

Commonwealth of Massachusetts
Executive Office of Public Safety

Sexual Assault Evidence Collection Kit Instructions

NOTE

Please read instructions prior to proceeding with evidence collection.

NOTE

This kit is designed to assist the examining physician and nurse in the collection of evidentiary specimens for analysis by the crime laboratory serving your local police agency. The hospital is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies.

- Once the exam is started, do not leave the kit or any of its contents unattended. You must be able to account for the kit's integrity until it has been sealed and properly turned over for police transport.
- For safety and to prevent contamination of specimens, wear non-latex gloves.
- Sterile hospital-type cotton applicators may be used if additional swabs are required; clean, unused, legal-sized envelopes may be used if additional envelopes are required; clean white paper, such as is used for printers or copiers may be used if additional paper is needed; clean PAPER grocery-type bags may be used if additional clothing bags are required.
- Seal envelopes with tape or with a gloved finger moistened with water. Do not contaminate specimens with own saliva by licking a flap to seal an envelope. Do not use staples as they may rip chemists' gloves at the lab when opening samples.
- Do not use any type of hair dryer or mechanical device to dry swabs or smears or any other specimens.
- Clothing, tampons and sanitary napkins need to be air dried prior to sending to the crime lab. If items are damp or wet, indicate on the transport bag label, and inform the transport officer to inform the lab that items need to be dried.
- If the patient is brought by ambulance, fold the stretcher sheet to contain foreign debris, place in a clean, grocery-type paper bag, seal, label appropriately, and affix kit number label.

**USE THE FOLLOWING INSTRUCTIONS THROUGHOUT THE ENTIRE EXAM TO ENSURE
NO STEP IS OMITTED AND THE PROPER SEQUENCE IS FOLLOWED.**

You may wish to explain to the patient that you are reading and following the instruction booklet not because you are unfamiliar with the protocol, but rather, because you are required to do so in order to ensure that strict medical, scientific, and legal standards are met.

STEP 1 CONSENT FORM AND REPORTS

1. Remove Forms 1-6 from the Step 1 Envelope, entitled "Hospital Reports Envelope". Set Hospital Reports Envelope 1 aside until the end of the exam, when the yellow copies of Forms 2A/2B, 3, 4, 5A, and 5B will be returned to the envelope and placed in the kit.
2. **Use Form 1: Obtain Consent**
 - A patient must consent to the collection of forensic evidence.
 - Explain the types of evidence to be collected and the potential value of such evidence; that the patient may decide to report the crime at a later date; that the kit is held for six months and thereafter disposed of if the case is not reported; that the patient's name and address are not included within the kit – that kits are identified at the lab by kit numbers only; that the purpose of the exam is to gather evidence and that it does not replace routine medical care.
 - Explain that the patient may decline the entire exam, or any part of it, at any time, although this may cause evidence important to the identification and/or prosecution of the assailant to be lost.
 - Have the patient sign and date the form.

A minor under the age of 18 is deemed to be capable of giving consent pursuant to Mass. Law where the minor is either: married, widowed or divorced; a parent; in the armed forces; pregnant or believes herself to be pregnant; living apart from parents/guardian and managing own legal affairs; or believes he or she has been exposed to any disease dangerous to the public health. Victims of sexual assault may have been exposed to sexually transmitted diseases and may be at risk for pregnancy, thus, minors may be able to consent to the exam, in which case any information gathered is confidential and may be released only with the consent of the minor or by judicial order.

3. **Use Forms 2A/2B and Form 3: Obtain a History of the Assault**
Only ask questions necessary to briefly describe the assault and to document potential evidence collection. **Be sure to affix kit number labels to both white and yellow copies of Forms 2A and 2B.**
4. **Use Form 4: Assess for and Document Injuries**
5. **Use Form 5A for: Physical Examination Findings**
6. **Complete Form 5B: Evidence Collected Inventory List prior to the completion of the exam.**
7. **Use Form 6 for: Patient Discharge Information**

STEP 2 CONTROL SWABS

1. Lightly moisten both swabs with sterile water.
2. Allow both swabs to air dry.
3. Place swabs in swab box provided, write "Control" on swab box and place in the Step 2 Envelope.
4. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 3 TOXICOLOGY TESTING

TOXICOLOGY TESTING SHOULD BE OFFERED AS PART OF THE FORENSIC EXAM AND EVIDENCE COLLECTION WHEN A PATIENT PRESENTS WITH ANY OF THE FOLLOWING SYMPTOMS: PERIOD(S) OF AMNESIA, CONFUSION, UNCONSCIOUSNESS AND/OR LACK OF MOTOR CONTROL, WITH THE POSSIBILITY OF A SEXUAL ASSAULT HAVING OCCURRED, AND WITHIN 96 HOURS, WITH NO VOLUNTARY CONSUMPTION OF A MIND-ALTERING SUBSTANCE. THIS SHOULD BE OFFERED REGARDLESS OF WHETHER OR NOT THE PATIENT CONSUMED ALCOHOL IN ANY AMOUNT.

If no: Go to next step. **If yes:**

1. Retrieve the form from the Step 3 Envelope entitled "Consent for Comprehensive Toxicology Testing"; using the form, explain the procedure and obtain the patient's consent. Complete the form before proceeding further. The toxicology consent form is included in the main kit to prevent you from opening a toxicology kit before consent

- has been obtained. **Very Important: In order for the crime lab to process and analyze toxicology, the PINK copy of the consent form must be placed INSIDE the Step 3 envelope and packaged with the Comprehensive Toxicology Testing kit box.**
2. If consent is obtained, open a Toxicology Kit, entitled "Blood and Urine Specimen Collection for Comprehensive Toxicology Testing". Do not forget to have patient sign Comprehensive Toxicology Testing Kit Consent form using their initials only.
3. Before collecting Comprehensive Toxicology, please check blood tubes for expiration date. If expired, providers must replace with two gray top tubes containing 100mg of sodium fluoride and 20mg of potassium oxalate. **Note: 2 EA. 10ML BLOOD COLLECTION TUBES MAY BE REPLACED WITH 4 EA. 5ML BLOOD COLLECTION TUBES.**
4. Collect the blood specimens:
 - Cleanse collection site, withdraw the blood, and allow both tubes to fill to maximum volume.
 - Immediately after blood collection, assure proper mixing of anticoagulant/preservative powder **by slowly and completely inverting the blood tubes.**
 - Affix a Sexual Assault Evidence Collection Kit number label to each of the tubes.
 - Return filled blood tubes to the specimen holder.
5. Collect the urine specimen:
 - **Instruct the patient not to wipe the vaginal/rectal area** (so as to minimize loss of evidence that will be collected in subsequent steps.)
 - Have the patient void directly into the urine specimen bottle. A minimum of 60ml is required. Replace cap and tighten down to prevent leakage.
 - Affix a Sexual Assault Evidence Collection Kit number label to the specimen bottle.
 - Return specimen to the specimen holder, place specimen holder inside plastic bag provided, then squeeze out excess air and close the bag. **Do not remove the liquid absorbing sheet from specimen bag.** Place specimen holder in the toxicology kit box.
6. **Keep the white copy of the toxicology consent form for hospital records.**
7. **Put the PINK copy of the toxicology consent form in the toxicology kit box.**
8. Seal the Toxicology Kit with the seal provided, complete any requested information, and affix a kit number label.

STEP 4 KNOWN BLOOD SAMPLE

Check the date of the blood tube. If it has expired, replace from standard hospital supplies.

1. Using the purple stoppered blood tube provided, obtain a blood specimen from the patient, filling to the maximum volume.
2. Affix kit number label to the blood tube, return tube to the bubble pack bag, and place in plastic bag and seal; place bag in the Step 4 Envelope.
3. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 5 HEAD HAIR COMBINGS

1. Remove paper towel and comb from the Step 5 Envelope.
2. Place the paper towel under the patient's head.
3. Comb the head hair so that any loose foreign hair and debris will fall onto the paper towel.
4. Remove the towel, place the comb in the center of the towel, fold the towel to retain both the comb and any evidence, and return the folded towel to the Step 5 Envelope.
5. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 6 ORAL SWABS AND SMEARS

Did an oral assault occur within the past 24 hours?

If no: Go to next step. **If yes:**

1. Open the first packet of two swabs; affix the ORAL 1A and 1B labels on the shafts of each swab.
2. **Do NOT moisten the swabs prior to sample collection.** Using ORAL 1A and 1B swabs **simultaneously**, carefully swab the upper and lower areas between the lips and gums and along the tooth and gum lines.
3. Open the plastic slide case, and on the *frosted* side, use ORAL 1A and 1B swabs **simultaneously** to prepare 2 smears inside the borders of the 2 pre-marked circles. Use a marker and write 'O' on the frosted part of the slide. Apply a kit # sticker to the plastic case.
4. Open the second packet of swabs; affix the ORAL 2A and 2B labels on the shafts of each swab; using the swabs **simultaneously**, swab the same area: the upper and lower areas between the lips and gums, and along the tooth and gum lines.
5. Allow the four swabs and smears to air dry.
6. Place ORAL 1A and 1B swabs in one of the swab boxes provided and write "ORAL 1A/1B" on swab box, then place ORAL 2A and 2B swabs in the remaining swab box and write "ORAL 2A/2B" on swab box. Return slides to their holders. Place both swab boxes and smears in the Step 6 Envelope.
7. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 7 FINGERNAIL SCRAPINGS

Did the patient scratch the assailant's skin or clothing?

If no: Go to next step. **If yes, or patient unsure:**

1. Take out all components; unfold the paper sheet labeled **Left Hand** and place it on a flat surface.
2. Place patient's left hand over the paper. Scrape under all five fingernails, allowing any debris to fall onto the paper.
3. Place used scraper in center of the paper, **FOLD SO AS TO RETAIN CONTENTS.**
4. Repeat this procedure with the patient's right hand using the paper sheet labeled **Right Hand.**
5. Return both papers to the Step 7 Envelope.
6. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 8(A) & 8(B) FOREIGN MATERIAL COLLECTION (2 envelopes supplied)

1. Remove and unfold the small paper sheet from the Step 8A Envelope, placing it on a flat surface.
2. Collect any foreign material found on the patient's body or clothing (e.g. leaves, fibers, hair) and place in the center of the paper.
3. Refold the paper sheet to retain the debris, and return it to the Step 8A Envelope.
4. Complete the information requested on the envelope: **NOTE ON THE ANATOMICAL DRAWINGS THE LOCATION FROM WHICH THE SAMPLE WAS TAKEN.**
5. Seal the Step 8A Envelope, complete any requested information, and affix a kit number label.
6. Retain the Step 8B Foreign Material Collection envelope for use in conjunction with Step 9.

STEP 9 CLOTHING (9 paper bags provided)

Do not cut through any existing holes, rips or stains in the patient's clothing. Do not shake out patient's clothing or microscopic evidence will be lost. If additional clothing bags are required, use only new **PAPER** (grocery-type) bags.

If there is a panty-liner or pad attached to the underwear, do not separate it from the underwear. If a sanitary pad, not attached to the underwear, was in use during the assault or during the 120 hour collection period following the assault, retain it. Air dry it,

then place it in a paper envelope (not supplied), or one of the small Step 9 Clothing Bags. Label it (i.e. "Sanitary Napkin"), seal it, and affix a kit number label. If the item has not fully dried by the completion of the exam, indicate on the transport bag label that drying needs to be completed at the crime lab. Consider placing it in a sterile specimen cup and poke holes in the top for further drying of contents.

Is the patient wearing the same clothing as when assaulted?

If no:

1. Collection of outer clothing is not required at the time of examination. **HOWEVER, collect underwear and any other clothing in contact with the genital area.**
2. If assault is reported to police, provider should instruct the patient to retrieve the articles of clothing worn at the time of the assault and give them to the police.
3. Inform officer in charge of the need to collect clothing worn at the time of assault.

If yes:

1. Spread a clean bed sheet from hospital supply on the floor; spread the large paper sheet from the Step 8B Foreign Material Collection envelope over the bed sheet.
2. Instruct the patient to stand in the center of the paper sheet and carefully disrobe.
3. Collect each item as removed and place in a separate clothing bag. *Use the underpants bag for underpants and place the bag inside kit.*
4. If foreign material is present on the paper, fold it to retain the contents, place it in the Step 8B Envelope.
5. Complete the information requested on the envelope.
6. Seal the Step 8B Envelope, complete any requested information, and affix a kit number label.
7. Seal each Step 9 clothing bag (do not use staples), complete any requested information on each bag, and affix a kit number label to each bag. (Return hospital sheet to hospital laundry.)
8. Perform head to toe exam and document signs of trauma or areas of pain/tenderness on Form 4 body maps. Measure the bruise/wound(s); document measurements and appearance. (On Form 4, describe the surface contour, shape, color, size, and type of each injury.)

STEP 10 BITE MARKS

Has the patient washed the bite area since the assault?

If yes: Go to next step. **If no:**

1. MOISTEN 2 swabs with the same sterile water used on the control swabs.
2. Swab the area of the bite mark gently with both swabs **simultaneously**.
3. Allow both swabs to air dry.
4. Place swabs in the swab box provided, write "BITEMARKS" on swab box, then place swab box in the Step 10 Envelope. If more than one set of swabs is used, write on each paper sleeve the area of the body from which the collection was obtained.
5. Seal the envelope, complete any requested information, **NOTE ON THE ANATOMICAL DRAWINGS THE LOCATION FROM WHICH THE SAMPLE WAS TAKEN** and affix a kit number label.

STEP 11 ADDITIONAL SWABS

Has dry or damp blood, semen, saliva, or other trace evidence been observed on the patient's body?

If no: Go to next step. **If yes:**

1. Moisten two swabs with the same sterile water used on the control swabs.

2. Using both swabs **simultaneously**, collect the specimen.
3. **NOTE ON THE ANATOMICAL DRAWINGS ON THE STEP 11 ENVELOPE, THE LOCATION FROM WHICH THE SAMPLE WAS TAKEN.**
4. Allow the swabs to air dry.
5. Place swabs in one of the swab boxes provided, write "location from which sample was taken, i.e., Right Arm, Left Leg, etc." on swab box and place in the Step 11 Envelope. (If more than one specimen was taken, use the remaining swabs and swab box and follow same procedure.)
6. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 12 PUBIC HAIR COMBINGS

1. Remove paper towel, comb, and the Matted Pubic Hair envelope from the Step 12 Envelope.
2. With patient in the lithotomy position, place paper towel under the patient's buttocks.
3. If any matted pubic hair is present, remove the paper sheet from the Matted Pubic Hair envelope and unfold. Using sterile scissors, cut off any matted hair and place on the paper; allow the hair to air dry, fold the paper as to retain the sample, then place in the Matted Pubic Hair envelope, then seal the envelope, complete any requested information, and affix a kit number label, and return to the Step 12 Envelope.
4. Using the comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto the paper towel. Fold the towel to retain both the comb and any debris collected, return to the Step 12 Envelope.
5. Seal the envelope, complete any requested information, and affix a kit number label.

Have all equipment and swabs ready prior to positioning and draping the patient for genital exam. Thoroughly examine external genital structures for signs of trauma or areas of pain/tenderness and document on Forms 4 and 5.

STEP 13 EXTERNAL GENITAL SWABS

Were the patient's external genitalia involved in the assault?

If no: Go to next step. **If yes:**

1. Inspect the pubic area and the inner thighs. Be alert to subtle contusions; document findings.
2. Remove swabs from paper sleeve; affix the GENITAL 1A and 1B labels on the shafts of each swab.
3. **Lightly moisten** the swabs with the same sterile water used on control swabs.
4. Using GENITAL 1A and 1B swabs **simultaneously**, carefully swab the genital area and inner thighs.
5. Allow the swabs to air dry.
6. Place swabs in the swab box provided, write "GENITAL" on swab box, then place swab box in the Step 13 Envelope.
7. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 14 PERIANAL SWABS

(Collect even if bowel movement has occurred since the time of the assault.)

Did an anorectal OR vaginal assault occur within the past five days (120 hours)?

If no: Go to next step. **If yes:**

1. Remove swabs from paper sleeve; affix the PERIANAL 1A and 1B labels on the shafts of each swab.
2. **Lightly moisten** the swabs with the same sterile water used for the control swabs.
3. Using the two swabs **simultaneously**, carefully swab the perianal area.
4. Allow the swabs to air dry.

5. Place swabs in the swab box provided, write "PERIANAL" on swab box, then place swab box in the Step 14 Envelope.
6. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 15 VAGINAL SWABS AND SMEARS

Did vaginal assault occur within the past 5 days?

If no: Go to next step. **If yes:**

1. Retain the patient's tampon, contraceptive sponge, or other item found in the vagina. Let it air dry, then place it in a paper envelope or small paper bag (not supplied). Label it, seal it and affix a kit number label. (If the item has not fully dried by the completion of the exam, indicate on the transport bag label that drying needs to be completed at the crime lab. Place in specimen cup after poking holes in top for further drying of contents.)
2. Open the first packet of two swabs; affix the VAGINAL 1A and 1B labels on the shafts of each swab.
3. **Do NOT moisten the swabs prior to sample collection.** Using VAGINAL 1A and 1B swabs **simultaneously**, carefully swab the vaginal walls and cervix.
4. Open the plastic slide case, and on the *frosted* side, use VAGINAL 1A and 1B swabs **simultaneously** to prepare 2 smears inside the borders of the 2 pre-marked circles. Use a marker and write 'V' on the frosted part of the slide. Apply a kit # sticker to the plastic case.
5. Open the second packet of swabs; affix the VAGINAL 2A and 2B labels on the shafts of each swab; using the swabs **simultaneously** swab the same area: the vaginal walls and cervix.
6. Allow the four swabs and smears to air dry.
7. Place VAGINAL 1A and 1B swabs in one of the swab boxes provided and write "VAGINAL 1A/1B" on swab box, then place VAGINAL 2A and 2B swabs in the remaining swab box and write "VAGINAL 2A/2B" on swab box. Return slides to their holders. Place both swab boxes and smears in the Step 15 Envelope.
8. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 16 ANORECTAL SWABS AND SMEARS

(Collect even if bowel movement has occurred since the time of the assault.)

Did an anorectal assault occur within the past 24 hours?

If no: Go to next step. **If yes:**

1. Open the first packet of two swabs; affix the ANORECTAL 1A and 1B labels on the shafts of each swab.
2. **Do NOT moisten the swabs prior to sample collection.** Using ANORECTAL 1A and 1B swabs **simultaneously**, carefully swab the rectal canal.
3. Open the plastic slide case, and on the *frosted* side, use ANORECTAL 1A and 1B swabs **simultaneously** to prepare 2 smears inside the borders of the 2 pre-marked circles. Use a marker and write 'A' on the frosted part of the slide. Apply a kit # sticker to the plastic case.
4. Open the second packet of swabs; affix the ANORECTAL 2A and 2B labels on the shafts of each swab; swab the same area: the rectal canal.
5. Allow the four swabs and smears to air dry.
6. Place ANORECTAL 1A and 1B swabs in one of the swab boxes provided and write "ANORECTAL 1A/1B" on swab box, then place ANORECTAL 2A and 2B swabs in the remaining swab box and write "ANORECTAL 2A/2B" on swab box. Return slides to their holders. Place both swab boxes and smears in the Step 16 Envelope.
7. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 17 COMPLETION OF FORMS

- ☐ Complete Forms 1 through 6.
- ☐ Review all documentation on the forms and envelopes for completeness and accuracy, particularly the documentation of injuries that may have been revealed later in the exam.
- ☐ **Print** your name and sign your name on each of the forms.
- ☐ Ensure that the **printed name** of any other examiner, nurse or physician who has participated in the exam and/or evidence collection is included on the appropriate form.
- ☐ **Provide the patient with the pink copy of Form 6 and Patient Info Packet.**
- ☐ **Place the yellow copies of Forms 2A/2B, 3, 4, 5A, and 5B into the Hospital Reports Envelope.**
- ☐ **Place the Hospital Reports Envelope into the kit box.**
- ☐ **Ensure the pink copy of the Comprehensive Toxicology Testing Consent form, if used, is placed in the Step 3 envelope and placed in the toxicology kit box.** If Toxicology Testing is administered for an unreported sexual assault incident, contact the Toxicology Reporting Line at 1-877-794-0432 with the specific information requested within the Toxicology Kit leaflet.
- ☐ **Retain all other forms for the hospital's records.**
- ☐ Complete the "Provider Sexual Crime Report", Form 2A, which is mandated by Mass. General Law C. 112 § 12 ½. Fax the completed report to:

Massachusetts Executive Office of Public Safety - Research and Policy Analysis Unit
(FAX: 617-725-0260)

AND Local Public Safety Authority

FINAL INSTRUCTIONS

1. Regarding Documentation Forms 1 - 6:
 - All **WHITE** copies are for hospital records.
 - All **YELLOW** copies are placed in the Step 1 Hospital Reports envelope and placed in main kit box.
 - **PINK** copy of the Comprehensive Toxicology Testing Consent form goes in Step 3 envelope and must be packaged in the Comprehensive Toxicology Testing box.
 - Form 6 **PINK** copy goes to patient. Please be sure to include kit number on both **WHITE** and **PINK** copies.
2. Make sure all envelopes and bags are sealed and kit number labels have been affixed.
3. Return all evidence collection envelopes, used or unused, to the kit box.
4. Fill out all of the information on the top of the Sexual Assault Evidence Collection (SAEC) kit box except the police personnel (chain of possession) section. If the patient has not reported the assault to police, do not write the patient's name on the kit.
5. Initial, date, and affix police evidence seals where indicated on the sides of the SAEC kit box.
6. Affix biohazard label where indicated.
7. Fill out all information requested on the evidence transport bag except the police personnel (chain of possession) section, and affix a kit number label. If the patient has not reported the assault to police, do not write the patient's name on the kit.
8. Place all bagged clothing items into the evidence transport bag except the bag containing the underpants, which is returned to the kit. Complete the clothing inventory label on the evidence transport bag, with a brief description of each item. Seal the transport bag, initial, date, and affix police evidence seal.
9. Once evidence is completed, Provider/SANE should immediately contact police department where the assault occurred and speak with the shift supervisor to request timely pick up and prompt transport of evidence to the crime lab.
10. Store the transport bag, SAEC kit, and toxicology kit (if utilized) until police transport arrives. Storage areas **must be secure**, and refrigeration is preferred.
11. When the police arrive, personally transfer possession of the transport bag, SAEC kit, and toxicology kit (if utilized). Then make the first entry on the chain of possession label.
12. Hospital Log: Hospitals are responsible for maintaining a chain of evidence log which, at a minimum, should include patient name, kit number, date of exam, date of assault, name of provider, documented name of officer and police department picking up the evidence and responsible for transport to crime lab.

FORM 1Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit**PATIENT'S CONSENT
FOR SEXUAL ASSAULT EXAM**

AFFIX KIT NUMBER LABEL HERE

Patient's Name: _____ Phone Number: _____

Patient's Address: _____

Patient's Date of Birth: ____ / ____ / ____

I consent and authorize _____ (medical provider or S.A.N.E.) and
_____ Hospital to perform the following:Interpreter Used? ☐ Yes ☐ No Name: _____

PROCEDURE	CONSENT	DO NOT CONSENT	PATIENT'S INITIALS
• Obtain history	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Perform Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Collect evidence which may include: hair, blood samples, body fluid samples, fingernail scrapings and clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Administer appropriate medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Administer medications for STI prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Screen for pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Administer emergency contraception for pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Photograph physical injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Follow-up telephone call Number to call: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Other (please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

I understand the medical information contained in this record is confidential and private and protected under state law. In most circumstances, the medical record will be released only with my written permission. However, I understand the medical information must be released if subpoenaed by the court.

Signature of patient (or guardian) _____

Printed name of medical provider or S.A.N.E. _____

If guardian, print name and relationship to patient _____

Signature of medical provider or S.A.N.E. _____

____ / ____ / ____
Date____ / ____ / ____
Date

If applicable, certified number of the S.A.N.E. _____



Commonwealth of Massachusetts

Executive Office of Public Safety

Form 2A/2B Instructions

Please read these instructions before proceeding with this form.

- Step 1.** Complete Form 2A/2B *Information Pertaining to Assault, Provider Sexual Crime Report* as indicated. Once completed, Form 2A, **white copy only** should be torn at perforated line and faxed to the Executive Office of Public Safety – Research and Policy Analysis Unit at the fax number listed at the bottom of Form 2A. Additionally, the white copy of Form 2A should be faxed to the local public safety authority of the city/town in which the assault took place.

Please be sure to affix the kit number label on white and yellow copies of *BOTH* Forms 2A and 2B.

Please be sure that Form 2A does not contain identifying information pertaining to the victim.

- Step 2.** Retain white copy of Form 2A (once faxed) and 2B for hospital records.

- Step 3.** Return yellow copy of Form 2A/2B to Step 1 envelope as indicated at the bottom of the attached forms.

INFORMATION PERTAINING TO ASSAULT & KIT TRACKING FORM
FORM 2A
FAX FORM 2A ONLY

PROVIDER SEXUAL CRIME REPORT

K

Per MGL C.112, S. 12A 1/2

A. PATIENT INFORMATION: Name, address and other identifying information should not be written on this anonymous form.

1. Age: 2. Gender: ☐ Female ☐ Male ☐ Transgender (M to F) ☐ Transgender (F to M)

3. Race: ☐ White ☐ Black/African Am ☐ Hispanic/Latino ☐ Am Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other: _____

4. Date of Assault (e.g., 01/01/2000): 5. Approx. Time of Assault: ☐ AM ☐ PM

6. City/Town of Assault: State: Neighborhood:

7. Specific surroundings at time of Assault: ☐ House/Apartment ☐ Outdoors ☐ College/University ☐ Hotel/Motel
☐ Motor Vehicle ☐ Unsure ☐ Other (specify) _____
Correctional Facility (Check One): ☐ Prison ☐ Jail ☐ DYS

8. Date of hospital exam (e.g., 01/01/2000): 9. Time of hospital exam: ☐ AM ☐ PM

10. Hospital providing service:

11. Exam completed by: ☐ MA SANE ☐ SANE-A ☐ OTHER

B. ASSAILANT(S) INFORMATION: Did the patient voluntarily report any of the following relationships with the assailant(s)?

12. Total number of assailants: Unsure: ☐

13. Assailant(s) relationship to patient and gender of assailant (m/f) (If >1 assailant, designate relationship of each).

☐ Parent/ Step-parent
☐ Spouse/ live-in partner
☐ Ex-Spouse/ live-in partner
☐ Parent's live-in partner
☐ Other relative
☐ Stranger

Male

Female

☐ Boy/ girlfriend
☐ Ex-boy/ girlfriend
☐ Date
☐ Acquaintance
☐ Friend
☐ Unknown
☐ Other (specify): _____

Male

Female

C. WEAPONS/ FORCE USED: (Check all that apply as per patient report and/or physical findings).

14. ☐ Verbal threats ☐ Restraints (ropes, ties, cords, etc.) ☐ Strangulation ☐ Chemical(s) (pepper spray, mace, etc.)
☐ Bites ☐ Hold Down/Body Weight ☐ Hitting ☐ Other physical force Describe: _____
☐ Burns ☐ Other weapons Describe: _____ ☐ Gun ☐ Alcohol
☐ Knife ☐ Drugs ☐ Blunt Object ☐ Unsure

D. ACTS DESCRIBED BY THE PATIENT:

Was there penetration, however slight, of:

15. Vagina ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A BY ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____

16. Anus ☐ No ☐ Unsure ☐ Attempt ☐ Yes BY ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____

17. Mouth ☐ No ☐ Unsure ☐ Attempt ☐ Yes BY ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____

18. Did ejaculation occur? ☐ YES ☐ NO ☐ UNSURE ☐ N/A

19. Did assailant(s) use a condom? ☐ YES ☐ NO ☐ UNSURE ☐ N/A

20. Any injuries to patient resulting in bleeding? ☐ YES ☐ NO ☐ UNSURE
If yes, specify: _____

21. Any injuries to assailant(s) resulting in bleeding? ☐ YES ☐ NO ☐ UNSURE
If yes, specify: _____

E. CASE STATUS AT TIME OF THE EXAM

22a. Evidence Collection Kit utilized? ☐ Yes ☐ No

22b. Toxicology Kit collected? ☐ Yes ☐ No

23. Reported to police? ☐ Yes ☐ No If yes, specify police dept.: _____

24. DCF Involved? ☐ Yes ☐ No If yes, describe status: _____

25. Restraining order in place before assault? ☐ Yes ☐ No If yes, date and court location: _____

26. Restraining order filed after assault? ☐ Yes ☐ No If yes, date and court location: _____

F. MANDATORY REPORTING

27. 19A Elder Abuse Report ☐ Yes ☐ No

28. 51A Child Abuse Report ☐ Yes ☐ No

29. 19C Disabled Persons Report ☐ Yes ☐ No

30. 12A Weapon Report ☐ Yes ☐ No

31. 70E Emergency Contraception Administered ☐ Yes ☐ Not indicated ☐ Declined ☐ Not offered

G. KIT TRACKING INFORMATION

32. Name of Police Department notified for pick up and transport of Evidence: _____

33. Date notified: _____ Time notified: _____

Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit
FAX: 617-725-0260 AND: Local public safety authority

RETAIN WHITE COPY OF FORM 2A AND 2B FOR HOSPITAL RECORDS RETURN YELLOW COPY OF FORM 2A AND 2B TO STEP 1 ENVELOPE

FORM 2B
DO NOT FAX THIS PAGE

INFORMATION PERTAINING TO ASSAULT
Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

Affix kit number label here
on both white and yellow copies.

DO NOT WRITE PATIENT'S NAME ON THIS FORM;
DO NOT RUN THIS FORM THROUGH ADDRESSOGRAPH

A. PERTINENT/ RECENT HEALTH HISTORY:

Has the patient undergone recent (within 4 weeks) medical or gynecological procedures or treatments which may affect physical findings or evidence collection? ☐ Yes ☐ No
If yes, describe: _____

Patient menstruating at the time of assault? ☐ Yes ☐ No Currently? ☐ Yes ☐ No LMP _____

Patient's tampon or sanitary napkin to be included in kit? ☐ Yes ☐ No

Has the patient had consensual sexual intercourse in the past 120 hours/5 days? ☐ Yes ☐ No
If yes, specify the number of hours since consensual intercourse ended: _____

Has the patient used any type of contraception in the past 24 hours? ☐ Yes ☐ No
If yes, specify type: _____

B. SINCE THE TIME OF THE ASSAULT HAS THE PATIENT:

a. Changed clothes? ☐ Yes ☐ No

b. Bathed? ☐ Yes ☐ No

c. Showered? ☐ Yes ☐ No

d. Washed off? ☐ Yes ☐ No

e. Brushed teeth? ☐ Yes ☐ No

f. Used mouthwash? ☐ Yes ☐ No

g. Taken in fluid? ☐ Yes ☐ No

h. Vomited? ☐ Yes ☐ No

i. Smoked cigarettes? ☐ Yes ☐ No

j. Urinated? ☐ Yes ☐ No

k. Defecated? ☐ Yes ☐ No

l. Brushed/washed hair? ☐ Yes ☐ No

C. WEAPONS/FORCE USED: (Check all that apply as per patient report and/or physical findings; describe the incident and/or body part involved.)

☐ Verbal threats Describe: _____

☐ Bites Describe: _____

☐ Burns Describe: _____

☐ Knife Describe: _____

☐ Restraints Describe: _____

☐ Hold down/Body weight Describe: _____

☐ Other weapons Describe: _____

☐ Drugs Describe: _____

☐ Strangulation Describe: _____

☐ Hitting Describe: _____

☐ Gun Describe: _____

☐ Blunt object Describe: _____

☐ Chemical(s) Describe: _____

☐ Other physical force Describe: _____

☐ Alcohol Describe: _____

☐ Unsure

D. ACTS DESCRIBED BY THE PATIENT:

Did ejaculation occur? If externally, where?

Vaginally? ☐ Yes ☐ No ☐ Unsure ☐ On the patient's body. Where? _____

Anally? ☐ Yes ☐ No ☐ Unsure ☐ On an object. What object? Where? _____

Orally? ☐ Yes ☐ No ☐ Unsure ☐ Other: _____

Externally? ☐ Yes ☐ No ☐ Unsure ☐ Unsure

Did assailant(s) use any substance as lubrication (saliva is considered lubrication)? ☐ YES ☐ NO ☐ UNSURE
If yes, specify: _____

Did assailant(s) lick, spit or make other oral contact with the patient? ☐ YES ☐ NO ☐ UNSURE
If yes, describe location: _____

Was there prolonged or forceful touching of the patient's skin by the assailant's bare hands or fingers? ☐ YES ☐ NO ☐ UNSURE
If yes, describe location: _____

Did assailant(s) attempt to strangle patient? ☐ YES ☐ NO ☐ UNSURE
If yes, describe: _____

Was there loss of consciousness? ☐ YES ☐ NO ☐ UNSURE
If yes, describe: _____

Was the patient incontinent? ☐ YES ☐ NO ☐ UNSURE
If yes, Bowel: ☐ YES ☐ NO Bladder: ☐ YES ☐ NO

Were there any children present during the assault? ☐ YES ☐ NO ☐ UNSURE
If yes, describe the relationship to the patient: _____

Printed name of medical provider or S.A.N.E. _____

Signature of medical provider or S.A.N.E. _____

If applicable, certified number of the S.A.N.E. _____ Date ____ / ____ / ____

JUNE 2016 RE2MA: FORM2P1.9 4/16

Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

- ## PATIENT'S REPORT OF INCIDENT

Note: This form is to be completed by **one** examiner.

[illegible]

Affix kit number label here on both white and yellow copies

Affix kit number label here on both white and yellow copies

[illegible]

Printed name of medical provider or S.A.N.E.

Signature of medical provider or S.A.N.E.

____/____/____
Date

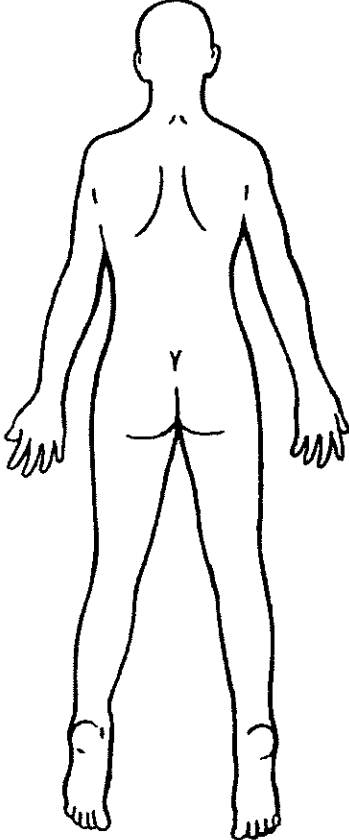
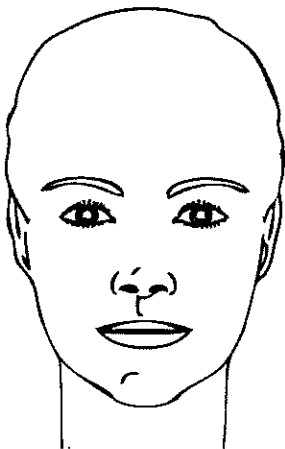
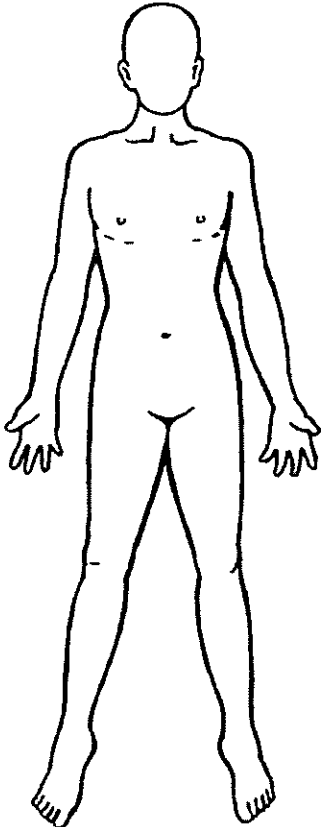
Record the patient's general physical appearance and demeanor:

Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, burns and stains or foreign materials on the body. Record size and appearance of injuries. Note areas of swelling and patient's indications of tenderness.

Affix kit number label here on both white and yellow copies



RIGHT SIDE

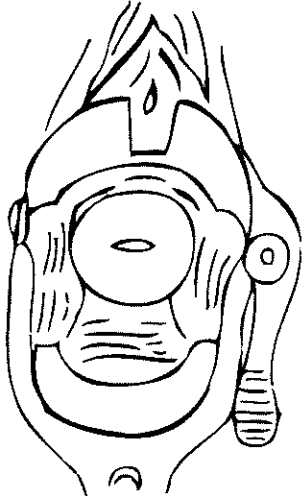
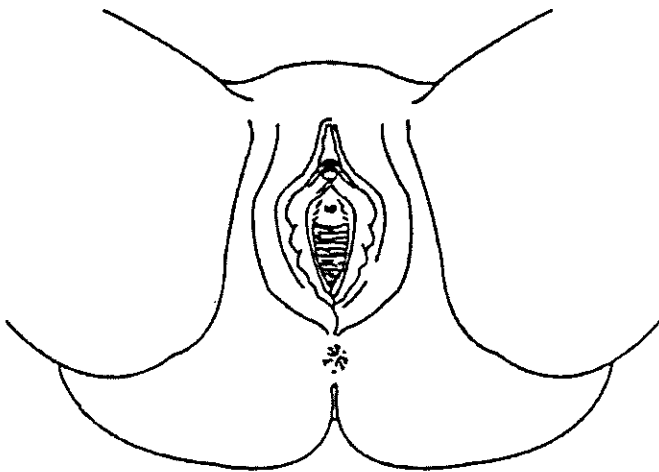
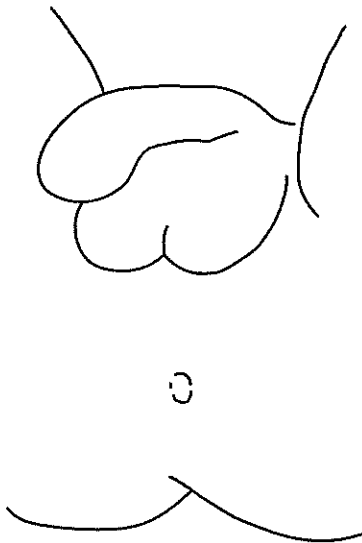
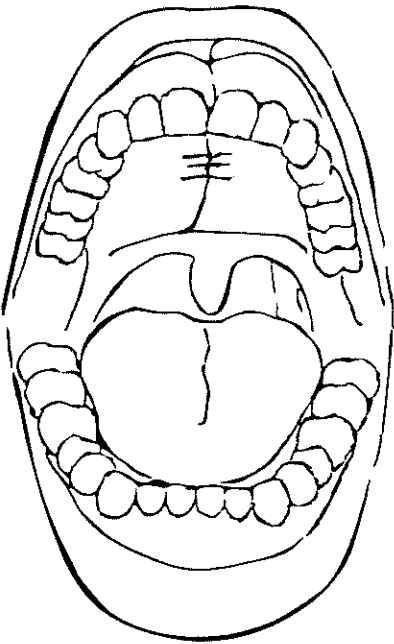


LEFT SIDE

PHOTOGRAPHS COMPLETED & ENCLOSED IN HOSPITAL RECORD
Do not include in Sexual Assault Evidence Collection Kit

Photo Session I.D. Sheet: Pre _____ Post _____
Total # of pictures taken during evidence collection _____
Long Range Photo: Front _____ Back _____

#of Photos Taken	Numbered Area	Body Part	Instrument	close	close	medium
				W/Ruler	W/O Ruler	(Choose the range description(s) that correspond to the numbered area)
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/ Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Printed name of medical provider or S.A.N.E.

Signature of medical provider or S.A.N.E.

Date

FORM 5A Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit	<u>PHYSICAL EXAMINATION</u>
<div style="border: 1px dashed black; padding: 10px; text-align: center;">Affix kit number label here on both white and yellow copies.</div>	

RETAIN WHITE COPY OF FORM 5A AND 5B FOR HOSPITAL RECORDS RETURN YELLOW COPY OF FORM 5A AND 5B TO STEP 1 ENVELOPE

FORM 5B
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

EVIDENCE COLLECTED INVENTORY LIST

**Affix kit number label here
on both white and yellow copies.**

**Please indicate which pieces of evidence you collected by checking appropriate boxes below.
If No, please complete N/I as not indicated or P/D as patient declines.**

Signature of Medical Provider/SANE: _____

RETAIN WHITE COPY OF FORM 5A AND 5B FOR HOSPITAL RECORDS RETURN YELLOW COPY OF FORM 5A AND 5B TO STEP 1 ENVELOPE

Form 6
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

AFFIX KIT LABEL HERE ON BOTH WHITE AND
PINK COPIES

TREATMENT AND DISCHARGE

Urine Tests:

Pregnancy Test: ☐ Positive ☐ Negative ☐ Declined
☐ Not applicable, reason: _____

*Chlamydia Test: ☐ Done ☐ Declined

*Gonorrhea Test: ☐ Done ☐ Declined

*Trichomonas Test: ☐ Done ☐ Declined

Blood Tests:

HIV (Human Immunodeficiency Virus): ☐ Done ☐ Declined

Hepatitis B sAg (infection): ☐ Done ☐ Declined

Hepatitis B sAb (immunity): ☐ Done ☐ Declined

Hepatitis B cAb (history): ☐ Done ☐ Declined

Hepatitis C Ab: ☐ Done ☐ Declined

Syphilis: ☐ Done ☐ Declined

You may need to request your medical records to get your test results.
*Urine is the preferred source for these tests, however other sources may be warranted.

Toxicology Testing (Blood and Urine): ☐ Done ☐ Not Indicated ☐ Declined
See the next page for information on how to get your toxicology testing results.

Medications Ordered:

Pregnancy Prevention: ☐ Drug and dosage _____ ☐ Declined
(Emergency contraception)
☐ Not Applicable (give reason) _____

Sexually Transmitted Infection (STI) Prevention:

Chlamydia ☐ Drug and dosage _____ ☐ Declined

Gonorrhea ☐ Drug and dosage _____ ☐ Declined

Trichomonas ☐ Drug and dosage _____ ☐ Declined

HIV Prevention: ☐ Indicated ☐ Not indicated ☐ Pending Consult ☐ Declined
(Human Immunodeficiency Virus)
☐ Drug(s) and Dosage(s): _____

Vaccinations: Hepatitis B Vaccine ☐ Given ☐ Not indicated ☐ Declined ☐ Pending results

Tetanus Toxoid ☐ Given ☐ Not indicated ☐ Declined

HPV Vaccine ☐ Given ☐ Not indicated ☐ Declined

Anti-nausea: ☐ Drug and dosage _____ ☐ Declined

Additional Information: ☐ None ☐ Please specify _____

Form 6 Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit: Aftercare Instructions

	Who	When	What to do
<input checked="" type="checkbox"/>	EVERYONE	TWO DAYS after ED visit	Rape Crisis Counseling: Talk with a rape crisis counselor or the counselor of your choice. Your information packet contains information about local rape crisis counseling resources.
<input checked="" type="checkbox"/>	EVERYONE	ONE to TWO WEEKS after ED visit	Visiting your primary care provider can be helpful to discuss any concerns that you are having and to assess your general well-being.
<input type="checkbox"/>	HIV Prevention Medication was indicated and you accepted	TWO to FIVE DAYS after ED visit	Visit HIV provider and/or primary care physician for continued medication management within 2-5 days (before your medication runs out). Contact information for HIV Follow up: _____
<input type="checkbox"/>	You declined HIV Prevention Medication and it was indicated	THREE DAYS after assault	You may be eligible to start HIV prevention medications w/in 3 days (72 hours) of the assault. See your PCP or an HIV provider to see if HIV prevention medications are indicated.
<input type="checkbox"/>	You plan on having an HIV test	6 WEEKS after ED visit	If you plan to have an HIV antibody test, contact your primary care provider or an HIV counselor at 1-800-232-4636. When you are tested at 6 weeks, ask your primary care provider or HIV counselor if or when you should have additional tests.
<input type="checkbox"/>	Emergency Contraception was indicated and you accepted	FOUR WEEKS after ED visit	Have a repeat pregnancy test, even if you took emergency contraception. While emergency contraception works very well, it is not 100% effective.
<input type="checkbox"/>	You declined Emergency Contraception	FIVE DAYS after assault	You can take emergency contraception up to five days (120 hours) after the assault. You may be able to obtain a prescription for emergency contraception from your primary care provider, OB/GYN provider or at a family planning clinic. You may find a family planning clinic by visiting www.mass.gov/dph/familyplanning or by speaking with a Rape Crisis Center Advocate. You may be able to purchase some forms of EC without a prescription at a local pharmacy.
<input type="checkbox"/>	You declined Emergency Contraception	TWO WEEKS after assault	If you declined emergency contraception, we recommend a pregnancy test 14 or more days after the assault.
<input type="checkbox"/>	A vaccine or vaccines were indicated and you accepted	FOUR WEEKS after ED visit	The Hepatitis B and HPV vaccines require additional doses starting four weeks after the first vaccine to be the most effective and may require a third dose. Contact your primary care provider or a state-funded clinic to obtain the next vaccine in the series. For more information, call 1-800-232-4636 or visit www.vaccines.gov .
<input type="checkbox"/>	A toxicology screen was indicated and you accepted	12 WEEKS after ED visit	Toxicology testing may take 12 or more weeks for results to become available. If you had toxicology testing done and reported the assault to the police, you can contact the victim-witness advocate at the district attorney's office for your test results. Counseling is available from your local rape crisis center hotline if you have concerns about the results. <u>If you had toxicology testing and did not report the assault to the police, you can contact 1-866-269-4265 and provide your kit number to receive your results.</u>

Hospital Billing and Victim's Compensation: You are eligible for Victim's Compensation *whether or not* you choose to report the assault to police. You are not required to use your personal insurance to cover your ED care, and you may request that the hospital bill the Massachusetts Victim Compensation and Assistance Division (VCAD) directly. All billing information will be submitted to the VCAD and records submitted to the VCAD are considered confidential and cannot be released without your consent or as a matter of law. If you receive a bill in error, you should contact the VCAD for assistance.

Additionally, you are eligible to apply to the VCAD for assistance with the payment of additional expenses incurred as a result of the sexual assault. Please refer to the Massachusetts Forensics Sexual Assault Exam Expense application located in the Patient Information Packet provided to you at discharge for further information and instructions. If you report the incident to the police, you may be eligible for expanded assistance from the Massachusetts Victim Compensation & Assistance Division. For additional information regarding these benefits, please contact the Victim Compensation & Assistance Division at 617-727-2200 x2160.

Hospital Aftercare Packet Given? ☐ Yes

Instructions for Follow Up Exam and Testing Given? ☐ Yes

Safety Planning Offered? ☐ Yes

Signature of Patient _____ Date _____

Printed Name of Medical Provider or SANE _____ Signature of Medical Provider or SANE _____