

# STEP 11 INVENTORY/CHECK LIST

Be sure to note in 11A which samples were collected and which omitted, noting the reasons for omission. Discard unused envelopes. See directions at bottom of page for where to place collected envelopes (in kit or Trace/Non-Lab Sample envelope).

Patient Identification Label

## A. EVIDENCE FOR CRIME LAB

Description	✓If collected or # from diagrams	How many swabs collected, if different than expected #	If omitted, reason why
Toxicology Sample			<input type="checkbox"/> More than 120 hours post assault <input type="checkbox"/> N/A
5 Oral Swabs			<input type="checkbox"/> More than 24 hours post assault <input type="checkbox"/> N/A <input type="checkbox"/> Teeth brushed
6 Fingernail Swabs			<input type="checkbox"/> N/A
7A Catch Paper			<input type="checkbox"/> Clothing changed prior to arrival <input type="checkbox"/> N/A
Outer Clothing/Brassier (Paper bags — not supplied) Collect for laboratory if semen reported to be on, <b>DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)</b>			<input type="checkbox"/> Clothing changed prior to arrival <input type="checkbox"/> Collected by law enforcement <input type="checkbox"/> Declined <input type="checkbox"/> N/A
7B Underwear Bag — <b>DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)</b>			<input type="checkbox"/> Collected by law enforcement <input type="checkbox"/> Declined <input type="checkbox"/> N/A
8A Debris Collection			<input type="checkbox"/> N/A
8B Stain Swabs			<input type="checkbox"/> Declined <input type="checkbox"/> N/A
9A Hair Combing			<input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/> More than 12 hours post assault <input type="checkbox"/> Patient shaved
9B External Genital/Penile/Scrotal Swabs			<input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/> More than 120 hours post assault
9C Vaginal/Cervical Swabs			<input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/> More than 120 hours post assault
9D Additional Swabs			<input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/> More than 120 hours post assault
Tampon/intravaginal foreign body (Paper bag — not supplied) <b>DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)</b>			<input type="checkbox"/> N/A
9E Rectal or Anal/Perianal Swabs			<input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/> More than 120 hours post assault
10 Known DNA Reference Sample			This sample is required by Crime Laboratory for DNA analysis to be completed

## B. OTHER EVIDENCE AT MEDICAL FACILITY

- Photographs     X-Rays     Notes     Video     EMT/Paramedic Report  
 Other: \_\_\_\_\_

## C. PHOTO DOCUMENTATION METHODS

	No	Yes	Digital Stills	Video Recording	Patient Declined
Body	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Photographed by: \_\_\_\_\_

## D. RECORD ANO-GENITAL EXAM METHODS

	No	Yes		No	Yes
Direct Visualization	<input type="checkbox"/>	<input type="checkbox"/>	Toluidine Blue	<input type="checkbox"/>	<input type="checkbox"/>
Colposcope	<input type="checkbox"/>	<input type="checkbox"/>	Speculum	<input type="checkbox"/>	<input type="checkbox"/>
Cortexflo	<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: _____					
_____					
_____					

**\*\*\* Place Step 5, 6, 8B, 9B, 9C, 9D, 9E, and 10 sample envelopes (if collected) directly in the kit; place remaining collected envelopes in the Trace/Non-Laboratory Samples Envelope and then seal it. Discard unused envelopes.**

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