

Form 7

Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

TREATMENT AND DISCHARGE

**AFFIX BARCODE LABEL HERE ON
BOTH WHITE AND PINK COPIES**

Urine Tests:

Pregnancy test: Positive Negative Declined
 Not applicable, reason: _____

*Chlamydia Test: Done Declined

*Gonorrhea Test: Done Declined

*Trichomonas Test: Done Declined

*Urine is the preferred source for these tests, however other sources may be warranted.

You may need to request your medical records to receive your test results.

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

Liver/Kidney Tests: Done Declined Not Indicated

Toxicology Testing (Blood and Urine): Done Not Indicated Declined

See the next page for information on how to get your toxicology testing results

Patient Allergies: _____

Medications Ordered:

Pregnancy Prevention: Drug and dosage _____ Declined
(Emergency contraception)

Not Applicable (give reason) _____

Sexually Transmitted Infection (STI) Prevention for Chlamydia, Gonorrhea, and Trichomonas:

Drug and dosage _____ Declined

Drug and dosage _____ Declined

Drug and dosage _____ Declined

HIV Prevention: Indicated Not indicated Pending Consult Declined
(Human Immunodeficiency Virus)

Drug(s) and Dosage(s): _____ Starter pack given: Yes No

Vaccinations: Hepatitis B Vaccine Given Not indicated Declined Pending results

Tetanus Toxoid Given Not indicated Declined

Anti-nausea: Drug and dosage _____ Declined

Additional Information and Follow up: None Please specify _____

