

Step by Step Medical Forensic Exam 6/2021

Step One - Before the patient arrives:	Rationale
<p>A. Assemble a bin or drawer of all the equipment needed</p> <ul style="list-style-type: none"> Sexual Assault Kit Legal Blood Kit Blood drawing supplies Legal Urine kit Paper bags various sizes Evidence tape Sterile water or saline Measuring device – L Square, paper ruler etc. Paperwork needed for documentation Speculum Camera <p>B. Find out if there are trained sexual assault advocates available to respond to the hospital</p> <p>C. Patient is not required to report to Law Enforcement –do not automatically call law enforcement when patient presents</p>	<p>Being prepared will decrease stress for the staff when a sexual assault patient presents in the ED</p> <p>http://rapehelpmn.org/find-help/ to find advocacy in your area</p> <p><i>Minn. Stat. 609.35 (c)</i> “By providing victims with the opportunity to gather information, solidify their support system, and establish rapport with first responders, we hope to create an environment that encourages reporting, even for those victims who initially feel unable, unwilling, or unsure about doing so.” EVAWI</p>

Step Two	
<ul style="list-style-type: none"> • Conduct Sexual Assault Exam up to 7-10 days following a sexual assault even if the patient has showered, is menstruating or intoxicated – but able to give consent and stay awake for exam. • Contact advocacy if available • Obtain consent for the exam – consent for the physical exam and consent for the forensic evidentiary portion of the exam. 	<p>*Best practice is 7-10 days</p> <p>One consent form – advise patient may consent to all of the or to parts of the exam</p>
Step Three	
<p>Acknowledge the trauma of sexual assault</p> <ul style="list-style-type: none"> • “I’m so sorry this was done to you.” “ • This shouldn’t have happened to you.” • “Thank you for trusting me with this information.” • “I’m happy you decided to come in and learn about your options today.” • “What are you most worried about at this moment?” • “I can’t promise what will happen in your case, but I can promise to do my very best for you.” 	<p>Demonstrates genuine concern for patients’ physical and mental health</p>
Step Four	
<p>Obtain:</p> <ul style="list-style-type: none"> • General demographic information • Medical history • Current medications • Menstrual status if applicable • Last consensual sex within in 2 weeks prior to the assault or post assault – date, time and name or initials of consensual partner 	<p>Explain to patient that last consensual sex is to be able to eliminate a consensual partner</p>
Step Five	
<p>Document:</p> <ul style="list-style-type: none"> • General appearance • Demeanor – don’t label behavior, be descriptive 	<p>See demeanor and behavior documentation Appendix I</p>

Step Six	
<p>Obtain an account of the sexual assault:</p> <ul style="list-style-type: none"> • During the account the only people present should be the nurse, patient and advocate, if available • Ask “What are you able to tell me about your experience?” • Document the account in the patient’s words and using quotes • For clarification use “tell me more about....” • No “Why” questions 	<p>Advocate has judicial privileged and cannot be subpoenaed</p>
Step Seven	
<p>Obtain assault history:</p> <ul style="list-style-type: none"> • Does patient know the assailant? Stranger, recent acquaintance, family, friend, unknown – patient has no memory? • Number of assailants? • Race and gender of assailant(s)? • Location of the assault? • Physical surroundings of the assault – home, outside, in a car etc. • Verbal or physical threats? – threatened with harm to patient or family? Put info on social media? Texts? • Injuries resulting in the patient and/or assailant bleeding? • Strangulation occur? – patient may refer to it as “choking” • Suffocation? 	<p>Use Documentation form specific for sexual assault exam</p> <p>Strangulation documentation form Appendix II</p>
Step Eight	
<p>Obtain information about patient activity since the assault:</p> <ul style="list-style-type: none"> • Showered or bathed? • Brushed teeth or used mouth wash? • Urinated, defecated, and/or vomited? • Removed or inserted tampon? • Changed clothes? Location of clothing – provide paper bags for patient to collect if clothing is at home • Washed bedding – if applicable 	

Step Nine	
<p>Conduct physical exam – use account of the assault to guide exam and evidence collection</p> <p>A. Examine head, scalp, hair, face and neck</p> <ul style="list-style-type: none"> • Did assailant(s) have oral contact with patient’s neck? • Describe - Kissing, licking, biting or sucking? • If yes, collect 2 saline moistened swabs held together and gently roll over skin where contact occurred • Allow swabs to air dry before placing in the miscellaneous swab envelope, label location • Change gloves • Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling) • Record pain and tenderness using 1-10 pain scale • If camera available, photograph injury <p>B. Examine the oral cavity</p> <ul style="list-style-type: none"> • Describe oral penetration, no matter how slight or brief • Was patient orally penetrated by penis? Finger? Object? • Did ejaculation occur? • Did oral assault occur within the last 24 hours? • If yes, use 4 dry swabs held together • Gently roll swabs from one side of the mouth to the other side along the upper gum line, lower gum line and under tongue • Allow swabs to dry before placing in Oral swab envelope • Change gloves <p>C. Examine entire body</p> <ul style="list-style-type: none"> • Did assailant(s) have oral contact with patient’s breasts or other body area? • Describe - Kissing, licking, biting or sucking? • If yes, collect up to 72 hours (3 days) collect even if patient has showered once or twice • Collect 2 saline moistened swabs held together and gently roll over skin where oral contact occurred • Collect swabs from each area of oral contact, label location and package separately • Allow swabs to air dry before placing in swab envelope, label location • Change gloves • Did assailant(s) ejaculate on patient’s body? • If yes, collect up to 72 hours (3 days) collect even if patient has showered once or twice • Collect 2 saline moistened swabs held together and gently roll over skin where ejaculation occurred • Allow swabs to air dry before placing in swab envelope, label location • Change gloves 	<p>Use 1-2 drops of saline or sterile water to moisten swabs</p> <p>Proper drying and packaging prevents growth of mold and bacteria that can destroy forensic samples.</p> <p>Air-dry wet forensic evidence at room temperature in a clean environment and manner that prevents contamination.</p> <p>Note that the ever-increasing sensitivity of DNA analysis creates a greater chance that accidental contamination and dilution by foreign DNA may be detected.</p> <p>See Appendix III for more information on Evidence collection.</p> <p>Changing gloves between collections of each sample. This prevents possible contamination of specimens and exposure to blood/body fluids, as well as cross contamination.</p>

<ul style="list-style-type: none"> • Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling) • Record pain and tenderness using 1-10 pain scale • If camera available, photograph injury <p>D. Did patient scratch assailant?</p> <ul style="list-style-type: none"> • If yes, use 1 saline moistened swab to collect under fingernails from each hand separately • Place in envelopes labeled <i>“right hand”</i> and <i>“left hand”</i> • Allow swabs to air dry before placing in swab envelope • Change gloves <p>E. Collect patient’s DNA sample</p> <ul style="list-style-type: none"> • Place 4-6 drops of patient’s blood on the paper inside the blood card • Blood may be obtained by blood draw or finger stick • Allow to air dry • Place card in envelope 	<p>Swab fairly vigorously (as opposed to lightly for a skin swab) to get as much skin cell material that may be present jammed between the finger and the nail. Use a small amount of pressure on the finger pad to separate the skin from the nail.</p>
<p>Step Ten</p>	

Genital Exam – Female:

A. Did vaginal assault occur within the last 7-10 days?

- Describe vaginal penetration no matter how slight or brief
- Was patient assaulted by penis? Fingers? Object?
- Did ejaculation occur?
- Did assailant(s) use condom?

B. Pubic hair combing

- Has patient taken a bath or shower since assault?
- If no, then **collect pubic hair combing** – place paper under buttocks, use comb provided to comb pubic hair, fold comb in paper and place back in envelope
- If yes, do not collect pubic hair combing

C. Examine external genitalia and perineum

- Use 4 saline moistened swabs, held together and gently roll the swabs over **perineum and area around vaginal opening**
- Collect even if patient has showered once or twice
- Collect even if patient is menstruating
- Allow swabs to air dry before placing in the perineal envelope
- Change gloves
- Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)
- Record pain and tenderness using 1-10 pain scale

D. Examine vagina and cervix

- If patient declines speculum exam, offer to collect vaginal swabs by gently inserting 4 dry swabs into vagina or patient may self-swab the vagina
- If using a speculum, do not use lube, moisten the speculum with saline prior to insertion
- Use 4 dry swabs held together and collect from **vaginal walls and vault**
- Collect even if patient is menstruating
- Allow swabs to air dry before placing in the vaginal envelope
- Use 2 dry swabs (one at a time) to collect from the **cervix**
- Allow swabs to air dry before placing in the cervix envelope
- Change gloves
- Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)
- Record pain and tenderness using 1-10 pain scale

Genital Exam – Male

E. Pubic hair combing

- Has patient taken a bath or shower since assault?
- If no, then **collect pubic hair combing** – place paper under buttocks, use comb provided to comb pubic hair, fold comb in paper and place back in envelope
- If yes, do not collect pubic hair combing

F. Examine genitalia and perineum

- Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)
- Record pain and tenderness using 1-10 pain scale

G. Examine penis

- Use 2 saline moistened swabs held together and gently roll the swabs on penis (if indicated by history)
- Collect swabs even if patient has showered one or two times
- Allow swabs to air dry before placing in penile envelope
- Change gloves

H. Examine scrotum

- Use 2 saline moistened swabs held together and gently roll the swabs on scrotum (if indicated by history)
- Collect swabs even if patient has showered one or two times
- Allow swabs to air dry before placing in envelope, label “*scrotum*”
- Change gloves

Step Eleven	
<p>Examine buttocks and anus</p> <ul style="list-style-type: none"> • Did anal assault occur in the last 48 hours? • Describe anal penetration no matter how slight or brief • Was patient assaulted by penis? Fingers? Object? • Did ejaculation occur? • Did assailant(s) use condom? • Collect up to 48 hours following anal assault • If yes, collect 2 saline moistened swabs 2-4 cm into anal canal, gently rotate • Repeat to collect total of 4 swabs • Allow swabs to air dry before placing in rectal envelope • Change gloves • Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling) • Record pain and tenderness using 1-10 pain scale 	
Step Twelve	
<p>Evidence collection</p> <p>A. Clothing</p> <ul style="list-style-type: none"> • Collect underwear worn after the assault and other clothing if indicated • Place clothing in a paper bag • Label bag with patient's name, MRN, date and time of exam • Brief description of the article(s) of clothing • Case number (if reported) and Jurisdiction • Moist or damp clothing needs to dry prior to packaging <p>B. Tampon or condom</p> <ul style="list-style-type: none"> • Place in sterile urine cup with holes punched in cover for ventilation (sterile scissors work best) • Label cup • Place in paper bag • Seal paper bag with evidence tape • Label bag with patient's name, MRN, date and time of exam, Case number (if reported) and Jurisdiction • Store in refrigerator <p>C. Foreign hair(s) or other biological evidence from assailant found on victim</p> <ul style="list-style-type: none"> • Place inside the paper provided in the foreign matter envelope 	<p>Write information on the bag – labels can loosen with humidity in the refrigerator. Patient label may be used in addition to written information.</p> <p>Sterile scissors work best</p> <p>BCA will only test biological specimens – hairs. Photograph and document other foreign matter- fibers, etc.</p>

Step Thirteen	
<p>Stated alcohol/drug use by patient and/or assailant:</p> <ul style="list-style-type: none"> • Loss of memory – describe • Indications of memory loss – woke up in a strange location, articles of clothing missing? Period of time unaccounted for? • Loss of consciousness – describe <p>A. Use Legal Blood collection kit to obtain blood for alcohol and toxicology</p> <ul style="list-style-type: none"> • Collect up to 48 hours post assault • Label tubes with exact time • Label kit and place in locked refrigerator <p>B. Use Legal Urine collection kit to obtain urine for toxicology</p> <ul style="list-style-type: none"> • Collect up to 120 hours post assault • Label container with exact time of collection • Label kit and place in locked refrigerator 	<p>Explain to patient that alcohol or drug use is important to document to show inability to consent and vulnerability. Minors will not be in trouble for underage alcohol consumption.</p> <p>Drugs stay in the urine longer than blood.</p>
Step Fourteen	
<p>Medication recommendations for medical provider</p> <p>A. Obtain UPT</p> <ul style="list-style-type: none"> • Pregnancy test negative – administer emergency contraception • Levonorgestrel (Plan B) 1.5 mg orally once or Ulipristal 30 mg orally once • If patient would like to take EC, it must be administered in hospital per MN Statute 145.4712 • Document if patient declines Emergency Contraception and reason for declining <p>B. Antibiotics</p> <ul style="list-style-type: none"> • Trichomonas – Metronidazole 2 grams orally in a single dose (no alcohol 48-72 hours before or after) • Chlamydia – Azithromycin 1 gram orally in a single dose • Gonorrhea – Ceftriaxone 500 mg IM in a single dose • Document if patient declines antibiotics 	<p>Follow CDC Guidelines:</p> <p>http://www.cdc.gov/std/tg2015/sexual-assault.htm</p> <p>http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf</p>

<p>C. HIV non-occupational Post Exposure Prophylaxis (nPEP)</p> <ul style="list-style-type: none"> • nPEP needs to be start within 72 hours of sexual assault • Contact National Clinician’s Post-Exposure Prophylaxis Hotline 1-888-448-4911 for recommendations • Truvada (Tenofovir/Emtricitabine) orally once a day for 28 days PLUS • Raltegravir (Isentress) 400 mg orally twice a day for 28 days or Tivicay (Dolutegravir) 50 mg orally once a day • Document if nPEP indicated and patient declines 	<p>http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/</p>
<p>Step Fifteen</p>	
<p>A. Unrestricted Sexual Assault Kit – patient made report to law enforcement (prior to or at time of exam)</p> <ol style="list-style-type: none"> If patient would like to make report to Law Enforcement – call them to interview patient at the hospital Seal and label envelopes and sexual assault kit with patient labels Patient signs page 1 of the <i>Sexual Assault Evidence Testing and Storage Consent Form</i> on Bureau of Criminal Apprehension website under Forensic Testing Services. Call law enforcement to pick up sexual assault kit Keep sexual assault and toxicology kits refrigerated until law enforcement picks them up <p>B. Restricted Sexual Assault Kit – Patient has not made report to law enforcement at time of exam</p> <ol style="list-style-type: none"> Sexual assault kit and toxicology kits will be stored anonymously Seal envelopes with tape or blank labels, label sexual assault kit with a unique ID number (for example - date and hospital name) Patient may sign page 2 of <i>Sexual Assault Evidence Testing and Storage Consent Form</i> on BCA website under Forensic Testing Services. Medical provider signs if patient does not want identifying information on the form. Parent or guardian does not have to sign for minors. Fill out <i>Restricted Kit Storage Submission Form</i> – do not put patient identifying information unless patient agrees to put it on the form. Leave patient identifying information blank if patient does not agree to it. Seal kit with tape, put <i>Sexual Assault Evidence Testing and Storage Consent Form</i> and <i>Restricted Kit Storage Submission Form</i> between outer BCA sleeve box and sexual assault kit. Mail the sexual assault kit and toxicology boxes to Bureau of Criminal Apprehension (address on the outer BCA sleeve box) Mail within 60 days of kit collection. BCA stores the Restricted kits for 30 months 	<p><i>Mandated Reporting of Maltreatment of Vulnerable Adults</i> http://www.mncasa.org/assets/PDFs/svji_facts_20_1922465376.pdf</p> <p><i>Mandated Reporting of Sexual and Physical Abuse or Neglect of a Child</i> http://www.mncasa.org/assets/PDFs/svji_facts_31_558548673.pdf</p>

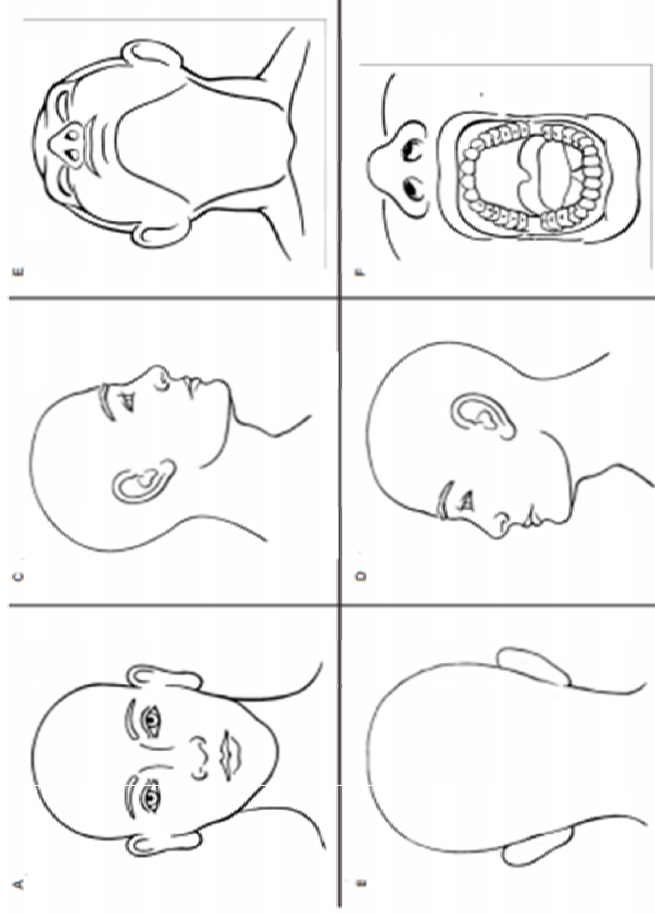
<p>C. Mandated Reports</p> <ul style="list-style-type: none"> a. Healthcare professionals in Minnesota are NOT mandated reporters of the sexual assault of a competent adult victim. Minn. Stat. § 626.52 (2007) b. Minor victims of sexual assault may consent to their own medical care. Minn. Stat. §§ 144.343, 144.344 <ul style="list-style-type: none"> i. “Medical care” is interpreted to include medical forensic examination. ii. “Minor” is interpreted to mean 13 and older. c. Not every sexual assault of a minor requires a mandatory report to law enforcement and or Child Protection <ul style="list-style-type: none"> i. Minn. Stat. § 626.556 subd. 2(d) ii. Only when sexual assault is perpetrated by someone with a “significant relationship” or in a “position of authority” over the minor is it a mandatory report. 	
<p>Step Sixteen</p>	
<ul style="list-style-type: none"> A. Establish and document the security and chain of custody of forensic specimens B. Seal specimen packages to prevent tampering. However, do not lick envelopes. C. Document the examiner’s signature, date, and time across the envelope seal D. For forensic evidence to withstand judicial scrutiny, the chain of custody must be documented from the time the specimens are collected to their release to the investigating agency E. Limit the number of people who handle any forensic evidence. F. Use Chain of Custody Form G. Store forensic specimens at the hospital until released to law enforcement <ul style="list-style-type: none"> • Store evidence in a locked refrigerator • If a locked refrigerator is not immediately available, samples can be kept at room temperature for no longer than 24 hours. 	<p>See Appendix IV for Chain of Custody Form</p>

Appendix 1			
Quantify behaviors: Number of times Amount of time Intensity loud, soft	Qualify behaviors: Manner measured, halting, abruptly, tentatively	Do not use: Cool, composed, controlled Flat affect	Use: Describe behaviors
Eye contact (do not use good or poor)	Maintained eye contact, Avoided or averted Fixed Stare Glare, Looked at.... Closed eyes (when, how long) Looked only when addressed	Indifferent or disinterested Afraid, fearful, scared	Startled, stunned, cower, cringe, flinch
Speech (always use quotes, do not paraphrase)	Responded in one or two word answers Responded when only asked a question Whispered, Hoarse, Slow Talked and cried at the same time Mumble, Shout, Stammer, Stutter Hesitated, hesitant	Angry or enraged	Agitated, irritated
Responsiveness to SANE (do not use cooperative)	Followed direction Answered questions when asked Paused before answering, Unresponsive Volunteered information, Alert, oriented	Body posture and muscle tension	Slouched, Slumped Arms crossed across body, Fetal position Stooped, Clenched fists, Wringing hands Restless, Shudder, Shake tremor Tremble, Cower, Stun, Startle Feet pulled up under her as she sat
Nonverbal expressions	Cry, Wail, Sob, Weep Sniffle, Moan, Whimper Sigh	Behaviors and actions	Blew nose, Wiped at eyes with tissues, Clutching clothes Pacing, Rocking, agitated Pulling at sheets, Pulling away
Facial expressions	Frown, Scowl, Grimace, Flinch Wince, Biting lips, Clenched jaw Pursed lips, Grinding teeth	Behavior descriptors	Serious, Sluggish, Silent Somber, Solemn Listless, quiet
Describe anxiety (state patient is anxious and then support with observable behaviors)	Wringing hands, Tapping foot Sweating profusely, Dilated pupils Feels nauseated, States has a knot in stomach	Appearance	Bruised, Red-eyed, Dirty Wet, Clothes inside out Covered with debris Scratched, Bloody, smells Clothes disheveled, Hair disheveled

Documentation Chart for Non-Fatal Strangulation

Breathing Changes	Voice or Vision Changes	Swallowing Changes	Behavioral Changes	OTHER
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe Other:	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak <input type="checkbox"/> vision changes	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Pain to throat <input type="checkbox"/> Nausea /Vomiting <input type="checkbox"/> Drooling	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy or faint <input type="checkbox"/> Headaches <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Hearing changes

Use diagrams to mark visible injuries



Face	Eyes & Eyelids	Nose	Ear	Mouth
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Pinpoint red spots (petechiae) <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae to R and/or L eyeball (circle one) <input type="checkbox"/> Petechiae to R and/or L eyelid (circle one) <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose (ancillary finding) <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions (ancillary finding)
Under Chin	Chest	Shoulders	Neck	Head
Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Fingernail marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<input type="checkbox"/> Petechiae <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Concussion

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to local law enforcement, my attorney, my advocate, the District Attorney's Office and/or the City Attorney's Office.

Signature: _____

Date: _____

Training Institute on Strangulation Prevention at www.strangulationtraininginstitute.com

Questions to ASK: Method and/or Manner:

How was the victim strangled?

☐ One Hand (R or L) ☐ Two hands ☐ Forearm (R or L) ☐ Knee/Foot

☐ Ligature (Describe): _____

☐ How long? _____ seconds _____ minutes or Can't remember?

☐ From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Continuous pressure? Increased pressure?

☐ From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Multiple attempts: _____ ☐ Multiple methods: _____

Could the victim breathe, talk and/or scream?

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim, before and/or after?

Was she simultaneously smothered while being strangled? Shaken? Straddled? Restrained?

Head pounded against wall, floor or ground? (Possible concussion)

Where did the incident occur (Any corroborating evidence/possible sexual assault)?

Any visual changes (describe)?

Any hearing changes (describe)?

Any breathing changes (describe)?

Any changes in consciousness (describe)?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

Any witnesses?

What was the suspect's demeanor? Describe suspect's facial expression during strangulation?

Describe Prior strangulation? Prior domestic violence? Prior threats? Prior intimidation?

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Chain of Evidence Form:

Hospital Label

Patient Label		Collection Date: _____ Time: _____ Case Number: _____ Jurisdiction: _____ <input type="checkbox"/> BCA Sexual Assault Kit <input type="checkbox"/> DVD <input type="checkbox"/> SANE Report <input type="checkbox"/> BCA Blood Kit for Toxicology <input type="checkbox"/> BCA Urine Kit for Toxicology <input type="checkbox"/> _____ Bags of clothing <input type="checkbox"/> Other _____
Placed in secure storage by:		
SANE Signature	Printed name	Date/Time placed in storage
Evidence Released to Law Enforcement by SANE		
<input type="checkbox"/> BCA Sexual Assault Kit <input type="checkbox"/> BCA Blood Kit for Toxicology <input type="checkbox"/> BCA Urine Kit for Toxicology <input type="checkbox"/> DVD <input type="checkbox"/> _____ Bags of clothing <input type="checkbox"/> Other _____		
Police Officer signature	Badge number	Printed name
		Date/Time
SANE Signature	Printed name:	Date/Time placed in storage
Evidence Released to Law Enforcement by Security or other authorized personnel		
<input type="checkbox"/> BCA Sexual Assault Kit <input type="checkbox"/> BCA Blood Kit for Toxicology <input type="checkbox"/> BCA Urine Kit for Toxicology <input type="checkbox"/> DVD <input type="checkbox"/> _____ Bags of clothing <input type="checkbox"/> Other _____		
Police Officer signature	Badge number	Printed name
		Date/time
Released by: Signature	Title	Printed name
		Date/Time placed in storage