

WI-IAFN Suspect Exam Form

(Patient Label)

Subject Name _____

DOB _____ Sex _____

SANE/FNE _____

Police Department _____ Case # _____

Officer's Name _____ Badge # _____

Contact/acts reported (from law enforcement) _____

Date/time contact/acts reported occurred _____

INITIAL ASSESSMENT

Vital Signs: B/P _____ P _____ R _____ T _____ Height _____

Weight _____

Medical/Surgical History _____

Left or right handed _____ Vasectomy ___ Yes ___ No Bone marrow transplant ___ Yes ___ No

Twin ___ Yes ___ No Last tetanus (date) _____

Current Medications _____

Allergies _____

Physical c/o _____

EXAMINATION

Measures taken to prevent cross-contamination during exam/evidence collection:

Different room Yes ___ No ___ N/A ___ Equipment cleaned between patients Yes ___ No ___ N/A ___

SANE/FNE changed clothing Yes ___ No ___ N/A ___ SANE/FNE washed hands Yes ___ No ___ N/A ___

SANE/FNE changed gloves Yes ___ No ___ N/A ___

Other _____

SANE/FNE Signature _____

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PHYSICAL ASSESSMENT

	No Injury Noted	Injury/Variant (describe or document on anatomical sheet)	Not done
Head			
Face			
Mouth			
Neck			
Chest/Breasts			
Right Arm			
Left Arm			
Abdomen			
Hip/Pelvis			
Back			
Buttocks			
Right Leg			
Left Leg			

SANE/FNE Signature _____

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FEMALE GENITAL ASSESSMENT

	No Injury Noted	Injury/Variant (describe or document on anatomical sheet)	Not Done
Medial aspect of thighs			
Mons			
Clitoral hood/Clitoris			
Periurethral tissue			
Urethral meatus			
Labia majora			
Labia minora			
Perihymenal tissue			
Posterior fourchette			
Hymen			
Vaginal Vault			
Cervix			
Perianal			
Anus			
Rectum			

SANE/FNE Signature _____

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MALE GENITAL ASSESSMENT

	No Injury Noted	Injury/Variant (describe or document on anatomical sheet)	Not Done
Medial aspect of thighs			
Penis Circumcised Uncircumcised			
Urethral meatus			
Scrotum			
Perianal			
Anus			
Rectum			

Alternate Light Source used? Yes _____ No _____ If positive findings, describe or document on anatomical sheet _____

Odor present? Yes _____ No _____ If yes, describe _____

Tattoos present? Yes _____ No _____ If yes, describe or document on anatomical sheet _____

Body piercing present? Yes _____ No _____ If yes, describe or document on anatomical sheet _____

Photographs taken? Yes _____ No _____ If yes, document on Photograph Log

Statements made by suspect during exam:

SANE/FNE Signature _____

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Date/Time of Evidence Collection _____ Room # _____

Names of person(s) present during exam _____

WI Crime Lab Evidence Collection Kit	Collected	Not Collected
Step 1 Crime Lab Information Sheet		
Step 2 Pre-void External Genital Wipe		
Step 3 Optional Toxicology <ul style="list-style-type: none"> • Blood – 10ml gray top tube within 24 hours of ingestion • Urine – 10 ml gray top tube within 4 days of ingestion 		
Step 4 Oral Swabs, Smear & Floss		
Step 5 Buccal Cell Standard (DNA)		
Step 6 Fingernail Evidence		
Step 7 Clothing <ul style="list-style-type: none"> • Note if clothing collected was worn at time of assault or immediately after assault • List pieces of clothing collected • Note anything unusual about clothing • Note location on clothing of possible evidence • Collect sheet over which patient undressed 		
Step 8 Skin Contact		
Step 9 Debris		
Step 10 Dried Secretions <ul style="list-style-type: none"> • Note location where swab(s) obtained 		
Step 11 Pubic Hair Combing		
Step 12 Pubic Hair Standards or Mons Pubis Swabs		
Step 13 External Genital Swabs		
Step 14 Vaginal Swabs & Smear		
Step 15 Cervical Swabs & Smear		
Step 16 Penis Swab		
Step 17 Anal Swabs & Smear		
Other Evidence Collected		

Date/time when evidence collection completed _____

Date/time when evidence given to law enforcement _____

Items which require further drying _____

Officer's name (printed) _____ Signature _____

Badge # _____ Law Enforcement Agency _____

SANE/FNE Signature _____