

# Sexual Assault Evidence Collection Kit

or female and male patients and suspects REVISED January 2011



Patient Name or Unique ID #:	Hospital:		City:
Chain of Custody (indicate contents of clothing bags)			
Sexual Assault Evidence Collection Kit	Clothing Bag	Clothing Bag	Clothing Bag
Clothing Bag	Clothing Bag		Other

<b>Evidence Secured by:</b>		
Nurse/physician—print name	Hospital Facility and City	
Nurse/physician—signature	Date and Time	
<b>Evidence Released by:</b>		
Nurse/physician—print name	Hospital Facility and City	
Nurse/physician—signature	Date and Time	
<b>Evidence Released to:</b>		
Law enforcement—print name	Badge Number	Agency
Law enforcement—signature		Date and Time

**Seal with Evidence Tape**

**Do Not Refrigerate**

Reorder: \_\_\_\_\_ ODH Protocol: <http://www.odh.ohio.gov/odhPrograms/hpr/sadv/sadvpre1.aspx>



Ohio Attorney General's Office  
Bureau of Criminal Identification  
and Investigation



Ohio Alliance to  
End Sexual Violence

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Ohio Committee on Child  
Abuse and Neglect

Ohio Chapter



Ohio Chapter  
International Association  
of Forensic Nurses



Ohio Chapter American  
College of Emergency Physicians

**Please complete all steps.**

✓ Step	▼	✓ Step	▼
<input type="checkbox"/> 1. Intake and Triage	▼	<input type="checkbox"/> 11. Clothing Collection	▼
<input type="checkbox"/> 2. Informed Consent	▼	<input type="checkbox"/> 12. Dried Stains	▼
<input type="checkbox"/> 3. Patient Medical History	▼	<input type="checkbox"/> 13. Pubic Hair Combing	▼
<input type="checkbox"/> 4. Abuse/Assault History	▼	<input type="checkbox"/> 14. Cut Pubic Hair Standards	▼
<input type="checkbox"/> 5. DFSA Urine /Blood	▼	<input type="checkbox"/> 15. Anal/Perianal Swabs and Smear	▼
<input type="checkbox"/> 6. Cut Head Hair Standards	▼	<input type="checkbox"/> 15A. Anal Culture (Pediatric only)	▼
<input type="checkbox"/> 7. Oral Swab and Smear	▼	<input type="checkbox"/> 16. Vaginal/Penile Swabs and Smear	▼
<input type="checkbox"/> 8. Oral Culture Gonorrhea (Pediatric only)	▼	<input type="checkbox"/> 16A. Vaginal Culture (Pediatric only)	▼
<input type="checkbox"/> 9. DNA Reference Standard	▼	<input type="checkbox"/> 17. Document Injuries	▼
<input type="checkbox"/> 10. Fingernail Scraping, Swabbing and Cutting	▼	<input type="checkbox"/> 18. Prophylaxis and Patient Handouts	▼
<input type="checkbox"/> 11. Fingernail Scraping, Swabbing and Cutting	▼	<input type="checkbox"/> 19. Pack up evidence kit and refrigerate DFSA kit if collected	
<input type="checkbox"/> 12. Underwear Collection	▼		

✂ To order additional kits, or to report missing items, contact XXXXXXXX ###.###.###

### Step 6 Cut Head Hair Standards ✂

Using clean scissors, cut a combined total of 10 – 15 hairs from various areas of the scalp. Cut NEXT to the skin. Place the head hairs in the envelope provided. Label and seal the envelope.

Patient name or Unique ID #:

Date

Collected by

### Step 7 Oral Samples

#### Do Not Put Cultures in the Box

Collect four oral swabs regardless of type of assault. Rub two swabs back and forth between the left cheek and lower gum. Using two more swabs, repeat on the right side. Use any one of the swabs to make the smear. Make the smear by rolling the swab forward and back once in the center of the slide. Do not discard the swab. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Place all four oral swabs in the boxes and air dry (2 swab/box). Close the boxes and place in the envelope. Label and seal the envelope.

Patient name or Unique ID #:

Date

Collected by

Reason if not collected

### Step 8 DNA Reference Standard

Collect one oral swab. Rub between the cheek and UPPER gum line. Place in the box and air dry. Close the box and place in the envelope. Label and seal the envelope.

Patient name or Unique ID #:

Date

Collected by

Reason if not collected

### Step 8 DNA Reference Standard

Using clean scissors, cut a combined total of 10 – 15 hairs from various areas of the scalp. Cut NEXT to the skin. Place the head hairs in the envelope provided. Label and seal the envelope.

Patient name or Unique ID #:

Date

Collected by

Reason if not collected

### Step 9 Fingernail Scrapings/Swabblings/Cuttings

Scrape or swab under the patient's nails using the orange stick or swabs provided in the nail scrapings envelope. Moisten the swabs to collect dry material. Collect the scrapings or swabblings into the envelope. Be sure to dry the swabs before packaging. If a fingernail is broken, using clean nail clippers, clip off the broken end and place it into the envelope. Label and seal the envelope.

Patient name or Unique ID #:

Date

Collected by

Reason if not collected

### Step 10 Underwear Collection—underwear worn to the exam MUST be collected and placed in the kit.

Collect the underwear worn to the exam. If no underwear, collect the item worn next to body—hose, tights, jeans, or pants. If a panty liner or pad is present, leave it in the underwear. Label and seal the bag with the evidence seals provided. **\*\*\*Place this bag in the Sexual Assault Evidence Collection (SAEC) Kit box.\*\*\***

Patient name or Unique ID #:

Date

Collected by

Reason if not collected

<b>Step 11 Clothing Collection 1</b>	
Collect brassiere and outer clothing if these were worn at the time of the assault. Place each item in a separate bag. Label and seal the bag with the evidence seals provided. Keep this bag separate from the SAEC kit.	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected
Contents	

<b>Step 11 Clothing Collection 2</b>	
Collect brassiere and outer clothing if these were worn at the time of the assault. Place each item in a separate bag. Label and seal the bag with the evidence seals provided. Keep this bag separate from the SAEC kit.	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected
Contents	

<b>Step 11 Clothing Collection 3</b>	
Collect brassiere and outer clothing if these were worn at the time of the assault. Place each item in a separate bag. Label and seal the bag with the evidence seals provided. Keep this bag separate from the SAEC kit.	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected
Contents	

<b>Step 12 Dried Stains</b>	<b>Also use this envelope to collect tampons</b>
Collect any dried stains on patient's body. Collect each stain in a separate envelope. A Wood's lamp or other alternate light source may be helpful in examining the patient's body for dried semen stains. Do not limit swabbing to areas that fluoresce. <b>Saliva stains will not be visible under alternate light sources.</b> Listen carefully to the patient's account of the incident to determine where saliva stains may be located, and swab accordingly. Slightly moisten one or two swabs or a piece of gauze with sterile water or saline and swab the stained area.	
Ask if the assailant used his/her mouth anywhere on patient. Swab these areas as above. Any <b>bite marks</b> should be swabbed and photographed close-up.	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected
Location of collection	

<b>Step 13 Pubic Hair Combing (or collection of stray hairs found near genitalia or anus)</b>	
Collect pubic hair combings using the comb provided. Comb directly into the envelope. Place the comb into the envelope. If pubic hair not present, collect any stray hairs from the genital area. Label and seal the envelope.	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected

<b>Step 14 Cut Pubic Hair Standards      Omit this step if the patient has no pubic hair</b>	
Using clean scissors cut a combined total of 10 – 15 hairs from various areas of the pubic region. Cut NEXT to the skin. Place the pubic hairs in this envelope. Label and seal the envelope. If pubic hairs not present, please note this on the envelope.	
Patient name or Unique ID #:	Date
Collected by	

<b>Step 15 Anal/Perianal Swabs and Smear      Do Not Put Cultures in the Box</b>	
Collect four anal or perianal swabs regardless of assault history. If there is no evidence or report of anal penetration, swab the perianal area rather than inserting the swabs into the anus. Collect two swabs at a time. Use any one of the swabs to make the smear by rolling the swab forward and back once in the center of the slide. Do not discard the swab. Air dry the smear and place it in the slide mailer. Place the slide mailer in this envelope. Place all four swabs in the boxes and air dry (2 swab/box). Close the boxes and place in this envelope. Label and seal the envelope.	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected

<b>Step 16 Vaginal/Penile Swabs and Smear      Do Not Put Cultures in the Box</b>	
<p><b>For females: Collect four vaginal swabs regardless of assault history.</b> Collect two swabs at a time, swabbing any pooled fluid and the cervical area. Use any one of the swabs, make the smear by rolling the swab forward and back once in the center of the slide. <b>Do not discard the swab.</b> Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Place all four swabs in the boxes and air dry (2 swabs/box). Close the boxes and place in the envelope. If a <b>tampon</b> is present, air dry and place in a <b>Step 12 envelope</b>. Label and seal the envelope. For <b>pre-pubertal females:</b> if the vagina cannot be swabbed without pain, and no evidence of vaginal injury or discharge is noted, use all four swabs <b>to swab the external genitalia and labia minora.</b></p> <p><b>For males: Collect four penile swabs regardless of assault history.</b> Slightly moisten the swabs with sterile water or saline and swab the glans and shaft of the penis using two swabs at a time. Follow the instructions above for smears and packaging. <b>DO NOT INSERT SWABS INTO THE MALE URETHRA.</b></p>	
Patient name or Unique ID #:	Date
Collected by	Reason if not collected



## *Detailed Instructions*

### *Ohio Department of Health Sexual Assault Evidence Collection Kit*

Please proceed in numerical order and complete all steps. The patient may not remember or may not be able to discuss certain aspects of the assault at the time of examination. Important evidence may be lost if all steps are not completed. However, it is also very important for the patient to resume control. Therefore, if the patient declines a step, write "patient declined" on the collection envelope and go on to the next step.

It is important to follow instructions and write legibly as these items may be used in court to prosecute a sexual offense. Remove strips to seal envelopes (do not lick).

✿ Please DO NOT use staples.

The **Assault History form** is required by the ODH Protocol. An institutional form of the same content may be substituted.

A sample Medical History form may be found in the protocol, **Appendix 12**. An institutional form of the same content may be substituted. **Do not place this in the kit.**

#### **Step 1: Intake and Triage**

The sexual assault survivor should immediately be placed in a private waiting area. The hospital advocate and the health care provider conducting the exam should be notified immediately. The survivor should be seen within 15 minutes of arrival. The survivor should not disrobe at this time. Clothing will be collected during the exam and evidence collection. The hospital advocate and the examiner should be notified immediately.

#### **Step 2: Informed Consent for examination and release of evidence to police**

Allow the patient or parent/guardian to read **Information You Should Know as a Survivor of Sexual Assault**. Explain to the patient what the sexual assault exam will entail. Explain to the patient that they can withdraw their consent at anytime.

Complete and have the patient or guardian sign the **Sexual Assault Exam Consent, Release of Evidence Consent, and Photography Consent** form.

#### **Anonymous Kit Consent (patient must be 18 and older)**

If the patient is unsure about reporting to law enforcement at this time, discuss the anonymous kit collection option. The patient should be advised a de-identified kit with a unique identification number will be given to law enforcement where the crime has occurred. This kit will be locked in storage. Assure the patient that the kit will be completely de-identified and no photos will be turned over to law enforcement until permission is given by them.

The patient should be told she/he will be provided with the kit's unique identification number at the end of the evidence examination. Assure the patient that she/he ultimately decide to make a report to law enforcement. She/He will need to provide the law enforcement agency with this number so the evidence may then be associated with the evidence. Additionally, the patient should be informed about the retention time established in the agreement with the county prosecutor and local law enforcement and found in the local community protocol.

See the Protocol Procedure, Section II Informed Consent

*The release is not necessary for child abuse cases.*

### Step 3: Patient Medical History

Most providers use a standardized medical history form. A downloadable model form can be found on the ODH Web site at: <http://www.odh.ohio.gov/odhPrograms/hpr/sadv/sadvprev1.aspx> or in **Appendix 12**. Please DO NOT place the medical history form in the kit. This is for hospital records only.

### Step 4: Abuse/Assault History Form

The ODH Protocol requires that a readable copy of this information be placed in the kit. Please write legibly.

This form is provided in the kit and is also found in the protocol, **Appendix 10**. Although discouraged, an institutional form may be substituted provided that it contains all of the same information and is readable.

Complete the first two pages of the **Assault History** form. In the **Patient Narrative** section, record the patient's description of the assault. Pay particular attention to information that will assist you in locating injuries and body fluid evidence such as semen, saliva and vaginal secretions. **Do not** record your subjective observations and opinions. Use quotation marks when recording the patient's own words. See Protocol Procedure Section III, Patient Medical /Abuse/ Assault History, 1.



The rape crisis advocate/hospital support person, family member or other support person may remain in the room during the examination *if the patient so desires*.

### Step 5: DFSA Urine.

Consider collecting urine samples for toxicological screening for drug facilitated sexual assault if unexplained impairment or gaps in patient recall exist. *Refer to Appendix 9, Drug Facilitated Sexual Assault Protocol and Protocol Procedures, Section V Medical Considerations and Testing. Refer to the ODH Sexual Assault Protocol Section VII for testing instructions.*

### Step 6: Cut Head Hair Standards ✂

Using clean scissors, cut a combined total of 10 — 15 hairs from various areas of the head. Cut NEXT to the skin. Place the head hairs in the envelope provided. Label and seal the envelope.

### Step 7: Oral Swabs and Smear

Collect four oral swabs **regardless of the assault history**. If necessary, slightly moisten the swabs with sterile water or saline. Rub two swabs back and forth between the left cheek and lower gum and as far back on the tongue as possible without triggering the gag reflex. Using two more swabs, repeat for the right side.

Use any one of the swabs to make the smear. Make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. **Do not discard the swab.** Do not use any fixative on the slide. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Air dry all four oral swabs in the boxes. Close the boxes and place in the envelope. Label and seal the envelope.

### *Children Only: Step 7A: Oral Culture for Gonorrhea*

If indicated, culture the pharynx for gonorrhea.

- ✘ Non-culture tests, such as ELISA and DNA probes, may not be acceptable as evidence of infection in a court of law.
- ✘ Do not use swabs with wooden applicators.
- ✘ **Do not place cultures in the kit box** — send to the hospital lab.

### **Step 8: DNA Reference Standard**

Collect one oral swab. Rub between the cheek and UPPER gum line. Place in the box and air dry. Close the box and place in the envelope. Label and seal the envelope.

### **Step 9: Fingernail Scrapings, Swabbing and Cuttings**

Scrape or swab under the patient's nails using the orange stick or swabs provided in the nail scrapings envelope. Moisten the swabs to collect dry material. Collect the scrapings or swabbings into the envelope. Be sure to dry the swabs before packaging. If a fingernail is broken, using clean nail clippers, clip off the broken end and place it into the envelope. Label and seal the envelope.

### **Step 10: Underwear Collection**

**The underwear WORN TO THE EXAM must be placed in the kit.** If no underwear, collect intimate item worn next to the body such as tights or pantyhose. If pants worn next to the body, note that on this bag and place the empty bag in the kit. If a panty liner or pad is in place, leave it attached to the underwear. Collect the jeans or pants at Step 11.

If the patient is not wearing the clothing worn at the time of the assault, it is still necessary to collect the items that are in direct contact with the genital area (underpants/pantyhose). Inform the law enforcement officer so that the clothing worn at the time of the assault can be retrieved from the patient's home.

### **Step 11: Clothing Collection (three bags)**

Collect any bra or outer garments worn during or immediately after the assault, even if no damage or staining is apparent. As the patient disrobes, place one garment item in each bag.

- ✘ Do not shake out the garments, as evidence such as hairs and fibers may be lost.
- ✘ Do not cut through any existing holes, rips or stains in the patient's clothing.

Place your initials or other identifying mark on the clothing labels or on a piece of tape attached to the area where the clothing label is normally located. Label and seal the bags with the security seals provided.

- ✱ If any of the items are wet or damp, inform the law enforcement officer to ensure that the clothing can be properly air dried.

### **Step 12: Dried Stains**

Collect potential semen or saliva stains by slightly moistening one or two swabs with sterile water or saline and swabbing the area.

- ✱ A Wood's lamp or other alternate light source may be helpful in examining the patient's body for dried semen stains.
- ✱ Saliva stains will not be visible under alternate light sources. Listen carefully to the patient's account of the incident to determine where saliva stains may be located and swab accordingly.
- ✱ If cunnilingus may have occurred, or if the perpetrator may have used his saliva as a lubricant, swab the external vaginal area in addition to collecting internal vaginal swabs.
- ✱ Collect each stain in a separate envelope.
- ✱ Ask if the assailant used his/her mouth anywhere on the patient or used his/her saliva as a lubricant. Swab these areas as above. Swab and photograph any bite marks.
- ✱ Label and seal envelope.

### **Step 13: Pubic Hair Combing, or Collection of Stray Hairs found near Genital or Anus Area**

With the patient standing, hold the envelope under the pubic area and use the comb provided to comb through the pubic hairs several times. Comb directly into the envelope. Place the comb into the envelope. If pubic hair not present, collect any stray hairs from the genital area. Label and seal the envelope. If the patient does not have pubic hairs, please note this on the envelope.

### **Step 14: Cut Pubic Hair Standards ✂**

After completing Step 10 above, using clean scissors, **cut** a combined total of 10 – 15 hairs from various areas of the pubic region. Cut as close to the skin as possible. Place the pubic hairs in the envelope provided. Label and seal the envelope.

### **Step 15: Anal/Perianal Swabs and Smear**

Collect four anal or perianal swabs **regardless of assault history**. See additional discussion in the protocol. If necessary, the swabs may be slightly moistened with sterile water or saline. If there is no evidence or report of anal penetration, it is acceptable to swab the perianal area rather than inserting the swabs.

Use any one of the swabs to make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. **Do not** discard the swab. **Do not** use fixative on the slide. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Air dry all four anal/perianal swabs in the boxes (2 swabs/box). Close the boxes and place in the envelope. Label and seal the envelope.

### *Children Only: Step 15A: Anal/Perianal Cultures*

If indicated, culture the anus for gonorrhea and Chlamydia.

- ✘ Non-culture tests, such as ELISA and DNA probes, may not be acceptable as evidence of infection in a court of law.
- ✘ Do not use swabs with wooden applicators.
- ✘ **Do not place cultures in the kit box** — send to the hospital lab.

### **Step 16: Vaginal/ Penile Swabs and Smear**

**For females:** Collect four vaginal swabs **regardless of assault history**. Collect two swabs at a time, swabbing any pooled fluid and the cervical area.

Use any one of the swabs, make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. **Do not** discard the swab. **Do not** use any fixative on the slide. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Air dry all four vaginal or penile swabs in the boxes (2 swabs/box). Close the boxes and place in the envelope. Label and seal the envelope.

- ✘ If a tampon is present, air dry and place in a **Step 5** envelope. Label and seal the envelope.
- ✘ If cunnilingus may have occurred, or if the perpetrator may have used his saliva as a lubricant, swab the external vaginal area including labia minora in addition to collecting internal vaginal swabs. Place the external vaginal area swabs into a Step 12 (Dried Stains) envelope.

**For males:** Collect four penile swabs. Slightly moisten the swabs with sterile water or saline and swab the glans and shaft of the penis using two swabs at a time. Follow the instructions above for smears and packaging. **DO NOT INSERT SWABS INTO THE MALE URETHRA.**

**For pre-pubertal females:** Swab the external genitalia and labia minora with four slightly moistened swabs and make a smear as above.

- ✘ A speculum examination is almost never indicated on a prepubertal female and may add to the child's trauma. A speculum examination that is indicated for extensive injury should only be performed at a pediatric hospital under general anesthesia.

### *Children Only: Step 16A: Vaginal/Penile Cultures*

If indicated, culture the vagina or urethra for gonorrhea and Chlamydia.

- ✘ Non-culture tests, such as ELISA and DNA probes, may not be acceptable as evidence of infection in a court of law.
- ✘ Do not use swabs with wooden applicators.
- ✘ **Do not place cultures in the kit box** — send to the hospital lab.

### **Step 17: Document Injuries**

Complete the third page of the **Assault History** form during your assessment. Take photos of the patient to assist recall and to document any physical injuries. Do not place photos in kit. Keep these photos with your records. Using the anatomical outlines provided, indicate all signs of physical trauma — e.g. bruises, scratches, marks, discolorations (size and color) or bite marks on any part of the patient's body.

The use of a Wood's Lamp or other alternate light source, colposcope or toluidine blue dye to help visualize stains and injuries is essential. The use of toluidine blue dye in sexual assault examination is helpful for the identification of microscopic injury and requires special training.

### **Step 18: Prophylaxis and Patient Information Packet**

Give the handout packet to the patient. (See Appendix 6)

Refer to the ODH Sexual Assault Protocol for more information on follow up care.

For anonymous kit requests, make sure the patient receives their unique identification number and the retention time established by the local jurisdiction where the crime occurred.

Discuss STI and pregnancy prophylaxis with the patient as applicable. See Protocol Procedure, Section V, Medical Considerations and Testing, 2. Sexually Transmitted Infections and Emergency Contraceptives.

### **Step 19: Pack Up the Evidence Kit and Refrigerate DFSA Kit if Collected**

1. Verify that all of the information requested on the collection envelopes and forms has been completed and that all of the envelopes are sealed.
2. Place the Assault History form into the kit. Place all collection envelopes and the underwear bag (whether these items have been collected or not) into the kit. **Do not put the DFSA kit inside the sexual assault examination evidence kit.**
3. Using the seal provided, seal and initial the kit, and fill out all of the information requested on the box lid. This information is required.
4. Complete the top portion of the Chain of Custody forms (found at the bottom of the Step 2 Chain of Custody form and on the lid of the kit box). Hand the sealed kit and sealed paper bags to the law enforcement officer and have him/her complete the bottom portion of both Chain of Custody forms. One copy of the Chain of Custody form stays at the hospital in the medical record. One copy is given to the law enforcement officer.

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5. If the evidence is not immediately released to law enforcement, the kit and clothing should be stored in a secure area according to the local protocol.
  6. If the DFSA kit is not immediately released to law enforcement, the DFSA kit is stored in a secured refrigerator according to the local protocol

*This completes the evidence collection steps associated with the kit. See the Ohio Sexual Assault Protocol for the remaining steps. Be sure to complete and/or review with the patient the instructions for Section IV, Evidence Integrity, Section VI Post Examination Information and **Appendix 9**, DFSA Protocol.*



## Step 2

Ohio Department of Health Revised January 2011

### Consent for Exam, Photographs and Release of Evidence

(Not Required for Child Abuse Cases) This form should be placed in the medical record

#### Sexual Assault Exam Consent

I believe I have been sexually assaulted and voluntarily consent to this medical forensic examination and collection of evidence. I request a medical examiner to examine me and perform all the necessary laboratory tests per Ohio protocol for Sexual Assault Forensic and Medical Exams. I have received a detailed description of the steps of the process and understand that I may withdraw my consent to any or all parts of this examination at any time. I understand I have the right for a Rape Crisis Advocate and/or another support person of my choosing to be with me at all times during the examination and interviews related to the sexual assault. I understand I may withdraw in writing my consent to their presence at any time during the examination or interviews related to the sexual assault.

Patient's initials \_\_\_\_\_ Surrogate initials: \_\_\_\_\_

#### Release of Information Consent

I authorize the release of my name and other identifying information to the appropriate law enforcement agency along with the evidence, information, clothing, colposcope and photographic documentation of injuries collected for use only in the investigation and prosecution of this crime.

Yes \_\_\_\_\_ No \_\_\_\_\_ Patient's initials \_\_\_\_\_ Surrogate initials \_\_\_\_\_

#### Anonymous kit (patient must be age 18 and over)

\_\_\_\_\_ (initials) I do not consent to having my name released to the law enforcement agency when this assault is reported. I understand my sexual assault exam kit will be turned over to the jurisdiction where the assault occurred with no identifying labels placed on any items collected. I understand my kit has been assigned a unique number for identification purposes. This number will be on my discharge papers. I understand I will be required to go to the law enforcement jurisdiction where the assault occurred and give them my unique identifier so my kit will be associated with my report.

PD \_\_\_\_\_ District \_\_\_\_\_ County \_\_\_\_\_ Phone# \_\_\_\_\_

Responding Officer \_\_\_\_\_ Badge # \_\_\_\_\_ Phone# \_\_\_\_\_

#### Photography Consent

I hereby consent to photographs taken by \_\_\_\_\_ for legal purposes during this exam.

Yes \_\_\_\_\_ No \_\_\_\_\_ Patient's initials \_\_\_\_\_ Surrogate initials \_\_\_\_\_

For all sections agreed to above, I understand I may revoke my consent at any time during the examination or interviews related to the sexual assault to any or all consents. I understand after the exam is completed I may revoke my consent to any or all consents for evidence not turned over to law enforcement in writing or by calling: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature (or Guardian signature if required)

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Guardian's printed name and relationship to the patient

Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date/Time \_\_\_\_\_



# Step 19

## Chain of Custody (indicate contents of clothing bags) Form

Patients Name or Unique Identification Number: \_\_\_\_\_

Number of Evidence Parcels Secured: \_\_\_\_\_

Sexual Assault Evidence Collection Kit: \_\_\_\_\_

Clothing Bag \_\_\_\_\_ Clothing Bag \_\_\_\_\_

Clothing Bag \_\_\_\_\_ Other \_\_\_\_\_

DFSA: \_\_\_\_\_ Do not put DFSA kits inside evidence collection kit.



### Evidence Secured by:

\_\_\_\_\_  
Nurse/Physician—print name Hospital/Facility and City

\_\_\_\_\_  
Nurse/Physician—signature Date and Time



### Evidence Released by:

\_\_\_\_\_  
Nurse/Physician—print name Hospital/Facility and City

\_\_\_\_\_  
Nurse/Physician—signature Date and Time



### Evidence Release to:

\_\_\_\_\_  
Law Enforcement—print name Badge# Agency

\_\_\_\_\_  
Law Enforcement—signature Date and Time



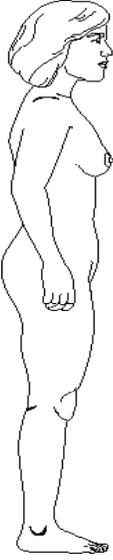
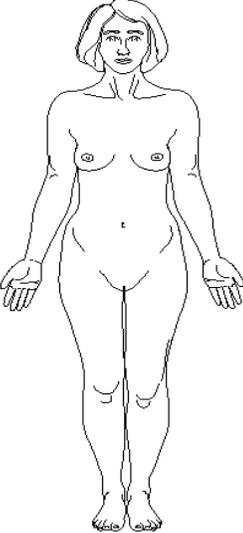
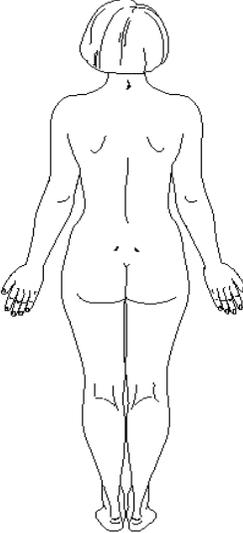
# Step 4

## Assault History

<b>Patient Information</b>			
Patient Name	Age	DOB	Sex
<b>Assault History</b>			
Date/Time of Assault		Date/Time of Exam	
Assault was by: <input type="checkbox"/> Stranger, <input type="checkbox"/> Acquaintance, <input type="checkbox"/> Spouse, <input type="checkbox"/> Relative, <input type="checkbox"/> Date, etc.		Number and sex of assailants:	Were any assailants injured/bleeding?
<b>Indicate which of the following occurred:</b>			
<b>Vaginal Penetration by:</b>			
Penis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<input type="checkbox"/> Other—Please describe: _____			
<b>Anal Penetration by:</b>			
Penis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<input type="checkbox"/> Other—Please describe: _____			
<b>Oral Contact by:</b>			
Patient's mouth to assailant's genitals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Assailant's mouth to patient's genitals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Body areas kissed, licked, bitten</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Describe location: _____			
<b>Ejaculation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Describe location: _____			
<b>Lubrication including saliva</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Describe: _____			
Other describe : _____			
<b>Since the assault, patient has:</b>			
Douched	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Defecated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Urinated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Vomited	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Changed Clothes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Bathed or Showered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Had Food or Drink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Brushed Teeth or Used Mouthwash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>At time of assault was:</b>	Patient menstruating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tampon present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Condom used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unsure	Where is tampon now?
		<input type="checkbox"/> Unsure	Where is condom now?
<b>At time of exam was:</b>	Patient menstruating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tampon present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	***Consensual sexual activity within 72 hours?***		
	<input type="checkbox"/> Yes	Date: _____	Time: _____
	<input type="checkbox"/> No		
_____		_____	
nurse or physician completing form—print name		nurse or physician completing form—signature	
<b>Hospital</b>		<b>City</b>	



## Step 2 Assault History

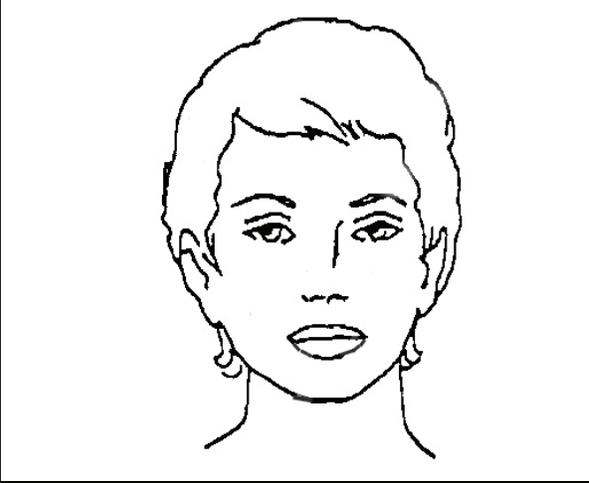
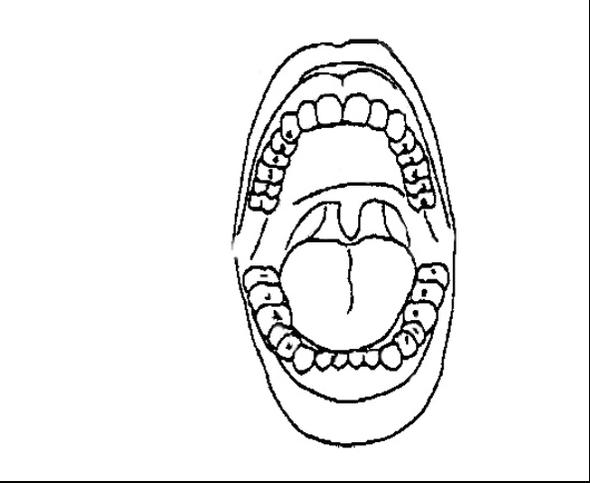
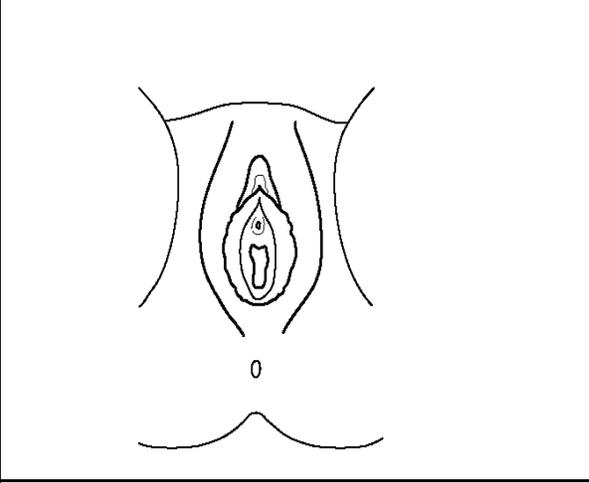
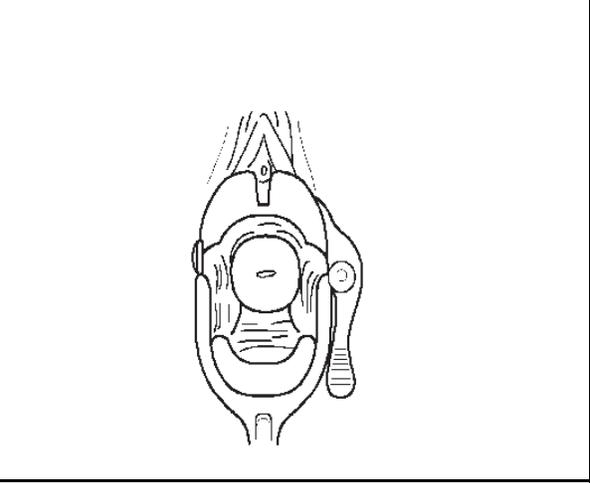
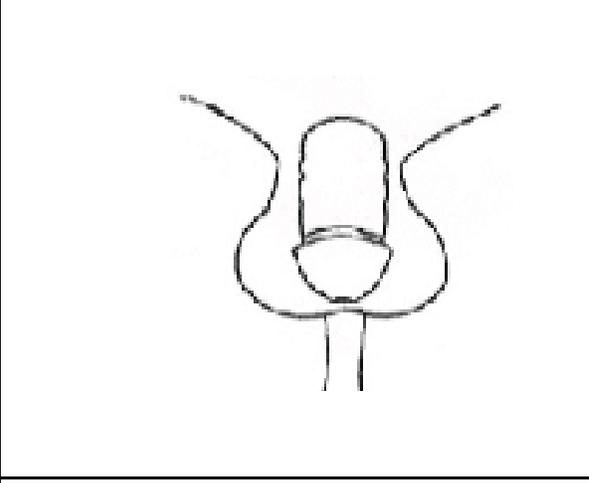
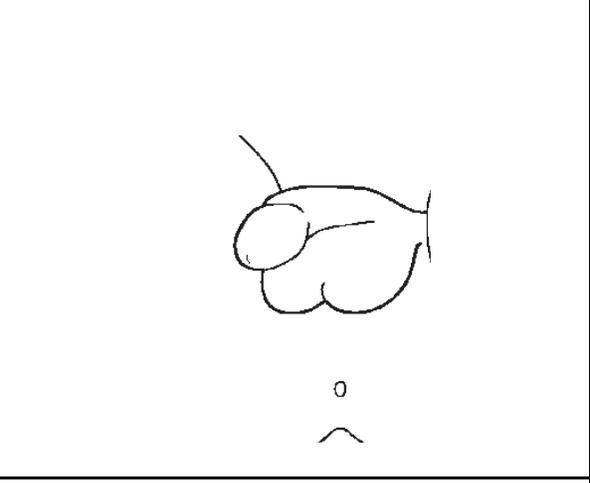
 <p>Right</p>	 <p>Left</p>
 <p>Anterior</p>	 <p>Posterior</p>

**Anatomical Diagrams to Record Location of Injuries. Complete this part during the physical examination. Indicate Methods of Examination Used:**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Direct visualization     | <input type="checkbox"/> Toluidine blue dye    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foley catheter technique | <input type="checkbox"/> Woods (or other) lamp |                                |
| <input type="checkbox"/> Speculum exam            | <input type="checkbox"/> Colposcope used       |                                |

Indicate the location, shape and type of injury: tears (lacerations), erythema, abrasions, redness, swelling.

*Step 2 Assault History*

	
	
	
<p>Indicate the location, shape and type of injury: tears (lacerations), erythema, abrasions, redness, swelling.</p>	