

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			☐ More than 120 hours post assault ☐ N/A
5 Oral Swabs			☐ More than 24 hours post assault ☐ N/A ☐ Teeth brushed
6 Fingernail Swabs			☐ N/A
7A Catch Paper			☐ Clothing changed prior to arrival ☐ N/A
Outer Clothing/Brassier (Paper bags — not supplied) Collect for laboratory if semen reported to be on, DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)			☐ Clothing changed prior to arrival ☐ Collected by law enforcement ☐ Declined ☐ N/A
7B Underwear Bag — DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)			☐ Collected by law enforcement ☐ Declined ☐ N/A
8A Debris Collection			☐ N/A
8B Stain Swabs			☐ Declined ☐ N/A
9A Hair Combing			☐ Declined ☐ N/A ☐ More than 12 hours post assault ☐ Patient shaved
9B External Genital/Penile/Scrotal Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
9C Vaginal/Cervical Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
9D Additional Swabs			☐ Declined ☐ N/A ☐ More than 120 hours post assault
Tampon/intravaginal foreign body (Paper bag — not supplied) DO NOT PUT IN KIT — GIVE TO LAW ENFORCEMENT (or FREPP, as applicable)			☐ N/A
9E Rectal or Anal/Perianal Swabs			☐ Declined ☐ N/A ☐ 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	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐

Photographed by: _____

D. RECORD ANO-GENITAL EXAM METHODS

	No	Yes		No	Yes
Direct Visualization	☐	☐	Toluidine Blue	☐	☐
Colposcope	☐	☐	Speculum	☐	☐
Cortexflo	☐	☐	Anoscope	☐	☐
Other Magnifier	☐	☐	Other: _____	☐	☐
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: _____