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 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. A patient must consent to the collection of forensic evidence.
   b. 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.
   c. 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.
   d. 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 with a parent; in the armed forces; pregnant or believes herself to be pregnant; living apart from parental/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
   a. 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.
   b. Use Form 4: Assess for and Document Injuries
   c. Use Form 5A for: Physical Examination Findings
   d. Complete Form 5B: Evidence Collected Inventory List prior to the completion of the exam.
   e. 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 AMNESTIA, CONFUSION, UNCONSCIOUSNESS AND/OR LACK OF MOTOR CONTROL, WITH THE POSSIBILITY OF A SEXUAL ASSAULT HAVING OCCURRED, AND WITHIN 66 HOURS, WITH NO VOLUNTARY CONSUMPTION OF 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:
   a. Cleanse collection site, withdraw the blood, and allow both tubes to fill to maximum volume.
   b. Immediately after blood collection, assure proper mixing of anticoagulant/preservative powder by slowly and completely inverting the blood tubes.
   c. Affix a Sexual Assault Evidence Collection Kit number label to each of the tubes.
   d. Return filled blood tubes to the specimen holder.
5. Collect the urine specimen:
   a. Instruct the patient not to wipe the vaginal/rectal area (so as to minimize loss of all evidences that will be collected in subsequent steps.)
   b. Have the patient void directly into the urine specimen bottle. A minimum of 60ml is required. Replace cap and tighten down to prevent leakage.
   c. Affix a Sexual Assault Evidence Collection Kit number label to the specimen bottle.
   d. 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 SCARPINGS**

*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.

**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 pants or 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 discrobe.
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/ward(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 swap boxes provided, write "location from which sample was taken, i.e., Right Arm, Left Leg, etc." on swap box and place in the Step 11 Envelope. (If more than one specimen was taken, use the remaining swabs and swap box and follow same procedure.)
6. Seal the envelope, complete any requested information, and affix a kit number label.

STEP 12

PUBLIC HAIR COMBINGS
1. Remove paper towel, comb, and the Matt 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 matt pubic hair is present, remove the paper sheet from the Matt Pubic Hair envelope and unfold. Using sterile scissors, cut off any matt hair and place on the paper; allow the hair to air dry; fold the paper as to retain the sample, then place in the Matt 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 paintiness 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 swap.
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 swap box provided, write "GENITAL" on swap box, then place swap 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 swap.
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 swap box provided, write "PERIANAL" on swap box, then place swap 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 swap.
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 swap; 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 swap boxes provided and write "VAGINAL 1A/1B" on swap box, then place VAGINAL 2A and 2B swabs in the remaining swap box and write "VAGINAL 2A/2B" on swap box. Return slides to their holders. Place both swap 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 swap.
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 swap; 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 swap boxes provided and write "ANORECTAL 1A/1B" on swap box, then place ANORECTAL 2A and 2B swabs in the remaining swap box and write "ANORECTAL 2A/2B" on swap box. Return slides to their holders. Place both swap 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 1
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

AFFIX KIT NUMBER LABEL HERE

PATIENT'S CONSENT
FOR SEXUAL ASSAULT EXAM

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 ☐ ☐ ☐
- Perform Physical Exam ☐ ☐ ☐
- Collect evidence which may include:
  - hair, blood samples, body fluid samples,
  - fingernail scrapings and clothing ☐ ☐ ☐
- Administer appropriate medical treatment ☐ ☐ ☐
- Administer medications for STI prophylaxis ☐ ☐ ☐
- Screen for pregnancy ☐ ☐ ☐
- Administer emergency contraception for pregnancy prevention ☐ ☐ ☐
- Photograph physical injuries ☐ ☐ ☐
- Follow-up telephone call ☐ ☐ ☐
  Number to call: ______________________________
- Other (please specify): ☐ ☐ ☐
  ______________________________

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) __________________________

If guardian, print name and relationship to patient __________________________

Date _____ / _____ / ______

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

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

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

1. Age: ____________________________
   2. Gender: Male / Female / Transgender
   3. Race: White / Black / Hispanic / Asian / Other
   4. Date of Assault (e.g., 01/01/2000):
   5. Approx. Time of Assault: __________ AM / PM
   6. City/Town of Assault: ____________________________
   7. Specific surroundings at time of Assault: House/ Apartment / Outdoors / College/University / Hotel/ Motel / Motor Vehicle / Unsafe / Other (specify):
   8. Date of Hospital exam (e.g., 01/01/2000):
   9. Time of hospital exam: __________ AM / PM
   10. Hospital providing service: ____________________________

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

   Number of assailants: ____________

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

   Male # Female  # Male  # Female
   Boyfriend / girlfriend
   Ex-boyfriend / girlfriend
   Acquaintance
   Other (specify):

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

   Verbal threats
   Restrains (cuffs, ties, cords, etc.)
   Strangulation
   Chemicals (pepper spray, mace, etc.)
   Bites
   Hold Down/Body Weight
   Hit/ Punch
   Other physical force Describe:
   Burns
   Other weapons Describe:
   Gun
   Alcohol
   Knife
   Blunt Object
   Other (specify):

D. ACTS DESCRIBED BY THE PATIENT:

   Was there penetration, however slight, of:
   Vagina: Yes / No / Unsure
   Mouth: Yes / No / Unsure
   Any injuries to assailant(s) resulting in bleeding?: Yes / No / Unsure
   Any injuries to patient 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
   24. DCF involved?: Yes / No
   25. Restraining order in place before assault?: Yes / No
   26. Restraining order filed after assault?: Yes / No

F. MANDATORY REPORTING

   27. 19A Elder Abuse Report
   28. 51A Child Abuse Report
   29. 18C Disabled Persons Report
   30. 12A Weapon Report
   31. 70E Emergency Contraception Administered

G. KIT TRACKING INFORMATION:

   Name of Police Department notified for pick up and transport of Evidence:
   Time notified:

FAX this report to: Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit

RETURN OR CALL FAX OF FORM 2A AND 2B TO HOSPITAL RECORDS

FORM 2B

INFORMATION PERTAINING TO ASSAULT & KIT TRACKING FORM PROVIDER SEXUAL CRIME REPORT

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

   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

   Has the patient used any type of contraception in the past 24 hours? Yes / No

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

   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

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:
   Restrains Describe:
   Burns Describe:
   Knife Describe:
   Restraints Describe:
   Other weapons Describe:
   Other physical force Describe:
   Drugs Describe:

D. ACTS DESCRIBED BY THE PATIENT:

   If externally, where:
   On the patient's body:

   Any object in: Yes / No
   Other:
   If yes, specify:

   Did assailant(s) use any substance as lubrication (salvia is considered lubrication)? Yes / No

   Did assailant(s) make oral contact with the patient? Yes / No

   Description of location:

   Was there prolonged or forceful touching of the patient's skin by the assailant's bare hands or fingers? Yes / No

   Description of location:

   Did assailant(s) attempt to strangle patient? Yes / No

   If yes, specify:

   Description of the location:

   If yes, specify:

   If yes, specify:

   If yes, specify:

   If yes, specify:

   If yes, specify:

   Were there any children present during the assault? Yes / No

   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.

   Date:

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

RETURN OR CALL FAX OF FORM 2A AND 2B TO HOSPITAL RECORDS

RETAIN WHITE COPY OF FORM 2A AND 2B FOR HOSPITAL RECORDS

FAX: 617-725-6960 AND Local public safety authority

JUNE 2010

JUNE 2010

RETURN OR CALL FAX OF FORM 2A AND 2B TO HOSPITAL RECORDS

RETAIN WHITE COPY OF FORM 2A AND 2B TO HOSPITAL RECORDS

FAX: 617-725-6960 AND Local public safety authority

JUNE 2010
This report is not an exhaustive account of every detail of the sexual assault. Rather, it is a brief description.

Please recount the patient's own words, in quotes, whenever possible. If you are not using the patient's own words, be careful not to use quotes.

When speaking with the patient, ensure that she/he understands your questions and your vocabulary: not all patients will be familiar with terms such as “penetration” or “ejaculation”. Record the patient's own terminology.

Do not include personal opinion or conjecture.

Include only information that directly relates to this sexual assault, such as a brief description of physical surroundings, threats, force, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation.

Note: This form is to be completed by one examiner.
FORM 4
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

Record the patient's general physical appearance and demeanor:


Record injuries and findings on diagram: erythema, abrasions, bruises (detal shape), contusions, lacerations, fractures, blisters, 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.

PHYSICAL APPEARANCE/WOUND DOCUMENTATION

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 _____

<table>
<thead>
<tr>
<th># of Photos Taken</th>
<th>Numbered Area</th>
<th>Body Part</th>
<th>Instrument close</th>
<th>Instrument close</th>
<th>Instrument medium</th>
</tr>
</thead>
<tbody>
<tr>
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<td>W/O Ruler</td>
<td>W/O Ruler</td>
<td>W/O Ruler</td>
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<td>Digital/Medscope</td>
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</table>

Printed name of medical provider or S.A.N.E. ____________________________
Signature of medical provider or S.A.N.E. ____________________________
Date /______/________

RETAIN WHITE COPY FOR HOSPITAL RECORDS

RETURN YELLOW COPY TO STEP 1 ENVELOPE
FORM 5A
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labia majora</td>
<td></td>
</tr>
<tr>
<td>Perineum</td>
<td></td>
</tr>
<tr>
<td>Citoris</td>
<td></td>
</tr>
<tr>
<td>Labia minora</td>
<td></td>
</tr>
<tr>
<td>Perineum (vesibulum)</td>
<td></td>
</tr>
<tr>
<td>Perineum (urothelial meatus)</td>
<td></td>
</tr>
<tr>
<td>Scrotum</td>
<td></td>
</tr>
</tbody>
</table>

|
| --- |
| Penile |
| Circumcised: Yes | No |

| Perianal skin |
| Anal verge/folds/rugae |

| EXAMINATION |
| GENITAL EXAM DONE WITH |
| YES | NO | N/A | Provider Initials |
| Direct visualization |
| Speculum Exam |
| Medoscope Exam |
| Anoscopel Exam |

EXAM POSITION USED

| Lithotomy | Other (specify) |

| EXAM POSITION USED |
| Lithotomy | Other (specify) |

In the patient pregnant: Yes | No | No. Weeks: __________

Further Description of genital injuries and exam, if necessary:

<table>
<thead>
<tr>
<th>Printed Name of medical provider or S.A. N.E.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of medical provider or S.A. N.E.</td>
</tr>
</tbody>
</table>

Date / / / 

Form 5B

Date:

HOSPITAL:

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

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Description of Evidence Collected</th>
<th>YES</th>
<th>NO</th>
<th>N/I Not Indicated</th>
<th>P/D</th>
<th>Patient Declines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consent Form and Reports</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Control Swabs</td>
<td></td>
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<tr>
<td>3</td>
<td>Toxicology Testing</td>
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<tr>
<td>4</td>
<td>Known Blood Sample</td>
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<tr>
<td>5</td>
<td>Head Hair Combings</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Oral Swabs and Smears</td>
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<td></td>
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</tr>
<tr>
<td>7</td>
<td>Finger nail Scratches</td>
<td></td>
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<tr>
<td>8</td>
<td>Foreign Material Collection</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9</td>
<td>Clothing (See below for list)</td>
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</tr>
</tbody>
</table>

Underwear should be stored in kit

Underwear worn immediately after assault

Underwear worn to exam

Bite Marks

Additional Swabs

Public Hair Combings

External Genital Swabs

Perineal Swabs

Vaginal Swabs and Smears

Anorectal Swabs and Smears

Completion of MAECK Forms

Be sure to follow instructions on back of Form 2A.

Other

Clothing (Transport Bag)

Contents in Evidence Transport Bag

Coat

Hat

Shirt/Dress

Sweater

Pants

Skirt

Dress

Bra

Stockings

Shoes

Other

Return yellow copy of Form 5a and 5b to step 1 envelope. Return white copy of Form 5a and 5b for hospital records.
Form 6
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

TREATMENT AND DISCHARGE

AFFIX KIT LABEL HERE ON BOTH WHITE AND PINK COPIES

Blood Tests:
1. HIV (Human Immunodeficiency Virus): [ ] Done [ ] Declined
2. Hepatitis B Ag (infection): [ ] Done [ ] Declined
3. Hepatitis B Ab (immunity): [ ] Done [ ] Declined
4. Hepatitis C Ab (history): [ ] Done [ ] Declined
5. Syphilis: [ ] Done [ ] Declined

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

毒理学检验（血液和尿液）: [ ] Done [ ] Not Indicated [ ] Declined

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

Medications Ordered:

1. Pregnancy Prevention: [ ] Drug and dosage [ ] Not Applicable (give reason)
2. Emergency contraception:
   - Chlamydia: [ ] Drug and dosage [ ] Not indicated [ ] Pending Consult [ ] Declined
   - Gonorrhea: [ ] Drug and dosage [ ] Not indicated [ ] Pending Consult [ ] Declined
   - HIV Prevention: [ ] Indicated [ ] Not indicated [ ] Pending Consult [ ] Declined

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 617-727-2100 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: ______________________