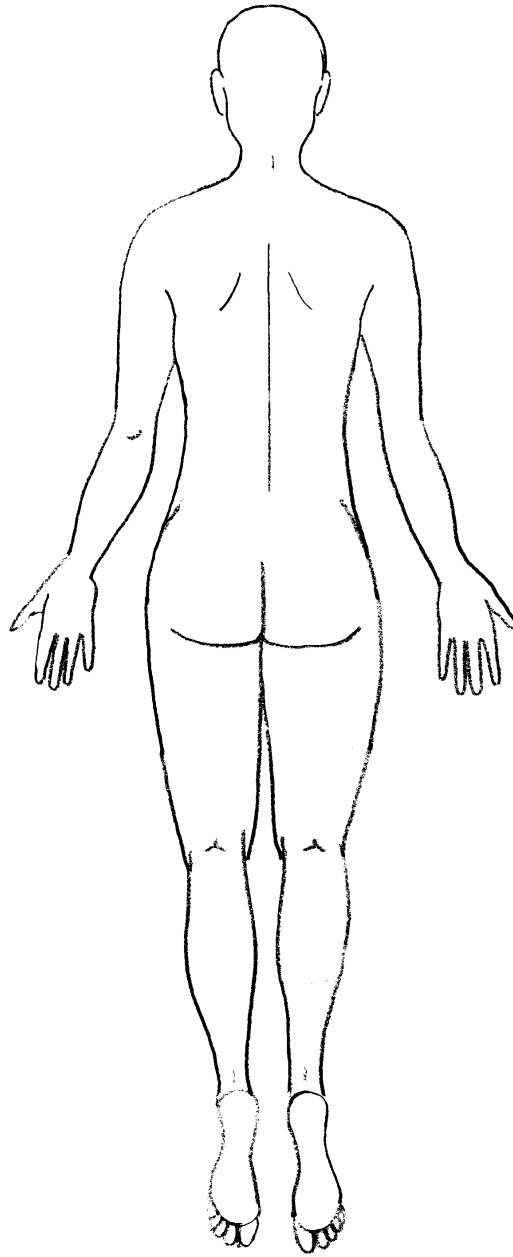
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

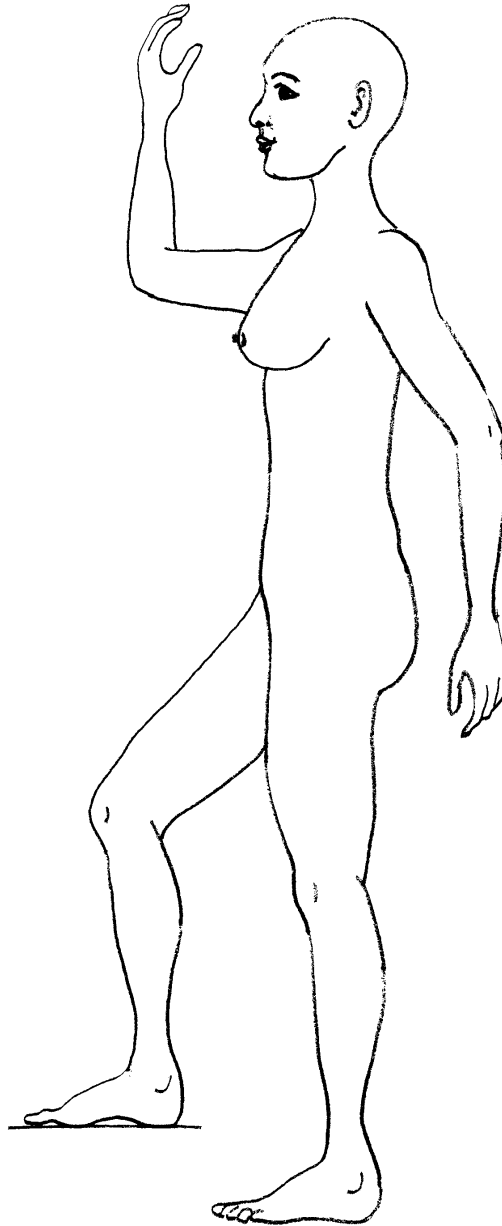
NOTES:

Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

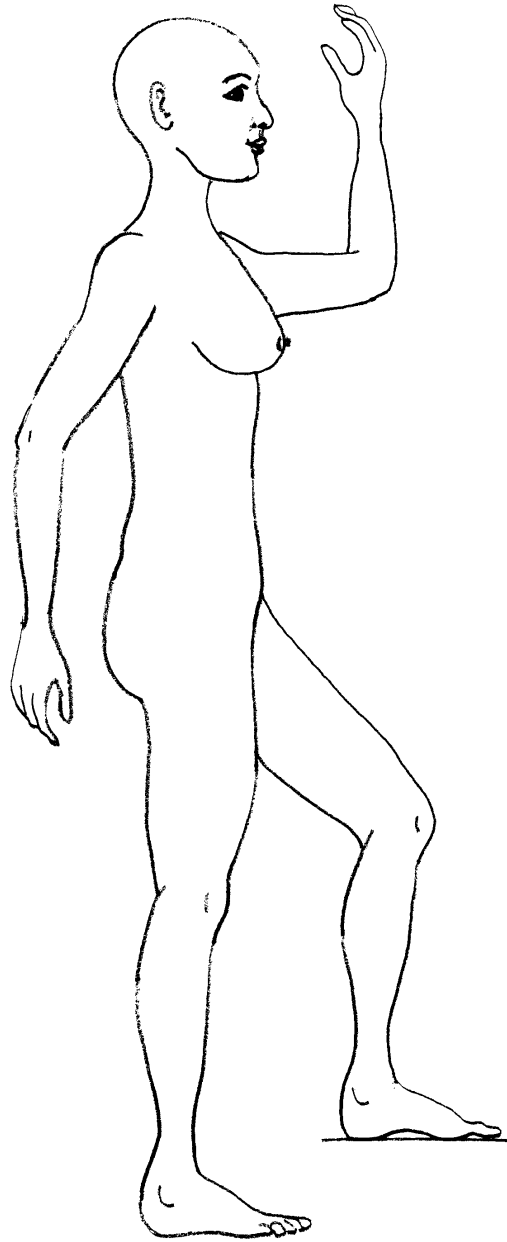


No injuries noted

NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



No injuries noted

NOTES:

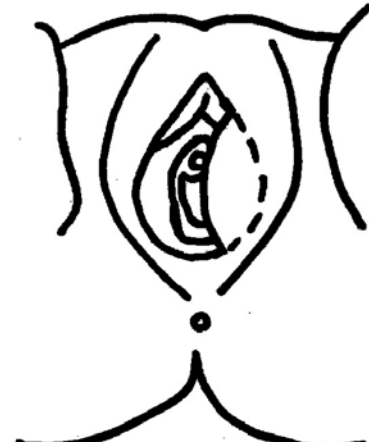
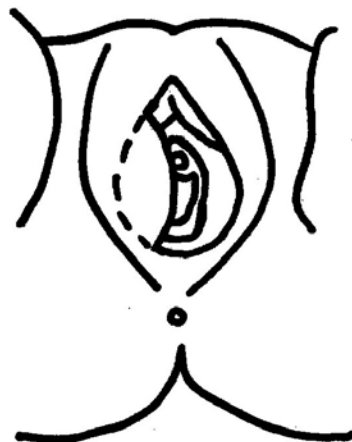
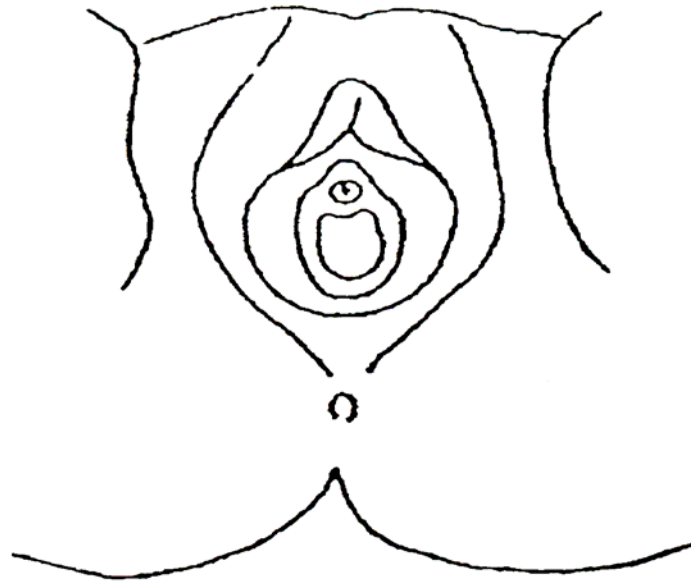
Examiner's Initials: _____

Page _____ of _____

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

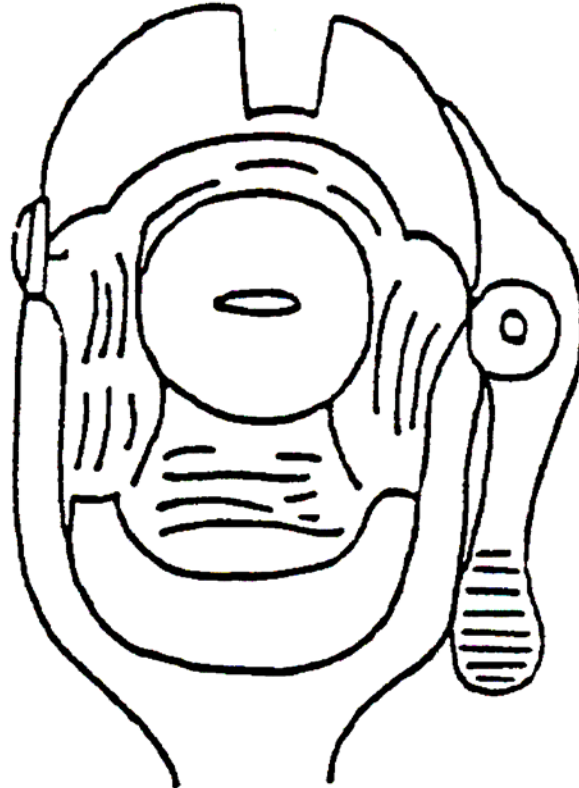
No injuries noted



NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

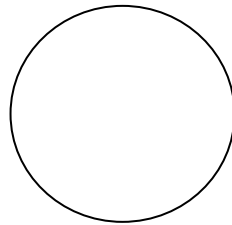
NOTES:

Examiner's Initials: _____

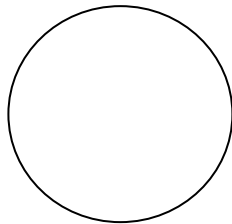
Page _____ of _____

FEMALE/MALE - ANAL/RECTAL

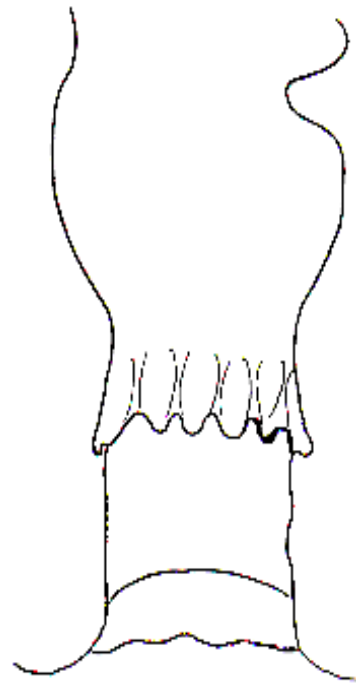
LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/>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



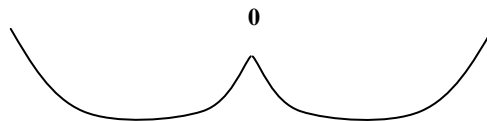
Rectum



Anal Canal



No injuries noted



Anus (external)

NOTES:

Examiner's Initials: _____

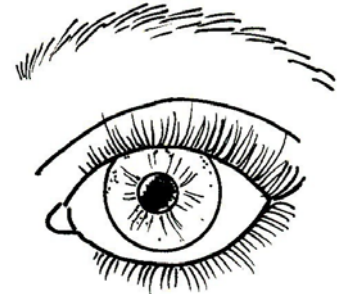
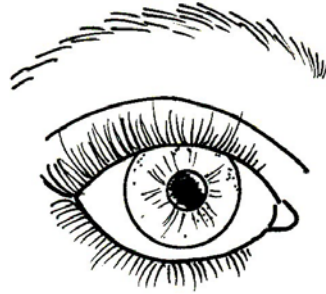
Page _____ of _____

FEMALE/MALE – EYE

RIGHT EYE

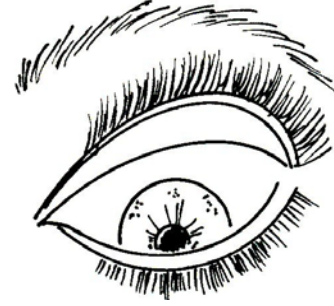
LEFT EYE

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed



RIGHT INNER EYELID

LEFT INNER EYELID



RIGHT EYELID

LEFT EYELID

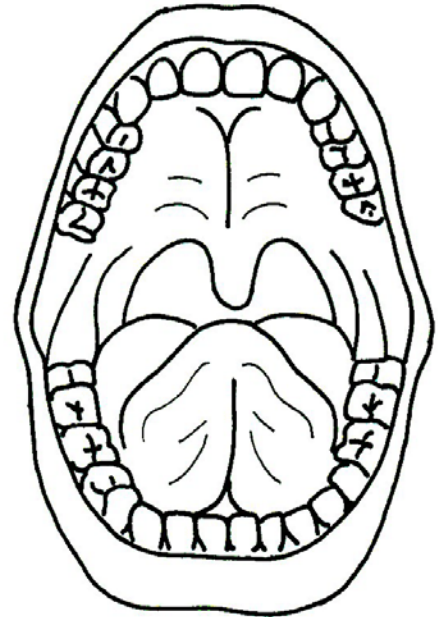
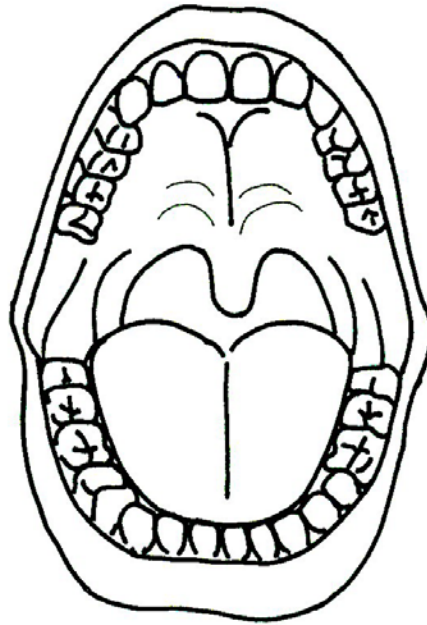


No injuries noted

NOTES:

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
OI	Other injury (describe)
PE	Petechiae
TB+	Toluidine Blue uptake
TE	Tenderness
V/S	Vegetation/soil
WL+	Woods Lamp
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed



No injuries noted

NOTES:

Examiner's Initials: _____

Page _____ of _____

Samples	Collected	ITEMS COLLECTED:
Step 2 Underwear (worn at time of exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit items to law enforcement/case officer <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> Shirt/T-shirt <input type="checkbox"/> Sweatshirt/Sweater <input type="checkbox"/> Pants/Jeans <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Underwear/Briefs <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Photos/Digital Media
Step 3 Debris Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 4 Oral Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 5 Known DNA Sample (Buccal)	REQUIRED	
Step 6 Fingernail Scrapings		
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 7 Finger Swabs		
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 8 Pubic Hair Combing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 9 Miscellaneous Swabs		
• Saliva	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 10 Penile Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For female suspects – the following samples (if needed) must be collected by a medical provider		
Step 11 Female External Genitalia Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Step 12 Anal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Step 13 Vaginal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Step 14 Cervical Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Step 15 Rectal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
NOTES: _____		

Officer's Initials: _____

Examiner's Initials: _____