

# STEP 1

## PATIENT CONSENT FOR EXAM

### FORENSIC MEDICAL REPORT: ADULT/ADOLESCENT SEX CRIME EXAMINATION

Confidential Document

Patient Identification Label

#### A. GENERAL INFORMATION (PRINT CLEARLY – PRESS FIRMLY OR TYPE)

1. Name of Patient

2. Address

City

State

Zip Code

Telephone  
(W)  
(H)

3. Age

DOB

Gender

Ethnicity

Date/Time of Arrival

#### B. REPORTING

Jurisdiction

City

County

Federal

Tribal

Other:

Name of Responding Officer

Agency

ID Number

Telephone

Case#

#### C. PATIENT INFORMATION

Health care professionals are required by law to report to the proper authorities cases in which medical care is sought for gunshot or stab wound injuries (MCA 37-2-302). Medical personnel are also required to report cases involving child abuse (under age 18), elder abuse (over age 60) and abuse of the developmentally disabled (MCA 41-3-201, 52-3-811).

Medical information contained in this report is confidential and protected under state law. However, patient information, without patient authorization, may be released upon court order; may be released to a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured by the possible criminal act of another (50-16-503(4); and (MCA 50-16-525), e.g., for statistical purposes, and as required when necessary to implement or enforce state statutes or local health rules concerning the prevention or control of reportable diseases (MCA 50-1-202).

Victims of crime are eligible to submit crime victim compensation claims to the Office of Crime Victim Services for out-of-pocket medical expenses and psychological counseling. In order to be eligible for compensation, a crime must be reported to law enforcement within 120 hours of occurrence or show good cause why it was not reported in that time frame.

#### D. PATIENT CONSENT

A forensic medical examination can, with your consent, be conducted to collect evidence of a sex crime. The forensic examination consists of the following procedures: Obtain pertinent patient/assault history; Perform physical examination; Administer appropriate medical treatment; Screen for pregnancy and/or administer medications for pregnancy prophylaxis, if appropriate; Screen for sexually transmitted diseases and/or administer medications for STD prophylaxis, if appropriate; Collect evidence including, but not limited to, clothing, swabs if stains/debris, fingernail swabs, vaginal swabs, rectal swabs, and reference DNA sample; Collect blood and urine specimens for drug/alcohol testing (toxicology), if indicated; Photograph physical injuries - which may include genital area - to be used as evidence; Release evidence collected and information obtained to law enforcement.

Please check a box below:

- I request to report this sexual assault to the law enforcement agency that has jurisdiction of where the assault occurred and have forensic evidence collected. I understand that the law enforcement agency shall send my Sexual Assault Evidence Kit to the Montana State Crime Lab within 30 days
- I do not want to report this sexual assault at this time to any law enforcement agency, but I request to have forensic evidence collected. I understand that my Sexual Assault Evidence Kit will be sent to the FREPP program within the Montana Department of Justice Office of Victim Services. My Sexual Assault Evidence Kit will remain in the FREPP program until I file a report with a law enforcement agency or contact the Office of Victim Services. FREPP preserves sexual assault evidence kits for seventy-five (75) years. The statute of limitations or time to commence a prosecution is different than the 75 years the sexual assault kit will be preserved.
- I do not want to report this sexual assault at this time. I decline any forensic evidence collection. I only request to be evaluated by a medical provider.
- I do not want to report this sexual assault at this time. I decline any forensic evidence collection. And I decline to be seen by a medical provider at this time.

Patient Request:

- I request that a victim-witness advocate be contacted on my behalf
- Other request (specify): \_\_\_\_\_

If I choose to report to law enforcement, I authorize the agents of the above named medical facility to release the medical report and evidence collected to the appropriate law enforcement agency.

I understand that this is not a routine medical checkup, and that the clinician doing the exam will not be held responsible for identifying, diagnosing, or treating any existing medical problems. I hereby waive all medical privilege in connection with the examination, treatment, and evidence found. I expressly authorize the use of such information/evidence in any subsequent criminal proceedings against the assailant(s). I also consent to the review of the medical/forensic evaluation by a multidisciplinary team for the purpose of coordinating the investigation and interventions. The multidisciplinary team may include professionals from many disciplines including law enforcement, prosecution, child protection, mental health/advocacy and health care.

Signature of Patient (or Guardian-Relationship)

Date

Clinician Signature

Date

**DISTRIBUTE ALL PAGES OF THIS DOCUMENT AS LISTED BELOW**

1

Original (Law Enforcement – Put in Envelope on Underside of Kit)

Yellow (Crime Lab – Put in Sex Crime Kit)

Pink (Medical Facility)

MT100A:STEP1.3 10/23



# STEP 3

## PATIENT HISTORY

Collect pertinent patient history. Be sure to fill out forms completely, the answers will help you determine specific samples to collect, which to include in laboratory envelope, and alert you to inform law enforcement about additional items (i.e. clothing, partner's reference standard, toxicology kit) that may need to be collected.

Patient Identification Label

### A. PERTINENT MEDICAL HISTORY:

1. Name of person providing history: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_
2. LMP \_\_\_\_/\_\_\_\_/\_\_\_\_ Was patient menstruating at time of assault?  No  Yes Currently?  No  Yes
3. Are you currently on birth control?  No  Yes If yes, describe: \_\_\_\_\_
4. Any known allergies?  No  Yes If yes, describe: \_\_\_\_\_
5. Is patient currently taking any medications?  No  Yes If yes, list: \_\_\_\_\_
6. Any medical conditions or pre-existing physical injuries?  No  Yes If yes, describe: \_\_\_\_\_
7. Have you ever given birth vaginally?  No  Yes If yes, when? \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_
8. Do you think it's possible that you are currently pregnant?  No  Yes
9. Do you feel safe in your current relationship and your home?  No  Yes

### B. PERTINENT PATIENT HISTORY:

1. Other intercourse within past week?  No  Yes If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, did ejaculation occur?  No  Yes  Unsure If yes, where? \_\_\_\_\_
2. Drug/alcohol use 24 hours prior to the assault?  No  Yes  Unsure (If yes or unsure, collect Toxicology, use kit # MTK100).
3. Drug/alcohol use since the assault?  No  Yes  Unsure (If yes or unsure, collect Toxicology).  
\*\* If history indicates the possibility of drug facilitated sexual assault, obtain toxicology specimen.  
 If 0 to 24 hours since suspected ingestion, serum and urine.  
 If 24 to 120 hours since suspected ingestion, urine only.

### C. POST-ASSAULT ACTIONS BY PATIENT (prior to evidence collection):

1. Changed clothes?  No  Yes If yes, describe: \_\_\_\_\_
2. Bathed/showered?  No  Yes
3. Brushed/washed hair?  No  Yes If yes, describe: \_\_\_\_\_
4. Washed/wiped genitals?  No  Yes If yes, with what: \_\_\_\_\_
5. Brushed teeth/rinsed mouth?  No  Yes
6. Ate or drank?  No  Yes
7. Vomited?  No  Yes
8. Urinated?  No  Yes
9. Defecated?  No  Yes
10. Removed/inserted tampon?  No  Yes If yes, where is tampon: \_\_\_\_\_

### D. CONDITION OF PATIENT'S CLOTHING:

Was the clothing collected worn during/immediately after assault?\*  No  Yes

Describe condition of clothing & list clothing worn (if clothing worn during assault): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If not wearing clothing from assault, inform law enforcement to collect.

Photographs of clothing taken

### E. POST-ASSAULT SYMPTOMS:

1. Non-genital injury, pain and/or bleeding?  No  Yes If yes, describe: \_\_\_\_\_
2. Genital injury, pain and/or bleeding?  No  Yes If yes, describe: \_\_\_\_\_
3. Loss or gaps in memory?  No  Yes If yes, consider Toxicology and describe: \_\_\_\_\_
4. Loss of consciousness?  No  Yes If yes, collect Toxicology and describe: \_\_\_\_\_

Clinician's Initials: \_\_\_\_\_

# STEP 4

## PATIENT ASSAULT HISTORY

Collect detailed information regarding the assault if patient can recall details. Be sure to fill out forms completely, the answers will help you determine specific samples to collect & include in laboratory envelope.

Date of Assault(s):		Time of Assault(s):		
Location of Assault:				
Assailant(s) Name(s)	Age	Gender	Relationship to Patient	
			Known	Unknown
		M F		
		M F		
		M F		
		M F		

**Methods used by assailant(s):**

	No	Yes	If yes, describe:
Threat(s) to self or others	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical restraints	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grabbing/holding/pinching	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other methods of coercion/threats	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical blows	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strangulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weapons	<input type="checkbox"/>	<input type="checkbox"/>	_____
Threatened?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injuries inflicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other methods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ingestion of alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> alcohol <input type="checkbox"/> drugs
	If yes: <input type="checkbox"/> forced <input type="checkbox"/> coerced <input type="checkbox"/> suspected		

**\*If yes, collection of Toxicology samples is recommended.**

Notes: \_\_\_\_\_

**Was assailant(s) bleeding or injured during assault?**

No  Yes

If yes, describe injuries and how they were inflicted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient Identification Label**

**Acts Described by Patient:**

**External genitals (vulva) penetration by:**

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

**Vaginal penetration by:**

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

**Anal penetration by:**

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

**Oral contact of genitals:**

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

**Non-genital act(s):**

	No	Yes	Attempted	Unsure
Licking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location & Notes: \_\_\_\_\_

**Are there any other objects that went inside you? Or any other assault-related activities that occurred? Please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did ejaculation occur?**

No  Yes  Unsure

If yes, where? \_\_\_\_\_

**Contraceptive or lubricant products used:**

	No	Yes	Unsure
Lubricant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

**Patient has no recollection of assault details**

Clinician's Initials: \_\_\_\_\_

# STEP 5

## HEAD/ORAL EXAMINATION

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

Follow instructions on Envelopes 5A - 5B for Evidence Collection. Patient Identification Label

Use this diagram to document any injuries to the head/oral cavity and indicate sample types collected and locations of collection.

Diagram A - Head

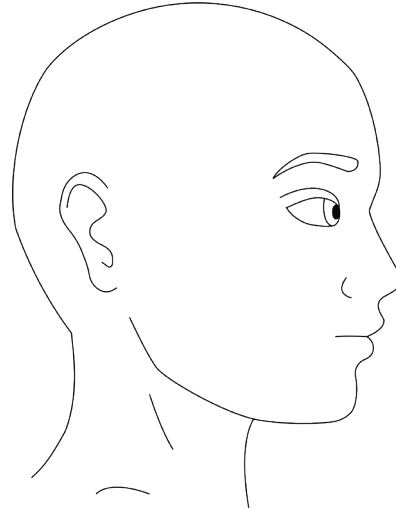
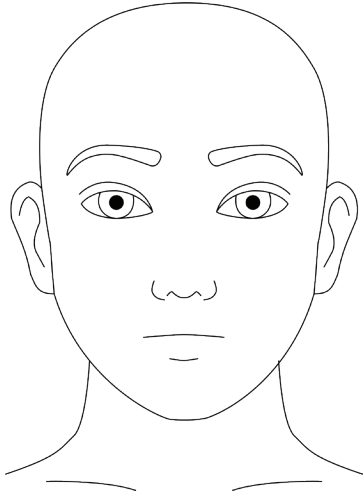
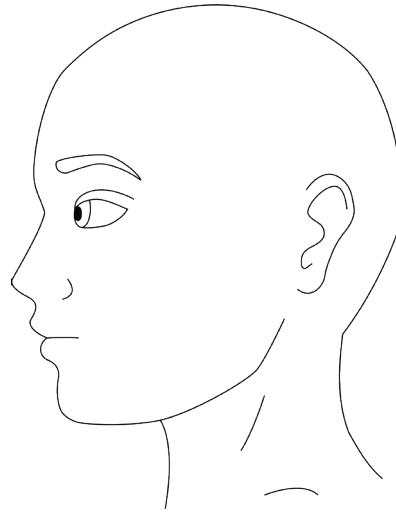
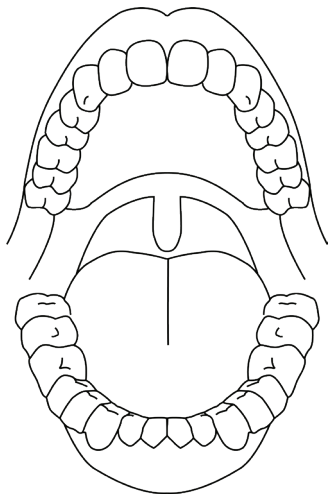


Diagram B - Mouth



### LEGEND: Types of Findings

- |                            |                                   |                              |  |                                   |                                 |
|----------------------------|-----------------------------------|------------------------------|--|-----------------------------------|---------------------------------|
| <b>AB</b> Abrasion         | <b>ALS</b> Alternate Light Source | <b>BI</b> Bite (apparent)    | <b>BR</b> Bruise                             | <b>BU</b> Burn                    | <b>DE</b> Debris                |
| <b>DF</b> Deformity        | <b>DS</b> Dry Secretion           | <b>ER</b> Erythema (redness) | <b>FB</b> Foreign Body                       | <b>H/F</b> Hair/Fiber             | <b>IN</b> Induration (firmness) |
| <b>IW</b> Incised Wound    | <b>LA</b> Laceration              | <b>MS</b> Moist Secretion    | <b>OF</b> Other Foreign Materials (describe) | <b>OI</b> Other Injury (describe) | <b>PE</b> Petechiae             |
| <b>PS</b> Potential Saliva | <b>SI</b> Suction Injury          | <b>SW</b> Swelling           | <b>TB</b> Toluidine Blue                     | <b>TE</b> Tenderness              | <b>V/S</b> Vegetation/Soil      |

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM

Clinician's Initials: \_\_\_\_\_

# STEP 8

## GENERAL PHYSICAL EXAMINATION

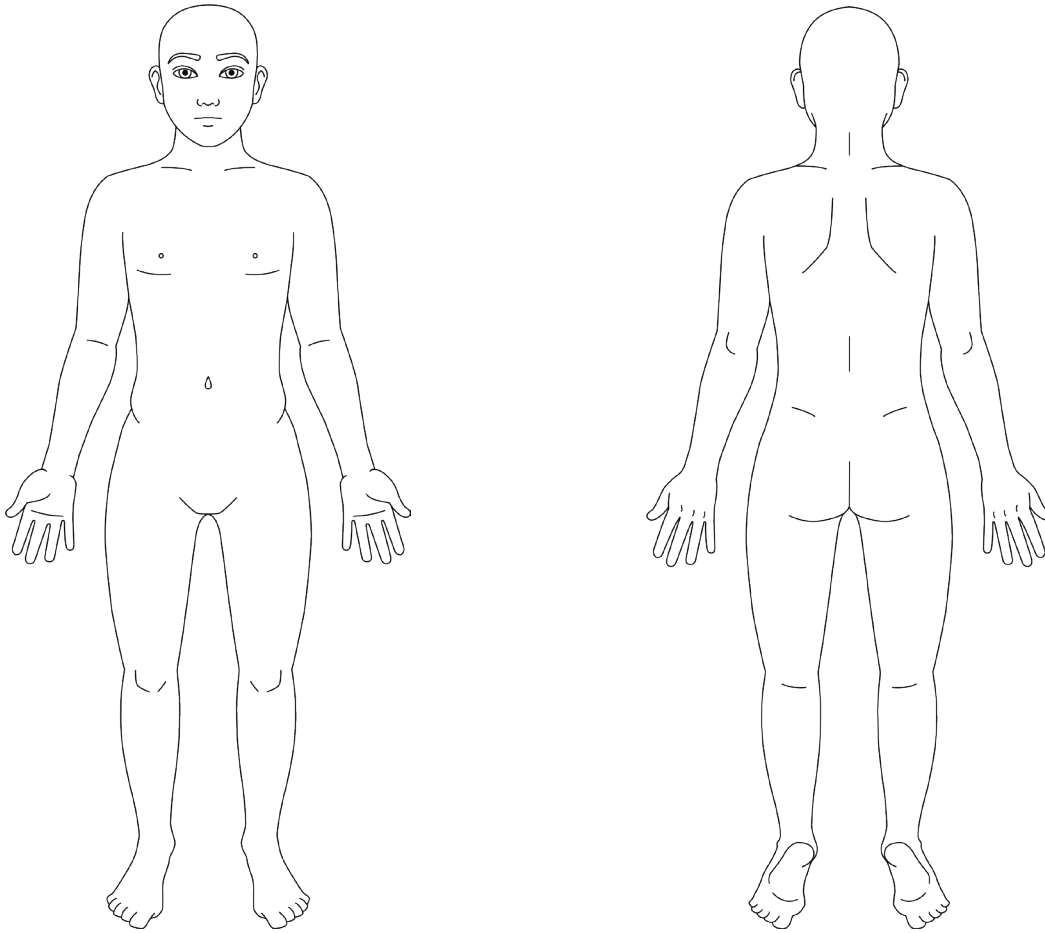
Record all findings of exam using diagrams, legend, and a consecutive numbering system. Use this diagram to document any injuries and/or the location of area(s) evidence is collected from and evidence type.

Follow instructions on Envelopes 6 - 8B for Evidence Collection.

Patient Identification Label

1. Take patient's vital signs. Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ Temp: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Pulse OX: \_\_\_\_\_ Date/Time: \_\_\_\_\_
2. Describe patient's general physical appearance: \_\_\_\_\_
3. Describe patient's demeanor: \_\_\_\_\_

Diagram C - Full Body



### LEGEND: Types of Findings

<b>AB</b> Abrasion	<b>ALS</b> Alternate Light Source	<b>BI</b> Bite (apparent)	<b>BR</b> Bruise	<b>BU</b> Burn	<b>DE</b> Debris
<b>DF</b> Deformity	<b>DS</b> Dry Secretion	<b>ER</b> Erythema (redness)	<b>FB</b> Foreign Body	<b>H/F</b> Hair/Fiber	<b>IN</b> Induration (firmness)
<b>IW</b> Incised Wound	<b>LA</b> Laceration	<b>MS</b> Moist Secretion	<b>OF</b> Other Foreign Materials (describe)	<b>OI</b> Other Injury (describe)	<b>PE</b> Petechiae
<b>PS</b> Potential Saliva	<b>SI</b> Suction Injury	<b>SW</b> Swelling	<b>TB</b> Toluidine Blue	<b>TE</b> Tenderness	<b>V/S</b> Vegetation/Soil

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM

Clinician's Initials: \_\_\_\_\_

# STEP 9 GENITAL EXAMINATION – FEMALES

**Follow instructions on Envelopes 8A - 9E for Evidence Collection.**

**In General:**

- 1. Examine the inner thighs, external genitalia and perineal area for foreign materials. Use magnification as needed.
- 2. Collect foreign materials/debris. (Envelope 8A)
- 3. Collect pubic hair combings and tape lift as needed. (Envelope 9A)
- 4. Swab visible stains/secretions, additional fluorescent areas, and areas indicated by patient for suspect saliva/semen using two swabs/area. (Envelope 8B, 9D)
- 5. Examine the inner thighs, external genitalia, and perineal area for injury. Document on diagrams and/or by photography.
- 6. Collect external genitals swabs. (Envelope 9B)
- 7. Examine the vagina and cervix for injury. Document on diagrams/forms.
- 8. Collect tampon/intravaginal object. (See Envelope 9C)
- 9. Collect four swabs from the vaginal/cervix. (Envelope 9C)
- 10. Examine the buttocks, perianal skin and anal folds for injury/materials. Document on diagrams/forms.
- 11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding. Document on diagrams/forms.
- 12. Collect two rectal and/or perianal swabs (if indicated). (Envelope 9E)
- 13. Lubricant used for speculum insertion?      No      Yes  
If yes, what brand? \_\_\_\_\_
- 14. Lubricant used for anoscope insertion?      No      Yes  
If yes, what brand? \_\_\_\_\_

Describe any injuries or abnormalities noted on diagrams:

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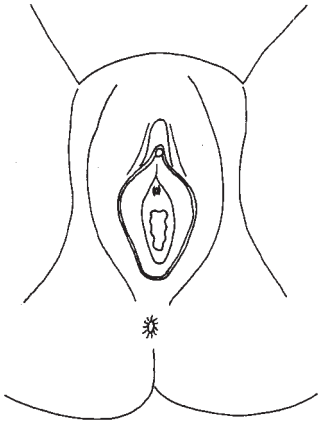
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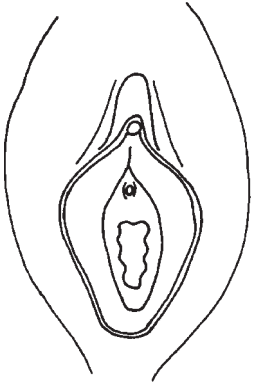
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**Patient Identification Label**

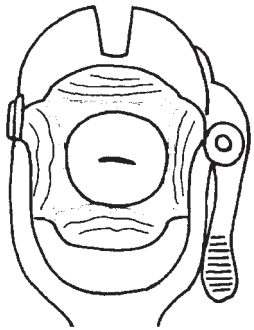
**Diagram D**



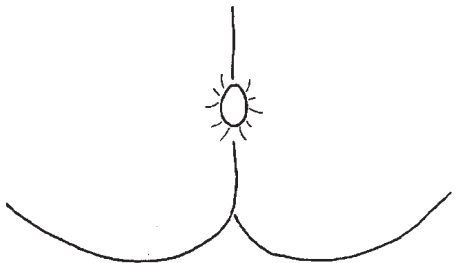
**Diagram E**



**Diagram F**



**Diagram G**



**RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM**

*Clinician's Initials:* \_\_\_\_\_

# STEP 9 GENITAL EXAMINATION – MALES

Follow instructions on Envelopes 8A - 9E for Evidence Collection.

Circumcised:  No  Yes

In General:

1. Examine the inner thighs, external genitalia and perineal area for foreign materials. Use magnification as needed.
2. Collect foreign materials/debris. (Envelope 8A)
3. Collect pubic hair combings and tape lift as needed. (Envelope 9A)
4. Swab visible stains/secretions, additional fluorescent areas, and areas indicated by patient for suspect saliva/semen using two swabs/area. (Envelope 8B, 9D)
5. Examine the inner thighs, genitalia, and perineal area for injury. Document on diagrams and/or by photography.
6. Collect penis/scrotum swabs. (Envelope 9C)
7. Examine the buttocks, perianal skin and anal folds for injury/materials. Document on diagrams/forms. Collect perianal swabs if indicated. (Place in Envelope 9B)
8. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding. Document on diagrams/forms.
9. Collect two rectal and/or perianal swabs (if indicated). (Envelope 9E)

Describe any injuries or abnormalities noted on diagrams:

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## Patient Identification

Diagram H

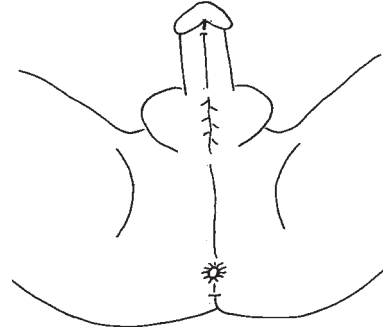


Diagram I

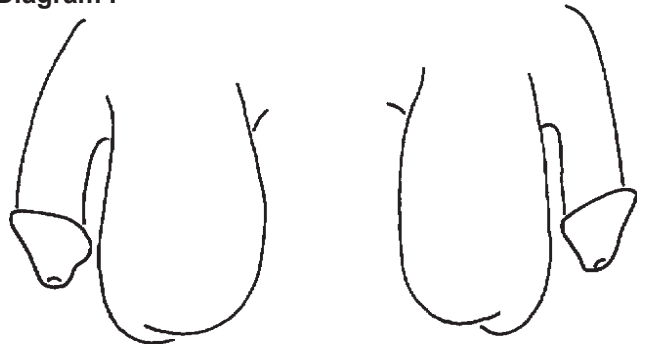


Diagram J

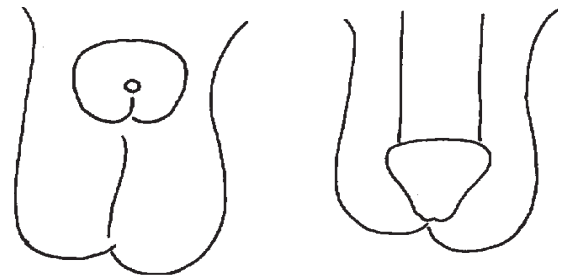
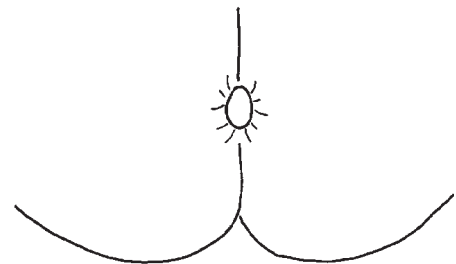


Diagram K



RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM

Clinician's Initials: \_\_\_\_\_



# STEP 11

## INVENTORY/CHECK LIST

A. EVIDENCE FOR CRIME LAB			E. LAB RESULTS		
<b>Forensic Medical Report (10 Page Form)</b> Steps 1-5, 8, 9, 11-12 Filled out and placed in appropriate place (see below)			Pregnancy Test <input type="checkbox"/> Blood <input type="checkbox"/> Urine   Result: _____ STD Testing <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description	✓ if collected or # from diagrams	Initials	Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____		
5A Head Hair Samples					
5B Oral Swabs					
6 – Fingernail Swabs					
7A Catch Paper					
Outer Clothing/Brassiere (Paper bags - not supplied) - Collect for laboratory if semen reported to be on, <b>DO NOT PUT IN KIT - GIVE TO LAW ENFORCEMENT</b>					
7B Underwear Bag - <b>DO NOT PUT IN KIT - GIVE TO LAW ENFORCEMENT</b>					
8A Debris Collection					
8B Stain Swabs					
9A Pubic Hair Tape Lift/Combing					
9B External Genital Swabs					
9C Vaginal/Cervical Swabs or Penile/Scrotal Swabs					
9D Additional swabs					
9D Additional swabs					
Tampon/intravaginal foreign body (Paper bag - not supplied) <b>DO NOT PUT IN KIT - GIVE TO LAW ENFORCEMENT WHEN DRIED</b>					
9E Rectal or Anal/Perianal Swabs					
10 – Known DNA Reference Sample					
<b>B. OTHER EVIDENCE AT MEDICAL FACILITY</b>			<b>F. FOLLOW-UP BY SANE / COLLECTOR</b>		
<input type="checkbox"/> Photographs <input type="checkbox"/> X-Rays <input type="checkbox"/> Notes <input type="checkbox"/> Video <input type="checkbox"/> EMT/Paramedic Report <input type="checkbox"/> Other: _____			No   Yes <input type="checkbox"/> <input type="checkbox"/> Victim's Assistance Information given to patient? <input type="checkbox"/> <input type="checkbox"/> Victim advocate contacted? <input type="checkbox"/> <input type="checkbox"/> Permission obtained to contact patient? <input type="checkbox"/> <input type="checkbox"/> GYN/Medical/STD follow-up appointment made? <input type="checkbox"/> <input type="checkbox"/> Counselling referral given? <input type="checkbox"/> <input type="checkbox"/> Referral to other facility/physician?		
<b>C. PHOTO DOCUMENTATION METHODS</b>			Notes & Recommendations: _____ _____ _____ _____ _____ _____ _____ _____ _____		
	No	Yes	Digital Stills	Video Recording	
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Photographed by:	_____				
<b>D. RECORD EXAM METHODS</b>					
	No	Yes		No	Yes
Direct visualization only	<input type="checkbox"/>	<input type="checkbox"/>	Toluidine Blue Dye	<input type="checkbox"/>	<input type="checkbox"/>
Colposcope	<input type="checkbox"/>	<input type="checkbox"/>	Anoscope	<input type="checkbox"/>	<input type="checkbox"/>
Other magnifier	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Describe:	_____ _____ _____ _____				

\*\*\* Highlighted samples (if collected) should go in large LABORATORY SAMPLES ENVELOPE, the remaining envelopes should be placed in the Trace/Non-Laboratory Samples Envelope. Both should be sealed prior to sealing the kit.

# STEP 12

## SUMMARY/FOLLOW UP

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### COMPLETION CHECK LIST:

- Samples placed in proper envelope in kit (Laboratory v. Non-Laboratory)
- Agency/investigating officer informed of other potential evidence to collect (i.e., clothing, suspect samples, condom, consensual sex partner reference standard) – **N/A**
- Known reference standard (buccal swabs) collected and in proper envelope
- Laboratory copy forms to be placed in kit
- Law enforcement copy forms are to be placed in the envelope on the bottom of the kit box
- Samples not in kit dried, labeled and sealed for transfer to law enforcement (inform law enforcement if not dry)

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Medications provided to patient:  Prophylactic antibiotics: \_\_\_\_\_  
 Emergency contraception: \_\_\_\_\_  
 Other: \_\_\_\_\_  
\_\_\_\_\_

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### Assessment:

- No physical findings
- Medical conditions/physical findings noted - unrelated to sexual assault  
List: \_\_\_\_\_
- Non-genital findings, consistent with physical trauma  
List: \_\_\_\_\_
- Genital findings, consistent with sexual trauma  
List: \_\_\_\_\_

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Assessment Summary: \_\_\_\_\_  
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Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Reviewed by (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Exam Performed By: \_\_\_\_\_  
Exam Picked Up By: \*\*\* \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Date/Time of Discharge: \_\_\_\_\_

Evidence Picked Up: \*\*\*

- Sexual Assault Kit
- Toxicology Kit
- Clothing # of Bags: \_\_\_\_\_
- Underwear Bags
- Other: \_\_\_\_\_

\*\*\*This information may be written on the exterior of the kit, to prevent a delay in sealing an otherwise completed kit.

Clinician's Initials: \_\_\_\_\_