MISSISSIPPI FORENSICS LABORATORY

PREPUBESCENT
SEXUAL ASSAULT EXAMINATION FORM
ACUTE ≤ 72 HOURS

DISTRIBUTION

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_____	Copy	Law Enforcement
_____	Original	Medical Facility
_____	Copy	MS Department of Child Protection Services
_____	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:

Mississippi Association of Forensic Nurses
601-559-4341 • www.msafn.org
mississippiassociationforensicnurses@gmail.com

This form is available at the following website:
www.ago.state.ms.us

SEXUAL ASSAULT EXAMINATION FORM: ACUTE (≤72 HOURS)
Prepubescent Forensic Examination

Confidential Document | Patient Identification Label

A. GENERAL INFORMATION (print or type) Name of Medical Facility:

1. Name of patient

2. Address | City | County | State | Telephone

3. Age	DOB	Bio Sex M F	Ethnicity/Race	Arrival Date	Arrival Time	Discharge Date	Discharge Time

4. Name of : ☐ Mother ☐ Stepmother ☐ Guardian | Address | City | County | State | Telephone W: H:

4. Name of : ☐ Father ☐ Stepfather ☐ Guardian | Address | City | County | State | Telephone W: H:

6. Name(s) of Siblings	Gender	Age	DOB	Name(s) of Siblings	Gender	Age	DOB
	M F				M F		
	M F				M F		

B. REPORTING AND AUTHORIZATION Jurisdiction (☐ city ☐ county ☐ other):

1. Telephone report made to	Name	Agency	Badge ID	Telephone
Law Enforcement ☐ and/or CPS ☐				

2. Responding Personnel (to medical facility)	Name	Agency	Badge ID	Telephone
Law Enforcement ☐ and/or CPS ☐				

3. Assigned Investigator (if known)	Name	Agency	Badge ID	Telephone
Law Enforcement ☐ and/or CPS ☐				

4. Law Enforcement Incident/Offense Report #

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. See M.C.A. 43-21-103 et seq.

- Any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth. M.C.A. 41-41-3
- Any physician, duly licensed to practice medicine in the State of Mississippi, or any nurse practitioner, who, in the exercise of due care, renders medical care to a minor for treatment of a venereal disease is under no obligation to obtain consent of a parent or guardian, as applicable, or to inform such parent or guardian of such treatment. M.C.A. 41-41-13

- I hereby consent to a medical forensic investigation for evidence of sexual assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities and the Division of Victim Compensation - Office of the Attorney General. I further understand that medical providers are required to notify the Child Protective Services of known or suspected child abuse; and if child abuse is found or suspected, this form and any evidence obtained will be released to the Child Protective Services and law enforcement. _____ (Initial)
- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. _____ (Initial)
- I have been informed that victims of crime are eligible to submit claims to the Division of Victim Compensation - Office of Attorney General for out of pocket medical expenses, psychological counseling and loss of wages related to a criminal act. _____ (Initial)
- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. _____ (Initial)
- I hereby authorize, any doctor's office, hospital or medical clinic in this state to furnish to the Division of Victim Compensation - Office of Attorney General this form in order to receive payment for services rendered. _____ (Initial)

Signature _____ Date _____ ☐ Patient ☐ Parent ☐ Guardian

Print _____

D. PATIENT HISTORY

1. Record time or time frame of the incident(s)	Date(s)	Time or time frame
☐ Less than 72 hours		
☐ Multiple incidents over time		

2. **Pertinent physical surroundings of abuse/assault (where it occurred):**

Patient Identification Label

3. Record patient's name for: Female genitalia	4. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity/Race	Relationship to Patient: Known	Relationship to Patient: Unknown
Male genitalia	#1.		M F			
Breasts	#2.		M F			
Anus	#3.		M F			

E. ACTS DESCRIBED BY HISTORIAN

Name of historian	Relationship to patient	History obtained by:	Telephone	Agency ☐ Not applicable

	No	Yes	Attempted	Unsure	N/A	Describe pain and/or bleeding and additional pertinent history:
Genital/vaginal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐	☐	☐	☐	
Associated bleeding?	☐	☐	☐	☐	☐	
Anal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐	☐	☐	☐	
Associated bleeding?	☐	☐	☐	☐	☐	
Oral copulation of genitals:						
Of patient by perpetrator	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Oral copulation of anus:						
Of patient by perpetrator	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Anal/genital fondling:						Where on body and by whom?
Of patient by perpetrator	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Non-genital act(s)?	☐	☐				
If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction ☐ Biting						
Other acts? (Describe)	☐	☐	☐	☐	☐	
Did ejaculation occur?	☐	☐	☐	☐	☐	
If yes, note location(s):						
☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding						
☐ Anus/Rectum ☐ On clothing ☐ Other						
Contraceptive or lubricant products? ☐ No ☐ Yes				☐	☐	
If yes, note. What happened to the condom?						
Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats				☐	☐	
Were weapons used? ☐ No ☐ Yes				☐	☐	
If yes, describe:						
Were pictures/videotapes taken or shown or both? ☐ Yes ☐ No				☐		
If yes, shown by whom ____ or taken by whom ____						
Were ☐ drugs or ☐ alcohol used?		☐ No	☐ Yes*	☐	☐	
Loss of memory?		☐ No	☐ Yes*		☐	
Lapse of consciousness?		☐ No	☐ Yes*		☐	
Vomited after act(s)?		☐ No	☐ Yes		☐	
Behavioral changes in patient?		☐ No	☐ Yes		☐	

*** Collection of toxicology samples is recommended.**

F. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to: ☐ Law Enforcement Officer ☐ Medical Examiner ☐ Multi-disciplinary Interview Team ☐ Social Worker ☐ Other:

	No	Yes	Attempted	Unsure	N/A
Genital/vaginal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe below)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Anal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe below)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Oral copulation of genitals:					
Of patient by perpetrator	☐	☐	☐	☐	☐
Of perpetrator by patient	☐	☐	☐	☐	☐
Oral copulation of anus:					
Of patient by perpetrator	☐	☐	☐	☐	☐
Of perpetrator by patient	☐	☐	☐	☐	☐
Anal/genital fondling:					
Of patient by perpetrator	☐	☐	☐	☐	☐
Of perpetrator by patient	☐	☐	☐	☐	☐
Non-genital act(s)?	☐	☐			☐
If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction ☐ Biting					
By whom and where on body? _____					
Other acts? (Describe below)	☐	☐	☐	☐	☐
Did ejaculation occur?	☐	☐		☐	☐

If yes, note location(s):
☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding ☐ Anus/rectum ☐ On clothing ☐ Other

Contraceptive or lubricant products? ☐ No ☐ Yes ☐
If yes, note type/brand: _____

Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats
Were weapons used? ☐ Yes ☐ No ☐ ☐
If yes, describe: _____

Were pictures/videotapes taken or shown or both? ☐ Yes ☐ No ☐ Unsure
If yes, shown by whom _____ or taken by whom _____

Were ☐ drugs or ☐ alcohol used?	☐ No	☐ Yes*	☐	☐
Loss of memory?	☐ No	☐ Yes*		☐
Lapse of consciousness?	☐ No	☐ Yes*		☐
Vomited after act(s)?	☐ No	☐ Yes		☐
Behavioral changes?	☐ No	☐ Yes		☐

*** Collection of toxicology samples is recommended. Collect separate Toxicology Kit.**

2. Describe pain and/or bleeding (using patient's exact words) and additional pertinent history from above.

_____

_____

_____

_____

_____

Patient Identification Label

G. MEDICAL HISTORY (to be completed by medical personnel)

1. Name of person providing history	Relationship to patient	Date	Time

	No	Yes
2. Any anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?	☐	☐
3. Any other pertinent medical conditions that may affect the interpretation of physical findings?	☐	☐
4. Any pre-existing physical injuries?	☐	☐
5. Any previous history of physical abuse and/or neglect?	☐	☐
6. Any previous history of sexual abuse?	☐	☐
7. Other oral/genital contact?	☐	☐
If yes,		
anal (within past 5 days)? When _____	☐	☐
vaginal (within past 5 days)? When _____	☐	☐
oral (within past 24 hours)? When _____	☐	☐
If yes, did ejaculation occur?	☐	☐
If yes, where? _____		
If yes, was a condom used?	☐	☐
8. Menstrual periods? If yes, age of menarche: _____	☐	☐
Last menstrual period: _____	☐	☐

9. Other symptoms disclosed	**by patient:** No	Yes	**by historian:** No	Yes	Unk
Abdominal/pelvic pain	☐	☐	☐	☐	☐
Pain on urination	☐	☐	☐	☐	☐
Genital discomfort or pain	☐	☐	☐	☐	☐
Genital itching	☐	☐	☐	☐	☐
Genital discharge	☐	☐	☐	☐	☐
Genital bleeding	☐	☐	☐	☐	☐
Rectal discomfort or pain	☐	☐	☐	☐	☐
Rectal itching	☐	☐	☐	☐	☐
Rectal bleeding	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

If yes, describe onset, duration,and intensity:

10. Post-assault hygiene activity ☐ Not applicable if assault is over 72 hours	**by patient:** No	Yes	**by historian:** No	Yes	Unk
Urinated	☐	☐	☐	☐	☐
Defecated	☐	☐	☐	☐	☐
Genital or body wipes	☐	☐	☐	☐	☐
If yes, describe: _____	☐	☐	☐	☐	☐
Oral gargle/rinse	☐	☐	☐	☐	☐
Bath/shower/wash	☐	☐	☐	☐	☐
Brushed teeth	☐	☐	☐	☐	☐
Ate or drank	☐	☐	☐	☐	☐
Changed clothing	☐	☐	☐	☐	☐
If yes, describe					

H. GENERAL PHYSICAL EXAMINATION (See Appendix A)

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Exam Started		Exam Completed	
Date	Time	Date	Time

2. Female Tanner Stage – Breast 1☐ 2☐ 3☐ 4☐ 5☐

3. Describe general physical appearance.

4. Describe general demeanor and relevant statements made during exam.

5. Describe condition of clothing upon arrival.

6. Collect outer and underclothing if indicated. ☐ Not indicated

Patient Identification Label

7. Conduct a physical examination. ☐ Findings ☐ No Findings ☐ Patient declined ☐ N/A

General exam within normal limits: ☐ Yes ☐ No ☐ If no, describe:

8. Collect dried and moist secretions, stains, and foreign materials from the body, including belly button/abdomen. Package in paper.

☐ Findings ☐ No Findings

9. Collect fingernail scrapings. ☐ Collected ☐ Not Collected

Diagram A

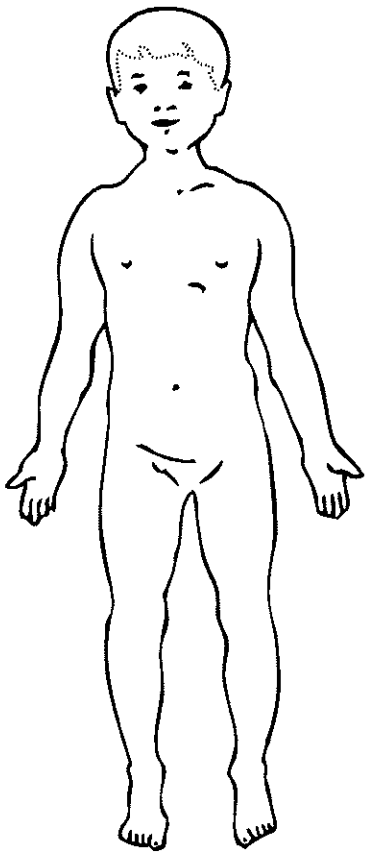
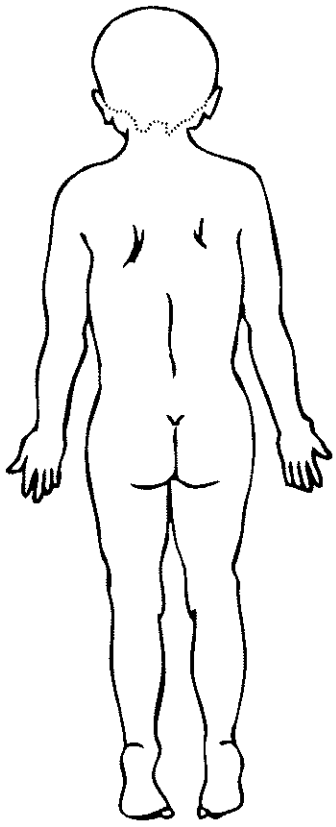


Diagram B



LEGEND: Types of Findings

AB	Abrasion	CS	Control Swab	DS	Dry Secretion	HC	Hymenal cleft	OI	Other Injury (describe)	PE	Petechiae
AL	Anal Laxity	CV	Congenital Variation	EC	Ecchymosis/contusion	IN	Induration			PGW	Possible Genital Wart
ALS	Alternate Light Source	DE	Debris	ER	Erythema (redness)	IW	Incised Wound	OSC	Other Skin Condition	PS	Potential Saliva
BI	Bite	DF	Deformity	FB	Foreign Body	LA	Laceration	OT	Other	SH	Submucosal Hemorrhage
BU	Burn	DI	Discharge	F/H	Fiber/Hair	MS	Moist Secretion	PW	Perianal Wart	SHX	Sample Per History
				GT	Granulation Tissue	OF	Other Foreign Materials(describe)			S	Suction

SW	Swelling
TB	Toluidine Blue
TE	Tenderness
V/S	Vegetation/Soil
VL	Vesicular Lesion

Diagram Letter	Type	Description	Photo	Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials.** ☐ Findings ☐ No Findings ☐ Patient declined ☐ N/A
2. **Exam method:**
   ☐ Direct visualization ☐ Other magnification
3. **Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.**
   ☐ Findings ☐ No Findings
4. **Examine the oral cavity for injury and foreign materials. Collect foreign materials.**
   ☐ Findings ☐ No Findings
5. **Collect 2 swabs from the oral cavity up to 24 hours post assault.**
   ☐ Collected ☐ Not Collected
6. **Package all samples in paper bags.**

Patient Identification Label

Diagram C

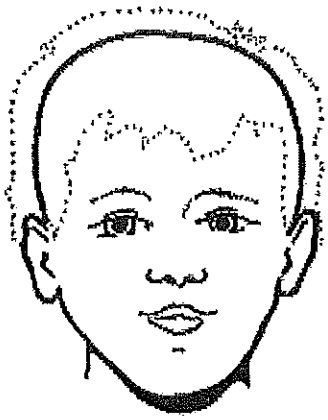


Diagram D

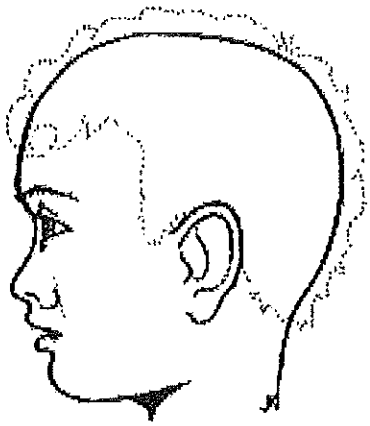


Diagram E

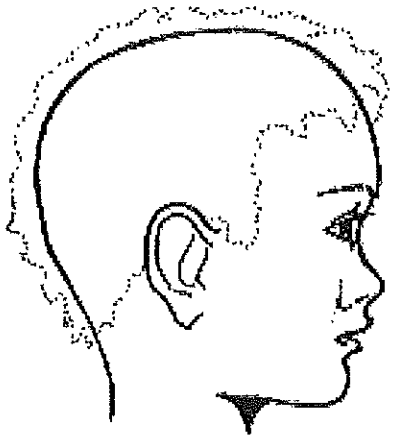
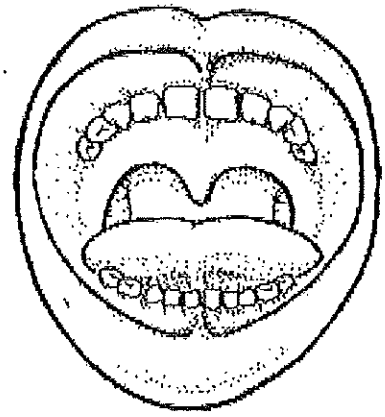


Diagram F



LEGEND: Types of Findings

AB	Abrasion	CS	Control Swab	DS	Dry Secretion	HC	Hymenal cleft	OI	Other Injury	PE	Petechiae	SW	Swelling
AL	Anal Laxity	CV	Congenital	EC	Ecchymosis/contusion	IN	Induration		(describe)	PGW	Possible Genital Wart	TB	Toluidine Blue
ALS	Alternate Light		Variation	ER	Erythema (redness)	IW	Incised Wound	OSC	Other Skin Condition	PS	Potential Saliva	TE	Tenderness
	Source	DE	Debris	FB	Foreign Body	LA	Laceration	OT	Other	SH	Submucosal Hemorrhage	V/S	Vegetation/Soil
BI	Bite	DF	Deformity	F/H	Fiber/Hair	MS	Moist Secretion	PW	Perianal Wart	SHX	Sample Per History	VL	Vesicular Lesion
BU	Burn	DI	Discharge	GT	Granulation Tissue	OF	Other Foreign Materials(describe)			S	Suction		

Diagram Letter	Type	Description	Photo	Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION - FEMALES

Record all finding using diagrams, legend, and a consecutive numbering system.

1. **Examine the inner thighs, external genitalia, and perineal area.**
2. **Exam method:** ☐ Direct visualization ☐ Other magnification ☐ Patient declined ☐ N/A

Exam positions/methods:	Separation	Traction	Knee Chest
Supine	☐	☐	☐
Prone	☐	☐	☐

☐ Saline/Water ☐ Moistened swab ☐ Toluidine Blue Dye
☐ Catheter ☐ Other:

3. **Genital Tanner Stage** 1☐ 2☐ 3☐ 4☐ 5☐
See Appendix A.

4. **Examine the genital structures. Check the ABN box(es) if there are abuse/ assault related findings and describe.**

	WNL	ABN	Describe:
Inner thighs	☐	☐	
Inguinal adenopathy	☐	☐	
Labia majora	☐	☐	
Labia minora	☐	☐	
Clitoral hood	☐	☐	
Perineum	☐	☐	
Periurethral tissue/urethral meatus	☐	☐	
Perihymenal tissue (vestibule)	☐	☐	
Hymen ☐ Supine ☐ Prone	☐	☐	
Record morphology:			
☐ Annular ☐ Estrogenized			
☐ Crescentic ☐ Non-Estrogenized			
☐ Imperforate ☐ Other			
☐ Septate			
Fossa navicularis	☐	☐	
Posterior fourchette	☐	☐	
Vagina (pubertal adolescents)	☐	☐	
Cervix (pubertal adolescents)	☐	☐	
Discharge ☐ No ☐ Yes			
If yes, describe:			
No Findings ☐			

5. **Collect dried and moist secretions, stains, and foreign materials.**
☐ Findings ☐ No Findings
6. **Collect swabs**
☐ **Prepubertal female** ☐ **Collect at least 2 external genitalia swabs**
☐ **Pubertal female** ☐ **Collect external genitalia**
☐ **Collect 2 swabs from the vaginal pool.**
7. **Collect public hair combing** ☐ Not applicable ☐ Shaved/Not Present

Patient Identification Label

Diagram the position that best illustrates your findings.

Diagram G Genitalia - Supine

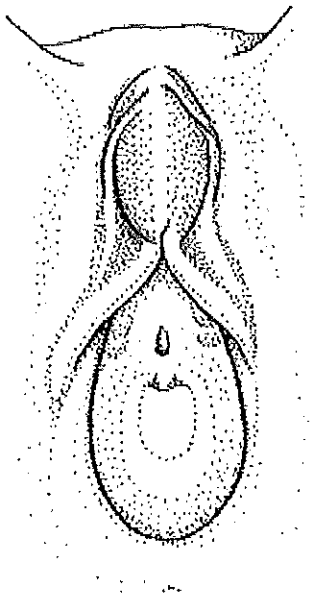
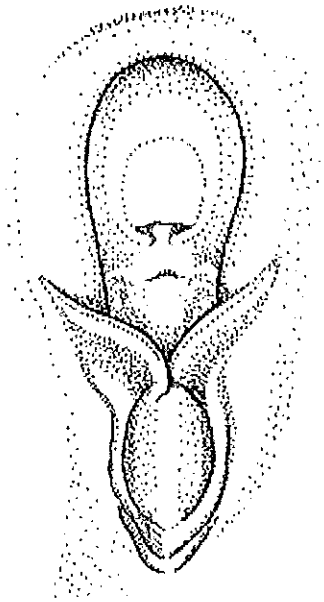


Diagram H Genitalia - Knee-Chest



LEGEND: Types of Findings

AB	Abrasion	DF	Deformity	LA	Laceration	SH	Submucosal Hemorrhage
AL	Anal Laxity	DI	Discharge	MS	Moist Secretion	SHX	Sample Per History
ALS	Alternate Light Source	DS	Dry Secretion	OF	Other Foreign Materials(describe)	S	Suction
		EC	Ecchymosis/contusion			SW	Swelling
		ER	Erythema (redness)	OI	Other Injury(describe)	TB	Toluidine Blue
BI	Bite	FB	Foreign Body	OSC	Other Skin Condition	TE	Tenderness
BU	Burn	F/H	Fiber/Hair	OT	Other	V/S	Vegetation/Soil
CS	Control Swab	GT	Granulation Tissue	PW	Perianal Wart	VL	Vesicular Lesion
CV	Congenital Variation	HC	Hymenal cleft	PE	Petechiae		
		IN	Induration	PGW	Possible Genital Wart		
DE	Debris	IW	Incised Wound	PS	Potential Saliva		

Diagram Letter	Type	Description	Photo
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

K. GENITAL EXAMINATION - MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Examine the inner thighs, external genitalia, and perineal area.**
   ☐ Patient declined ☐ N/A
2. **Exam method:** ☐ Direct visualization ☐ Colposcope ☐ Other magnification
   Exam positions/methods: ☐ Supine ☐ Prone ☐ Moistened swab
   ☐ Toluidine Blue Dye ☐ Other: _____
3. **Genital Tanner Stage** 1☐ 2☐ 3☐ 4☐ 5☐
   See Appendix A.
4. Circumcised: ☐ No ☐ Yes
5. **Check the ABN box(es) if there are abuse/assault related findings and describe.**

	WNL	ABN	Describe:
Inner thighs	☐	☐	
Inguinal adenopathy	☐	☐	
Perineum	☐	☐	
Foreskin	☐	☐	
Glans Penis	☐	☐	
Penile shaft	☐	☐	
Urethral meatus	☐	☐	
Scrotum	☐	☐	
Testes	☐	☐	

Discharge ☐ No ☐ Yes If yes, describe: _____
No Findings ☐

6. **Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS.** ☐ Findings ☐ No Findings
7. **Collect pubic hair combing.** ☐ Not applicable
8. **Collect 2 penile/scrotal swabs, if indicated by assault history.** ☐ 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 ☐ Other magnification

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

Exam methods: ☐ Moistened swab ☐ Toluidine blue dye ☐ Anoscopy ☐ 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:
Buttocks	☐	☐	
Perianal skin	☐	☐	
Anal verge/folds/rugae	☐	☐	
Rectum	☐	☐	

Anal dilation ☐ No ☐ Yes If yes: ☐ Immediate ☐ Delayed
Stool present in rectal ampulla ☐ No ☐ Yes ☐ Undetermined

4. **Collect dried and moist secretions, stains, and foreign materials.**
   ☐ Findings ☐ No Findings
5. **Collect 2 perianal/perineum swabs.** ☐ Collected ☐ Not collected
6. **Collect 2 rectal swabs.** ☐ Collected ☐ Not collected
7. **Rectal bleeding:** ☐ No ☐ Yes If yes, describe: _____

LEGEND: Types of Findings

AB	Abrasion	DF	Deformity	LA	Laceration	SH	Submucosal Hemorrhage
AL	Anal Laxity	DI	Discharge	MS	Moist Secretion		
ALS	Alternate Light Source	DS	Dry Secretion	OF	Other Foreign Materials(describe)	SHX	Sample Per History
		EC	Ecchymosis/contusion			S	Suction
		ER	Erythema (redness)	OI	Other Injury(describe)	SW	Swelling
BI	Bite	FB	Foreign Body	OSC	Other Skin Condition	TB	Toluidine Blue
BU	Burn	F/H	Fiber/Hair	OT	Other	TE	Tenderness
CS	Control Swab	GT	Granulation Tissue	PW	Perianal Wart	V/S	Vegetation/Soil
CV	Congenital Variation	HC	Hymenal cleft	PE	Petechiae	VL	Vesicular Lesion
		IN	Induration	PGW	Possible Genital Wart		
DE	Debris	IW	Incised Wound	PS	Potential Saliva		

Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Patient Identification Label

Diagram I - Penis

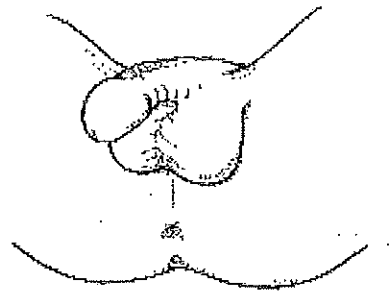


Diagram J - Penis

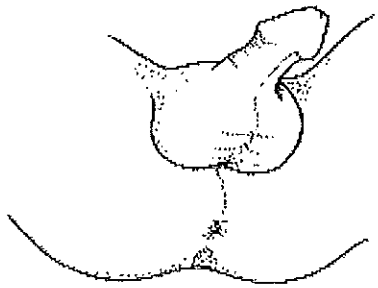
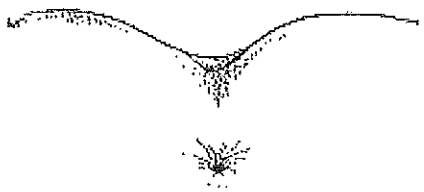


Diagram K - Anus Supine

Diagram L - Anus Prone



RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

M. SAMPLES COLLECTED AND SUBMITTED TO FORENSICS LAB

ENVELOPES/BAGS	No	Yes	Collected by:
1. Foreign Material & Debris Coll.	☐	☐	
2. Contact/Outer Clothing	☐	☐	
3. Contact/Outer Clothing	☐	☐	
4. Undergarments	☐	☐	
5. Undergarments	☐	☐	
6. Right Hand Fingernail Scrapings	☐	☐	
7. Left Hand Fingernail Scrapings	☐	☐	
8. Dried Secretions	☐	☐	
9. Mouth to Skin Contact Swabs	☐	☐	
10. Pubic Hair Combings	☐	☐	
11. Oral Swabs	☐	☐	
12. External Genitalia Swabs	☐	☐	
13. Penile/Scrotal Swabs	☐	☐	
14. Vaginal Swabs	☐	☐	
15. Perianal/Perineum Swabs	☐	☐	
16. Rectal Swabs	☐	☐	
17. Known Blood Stain Card	☐	☐	
18. Other Evidence	☐	☐	
19. Other Evidence	☐	☐	

NOTE: Please document any necessary deviations/additions to the kit.

N. TOXICOLOGY SAMPLES

Collect separateToxicology Kit.

O. PHOTO DOCUMENTATION

	No	Yes
1. Equipment Magnification	☐	☐

(magnification) _____

2. Camera ☐ ☐

(list type) _____

3. Photograph Log

Number of Photographs: _____

List:

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

#9 _____

#10 _____

#11 _____

#12 _____

#13 _____

#14 _____

#15 _____

Patient Identification Label

P. FINDINGS AND INTERPRETATION

Description of Exam Findings (can include normal exam findings)

PROVIDER _____ Telephone _____
(Print Name)

PROVIDER _____
(Signature)

Q. MEDICAL LAB TESTS PERFORMED

STI NAATS	GC	Chlamydia	Other	Describe:	Collected by:
Oral	☐	☐	☐		
Dirty Urine	☐	☐	☐		
Vaginal	☐	☐	☐		
Rectal	☐	☐	☐		
Throat	☐	☐	☐		
Wet Mount	☐				
Serology	Syphilis ☐	HIV ☐	Hepatitis ☐		
Pregnancy test	Blood ☐	Urine ☐			
UDS					

R. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone
Exam performed by:	
Specimens labeled and sealed by:	
Assisted by:	
Signature of examiner	Title
Other people in the exam room	

S. EVIDENCE DISTRIBUTION

	GIVEN TO:
Other Items	
Evidence Kit and # _____ bags	

ADDITIONAL NOTES

Patient Identification Label

ADDITIONAL NOTES

Patient Identification Label

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