STEP 12
SUMMARY/FOLLOW UP

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)

Medications provided to patient: ☐ Prophylactic antibiotics: ______________________________
☐ Emergency contraception: ______________________________
☐ Other: ______________________________

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:

Assessment Summary: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Examiner’s Signature: ____________________________________ Date: ___________ Time: ___________
Phone Number: _______________________________________

Reviewed by (if applicable): ______________________________ Date: ___________ Time: ___________

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: ____________________