

Evidence Collection, Swab Drying and Packaging Guide

2021

Swab Collection

- Swab collection is based on patient's account **No** oral assault = **no** oral swabs
- Reason swabs were collected need to be documented in chart and BCA form
- All skin swabs are collected with a light touch, in a circular motion
- Purpose is to obtain DNA from suspect, not the victim
- All swabs are collected together, at the same time
- Use sterile water or saline to moisten swabs – 1 or 2 drops per swab
- Use a **moist** swab to collect **dry** secretions
- Use a **dry** swab to collect **moist** secretions

Evidence Collection - Skin

- Examples of when to collect skin swabs
 - Strangulation – swab neck and fingernails from patient's hands
 - Perpetrator oral contact on patient's body – kissing, licking, biting, sucking
 - Perpetrator ejaculated on patient's skin
 - Pre-ejaculate on patient's skin
 - Perpetrator held patient's wrists tightly for a few minutes – Touch DNA
- Collect 2 moistened swabs from each site
 - Neck - both sides on the same 2 swabs
 - Breasts - collect swabs from each breast and package separately
- Collect even if showered 1-2 times

STEP 12	MISCELLANEOUS SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____	TIME: _____ am pm
COLLECTED BY: _____	
BODY LOCATION: <u>Neck</u>	
SUSPECTED FLUID TYPE: <u>Saliva</u>	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	

REYMK STEP12.1 2/15

Evidence Collection - Fingernails

- Collect if patient reports scratching perpetrator
- Collect **1 moistened swab** from all of the fingernails on right hand
- Collect **1 moistened swab** from all of the fingernails on left hand
- Package each hand swab separately

Cumulative moist swab on all 5 fingernails

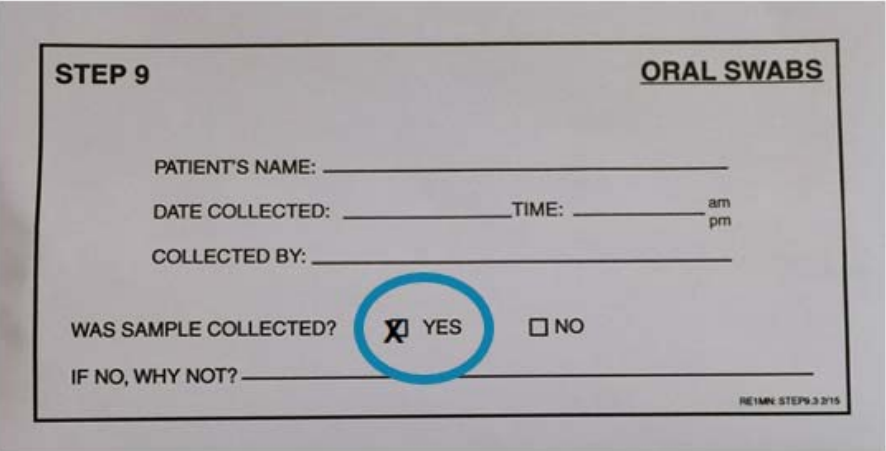


STEP 10	MISCELLANEOUS SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____ TIME: _____ am pm	
COLLECTED BY: _____	
BODY LOCATION: <u>Fingernails left hand</u>	
SUSPECTED FLUID TYPE: <u>Skin cells</u>	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	

PE1MM STP10 1 2006

Evidence Collection – Oral

- Collect 4 dry swabs up to 24-36 hours after oral assault
- Swab upper gum line and behind top teeth
- Swab lower gum line and behind bottom teeth
- Swab under tongue
- Swab around piercings



The form is titled "STEP 9" and "ORAL SWABS". It contains fields for "PATIENT'S NAME:", "DATE COLLECTED:", "TIME:", "am", "pm", and "COLLECTED BY:". Below these fields is a section for "WAS SAMPLE COLLECTED?" with two options: "X YES" and "NO". The "X YES" option is circled in blue. Below this is a field for "IF NO, WHY NOT?". In the bottom right corner, there is a small text "HEIMK STEP 9.3 2/15".

STEP 9 **ORAL SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

HEIMK STEP 9.3 2/15

Pubic Hair Combing

- Place edge of white paper under buttocks
- Lightly comb the pubic hair over the white piece of paper
- Fold the comb and any loose hairs into the paper
- Place in the envelope, label and seal it
- Showered = **NO** collection
 - Hairs are extremely transient
 - Hair is not a good source of DNA



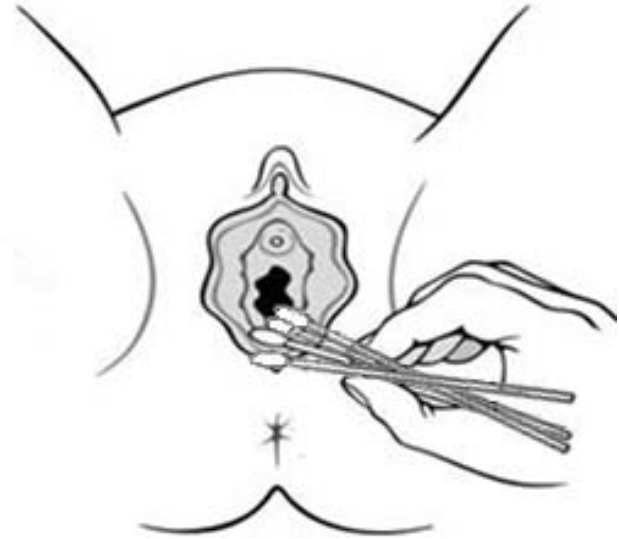
Evidence Collection – Female External Genital

■ Collect

- All vaginal penetration – digital or penile
- Oral contact by perpetrator
- Even if showered 1-2 times
- Even if menstruating
- Collect up to **120 hours**

■ Perineal = external genital

- **4 swabs** collected at the same time
- Swab all of the vulva and perineum
- Lightly moistened with saline or sterile water



STEP 8	PERINEAL SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____ TIME: _____ am pm	
COLLECTED BY: _____	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	
REIMN STEP 8.3 2/15	

Evidence Collection - Female Internal Genital

- Don't use Lube (document on the BCA form if you do)
- Collect **4 dry swabs** from vaginal vault up to **120 - 240 hours**
- Collect **2 dry swabs** from cervical os up to **120 - 240 hours**
- Collect even if menstruating
- Blindly collect vaginal swabs if patient declines speculum exam
- Blindly collect vaginal swabs if there is no provider available
 - Insert swabs 4-5 cm into vagina and gently rotate
- Important for a provider to do a speculum exam when patient has vaginal bleeding to determine if it is menstrual blood or injury

STEP 6 VAGINAL SWABS

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

BCA FORM STEP 6.0 2/15

STEP 7 CERVICAL SWABS

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am pm

COLLECTED BY: _____

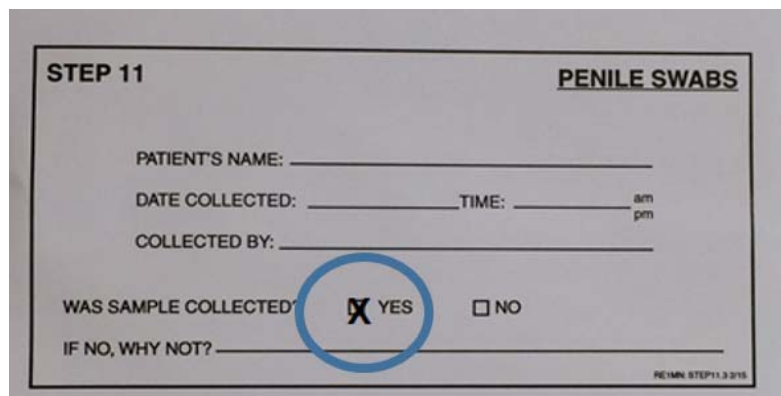
WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

BCA FORM STEP 7.0 2/15

Evidence Collection – Male Genital

- Pubic hair combing if patient has **not** showered
- Penis - Collect **2 lightly moistened** swabs, 48-72 hours after assault
- Scrotum - Collect **2 lightly moistened** swabs, 48-72 hours after assault



STEP 11 PENILE SWABS

PATIENT'S NAME: _____

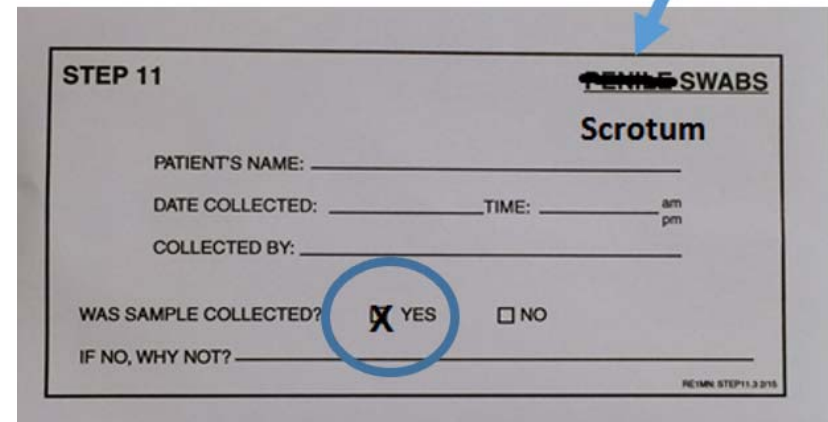
DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

RE1MN STEP11.3.2/15



STEP 11 ~~PENILE SWABS~~
Scrotum

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

RE1MN STEP11.3.2/15

Evidence Collection – Anal (External)

- Anal = exterior
- Label envelope **Anal**
- Collect **4 moistened swabs**
 - Collect all 4 at the same time
 - Collect up to **120 hours**
 - Even if showered 1-2 times

STEP 10 **RECTAL SWABS**
Anal

PATIENT'S NAME: _____

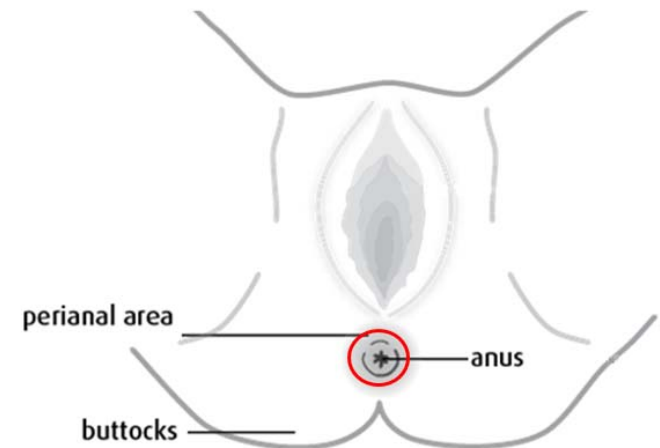
DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

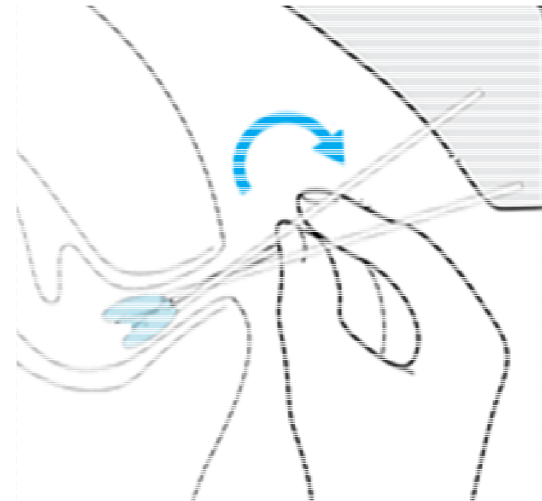
IF NO, WHY NOT? _____

RE-1001 STEP 10.2 3/15



Evidence Collection – Rectal (Internal)

- Rectal = inside
- Collect **4 moistened swabs**
- Collect up to **48 hours**
- Can collect 2 swabs at a time
- Insert 2-3 cm into anal canal
- Gently rotate



STEP 10	RECTAL SWABS
PATIENT'S NAME: _____	
DATE COLLECTED: _____ TIME: _____ am pm	
COLLECTED BY: _____	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	
RETURN STEP 10.2 3/15	

Patient's DNA Blood Sample

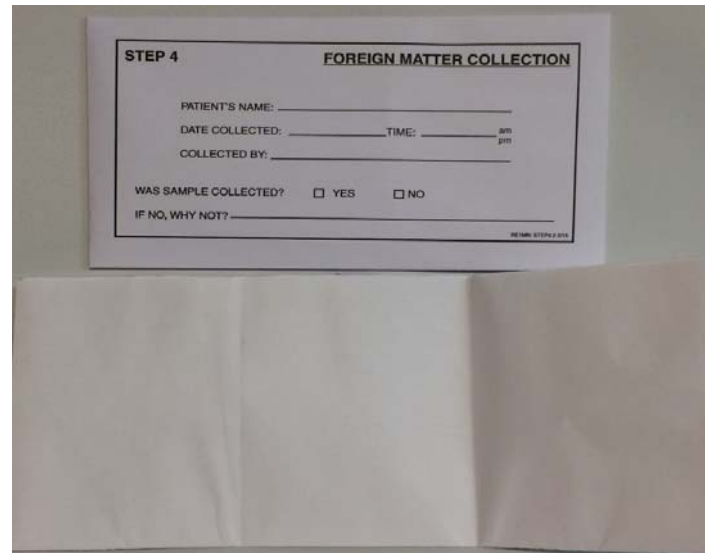
- Blood needs to be collected for the patient's DNA sample
- Blood should be placed on **inner** filter paper in the Bloodstain Preparation envelope
- Blood draw not needed - use lancet provided in SAK to collect of 5-7 drops of blood
- If unable to collect blood - Collect 4 dry swabs from patient's inner cheek
 - Label **Buccal** swabs

Contamination of Evidence

- Make every attempt not to talk, cough, or sneeze while collecting samples (or wear a mask)
- Avoid cross-contamination
 - Wear gloves when handling evidence
 - Change gloves between each sample
 - Ensure work area is clean
 - If swab drops after collection, document – Do Not Use!

Dry Biological Trace Evidence

- Place hairs or fibers in the center of paper in **Foreign Matter Collection** envelope
- Re-fold paper and put back in the **Foreign Matter Collection** envelope
- Place in SAK



STEP 4 **FOREIGN MATTER COLLECTION**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☐ YES ☐ NO

IF NO, WHY NOT? _____

PERMANENT STEP 4 2015

Moist Biological Trace Evidence

- **Unrestricted** SAK only
- Collect tampons or condoms
- Allow to air dry as long as possible
- Put in sterile container, label
- Place container in a brown paper bag
- Label paper bag
- Seal the paper bag with evidence tape
 - Initials and date across the seal
- Refrigerate until hand off to law enforcement
- Document trace evidence in the chart

Poke holes in top of specimen container with large bore needle, or sterile scissors



Label specimen container with patient label, exam time, & initials



Clothing Evidence

- **Unrestricted** SAK - judiciously collect clothing worn after the assault
- **Restricted** SAK – only collect underwear if it is dry and can fit in SAK
- Do not force patient to provide clothing - Document “patient declined”
- Handle/manipulate clothing as little as possible
- Important to ensure clothing is dried prior to packaging
 - If not, notify law enforcement
- Clothing at home – give patient paper bags
- Refer to *Restricted and Unrestricted Sexual Assault Kit (SAK) Guide for Packaging and Submitting for instructions*

Drying Samples

- Dry in a low traffic area
- Don't use a fan - they can blow dust, skin cells etc. around and attach to sample
- Drying swabs prevents
 - Contamination (leak through) from sample to sample
 - Loss of sample – wet samples stick to the envelope when they dry
- Allow to air dry – about an hour
- Drying options -
 - Swab dryer – not best practice
 - Swab drying rack – test tube rack/test tubes
 - Cups
 - SAK box method



Drying Swabs

1. Carefully open swab wrapper
2. Pull back the clear wrapper side
3. Label swab wrapper
4. Collect sample



Drying Swabs

5. Slide wooden stick ends in first
6. Leave swab wrapper pulled back to air dry cotton tips
7. Put all the of the swabs for each sample back in one wrapper



Drying Swabs

- Carefully place swab wrappers in cups
- Ensure that the individual swab wrappers do not touch to prevent cross contamination





SAK Box
method

1.

Put SAK
box
bottom
into SAK
box top



2.

Place swabs back in
swab wrappers

3.

Slide wrappers
between the top
and bottom box

Toxicology Evidence

- Collect on all patients unless patient declines – document patient “Declined”
- Collect **Blood up to 48 hours** post assault
- Collect **Urine up to 120 hours** post assault
- Use specimen container in urine toxicology kit
- Use grey top tubes in blood toxicology kit
- Toxicology kits should be refrigerated following collection until hand-off to law enforcement or sending to BCA (do not need to be refrigerated in the mail)
- Specimens not tested without report to Law Enforcement

Toxicology Evidence – Urine Kit

1. Form – document:

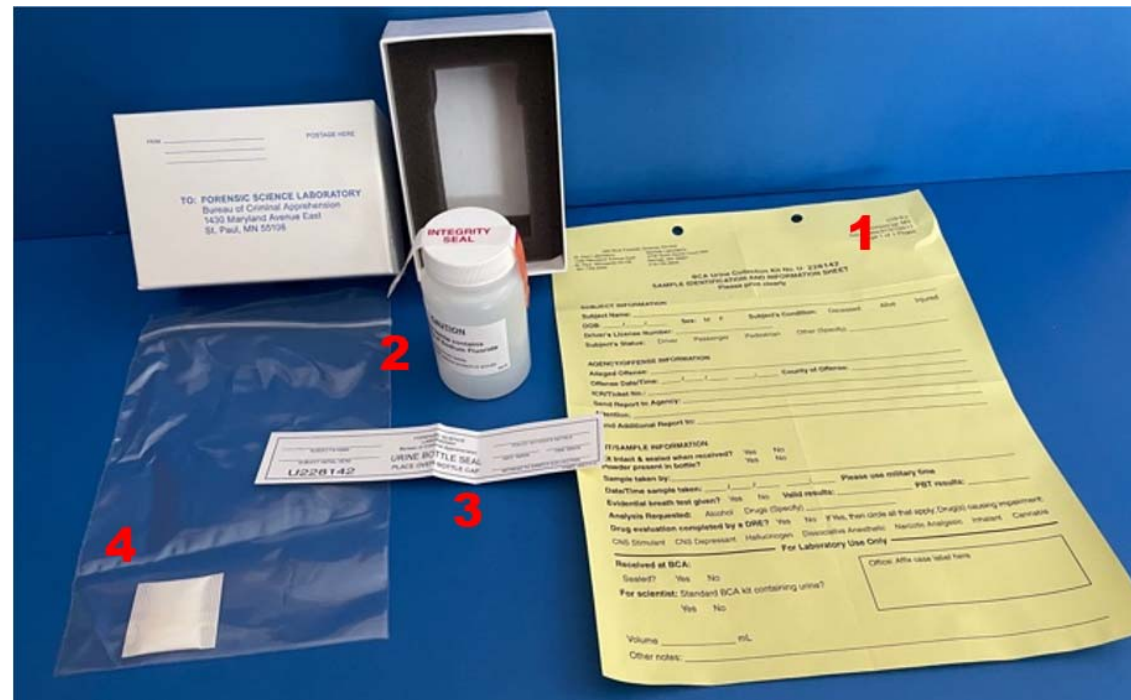
- Exact time collected
- Drugs given to patient in the ED
- Patient's pertinent meds and last dose
- Drug and alcohol consumed
- DFSA concern - document # of times patient has voided

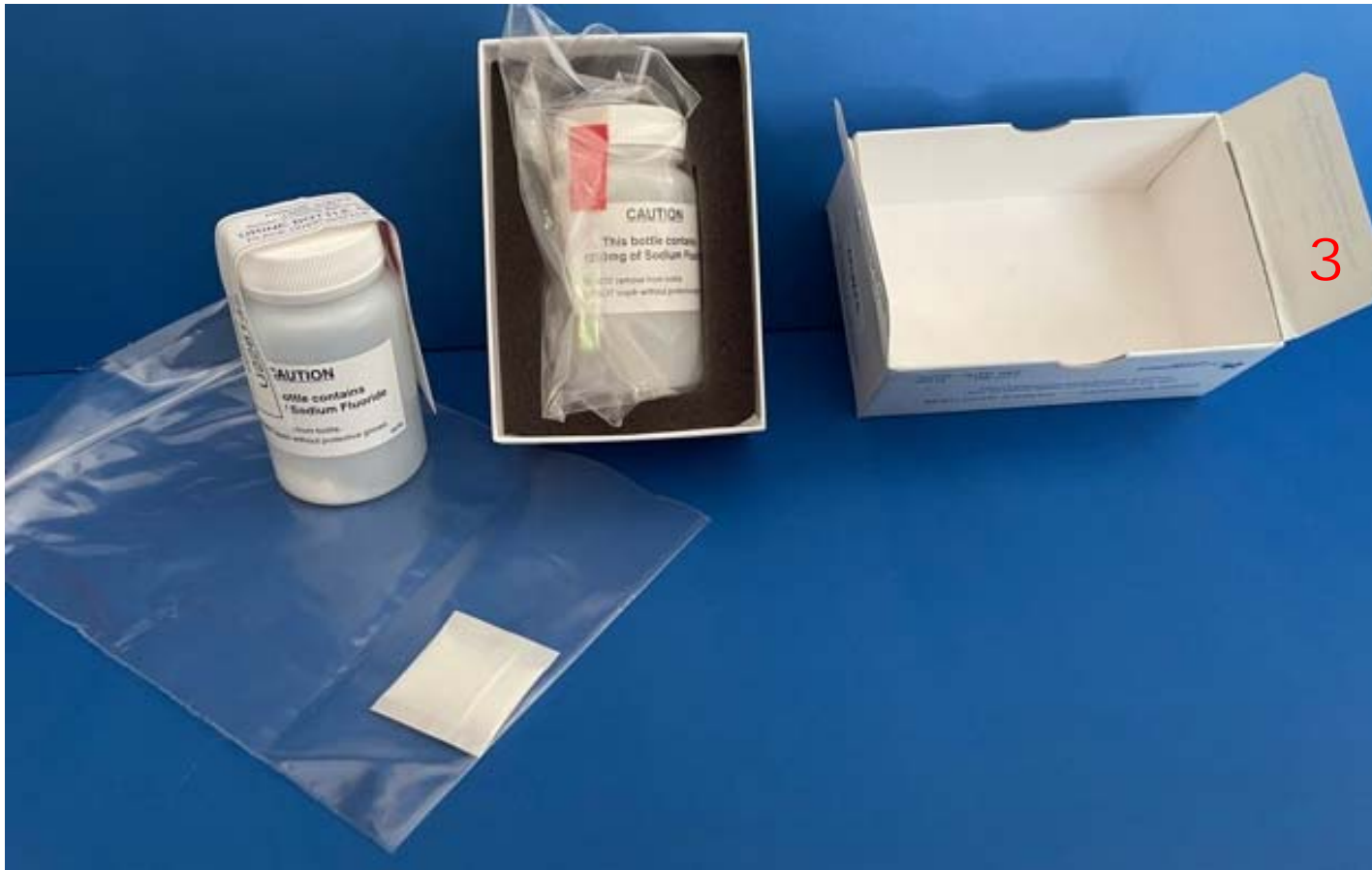
2. Specimen Container

3. Label

4. Plastic bag

- Collect ASAP
- Instruct patient not to wipe if genital swabs have not been collected yet
- 100 ml is preferred





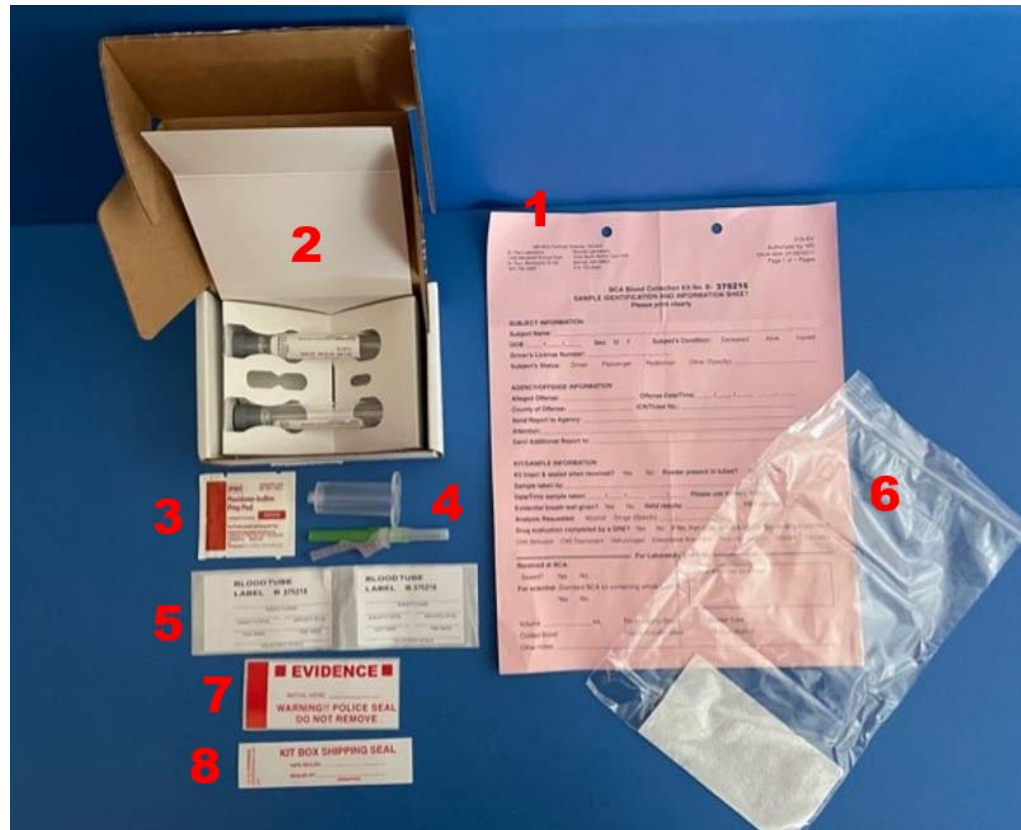
1. Label specimen container

2. Place in bag and bottom of box

3. Lift flaps and seal

Toxicology Evidence – Blood Kit

1. Form - document
 - Exact time collected
 - Drugs given in the ED
 - Patient's pertinent meds
 - Drug and alcohol consumed
2. Inner box with gray top tubes
3. Betadine wipe
4. Vacutainer/needle
5. Tube labels
6. Plastic bag
7. Inner box seal
8. Outer box security seal
 - Collect ASAP
 - 10 ml per tube





1. Label tubes

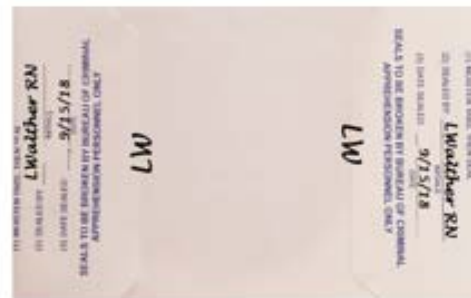
2. Seal inner box

3. Place box in plastic bag

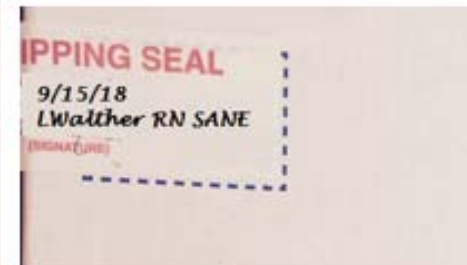
Packaging if it is an **Unrestricted** Toxicology Kit

- Fill out enclosed paperwork with patient information
- Label boxes with patient information, date, case number and jurisdiction
- Clearly label box **Unrestricted**
- Give to law enforcement with the SAK

Urine Kit



Blood Kit



Packaging if it is a **Restricted** Toxicology Kit

- Fill in Blood and/or Urine kit number on ***Restricted Kit Storage Submission Form***
- Send to BCA without any patient ID information on the outside of the box
- Label box with Unique ID number
- Clearly mark **Restricted**



RESTRICTED KIT STORAGE
Submission Form
F55-P-43-1021 Issue Date: 12/31/2020

Minnesota Bureau of Criminal Apprehension
Forensic Science Service
Website: bca.dps.mn.gov
Email: bca.lab.serv@state.mn.us

Complete this form and place inside the mailing box. Kits can be hand delivered or mailed to the **BCA Forensic Laboratory – see page 2**
Keep a copy of this form for your files. Required fields indicated with ***.

Name and Location of submitting Medical Facility *		Medical Facility Identifier*	
City, State of Incident* County of Incident *		Date Kit Collected *	
Patient Name		Patient Date of Birth	
Law Enforcement Agency (if applicable)		Law Enforcement ICR or Property #	
Blood Kit # (as applicable)*		Urine Kit # (as applicable) *	
B 416984		U 228142	
If submitting blood kit for storage, enter # above. Indicate N/A if no blood kit is being submitted.		If submitting a urine kit for storage, enter # above. Indicate N/A if no urine kit is being submitted.	

If the Restricted Kit(s) is being transported to the BCA by the law enforcement agency, the kit(s) must be clearly marked as Restricted to ensure proper barcoding and receipt.

Once the kit(s) is (are) received by the BCA Forensic Laboratory, a copy of this submission form will be returned to the medical facility personnel or law enforcement officer designated below. The completed form will have the unique barcode number(s) assigned to the SAECK and Toxicology Kits (if submitted). Please keep a copy of this form in the event the patient would like the kit tested in the future (conversion to Unrestricted status).

*Name _____
*Address _____
*Phone # _____
*Email Address _____

Packing Evidence

Is the evidence unrestricted or restricted?

- **Unrestricted**

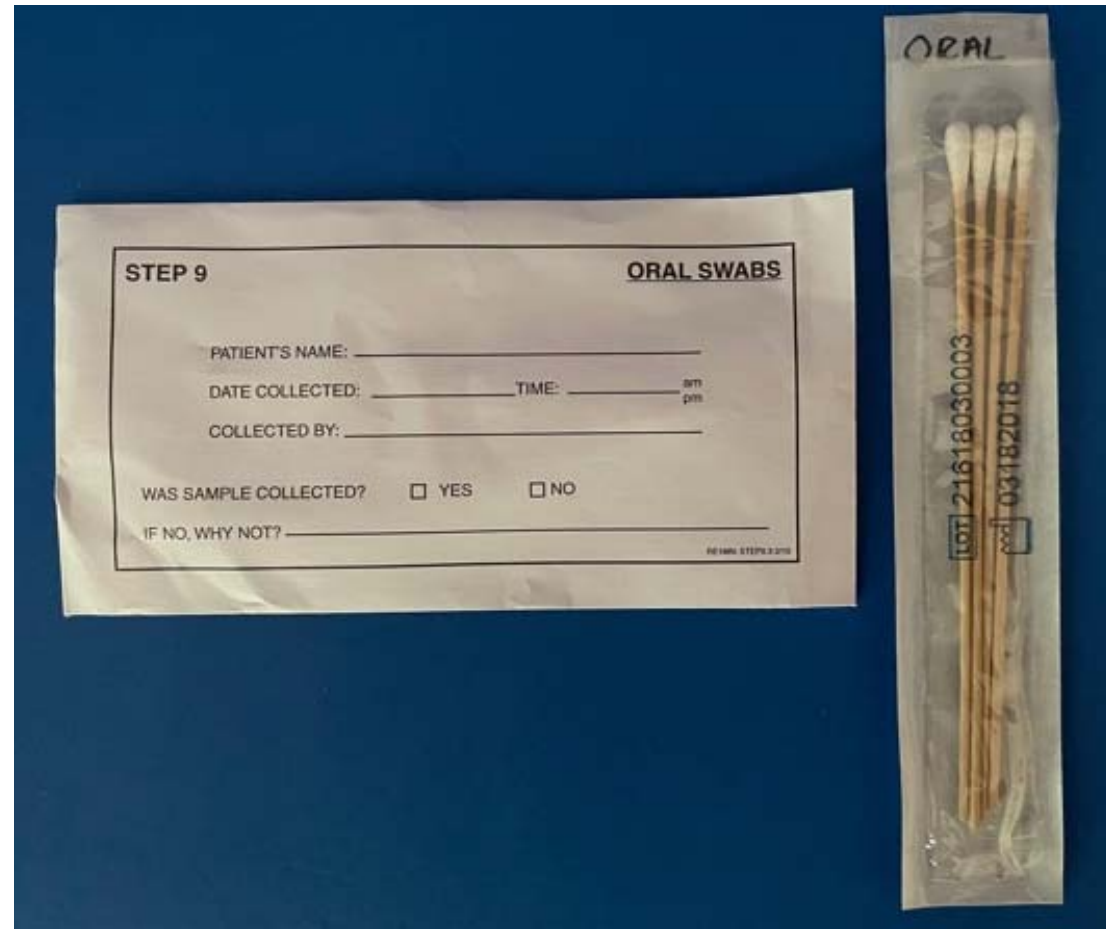
- Patient information and labels on all evidence inside and out

- **Restricted**

- Patient information and labels on all evidence inside packaging
- Unique ID number on the outside of packaging

Packaging Swabs

1. Swabs will be dry in ~ 1 hour
2. Pull the clear side of wrapper up and over cotton tips of swabs



Packaging Swabs

3. Slide cotton tips end of wrapper into the envelope
4. Close the envelope



The image shows two medical forms, STEP 10 and STEP 11, used for collecting swabs. STEP 10 is titled 'RECTAL SWABS' and STEP 11 is titled 'PENILE SWABS'. Both forms have fields for 'PATIENT'S NAME', 'DATE COLLECTED', 'TIME', and 'COLLECTED BY'. They also have a section for 'WAS SAMPLE COLLECTED?' with 'YES' and 'NO' checkboxes. In STEP 10, the 'YES' checkbox is marked with an 'X' and circled in red. In STEP 11, the 'PENILE SWABS' title is circled in red, and the word 'Neck' is handwritten above it. Red arrows point from the text on the right to these specific annotations.

STEP 10 **RECTAL SWABS**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

NOIHS STEP10.2 2/10

STEP 11 **Neck** **~~PENILE SWABS~~**

PATIENT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

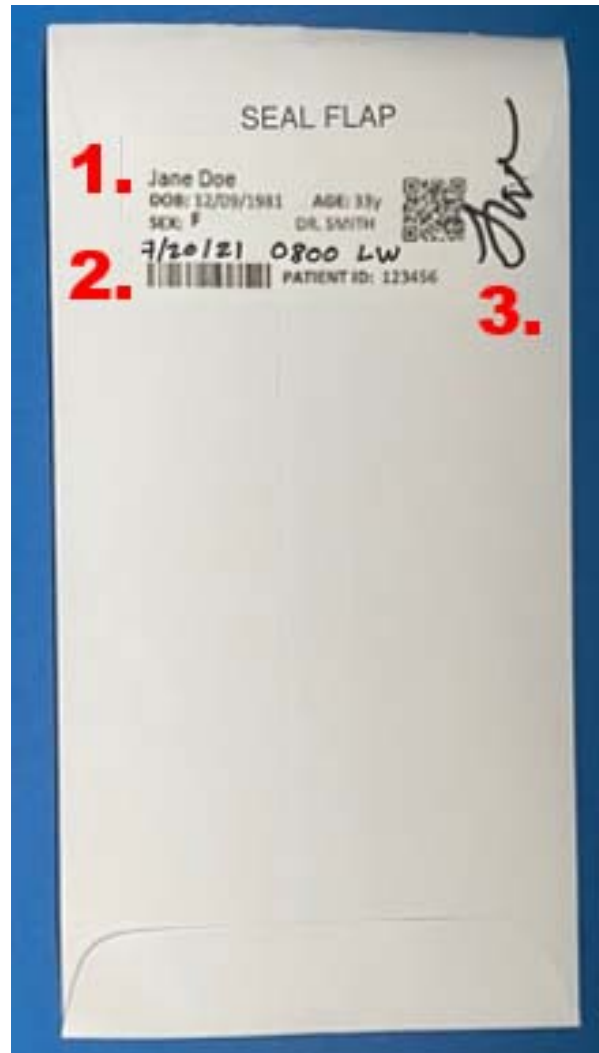
COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☒ YES ☐ NO

IF NO, WHY NOT? _____

NOIHS STEP11.2 2/10

1. All envelopes need to be marked with the collection site
2. On the front of the envelope mark YES for "Was the sample collected?"
3. No other information is needed on the front of the envelope



1. Patient label over the seal

2. Initials, date and time on the label

3. Your initials over the seal

Only put envelopes with collected specimens back
in the SAK

Sexual Assault Exam Report

Hospital: _____

Collected by: _____

Please return this form to the kit after the exam is completed.

STEP 1: General Information

Patient label

Patient's Name: _____

Age: _____

Date of alleged assault: ____/____/____ Time: _____ AM/PM

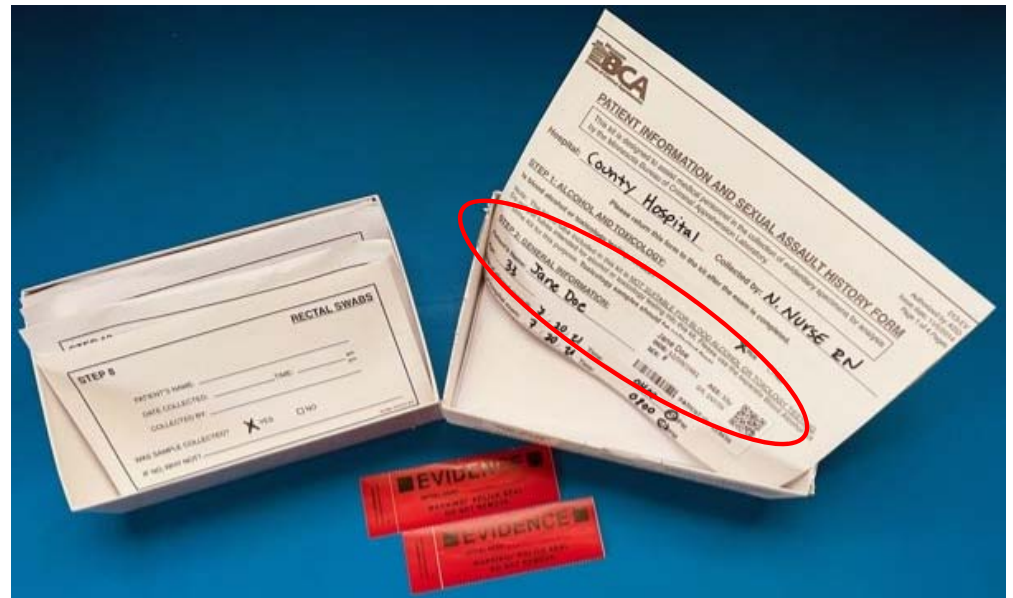
Date of hospital exam: ____/____/____ Time: _____ AM/PM

Patient's description of assault: _____ → Often referred to as "Account of Incident"

BCA Sexual Assault Report form **OR** Sexual Assault Report MUST be included in every Kit

Restricted and Unrestricted SAKs

- Put collected specimen envelopes in box
- Put completed BCA ***Patient Information and Sexual Assault History*** Form
- Put patient information and/or patient label on the form
- Seal SAK with red tape included in the box
- Initial and date over seals



Labeling Outside of Unrestricted SAK

1. Patient Name
2. Provider/Collector Name
3. Date/time if placed in secured storage
4. Jurisdiction and case number
5. Mark SAK **Unrestricted**

SEXUAL ASSAULT EVIDENCE

FOR HOSPITAL PER

1. VICTIM'S NAME Jane Doe

2. PHYSICIAN'S NAME Dr. Smith

3. KIT SEALED BY N. NUYSE RN

PLACE KIT IN SECURED STORAGE AREA

3. PLACED BY _____

DATE 7-20-21 TIME 12:00 ☒ AM ☐ PM

FOR POLICE PERSONNEL

CHAIN OF POSSESSION

RECEIVED FROM N. NUYSE RN

DATE 7-20-21 TIME 12:00 ☒ AM ☐ PM

RECEIVED BY O. Officer

DATE 7-20-21 TIME 12:00 ☒ AM ☐ PM

RECEIVED FROM _____

DATE _____ TIME _____ ☐ AM ☐ PM

RECEIVED BY _____

DATE _____ TIME _____ ☐ AM ☐ PM

4. SPPD 21-000 001

5. **Unrestricted**

DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
FORENSIC SCIENCE LABORATORY

6.

This section completed when evidence picked up by Law Enforcement

Labeling Outside of **Restricted** SAK

1. Unique ID Number
2. Provider/Collector Name
3. Date/time **if** placed in secured storage
4. Mark SAK **Restricted**

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

FOR HOSPITAL PERSONNEL

1. VICTIM'S NAME CH 001 2021
(Please Print)

2. PHYSICIAN'S NAME Dr. Smith
(Please Print)

3. KIT SEALED BY N. Nurse RN
(Please Print)

PLACE KIT IN SECURED STORAGE AREA

PLACED BY _____
(Please Print)

DATE _____ TIME _____ am
pm

FOR POLICE PERSONNEL

CHAIN OF POSSESSION

RECEIVED FROM _____

DATE _____ TIME _____ am
pm

RECEIVED BY _____

DATE _____ TIME _____ am
pm

RECEIVED FROM _____

DATE _____ TIME _____ am
pm

RECEIVED BY _____

DATE _____ TIME _____ am
pm

DELIVER TO THE CRIME LABORATORY IMMEDIATELY

REFRIGERATE AFTER USE

4. Restricted

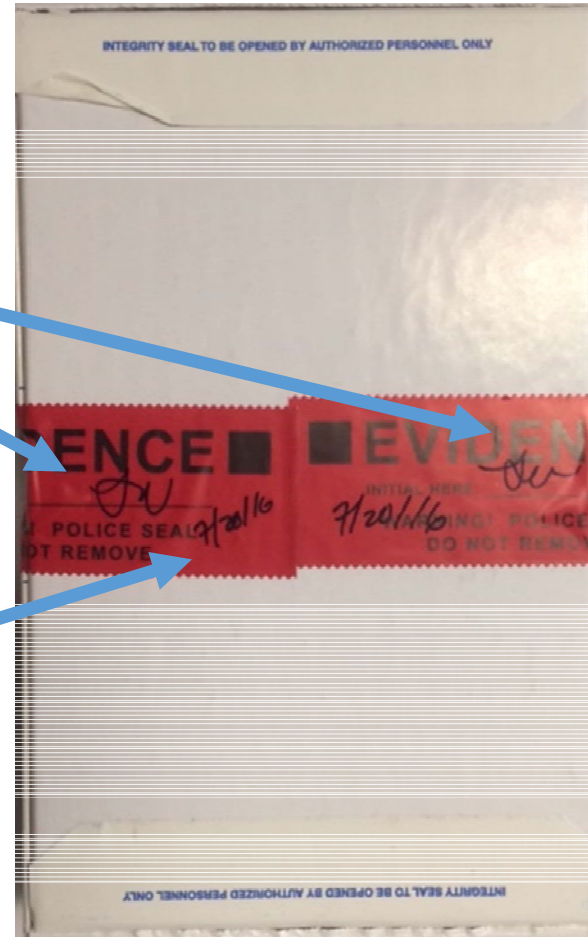
Printed By: _____
Date: _____

DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
FORENSIC SCIENCE LABORATORY

Sealing **Restricted** and **Unrestricted** SAKs

Your initials

Date



Last Step - **Unrestricted** SAKs

- Put SAK and signed page one of the ***Sexual Assault Evidence Testing and Storage Consent Form*** in BCA mailing sleeve
- Law enforcement transports **Unrestricted** SAK and other evidence to BCA
- Document in patient's chart the date/time SAK given to law enforcement

SEXUAL ASSAULT EVIDENCE TESTING AND STORAGE CONSENT FORM (Page 1)

FOR HOSPITAL/PER
VICTIM'S NAME: Jane Doe
PHYSICIAN'S NAME: Dr. Smith
KIT SEALED BY: N. Nurse RN

BCA Sexual Assault

Minn. Stat. 5299C.106 defines a **Restricted kit** as a kit signed by the patient allowing a patient authorizing law enforcement to submit the kit for either testing or storage.

This document is designed for the testing of your kit(s) or storage of your kit(s).

Jane Doe
DOB: 12/09/1981 AGE: 33Y
SEX: F QIL: MATH

PATIENT ID: 12

☒ **Unrestricted Kit Test**
• I am choosing to

FROM: _____

TO: DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
1430 MARYLAND AVENUE E.
ST. PAUL, MINNESOTA 55106

BIOHAZARD

ATTENTION: LABORATORY

Last Step - **Restricted** SAKs

- Place sexual assault kit in the pre-addressed BCA mailing sleeve
- Place page two of the ***Sexual Assault Evidence Testing and Storage Consent Form*** and ***Restricted Kit Storage Submission Form*** in outer BCA mailing sleeve
- Send to directly to BCA
- Document in patient's chart the date/time the SAK was sent to the BCA

SEXUAL ASSAULT EVIDENCE COLLECTION KIT
FOR HOSPITAL PERSONNEL

VICTIM'S NAME: CH 001 2021
PHYSICIAN'S NAME: Dr. Smith
KIT SEALED BY: N. Nurse BV

RESTRICTED KIT STORAGE
Submission Form
7 001 P 41-001 1000 1000 1000

CH 001
Restricted Kit St

☒ I am choosing KIT(s).

Complete this form and
Keep a copy
Name and Location
City, State of Incident
Page

TO: DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CRIMINAL APPREHENSION
1430 MARYLAND AVENUE E.
ST. PAUL, MINNESOTA 55106

BIOHAZARD
ATTENTION: LABORATORY