

# STEP 11

## INVENTORY/CHECK LIST

A. EVIDENCE FOR CRIME LAB			E. LAB RESULTS	
<b>Forensic Medical Report (10 Page Form)</b> <b>Steps 1-5, 8, 9, 11-12</b> <b>Filled out and placed in appropriate place (see below)</b>			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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
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/Combings				
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. OTHER EVIDENCE AT MEDICAL FACILITY			<b>F. FOLLOW-UP BY SANE / COLLECTOR</b>  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?  Notes & Recommendations: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
<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: _____				
C. PHOTO DOCUMENTATION METHODS				
	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: _____				
D. RECORD EXAM METHODS				
	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.