STATE OF MISSISSIPPI CRIME LABORATORY CHILD/ADOLESCENT SEXUAL ASSAULT EXAMINATION FORM ACUTE \leq 72 HOURS

DISTRIBUTION

Initial to indicate copies are made and distributed

Copy	Mississippi Crime Lab (place in kit)
Copy	Law Enforcement
Orig	inal Medical Facility
Copy	Department of Human Services (if Patient is a minor)
Copy	(to request reimbursement from A.G.'s Office) Office of the Attorney General Division of Victim Compensation Post Office Box 220 Jackson, MS 39205-0220 (include UB 92 form and Assurance form)

For more information on completing this document, please contact the S.A.F.E. Center at The University of MS Medical Center. 601.984.4004

This form is available on the following websites:

www.ago.state.ms.us

www.dps.state.ms.us

Confidentia	l Document											Patient Ident	tificatio	n		
A GENE	RAL INFORM	IATIC	ON (prir	nt or	type	1		Name	of Medic	cal Facility	d \$,
I. Name of			11 (12-11)							**************************************			H			
2. Address					City				County	St	ate	Tel	ephone	•		
El Muuless					,					,			-			
3, Age	DOB		Gender	1	Ethn	lein	<u> </u>	Arrival	Date	Arrival Time	•	Discharge D	ate	- 1	Dischar	ge Time
o, Age	200		aciidoi		~	,								ľ	•	•
			MF				1	<u> </u>		Cit.	Cou	intv Sta	to 3	Folor	hone	
4. Name of	: Mother		Stepmoth	ner	□Gi	uard	ilan	Addres	\$	City	COL	inty Sta		N: N:	1110116	
														Н:		
5. Name of	: 🗆 Father	□s	teplathe	r	□G	uard	lan	Addres	s	City	Cou	inty Ste			enode	
														W: H:		
6. Name(s)	of Siblings			T	Gen	der	Age	DOB	Name(s) of Siblings			Geno		Age	DOB
or radinolo3	Of Oldanigo	.,							1	<u> </u>	-		Ī	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>'</u>					M	F	<u> </u>						M	F		
				1	М	F		İ					M	F		
		4 1 1 1 1 1						Januari na na	lladian (ty □othe	<u></u>			
	RTING AND		HOHIZE	AHOI	Nam	A		Agency	liction (ID Number	coun	Telephone	1):		*	<u> </u>
<u> </u>	orcement				744111			, tgotto,								
and	/or															
DH		<u> </u>	adlast for	allited.	Man			Ananai	<u> </u>	ID Number		Telephone				,
	ting Personnet orcement		edicat la	cinty)	Maiii	16		Agency	<u>'</u> -	ID Humbu		Тогорионо				·
and		_			,											•
DH 3 Applane	<u> S</u> d Investigator (if kno	wnl		Nam	ie.		Agency	,	ID Number		Telephone				
	orcement		1111/		14441			rigular)		, , , , , , , , , , , , , , , , , , ,						
and		П												•		
A law Enf	iS orcement Incid	ent/Of	fense Re	eport a	#		··· ,									
C. CONSE	ENT FOR EXA	MINA	TION BY	y pat	IENT	/PA	RENT	GUARDIA	NN							
	arental conse				rast	uspe	eoted c	hild sexua	l abuse e	xamination l	f the c	hild is in pro	tective	cusi	ody.	
S	lee M.S.A. 43-	21-10	3 et seq	١.	•											
a Δny fa	emale, regardi	ass of	fane or	marit	al sta	itus	. Is em	nowered to	o aive co	nsent for he	self in	connection	with pi	regn	ancy or	childbirth.
M.S.A	. 41-41-13		•													
 Any p 	hysician, duly	licens	sed to pr	ractic	e me	dicir	ne in th	e State of	Mississi	ppi, or any n	urse p	ractitioner, w	vho, In	the	exercis	e of due
care,	renders medic lian, as applica	al car	e to a m	nor t	or tre	atm	ent of	a venerea ardian of s	l alsease such tresi	is under no Imant M.S.A	obliga 41.4	iion to odtain 1.49	conse	ent o	i a pare	ent or
											-					
• I here	by consent to	a me	dical for	ensic	inve	stige	ation fo	r evidence	of sexua	al assault. If	condu	cted, the rep	ort of	the e	examina	ation and
any	evidence obta	lned v	vill be re	ease	d to	aw	enforce	ement auti	norities a	nd the Division	on of \	/letim Comp	ensatio	n - (Office o	of the
Atton	ney General. I	turine Leon et	er unaers nd if chil	stano Id ahi	man Plaen	mec a foi	iicai pri	ovigers are betseneue	requirect this form	n and anv ev	idenc orebit	aruneni oi mi e obtalned w	ill he r	elea	sed to	the
Depa	rtment of Hum	an Se	ervices a	and la	w en	forc	ement.								•	(Initial)
• I unde	erstand that co	ollection	on of ev	idenç	e ma	y In	clude (ohotograpi	hing injur	ies and that	these	photographs	may			
includ	le the genital a	area.		_#	·		. 11 (1)	in male	-l-l 40	the Division	of Min	dlm Compan	aatton	Ω#	lan of	(Initial) -
• I have	been Informeral for out of p	orket	t Victims medical	il eyni	SAPINE	if U t	angibi e svehoto	ioleal cour	cianns io Isellna ar	noisivia em ad loss of wa	OPS 16	alated to a cr	sauo:i iminal	act.	IICE OI 7	(Initial)
• Lunde	erstand that de	ata wi	thout pat	itlent i	identi	ty n	nay be	collected 1	from this	report for he	alth a	nd forensle p	urpose	98		······································
and p	rovided to hea	ilth au	uthorities	and	other	qua	alifled p	persons w	th a valld	educational	or sci	entific intere	st for			
demo	graphic and/o	r epic	iemiolog	iloal s	iudie	8.	~~ ~~	مالسلم السلم	!m #lu!1-	da da friuntala	in the	. Dhdolan of	Viation	-		(Initial)
• I here	eby authorize, consation - Off	any di Ica of	OCIOUS O Attornes	MICO, V Ger	nosp Fleret	ttai thic	or med form in	iluai cilnic Lorder to r	H INIS SIE	avment for se	ervices	s tendeted;	A ICHILI			(Initial)
•														•		, ,
Signa	iture						D	ate		D P	atient	☐ Pai	rent		☐ Gua	ardian

D.	PATIENT HISTORY]							
1.	Record time or time frame	Date(s)	Time o	r time fran	10	1		:					
	of the incident(s)					1							
	Less than 72 hours		-			1		: '					
L	Multiple incidents over time Pertinent physical surround	lings of abus	i e/assau	lt:		1		••			£.1		
~-						<u> </u>		1 4 3 5 1			Identification	Relationshi	a ta Dallant
3.	Record patient's name for: Female genitalia	·	4. Alle	jed perpetr	ator(s) na	ime(s)		Age	Gend	er	Ethnicity	Known	Unknown
	Male genitalia		#1.						М	=			
	Breasts		#2,	· · · · · · · · · · · · · · · · · · ·			•		M I	=			
		***************************************	#3.						М.	=			
	Anus ACTS DESCRIBED BY	HISTORIA											
드,	Name of historian			patient	History (obtained	bv:	Telep	hone	Ag	ency	☐ Not application	able
	Mante of thefoliali	7,0141,											
		No	Yes	Attempt	ed	Unsure	N/A	Describe	pain a	and/o	or bleeding and a	ddillonal pertin	ent history:
	Genital/vaginal contact/pene	tration by:											
	Penis												
	Finger									•			
	Object (Describe)				•						<u> </u>		·
	Associated pain?												
	Associated bleeding?												
	Anal contact/penetration by:												
	Penis												
	Finger												
	Object (Describe)												***************************************
	Associated pain?												
	Associated bleeding?	፟											<u> </u>
	Oral copulation of genitals:												
	Of patient by assailant												
	Of assallant by patient												
	Oral copulation of anus:												
	Of patient by assallant												
	Of assailant by patient												
	Anal/genital fondling:							Wher	e on b	ody	and by whom?		
	Of patient by assallant												
	Of assallant by patient												
	Non-genital act(s)?											·	
	If yes: Tondling Lick	ng 🗆 Kissing	☐ Suction	n 🗆 Bliing								,	
	Other acts? (Describe)											· · · · · · · · · · · · · · · · · · ·	
	Did ejaculation occur?												
	If yes, note location(s):												·
	☐ Mouth ☐ Vagina [☐ Body surfac	e 🗆 e	On bedding									
		☐ On clothing		Other			_						
	Contraceptive or lubricant p												
	If yes, note. What he	ppened to the	e condom	?									
	Were force or threats used?	□No □Y	es 🗆 Foi	ce Thre	ats							•	
	Were weapons used?	□No □Y	98										
	If yes, describe:												
	Were pictures/videotapes ta				□No								
	If yes, shown by whom	0	r taken b	y whom							•		
	Were □ drugs or □ alcoho	olused? `C		⊒Yes*									
	Loss of memory?			∃Yes*									
	Lapse of consciousness?			∃Yes*								_ 	············
	Vomited after act(s)?			∃Yes									•
	Behavioral changes in pat] Yes									
# (Collection of toxicology sam	ples is recon	nmended			-							

F. ACTS DESCRIBED BY P.			201		•			
1. Acts disclosed by patient to:		Enforcement (:			
☐ Medical Examiner		disciplinary in	Herview H	eam	· .;			
Social Worker	Othe	Attempted	Unsure	N/A	• •			
Genital/vaginal contact/penetration		Witcilibren	Ollanic	WA	"			
Penis				□ .	Patient	Identification		
Finger					G. MEDICAL HISTORY (to b		cal pers	onnel)
Object (Describe below)					1. Name of person providing histo			
Associated pain?		-;			• • •			
Associated bleeding?								<u>l</u> ,
Anal contact/penetration by:					2. Any recent (60 days) anal-gen		, No	Yes
Penis		. 🛮			diagnostic procedures, or me		_	Pro
Finger					may affect the interpretation of	of physical findings?		
Object (Describe below)								
Associated pain?					3. Any other pertinent medical c		П	Β.
Associated bleeding?					affect the Interpretation of ph			
Oral copulation of genitals:					4. Any pre-existing physical inju			السا
Of patient by assailant					5. Any previous history of physi	cai aduse anuvor		
Of assallant by patient					neglect?	l physical		
Oral copulation of anus:					6. Any previous history of sexua 7. Other intercourse? (For adole)			
Of patient by assallant					If yes,	scems omy)	ŭ	Ц
Of assailant by patient					anal (within past 5 days)?	When	. 🗆	
Anal/genital fondling:					vaginal (within past 5 days)?			
Of patient by assallant					_ •	When		
Of assaliant by patient					If yes, did ejaculation occur?			
Non-genital act(s)?					If yes, where?			
If yes: 🗆 Fondling 🗆 Lich	-	issing 🗆 Su	ction 🗆 i	Biting	If yes, was a condom used?	•		
By whom and where on body?					8. Menstrual periods? If yes, age	of menarche:	□	
Other acts? (Describe below)					Last menstrual period:	· · · · · · · · · · · · · · · · · · ·		
Did ejaculation occur?					9. Other symptoms disclosed	by patient:	by his	
If yes, note location(s):			.16			No Yes	No Yes	
☐ Mouth ☐ VagIna ☐ Body		☐ On bedo	aing		Abdominal/pelvic pain			
☐ Anus/rectum ☐ On ci		Other			Pain on urination			
Contraceptive or lubricant produc	187 LJ NO	☐Yes		Li	Genital discomfort or pain			
. If yes, note type/brand: Were force or threats used? □ N	1- 1734		☐ Thre	nio.	Genital itching			
Were weapons used? Tyes		; LI FOIGH	T 1186	a.s	Genital discharge			_
If yes, describe:	1110			ы	Genital bleeding			
Were pictures/videotapes taken of	r ehown o	hoth? Tyes	» П No		Rectal discomfort or pain			
If yes, shown by whom					Rectal Itching Rectal bleeding			
Were □ drugs or □ alcohol used					Constipation			
Loss of memory?					Other			
Lapse of consciousness?	□N				If yes, describe onset, duration			
Vomited after act(s)?	□N				in your document of data in the	interiority i		
Behavioral changes?	□N				10. Post-assault hygiene activit	y by patient:	by hist	orian:
* Collection of toxicology samp	oles ls rec	ommended.			☐ Not applicable if over 72 ho			
2. Describe pain and/or bleeding			t words)			No Yes	No Yes	
and additional pertinent history					Urinated			
					Defecated .			
					Genital or body wipes If yes, describe:			
		·			Oral gargle/rinse			
		<u></u>			Bath/shower/wash	<u> </u>		
11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					Brushed teeth			
					Ate or drank			
<u> </u>					Changed clothing			
					If yes, describe			

H. GENERAL PH	YSICAL EXAMINA	ATION	the numbering	evetem	;'		
Record all findings u	ısing diagrams, leger	id, and a consecu Exam Completed	uve numbering	system.		•	
1. Exam Started Date	Time	Date	Time				
		<u> </u>			.,		
2. Female Tanner Sta	ige – Breast 1□		5 🗆				
	physical appearance.						
4. Describe general	demeanor and releva	nt statements mad	de during exam.				
5. Describe conditio	n of clothing upon a	rival.				•	
			Not Indicated			Patient Identification	
6. Collect outer and	underclothing if indi	Cated. □	No Findings			•	
7. Conduct a physic		□ □ □	Tisma danorii	oe:			
A Collect dried and I	moist secretions, stair	is, and foreign mat	erials from the b	ody. Scan the en	tire body	with an Alternate Light Source	
☐ Findings L	J No Findings				,		
9. Collect fingernall	scrapings or cutting	s, 🗌 Coilected	☐ Not Collect				
Diagram A			j	Diagram B			•
ū			1				
	The state of the s						
		i	Ì				
	War in					λ λ	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•					•
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ŗ				A. J. C.	
	ን - (
	لينتوب بممرسيني	Carata Ca				<i>(</i>	
		1	Ì			1 1 1 1 1	
						/) / ' 1 1	
	1 \ " ~ "	' /	,				
				ı			
	1 A	$\Lambda \Lambda$			j	6 N	
	/ 11	11 1			ĺ	'/	
	1/1 '	111			ı	11 . 111	•
		111			_ /		
	/// -/				A.	al I hats	
	4/	1			И		
	4 1 4	W				\	
	1 //	1				\	
	1 / \	ſ				1 (1 (
	} { }	· · · · ·				1] []	•
	1 / '	i I					
	1 1						
		l l				\	
	\ \	\ /				\	
) \	<i>!</i>					
	11	11	•			1 () (
	2	Lak		1			
	Aut	en.				****	
			•	1			
	44				VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-V		
NEW MESSAGNISH			EGENDATVI	es of Finding			
			HC Hymenal cle			PE Petechiae	SW Swelling
	CV Concentral EC	Dry Secretion Ecchymosic/contusion	iN Induration	describe)	PGW Possible Genital Wart	TB Toluldine Blue TE Tenderness
ALS Alternate Light	Variation ER	Erythema (redness)	IW Incised Woul LA Laceration	nd OSC Other Skill OT Other	n Condilic	on PS Potential Saliva SH Submucosal Hemorrhage	V/S Vegetation/Soll
	DE Debris FB DF Deformity F/H	Foreign Body Fiber/Hair	MS Moist Secret	ion PW Perlanal	Wart	SHX Sample Per History	VL Vesicular Lesion
		Granulation Tissue	OF Other Foreign	n Materials (describe		S Suction	1
Diagram Letter		cription	Photo	Diagram Letter	Туре	Description	Photo
Disdigit Ferrei	-76-]Yes □ No #				☐Yes ☐ No #
]Yes □ No #			ı	☐Yes ☐ No #
]Yes □ No #				☐ Yes ☐ No #
]Yes □ No #				☐Yes ☐ No #
			Tre . [7] 12 - 3				☐ Yes ☐ No #
EVENING PERSON		icorollile line	HING AND S	ECIMENSICO	LLEC	TEDIONIPAGE BUSINESS	
经过多级完全的企业	THE PROPERTY IN LAND AND ADDRESS OF THE PARTY IN LAND	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT					

HEAD, NECK, AND ORAL EXAMINATION Record all findings using diagrams, legend, and a consecutive numbering system. Examine the face, head, hair, scalp, and neck for injury and foreign materials. ☐ Findings ☐ No Findings Exam method: ☐ Oliposcope ☐ Other magnification Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck. ☐ Findings ☐ No Findings Examine the oral cavity for injury and foreign materials. Collect foreign materials. ☐ Findings ☐ No Findings Collect 2 swabs from the oral cavity up to 12 hours post assault. ☐ Collected ☐ Not Collected Collect head hair reference samples.	Patient identification
☐ Collected ☐ Not Collected Diagram C	Diagram D
Diagram E	Diagram F
WHITE THE TOTAL TO THE WASHINGTON TO THE WASHING	esof Findings Brus Estate in the second of t
BU Burn DI Discharge QT Granulation Tissue OF Other Foreign	(describe) PGW Possible Genital Wart TB Totaldine Blue TE Tenderness V/S Vegetation/Soil VL Vesicular Lesion Materials (describe) S Suction
	Diagram Letter Type Description Photo
. ☐ Yes ☐ No #	☐ Yes ☐ No #
□ Yes □ No #_	□ Yes □ No #_
☐Yes☐No#_	. □Yes□No#_
☐Yes☐No#	

Record of the Manustration Record	J. GENITAL EXAMINATION - FEMALES	.]	
2. Exam sethed. Discertionalization Colored Record all finding using diagrams, legend, and a consecutive r	numbering system.	\cdot	
Example and local methods: Separation Colet Sopine Colet Sopine Colet Co	1. Examine the inner thighs, external genitalia, and perineal area	a,	· ·
Septime	21 Primit the me = 1		
Second Promote Modelened with Telephone Cathodar Cathoda		L	• •
Selina/Note Molekened autab Toluitaina Blue Dyo	Supilie —	,	
Central Termost Stage	11010		
Semiple to genited structures, check the ABN box(es) if there are abuse/ asseult related findings and describe. WNI, ABN Describe: Insert highs inguinal adenopathy	☐ Saline/Water ☐ Moistened swab ☐ Toluidine Biu	ie Dye	
4. Examine the genital structures. Check the ABN box(cs) if there are attuad assault related findings and desorfite with a desortion. Will. ABN Desorfice: Inner trights Inner trights Inner tri			
abused assault related findings and describe. Inner thighs			Martaud Liberaliffacilian
Mare Highs	4. Examine the genital structures. Check the ABN box(es) If there are	
Inner titighs Inguinal adenopality Labia majora Labia majora Labia minore Citicral hood Perfineum Perfurchtral tissue/urethral meatus Persurchtral perfurched Persurchtral perfurched Perfurchtral perfurched perfurched Perfurchtral perfurched			Diagram the position that best illustrates your intungs.
Inguinal adenopathy Libita majora Libita majora Libita majora Citicnal hood Perfurentinal tissue-durethral meatus Perfurentinal tissue (vestibula)	******	escribe:	Magram a demana - dubino
Libbit milora Libit milora Citicral hood Perfineum Porfurchtrait tissue/veelthrait moalus Porfurymental tissue (veeltbule) Pymen Suphine Prone			
Labla minora Citicnal hood Perfurent dissue-terebral meatus Perfurentinal tissue (vestibula) Hymnen Supine Peron Record morphology: Annular Batrogenized Peron Record morphology: Peron Batrogenized Peron Record morphology: Annular Batrogenized Peron Record morphology: Peron Batrogenized Peron Record morphology: Separate Peron Peron Record morphology: Peron Batrogenized Peron Record morphology: Peron Peron Peron Record morphology: Separate Peron miguniai aconopanis			
Colloral hood Perhatum Perhymenal tissue/urethral moatus Perhymenal tissue/urethral description Record morphology:	Labia majora — — — —		
Perfurchiant tissuo/ure/brat mostus			
Perfurent itssue (vestibute)	Oliotai 1100d	 ;	
Perflymenal tissue (vestibule)	1 011100111		
Nymen Supine Prone Record morphology:	T Office Officer the second of		
Record morphology: Annular Estrogenized Crescentlo Non-Estrogenized Imperiorate Other Septate	10.111)1/10/12/		
Annular Estrogenized Created	Trymen in Copino in Front		
Coreconic Non-Estrogenized Cither Septate Core			
Imperforate Other Seplate			
Septate Fossa navioularis			
Fossa navolularis Posterior fourchetto Vagina (pubertal adolescents) Cervix (pubertal adolescents) Isisharge No Yes If yes, describe: No Findings No Findings Sean the area with an ALS Findings No Findings 6. Collect dried and moist secretions, stains, and foreign materials. Sean the area with an ALS Findings No Findings 6. Collect swabs Prepubertal female Collect at least 2 vulvar swabs	= 111 th - 11		
Posterior fourchette Vagina (pubertal adolescents)			
Vagina (pubertal adolescents) Cervix (nubertal adolescents) Discharge	1 Cosa havioulario		
Carvix (pubertal adolescents) Carvix (pubertal adolescents) Carvix (pubertal adolescents) Carvix (pubertal fem No Yes No Findings Sear the area with an ALS Findings No Findings Sear the area with an ALS Findings No Findings Callect target Findings No Findings Carvix Findings	1 Obterior routers		
Discharge No	ragata (passes tas assessed)		
If yes, describe: No Findings Collect dried and moist secretions, stains, and foreign materials. Sean the area with an ALS	Cetary (hapetral acousposite) — — —		
No Findings Collect dried and moist secretions, stains, and foreign materials. Sean the area with an ALS Findings No Findings Collect swabs Findings No Findings Collect swabs from the vaginal pool. Cervical swabs collected? No Yes Collect public hair combing Not applicable Shaved/Not Present Collect public hair combing Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Shaved/Not Present Collect public hair reference samples. Not applicable Collect publ		٠	
5. Collect dried and moist secretions, stains, and foreign materials. Sean the area with an ALS Findings No Findings 6. Collect swabs Propubertal female Collect at least 2 vulvar swabs Pubertal female Collect 2 swabs from the vaginal pool. Cervical swabs collected? No Yes 7. Collect public hair combing Not applicable Shaved/Not Present 8. Collect public hair reference samples. Not applicable AB Abaston DP Deformity Alexandrial light DB Dy Secretion Source Ecchymosis/contailen Ms Molet Secretion Ms Molet Ms Molet Ms Molet Ms Molet Ms Ms Molet Ms Ms Molet Ms			
Scen the area with an ALS Findings No Findings Collect value Frequency Frequency Collect at least 2 vulvar swabs Prepubertal female Collect 2 swabs from the vaglinal pool. Cervicel swabs collected? No Yes Collect public hair combing Not applicable Shaved/Not Present Not applicable	No Findings Li	ian matariale	,,,,
6, Collect swabs Prepubertal female	5. Collect dried and moist secretions, stams, and tole	Finding	, yaz
Prepubertal female	Obair the dien inthe	1 monigo	
Collect at least 2 vulvar swabs Pubertal female Collect 2 swabs from the vaginal pool. Cervical swabs collected? No Yes			
Pubertal female			
Collect 2 swabs from the vaginal pool. Cervical swabs collected? No Yes			Diagram H Genitalia - Knee-Chest
Cervicel swabs collected?			
7. Collect public hair combing	Constant number collected? TNo TYes		, 1944 (c.)
8. Collect public hair reference samples. L.I Not applicable	7 Catleet nubic bair combine T Not applicable Shi	aved/Not Present	The state of the s
AB Abrasion AL And Laxity AL And Laxity ALS Alternate Light Source EC Ecotymics/conduction ER Expheria (redness) Bl Blue FF Foreign Body CC Conjenial Variation DE Debrits Diagram Letter Type Description AB Abrasion AL A Laceration AB Molet Secretion Of Other Foreign Materials(closeribe) Of Other Foreign Materials(closeribe) OSCOlher Skin Condition FR Tendernaes Vis Vagetation/Soil Variation DE Debrits Diagram Letter Type Description Description BH Submucosal Hemorrhage SHX Sample Per History Swelling TB Totaldine Blue Transferration SW Swelling TB Totaldine Blue Transferration SW Swelling TB Totaldine Blue Transferration SW Swelling TB Totaldine Blue Transferration The Hemorrhage SHX Sample Per History Swelling TB Totaldine Blue Transferration SW Swelling TB Totaldin	9 Collect public hair reference samples.	Not applicable	
AB Abrasion DF Deformity AL Anal Laxity DI Discharge MS Molet Secretion Source EC Ecstymosis/contusion Source EC Ecstymosis/contusion GR Erythema (redness) DI Droseritor Of Chier Foreign Msterials(describe) SU Burn F/H Fiber/Hair Of Conpenital HC Hymenal cleft Variation IN Induration PD Debris IW Inclised Wound PS Potential Saliva Diagram Letter Type Description Photo Diagram Letter Type Description Pho	8. Conect banic transfers complete		
AB Abrasion DF Deformity AL Anal Laxity DI Discharge MS Molet Secretion Source EC Ecstymosis/contusion Source EC Ecstymosis/contusion GR Erythema (redness) DI Droseritor Of Chier Foreign Msterials(describe) SU Burn F/H Fiber/Hair Of Conpenital HC Hymenal cleft Variation IN Induration PD Debris IW Inclised Wound PS Potential Saliva Diagram Letter Type Description Photo Diagram Letter Type Description Pho	NEWS TO PERSON THE CENTRAL PROPERTY OF THE PERSON THE P	事物源类化的程	
AL. Anal Laxity DI Discharge ALS Atternate Light DS Dry Secretion Source EC Ecchymosis/contusion ER Erythema (redness) BI Bite FB Foreign Body OT Other Injury(describe) OT Other OT Other OT Other PW Perkanat Wart PW Perkanat Wart Variation DE Debris IW Incleed Wound DE Debris IW Incleed Wou	AR Abrasion DF Deformity LA Laceration	SH Submucosal	
Source EC Ecchymosis/contusion ER Eythema (redness) Other injury(describe) OSCOther Skin Condition SW Swelling TB Trobaldine Blue TB Foreign Body OS Cother Skin Condition Tissue BU Burn FM Fiber/Hair OT Other Other Prince Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Skin Condition Tissue BU Prince Burn FM Fiber/Hair OT Other Skin Condition SW Swelling TB Trobaldine Blue Total Grant Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Skin Condition SW Swelling TB Trobaldine Blue TR Total Grant Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Skin Condition SW Swelling TB Trobaldine Blue TR Total Grant Burn FM Fiber/Hair OT Other Prince Burn FM Fiber/Hair OT Other Skin Condition SW Swelling TB Trobaldine Blue TR Total Grant Burn FM Fiber/Hair OT Other Skin Condition SW Swelling TB Trobaldine Blue TR Total Grant Burn FM Fiber/Hair OT Other Skin Condition SW Swelling TB Trobaldine Blue TR Total Grant Burn FM Fiber/Hair Swelling TB Trobaldine Blue TR Total Grant Burn FM Fiber/Hair Swelling TB Total Grant Burn FM FM Fiber/Hair Swelling TB Total Grant Burn FM FM Fiber/Hair Swelling TB Total Grant Burn FM	AL Anal Lexity DI Discharge MS Moist Secretion		
EH Eythema (redness) Of Other Injury(describe) Bu Burn F/H Fiber/Helr CS Control Swab GT Granulation Tissue Varietion IN Induration DE Debris IW Inclsed Wound DE Debris IW Inclsed Wound DE Description Diagram Letter Type Description Description Diagram Letter Type Description Description Pinoto Yes No #	Source EC Ecchymosis/contusion Materials(describe)	S Suction	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BU Burn F/H Fiber/Hair CS Control Swab GT Granulation Tissue PW Perianal Wart VS Vegetation/Soil VI Induration DE Debris IW Inclsed Wound DE Debris IW Incls	ER Erythema (redness) Of Other Injury(describe)	TB Toluidine Blue	
CY Congenital HC Hymensi cleft Varietion IN Induretion DE Debris IW Inclsed Wound PS Potential Safiva Diagram Letter Type Description Pinoto Piss No # Pyes Pyes	Bur Barn F/H Fibet/Half OT Other	TE Tendemess	
Variation IN Induretion DE Debrils IN Induretion Included Wound PGW Possible Genital West PS Potential Saliva Diagram Letter Type Description Photo □ Yes □ No # □ Yes □ No # □ Yes □ No # □ Yes □ No # □ Yes □ No # □ Yes □ No # □ Yes □ No # □ Yes □ No # □ Yes □ No #	CV Congenital HC Hymenal cleft PE Petechiae	VI. Vesicular Lesion	
Diagram Letter Type Description Photo	Variation IN Induration PGW Possible Genital Wart		
Yes No #_	Di Bosilio (II III III II II II II II II II II II	Pinoto	
	Diagram Letter Type Description		
☐ Yes ☐ No # ☐ Yes ☐ No # ☐ Yes ☐ No # ☐ Yes ☐ No #			
☐ Yes ☐ No # ☐ Yes ☐ No # ☐ Yes ☐ No #			
☐ Yes ☐ No #			
□ Yes □ No #			1
			4
ENDOMESTIC STATE OF THE COUNTY		#[]]([] # # # # # # # # # # # # # # # # # # #	· I DECIMENSIS OF RECTED SOND AGE 18

K. GENITAL EXAMINATION - MALES	
Record all findings using diagrams, legend, and a consecutive numbering system.	A contract of the contract of
1. Examine the inner thighs, external genitalia, and perineal area.	
2. Exam method: ☐ Direct visualization ☐ Colposcope ☐ Other magnification	i de la companya de
Exam positions/methods:	0
☐ Supline ☐ Prone ☐ Moistened swab	
☐ Toluldine Blue Dye ☐ Other: 3. Genital Tanner Stage 1 ☐ 2 ☐ 3 ☐ 4 ☐ 6 ☐	•
3. Genital Tanner Stage 1 □ 2 □ 3 □ 4 □ 6 □ 4. Circumcised: □ No □ Yes	
6. Check the ABN box(es) If there are abuse/assault related findings	
and describe.	Patient Identification
WNL ABN Describe:	Diagram 1 - Penis
Inner thighs	Magiant 1. Leting
Inquinal adenopathy	
Perlneum D D	
Foreskin	
Gians Penis	
Penile shaft	
Urethral meatus	
Scrotum	
100100	
No Findings 6. Collect dried and moist secretions, stains, and foreign materials.	" White and the same of the sa
Scan the area with an ALS Findings No Findings	
7. Collect pubic helr combing or brushing.	
8. Collect public hair reference samples.	Diagram J - Penis
9. Collect 2 penile swabs, if indicated by assault history. A Not applicable	
L FEMALE/MALE ANAL AND RECTAL EXAMINATION	
1. Examine the buttocks, perianal skin, and anal folds for injury, foreign	
materials and other findings.	
2. Record exam positions, methods, observations: ☐ Direct visualization ☐ Colposcope ☐ Other magnification	(mark)
☐ Direct visualization ☐ Colposcope ☐ Other magnification Exam positions Observation Observation with traction	
Supine	
Suplne knee chest	
Prone knee chest	
Lateral recumbent	The state of the s
Exam methods: Moistened swab Toluidine blue dye Anosacpy Other: 3. Check the ABN box(es) if there are abuse/assault related findings	
and describe any abnormal or unusual findings.	
☐ No Findings WNL ABN Describe:	
Bultocks	Diagram K - Anus Supine
Perlanal skin	
Anal verge/folds/rugae ———————————————————————————————————	
Rectum	Sandario.
Stool present in rectal ampulla \(\text{In No } \text{ Yes} \) Undetermined	
4. Collect dried and moist secretions, stains, and foreign materials.	
☐Findings ☐No Findings	
5. Collect 2 rectal swabs. Collected Not collected	
6. Rectal bleeding: No Yes If yes, describe:	
LEGENDINDESIONE DELICES TO BE THE TENTON OF THE PERSON OF	The state of the s
AB Abrasion DF Deformity LA Laceration SH Submucosal	
AL Anel Lexity DI Discharge MS Moist Secretion Hemorrhage ALS Attenuate Light DS Dry Secretion OF Other Foreign SHX Sample Per History	
Source EC Ecchymosis/contusion Materials(describe) S Suction	
BI Bile FB Foreign Body OSCOlher Skin Condition TB Toluidine Blue	Diagram L - Anus Prone
BU Burn F/H Fiber/Hair OT Other TE Tendemess CS Control Swab GT Granutation Tissue PW Perianal Wart VS Vegetation/Soil	
CV Congenital HC Hymenel cleft PE Pelochiae VI, Vosicular Lesion	
Variation IN Induration PGW Possible Genital Wart DE Dabris IW Incised Wound PS Potential Saliva	Mary Mary Mary Mary
Diagram Lotter 1790	
□ Yee □ No #	
☐ Yes ☐ No #	• *************************************
☐ Yes ☐ No #	· · · · · · · · · · · · · · · · · · ·
☐Yes☐No#	
THE TEXT OF THE PARTY OF THE PA	FOLKENS ROTHER TED ON PAGE RESERVE SEED OF THE SEED OF
克思维度可使法律系统指数表表面的表面具用COURTS VICE TO FILL TO FI	表现1111年12月77日(1211年)1111年(1211年)1211年12日 - 1211年12日 - 1211年121日 - 1211年12日 -

M. EVIDENCE COLLECTED AN	ID S	UBN	רדווי	EDTO	CRIME LAB						
ENVELOPES	No	Yes		Colle	cted by:						
1. Foreign Material							· .				
2. Contact/Outer Clothing							•				
3. Contact/Outer Clothing							.:				
4. Undergarments											
Undergarments								Patient Ide		n	
6. Debris Collection						P. FINDINGS			<u>ATION</u>		
7. Right Hand Fingernall Scrapings						1. Anal-Genital					
8. Left Hand Fingernall Scrapings						☐ Normal an					
9, Dried Secretions			_			☐ Abnormal					
10. Oral/Skin Contact Evidence						2. Assessment		-genital exam -Genital Findi	200		
11. Puble Hair Combings						☐ Consistent			180		
12. Pulled Publo Hair						☐ Inconsiste					
13, Oral Swabs			_			☐ Limited/ins		-			
14. Vulvar Swabs						3. Interpretatio	n of Ana	al-Genital Find	lings		
15. Vulvar/Penile Swabs			_					neither confirm			
16, Vaginal Swabs			_					be caused by s		se or other r	nechanisms
17. Rectal Swabs								ghly suspected			
18. Pulled Head Hairs			_					of sexual abuse		exual contact	Ţ
19, Known Blood Sample			_			4. □ Need furti 5. □ Lab result			_	u altar acco	eemant)
20. Other Evidence			_		<u> </u>	6. Additional c					
21. Other Evidence			_			recommend		o regularing is	ilanigoj il	itor processes	aor and
' NOTE: Please document any neces	sary	devia	allon	s/additio	ons to the kit.						
											
N.TOXICOLOGY SAMPLES		lo '	Yes	Tlme	Collected by:	!					
Blood alcohol/toxicology (gray top tube	-	10	162	111110	Conected by.	<u> </u>					
-,	Ĺ					MD/DO/NP/CNI	VI	<u> </u>		Telephone	
Urine toxicology								(Print Name)			
O. PHOTO DOCUMENTATION						MD/DQ/NP/CN	M.				
No Yes									Signature		
1. Colposcope \Box \Box		(mani	oltina	ition)		Q. MEDICAL	LAB	TESTS PER	FORME	D	
2, Camera 🛭 🗎	,	(magi	IIIIOC	tuon)		STD Cultures	GC	Chlamydia	Other	Describe:	Collected by:
2, Calliela		(list	type)		Oral					
3. Photograph Log		•	•			Vestibular			Π.	 	
Number of Photographs:						Vaginal			□		
List:						Cervical			□ .		
#1						Rectal			\Box .		
#2						Penile			□ .		
							—				
#3	~			····		Serology Syl			-	į.	
#4						Pregnancy test	Bloc	od 🔲 Urine i	┙.		
# 5						Other test(s) R. PRINT NA	MES	DE PERSON	NEL IN	VOLVED	
#6				•		History taken by		or remoor	11,144 11,	Telephone	
#7						Exam performe	d by:			,	
#8						Specimens labe	eled and	sealed by:			
#9											
#10						Assisted by:				<u> </u>	
#10						Signature of ex	aminer			Title	
#11											
#12						Other people in	the exa	m room			
#13					_	S. EVIDENC	E DIST	RIBUTION		GIVENT	Ö:
						Toxicology Sam					
#14											
411	·					Other Items Evidence Kit an					