STATE OF MISSISSIPPI CRIME LABORATORY

ADOLESCENT/ADULT
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 or Vulnerable Adult)

_____ 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 at the following websites:
www.ago.state.ms.us
www.dps.state.ms.us

FORENSIC MEDICAL REPORT: ACUTE (≤72 HOURS)
ADOLESCENT ADULT SEXUAL ASSAULT EXAMINATION
STATE OF MISSISSIPPI OFFICE OF THE ATTORNEY GENERAL

Confidential Document | Patient Identification

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

1. Name of patient

2. Address | City | County | State | Telephone (W) (H)

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

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

1. Telephone report made to law enforcement agency
Name of Officer | Agency | ID Number | Telephone
Reported by: Name | Date | Time

2. Responding Officer | Agency | ID Number | Telephone | Law Enforcement Incident Offense Report #

C. PATIENT INFORMATION

- I understand that hospitals and health care professionals are required by Mississippi Statute Annotated (M.S.A.) 45-9-31 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted by a gunshot or knife. _____ (Initial)
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the Division of Victim Compensation for out of pocket medical expenses, psychological counseling and loss of wages. _____ (Initial)

D. PATIENT CONSENT

- Any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth. M.S.A. 41-41-3
- 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 / sexually transmitted 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. 41-41-3

- I understand that a forensic medical examination for evidence of sexual assault at public expense, can with my consent, be conducted by a health care professional to discover and preserve evidence of the 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. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. _____ (Initial)
- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. _____ (Initial)
- I hereby consent to a medical forensic examination for evidence of sexual assault. _____ (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 this form in order to receive payment for services rendered. _____ (Initial)

Signature _____ Date _____ ☐ Patient ☐ Guardian

E. PATIENT HISTORY

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

2. Pertinent medical history:

- Last menstrual period

- Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe:

- Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe:

- Any pre-existing physical injuries? ☐ No ☐ Yes
  If yes, describe:

3. Pertinent pre-and post-assault related history:

	No	Yes	Unsure
• Other intercourse within past 5 days?	☐	☐	
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?	☐	☐	☐
• Any voluntary alcohol use within 12 hours prior to assault?	☐	☐*	
• Any voluntary drug use within 96 hours prior to assault?	☐	☐*	
• Any voluntary drug or alcohol use between the time of the assault and the forensic exam?	☐	☐*	

*If yes, collection of toxicology samples is recommended
☐ Blood ☐ Urine

4. Post-assault hygiene/activity: ☐ **Not applicable if over 72 hours**

	No	Yes
Urinated	☐	☐
Defecated	☐	☐
Genital or body wipes	☐	☐
If yes, describe: _____		
Douched	☐	☐
If yes, with what _____		
Removed/inserted tampon ☐ diaphragm ☐	☐	☐
Oral gargle/rinse	☐	☐
Bath/shower/wash	☐	☐
Brushed teeth/floss	☐	☐
Ate or drank	☐	☐
Changed clothing	☐	☐
If yes, describe: _____		

5. Assault-related history:	No	Yes
Loss of memory? If yes, describe:	☐	☐*
Lapse of consciousness? If yes, describe:	☐	☐*

*If yes, collection of toxicology samples is recommended
☐ Blood ☐ Urine

Vomited? If yes, describe:	☐	☐
Non-genital injury, pain, and/or bleeding? If yes, describe:	☐	☐
Anal-genital injury, pain, and/or bleeding? If yes, describe:	☐	☐

Patient Identification

F. ASSAULT HISTORY

1. Date of assault(s):	Time of assault(s):

2. Pertinent physical surroundings of assault(s):

3. Alleged assailant(s) name(s)	Age	Gender	Ethnicity	Relationship to patient: Known	Unknown
#1.		M F			
#2.		M F			
#3.		M F			
#4.		M F			

4. Methods employed by assailant(s):

	No	Yes	If yes, describe:
Weapons	☐	☐	
Threatened?	☐	☐	
Injuries inflicted?	☐	☐	
Type(s) of weapons?	☐	☐	
Physical blows	☐	☐	
Grabbing/holding/pinching	☐	☐	
Physical restraints	☐	☐	
Choking/strangulation	☐	☐	
Burns (thermal and/or chemical)	☐	☐	
Threat(s) of harm	☐	☐	
target(s) of threat(s)	☐	☐	
Other methods	☐	☐	

Position used by assailant _____

Involuntary ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure

If yes, ☐ Alcohol ☐ Drugs

If yes, ☐ Forced ☐ Coerced ☐ Suspected

If yes, toxicology samples collected: ☐ Blood ☐ Urine ☐ None

5. Injuries inflicted upon the assailant(s) during assault? ☐ No ☐ Yes
If yes, describe injuries, possible locations on the body, and how they were inflicted.

G. ACTS DESCRIBED BY PATIENT

• If more than one assailant, identify by number.

Patient Identification

1. Penetration of vagina by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Object	☐	☐	☐	☐

If yes, describe the object:

Describe: _____

2. Penetration of anus by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Object	☐	☐	☐	☐

If yes, describe the object:

Describe: _____

3. Oral copulation of genitals:

	No	Yes	Attempted	Unsure
Of patient by assailant	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

4. Oral copulation of anus:

	No	Yes	Attempted	Unsure
Of patient by assailant	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

5. Non-genital act(s):

	No	Yes	Attempted	Unsure
Licking	☐	☐	☐	☐
Kissing	☐	☐	☐	☐
Suction injury	☐	☐	☐	☐
Biting	☐	☐	☐	☐

Describe where on body and by whom? _____

6. Other act(s):

No	Yes	Attempted	Unsure
☐	☐	☐	☐

Describe: _____

7. Did ejaculation occur?

No	Yes	Unsure
☐	☐	☐

If yes, note location(s):

- ☐ Mouth
- ☐ Vagina
- ☐ Anus/Rectum
- ☐ Body surface
- ☐ On clothing
- ☐ On bedding
- ☐ Other

Describe any other details noted about assailant _____

8. Contraceptive or lubricant products:

	No	Yes	Unsure
Foam used?	☐	☐	☐
Jelly used?	☐	☐	☐
Lubricant used?	☐	☐	☐
Condom used?	☐	☐	☐
Location of Condom?	_____		☐

Describe Type/Brand, if known: _____

H. GENERAL PHYSICAL EXAMINATION

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

1. Exam Started		Exam Completed	
Date	Time	Date	Time

2. Describe general physical appearance	3. Describe general demeanor

Patient Identification

4. Describe condition of clothing upon arrival.

5. Collect outer and underclothing if indicated. ☐ Not Indicated Why clothing not collected _____

6. Conduct a physical examination. ☐ Findings ☐ No Findings

7. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with an Alternate Light Source (ALS) _____ list
☐ Findings ☐ No Findings

8. Collect fingernail scrapings or cuttings

Diagram A

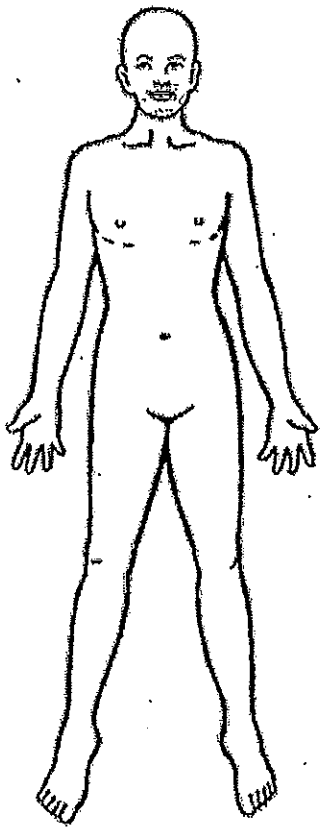
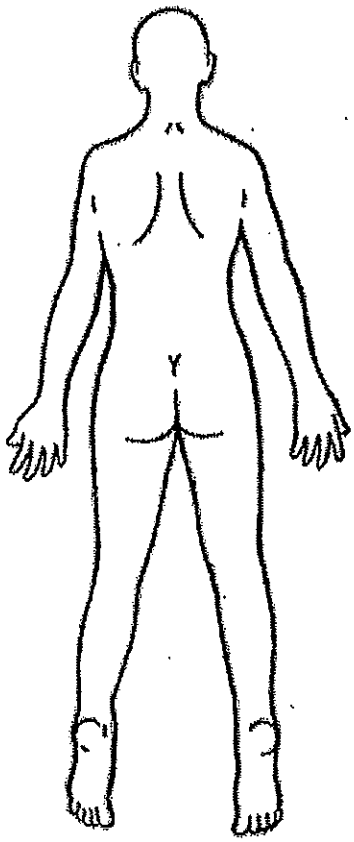


Diagram B



LEGEND: Types of Findings

AB Abrasion	DE Debris	F/H Fiber/Hair	MS Moist Secretion	PE Petechiae	TB Toluidine Blue
ALS Alternate Light Source	DF Deformity	FB Foreign Body	OF Other Foreign Materials (describe)	PS Potential Saliva	TE Tenderness
BI Bite	DS Dry Secretion	IN Induration	SHX Sample Per History	V/S Vegetation/Soil
BU Burn	EC Ecchymosis/contusion	IW Incised Wound	OI Other Injury (describe)	SI Suction Injury	
CS Control Swab	ER Erythema (redness)	LA Laceration	SW Swelling	

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. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.
   ☐ Findings ☐ No Findings
3. Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.
   Exam done: ☐ No ☐ Yes ☐ Findings ☐ No Findings
4. Collect 2 swabs from the oral cavity up to 12 hours post assault.
   ☐ Collected ☐ Not Collected
5. Collect head hair reference samples according to local policy.

Patient Identification

Diagram C

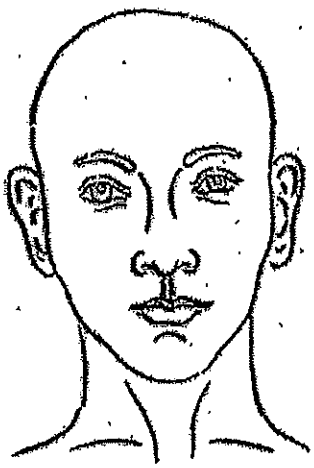


Diagram D

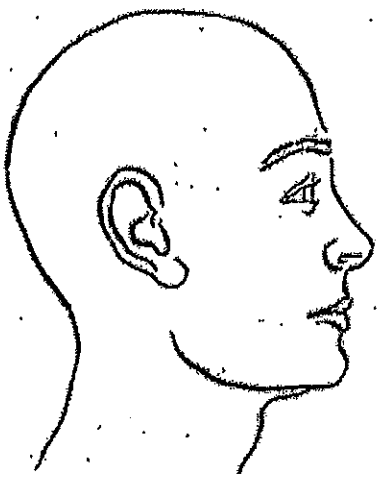


Diagram E

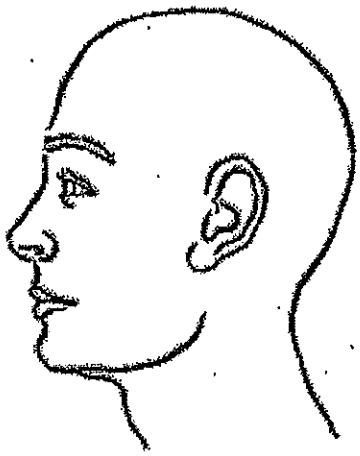
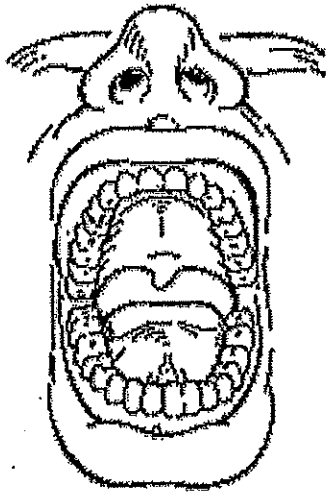


Diagram F



LEGEND-Types of Findings

AB Abrasion	**DE** Debris	**F/H** Fiber/Hair	**MS** Moist Secretion	**PE** Petechiae	**TB** Toluidine Blue
ALS Alternate Light Source	**DF** Deformity	**FB** Foreign Body	**OF** Other Foreign Materials (describe)	**PS** Potential Saliva	**TE** Tenderness
BI Bite	**DS** Dry Secretion	**IN** Induration		**SHX** Sample Per History	**V/S** Vegetation/Soil
BU Burn	**EC** Ecchymosis/contusion	**IW** Incised Wound	**OI** Other Injury (describe)	**SI** Suction Injury	
CS Control Swab	**ER** Erythema (redness)	**LA** Laceration		**SW** Swelling	

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 SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION - FEMALES

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

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:
   ☐ No Findings

   ☐ Inner thighs
   ☐ Perineum
   ☐ Labia majora
   ☐ Labia minora
   ☐ Clitoris/surrounding area
   ☐ Periurethral tissue/urethral meatus
   ☐ Perihymenal tissue (vestibule)
   ☐ Hymen
   ☐ Fossa navicularis
   ☐ Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS ☐ No ☐ Yes ☐ Findings ☐ No Findings
3. Collect pubic hair combing or brushing.
4. Collect pubic hair reference 5. Collect 2 vulvar swabs
6. Examine the vagina and cervix. Check the box(es) if there are any assault findings, indicate on diagram and describe below.
   ☐ No Findings ☐ Vagina ☐ Cervix
7. Collect 2 swabs from the vaginal pool.
8. Cervical swabs collected? ☐ No ☐ Yes
9. Examine the buttocks, anus, and rectum.
   Exam done: ☐ Yes ☐ No
   Check the box(es) if there are assault related findings:
   ☐ No Findings

   ☐ Buttocks ☐ Anal verge/folds/rugae
   ☐ Perianal skin ☐ Rectum
10. Collect dried and moist secretions, stains, and foreign materials.
    ☐ Findings ☐ No Findings
11. Collect 2 rectal swabs.
12. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
    Rectal bleeding ☐ No ☐ Yes
    If yes, describe: _____
    Exam position used:
    ☐ Supine Lithotomy ☐ Other Describe: _____

LEGEND: Types of Findings

AB	Abrasion	EC	Ecchymosis/contusion	OF	Other Foreign Materials (describe)	SI	Suction Injury
ALS	Alternate Light Source	ER	Erythema (redness)			SW	Swelling
BI	Bite	FH	Fiber/Hair			TB	Toluidine Blue
BU	Burn	FB	Foreign Body	OI	Other Injury (describe)	TE	Tenderness
CS	Control Swab	IN	Induration			V/S	Vegetation/Soil
DE	Debris	IW	Incised Wound	PE	Petechiae		
DF	Deformity	LA	Laceration	PS	Potential Saliva		
DS	Dry Secretion	MS	Moist Secretion	SHX	Sample Per History		

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 #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___
			☐ Yes ☐ No #___

Patient Identification

Diagram G

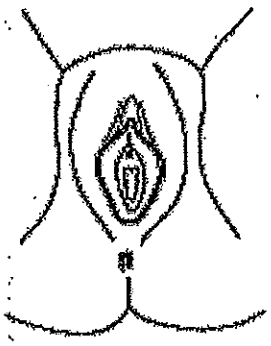


Diagram H

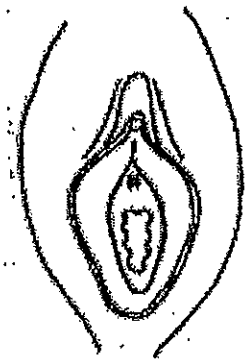


Diagram I

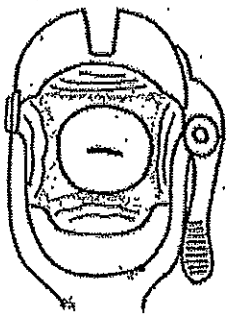
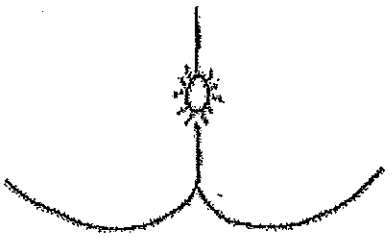


Diagram J



RECORD ALL 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. Check the box(es) if there are assault related findings:
   - ☐ No Findings
   - ☐ Inner thighs
   - ☐ Perineum
   - ☐ Foreskin
   - ☐ Glans penis
   - ☐ Penile shaft
   - ☐ Urethral meatus
   - ☐ Scrotum
   - ☐ Testes
2. Circumcised: ☐ No ☐ Yes
3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS ☐ Findings ☐ No Findings
4. Collect pubic hair combing or brushing.
5. Collect pubic hair reference samples according to local policy.
6. Collect 2 penile swabs, if indicated by assault history. ☐ N/A
7. Examine the buttocks, anus, and rectum.
   Exam done: ☐ Yes ☐ Not applicable
   Check the box(es) if there are assault related findings:
   - ☐ No Findings
   - ☐ Buttocks
   - ☐ Anal verge/folds/rugae
   - ☐ Perianal skin
   - ☐ Rectum
8. Collect dried and moist secretions, stains, and foreign materials. ☐ Findings ☐ No Findings
9. Collect 2 rectal swabs.
10. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
    Rectal bleeding: ☐ No ☐ Yes
    If yes, describe: _____
11. Exam position used:
    ☐ Supine ☐ Other Describe: _____

Patient Identification

Diagram K

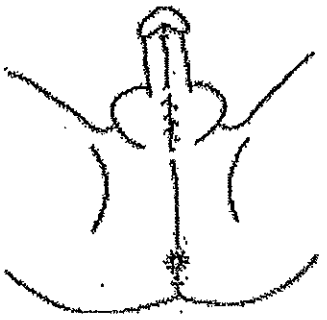


Diagram L

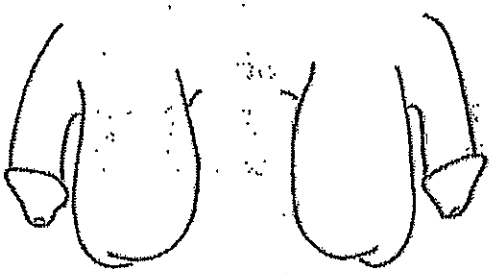


Diagram M

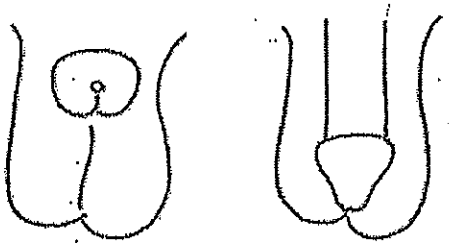
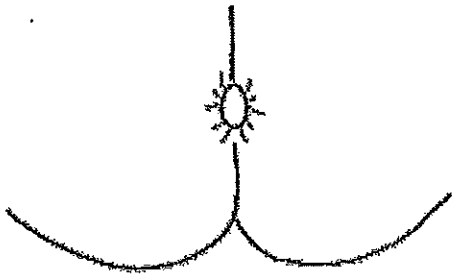


Diagram N



LEGEND Types of Findings

AB	Abrasion	EC	Ecchymosis/contusion	OF	Other Foreign Materials (describe)	SI	Suction Injury
ALS	Alternate Light Source	ER	Erythema (redness)			SW	Swelling
BI	Bite	F/H	Fiber/Hair			TB	Toluidine Blue
BU	Burn	FB	Foreign Body	OI	Other Injury (describe)	TE	Tenderness
CS	Control Swab	IN	Induration			V/S	Vegetation/Soil
DE	Debris	IW	Incised Wound	PE	Petechiae		
DF	Deformity	LA	Laceration	PS	Potential Saliva		
DS	Dry Secretion	MS	Moist Secretion	SHX	Sample Per History		

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

RECORD ALL SPECIMENS COLLECTED ON PAGE 8

L. 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.

M. TOXICOLOGY SAMPLES

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

N. PHOTO DOCUMENTATION METHODS

	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

O. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone:
Exam performed by:	
Other people present at time of examination	
Assisted by:	
Signature of examiner	Title

P. EVIDENCE DISTRIBUTION	GIVEN TO:
Toxicology Samples	
Other Items	
Evidence Kit and # _____ bags	

Q. MEDICATIONS OFFERED

	Yes	No
Disease Prevention	☐	☐
Pregnancy Prevention	☐	☐

R. SUMMARIZE MAJOR FINDINGS