STATE OF MISSISSIPPI CRIME LABORATORY
CHILD/ADOLESCENT
SEXUAL ASSAULT EXAMINATION FORM
ACUTE ≤ 72 HOURS

DISTRIBUTION

Initial to indicate copies are made and distributed

_________ Copy Mississippi Crime Lab (place in kit)

_________ Copy Law Enforcement

_________ Original Medical Facility

_________ Copy Department of Human Services (if Patient is a minor)

_________ Copy (to request reimbursement from A.G.'s Office)
Office of the Attorney General
Division of Victim Compensation
Post Office Box 220
Jackson, MS 39205-0220
(include UB 92 form and Assurance form)

For more information on completing this document,
please contact the S.A.F.E. Center at The University of MS Medical Center.
601.984.4004

This form is available on the following websites:
www.ago.state.ms.us
www.dps.state.ms.us

FORENSIC REPORT: ACUTE (≤72 HOURS)

Confidential Document | Patient Identification

A. GENERAL INFORMATION (print or type) — Name of Medical Facility:

1. Name of patient

2. Address | City | County | State | Telephone

3. Age	DOB	Gender M F	Ethnicity	Arrival Date	Arrival Time	Discharge Date	Discharge Time

4. Name of : ☐ Mother ☐ Stepmother ☐ Guardian | Address | City | County | State | Telephone W: H:

5. Name of : ☐ Father ☐ Stepfather ☐ Guardian | Address | City | County | State | Telephone W: H:

6. Name(s) of Siblings	Gender	Age	DOB	Name(s) of Siblings	Gender	Age	DOB
	M F				M F		
	M F				M F		

B. REPORTING AND AUTHORIZATION — Jurisdiction (☐ city ☐ county ☐ other):

1. Telephone report made to		Name	Agency	ID Number	Telephone
Law Enforcement and/or	☐				
DHS	☐				

2. Responding Personnel (to medical facility)		Name	Agency	ID Number	Telephone
Law Enforcement and/or	☐				
DHS	☐				

3. Assigned Investigator (if known)		Name	Agency	ID Number	Telephone
Law Enforcement and/or	☐				
DHS	☐				

4. Law Enforcement Incident/Offense Report #

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. See M.S.A. 43-21-103 et seq.

- Any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth. M.S.A. 41-41-13
- Any physician, duly licensed to practice medicine in the State of Mississippi, or any nurse practitioner, who, in the exercise of due care, renders medical care to a minor for treatment of a venereal disease is under no obligation to obtain consent of a parent or guardian, as applicable, or to inform such parent or guardian of such treatment. M.S.A. 41-41-13

- I hereby consent to a medical forensic investigation for evidence of sexual assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities and the Division of Victim Compensation - Office of the Attorney General. I further understand that medical providers are required to notify the Department of Human Services of known or suspected child abuse; and if child abuse is found or suspected, this form and any evidence obtained will be released to the Department of Human Services and law enforcement. ________ (Initial)
- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. ________ (Initial)
- I have been informed that victims of crime are eligible to submit claims to the Division of Victim Compensation - Office of Attorney General for out of pocket medical expenses, psychological counseling and loss of wages related to a criminal act. ________ (Initial)
- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. ________ (Initial)
- I hereby authorize, any doctor's office, hospital or medical clinic in this state to furnish to the Division of Victim Compensation - Office of Attorney General this form in order to receive payment for services rendered. ________ (Initial)

Signature ____________________ Date ____________ ☐ Patient ☐ Parent ☐ Guardian

D. PATIENT HISTORY

1. Record time or time frame of the incident(s)	Date(s)	Time or time frame
☐ Less than 72 hours		
☐ Multiple incidents over time		

2. Pertinent physical surroundings of abuse/assault:

Patient Identification

3. Record patient's name for:	4. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity	Relationship to Patient Known	Relationship to Patient Unknown
Female genitalia						
Male genitalia	#1.		M F			
Breasts	#2.		M F			
Anus	#3.		M F			

E. ACTS DESCRIBED BY HISTORIAN

Name of historian	Relationship to patient	History obtained by:	Telephone	Agency	☐ Not applicable

	No	Yes	Attempted	Unsure	N/A	Describe pain and/or bleeding and additional pertinent history:
Genital/vaginal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Anal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Oral copulation of genitals:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Oral copulation of anus:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Anal/genital fondling:						Where on body and by whom?
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Non-genital act(s)?	☐	☐				
If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction ☐ Biting						
Other acts? (Describe)	☐	☐	☐	☐	☐	
Did ejaculation occur?	☐	☐		☐	☐	
If yes, note location(s): ☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding ☐ Anus/Rectum ☐ On clothing ☐ Other						
Contraceptive or lubricant products? ☐ No ☐ Yes				☐	☐	
If yes, note. What happened to the condom? ______						
Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats					☐	
Were weapons used? ☐ No ☐ Yes					☐	
If yes, describe: ______						
Were pictures/videotapes taken or shown or both? ☐ Yes ☐ No						
If yes, shown by whom ______ or taken by whom ______						
Were ☐ drugs or ☐ alcohol used? ☐ No ☐ Yes*					☐	
Loss of memory? ☐ No ☐ Yes*					☐	
Lapse of consciousness? ☐ No ☐ Yes*					☐	
Vomited after act(s)? ☐ No ☐ Yes					☐	
Behavioral changes in patient? ☐ No ☐ Yes					☐	

* Collection of toxicology samples is recommended.

F. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to: ☐ Law Enforcement Officer ☐ Medical Examiner ☐ Multi-disciplinary Interview Team ☐ Social Worker ☐ Other:

	No	Yes	Attempted	Unsure	N/A
Genital/vaginal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe below)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Anal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe below)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Oral copulation of genitals:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Oral copulation of anus:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Anal/genital fondling:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Non-genital act(s)?	☐	☐			☐

If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction ☐ Biting

By whom and where on body? ______

	No	Yes	Attempted	Unsure	N/A
Other acts? (Describe below)	☐	☐	☐	☐	☐
Did ejaculation occur?	☐	☐		☐	☐

If yes, note location(s):
☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding
☐ Anus/rectum ☐ On clothing ☐ Other

Contraceptive or lubricant products? ☐ No ☐ Yes ☐
If yes, note type/brand: ______

Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats
Were weapons used? ☐ Yes ☐ No ☐
If yes, describe: ______

Were pictures/videotapes taken or shown or both? ☐ Yes ☐ No
If yes, shown by whom ______ or taken by whom ______

Were ☐ drugs or ☐ alcohol used?	☐ No	☐ Yes*	☐
Loss of memory?	☐ No	☐ Yes*	☐
Lapse of consciousness?	☐ No	☐ Yes*	☐
Vomited after act(s)?	☐ No	☐ Yes	☐
Behavioral changes?	☐ No	☐ Yes	☐

* Collection of toxicology samples is recommended.

2. Describe pain and/or bleeding (using patient's exact words) and additional pertinent history from above.

______
______
______
______
______
______

Patient Identification

G. MEDICAL HISTORY (to be completed by medical personnel)

1. Name of person providing history	Relationship to patient	Date	Time

	No	Yes
2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?	☐	☐
3. Any other pertinent medical conditions that may affect the interpretation of physical findings?	☐	☐
4. Any pre-existing physical injuries?	☐	☐
5. Any previous history of physical abuse and/or neglect?	☐	☐
6. Any previous history of sexual abuse?	☐	☐
7. Other intercourse? (For adolescents only)	☐	☐
If yes,		
anal (within past 5 days)? When ______	☐	☐
vaginal (within past 5 days)? When ______	☐	☐
oral (within past 24 hours)? When ______	☐	☐
If yes, did ejaculation occur?	☐	☐
If yes, where? ______		
If yes, was a condom used?	☐	☐
8. Menstrual periods? If yes, age of menarche: ______	☐	☐
Last menstrual period: ______	☐	☐

9. Other symptoms disclosed	by patient: No	by patient: Yes	by historian: No	by historian: Yes	by historian: Unk
Abdominal/pelvic pain	☐	☐	☐	☐	☐
Pain on urination	☐	☐	☐	☐	☐
Genital discomfort or pain	☐	☐	☐	☐	☐
Genital itching	☐	☐	☐	☐	☐
Genital discharge	☐	☐	☐	☐	☐
Genital bleeding	☐	☐	☐	☐	☐
Rectal discomfort or pain	☐	☐	☐	☐	☐
Rectal itching	☐	☐	☐	☐	☐
Rectal bleeding	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐
Other ______	☐	☐	☐	☐	☐

If yes, describe onset, duration, and intensity:

10. Post-assault hygiene activity
☐ Not applicable if over 72 hours

	by patient: No	by patient: Yes	by historian: No	by historian: Yes	by historian: Unk
Urinated	☐	☐	☐	☐	☐
Defecated	☐	☐	☐	☐	☐
Genital or body wipes	☐	☐	☐	☐	☐
If yes, describe: ______	☐	☐	☐	☐	☐
Oral gargle/rinse	☐	☐	☐	☐	☐
Bath/shower/wash	☐	☐	☐	☐	☐
Brushed teeth	☐	☐	☐	☐	☐
Ate or drank	☐	☐	☐	☐	☐
Changed clothing	☐	☐	☐	☐	☐

If yes, describe

H. GENERAL PHYSICAL EXAMINATION

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

1. Exam Started		Exam Completed	
Date	Time	Date	Time

Patient Identification

2. Female Tanner Stage – Breast 1☐ 2☐ 3☐ 4☐ 5☐
3. Describe general physical appearance.
4. Describe general demeanor and relevant statements made during exam.
5. Describe condition of clothing upon arrival.
6. Collect outer and underclothing if indicated. ☐ Not indicated
7. Conduct a physical examination. ☐ Findings ☐ No Findings
   General exam within normal limits: ☐ Yes ☐ No ☐ If no, describe:
8. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with an Alternate Light Source
   ☐ Findings ☐ No Findings
9. Collect fingernail scrapings or cuttings. ☐ Collected ☐ Not Collected

Diagram A

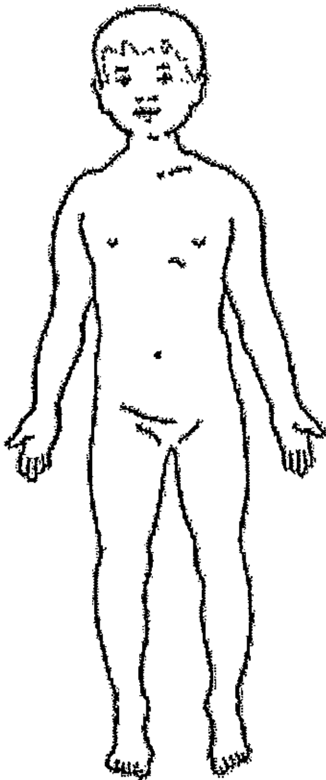
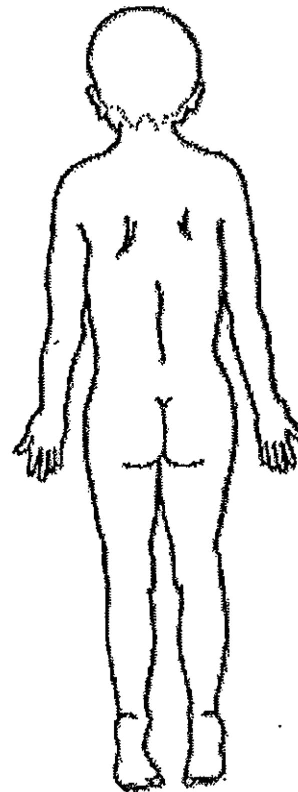


Diagram B



LEGEND: Types of Findings

AB Abrasion
AL Anal Laxity
ALS Alternate Light Source
BI Bite
BU Burn
CS Control Swab
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
DS Dry Secretion
EC Ecchymosis/contusion
ER Erythema (redness)
FB Foreign Body
F/H Fiber/Hair
GT Granulation Tissue
HC Hymenal cleft
IN Induration
IW Incised Wound
LA Laceration
MS Moist Secretion
OF Other Foreign Materials(describe)
OI Other Injury (describe)
OSC Other Skin Condition
OT Other
PW Perianal Wart
PE Petechiae
PGW Possible Genital Wart
PS Potential Saliva
SH Submucosal Hemorrhage
SHX Sample Per History
S Suction
SW Swelling
TB Toluidine Blue
TE Tenderness
V/S Vegetation/Soil
VL Vesicular Lesion

Diagram Letter	Type	Description	Photo	Diagram Letter	Type	Description	Photo
			☐Yes ☐ No #				☐Yes ☐ No #
			☐Yes ☐ No #				☐Yes ☐ No #
			☐Yes ☐ No #				☐Yes ☐ No #
			☐Yes ☐ No #				☐Yes ☐ No #
			☐Yes ☐ No #				☐Yes ☐ No #

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

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

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials. ☐ Findings ☐ No Findings
2. Exam method:
   ☐ Direct visualizaton ☐ Colposcope ☐ Other magnification
3. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.
   ☐ Findings ☐ No Findings
4. Examine the oral cavity for injury and foreign materials. Collect foreign materials.
   ☐ Findings ☐ No Findings
5. Collect 2 swabs from the oral cavity up to 12 hours post assault.
   ☐ Collected ☐ Not Collected
6. Collect head hair reference samples.
   ☐ Collected ☐ Not Collected

Patient Identification

Diagram C

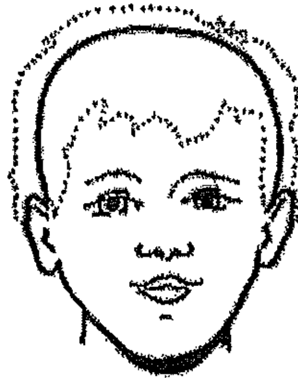


Diagram D

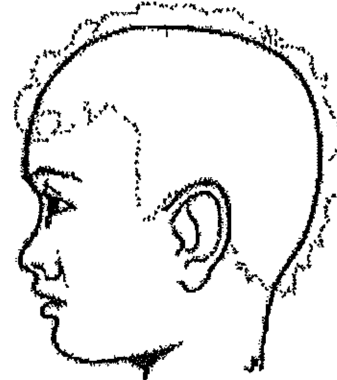


Diagram E

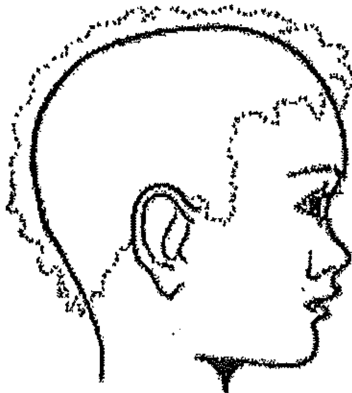
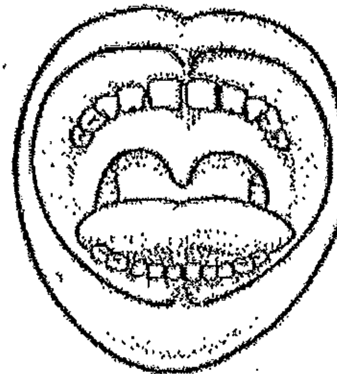


Diagram F



LEGEND: Types of Findings

- AB Abrasion
- AL Anal Laxity
- ALS Alternate Light Source
- BI Bite
- BU Burn
- CS Control Swab
- CV Congenital Variation
- DE Debris
- DF Deformity
- DI Discharge
- DS Dry Secretion
- EC Ecchymosis/contusion
- ER Erythema (redness)
- FB Foreign Body
- F/H Fiber/Hair
- GT Granulation Tissue
- HC Hymenal cleft
- IN Induration
- IW Incised Wound
- LA Laceration
- MS Moist Secretion
- OF Other Foreign Materials (describe)
- OI Other Injury (describe)
- OSC Other Skin Condition
- OT Other
- PW Perianal Wart
- PE Petechiae
- PGW Possible Genital Wart
- PS Potential Saliva
- SH Submucosal Hemorrhage
- SHX Sample Per History
- S Suction
- SW Swelling
- TB Toluidine Blue
- TE Tenderness
- V/S Vegetation/Soil
- VL Vesicular Lesion

Diagram Letter	Type	Description	Photo	Diagram Letter	Type	Description	Photo
			☐Yes ☐ No #___				☐Yes ☐ No #___
			☐Yes ☐ No #___				☐Yes ☐ No #___
			☐Yes ☐ No #___				☐Yes ☐ No #___
			☐Yes ☐ No #___				☐Yes ☐ No #___
			☐Yes ☐ No #___				☐Yes ☐ No #___

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION - FEMALES

Record all finding using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.
2. Exam method: ☐ Direct visualization ☐ Colposcope ☐ Other magnification

Exam positions/methods:

	Separation	Traction	Knee Chest
Supine	☐	☐	☐
Prone	☐	☐	☐

☐ Saline/Water ☐ Moistened swab ☐ Toluidine Blue Dye
☐ Catheter ☐ Other:

3. Genital Tanner Stage 1☐ 2☐ 3☐ 4☐ 5☐
4. Examine the genital structures. Check the ABN box(es) if there are abuse/ assault related findings and describe.

	WNL	ABN	Describe:
Inner thighs	☐	☐	______
Inguinal adenopathy	☐	☐	______
Labia majora	☐	☐	______
Labia minora	☐	☐	______
Clitoral hood	☐	☐	______
Perineum	☐	☐	______
Periurethral tissue/urethral meatus	☐	☐	______
Perihymenal tissue (vestibule)	☐	☐	______
Hymen ☐ Supine ☐ Prone	☐	☐	______

Record morphology:

☐ Annular ☐ Estrogenized ______
☐ Crescentic ☐ Non-Estrogenized ______
☐ Imperforate ☐ Other ______
☐ Septate ______

	WNL	ABN	Describe:
Fossa navicularis	☐	☐	______
Posterior fourchette	☐	☐	______
Vagina (pubertal adolescents)	☐	☐	______
Cervix (pubertal adolescents)	☐	☐	______

Discharge ☐ No ☐ Yes
If yes, describe: ______
No Findings ☐

5. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS ☐ Findings ☐ No Findings
6. Collect swabs
   - ☐ Prepubertal female
     - ☐ Collect at least 2 vulvar swabs
   - ☐ Pubertal female
     - ☐ Collect 2 swabs from the vaginal pool.
     - Cervical swabs collected? ☐ No ☐ Yes
7. Collect pubic hair combing ☐ Not applicable ☐ Shaved/Not Present
8. Collect pubic hair reference samples. ☐ Not applicable

LEGEND: Types of Findings

AB	Abrasion	DF	Deformity	LA	Laceration	SH	Submucosal Hemorrhage
AL	Anal Laxity	DI	Discharge	MS	Moist Secretion	SHX	Sample Per History
ALS	Alternate Light Source	DS	Dry Secretion	OF	Other Foreign Materials(describe)	S	Suction
		EC	Ecchymosis/contusion	OI	Other Injury(describe)	SW	Swelling
		ER	Erythema (redness)	OSC	Other Skin Condition	TB	Toluidine Blue
BI	Bite	FB	Foreign Body	OT	Other	TE	Tenderness
BU	Burn	F/H	Fiber/Hair	PW	Perianal Wart	V/S	Vegetation/Soil
CS	Control Swab	GT	Granulation Tissue	PE	Petechiae	VL	Vesicular Lesion
CV	Congenital Variation	HC	Hymenal cleft	PGW	Possible Genital Wart		
DE	Debris	IN	Induration	PS	Potential Saliva		
		IW	Incised Wound				

Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___

Patient Identification

Diagram the position that best illustrates your findings.

Diagram G Genitalia - Supine

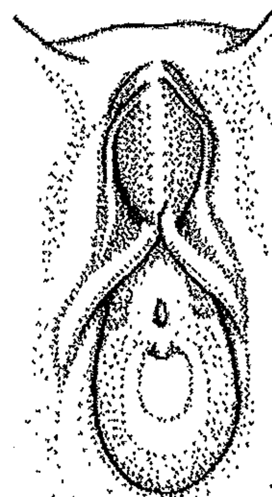
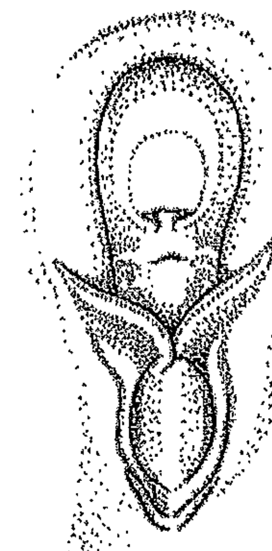


Diagram H Genitalia - Knee-Chest



RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

K. GENITAL EXAMINATION - MALES

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

1. Examine the inner thighs, external genitalia, and perineal area.
2. Exam method: ☐ Direct visualization ☐ Colposcope ☐ Other magnification

   Exam positions/methods:

   ☐ Supine ☐ Prone ☐ Moistened swab

   ☐ Toluidine Blue Dye ☐ Other: ____________
3. Genital Tanner Stage 1☐ 2☐ 3☐ 4☐ 5☐
4. Circumcised: ☐ No ☐ Yes
5. Check the ABN box(es) if there are abuse/assault related findings and describe.

	WNL	ABN	Describe:
Inner thighs	☐	☐	____________
Inguinal adenopathy	☐	☐	____________
Perineum	☐	☐	____________
Foreskin	☐	☐	____________
Glans Penis	☐	☐	____________
Penile shaft	☐	☐	____________
Urethral meatus	☐	☐	____________
Scrotum	☐	☐	____________
Testes	☐	☐	____________

Discharge ☐ No ☐ Yes If yes, describe: ____________

No Findings ☐

6. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS ☐ Findings ☐ No Findings
7. Collect pubic hair combing or brushing. ☐ Not applicable
8. Collect pubic hair reference samples. ☐ Not applicable
9. Collect 2 penile swabs, if indicated by assault history. ☐ Not applicable

L. FEMALE/MALE ANAL AND RECTAL EXAMINATION

1. Examine the buttocks, perianal skin, and anal folds for injury, foreign materials and other findings.
2. Record exam positions, methods, observations:

   ☐ Direct visualization ☐ Colposcope ☐ Other magnification

Exam positions	Observation	Observation with traction
Supine	☐	☐
Supine knee chest	☐	☐
Prone knee chest	☐	☐
Lateral recumbent	☐	☐

Exam methods: ☐ Moistened swab ☐ Toluidine blue dye ☐ Anoscopy ☐ Other: ______

3. Check the ABN box(es) if there are abuse/assault related findings and describe any abnormal or unusual findings.

☐ No Findings	WNL	ABN	Describe:
Buttocks	☐	☐	____________
Perianal skin	☐	☐	____________
Anal verge/folds/rugae	☐	☐	____________
Rectum	☐	☐	____________

Anal dilation ☐ No ☐ Yes If yes: ☐ Immediate ☐ Delayed

Stool present in rectal ampulla ☐ No ☐ Yes ☐ Undetermined

4. Collect dried and moist secretions, stains, and foreign materials.

   ☐ Findings ☐ No Findings
5. Collect 2 rectal swabs. ☐ Collected ☐ Not collected
6. Rectal bleeding: ☐ No ☐ Yes If yes, describe:

LEGEND: Types of Findings

AB Abrasion
AL Anal Laxity
ALS Alternate Light Source
BI Bite
BU Burn
CS Control Swab
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
DS Dry Secretion
EC Ecchymosis/contusion
ER Erythema (redness)
FB Foreign Body
F/H Fiber/Hair
GT Granulation Tissue
HC Hymenal cleft
IN Induration
IW Incised Wound
LA Laceration
MS Moist Secretion
OF Other Foreign Materials(describe)
OI Other Injury(describe)
OSC Other Skin Condition
OT Other
PW Perianal Wart
PE Petechiae
PGW Possible Genital Wart
PS Potential Saliva
SH Submucosal Hemorrhage
SHX Sample Per History
S Suction
SW Swelling
TB Toluidine Blue
TE Tenderness
V/S Vegetation/Soil
VL Vesicular Lesion

Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___

Patient Identification

Diagram I - Penis

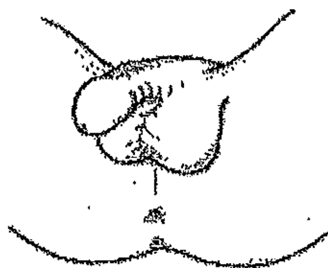


Diagram J - Penis

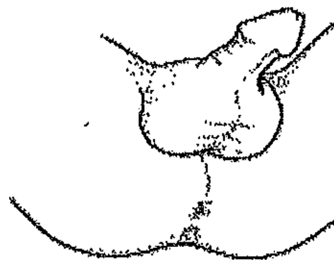


Diagram K - Anus Supine

Diagram L - Anus Prone

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

M. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

ENVELOPES	No	Yes	Collected by:
1. Foreign Material	☐	☐	
2. Contact/Outer Clothing	☐	☐	
3. Contact/Outer Clothing	☐	☐	
4. Undergarments	☐	☐	
5. Undergarments	☐	☐	
6. Debris Collection	☐	☐	
7. Right Hand Fingernail Scrapings	☐	☐	
8. Left Hand Fingernail Scrapings	☐	☐	
9. Dried Secretions	☐	☐	
10. Oral/Skin Contact Evidence	☐	☐	
11. Pubic Hair Combings	☐	☐	
12. Pulled Pubic Hair	☐	☐	
13. Oral Swabs	☐	☐	
14. Vulvar Swabs	☐	☐	
15. Vulvar/Penile Swabs	☐	☐	
16. Vaginal Swabs	☐	☐	
17. Rectal Swabs	☐	☐	
18. Pulled Head Hairs	☐	☐	
19. Known Blood Sample	☐	☐	
20. Other Evidence	☐	☐	
21. Other Evidence	☐	☐	

NOTE: Please document any necessary deviations/additions to the kit.

N. TOXICOLOGY SAMPLES

	No	Yes	Time	Collected by:
Blood alcohol/toxicology (gray top tube)				
Urine toxicology				

O. PHOTO DOCUMENTATION

	No	Yes	
1. Colposcope	☐	☐	____________ (magnification)
2. Camera	☐	☐	____________ (list type)

3. Photograph Log

Number of Photographs: ____________

List:

#1 ____________

#2 ____________

#3 ____________

#4 ____________

#5 ____________

#6 ____________

#7 ____________

#8 ____________

#9 ____________

#10 ____________

#11 ____________

#12 ____________

#13 ____________

#14 ____________

#15 ____________

Patient Identification

P. FINDINGS AND INTERPRETATION

1. Anal-Genital Findings
- ☐ Normal anal-genital exam
- ☐ Abnormal anal-genital exam
- ☐ Indeterminate anal-genital exam

2. Assessment of Anal-Genital Findings
- ☐ Consistent with history
- ☐ Inconsistent with history
- ☐ Limited/insufficient history

3. Interpretation of Anal-Genital Findings
- ☐ Normal exam: can neither confirm nor negate sexual abuse
- ☐ Non specific: may be caused by sexual abuse or other mechanisms
- ☐ Sexual abuse is highly suspected
- ☐ Definite evidence of sexual abuse and/or sexual contact

4. ☐ Need further consultation/investigation

5. ☐ Lab results or photo review pending (may alter assessment)

6. Additional comments regarding findings, interpretations, and recommendations:

____

____

____

____

MD/DO/NP/CNM ____________ Telephone ____________
(Print Name)

MD/DO/NP/CNM ____________
Signature

Q. MEDICAL LAB TESTS PERFORMED

STD Cultures	GC	Chlamydia	Other	Describe:	Collected by:
Oral	☐	☐	☐		
Vestibular	☐	☐	☐		
Vaginal	☐	☐	☐		
Cervical	☐	☐	☐		
Rectal	☐	☐	☐		
Penile	☐	☐	☐		

Serology Syphilis ☐ HIV ☐ Hepatitis ☐ ____________

Pregnancy test Blood ☐ Urine ☐ ____________ ____________

Other test(s) ____________

R. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone
Exam performed by:	
Specimens labeled and sealed by:	
Assisted by:	
Signature of examiner	Title
Other people in the exam room	

S. EVIDENCE DISTRIBUTION

S. EVIDENCE DISTRIBUTION	GIVEN TO:
Toxicology Samples	
Other Items	
Evidence Kit and #________bags	