

Commonwealth of Massachusetts

Executive Office of Public Safety & Security

NOTE

Please read instructions prior to proceeding with evidence collection.

These instructions will assist examining clinicians in the use of the MA Sexual Assault Evidence Collection Kit (MSAECK). This kit is used to collect evidentiary specimens for patients (12 years and older) reporting a sexual assault of an acute nature (within 5 days/120 hours). The hospital is not required or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital for the patient's medical care are to be collected with hospital supplies.

Completed MSAECKs are transported by police to a crime laboratory for analysis, if the assault is reported to the police, or if the patient is 15 years or younger. MSAECKs completed for patients 16 years and older, who have not reported their assault to police, will be stored at the local police department in the city or town where the assault occurred. Hospital personnel should contact the police department, in the city or town where the assault occurred, to pick up the kit for transport.

Important Considerations

- Once the exam is started and the kit is opened, you must ensure chain of custody. This means you may not leave the kit or any of its contents unattended, until it has been sealed and placed in a secure location (locked refrigerator is preferred) or signed over to a police officer for transport.
- For safety and to prevent contamination of specimens, wear non-latex gloves, and change them between each evidence collection step.
- 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.
- Use sterile water to moisten swabs used on external body surfaces and the anal swab, if appropriate. Do NOT pre-moisten swabs used for oral or vaginal swabs.
- Seal envelopes with tape, extra barcode labels, 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.
- When swabs are dry, place swab labels (found in each envelope) on the shaft of each swab prior to placing them back into the packet in which they came.
- Clothing, tampons, and sanitary napkins need to be air dried as much as possible. If items are damp or wet, indicate on the front of the kit box, and the transport bag label, and inform the transport officer 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 barcode 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

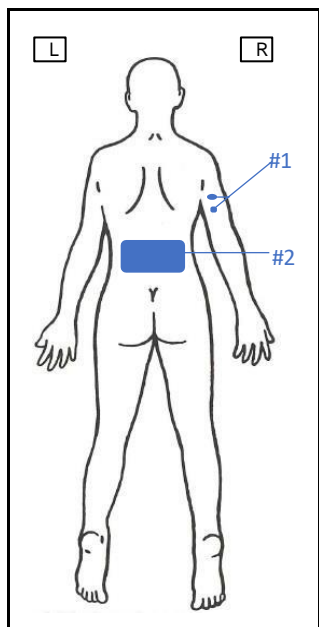
- Remove Forms 1-7 from the Step 1 Envelope, entitled "Sexual Assault Evidence Collection Kit Forms Envelope". Set the envelope aside until the end of the exam. **All yellow copies will be returned to the envelope and placed in the kit.**
- Use a blue pen to complete all forms.
- Use Form 1: Obtain consent
 - Explain the purpose of the exam is to gather evidence and document any possible injuries resulting from the patient's reported assault.
 - 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.
 - Explain that the patient may decide to report the crime now, at a later date or not at all.
 - If a police report is not made, the kit is not processed, but held for a minimum of 15 years and thereafter disposed of. In cases not reported to police, the patient's name and address are **not** included on or within the kit. Unreported kits are identified by barcode labels only.
 - All kits collected for patients 15 years or younger are sent to the crime lab for analysis. If a police report has not been made at the time of the exam, **do not** include the patient's name on the outside of the box but **do check** the box indicating that the patient is less than 16 years of age.
 - 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 indicate their consent/non-consent for each element of care with their initials, 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.

- Use Forms 2A/2B and Form 3: Obtain a History of the Assault
 - For a more trauma informed approach, consider beginning the patient's interview with the MSAECK Form 3 (Narrative). This allows the patient to set the pace by providing the assault history based on their recall of the event. Follow-up with questions from Form 2A and 2B to complete information that the patient may not have been able to spontaneously recall.
 - Ask only questions necessary to briefly describe the assault and to document potential evidence collection. **Be sure to affix barcode labels to both white and yellow copies of Forms 2A and 2B.**
- Use Form 4 Assess for and Document Injuries
 - See below for sample documentation on body maps
- Use Form 5 for: Genital Exam Findings
 - See below for sample documentation on body maps
- Use Form 6 for: Evidence Collected Inventory List
- Use Form 7 for: Patient Discharge Information

Forms 4 and 5 utilize diagrams called “body maps” as well as a table to describe injuries. Please draw each injury on the body map, draw a line to the injury and number the line. You will then use those numbers in the table to indicate the area you are describing and the legend to indicate which types of injuries or findings are present.

Form 4 Example:

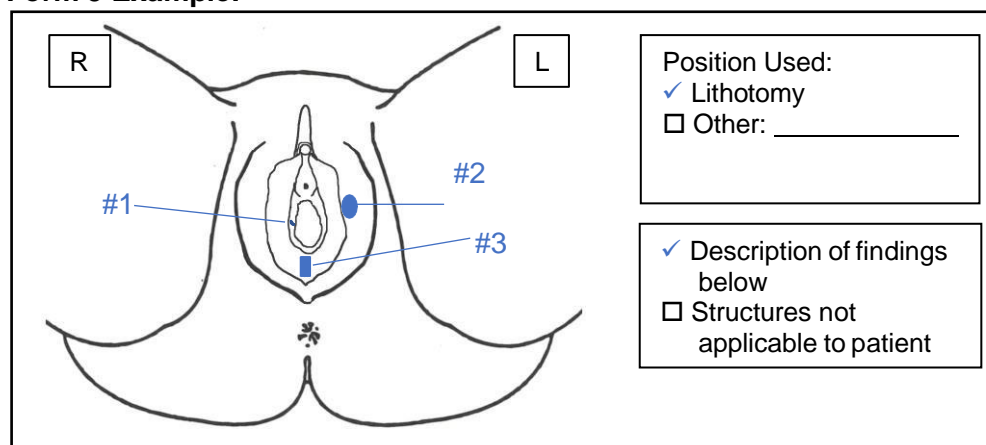


Injury Legend:

AB	Abrasion	DF	Deformity	LA	Laceration	SW	Swelling
BI	Bite Mark	ER	Erythema/Redness	PT	Petechiae	TE	Tenderness
BR	Bruise	FB	Foreign Body	PA	Pain	OF	Other Finding (describe)
BU	Burn	IW	Incised Wound	SI	Suction Injury		

Location # on diagram	Type(s)-use legend	Please provide a description of each injury indicated in the diagrams above (include size, appearance and affected structure)	Photo Y/N
#1	BR	Two small oval bruises (1cm x2cm and 1cm x 1cm) to posterior aspect of right upper arm	Y
#2	TE	6mmx10mm area of tenderness to lower back	Y

Form 5 Example:



Injury Legend:

AB	Abrasion	DF	Deformity	LA	Laceration	SW	Swelling
BI	Bite Mark	ER	Erythema/Redness	PT	Petechiae	TE	Tenderness
BR	Bruise	FB	Foreign Body	PA	Pain	OF	Other Finding (describe)
BU	Burn	IW	Incised Wound	SI	Suction Injury		

Location # on diagram	Type(s)-use legend	Please provide a description of each injury indicated in the diagrams above (include size, appearance and affected structure)
#1	LA	2mm laceration to hymen at 9 o'clock
#2	BR,TE	4mm diameter bruising, tender, to left labia majora
#3	AB,ER	4x2mm abrasion to fossa navicularis, with 2mm surrounding erythema

STEP 2: 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, 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.

**For assault that occurred within 24 hours, or timeframe unclear, collect both blood and urine samples*

**For assault that occurred >24 hours, omit blood samples and collect urine only*

If Toxicology NOT Indicated: Go to next step.

If yes:

1. Retrieve the form from the Step 2 Envelope entitled "Consent for Comprehensive Toxicology Testing"; using the form, explain the procedure and obtain the patient's consent (the patient should indicate their consent using their initials only). The toxicology consent form is included in the main kit to prevent the clinician from opening a toxicology kit before consent **has been obtained. NOTE:** In order for the crime lab to process and analyze toxicology samples, the completed PINK copy of the consent form must be placed INSIDE the Step 2 envelope and the envelope placed inside the Comprehensive Toxicology Testing kit box
2. After consent is obtained and the form is completed, open a Toxicology Kit entitled "Blood and Urine Specimen Collection for Comprehensive Toxicology Testing".
3. Before completing Comprehensive Toxicology testing, if blood is being collected, please CHECK the blood tubes for expiration date. If expired, providers must replace with two 10ML blood collection tubes or four 5ML blood collection tubes containing powdered preservative. Types of collection tubes suitable to substitute for expired materials include the following:
 - Gray top tubes containing sodium fluoride and potassium oxalate
 - Green top tubes containing lithium heparin or sodium heparin
 - Lavender top tubes containing spray-coated K₂EDTA
 - Pink top tubes containing spray-coated K₂EDTA

PLEASE AVOID using collection tubes with *liquid preservatives*, such as lavender top tubes with liquid K₃EDTA and the light blue top tubes containing *buffered sodium citrate*.

4. Collect the blood specimens: (If assault occurred within 24 hours, or timeframe unclear)
 - Cleanse collection site with non-alcohol povidone-iodine prep pad provided in kit, 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 barcode 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/anal area** (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 barcode 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.

PLACE PINK COPY OF CONSENT FORM INTO THE STEP 2 ENVELOPE AND PLACE ENVELOPE INSIDE OF TOXICOLOGY KIT BEFORE SEALING.

STEP 3: ORAL SWABS AND SMEAR

Did an oral assault occur within the past 24 hours?

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

1. Change gloves.
2. Open the first packet of two swabs.
3. ***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.
4. Open the plastic slide case, and on the white section of slide, use ORAL 1A and 1B swabs **simultaneously** to prepare 1 smear inside the borders of the pre-marked circle. Use a marker and write 'O' on the white section of the slide. Allow the smear and swabs to dry.
5. Open the second packet of swabs. 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.
6. Allow the swabs to air-dry in the drying rack.
7. When dry, affix swab labels Oral 1A & 1B and Oral 2A & 2B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write "Oral swabs 1A & 1B" on first swab packet and "Oral swabs 2A & 2B" on second swab packet. Close plastic slide holder and apply a barcode label. Place both the paper sleeves and smear in the Step 3 Envelope.
8. Seal the envelope, complete any requested information, and affix a barcode label.

STEP 4: DNA SALIVA COLLECTION KIT

Important Consideration: If an oral assault occurred within 24 hours, the DNA Saliva Collection Kit may be used, but should be used only **after** collection of MSAECK Step 3 – Oral Swabs and Smear. After the Oral Swabs and Smear are collected, ask the patient to rinse their mouth with water before using the DNA Saliva Kit.

Check the date of the buccal swab envelope. (If expired, follow the instructions on the Step 4 envelope to collect this step using one package of sterile cotton swabs.)

1. Change gloves
2. Do not use the DNA Saliva Collection Kit if the seal is broken or is missing.
3. Follow the kit instructions contained within the DNA Saliva Kit envelope for proper sample collection.
4. Reseal the kit, following the instructions on the envelope flap.

STEP 5: HEAD HAIR EXAMINATION AND COMBINGS: If the patient has tight braids or hair extensions, **omit combing**, and perform inspection and collection of foreign material. Fill out the requested information on the envelope including the description of patient's hair.

Complete requested information on envelope regardless of collection.

1. Change gloves.
2. Visual inspection is necessary before performing head hair combings. If available, use an Alternate Light Source (ALS) to fluoresce body fluids on the hair such as seminal fluid that may not be evident to the naked eye. If fluorescence is observed, refer to the instructions in Step 10 (Additional Swabs) to collect the material.
3. Remove paper towel and comb from the Step 5 envelope.
4. Place the paper towel under the patient's head.
5. Using the enclosed comb, gently comb the head hair from the bottom up so that any loose foreign hair and debris will fall onto paper towel.
6. Place the comb in the center of the towel and fold the paper towel to retain comb and all materials recovered from collection.
7. Return the folded paper to the Step 5 envelope.
8. Seal envelope and complete requested information, including description of patient's hair (even if step not collected) and affix a barcode label.

STEP 6: FINGERNAIL SWABS

Did the patient scratch the assailant's skin or clothing, or is the presence of debris or dried secretions noted?

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

1. Change gloves.
2. Open the first set of swabs. Remove one swab from paper sleeve and lightly moisten the swab with sterile water.
3. Gently swab underneath the fingernails on the left hand and allow swab to air dry in drying rack.
4. Remove second swab from paper sleeve and use the dry swab to swab underneath the fingernails on the left hand. Affix label to shaft of swab and return dry swab to the paper sleeve and label sleeve as "left hand."
5. Open the second set of swabs and repeat steps 2 - 4 for the right hand.
6. Once moistened swabs are dry, affix swab labels and return swabs to their appropriate paper sleeve and label them "Left Hand" and "Right Hand" and place them in Step 6 envelope.
7. Seal the envelope, complete requested information and affix a barcode label.

STEP 7: FOREIGN MATERIAL COLLECTION (2 envelopes supplied)

7 (A) Debris observed on the patient's clothing or body.

7 (B) Debris that falls onto the paper sheet while patient removes his/her clothing.

Is the patient wearing the same clothing worn during/immediately after the assault? (Always try to collect underwear or any other clothing in contact with the genital area worn to the hospital exam)

If no, continue to Step 9, (If the assault is reported to police, the provider should instruct the patient to retrieve the articles of clothing worn at the time of the assault and give them to the police).

If yes:

Change gloves

1. If foreign material is observed, complete the information requested on the 7A envelope: **NOTE ON THE ANATOMICAL DRAWINGS THE LOCATION FROM WHICH THE SAMPLE WAS TAKEN.**
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 in the **7A** envelope.
3. Refold the paper to retain the debris and return it to the Step 7A Envelope.
4. Seal the Step 7A Envelope, complete any requested information, and affix a barcode label.
5. Retain the Step 7B Foreign Material Collection envelope for use in conjunction with Step 8.

STEP 8: CLOTHING (9 bags supplied)

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 there is a sanitary pad, not attached to the underwear, retain it, air dry it, then place it in a paper envelope (not supplied), or one of the small Step 8 Clothing Bags. Label it (i.e. "Sanitary Napkin"), seal it, and affix a barcode label. If the item has not fully dried place it in a sterile specimen cup and poke holes in the top for further drying of contents. Label the container with a barcode label.

1. Spread a clean bed sheet from hospital supply on the floor; spread the large paper sheet from the Step 7B Foreign Material Collection envelope over the bed sheet.
2. While you hold up a hospital gown to maintain patient's privacy, 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 return to MSAECK. Note: The Underpants*

*Clothing Bag is usually the only clothing bag returned directly to the MSAECK box.
If a bra is collected, that may also be placed in a small bag and placed in kit.*

4. If foreign material is present on the paper sheet, fold it to retain the contents, place it in the Step 7B Envelope.
5. Complete the information requested on the envelope.
6. Seal the Step 7B Envelope, complete any requested information, and affix a barcode label.
7. Seal each Step 8 clothing bag (do not use staples), complete any requested information on each bag, and affix a barcode 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. Describe the surface contour, shape, color, size, and type of each injury on Form 4.

STEP 9: BITE MARKS (Observed, reported or suspected)

Has the patient washed the bite area since the assault?

If yes, go to next step. **If no**,

1. Change gloves.
2. Lightly moisten 2 swabs with sterile water.
3. Swab the area of the bite mark *gently* with both swabs **simultaneously**.
4. Allow both swabs to air dry in rack.
5. If more than one bite mark is noted, repeat process above with a new set of 2 swabs. You will need to use additional swabs from hospital stock.
6. Place swab(s) in the paper sleeve(s), write "BITEMARKS, and area of body from which the swab was obtained" on paper sleeve(s). Then place paper sleeve(s) in the Step 9 Envelope note on the body map on the envelope.
7. **NOTE LOCATION OF BITEMARKS AND BODYMARKS ON THE ANATOMICAL DRAWINGS ON FORM 4 and 5.**
8. Seal the envelope and complete any requested information. **NOTE LOCATION OF BITE MARKS AND BODY MARKS ON Step 9 Envelope.** Affix a barcode label.

STEP 10: ADDITIONAL SWABS

Have any dried or damp substances that may represent biological evidence been reported by the patient or observed on the patient's body by the clinician? (Clinicians may use an alternate light source to identify potential areas for swabbing.)

If no, go to next step. **If yes**:

1. Change gloves.
2. Remove the swabs from their paper sleeve. Lightly moisten two swabs with sterile water.
3. Using both swabs simultaneously, gently swab the area. Allow swabs to air dry.
4. Note the location(s) from which the sample(s) was taken on the anatomical drawings on the Step 10 envelope AND check off reason for collection.
5. If more than one specimen is required, use hospital provided sterile cotton-tipped applicators. Repeat steps 1-4 for each location.
6. **IMPORTANT:** Label each swab sleeve with the appropriate location.
7. Return swabs to their paper sleeves and return sleeves to the Step 10 envelope.
8. Seal the envelope, complete requested information, and affix a barcode label.

STEP 11: PUBIC HAIR COMBINGS

1. Change gloves.
2. Remove paper towel, comb, and the Matted Pubic Hair envelope from the Step 11 Envelope.
3. With patient in the lithotomy position, place paper towel under the patient's buttocks.
4. 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 (with patient's permission) and place on the paper; allow the hair to air dry, fold the paper as to retain the sample, and place in the Matted Pubic Hair envelope. Seal the envelope, complete any requested information, and affix a barcode label. Return to the Step 11 Envelope.

5. 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 11 Envelope.
6. Seal the envelope, complete any requested information, and affix a barcode 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 Form 5

STEP 12: EXTERNAL GENITAL SWABS

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

If no, go to next step. **If yes**:

1. Change gloves
2. Inspect the pubic area and the inner thighs. Be alert to subtle contusions; document findings.
3. Remove swabs from paper sleeve and lightly moisten with sterile water.
4. Depending on the patient's anatomy: Use GENITAL 1A and 1B swabs **simultaneously**, carefully swab the genital area. This includes one set of swabs for - the mons pubis, clitoral hood, labia minora and majora, perineum and inguinal area. If applicable, use one set of swabs for the glans penis, corona, shaft and scrotum. Do not swab the urethral opening.
5. Allow the swabs to air dry in rack.
6. When dry, affix external genital swab labels 1A & 1B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write "External Genital" on paper sleeve, then place paper sleeve in the Step 12 Envelope.
7. Seal the envelope, complete any requested information, and affix a barcode label.

STEP 13: PERIANAL SWABS

Did an anal or vaginal assault occur within the last 120 hours?

If no, go to next step. **If yes**:

1. Change gloves
2. Remove swabs from paper sleeve and lightly moisten with sterile water.
3. Using the two swabs **simultaneously**, gently swab the perianal area.
4. Allow the swabs to air dry in rack.
5. When dry, affix perianal swab labels 1A & 1B (found inside envelope) to shafts of each swab and return to their paper sleeves. Place swabs in the paper sleeves, write "Perianal" on the paper sleeve, then place paper sleeve in the Step 13 Envelope.
6. Seal the envelope, complete any requested information, and affix a barcode label.

STEP 14: VAGINAL SWABS AND SMEAR (Water soluble lubricant may be used on speculum*)

Note: Prior to inserting the speculum, carefully inspect the external genital structures for injury and areas of tenderness, and document on the Form 5 body map.

Did a vaginal assault occur within the last 120 hours?

If no, go to next step. **If yes**:

1. Change gloves.
2. If present, 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 barcode 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.)

3. Open the first packet of two swabs.
4. **Do NOT moisten the swabs prior to sample collection.** Using VAGINAL 1A and 1B swabs **simultaneously**, carefully swab the vaginal walls and cervix.
5. Open the plastic slide case, and on the white section, use VAGINAL 1A and 1B swabs **simultaneously** to prepare 1 smear inside the borders of the pre-marked circle. Use a marker and write 'V' on the white section part of the slide. Place swabs in drying rack.
6. Open the second packet of swabs. Using the swabs **simultaneously**, swab the same area: the vaginal walls and cervix. Place swabs in drying rack.
7. Allow the four swabs and smears to air dry.
8. When dry, affix vaginal swab labels 1A & 1B and 2A & 2B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write "Vaginal swabs 1A & 1B" on first swab packet, and "Vaginal swabs 2A & 2B" on second swab packet.
9. Close plastic slide holder and apply a barcode label.
10. Place both paper sleeves and smear in the Step 14 Envelope.
11. *If water soluble lubricant is used, submit the remainder of the packet inside the Ziploc bag and place inside the small step 14 envelope marked "Water Soluble Lubricant Sample"
12. Seal the envelope, complete any requested information, and affix a barcode label.

STEP 15: ANAL SWABS AND SMEAR: (within 48 hours)

Note: Prior to inserting the swabs, carefully inspect the anus for injury and areas of tenderness, and document on the Form 5 body map.

Indicate on the envelope if a bowel movement has occurred since the time of the assault.

Did an anal assault occur within the last 48 hours?

If no, go to next step. If yes:

1. Change gloves
2. Open the first packet of two swabs.
3. **Lightly moisten the swabs prior to sample collection.** Using ANAL 1A and 1B swabs **simultaneously**, carefully insert the tip of the cotton swabs into the anus and gently rotate them.
4. Open the plastic slide case on side marked uncoated use a marker and write "A" on white section. Use ANAL 1A and 1B swabs **simultaneously** to prepare 1 smear inside the borders of the pre-marked circle.
5. Open the second packet of swabs; and repeat step #3 above. Place second set of swabs in drying rack.
6. Allow the four swabs and smear to air dry.
7. When dry, affix anal swab labels 1A & 1B and 2A & 2B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write "Anal 1A & 1B" on first paper sleeve, and "Anal 2A & 2B" on second paper sleeve.
8. Close plastic slide holder and apply a barcode label.
9. Place both paper sleeves and smear in the Step 15 Envelope.
10. Seal the envelope, complete any requested information, and affix a barcode label.

STEP 16: COMPLETION OF FORMS:

- ☐ Complete Forms 1 through 7.
- ☐ 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 7 and the Patient Info Packet (contained in kit).**
- ☐ **Place the yellow copies of all the forms into the Hospital Reports Envelope.**
- ☐ **Place the Sexual Assault Evidence Collection Kit Forms Envelope into the kit box.**
- ☐ **Ensure the pink copy of the Comprehensive Toxicology Testing Consent form, if used, is placed**

in the Step 2 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 white copies of 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. Send the completed report to:

Massachusetts Executive Office of Public Safety & Security

Scan and email to: PSCR@mass.gov

or fax to: 617-725-0260

AND to the police in city/town where assault occurred

FINAL INSTRUCTIONS

1. Regarding Documentation Forms 1 - 7:
 - a. All WHITE copies are for hospital records.
 - b. All YELLOW copies are placed in the Step 1 Sexual Assault Evidence Collection Kit Forms envelope and placed in main kit box.
 - c. PINK copy of the Comprehensive Toxicology Testing Consent form goes in Step 2 envelope and must be packaged *inside* the Comprehensive Toxicology Testing box.
 - d. Form 7 PINK copy goes to patient. Please be sure to include barcode label on both WHITE and PINK copies.
2. Make sure all envelopes and bags are sealed and barcode label have been affixed.
3. Return all evidence collection envelopes, used or unused, to the kit box.
4. Fill out all the information on the top of the MSAECK 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 MSAECK 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 barcode label. If the patient has not already 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 (place those inside the kit). Complete the clothing inventory label on the evidence transport bag, with a brief description of each item. Seal the transport bag with tape, initial, date, and affix police evidence seal.
9. Once the evidence collection is completed, the kit (and any other evidence) should be placed into the locked evidence refrigerator after it is logged into the Hospital Evidence Log. If the police are present to transport the kit, the kit should still be logged into and out of the Hospital Evidence Log. If police are not present, the clinician should contact the police department in the city or town where the assault occurred to request timely pick up and prompt transport of the evidence.
10. When transferring evidence to police, both the hospital staff member and police officer receiving the evidence must complete the chain of custody under "For Police Personnel" on the kit box, toxicology kit, and clothing bag.
11. **ALL KITS must be logged into the Massachusetts Track-Kit System:** <https://ma.track-kit.us>
12. **Provide the patient with the teal-colored Massachusetts SAECK Track-Kit System Card.**

Hospital Evidence Log: The evidence log should include the following: date of exam, medical record number, kit barcode number, name of primary nurse, name of SANE (if applicable), toxicology kit bar code number (if applicable), clothing bag (if applicable), and indicate if the assault was reported to police by the time the patient left the hospital.