

**State of Alaska**  
**Department of Public Safety**  
**Scientific Crime Detection Laboratory**  
**Pediatric – Sexual Assault Response Team (SART) Kit**

**Kit Components**

- 1 each Kit Box, white approx. size 11”L x 8 1/2 ”W x 1.5” H.
- 3 each Barcode Stickers on the outside of each kit box, long end, short end and one on the front/top
- 1 each Pediatric Kit Box Label, printed on 8 1/2” x 11” paper, affixed to the top of the Kit Shipping Box and affixed to the bottom of the Kit Shipping Box.

**The Kit box must include the following items inside**

- 1 each Victim Card 2 x 3½” printed with Track-Kit Password, URL and User Name
- 5 each Barcode stickers
- 1 each Kit Instruction Packets, printed on 8 1/2” x 11” paper – (totaling 30 pages).
- 1 each Paper Bag, approximate size 8”x10”, with UNDERWEAR / DIAPER STEP 2 Label affixed or printed on the front of bag.

**Coin Envelope, approximate size 3 7/8” x 7 1/2”, with the following labels (affixed or printed on the front of envelope) and content as follows:**

- 1 each STEP 3, Label with two paper bindles inside, labeled.
- 1 each STEP 4, label with one Puritan 25-806 2PC swab packet inside. The following alternatives are acceptable, if necessary, in order of preference: two Puritan 25-806 1PC, one Puritan 25-806 2WC or two 25-806 1WC swabs.
- 1 each STEP 5, Label with one Puritan 25-806 2PC swab packet inside. The following alternatives are acceptable, if necessary, in order of preference: two Puritan 25-806 1PC, one Puritan 25-806 2WC or two 25-806 1WC swabs.
- 1 each STEP 6, Right-Hand Label with one paper bindle and one Puritan 826 WC swab packet inside.
- 1 each STEP 6, Left-Hand Label with one paper bindle and one Puritan 826 WC swab packet inside.
- 3 each STEP 7, with one Puritan 25-806 1PC swab inside. Puritan 25-806 1WC may be used as a replacement, if necessary.
- 1 each STEP 8a, Label with one Puritan 25-806 1PC swab inside. Puritan 25-806 1WC may be used as a replacement, if necessary.
- 1 each STEP 8b, Label with one Puritan 25-806 1PC swab inside. Puritan 25-806 1WC may be used as a replacement, if necessary.
- 1 each STEP 8c, Label with one Puritan 25-806 1PC swab inside. Puritan 25-806 1WC may be used as a replacement, if necessary.

- 1 each STEP 8d, Label with one Puritan 25-806 1PC swab inside. Puritan 25-806 1WC may be used as a replacement, if necessary.
- 1 each STEP 9, Label with one Puritan 25-806 2PC swab packet and one swab box inside. The following swab alternatives are acceptable, if necessary, in order of preference: two Puritan 25-806 1PC, one Puritan 25-806 2WC or two 25-806 1WC.
- 1 each STEP 10, Label with one Puritan 25-806 2PC swab packet and one swab box inside. The following swab alternatives are acceptable, if necessary, in order of preference: two Puritan 25-806 1PC, one Puritan 25-806 2WC or two 25-806 1WC.
- 3 each Evidence Seals, approximate size 11"x 1 1/2" Red background with black lettering, per Attachment Fourteen (14).
- 1 each Disposable facemask (VWR 76437-414 or similar).

**Note: These specifications are mandatory for a responsive bid submittal.**



# STATE OF ALASKA Pediatric Sexual Assault Evidence Kit

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

AGENCY CASE NUMBER: \_\_\_\_\_

OFFICER/INVESTIGATOR: \_\_\_\_\_ ID# \_\_\_\_\_

MEDICAL FACILITY / LOCATION: \_\_\_\_\_

EXAMINER: \_\_\_\_\_

DATE OF OFFENSE: \_\_\_\_\_ TIME: \_\_\_\_\_  am  pm

DATE OF EXAMINATION: \_\_\_\_\_

TIME EVIDENCE COLLECTION BEGAN: \_\_\_\_\_  am  pm

*\*PLACE KIT IN SECURED STORAGE AREA*

### CHAIN OF CUSTODY:

RECEIVED FROM	DATE	RECEIVED BY



Only reference buccal swabs (Step 5) collected.  
All other samples deferred.



BEFORE OPENING THIS EVIDENCE COLLECTION KIT, READ THE INFORMATION BELOW TO DETERMINE WHETHER OR NOT EVIDENCE COLLECTION IS APPROPRIATE AND/OR NECESSARY

## BEFORE OPENING THIS KIT

### What are the indications for acute/emergency evidence collection?

- a. Suspected vaginal or anal penetration, however slight, within 72 hours [or]
- b. Suspected oral penetration within 24 hours [or]
- c. Anogenital bleeding/discharge accompanying an obvious injury (History is inconsistent with injury and child presents within 72 hours of injury) [or]
- d. Possibility of ejaculate or saliva on child's body [or]
- e. (Special situations based on circumstances)

**DO NOT OPEN THIS KIT IF NONE OF THE INDICATORS APPLY**

When should clinicians **consider** evidence collection?

- a. The child has told someone about the abuse/assault
- b. The abuse/assault was observed by a third party
- c. Existence of a videotape, image or photograph and abuse/assault involving the child
- d. Offender confesses to abuse/assault
- e. Anogenital injuries, bleeding or discharge with concern of abuse

How should clinicians gather information regarding the abuse/assault incident?

- a. In cooperation with other members of the multidisciplinary team, obtain a brief history of the event(s) along with medical history from the parent or caretaker accompanying the child. Whenever possible, verbal children should not be present during this interview.
- b. Interviews of children should only be conducted by a trained forensic interviewer.
- c. If the child provides spontaneous case related information during the exam, document this information.

How much certainty must clinicians have before collecting evidence?

- a. Each case is unique and clinical judgment must be used to determine the risks/benefits of evidence collection. Remember – **FIRST DO NO HARM**. Rarely will clinicians be 100% certain the sexual abuse/assault has occurred, nor is it the role of the clinician to make that determination.
- b. Do not complete an evidence collection kit solely based on a history of behavioral changes (bedwetting, masturbation, sexual behaviors) which may have another etiology.

**UNDER NO CIRCUMSTANCES SHOULD A CHILD BE RESTRAINED FOR EVIDENCE COLLECTION**

**If any of the above indications for acute emergency evidence collection apply, it is appropriate to collect evidence using this kit after obtaining parental or guardian consent.**

## UNDERWEAR/DIAPER (WORN TO EXAM)

## STEP 2

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



## DEBRIS COLLECTION

## STEP 3

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



## ORAL SWABS

## STEP 4

(Used for the detection of semen in case of oral assault when ejaculation is reported)

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



## KNOWN DNA SAMPLE (REQUIRED)

### STEP 5

(BUCCAL SWABS ONLY)

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



## FINGERNAIL SCRAPINGS – RIGHT HAND

### STEP 6

(Used for the detection of foreign DNA in cases involving scratching)

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



## FINGERNAIL SCRAPINGS – LEFT HAND

### STEP 6

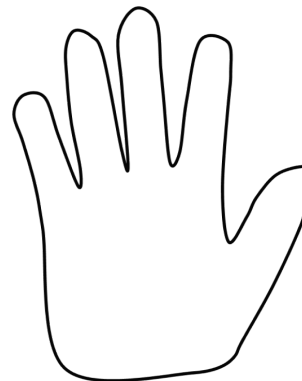
(Used for the detection of foreign DNA in cases involving scratching)

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



**MISCELLANEOUS SWABS**

**STEP 7**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_

- SEMEN     SALIVA     BLOOD     OTHER

LOCATION ON BODY: \_\_\_\_\_



**MISCELLANEOUS SWABS**

**STEP 7**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_

- SEMEN     SALIVA     BLOOD     OTHER

LOCATION ON BODY: \_\_\_\_\_



**MISCELLANEOUS SWABS**

**STEP 7**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_

- SEMEN     SALIVA     BLOOD     OTHER

LOCATION ON BODY: \_\_\_\_\_



**Female - SWAB OF MONS AND OUTER ASPECT OF LABIA MAJORA**

**STEP 8a**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



**Female - SWAB OF REMAINDER OF VULVA  
(Inner aspect of labia majora, labia minora, etc.)**

**STEP 8b**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



**Male - SWAB OF PENIS**

**STEP 8c**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_





**SWAB OF PERINEUM AND ANUS (EXTERNAL)**

**STEP 8d**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



**VAGINAL SWABS**

**STEP 9**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



**RECTAL SWABS (INTERNAL)**

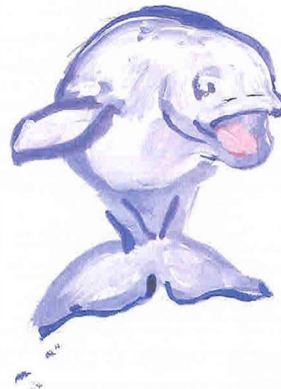
**STEP 10**

NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME: \_\_\_\_\_  AM  PM

COLLECTED BY: \_\_\_\_\_



**DEBRIS COLLECTION**

**Step 3**

Hairs     Fibers     Other

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**Location on Body**

A copy of this form must be placed in the evidence box and one must be provided to the victim or parent/guardian.

Initials

<p>I understand that this examination is conducted for purposes of medical evaluation, documentation and treatment of injuries, and to discover, collect, and preserve evidence of sexual assault. I understand that this exam may include the collection of reference specimens and screening for alcohol, drugs, and sexually transmitted infections. Knowing this, I consent to this examination for medical evaluation and evidence collection of sexual assault. I understand that I may withdraw my consent at any time for any portion of this evidentiary examination. I understand that an advocate is available to me at any time in this process.</p>		
<p>I understand that once an item of evidence has been collected, I may not withdraw my consent to the collection of that item.</p>		
<p>I understand that the documentation and collection of evidence may include photographing injuries, including injuries to the genital area, and a forensic evidence collection kit will be used to gather evidence such as biological fluids for DNA testing, my clothing, and any other items.</p>		
<p>I understand that the health care provider will release a copy of the medical-forensic examination report and all forensic evidence, including photographic evidence, to law enforcement for their use. I understand that once this evidence is disclosed it may be re-disclosed as required to facilitate criminal prosecution.</p>		
<p>I understand that health care providers are mandated reporters in regards to children, vulnerable adults, and certain types of injuries. A mandated reporter is required to report to the designated agency whenever medical care is sought for such injuries and is required to report any other information that falls under the mandated reporting statutes.</p>		
<p>I understand that any treatment beyond the medical forensic exam may be at my own expense unless authorized by the law enforcement agency or by other arrangements. This may include emergency room care, laboratory testing, medications, etc.</p>		
<p><b>Note:</b> A. Signature of parent or guardian if victim is an unemancipated minor or mentally incompetent. *          B. If minor child is presenting, and parent or guardian is not present, a police officer may take immediate action to protect the well-being of the child, who may require immediate medical attention. The police officer shall, at the earliest opportunity, notify the Department of Health and Social Services, Office of Children's Services.</p> <p>_____ Victim's Signature</p> <p>_____ Victim's Name (Print)</p> <p>_____ Guardian's Signature (if applicable)</p> <p>_____ Guardian's Name (Print)</p> <p>_____ Date</p> <p>_____ Time</p> <p><input type="checkbox"/> am <input type="checkbox"/> pm</p> <p><b>* AS 25.20.025 provides that minor children may give consent for their own health care under certain circumstances.</b></p>		
<p>_____ Law Enforcement Signature</p> <p>_____ Law Enforcement Name (Print)</p> <p>_____ Agency</p> <p>_____ ID#</p> <p>_____ Law Enforcement Case Number</p>	<p>_____ Advocate</p> <p>_____ Advocate Agency</p>	<p>_____ Examiner's Signature</p> <p>_____ Examiner's Name (Print)</p> <p>_____ Agency</p>

Examiner's Initials: \_\_\_\_\_

THIS KIT SHOULD BE USED TO ASSIST IN THE COLLECTION OF FORENSIC SAMPLES FROM CHILDREN AGE 14 AND UNDER FOR ANALYSIS BY THE ALASKA STATE CRIME LABORATORY.



### EXAMINATION CONSIDERATIONS FOR CHILDREN

First, do no harm:

- ✓ Allow children to have control of as many aspects of the exam as possible.
- ✓ Proceed at the child's pace.
- ✓ Never restrain a child to conduct a forensic exam - if the child is severely distressed, the exam should be deferred. Gentle restraint by caregiver holding very young child in frog-leg position on their lap is reasonable for short periods of time (<3 min.) when necessary.
- ✓ In the event a young child is severely distressed and uncooperative and an exam is imperative (for example, active anogenital bleeding), arrangements should be made for a sedated evaluation at a hospital.
- ✓ Intravaginal speculum exams should NEVER be done on prepubertal children in an out-patient setting.
- ✓ Intravaginal swabs should RARELY be used on pre-pubertal children.

Prepare the child and caregiver for the examination:

- ✓ Explain the steps and the types of samples that will be collected during the exam.
- ✓ Give the child permission to say stop at any time during the exam if it becomes painful or too upsetting to them. An empowered child is a cooperative child.

General guidelines for the timing of forensic evidence collection include:

- ✓ Oral Swabs ≤24 hours
- ✓ Anal Swabs ≤48 hours
- ✓ Vaginal Swabbings ≤72 hours
- ✓ Specific circumstances may affect decision making, such as hygiene activities, age, etc.

**CONSENT FORM \*REQUIRED\***

Review the form with the parent/legal guardian.  
Have them initial and sign where indicated.

**Step 1A FORENSIC HISTORY FORM**

Fill out all information requested and initial where indicated.

**Step 1B MEDICAL EXAMINATION FORM**

Fill out all information requested and initial where indicated.

**Step 1C EVIDENCE COLLECTION LOG**

Fill out all information requested and initial where indicated.



**A copy of the completed forms must be returned within the kit  
AND  
provided to law enforcement.**

The kit instructions and forms are available under Forms on the Crime Lab webpage at:  
(<https://dps.alaska.gov/comm/crimelab/home>)

Wear ***gloves and mask*** during evidence collection.

Change gloves often.

Maintain other universal precautions as needed.

Once a sample has been collected, the swab(s) should be placed back in the swab package immediately. The swab package is then placed into the appropriate envelope.

Swabs ***SHOULD NOT*** be left out in the open to dry.

If more swabs are needed than are provided in the kit, use hospital or agency supplied swabs to collect samples.

## PHOTO DOCUMENTATION GUIDELINES

1. Explain the purpose of the exam photographs (to document exam findings) and obtain consent.
2. Take an identification photo at the beginning and end of the series; this may consist of a photo of an Identification Card, hospital face sheet or other label that clearly identifies the date, photographer, agency, and child victim (name, case number, or medical record number).
3. For overall photos:
  - Photograph the child overall, including front and back, and right and left sides with clothing.
  - Photograph for facial identification (frontal, R/L sides).
  - Note all injuries, skin disruptions, and scars on the anatomical diagrams provided. Indicate if from assault or other event (per patient).
4. Photo document each injury noted (separately). Use the "Rule of Threes":
  - Orientation photo to identify location of injury or finding (Overall of area).
  - Close up of injury or finding.
  - Close up of injury or finding using a scale. Be careful not to cover any part of the injury.
5. For colposcopic photos, be systematic:
  - Photograph overall area, top to bottom, side to side
  - External genital structures to more internal structures
  - Lowest magnification to highest
  - Note all injuries on the anatomical diagrams provided.
6. Download photos to digital storage media or print per agency policy, maintaining copy for medical record. Ensure successful transmission to digital storage media before deleting from camera.
7. Label photos or digital storage media.
8. Place any photos and/or digital storage media in a separate envelope, NOT in the kit. **Encryption is not permitted.** Label and seal the envelope. Initial and date the seal.

**DO NOT place the photos and/or digital storage media inside the evidence kit box. A copy may be provided to law enforcement upon request.**



**FOREIGN MATERIAL COLLECTION**

Under some circumstances, for example when the suspect is a complete stranger to the victim, you may want to consider trace evidence collection.

1. Place a clean hospital bed sheet on the floor.
2. Obtain a white paper drape and place it on top of the clean bed sheet.
3. Instruct the child to stand in the center of the white paper drape and have them carefully remove all clothing and undergarments, with assistance if necessary, to collect any foreign material that may fall off the clothing.
4. Instruct the child to carefully step off the white paper drape.
5. Fold the white paper drape to securely retain any trace evidence recovered.

Place the white paper drape in a clean paper bag. Seal the bag with tape. Initial and date the seal. Fill out all information on the front of the bag and submit the item to law enforcement along with other clothing items. **DO NOT place this item in the kit. It should be packaged separately and given to law enforcement.**

**The hospital bed sheet should not be collected as evidence.**

**CLOTHING**

1. Collect each clothing item as it is removed.
  - Wet or damp clothing should be air dried before packaging (when possible).
  - Do not cut through any existing holes, rips or stains on the clothing.
  - Do not shake out the clothing (trace evidence is easily lost).
  - Remove all items from the pockets. Consult with law enforcement to determine if items from pockets need to be collected as evidence.
2. **Place the clothing into clean brown paper bags. Do not place more than one item in each bag.**
3. If additional clothing are carried into the exam (items worn during assault, etc.), place the clothing into brown paper bags and label accordingly.
4. Label the bag(s) with the relevant case information (agency number, child's name, contents, etc.)
5. Seal the bag(s) with tape. Initial and date the seal.
6. **DO NOT PLACE THE CLOTHING/BROWN PAPER BAGS IN THE EVIDENCE BOX.**

*It is not necessary to document the date and time collected, and the name of the individual collecting the sample, on each sample envelope unless there was a significant delay during collection or the samples were collected by someone other than the examiner named on the outside of the kit.*





**Step 2 UNDERWEAR (or DIAPER)**

1. Place the underwear (worn at the time of the exam) into the Step 2 bag labeled "Underwear".

★ Diapers [even those worn to the exam] or underwear carried into the exam by victim should be placed in a Drypak evidence bag and submitted item to law enforcement along with other clothing items.

**Diapers/underwear carried into the exam are not to be placed in the kit.**

2. Seal the bag with tape. Initial and date the seal. Fill out the information on the front of the bag.

*Before collection of a sample from the body, inspect the area for injury and document findings on the diagrams provided in Step 1B.*

**Step 3 DEBRIS COLLECTION**

1. Remove the paper bindle(s) from the envelope.  
Unfold and place it on a flat, clean surface.
2. Inspect all body surfaces for foreign debris (dirt, fibers, hairs, leaves, etc).
3. Collect any foreign debris found and place it in the center of the paper.
4. Carefully refold the bindle.  
Note the location the sample was collected on the bindle.  
**Do not seal the bindle(s). Repeat as needed. Debris from different areas/body parts should be collected in separate bindles.**

Place the bindle(s) back in the Step 3 envelope and seal with tape.

Initial and date the seal. Fill out the information on the front of the envelope.

*Immediately after collection, swabs are to be returned to the swab sleeve, cotton tip down. The swab sleeve is then placed in the appropriate white Step envelope.*

**DO NOT use a swab dryer or leave swabs out to dry.**

**Step 4 ORAL SWABS**

**Collect a sample within 24 hours of an oral assault for the detection of semen. If time of the assault has not been determined, use your discretion, based on the physical exam, in deciding whether or not to collect.**

1. Inspect the oral cavity for injuries. Document any findings on anatomical diagram.
2. Remove the contents of the envelope. **Do not moisten the swabs.** Simultaneously using both swabs provided, carefully swab the oral cavity. Include the gum line, teeth, roof of the mouth, surface of the tongue, and beneath the tongue. Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope labeled "ORAL SWABS".
3. Seal the envelopes with tape. Initial and date the seals. Fill out the information on the front of the envelope.



Step 5 REFERENCE BUCCAL [CHEEK] SWABS **\*REQUIRED\***

*The crime lab will NOT proceed with any case-related DNA analysis without a known sample.*

1. Have the child rinse their mouth with water several times prior to collection of the Known DNA sample.
2. Simultaneously using both swabs provided, swab the inside of the child's left and right cheek (at least six times).
3. Place the swabs back in the swab sleeve, cotton tips down, and place the sleeve in the sample envelope labeled "Known DNA Sample".
4. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

Step 6 FINGERNAIL SCRAPINGS

*Collect only if history indicated.*

1. Remove the contents of the envelope labeled "FINGERNAIL SCRAPINGS LEFT HAND".
2. Unfold the paper bindle and place it on a clean, flat surface.
3. Hold the child's left hand over the paper and using the thin-pointed swab provided; carefully scrape under all five fingernails allowing any loose debris present to fall onto the paper.
4. Place the thin-pointed swab in the center of the bindle and refold the bindle. **Note you will need to refold the bindle to accommodate the swab.** Place the bindle back in the "LEFT HAND" envelope.
5. Repeat this procedure for the child's right hand. Place the thin-pointed swab in the center of the bindle and refold the bindle. **Note you will need to refold the bindle to accommodate the swab.** Place the bindle back in the "RIGHT HAND" envelope.
6. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelopes.

*Use of an alternate light source (ALS) at a wavelength of 450 nm will aid in locating possible saliva, semen, or other biological fluids for collection.*

Step 7 MISCELLANEOUS SWABS

*Used for the collection of suspected SEMEN stains on the body (non-genital).*

*Used for the collection of suspected SALIVA from bite marks and licked/sucked areas (non-genital).*

*Used for the collection of foreign BLOOD stains on the body.*

*Used for the collection of OTHER suspected contact sources of DNA (skin to skin, oral/vaginal, etc)*

*Do not swab bleeding wounds, cuts or abrasions.*

*If you are collecting Facial Swabs, DO NOT swab the lips.*



**Step 7 MISCELLANEOUS SWABS - Continued**

1. Moisten the swab provided with sterile/distilled water and thoroughly, but gently swab the area of interest, *using a separate swab for each collection*.
2. Place each swab back in a swab sleeve, cotton tip down, and then place the sleeve in one of the sample envelopes provided. Note the location of the area swabbed on the envelope. **Repeat as needed**.
3. Seal the envelope(s) with tape. Initial and date the seal(s). Fill out the information on the front of the envelope(s).

**Step 8 EXTERNAL GENITALIA / ANAL SWABS**

Collect if assault/abuse reported within 72 hours of examination.

1. Using the single swabs provided, moisten the swabs with sterile/distilled water and carefully swab the relevant external genitalia *in separate collections, as follows*:
  - a. *Female* - Mons and outer aspect of labia majora
  - b. *Female* - Remainder of vulva (inner aspect of labia majora, labia minora, etc.)
  - c. *Male* - Penis (glans and shaft) - If the victim is uncircumcised, retract the foreskin when swabbing
  - d. Perineum and Anus (external only)
2. Place each of the swabs back in a separate swab sleeve, cotton tip down, and then place the sleeves in the respective sample envelopes provided.
3. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

*Assemble provided swab boxes. Immediately after collection, vaginal and rectal swabs are to be placed in the provided swab boxes, cotton tip down. The swab boxes are then placed in the appropriate white Step envelopes.*

**Step 9 VAGINAL SWABS**

Collect if assault/abuse reported within 72 hours of examination.

Intravaginal speculum exams are **never** recommended on prepubertal children unless there is:

- a. Vaginal bleeding
- b. Report of foreign body

This may require evaluation under anesthesia. Mature **postmenarcheal** females may tolerate the procedure without sedation. Intravaginal swabs may be obtained **without use of a speculum if indicated**.

1. Remove the contents of the envelope. **Do not moisten the swabs**. Simultaneously using both swabs provided, carefully swab the proximity of cervical and posterior vaginal pool if indicated.
2. Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope provided.
3. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.

**Step 10 RECTAL SWABS (INTERNAL)**

Collect a sample within 48 hours of a rectal assault. If time of the assault has not been accurately determined, use your discretion, based on the physical exam, in deciding whether or not to collect.

1. Moisten the swabs provided with sterile/distilled water. Simultaneously using both swabs provided, carefully swab the rectum.
2. Place the swabs together in a swab box, cotton tips down, and then place the box in the sample envelope labeled "RECTAL SWABS".
3. Seal the envelope with tape. Initial and date the seal. Fill out the information on the front of the envelope.



FINAL PACKAGING INSTRUCTIONS

1. Verify that the Underwear bag and any of the sample envelopes used are properly labeled and sealed.
2. Place the Underwear bag (underwear/diaper worn to exam only) and sample envelopes inside the evidence kit box.
3. **Place a copy of the completed consent/information form and Step 1 forms inside the evidence kit box.** Please do not staple or paperclip the pages.

**A second copy of the paperwork should be given to law enforcement and/or the case officer.**

4. Fill out all information on the front of the evidence kit box.
5. Seal the evidence kit box with the tape provided. Initial and date the seal(s).

**It is NOT necessary to completely seal around all edges of the kit. A seal is sufficient if the contents cannot be accessed without breaking the seal.**



6. Place any photos and/or digital storage media in a separate envelope. **Encryption is not permitted.** Seal the envelope. Initial and date the seal.

**Do not place the photos and/or digital storage media inside the evidence kit box. A copy may be provided to law enforcement upon request.**

7. Verify that all additional clothing collected (including underwear/diaper carried into exam) is properly packaged, labeled and sealed (in individual brown paper bags). Clothing is submitted to the crime lab (as needed) as separate items of evidence.
8. Check the appropriate box on the outside of the kit if *ONLY* the known/reference buccal swab (Step 5) was collected.

**Unused kit components  
may be disposed of  
or recycled for agency use  
as needed.**



**FORENSIC HISTORY TO BE COMPLETED BASED ON CHILD FORENSIC INTERVIEW****GENERAL INFORMATION**

Agency Case Number: \_\_\_\_\_

Date/time interview started: \_\_\_\_\_  am  pmDate/time interview ended: \_\_\_\_\_  am  pm**Child's Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Biological sex at birth:  Female  Male

Gender identity: \_\_\_\_\_

**Race/Ethnicity:**  Alaska Native  Caucasian/White  Asian  African American/Black  
 Native American/Indian  Hispanic/Latino  Other  
 Stated  Observed

Interpreter Used  Yes  No

Language Used \_\_\_\_\_ Language Line: Ref # \_\_\_\_\_

Name of interpreter \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**FORENSIC INTERVIEW**HISTORY PROVIDED BY:  CHILD  OTHER (specify): \_\_\_\_\_

Date of assault (most recent if multiple incidents): \_\_\_\_\_

Time/Time frame: \_\_\_\_\_  Within last 72 hours Multiple incidents over time: \_\_\_\_\_

Record patient's name for:

Female Genitalia \_\_\_\_\_

Male Genitalia \_\_\_\_\_

Breasts \_\_\_\_\_

Anus \_\_\_\_\_

Forensic interview conducted by \_\_\_\_\_ and was observed by \_\_\_\_\_.

Description of location and assault: \_\_\_\_\_

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

ACTS DESCRIBED (note method/manner)						
Name of Historian _____			Relationship to patient _____			
Description	No	Yes	Attempted	Unsure	N/A	Describe
Genital/vaginal contact/penetration by assailant with:						
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Object (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anal contact/penetration by assailant with:						
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Object (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral copulation of genitals:						
Of child by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Of assailant by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral copulation of anus:						
Of child by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Of assailant by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anal/genital contact of assailant by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-genital or other act(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fondling <input type="checkbox"/> Licking <input type="checkbox"/> Kissing <input type="checkbox"/> Suction Injury <input type="checkbox"/> Strangling <input type="checkbox"/> Striking <input type="checkbox"/> Other impact Describe:
Did assailant(s) injure child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Hit <input type="checkbox"/> Kick <input type="checkbox"/> Other:
Did child injure assailant(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Hit <input type="checkbox"/> Kick <input type="checkbox"/> Other:
Contraceptive or lubricant products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, <input type="checkbox"/> Condom <input type="checkbox"/> Other: _____
Did ejaculation occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, note location(s) : <input type="checkbox"/> Mouth <input type="checkbox"/> Vagina <input type="checkbox"/> Body surface <input type="checkbox"/> On bedding <input type="checkbox"/> Anus/Rectum <input type="checkbox"/> Clothing <input type="checkbox"/> Other
Was force or threats used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe:
Were weapons used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe:
Were pictures/videotapes taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, note type(s) <input type="checkbox"/> Photos <input type="checkbox"/> Video <input type="checkbox"/> Other
Were pornographic pictures/videotapes shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, note type(s) <input type="checkbox"/> Photos <input type="checkbox"/> Video <input type="checkbox"/> Other
Position(s) during assault: <input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lying on side (right/left) <input type="checkbox"/> Unknown <input type="checkbox"/> Other						
Loss of Memory?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> unknown					
Lapse of consciousness?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> unknown					
Behavioral changes in patient?	<input type="checkbox"/> No <input type="checkbox"/> Yes					

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

**ALCOHOL AND DRUG INFORMATION:**

Was alcohol used by the suspect in the time surrounding the assault?  Unknown  No  Yes

Was alcohol used by the victim in the time surrounding the assault?  Unknown  No  Yes

Ingestion  Voluntary  Involuntary

If yes, describe. How was alcohol obtained?:

---

---

What was consumed (by victim and by suspect)?

---

---

How much (by victim and by suspect)?

---

---

Approximate time of first and last drink?

---

---

Were drugs (including prescriptions) used by the suspect in the time surrounding the assault?  Unknown  No  Yes

Were drugs (including prescriptions) used by the victim in the time surrounding the assault?  Unknown  No  Yes

Ingestion  Voluntary  Involuntary

If yes, describe. How was the drug obtained?:

---

---

What was consumed (by victim and by suspect)?

---

---

How much (by victim and by suspect)?

---

---

Approximate time of first and last use?

---

---

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

**MEDICAL HISTORY:**

Has the victim had a bone marrow transplant?  No  Yes  unknown

Has the victim *received* a blood transfusion?  No  Yes  unknown

If yes, approximately how long ago? \_\_\_\_\_

*If female*

Was victim menstruating at the time of the assault?  No  Yes  N/A

Has the victim started her menses since the assault?  No  Yes  N/A

If yes, how many hours/days after: \_\_\_\_\_

HYGIENE/ACTIVITY (since the assault and prior to the exam)			VICTIM'S DESCRIPTION
If <24 hours since the assault, has the victim:	No	Yes	
Ate/Drank	<input type="checkbox"/>	<input type="checkbox"/>	
Brushed teeth/Gargled/Rinsed Mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Urinated	<input type="checkbox"/>	<input type="checkbox"/>	
Wiped genitals (not while using bathroom)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, with what and where is it?

If <72 hours since the assault, has the victim:	No	Yes	
Had a bowel movement	<input type="checkbox"/>	<input type="checkbox"/>	
Used a douche/enema	<input type="checkbox"/>	<input type="checkbox"/>	
Showered/Bathed/Steamed/Washed Genitals	<input type="checkbox"/>	<input type="checkbox"/>	Number of times:
Vomited	<input type="checkbox"/>	<input type="checkbox"/>	

Since the assault, has the victim:		
Inserted a <input type="checkbox"/> feminine hygiene product <input type="checkbox"/> birth control device	What? _____ _____	Is victim still wearing it? <input type="checkbox"/> No (where is the item now? _____) <input type="checkbox"/> Yes (Tampons worn to the exam should be collected and submitted in a Drypak evidence bag within the kit.)
Used a <input type="checkbox"/> pad <input type="checkbox"/> panty liner <input type="checkbox"/> diaper		Is victim still wearing it? <input type="checkbox"/> No (where is the item now? _____) <input type="checkbox"/> Yes (Pads/pantyliners worn to the exam should be collected and submitted in a Drypak evidence bag within the kit. Diapers should be submitted as separate items.)
Other: _____		

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_



CLOTHING WORN AT TIME OF EXAM	
Condition/Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Intact <input type="checkbox"/> Dirty <input type="checkbox"/> Wet <input type="checkbox"/> Torn <input type="checkbox"/> Apparent blood	Clothing worn at time of exam: (List) <input type="checkbox"/> Shirt/T-shirt Describe: _____ <input type="checkbox"/> Jeans/Pants Describe: _____ <input type="checkbox"/> Coat/Jacket Describe: _____ <input type="checkbox"/> Underwear/Diaper Describe: _____ <input type="checkbox"/> Bra Describe: _____ <input type="checkbox"/> Socks/Shoes Describe: _____ <input type="checkbox"/> Other Describe: _____

Has the victim changed **any** clothing since the assault?

- No (skip to sexual history)  
 Yes (continue with remainder of clothing section on next page)

CLOTHING WORN AT TIME OF ASSAULT (if different from clothing worn to exam)
Clothing worn at time of assault: (List) <input type="checkbox"/> Shirt/T-shirt Describe: _____ <input type="checkbox"/> Jeans/Pants Describe: _____ <input type="checkbox"/> Coat/Jacket Describe: _____ <input type="checkbox"/> Underwear/Diaper Describe: _____ <input type="checkbox"/> Bra Describe: _____ <input type="checkbox"/> Socks/Shoes Describe: _____ <input type="checkbox"/> Other Describe: _____

Where is the clothing now?

- Unsure  At scene  With victim  Given to law enforcement  Other \_\_\_\_\_

Were any items laundered?  No  Yes

If yes, please describe: \_\_\_\_\_

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

SEXUAL CONTACT HISTORY			
Has the child had sexual contact, <i>prior to the assault</i> , within the specified time frames?			
Vaginal (within the past 7 days)	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Anal (within the past 72 hours)	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Oral (received within past 24 hours)	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Oral (given within past 24 hours)	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Did ejaculation occur?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, where: _____	<input type="checkbox"/> Unknown
Was a barrier used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, type: _____	<input type="checkbox"/> Unknown

Since the assault, has the child had recent sexual contact?			
Vaginal	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Anal	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Oral (received)	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Oral (given)	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, date/time: _____ With: _____	
Did ejaculation occur?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, where: _____	<input type="checkbox"/> Unknown
Was a barrier used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, type: _____	<input type="checkbox"/> Unknown

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

SUSPECT INFORMATION: Number of assailants:  1  2  3  4

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
Biological Sex:  Male  Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown  Known  Stranger  Spouse (current/former)  Partner (current/former)  Relative  Friend  Other: \_\_\_\_\_

PHYSICAL CHARACTERISTICS:

Hair color:  Blonde  Brown  Black  Red  Other \_\_\_\_\_ Length:  Short  Medium  Long  Shaved/Bald  
Facial hair:  No  Yes If yes, type: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
Biological Sex:  Male  Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown  Known  Stranger  Spouse (current/former)  Partner (current/former)  Relative  Friend  Other: \_\_\_\_\_

PHYSICAL CHARACTERISTICS:

Hair color:  Blonde  Brown  Black  Red  Other \_\_\_\_\_ Length:  Short  Medium  Long  Shaved/Bald  
Facial hair:  No  Yes If yes, type: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
Biological Sex:  Male  Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown  Known  Stranger  Spouse (current/former)  Partner (current/former)  Relative  Friend  Other: \_\_\_\_\_

PHYSICAL CHARACTERISTICS:

Hair color:  Blonde  Brown  Black  Red  Other \_\_\_\_\_ Length:  Short  Medium  Long  Shaved/Bald  
Facial hair:  No  Yes If yes, type: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
Biological Sex:  Male  Female

RELATIONSHIP TO VICTIM: (Check/circle all that apply)

Unknown  Known  Stranger  Spouse (current/former)  Partner (current/former)  Relative  Friend  Other: \_\_\_\_\_

PHYSICAL CHARACTERISTICS:

Hair color:  Blonde  Brown  Black  Red  Other \_\_\_\_\_ Length:  Short  Medium  Long  Shaved/Bald  
Facial hair:  No  Yes If yes, type: \_\_\_\_\_

Officer's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

**TO BE COMPLETED BY THE MEDICAL PROVIDER**

Date/Time assessment started: \_\_\_\_\_  am  pm  
 Date/Time assessment ended: \_\_\_\_\_  am  pm

**Medical Facility Where Exam Performed** MR # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_, AK, \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Patient's Name** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
**Street Address** Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Biological Sex at Birth**  F  M **Ethnicity** \_\_\_\_\_

**Name of Child's Caregiver** \_\_\_\_\_ **Gender**  F  M  
 Parent  Legal Guardian  Other (specify) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Telephone home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name of Child's Caregiver** \_\_\_\_\_ **Gender**  F  M  
 Parent  Legal Guardian  Other (specify) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Telephone home: \_\_\_\_\_ Cell: \_\_\_\_\_

**MANDATORY REPORTING FOR SUSPECTED CHILD ABUSE AND NEGLECT**

**OCS**  
 Telephone Report  Written Report Submitted **Location** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Report made prior to appointment

**Law Enforcement**  
 Telephone Report  Written Report Submitted **Location** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Report made prior to appointment

**RESPONDING PERSONNEL TO MEDICAL FACILITY**

<b>OCS</b>	<b>Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> <b>Unknown</b>
<b>Law Enforcement Officer</b>	<b>Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> <b>Unknown</b>

Examiner's Initials: \_\_\_\_\_

<b>PAST MEDICAL HISTORY</b> describe any positives below				
Description	Yes	No	Unknown	Describe
Hospitalization(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Significant illness/injury including fractures/burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other pertinent med hx (birth, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical conditions or prior treatments, procedures or surgeries that may affect interpretation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (drugs, latex, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunizations up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Normal growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Menstrual periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age of menarche _____ LMP <input type="checkbox"/> Tampons <input type="checkbox"/> Pads <input type="checkbox"/> N/A
Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other abuse history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**REVIEW OF SYSTEMS**

**Constitutional:**  Wt loss/gain  Eating problems  Sleep problems  Pain: if yes, scale \_\_\_\_/10  Other:

**DERM:**  Eczema  Warts  Lesions  Scars  Easy bleeding/bruising  Other:

**HEENT:**  Problems with speech  Hearing  Vision  Ear infections  Other:

**Cardiovascular:**  Heart murmur  Heart problems  Other:

**Pulmonary:**  Asthma  Pneumonia  Other breathing problems  Other:

**GI:**  Constipation  Diarrhea  Vomiting  Incontinence  Bleeding (rectal)  Abdominal pain  Itching (rectal)  Other:

**GU:**  Genital or anal itching  Discharge  Pain  Bleeding  UTI  Symptoms of previous injury  Bed wetting/wetting pants  History of STD  Other:

**Neurologic:**  Seizures  Syncope  Irritability  Lethargy  Other:

**Musculoskeletal:**  Pain  Fractures  Other:

**Mental health:**  Self harm  Sexualized behavior  Other behavioral changes:

**Other:**

ROS negative except as noted above

**PERTINENT FAMILY MEDICAL HISTORY (HPV, HSV, HIV, Mollusca, etc)**

Examiner's Initials: \_\_\_\_\_

**GENERAL PHYSICAL EXAMINATION**

Temperature \_\_\_\_  PO  Ax      Pulse \_\_\_\_      Respiration \_\_\_\_      Blood Pressure \_\_\_\_  
 Height \_\_\_\_ \_\_\_\_ %      Weight \_\_\_\_ \_\_\_\_ % BMI \_\_\_\_      HC (Child <2) \_\_\_\_ \_\_\_\_ %  
 Hair color \_\_\_\_\_      Eye Color \_\_\_\_\_  
 General physical appearance, demeanor, level of cooperation and alertness, condition of clothing:

**Pain:**  
 Is victim having pain?  No  Yes      If yes, current pain level per victim is: \_\_\_\_ out of 10 (0 = none, 10 = worst possible)  
 Location of pain: \_\_\_\_\_  
 Type of pain: \_\_\_\_\_  
 What makes pain worse: \_\_\_\_\_  
 What makes pain better: \_\_\_\_\_

Additional information:

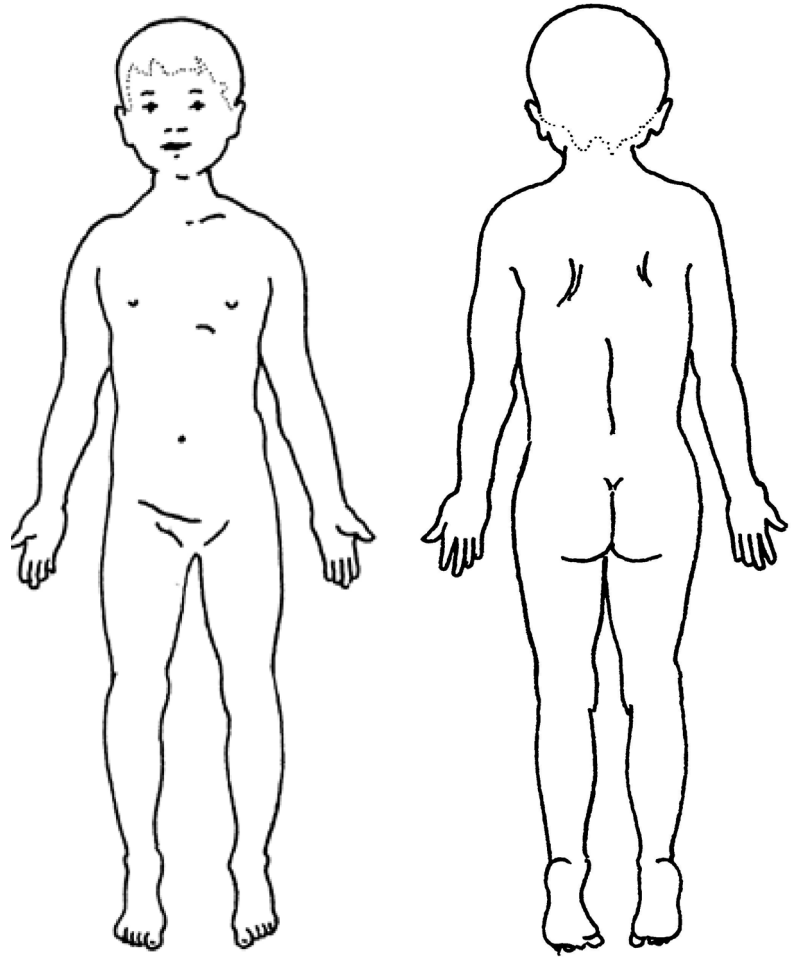
Area	WNL	ABN	Not Examined	See Diagram	Describe significant findings
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scalp/hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nose and Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth/Lips/Pharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Maturity Rating
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Initials: \_\_\_\_\_

**GENERAL PHYSICAL EXAMINATION (continued)**

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

No injuries noted



FRONT VIEW

REAR VIEW

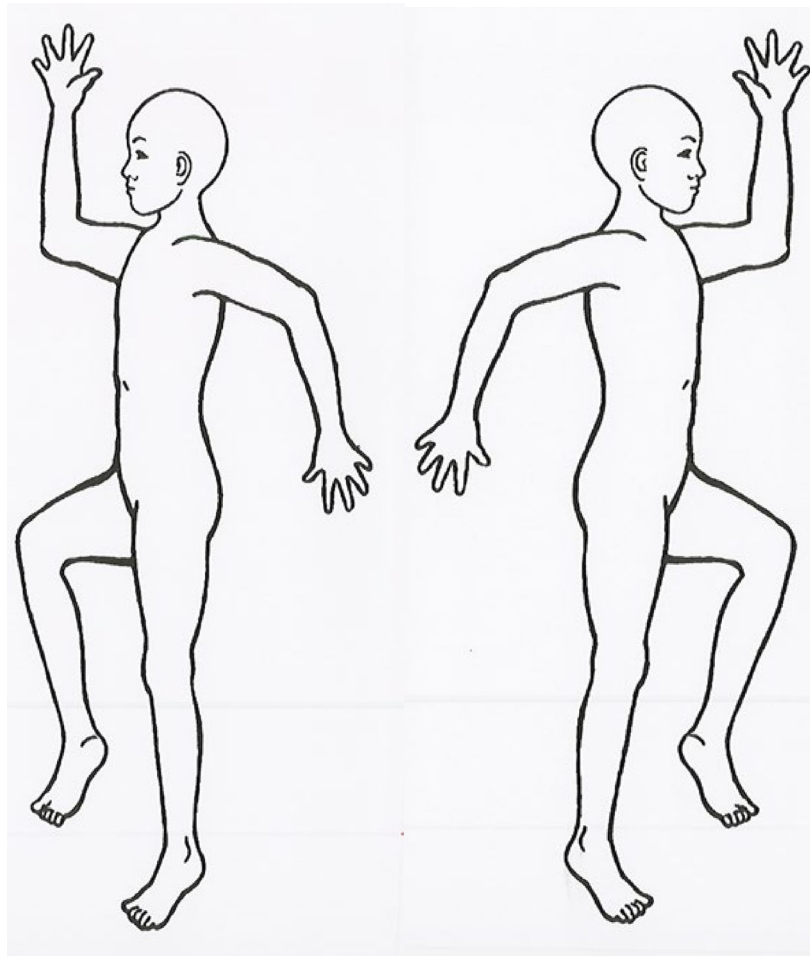
<b>NOTES:</b>

Examiner's Initials: \_\_\_\_\_

**GENERAL PHYSICAL EXAMINATION** *(continued)*

LEGEND (Type of findings)	
<b>AB</b>	Abrasion
<b>BM</b>	Bite mark
<b>BR</b>	Bruise
<b>BU</b>	Burn
<b>DE</b>	Debris, Foreign body
<b>F/H</b>	Fiber/Hair
<b>IW</b>	Incised wound
<b>LA</b>	Laceration
<b>OF</b>	Other finding (describe)
<b>OI</b>	Other injury (describe)
<b>PE</b>	Petechiae
<b>SC</b>	Scar
<b>TE</b>	Tenderness
<b>V/S</b>	Vegetation/soil
<b>ALS+</b>	Alternate light source
	<input type="checkbox"/> Fluorescence found
	<input type="checkbox"/> Samples swabbed

No injuries noted



**LEFT SIDE VIEW**

**RIGHT SIDE VIEW**

<b>NOTES:</b>

Examiner's Initials: \_\_\_\_\_

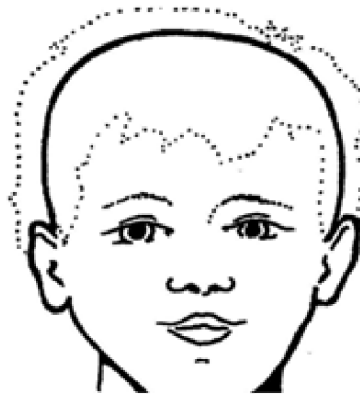


**GENERAL PHYSICAL EXAMINATION (continued)**

LEGEND (Type of findings)	
AB	Abrasion
BM	Bite mark
BR	Bruise
BU	Burn
DE	Debris, Foreign body
F/H	Fiber/Hair
IW	Incised wound
LA	Laceration
OF	Other finding (describe)
OI	Other injury (describe)
PE	Petechiae
SC	Scar
TE	Tenderness
V/S	Vegetation/soil
ALS+	Alternate light source <input type="checkbox"/> Fluorescence found <input type="checkbox"/> Samples swabbed

No injuries noted

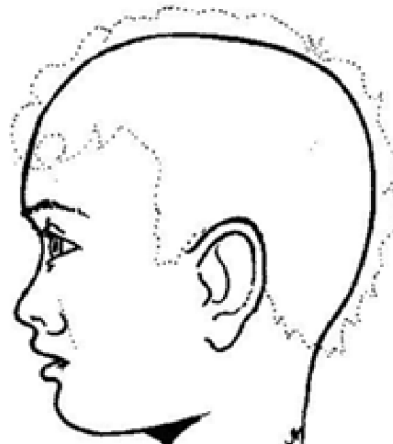
Child Face, Front View



Child Face, Right View



Child Face, Left View



Child Face, Oral and Nasal View



**NOTES:**


Examiner's Initials: \_\_\_\_\_

**GENITAL FINDINGS - Female**

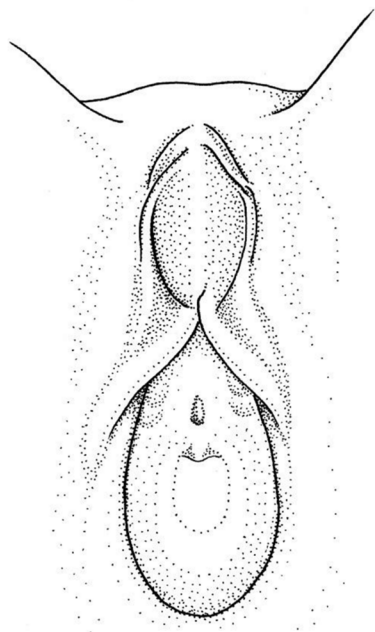
Exam Method       Direct Visualization       Colposcope       Other Magnification \_\_\_\_\_

Exam Positions/Methods	Separation	Traction	Knee Chest
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saline/Water	<input type="checkbox"/> Moistened Swab	<input type="checkbox"/> Catheter	<input type="checkbox"/> Speculum <input type="checkbox"/> Other _____

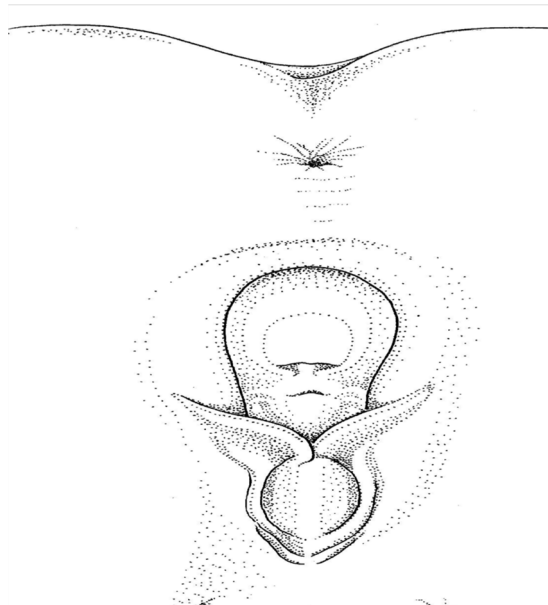
Sexual Maturity Rating \_\_\_\_\_

	WNL	ABN	Describe
Inner thighs	<input type="checkbox"/>	<input type="checkbox"/>	
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	
Labia Majora	<input type="checkbox"/>	<input type="checkbox"/>	
Labia Minora	<input type="checkbox"/>	<input type="checkbox"/>	
Clitoral Hood	<input type="checkbox"/>	<input type="checkbox"/>	
Perihymenal tissues (urethra/vestibule)	<input type="checkbox"/>	<input type="checkbox"/>	
Hymen Morphology <input type="checkbox"/> Annular <input type="checkbox"/> Crescentic <input type="checkbox"/> Imperforate <input type="checkbox"/> Redundant <input type="checkbox"/> Septate <input type="checkbox"/> Other _____			
Hymen Description: _____			
Fossa navicularis	<input type="checkbox"/>	<input type="checkbox"/>	
Posterior fourchette	<input type="checkbox"/>	<input type="checkbox"/>	
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	
Vagina (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> n/a
Cervix (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> n/a
Discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe

**Female Supine**



**Female Knee-Chest**



Examiner's Initials: \_\_\_\_\_

**GENITAL EXAMINATION – Male**

**Exam Method**       Direct Visualization       Colposcope       Other Magnification \_\_\_\_\_

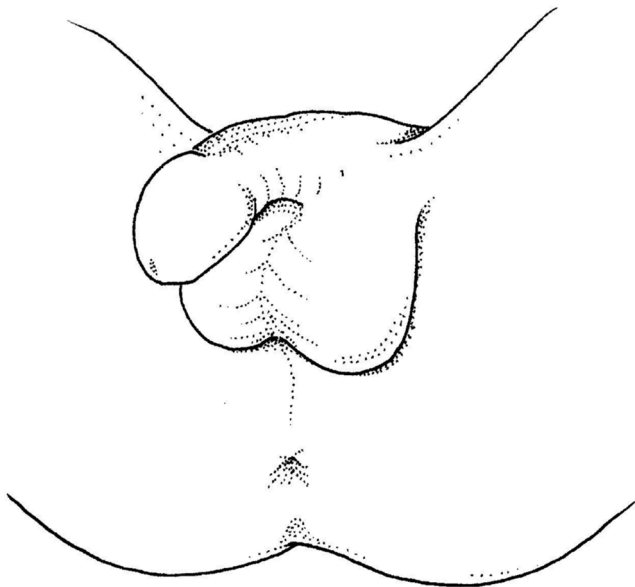
Exam Positions/methods:  
 Supine     Prone     Moistened swab     Other \_\_\_\_\_

**Genital Sexual Maturity Rating** \_\_\_\_\_

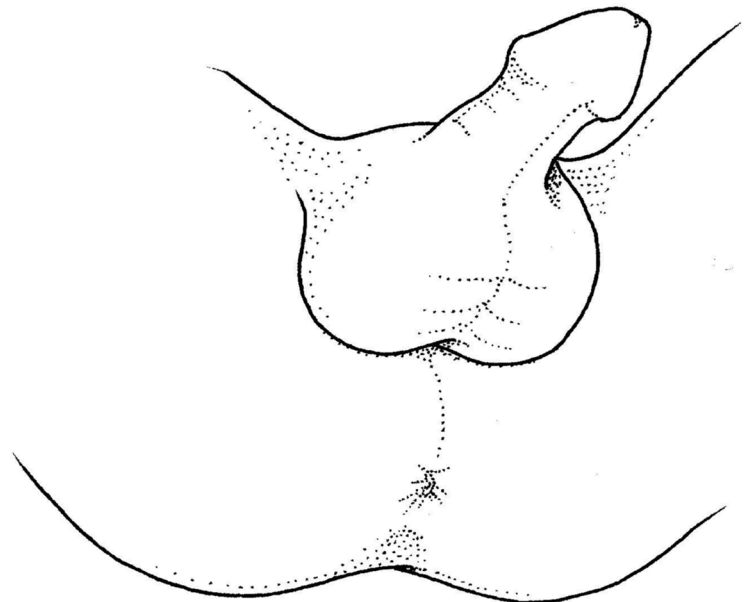
**Circumcised**     Yes     No

	WNL	ABN	Describe
Inner thighs	<input type="checkbox"/>	<input type="checkbox"/>	
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	
Foreskin	<input type="checkbox"/>	<input type="checkbox"/>	
Glans Penis	<input type="checkbox"/>	<input type="checkbox"/>	
Penile Shaft	<input type="checkbox"/>	<input type="checkbox"/>	
Urethral meatus	<input type="checkbox"/>	<input type="checkbox"/>	
Scrotum	<input type="checkbox"/>	<input type="checkbox"/>	
Testes	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe

**Male Dorsal View**



**Male Ventral View**



Examiner's Initials: \_\_\_\_\_

**ANUS AND RECTUM**

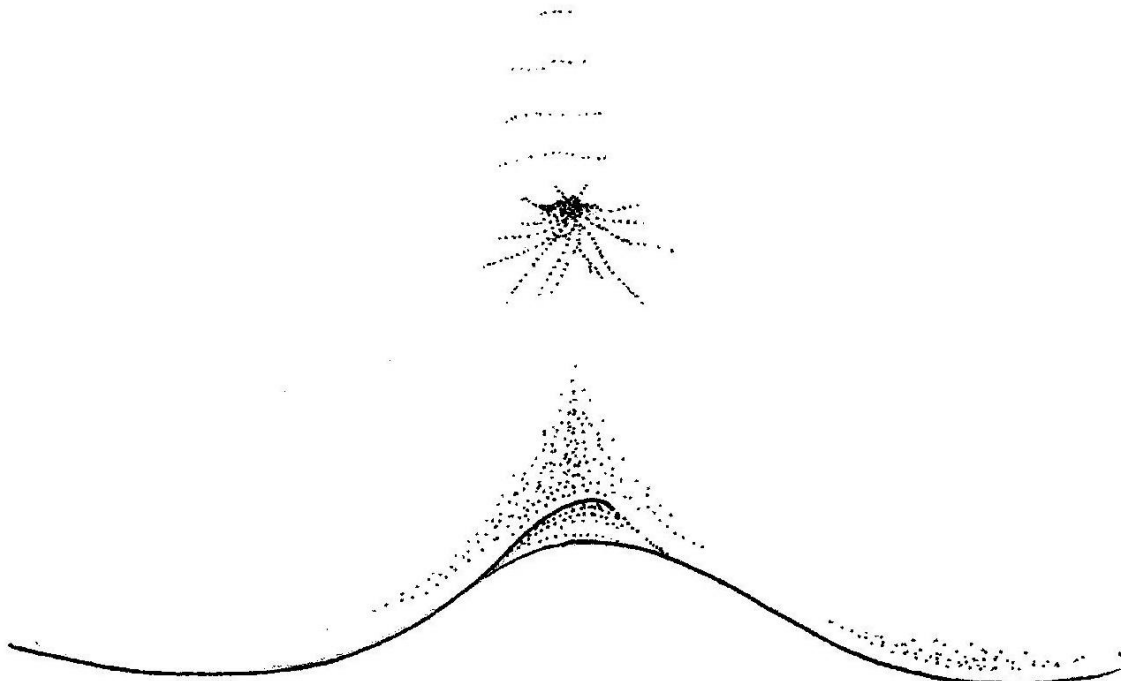
**Exam Method**       Direct Visualization       Colposcope       Other Magnification \_\_\_\_\_

Exam Positions	Observation	Observation with traction
Supine	<input type="checkbox"/>	<input type="checkbox"/>
Supine knee chest	<input type="checkbox"/>	<input type="checkbox"/>
Prone knee chest	<input type="checkbox"/>	<input type="checkbox"/>
Lateral recumbent	<input type="checkbox"/>	<input type="checkbox"/>

**Exam Methods**       Moistened Swab       Anoscopy       Other \_\_\_\_\_

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

	WNL	ABN	Describe
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	
Perianal skin	<input type="checkbox"/>	<input type="checkbox"/>	
Anal verge/folds	<input type="checkbox"/>	<input type="checkbox"/>	
Anal tone	<input type="checkbox"/>	<input type="checkbox"/>	
Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not seen
Anal dilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed    Comments: _____
Stool present in rectal ampulla	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undetermined



Examiner's Initials: \_\_\_\_\_

**PHOTO DOCUMENTATION METHODS**

Area	Yes	No	Colposcope/Still	Macrolens/Still	Colposcope/Videocamera	Other Optics	Photographed by
Body	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>		

Type of Film/Media  Digital  Other (specify) \_\_\_\_\_

Recommended follow-up photographs are taken in 1 – 2 days?  N/A  Yes: \_\_\_\_  No

**MEDICAL LAB TESTS PERFORMED  NONE**  
**REMINDER: DO NOT INCLUDE LAB SAMPLES IN EVIDENCE KIT**

STD CULTURES	GC	CHLAMYDIA	Other	Describe	Collected By	Results
Oral	<input type="checkbox"/>	N/A				
Vestibular	<input type="checkbox"/>	<input type="checkbox"/>				
Cervical	<input type="checkbox"/>	<input type="checkbox"/>				
Rectal	<input type="checkbox"/>	<input type="checkbox"/>				
PCR	<input type="checkbox"/>	<input type="checkbox"/>		Source		
Wet Mount	<input type="checkbox"/>					
Serology	<input type="checkbox"/> Syphilis	<input type="checkbox"/> HIV	<input type="checkbox"/> Hepatitis			
Pregnancy Test	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine				
Urinalysis	<input type="checkbox"/>					
Urine drug screen	<input type="checkbox"/> Done @ ____		<input type="checkbox"/> N/A			
Toxicology screen	<input type="checkbox"/> Done @ ____		<input type="checkbox"/> N/A			
DFSA screen	<input type="checkbox"/> Done @ ____		<input type="checkbox"/> N/A			
Other Tests			Source			

**PLAN OF CARE**

1. Medications:  No changes from previous  Changes: \_\_\_\_\_
2. STI prophylaxis:  Not indicated  Yes: \_\_\_\_\_
3. Pregnancy prophylaxis:  Not indicated  Yes: \_\_\_\_\_
4. Counseling referral:  No  Yes: \_\_\_\_\_
5. Other recommendations/referrals: \_\_\_\_\_

**PATIENT DISPOSITION**

Admitted  Home  Protective Custody  Other specify: \_\_\_\_\_

Follow up Exam Needed (specify reason): \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

**TO BE COMPLETED BY THE MEDICAL PROVIDER**

SUMMARY OF FINDINGS AND INTERPRETATION				
<b>1. Disclosure</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to interview Comments:				
<b>2. Interpretation of anal-genital findings</b> <input type="checkbox"/> Normal Exam or Normal Variant: can neither confirm nor negate sexual abuse <input type="checkbox"/> Abnormal likely due to medical condition <input type="checkbox"/> Infection not related to sexual abuse/assault <input type="checkbox"/> Infection that can be sexually or non-sexually transmitted <input type="checkbox"/> Infection due to sexual contact, perinatal <input type="checkbox"/> Finding(s) indicative of acute or healed trauma to the genital/anal tissues <input type="checkbox"/> <input type="checkbox"/> Indeterminate: <input type="checkbox"/> Findings are highly suggestive of sexual abuse <input type="checkbox"/> Definite evidence of sexual abuse and/or sexual contact <input type="checkbox"/> Exam not done due to no disclosure refused by parent refused by child other: Comments:				
<b>3. Interpretation of general physical exam</b>				
<b>4. Need further consultation or re-evaluation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:				
<b>5. Additional comments regarding other findings, interpretations, and recommendations:</b>				
PLAN OF CARE				
Pending labs:				
GC/CT NAAT	<input type="checkbox"/> Urine (dirty catch)		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Vaginal		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Rectal		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Throat/oral		neg <input type="checkbox"/>	<u>Date</u>
Serology:	<input type="checkbox"/> Syphilis		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> HIV		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Hepatitis B		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Hepatitis C		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Other		neg <input type="checkbox"/>	<u>Date</u>
	<input type="checkbox"/> Other		neg <input type="checkbox"/>	<u>Date</u>
Urinalysis	<input type="checkbox"/> UA <input type="checkbox"/> reflex culture		neg <input type="checkbox"/>	<u>Date</u>
Vaginitis Panel	<input type="checkbox"/> Vag Path DNA or <input type="checkbox"/> Wet Prep		neg <input type="checkbox"/>	<u>Date</u>
Cultures:	(Choose)	Describe:	neg <input type="checkbox"/>	<u>Date</u>
	(Choose)	Describe:	neg <input type="checkbox"/>	<u>Date</u>
Other Tests			neg <input type="checkbox"/>	<u>Date</u>
Other Tests			neg <input type="checkbox"/>	<u>Date</u>
Toxicology	<input type="checkbox"/> Urine		neg <input type="checkbox"/>	<u>Date</u>

- Medications:  N/A  No medication changes  New/changed medications: \_\_\_\_\_
- Counseling referral:  Yes, provided by team  Not indicated based on assessment  Not indicated, already established  
 Other: \_\_\_\_\_
- Handouts:  None  Educational materials discussed and provided by team  Other: \_\_\_\_\_
- Other recommendations/referrals: \_\_\_\_\_
- Follow up letter to PCP:  N/A  Yes

**PATIENT DISPOSITION** Admitted  Home  Protective Custody Other specify: \_\_\_\_\_ Follow up Exam Needed (specify reason): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Provider  
Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Kit Samples Collected	
Step 2 Underwear (worn at time of exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 3 Debris Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 4 Oral Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 5 Reference Buccal [Cheek] Swabs	<b>REQUIRED</b>
Step 6 Fingernail Scrapings	
• Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 7 Miscellaneous Swabs	
• Semen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Saliva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Blood	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
• Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 8 External Genitalia / Anal Swabs	
• <i>Female</i> Mons and outer aspect of labia majora	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> N/A
• <i>Female</i> Remainder of vulva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> N/A
• <i>Male</i> Penis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> N/A
• Perineum and anus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
Step 9 Vaginal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred <input type="checkbox"/> N/A
Step 10 Rectal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred
<b>ITEMS PLACED IN STORAGE:</b>	<b>Date:</b> _____ <b>Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm
By: _____	Signature: _____

**NOTES:**

**Additional Items Collected:**

The following items are submitted to law enforcement/case officer separately and ARE NOT to be included in the kit.

- Check all that apply
- Shirt/T-shirt
  - Sweatshirt/Sweater
  - Pants/J Jeans
  - Coat/Jacket
  - Diaper
  - Underwear/briefs (carried into exam)
  - Other (describe): \_\_\_\_\_
  - none collected
  
  - Photos/Digital Media

Examiner's Initials: \_\_\_\_\_