

**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 website at <http://www.saforms.health.pa.gov/> 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 an approved Forensic 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. **Cap-Shure swabs are an acceptable substitute for the current swabs and boxes and may be used in place of the buccal swab collector.**

Victims are entitled to a sexual assault forensic examination regardless of whether or not they speak or cooperate with law enforcement at the time of examination. 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.

RECOMMENDED TIME FRAMES FOR EVIDENCE COLLECTION*

Type of Assault	Collection Time
Vaginal	Up to 120 hours (5 days)
Anal	Up to 72 hours (3 days)
Oral	Up to 24 hours (1 day)
Bite marks/saliva on skin	Up to 96 hours (4 days)
Unknown	Collect respective samples within the time frames listed above

*Recommended time frames published in National Institute of Justice *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach* (Washington, DC: U.S. Department of Justice, August 2017): <https://www.ncjrs.gov/pdffiles1/nij/250384.pdf>

Due to increased sensitivity in DNA testing methods, additional measures are necessary to avoid contaminating specimens. Gloves must be worn by all health care providers in the collection and packaging of evidence and changed frequently. Masks should also be worn during the collection and packaging of intimate samples and swabs. The need for these precautions should be explained to the victim when collecting the evidence.

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 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 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 may be lost
6. If additional clothing bags are required use only new paper (grocery-type) bags
7. Do not put bags in kit

Unfold and place a clean bed sheet on floor. Instruct victim to stand in center of bed sheet and carefully disrobe. Standing on the bed sheet prevents contamination should any of the clothing items come in contact with the floor. Collect each item as removed and place in separate Clothing bag. Collect victim's underpants and place in Underpants bag. Fold tops of bags and tape shut, then seal with evidence seals provided (do not lick). Fill out all information requested on bag labels. Return bed sheet to health care facility laundry. If any item that may be considered evidence is present on the sheet after the patient removes their clothing consider packaging the items in the STEP 4 miscellaneous collection envelopes.

STEP 3 ORAL ASSAULT COLLECTION SAMPLES

Note:

1. When collecting swabs from a mucosal (moist) surface there is a first swab and a second swab
2. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence
3. Do not stain or chemically fix smear
4. 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 side). 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.

STEP 4

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

Note:

1. When collecting swabs from a non-mucosal (dry) surface there is a wet swab followed by a dry swab
2. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence
3. If available, it is recommended that an Alternate Light Source (ALS) be used in the following procedure

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.

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 in kit 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 must be clearly labeled for identification purposes. Do not put in kit. Tampon/sanitary napkin must be packaged separately from kit to permit refrigeration or freezing of item.

FORCEFUL CONTACT SWABBING: **Collect only if case scenario supports** aggressive handling such as strangulation. Remove swabs and swab box from envelope. Lightly moisten one swab with distilled water in kit and thoroughly swab the area of contact. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the area of contact a second time. Allow the wet swab to air dry, place both swabs in swab box, and mark swab box "Contact swab from _____."

Return folded paper sheet and swab box 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 SWABBINGS: **Collect only if case scenario supports.**

Note:

1. When collecting swabs from a non-mucosal (dry) surface there is a wet swab followed by a dry swab
2. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence

Remove all components from envelope. Lightly moisten one swab with distilled water in kit 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 swab boxes to the Step 5 Fingernail Swabbings envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 6 EXTERNAL GENITALIA COLLECTION SAMPLE

IF FEMALE GENITALIA:

Note:

1. For female genitalia this collection has contact with mucosal (wet) and non-mucosal (dry) surfaces, follow the non-mucosal technique
2. When collecting swabs from a non-mucosal (dry) surface there is a wet swab followed by a dry swab
3. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence

Remove all components from envelope. Lightly moisten one swab with distilled water and thoroughly swab the vulva. This is a large area to swab and it includes the mons pubis, labia majora, labia minora, the folds between the labia majora and minora, the clitoris, the urethra, the inner aspect of the labia minora, and the vestibule. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, swab the entire area 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 6 External Genitalia Collection Sample envelope. Seal with tape or a label (do not lick) and fill out information requested on envelope.

IF MALE GENITALIA:

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 6 External Genitalia Collection Sample envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 7 VAGINAL ASSAULT COLLECTION SAMPLES

Note:

1. When collecting swabs from a mucosal (moist) surface there is a first swab and a second swab
2. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence
3. Do not stain or chemically fix smear
4. If a condom is present, package in a plastic bag or container and clearly label. Do not put in kit. Condom must be packaged separately from kit to permit refrigeration or freezing of item.

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 side).

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 7 Vaginal Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 8 PERIANAL/RECTAL ASSAULT COLLECTION SAMPLES

Note:

1. When collecting swabs from a non-mucosal (dry) surface there is a wet swab followed by a dry swab
2. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence
3. Do not stain or chemically fix smear

Perianal/Perineum Collection:

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

Note:

1. When collecting swabs from a mucosal (moist) surface there is a first swab and a second swab
2. When collecting swabs roll the cotton tip over the collection surface to maximize the surface area of the swab coming in contact with the area of potential trace evidence
3. Do not stain or chemically fix smear
4. If a condom is present, package in a plastic bag or container and clearly label. Do not put in kit. Condom must be packaged separately from kit to permit refrigeration or freezing of item.

Rectal Collection: COLLECT ONLY IF CASE SCENARIO SUPPORTS OR IF UNKNOWN: Applying traction to the anal verge, carefully swab the rectal canal using one swab. Be careful not to touch the anal verge tissues. 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 8 Perianal/Rectal Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 9 BUCCAL SWAB COLLECTION (For DNA Analysis)

This collection should be done last to minimize risk of contamination from a foreign contributor. Have victim rinse their 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 9 Buccal Swab Collection envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 10 TRANSFER OF EVIDENCE FORM

Hand law enforcement the Step 10 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.

FINAL INSTRUCTIONS

- 1) Make sure all information requested on all forms, envelopes, and bag labels has been filled out completely.
- 2A) Retain copy of all forms for Medical Records and Law Enforcement.
- 2B) Place pages 1-8 of the documentation from medical examination in the Lab Copies of Forms envelope affixed to the bottom of the kit box. Seal with tape or a label (do not lick). Only pages 1-8 are needed by the lab. 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, underpants and tampon/sanitary napkin 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 bag 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.

9 pkgs. Each sterile, cotton-tipped swabs (2/pkg)*

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

**Cap-Shure swabs are an acceptable substitute for the current swabs and boxes
and may be used in place of the buccal swab collector**

Intended Use:

Evidence collection from the victims of sexual assault

Contents:

Kit instructions sheet	envelopes	plastic slide mailers
Bags with labels affixed	swab boxes	paper bindles
Microscope slides with labels affixed	biohazard label	police evidence seal
Sterile, cotton-tipped swabs	distilled water	wax paper bag
Buccal swab collector	labels	paper ruler
Transfer evidence form		

Warnings and Precautions:

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

Identification:

Kit manufacturers will be responsible for adding a unique identifier and bar code. Any existing inventory will need to be uniquely identified by the health care facility once a tracking system is implemented. The unique identifiers provided by a manufacturer should use an alpha-numeric combination to prevent duplication by other manufacturers.

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.mary.gov/ackforms or their own. Review of documentation as 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/Secretary Napkin

FOR POLICE PERSONNEL
CHAIN OF CUSTODY
(Please Sign and Print Name)

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 _____

APRIL 2008 REVISION LABEL 0006

INTENT 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. _____

APRIL 2008 REVISION LABEL 0006

ALSO TRANSMITTED SEPARATELY AS EVIDENCE TO ALL THESE AGENCIES

STEP 2 CLOTHING
(one set 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 _____

DO NOT PACKAGE WITHIN KIT

STEP 2 CLOTHING
(one set 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 _____

DO NOT PACKAGE WITHIN KIT

STEP 2 UNDERPANTS

VICTIM'S NAME _____
 DATE COLLECTED _____ TIME _____ AM _____ PM
 COLLECTED BY _____

WAS SAMPLE COLLECTED? YES NO
 IF NO, WHY NOT? _____
 CLOTHING DESCRIPTION _____

DO NOT PACKAGE WITHIN KIT

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? _____

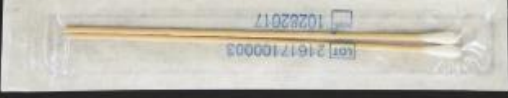
8084-0111-008



"First Swab"

AIR DRY SWABS BEFORE PLACING IN CARTON

CERVICAL VAGINAL RECTAL PERIANAL ORAL



STEP 4 **MISCELLANEOUS COLLECTION**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: ^{AM} _____ ^{PM} _____

COLLECTED BY: _____

CHECK APPROPRIATE BOXES:

DEBRIS

DRIED RESIDUES

FORCEFUL CONTACT EVIDENCE

INDICATE LOCATION ON DASHBAR WHERE SAMPLE COLLECTED

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

8084-0111-011



"Wet Swab"



STEP 5 **FINGERNAIL SWABBINGS**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: ^{AM} _____ ^{PM} _____

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

8084-0111-017



"Wet Swab"

"Wet Swab"



STEP 6 **EXTERNAL GENITALIA COLLECTION SAMPLES**

VICTIM'S NAME _____

DATE COLLECTED: _____ TIME: _____ AM
PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

WUSA PENILE SCROTUM

10282017

"Wet Swab"

STEP 7 **VAGINAL ASSAULT COLLECTION SAMPLES**

VICTIM'S NAME _____

DATE COLLECTED: _____ TIME: _____ AM
PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

VAGINAL

"First Swab"

"First Swab"

AIR DRY SWABS BEFORE PLACING IN CARTON

CERVICAL VAGINAL RECTAL PERIANAL ORAL

AIR DRY SWABS BEFORE PLACING IN CARTON

CERVICAL VAGINAL RECTAL PERIANAL ORAL

STEP 8 **PERIANAL/RECTAL ASSAULT COLLECTION SAMPLES**

VICTIM'S NAME _____

DATE COLLECTED: _____ TIME: _____ AM
PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

RECTAL

"Wet Swab"

"First Swab"

AIR DRY SWABS BEFORE PLACING IN CARTON

CERVICAL VAGINAL RECTAL PERIANAL ORAL

AIR DRY SWABS BEFORE PLACING IN CARTON

CERVICAL VAGINAL RECTAL PERIANAL ORAL

STEP 9 **BUCCAL SWAB COLLECTION**

VICTIM'S NAME _____

DATE COLLECTED _____ TIME _____ AM/PM _____

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

MS-04-001-01



SEALED EVIDENCE DO NOT TAMPER Date: _____ Initials: _____

SEALED EVIDENCE DO NOT TAMPER Date: _____ Initials: _____

SEALED EVIDENCE DO NOT TAMPER Date: _____ Initials: _____

SEALED EVIDENCE DO NOT TAMPER Date: _____ Initials: _____

EVIDENCE
WITHIN AREA
WARNING: POLICE SEAL
DO NOT REMOVE

EVIDENCE
WITHIN AREA
WARNING: POLICE SEAL
DO NOT REMOVE

BIOHAZARD

1 2 3 4 5 6

INCHES

THRECUFORENSICS

Consent for Collection and Release of Evidence and Information

Name of Health Care Facility _____
 Healthcare Provider _____

Patient Information:		
<ul style="list-style-type: none"> I understand that hospitals and health care facilities must report certain crimes to law enforcement authorities in cases where a victim seeks medical care. 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. The report of the examination and any evidence will be provided to law enforcement authorities based on reporting option selected. I understand information 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. 		
Patient Consent: Please initial to the right to indicate agree/disagree for each statement	Agree	Disagree
Examination		
I understand that a forensic examination may be conducted, with my consent, by a health care professional(s) to identify injury and collect/preserve evidence from the sexual assault per the events reported.		
I understand that I may withdraw consent at any time for any portion of the examination.		
Photographs		
I understand that collection of evidence may include digital images of injuries and that these images may include the genital area.		
<input type="checkbox"/> genital		
<input type="checkbox"/> non-genital		
Photographs may be released to investigating agencies as part of the report of the examination.		
<input type="checkbox"/> genital		
<input type="checkbox"/> non-genital		
Reporting		
I agree to talk to investigating agencies about the assault I'm being evaluated for today to file a report.		
I agree that law enforcement can send the evidence to a laboratory approved by the Federal Bureau of Investigation (FBI) for CODIS access. The evidence will undergo analysis by the approved laboratory.		
I understand that I may withdraw consent for evidence testing by contacting the law enforcement agency investigating my case.		
I am choosing an anonymous reporting option (see Patient Consent Form Anonymous Report)		

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

**PLACE IN KIT ALONG WITH SELF-ADDRESSED RETURN ENVELOPE
FOR COMPLETION BY FORENSIC LABORATORY PERSONNEL**

Sexual Assault Evidence Collection Kit (SAEK) Survey for Best Practice

Thank you for taking a couple minutes to complete this survey to improve the practice of the Sexual Assault Examiners in PA. It is our goal to provide you with the most accurate evidence to assist in the analysis. To do this your feedback is crucial. Specific information in the areas of needed improvement is extremely appreciated.

Demographic Information

1. Hospital Name: _____
2. Collector:
 - a. Nurse (credentials): _____
 - b. Physician: _____
3. Date of Collection: _____

Documentation

1. History of Events available and clearly documented?
 N/A Yes No – Improvements? _____
2. What additional information would have been helpful in the analysis of the SAEK?

SAEK Packaging

3. SAEK and envelopes labeled and sealed correctly?
 N/A Yes No – Improvements on which item needed? _____
4. Swabs adequately dried?
 N/A Yes No – Improvements? _____
5. Chain of custody maintained?
 N/A Yes No – Improvements? _____

Evidence Quality

6. Microscope slides prepared correctly?
 N/A Yes No – Improvements? _____
7. Adequate number and type of swabs collected based on history of events?
 N/A Yes No – Improvements? _____
8. Buccal swab included in SAEK?
 N/A Yes No – Improvements? _____
9. Specimens submitted were found to be consistent with the history of events?
 N/A Yes No – Improvements? _____

Any additional constructive feedback is appreciated: _____

Transfer of Evidence/Chain of Custody Form

On _____ at _____ (am or pm) the
(Date) (Time)

following items were given to _____
(Police Officer)

of the _____
(Police Department)

Evidence Received

Check YES or NO for all items (if no, explain)

Photographs: CD YES NO _____
Other YES NO _____

Clothing (list): Shirt/Blouse YES NO _____
Pants/Slacks YES NO _____
Bra YES NO _____
Underpants YES NO _____
Jacket/Coat YES NO _____
Other YES NO _____

Sexual Assault Evidence Collection Kit: YES NO _____
Tampon/Sanitary napkin included: YES NO _____

Drug Facilitated Sexual Assault Kit: YES NO _____
Copy of Forensic Medical Record: YES* NO _____
*If yes copy included for State Crime Lab YES NO _____

Other evidence: YES NO
If YES, describe: _____

From: _____
Date: _____ Time: _____ am/pm

To: _____
Date: _____ Time: _____ am/pm

From: _____
Date: _____ Time: _____ am/pm

To: _____
Date: _____ Time: _____ am/pm

