



2021 Evidence Collection Guidelines



Specimen	Number of Swabs	How to Collect	When to Collect	
Known Samples	Blood card in BCA Kit	Several drops of blood is preferred	Always collect	No pulled hairs needed
Buccal Swabs	Four swabs	Swab inside of cheek for Buccal known sample	<ul style="list-style-type: none"> • If no oral assault Buccal swab is acceptable for known sample • Blood is preferred 	Oral rinse before collecting not necessary
Oral Swabs	Four swabs	Swab along the upper and lower gum line and under tongue	Collect up to 24-36 hours after oral assault	Collect even if patient has brushed teeth, eaten or drank fluids
Fingernail Swabs	One swab per hand	<ul style="list-style-type: none"> • Lightly moistened swab with either sterile water or saline • Package each hand separately 	<ul style="list-style-type: none"> • Collect only if patient reports scratching assailant • Do not collect if patient has no memory of scratching suspect 	Swabs better than cuttings or scraping fingernails
Skin Swabs	Two swabs per area	<ul style="list-style-type: none"> • Lightly moistened swab with sterile water or saline • Package swabs together. • Neck – one set of swabs • Breasts - collect each breast separately 	<ul style="list-style-type: none"> • Swab even after showering (one-two times) • Collect up to 48- 72 hours 	Swab areas for touch DNA if assailant forcefully touched victims skin i.e. held wrists for extended period of time or neck with manual strangulation <ul style="list-style-type: none"> • BCA research shows better collection of evidence with two moist swabs (no need to follow with dry swabs) • Swab areas of fluorescence
Bite marks	Two swabs	<ul style="list-style-type: none"> • Photograph first • Lightly moistened swabs with either sterile water or saline 	<ul style="list-style-type: none"> • Swab even after showering (one-two times) • Collect up to 48-72 hours 	



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Pubic Hair Combing		<ul style="list-style-type: none"> • Comb pubic hair • Fold comb in paper • Place in envelope 	If patient has not showered		
Perineal Swabs	Collect four swabs	Lightly moistened swab with either sterile water or saline	<ul style="list-style-type: none"> • Swab even after showering (one-two times) • Collect even while patient is menstruating 	Digital penetration: collect perineal swabs	Document why swabs collected from area other than perineum, i.e. mons pubis
Penile Swabs	Collect two swabs	Lightly moistened swab with either sterile water or saline	Swab even after showering (one-two times)		
Scrotum Swabs	Collect two swabs	Lightly moistened swab with either sterile water or saline	Swab even after showering (one-two times)		
Vaginal Swabs	Collect four swabs	Blind swab collection if patient unable to tolerate speculum exam	Collect up to 10 days	Collect even while patient is menstruating	<ul style="list-style-type: none"> • BCA prefers no lube with speculum • No need to document it if you do use lube
Cervical Os Swabs	Collect two swabs	Place one swab in cervical os then collect second swab	Collect with vaginal assault up to 10 days	Collect even while patient is menstruating	Recommended to collect with every vaginal assault
Rectal Swabs	Collect four at one time -or- Collect two swabs then two more for total of four	<ul style="list-style-type: none"> • Lightly moistened swab with either sterile water or saline • Insert swabs into anus 2-3 cm, rotate gently 	Collect up to 48 hours after assault	Anoscopy <ul style="list-style-type: none"> • Collect 4 perianal swabs prior to anoscope insertion • Collect 4 swabs past end of anoscope 	<ul style="list-style-type: none"> • Perianal swabs = potential drainage from vagina • Little research on viability of sperm in rectum • May use lube on anoscope



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Tampons		Put tampon in sterile specimen cup with holes punched in the top	<ul style="list-style-type: none"> • Place cup in paper bag • Seal bag • Place in refrigerator 		
Condoms		Put condom in sterile specimen cup with holes punched in the top	<ul style="list-style-type: none"> • Place cup in paper bag • Seal bag • Place in refrigerator 	Do not tie condom off	
Trace	Do not put leaves, dirt or other debris in kit. BCA will not test. Document in chart and take photographs.	<ul style="list-style-type: none"> • Collect items with potential for suspects DNA, i.e. cigarette butt smoked by assailant • Place in Foreign Matter envelope 	<ul style="list-style-type: none"> • Hair collected for trace evidence may need to have pulled head and pubic hairs from victim • Can be obtained at a later time, hair would be tested last 	<ul style="list-style-type: none"> • No underwear in kit unless kit is restricted. If kit is restricted, can include underwear if they fit in the kit. • Only put swabs in kit 	Document and photograph trace evidence
Clothing	Photograph clothing prior to packaging if it's stained, torn, missing buttons etc.	Package each item separately in paper bags	Collect clothing worn after assault even if laundered	Seal with evidence tape, label with patient name, time, date, case number, jurisdiction, person collecting	Do not swab clothing instead of collecting clothing – BCA will not test swabs of clothing
Turnaround time	<ul style="list-style-type: none"> • Children and/or vulnerable adult = immediately Adults = 3 months • Kits are returned to Law Enforcement after processing is completed • Most probative swabs processed first 				
Documentation	<ul style="list-style-type: none"> • Seal each envelope with patient label and initials over the seal • Mark Yes Specimen Collected on the front of the envelope and initial • Copy of SANE report placed in the Sexual Assault Kit is OK, BCA form is preferred • Must document reason swabs were collected (for swabs other than the pre-labeled envelopes) 				
Procedural	<ul style="list-style-type: none"> • Only put the envelopes used back into Sexual Assault kit • Do not touch envelopes or the inside of the Sexual Assault kit without gloves and use a mask/gloves while collecting swabs • BCA kit, Blood and Urine kits need to be refrigerated • 2 skin swabs yields more concentrated sample • Allow wet swabs to dry before packaging • Swabs should be done simultaneously to ensure equal amount of DNA on all swabs 				

*These recommendations are guidelines only, always refer to local jurisdiction and SANE Program protocols



2021 Evidence Collection Guidelines



The toxicology (blood and urine) samples should be collected as soon as possible to maximize the likelihood of detecting any drugs and alcohol that may have been ingested prior to the assault.

- Drugs and alcohol decrease in concentration as they are metabolized and excreted from the body
 - Alcohol is eliminated from the body more rapidly than most drugs
- Detection time windows for drugs are longer in urine than in blood
- Testing decisions are made based on the time between the assault and collection of the sample

Time between incident and sample collection and testing that can be done:		Less than 24 hours	24 to 48 hours	48 to 120 hours	More than 120 hours
Blood	Use a BCA Blood Collection Kit that includes two gray topped tubes containing potassium oxalate and sodium fluoride	alcohol drugs	drugs	no testing	no testing
Urine	Use a BCA Blood Collection Kit that includes a bottle containing sodium fluoride	alcohol drugs	drugs	drugs	no testing
General sample collection information	<ul style="list-style-type: none"> • If possible, collect blood and urine samples • Hospital collection devices can be used if a BCA collection kit is unavailable, gray topped blood tubes are preferred • If possible, collect the toxicology samples prior to administering medication • Collect as much sample as possible: up to 20 ml of blood between the two tubes and up to 100 mL of urine <ul style="list-style-type: none"> ○ Lower sample volumes may limit toxicology testing ○ A portion of the sample(s) must be retained to enable the defense to have reasonable tests made • Refrigerate samples after collection 				
Documentation to provide with the toxicology samples	<ul style="list-style-type: none"> • Any alcohol consumption history • The patient’s prescribed medications and time of the last dose • Any use of medications or drugs outside of their prescription list • Any suspicion that the patient was provided with medication or drugs prior to the incident • Any symptoms the patient mentions that may suggest drug use (for example, amnesia, unconsciousness, blackout) • Any medication that was administered to the patient during the SANE exam, prior to the toxicology sample collection 				