



COMMONWEALTH OF PENNSYLVANIA  
SEXUAL ASSAULT EVIDENCE COLLECTION KIT

— VICTIM —

Health care facilities may choose to use either the Department of Health developed paperwork that can be downloaded from the DOH Web site at [www.health.state.pa.us/saforms](http://www.health.state.pa.us/saforms) or their own forms of documentation so long as all specifically required information necessary for forensic processing is included.

FOR HEALTH CARE PERSONNEL

(Please Print)

Victim's Name \_\_\_\_\_

Date/Time \_\_\_\_\_ am  
\_\_\_\_\_ pm

Physician \_\_\_\_\_

Nurse \_\_\_\_\_

Health Care Facility \_\_\_\_\_

REFRIGERATE KIT

Contains:  Tampon/Sanitary Napkin  \_\_\_\_\_

FOR POLICE PERSONNEL

CHAIN OF CUSTODY

(Please Sign and Print Names)

From \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am  
\_\_\_\_\_ pm

To \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am  
\_\_\_\_\_ pm

From \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am  
\_\_\_\_\_ pm

To \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am  
\_\_\_\_\_ pm

INCIDENT NO. \_\_\_\_\_

PROPERTY NO. \_\_\_\_\_ ITEM NO. \_\_\_\_\_

FOR CRIME LABORATORY PERSONNEL

LABORATORY NO. \_\_\_\_\_

ITEM NO. \_\_\_\_\_ INITIALS \_\_\_\_\_

AFFIX  
BIOHAZARD  
LABEL HERE

INTEGRITY SEAL TO BE OPENED BY AUTHORIZED PERSONNEL ONLY

## LAB COPIES OF SEXUAL ASSAULT KIT FORMS

TO BE FILLED OUT BY POLICE

INCIDENT NO.: \_\_\_\_\_

PROPERTY NO.: \_\_\_\_\_

ITEM NO.: \_\_\_\_\_

REOPA:LC.1 12/07

INTEGRITY SEAL TO BE OPENED BY AUTHORIZED PERSONNEL ONLY

# COMMONWEALTH OF PENNSYLVANIA SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

(For Health Care Personnel)

Health care facilities may choose to use either the Department of Health developed paperwork that can be downloaded from the DOH Web site at [www.health.state.pa.us/saforms](http://www.health.state.pa.us/saforms) or their own forms of documentation so long as all specifically required information necessary for forensic processing is included.

**STOP!** Failure to thoroughly and accurately complete all information requested may jeopardize the successful investigation and prosecution of a chargeable crime.

This kit is designed to assist the examiner in the collection of evidentiary specimens for analysis by the Pennsylvania State Police Crime Laboratory. The health care facility is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the health care facility are to be collected with in-house supplies.

Victims are entitled to a sexual assault forensic exam regardless of whether or not they speak or cooperate with law enforcement at the time of the exam. Costs of the forensic rape examination and medications provided as a direct result of a sexual offense shall not be charged to the victim.

Prior to the examination, the health care facility should inform the victim of the availability of a sexual assault crisis center counselor, contact the counselor at the request of the victim, provide the victim an opportunity to consult with the counselor in person and in private while at the facility, and give the telephone number of the crisis center to the victim. If the local crisis center number is not available, call 1-888-772-7227.

Sexual assault is a legal matter for the court to decide and is not a medical diagnosis. The examiner should express no conclusions, opinions, or diagnoses to the victim or others, nor should this be written in the record.

## STEP 1 CONSENT FOR COLLECTION AND RELEASE OF EVIDENCE AND INFORMATION FORM

Fill out all information requested and have victim (or parent/guardian, if applicable) and witness sign where indicated.

## STEP 2 FOREIGN MATERIAL, CLOTHING, AND UNDERPANTS COLLECTION

- Note:
1. Wet or damp clothing should be air dried before packaging.
  2. If victim is not wearing the clothing worn at the time of the reported assault, collect only the items that are in direct contact with the victim's genital area.
  3. If victim changed clothing after assault, inform officer in charge so that the clothing worn at the time of the assault may be collected by the law enforcement.
  4. Do not cut through any existing holes, rips or stains in victim's clothing.
  5. Do not shake out victim's clothing or microscopic evidence will be lost.
  6. If additional clothing bags are required, use only new paper (grocery-type) bags.

Unfold and place a clean bed sheet on floor. Remove paper sheet from Foreign Material bag, unfold, and place over bed sheet. Instruct victim to stand in center of paper sheet and carefully disrobe. Collect each item as removed and place in separate Clothing bag. Collect victim's underpants and place in Underpants bag. Refold paper sheet on which victim stood in manner to retain any foreign material present and return to Foreign Material bag. Fold tops of bags and tape shut, then seal with evidence seals provided. Fill out all information requested on bag labels. Return bed sheet to health care facility laundry.

## STEP 3 ORAL ASSAULT COLLECTION SAMPLES

Note: Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection.

Remove all components from envelope. Using one swab, carefully swab the buccal area and gum line. Place "First Swab" label on the bottom of the swab stick. Carefully swab the buccal area and gum line a second time with the remaining swab. With the labeled surface (black masked portion) facing up, use both swabs to prepare one smear (smear should be confined to the oval area on the slide). Allow swabs (2) and smear (1) to air dry. Return smear to slide holder and place swabs in swab box, then check off "Oral" on swab box.

Return smear and swabs to the Step 3 Oral Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

RE1PA:INSFDA1.2 9/14

## CONTROL SWABS

**DO NOT OPEN - DO NOT REMOVE FROM KIT**

RE1PA:CSWABS.1 9/11

COVIDIEN™

Curity™

→ Cotton Tipped Applicator

6" (15.2 cm)

Made in USA

2

STERILE R



Single use

Do not use if package is opened or damaged

0123

© 2011 Covidien. Made in USA.

Covidien Inc, 15 Hampshire Street, Mansfield, MA 02048 USA.

ECR/EP Covidien Ireland Limited, IDA Business & Technology Park, Tullamore. HP105277

**STEP 4 MISCELLANEOUS COLLECTION (DEBRIS, DRIED SECRETIONS, TAMPON/SANITARY NAPKIN)**

**DEBRIS:** Remove folded paper sheet from envelope. Unfold and place on flat surface. Collect any foreign debris such as dirt, fiber, hair, etc. and place in center of paper sheet. Refold paper in manner to retain debris.

Note: If available, it is recommended that an Alternate Light Source (ALS) be used in the following procedure.

**DRIED SECRETIONS:** Remove swabs and swab box from envelope. Secretions such as dried semen, blood, saliva, etc. should be collected. Lightly moisten one swab with distilled water and thoroughly swab the area of dried secretions. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the area of dried secretions a second time. Allow the wet swab to air dry, place both swabs in swab box, and mark swab box "Dried Secretions from \_\_\_\_\_." If additional secretions are present, collect using in-house supplied swabs following the same procedure. Allow swabs to air dry, then return them to their original paper sleeve and mark sleeve "Dried Secretions from \_\_\_\_\_", then place in Step 4 envelope. Note location(s) from which dried secretions sample(s) was taken on anatomical drawings on envelope.

**TAMPON/SANITARY NAPKIN:** Remove wax bag from envelope. Collect the tampon/sanitary napkin and place on paper sheet from in-house stock. Allow tampon/sanitary napkin to air dry. Place tampon/sanitary napkin in wax bag and seal bag. Wax bag may be labeled for identification purposes.

Return folded paper sheet, swab box, and wax bag to the Step 4 Miscellaneous Collection envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 5 FINGERNAIL CLIPPINGS/SWABBINGS**

Remove all components from envelope. Unfold paper sheet marked L and place on flat surface.

Using the clipper provided in this kit, hold the victim's left hand over the center of the paper sheet and cut all five fingernails as close to the skin as possible, allowing the clipped fingernails to fall onto the center of paper. Refold in manner to retain the clippings and any debris present.

Lightly moisten one swab with distilled water and swab the underside of each left hand fingernail. Place "Wet Swab" label on bottom of the swab stick. Using a dry swab, swab the underside of each left hand fingernail a second time. Allow the wet swab to air dry and place both swabs in swab box, then mark box "Left Hand".

Follow same procedure for right hand. Place "Wet Swab" label on bottom of the wet swab stick and mark swab box "Right Hand".

Return folded paper sheets, swab boxes, and clipper to the Step 5 Fingernail Clippings/Swabbing envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 6 PUBIC HAIR COMBINGS**

Remove paper towel and comb from envelope. Place towel under victim's buttocks. Using comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto paper towel. Refold in manner to retain both comb and any evidence present. Return to the Step 6 Pubic Hair Combing envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 7 EXTERNAL GENITALIA COLLECTION SAMPLE**

**IF FEMALE VICTIM:**

Remove all components from envelope. Lightly moisten one swab with distilled water and thoroughly swab the vulva. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the vulva a second time. Allow the wet swab to air dry and place both swabs in swab box, then check off "Vulva" on swab box.

Return swabs to the Step 7 External Genitalia Collection Sample envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**IF MALE VICTIM:**

Remove all components from envelope. Lightly moisten one swab with distilled water and thoroughly swab the glans and shaft of the penis. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the glans and shaft of the penis a second time. Allow the wet swab to air dry and place both swabs in swab box, then check off "Penile" on swab box.

Using the second set of swabs, lightly moisten one swab with distilled water and thoroughly swab the scrotum. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the scrotum a second time. Allow the wet swab to air dry and place both swabs in swab box, then check off "Scrotum" on swab box.

Return swabs to the Step 7 External Genitalia Collection Sample envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 8 VAGINAL ASSAULT COLLECTION SAMPLES**

Note: 1. Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection.  
2. After completing the following procedure, if any additional fluid is present in the vaginal vault, collect fluid using in-house supplied swabs. Allow swabs to air dry, then return them to their original paper sleeve and place in the Step 8 envelope.

Remove all components from envelope. Using one swab, thoroughly swab the vaginal vault. Place "First Swab" label on the bottom of the swab stick. Thoroughly swab the vaginal vault a second time with the remaining swab. With the labeled surface (black masked portion) facing up, use both swabs to prepare one smear (smear should be confined to the oval area on the slide).

Using the second set of swabs provided, use one swab to thoroughly swab the cervix. Place "First Swab" label on the bottom of the swab stick. Thoroughly swab the cervix a second time with the remaining swab.

Allow swabs (4) and smear (1) to air dry. Return smear to the slide holder. Place the first set of swabs in one of the swab boxes, then check off "Vaginal" on swab box. Place the second set of swabs in the remaining swab box, then check off "Cervical" on swab box.

Return smear and swabs to the Step 8 Vaginal Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 9 RECTAL ASSAULT COLLECTION SAMPLES**

Note: 1. Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection.  
2. After completing the following procedure, if any additional fluid is present in the rectal canal, collect fluid using in-house supplied swabs. Allow swabs to air dry, then return them to their original paper sleeve and place in the Step 9 envelope.

Remove all components from envelope. Using one swab, carefully swab the rectal canal. Place "First Swab" label on the bottom of the swab stick. Carefully swab the rectal canal a second time with the remaining swab. With the labeled surface (black masked portion) facing up, use both swabs to prepare one smear (smear should be confined to the oval area on the slide). Allow swabs (2) and smear (1) to air dry. Return smear to slide holder and place swabs in swab box, then check off "Rectal" on swab box.

Return smear and swabs to Step 9 Rectal Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 10 BUCCAL SWAB COLLECTION (For DNA Analysis)**

Note: Have victim rinse his/her mouth thoroughly with water before swabbing.

Remove the collection device from the clear plastic pouch, then write the victim's full name on the collector where requested.

Slide the cover down, if necessary, to fully expose the buccal cell collection pad. Place the collector in the victim's mouth, then press the paper pad against the inside cheek. Drag the collector towards the lips and out of the victim's mouth. Repeat this procedure seven (7) times. DO NOT rub the collector back and forth against the cheek.

Slide the cover up to cover the collection pad. Allow pad to air dry, then return collector to the Step 10 Buccal Swab Collection envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

**STEP 11 TRANSFER OF EVIDENCE FORM**

Hand law enforcement the Step 11 form and have the officer inventory all evidence and fill out all information requested on the form. Have law enforcement and examiner sign and date form where indicated.

(OVER)

## FINAL INSTRUCTIONS

- 1) Make sure all information requested on all forms, envelopes, and bag labels has been filled out completely.
- 2A) Retain a copy of all forms for Medical Records and Law Enforcement.
- 2B) Place a copy of appropriate forms in the Lab Copies of Forms envelope affixed to the bottom of the kit box. Seal with tape or a label (do not lick). If forms do not easily fit inside the envelope, they should be placed inside the kit box.
- 2C) Give copy of appropriate forms to victim or victim's parent/guardian.
- 3) With the exception of sealed and labeled clothing bags, return all other evidence collection envelopes, bags, used or unused, to kit box.

**NOTE: Only evidence requested should be placed in kit. Any specimens collected for other uses (e.g. blood or urine collected for toxicology testing) should not be placed in kit but should be sent to the appropriate laboratory for analysis.**

- 4) Initial and affix red police evidence seals where indicated on box top.
- 5) Fill out all information requested on kit box top under "For Health Care Personnel", then affix biohazard label where indicated.
- 6) Hand sealed kit, sealed bags, and copies of forms to law enforcement.

**NOTE: If law enforcement is not present at time of collection, place sealed kit, sealed bags, and forms in locked area and hold for pick up by law enforcement (if kit contains tampon/sanitary napkin or other saturated item, place in a secure refrigerated area).**

### FDA INSERT Important Information Regarding RE-1PA

This product information sheet is included  
to comply with FDA Regulations.

#### PLEASE RETURN THIS FORM TO INSIDE OF KIT

#### Expiration Date Information:

The expiration date on this product pertains only to specific components. Please check the expiration date on the following components. If any are beyond the expiration date, please replace with similar components from hospital stock.

10 pkgs. ea. sterile, cotton-tipped swabs (2/pkg.)\*

**\*Make sure all replacement swabs have the same lot number.**

#### Intended Use:

Evidence collection from the victims of sexual assault

#### Contents:

kit instruction sheet	plastic comb	plastic slide mailers
bags with labels affixed	envelopes	paper bindles
microscope slides with labels affixed	exam sheet	finger nail clippers
sterile, cotton-tipped swabs	swab boxes	police evidence seals
buccal swab collector	swabbie towel	wax paper bag
transfer of evidence form	biohazard label	paper ruler
labels		

#### Warnings and Precautions:

Blood and other biological fluids should be handled and processed as if they are potentially infectious.

# STEP 1 Consent for Collection and Release of Evidence and Information

\_\_\_\_\_  
Name of Health Care Facility

I, \_\_\_\_\_, freely consent to allow \_\_\_\_\_ and his/her medical and nursing associates to conduct a forensic examination, which includes the collection of evidence. This procedure has been fully explained to me, and I understand that I may refuse any part of the examination. Clinical observation for physical evidence of both penetration and injury to my person will be done. Collection of other specimens and blood samples for laboratory analysis may be done per the events reported.

<b>Patient Information: Please initial to the right to indicate agree/disagree for each statement.</b>	Agree	Disagree
<ul style="list-style-type: none"> <li>I understand that hospitals and health care facilities must report certain crimes to law enforcement authorities in cases where a victim seeks medical care.</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>I have been informed that Pennsylvania law provides that a victim of a sexual offense shall not be charged for the costs of a forensic rape examination.</li> </ul>	_____	_____
<ul style="list-style-type: none"> <li>I understand that I do not need to talk to law enforcement authorities directly if I choose not to; however, I understand that with my consent, the health care facility will provide the evidence of the forensic rape examination to law enforcement authorities.</li> </ul>	_____	_____
<b>Patient Consent: Please initial to the right to indicate agree/disagree for each statement.</b>		
<p><b>Examination</b></p> <ul style="list-style-type: none"> <li>I understand that a forensic examination to collect evidence from the sexual assault may be conducted, with my consent, by a health care professional(s), to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence will be provided to law enforcement authorities.</li> <li>I understand that I may withdraw consent at any time for any portion of the examination.</li> </ul>	_____	_____
<p><b>Photographs</b></p> <ul style="list-style-type: none"> <li>I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.</li> </ul>	_____	_____
<p><b>General Information</b></p> <ul style="list-style-type: none"> <li>I understand that evidence, including photographs, 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.</li> </ul>	_____	_____

I fully understand the nature of the examination and the fact that medical information gathered by this means may be used as evidence in a court of law or in connection with enforcement of public health rules and law.

\_\_\_\_\_  
Print Name (patient)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature (patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of Parent or Guardian/Relationship

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

**STEP 2**

**FOREIGN MATERIAL**

VICTIM'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

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

WAS SAMPLE COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_

**STEP 2**

VICTIM'S NAME: \_\_\_\_\_

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

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

WAS SAMPLE COLLECTED? YES

IF NO, WHY NOT? \_\_\_\_\_

CLOTHING DESCRIPTION: \_\_\_\_\_

**STEP 2**

**CLOTHING**

(one item of clothing per bag)

VICTIM'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

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

WAS SAMPLE COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_

CLOTHING DESCRIPTION: \_\_\_\_\_

762

**STEP 2**

**UNDERPANTS**

VICTIM'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

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

WAS SAMPLE COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_

CLOTHING DESCRIPTION: \_\_\_\_\_

764

**STEP 3**

**ORAL ASSAULT  
COLLECTION SAMPLES**

VICTIM'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

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

WAS SAMPLE COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_

REOPA-STP3.1 2/08

**STEP 2**

**CLOTHING**

(one item of clothing per bag)

VICTIM'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

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

WAS SAMPLE COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_

CLOTHING DESCRIPTION: \_\_\_\_\_

762



**Curity™**  
Cotton Tipped Applicator

**6"** (15.2 cm)

Made in USA

2

STERILE R



0123

© 2011 Covidien. Made in USA.  
Covidien Inc, 15 Hampshire Street, Mansfield, MA 02048 USA.  
EC REP Covidien Ireland Limited, IDA Business & Technology Park, Tullamore.  
HP105277

**AIR DRY SWABS BEFORE PLACING IN CARTON**

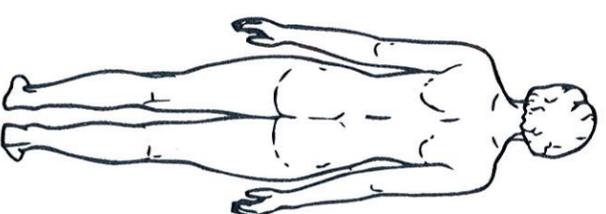
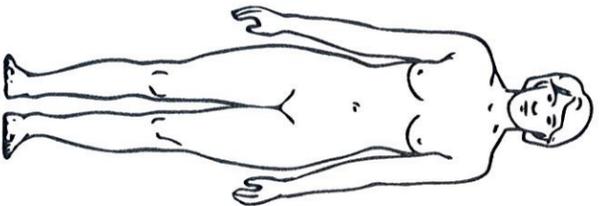
CERVICAL  VAGINAL   RECTAL  ORAL

ORAL

"First Swab"

**STEP 4**

**MISCELLANEOUS COLLECTION**



VICTIM'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

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

**CHECK APPROPRIATE BOX(ES):**

- DEBRIS
- DRIED SECRETIONS
- TAMPON/SANITARY NAPKIN

WAS SAMPLE(S) COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_

REOPA:STPA.1 2008

"Wet Swab"

 **COVIDIEN™**  
**Curity™**  
Cotton Tipped Applicator  
6" (15.2 cm)  
Made in USA  
2  
STERILE R  
LATEX  
DEHP  
Single use  
Do not use if package is opened or damaged  
0123  
CE  
© 2011 Covidien, Made in USA.  
Covidien Inc, 15 Hampshire Street, Mansfield, MA 02048 USA.  
Covidien Ireland Limited, IDA Business & Technology Park, Tullamore.  
HP105277

**STEP 5**

**FINGERNAIL CLIPPINGS/SWABBINGS**

RE1PA-STP5.1 8/14

VICTIM'S NAME: \_\_\_\_\_

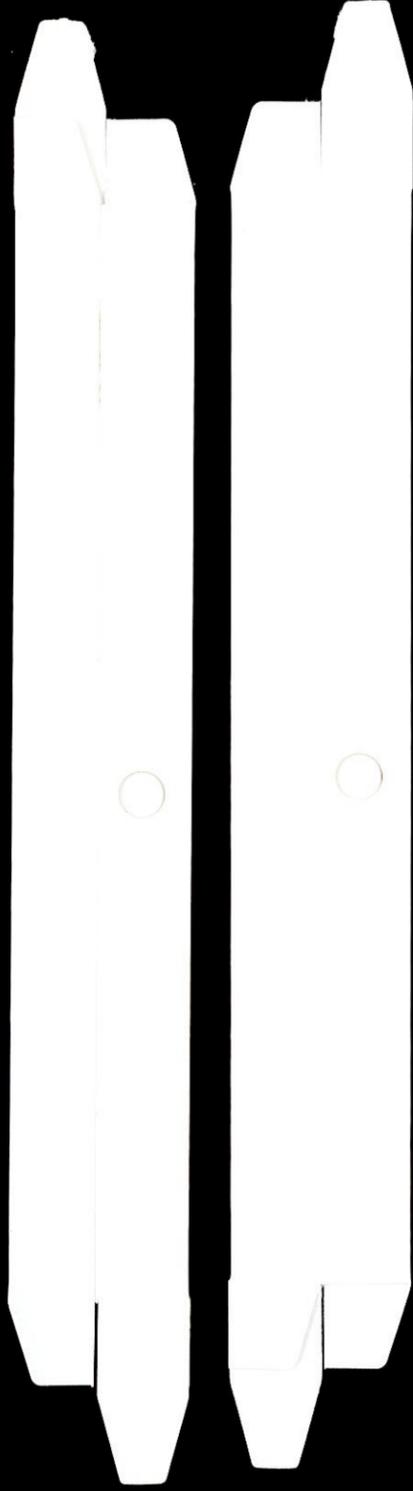
DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_

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

am  
pm

WAS SAMPLE COLLECTED? YES  NO

IF NO, WHY NOT? \_\_\_\_\_



© 2011 Covidien, Made in USA.  
Covidien LLC, 15 Hampshire Street, Mansfield, MA 02048 USA.  
Covidien Ireland Limited, IDA Business & Technology Park, Tullamore, HP105277

COVIDIEN™  
Curity™  
Cotton Tipped Applicator  
6" (15.2 cm)  
[Made in USA]

2

STERILE R  
Do not use if package is opened or damaged  
0123

Single use

Do not use if package is opened or damaged

© 2011 Covidien, Made in USA.  
Covidien LLC, 15 Hampshire Street, Mansfield, MA 02048 USA.  
Covidien Ireland Limited, IDA Business & Technology Park, Tullamore, HP105277

COVIDIEN™  
Curity™  
Cotton Tipped Applicator  
6" (15.2 cm)  
[Made in USA]

2

STERILE R  
Do not use if package is opened or damaged  
0123

Single use

Do not use if package is opened or damaged

