16-219 DEPARTMENT OF PUBLIC SAFETY

~~222~~ ~~BUREAU OF STATE POLICE~~

Chapter 20: UNIFORM STANDARDIZED FORENSIC EXAMINATION KIT FOR GROSS SEXUAL ASSAULT EVIDENCE COLLECTION

SUMMARY: This chapter defines the uniform forensic examination kit to be used by licensed ~~hospitals~~ medical facilities and health care practitioners for evidence collection in alleged cases of gross sexual assault.

Purpose: This rule will define the contents of the uniform standardized examination kit to be used for forensic evidence collection in alleged cases of gross sexual assault. The rule will list the contents of the kit, include instructions for administering the kit, and will include a checklist for examiners to follow and enclose with the completed kit.

§ 1. ~~General~~ Initial Instructions

The forensic examination kit shall include ~~general~~ initial instructions to notify the health care provider utilizing the kit of suggestions and precautions to take during the use of the kit. The instructions shall include contact information for both the Maine State Police Crime Laboratory and the Health and Environmental Testing Laboratory. The general instructions are located in Appendix A, which is a part of these rules (16-222 CMR Ch. 20 Appendix A).

§ 2. Adult Examination Instructions

The forensic examination kit shall include step-by-step instructions for the collection of evidentiary specimens from alleged adult victims of gross sexual assault, including how to collect, mark, preserve, and package the evidence. The step-by-step instructions for adults are located in Appendix B, which is part of these rules (16-222 CMR Ch. 20 Appendix B).

§ 3. Prepubertal Children Instructions

The forensic examination kit shall include step-by-step instructions ~~on evidence collection~~ for the collection of evidentiary specimens from prepubertal children who are alleged victims of gross sexual assault and to notify the health care provider utilizing the kit of suggestions and precautions to take during collection of sexual assault evidence from prepubertal children. The step-by-step instructions for prepubertal children are located in Appendix C, which is part of these rules (16-222 CMR Ch. 20 Appendix C).

§ 4. Final Instructions

The forensic examination kit shall include a list of final instructions for sealing and marking the completed kit. The final instructions are located in Appendix D, which is part of these rules (16-222 CMR Ch. 20 Appendix D).

§ 5. Patient Information Card

A patient information card shall be included as part of the kit, and shall be distributed to the patient upon leaving the medical facility after the forensic examination. The card shall include instructions for tracking the location of the kit, including a space to affix a tracking label, and the statewide sexual assault crisis hotline telephone number., ~~and space for the name of the sexual assault center advocate.~~

§ 6. Contents

The forensic examination kit shall include the contents necessary to complete the evidence collection steps described in the previous sections. These contents include but are not limited to instructions, envelopes, swab boxes, sterile swabs, paper bags, evidence tape, nail clippers, labels, tracking labels, patient instruction card, and examination checklists.

§ 7. Examination Checklists

1. The forensic examination kit shall include an evidence collection inventory form for examiners to follow when administering the kit. This form will list the contents of the kit and allow the examiner to indicate, where applicable, if an item was collected, and to make any additional notes necessary. This form will be available in triplicate with one copy designated for the ~~hospital~~ medical facility, one copy for the law enforcement agency, and one copy for the crime laboratory.

2. The forensic examination kit shall include a patient's assault information form for examiners to complete when executing the kit. This form will allow the examiner to note the patient's description of the assault, including specific information about the assault, the date and time of the assault, information about the patient, and information regarding the perpetrator. This form will be available in triplicate with one copy designated for the ~~hospital~~ medical facility, one copy for the law enforcement agency, and one copy for the crime laboratory. ~~If a standardized, statewide forensic examination documentation form, which includes the information of the patient's assault, becomes available, that form may be substituted for the patient's assault information form included in the kit.~~

3. The forensic examination kit shall include a Victim's Compensation Board forensic examination claim form for examiners to complete. This form will be available in

duplicate with one copy designated for the Victims' Compensation Board of the Office of the Attorney General and one copy for the ~~hospital~~ medical facility.

STATUTORY AUTHORITY: 25 M.R.S.A. §2915

EFFECTIVE DATE:
October 17, 2001 - replaces repealed Chapter 13, "Gross Sexual Assault Standardized Evidence Collection Kit"

NON-SUBSTANTIVE CORRECTIONS:
March 17, 2004 - added "C" to last line of Section 9.3.

REPEALED AND REPLACED:
November 28, 2004 – filing 2004-548

REPEALED AND REPLACED:
November 18, 2009 – filing 2009-588

CORRECTION:
March 22, 2010 – grammatical corrections to Appendices B and C

APPPENDIX A

INITIAL INSTRUCTIONS

This kit is designed to assist the examining health care provider in the collection and preservation of evidentiary specimens from alleged victims of sexual assault for analysis by the appropriate laboratory. The health care provider should use best judgment if deviation from the instructions is necessary. Separate instructions are provided for evidence collection on pre-pubertal children.

When a forensic examination is performed, it is vital that the medical examination and evidence collection procedures be integrated at all times in order to minimize trauma to the patient. **The patient may refuse any evidence collection step and has the right to stop the examination at any point during the process.**

If the examiner suspects that drugs may have been used to facilitate the alleged assault, the patient should be asked for consent to have a blood and/or a urine sample collected for identification of "rape drugs." Such suspicion may be based on observations or report of drowsiness, memory loss, impaired motor skills or other symptoms consistent with drug or alcohol ingestion. Due to the time-sensitive nature of these sample types, this sample collection should be given priority. If the ingestion is believed to have occurred within 24 hours prior to the hospital examination, collect both urine and blood specimens. If the ingestion is believed to have occurred between 24 and 96 hours prior to the hospital examination, collect only a urine specimen. After 96 hours, no urine or blood specimens are necessary. Prior to collecting the urine sample, or if the patient should need to use the restroom at any point during the examination, first collect vaginal swabs, anal swabs, genital/penile swabs, pubic combings, or any other evidence that may be lost during urination/defecation.

When collecting swabbings, make sure to rotate the swabs ensuring that all areas of the swab head come into contact with the surface being swabbed. Swabs must be air dried prior to packaging, do not use heat. A disposable drying rack is provided to facilitate the drying process. Samples should be dried completely. The time for this process will vary depending on the sample type, however, minimal use of water will improve drying time.

Do not place specimens collected for the medical facility in this kit.

If any of the components have expired prior to the use of the kit, replace with equivalent items from facility stock.

For tracking purposes, each kit is assigned a unique tracking number and contains a group of labels printed with that number. One label should go on each component of the kit for chain of custody purposes. Do not identify any component of the kit with the patient's name; use only the tracking labels provided. Only if the patient has reported the alleged offense to law enforcement when the examination is complete, write the patient's name in the space provided on the outer container of the kit.

The health care provider should wear disposable gloves at all times during the examination to minimize the possibility of contamination. Gloves need to be changed and disposed of appropriately throughout the examination if the potential for cross contamination exists.

If you should have any questions concerning the use of this kit, do not hesitate to contact the Maine State Police Crime Laboratory in Augusta at 624-7100. Questions concerning the collection of specimens for drug or alcohol testing should be referred to the Health and Environmental Testing Laboratory (HETL), also in Augusta, at 287-2727.

The evidence collected in this evidence collection kit will only be examined after the patient files a report with law enforcement. If the patient has decided not to report, or is unsure as to whether to file a report with law enforcement, please make him/her aware of the potential deleterious effects of time on specimens collected for detecting drugs and/or alcohol. If the samples are not stored appropriately or examined immediately, scientifically accurate results may not be obtained.

FORMS:

Complete the authorization for collection of evidence form and have patient sign. The form should be retained by the hospital.

Fill out all information requested on both the patient's assault information and the evidence collection inventory forms. One copy should go to each of the following: hospital, law enforcement officer, and crime laboratory.

The Victims' Compensation Board forensic examination claim form has been included in the kit. Fill out all information requested. This form must be completed and submitted to the Office of the Attorney General if compensation is desired. The original should be mailed to the Victims' Compensation Board at the address provided on the form and the copy retained for the medical facility.

APPENDIX B

ADULT INSTRUCTIONS

PLEASE NOTE:

- ✓ **Unless otherwise noted, do not moisten swabs prior to sample collection.**
- ✓ **All swabs should be air dried prior to packaging.**
- ✓ **Unless otherwise noted, place the evidence collection specimens back into the envelope or bag from which they came.**
- ✓ **All envelopes and bags should be sealed. Attach a tracking label to the outside of each envelope or bag and fill out all information requested.**

Step 1. ORAL SWABS

Carefully swab the buccal area and gum line using two swabs simultaneously, but collecting all four swabs. Be sure to collect the swabs from the upper and lower buccal areas and gum line, rotating the swabs during collection.

Place the swabs in the swab box. Mark the swab box "Oral".

Step 2. NASAL SWAB

Dampen each swab with distilled water.

Carefully insert one swab in each nostril and swab ONLY the nasal area.

Place the swabs in the swab box. Mark the swab box "Nasal."

Step 3. FINGERNAIL CLIPPINGS/SWABBINGS LEFT HAND

NOTE: Fingernail clippings are preferred. If patient refuses clippings, collect swabbings.

Remove folded paper from envelope and place, unfolded, on a flat surface.

Hold patient's left hand over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

For swabbings, dampen a sterile swab from Step 17 and swab under the nails.

Place the dried swab in the folded paper.

Step 4. FINGERNAIL CLIPPINGS/SWABBINGS RIGHT HAND

NOTE: Fingernail clippings are preferred. If patient refuses clippings, collect swabbings.

Remove folded paper from envelope and place, unfolded, on a flat surface.

Hold patient's right hand over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

For swabbings, dampen a sterile swab from Step 17 and swab under the nails.

Air dry the swab and place in the paper..

Step 5. KNOWN DNA COLLECTION

- Have the patient rinse his / her mouth with water prior to this evidence collection step.
- Remove components from kit envelope.
- Open the swab protector and slide the protector back to expose the swab head.
- Using the swab, vigorously swab the inside of both sides of the patient's cheek for 5 to 10 seconds
- Pull the swab head back into the protector and re-close the protector around the swab head.

Step 6. KNOWN HEAD HAIR SAMPLE

NOTE: Collect a minimum of 10 – 12 full-length hairs (total), including root, from various scalp locations.

- Remove folded paper from envelope and place, unfolded, on a flat surface.
- Run a gloved hand through and along the patient's hair, gently removing 10-12 hairs (total) from various scalp locations. The patient may be more comfortable performing this step himself or herself. If the required number of hairs is not collected, have the patient pull the additional required hairs.
- Place the hairs in the center of the paper and refold paper so as to retain the hairs.

Step 7. FOREIGN MATERIAL COLLECTION

NOTE: If patient changed clothing after the assault, inform officer in charge so the police may collect the clothing worn at the time of the assault. Do not cut through any existing holes, rips or stains in patient's clothing. Do not shake out patient's clothing. If secure facilities are available, air dry any wet or damp clothing. Otherwise, notify law enforcement personnel that clothing is wet or damp. If additional clothing bags are required, use only new paper (grocery type) bags.

- UNFOLD AND PLACE A CLEAN HOSPITAL BED SHEET ON FLOOR.
- Remove paper sheet from "Foreign Material Collection" bag, unfold and place over bed sheet.
- Instruct patient to stand in center of paper sheet and carefully remove each item of clothing.
- Collect each item as removed and place each in a separate clothing bag, as labeled.
- Refold paper sheet on which patient stood in such a manner as to retain any debris present, then return it to the "Foreign Material Collection" bag.

Step 8. DEBRIS COLLECTION

NOTE: Do not package debris from different areas in the same envelope. Use Step 16 for additional packaging material or use facility materials and make a druggist fold.

- Remove the folded sheet of paper from the "Debris Collection" envelope.
- Unfold the paper and place on a flat surface.
- Collect any debris present on the patient (dirt, hair, leaves, fibers, etc.) and place in the center of the paper.
- Fold the paper so as to retain the debris.
- Identify the location from which the samples were removed on the anatomical drawings on the envelope.

Step 9. DRIED SECRETIONS

NOTE: This step is provided for the collection of dry or damp suspected blood, semen or saliva, which may be present on the patient's body. Carefully examine for areas of kissing, sucking, or biting for saliva; body areas for ejaculate; lubricant not collected elsewhere; or other dried secretions. A Woods (UV) Lamp is helpful for locating secretions on patient's body.

- Collect dried secretions by lightly moistening two of the provided swabs with distilled water, and then thoroughly swabbing the area with both swabs.
- Re-swab the area with two additional dry swabs at the same time.
- Mark on each swab box whether the swabs are the first or second swabs. Also identify on each box whether or not the swabs are suspected semen, saliva, blood, or other. If other, please describe.
- Place each set of swabs in the appropriate box.
- Identify the location from which the samples were removed on the anatomical drawings on the envelope.
- If multiple secretions are present, repeat the procedure using the additional swabs found in Step 17. Do not package swabs from two different areas in the same swab box.

Step 10. PUBIC COMBING

- Remove the folded paper and comb provided in the "Pubic Hair Combings" envelope.
- Unfold the paper and place under the patient's buttocks, and using the comb provided, comb the pubic hair in downward strokes to allow any debris or loose hairs to fall onto the paper.
- Remove the paper from under the patient.
- Place the comb in the center of the paper and refold so as to retain the comb and any evidence collected.

Step 11. KNOWN PUBIC HAIR SAMPLE

NOTE: Collect A MINIMUM OF 3-5 full length hairs (total), including root, from various regions of the pubic area.

- Remove folded paper from envelope and place, unfolded, on a flat surface.
- Run a gloved hand through and along the patient's pubic hair, gently removing 3-5 hairs (total) from various regions of the pubic area. The patient may be more comfortable performing this step himself or herself. If the required number of hairs is not collected, have the patient pull the additional required hairs.
- Place hairs in the center of the paper and refold so as to retain the hairs.

Step 12. GENITAL/PENILE SWABBINGS

- Moisten swabs provided with a minimal amount of distilled water.
- Holding the swabs together, briskly swab the external genitalia, including along the folds between the labia majora and the labia minora in the female patient. Be sure to rotate the swabs during the collection procedure. With the male patient swab the entire penis and scrotum.
- Place the swabs in the box and mark "Genital / Penile".

Step 13. ANAL SWABS

NOTE: Swabs may be moistened with a minimal amount of distilled water for the comfort of the patient.

Carefully swab the anus using four swabs simultaneously.

Place the swabs in the swab box and check "Anal".

Step 14. VAGINAL SWABS

Carefully swab the vaginal vault using the four swabs simultaneously.

Place the swabs in the swab box and check "Vaginal."

Step 15. CERVICAL SWABS

NOTE: This step is particularly important if more than 12 hours have passed since the assault

Carefully swab the cervix using the four swabs simultaneously.

Place the swabs in the swab box and check "Cervical."

Step 16. MISCELLANEOUS EVIDENCE COLLECTION

NOTE: This step is provided for the collection of evidence not previously covered elsewhere (e.g., tampons, sanitary napkin, etc.).

Collect item of evidence and allow to air dry if necessary.

Place in paper bag labeled "Miscellaneous."

Step 17. ADDITIONAL SWABS

NOTE: This step is provided for the collection of evidence not previously covered elsewhere.

If necessary, moisten the swabs provided with a minimal amount of distilled water. Holding the swabs provided, thoroughly swab the area making sure to rotate the swabs during the collection procedure. Check "Other" on the outside of the swab box and identify the sample on the line provided. Place the swabs in the swab box and write the area of the patient's body from which the sample was obtained. Place the swab box in the "Additional Swabs" envelope.

Step 18. URINE SPECIMEN

NOTE: If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, the patient should be asked for consent to have a urine sample collected for identification of "rape drugs." If drug facilitated sexual assault is suspected, determine whether ingestion of the drug occurred within the last 96 hours (4 days). If so, immediately collect urine as specified below. If the ingestion of the drug occurred within the last 24 hours, also collect a blood sample. To assist the toxicologist, document the date and time when the drug was probably ingested, the date and time the specimens were collected, and any drugs or alcohol voluntarily ingested in the last five days. Use a 100 ml sterile urine specimen jar from hospital stock

if a urine specimen is needed. Do not place the urine specimens back in the kit instead use the packaging materials provided.

- Using normal hospital procedure and one 100 ml sterile urine collection container from hospital stock, collect a 100 ml sample in the jar.
- Attach a tracking label to the jar.
- Seal the jar tightly.
- Seal with evidence tape and place in the ziplock bag and close.
- Place the ziplock in the "Urine Collection" box.
- Seal the box, attach a tracking label, and fill out all information requested.
- DO NOT PLACE BOX BACK IN SEX CRIMES KIT.
- If possible, freeze box until transport to HETL for analysis. If unable to freeze, refrigeration is acceptable.

Step 19. BLOOD ALCOHOL/TOXICOLOGY SPECIMEN

NOTE: If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, and the ingestion is suspected to have occurred within 24 hours of the hospital examination, the patient should be asked for consent to have a blood sample collected for identification of "rape drugs". If consent is given, immediately collect a blood sample as specified below. To assist the toxicologist, document the date and time when the drug was probably ingested, the date and time the specimens were collected, and any drugs or alcohol voluntarily ingested in the last five days. Use two 10 ml gray-topped blood tubes (potassium oxalate and sodium fluoride) from hospital stock if a blood sample is needed. Do not place blood alcohol tubes into kit, instead use packaging materials provided.

- Using normal medical procedure and two 10 ml gray-topped (potassium oxalate and sodium fluoride) blood collection tubes, withdraw a sample from the patient allowing blood tube to fill to maximum volume.
- Attach a tracking label to the blood tubes.
- Place the tubes in the enclosed bubble pack and seal.
- Place the bubble pack in the "Blood Collection" box.
- Seal the box, attach a tracking label, and fill out all information requested.
- DO NOT PLACE BOX BACK IN KIT.
- If possible refrigerate (DO NOT FREEZE) box until transport to HETL for analysis.

APPENDIX C

PREPUBERTAL CHILDREN INSTRUCTIONS

If questions arise during the collection of evidence from prepubertal children, please contact the Spurwink Child Abuse Program at 1-800-260-6160.

When a forensic examination is performed, it is vital that the medical examination and evidence collection procedures be integrated at all times in order to minimize trauma to the child.

If the alleged perpetrator is a pre-pubertal child, DHS should be notified.

If the assault or last sexual contact occurred within the 72 hours prior to the hospital visit or if the time frame cannot be determined, physical evidence from adolescents (15 years or older) can be collected utilizing the uniform standardized forensic examination kit, according to the instructions given for adults. However, physical evidence from prepubertal children should be collected using the following instructions:

NOTE: If it is determined that the last sexual contact took place more than 72 hours prior to the hospital visit, it is extremely unlikely that trace evidence will still be present on the child's body. This is most common in situations involving long-term abuse. Therefore, a careful evaluation of each case must be made to decide which, if any, evidence collection procedures should be implemented.

Regardless of when the last sexual contact might have occurred, valuable evidence can still be obtained through a medical examination and interview of the child. However, it is important that a child not be interviewed multiple times. The interview should be deferred to the most experienced interviewer. Emergency room personnel, including SAFE examiners, may not be the most appropriate persons to interview the child. Please consult with a forensic specialist to determine what evaluation is appropriate before examining and / or interviewing any child.

Do not force any steps of the examination and / or evidence collection process.

The collection of specimens for drug testing is not generally necessary for prepubertal children unless they provide a history consistent with drug ingestion, including drowsiness, altered consciousness, memory loss, impaired motor skills, or other symptoms consistent with drug ingestion. If the child is two years of age or younger and presents with these symptoms, head trauma should be considered.

PLEASE NOTE:

- ✓ **Unless otherwise noted, do not moisten swabs prior to sample collection.**
- ✓ **All swabs should be air dried prior to packaging.**
- ✓ **Unless otherwise noted, place the evidence collection specimens back into the envelope or bag from which they came.**
- ✓ **All envelopes and bags should be sealed. Attach a tracking label to the outside of the envelope or and fill out all information requested.**

Step 1. ORAL SWABS

NOTE: Oral swabs should only be collected if the case history indicates oral contact. Oral swabs may be difficult to obtain from very young children.

Carefully swab the buccal area and gum line using two swabs simultaneously, but collecting all four swabs. Be sure to collect the swabs from the upper and lower buccal areas and gum line, rotating the swabs during collection.

Place the swabs in the swab box. Mark the swab box "Oral".

Step 2. NASAL SWAB

NOTE: Do not collect nasal swab from children.

Step 3. FINGERNAIL CLIPPINGS/SWABBINGS LEFT HAND

NOTE: Do not collect fingernail clippings from young children unless the examination is performed under anesthesia.

Remove folded paper from envelope and place, unfolded, on a flat surface.

Hold patient's left hand over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

For swabbings, dampen a sterile swab from Step 17 and swab under the nails.

Place the dried swab in the folded paper.

Step 4. FINGERNAIL CLIPPINGS/SWABBINGS RIGHT HAND

NOTE: Do not collect fingernail clippings from young children unless the examination is performed under anesthesia.

Remove folded paper from envelope and place, unfolded, on a flat surface.

Hold patient's right hand over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

For swabbings, dampen a sterile swab from Step 17 and swab under the nails.

Place the dried swab in the folded paper.

Step 5. KNOWN DNA COLLECTION

Have the patient rinse his / her mouth with water prior to this evidence collection step.

Remove components from kit envelope.

Open the swab protector and slide the protector back to expose the swab head.

Using the swab, vigorously swab the inside of both sides of the patient's cheek for 5 to 10 seconds

Pull the swab head back into the protector and re-close the protector around the swab head.

~~Step 6. KNOWN HEAD HAIR SAMPLE~~

~~NOTE: It is recommended that the head hair standards not be taken from prepubertal children at the time of the initial examination.~~

~~Step 7. FOREIGN MATERIAL COLLECTION~~

~~NOTE: If patient changed clothing after the assault, inform officer in charge so the police may collect the clothing worn at the time of the assault. Do not cut through any existing holes, rips or stains in patient's clothing. Do not shake out patient's clothing. If secure facilities are available, air dry any wet or damp clothing. Otherwise, notify law enforcement personnel that clothing is wet or damp. If additional clothing bags are required, use only new paper (grocery type) bags.~~

~~UNFOLD AND PLACE A CLEAN HOSPITAL BED SHEET ON FLOOR.~~

~~Remove paper sheet from "Foreign Material Collection" bag, unfold and place over bed sheet.~~

~~Instruct patient to stand in the center of paper sheet and carefully remove each item of clothing.~~

~~Collect each item as removed and place each in a separate clothing bag, as labeled.~~

~~Refold paper sheet on which patient stood in such a manner as to retain any debris present, then return it to the "Foreign Material Collection" bag.~~

~~Step 8. DEBRIS COLLECTION~~

~~NOTE: Do not package debris from different areas in the same envelope. Use Step 16 for additional packaging material or use facility materials and make a druggist fold.~~

~~Remove the folded sheet of paper from the "Debris Collection" envelope.~~

~~Unfold the paper and place on a flat surface.~~

~~Collect any debris present on the patient (dirt, hair, leaves, fibers, etc.) and place in the center of the paper.~~

~~Fold the paper so as to retain the debris.~~

~~Identify the location from which the samples were removed on the anatomical drawings on the envelope.~~

~~Step 9. DRIED SECRETIONS~~

~~Using two moistened swabs, wipe the genital perineal area.~~

~~Using two moistened swabs, wipe the sulcus area~~

~~Mark on each swab box the location the swabs were taken from.~~

~~Place each set of swabs in the appropriate box.~~

~~Step 10. PUBIC COMBING~~

~~NOTE: Instead of collecting pubic hair combings from perpubertal children, carefully examine the thighs and external genitalia for any loose hairs or fibers. If any are found, collect according to the instructions given in Step 8 of these instructions.~~

~~Step 11. KNOWN PUBIC HAIR SAMPLE~~

~~NOTE: It is recommended that the pubic hair standards (if present) not be taken from prepubertal children at the time of the initial examination.~~

~~Step 12. GENITAL/PENILE SWABBINGS~~

- ~~Moisten swabs provided with a minimal amount of distilled water.~~
- ~~Holding the swabs together, briskly swab the external genitalia making sure to rotate the swabs during the collection procedure.~~
- ~~Place the swabs in the box and mark "Genital / Penile".~~

~~Step 13. ANAL SWABS~~

~~NOTE: All four swabs should be used for the collection of anal specimens; however, the swabs should be used one at a time. Swabs may be moistened with a minimal amount of distilled water for the comfort of the patient.~~

- ~~Carefully swab the anus using one swab at a time.~~
- ~~Place the swabs in the swab box and check "Anal".~~

~~Step 14. VAGINAL SWABS~~

~~NOTE: For prepubertal females, young adolescent females, and for the adolescent who is too traumatized or anxious to have a pelvic examination, evidence specimens can be obtained by gently swabbing the thigh and genitalia area (including the sulcus, fossa navicularis, posterior fourchette for girls and the testicles, scrotum, and perineum for boys) using four swabs slightly moistened with distilled or sterile water (refer to Step 12 of these instructions). Unless there is evidence of penetrating trauma in the prepubertal female, it is not necessary to collect vaginal swabs. (If there has been penetrating trauma, vaginal swabs can be obtained during the repair of the trauma). Attempts to collect vaginal swabs on the prepubertal female can result in hymenal trauma that may mimic abuse.~~

~~If the swabs are collected under anesthesia, all four swabs can be obtained simultaneously. If it is determined that the simultaneous use of four swabs for the collection of the vaginal specimens may cause unnecessary discomfort or additional trauma to the patient, the swabs should be used one at a time.~~

- ~~Collect four vaginal swabs from the vaginal vault. The swabs should be collected one at a time unless the collection is being done under anesthesia.~~
- ~~Place the swabs in the swab box and mark "Vaginal."~~

Step 15. CERVICAL SWABS

NOTE: Do not collect cervical swabs from prepubertal children.

Step 16. MISCELLANEOUS EVIDENCE COLLECTION

NOTE: This step is provided for the collection of evidence not previously covered.

Collect item of evidence and allow to air-dry if necessary.

Place in paper bag labeled "Miscellaneous."

Step 17. ADDITIONAL SWABS

NOTE: This step is provided for the collection of evidence not previously covered elsewhere.

If necessary, moisten the swabs provided with a minimal amount of distilled water. Holding the swabs provided, thoroughly swab the area making sure to rotate the swabs during the collection procedure. Check "Other" on the outside of the swab box and identify the sample on the line provided. Place the swabs in the swab box and write the area of the patient's body from which the sample was obtained. Place the swab box in the "Additional Swabs" envelope.

Step 18 and 19. URINE SPECIMEN and BLOOD ALCOHOL/TOXICOLOGY SPECIMEN

NOTE: Generally this specimen will not need to be collected, however, if the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, follow the instructions provided in the adult instructions.

APPENDIX D

FINAL INSTRUCTIONS

~~Attach a tracking label to the "Patient Card" and hand to patient prior to discharge.~~

~~Make sure all forms have been filled out completely. Separate forms, retaining the appropriate copy for hospital records. The law enforcement copy should be handed directly to the law enforcement officer. The crime laboratory copy should be sealed in the envelope on the back of the kit. If the patient has not made a report to law enforcement, include the law enforcement copy of the forms in the envelope with the crime lab copies.~~

~~Check all envelopes and clothing bags to ensure that they are sealed, labeled and all information requested has been completed.~~

~~Do not lick the seal of the envelopes.~~

~~Do not use staples to seal any evidence containers.~~

~~Return all evidence collection envelopes and bags, except those containing clothing, to the kit box.~~

~~Mark all unused envelopes and bags in a way to denote that no sample was collected. Do not seal unused envelopes and bags. Place unused items in the provided zip-lock container. Place the zip-lock container inside the sex crimes kit. If the kit is too full, the zip-lock bag may be placed in the transport bag along with clothing and other evidentiary specimens.~~

~~Fill out all requested information under "For Hospital Personnel" on the kit box top. If the patient has decided not to report the alleged assault to law enforcement, do not fill in the patient's name.~~

~~Affix "Biohazard" labels where indicated.~~

~~Affix "Evidence" seals where indicated on the sides of the box, then initial and date, partially on/partially off the seal.~~

~~Affix the "Minor" label if the kit was collected from a minor.~~

~~Give the clothing bags and kit to the law enforcement officer present at the hospital. If an officer is not present at this time, place the evidence in a secure area until an official of a law enforcement agency picks it up. If the patient has not made a report to law enforcement, the clothing bags and kit should be given to the law enforcement agency with jurisdiction over the hospital. If the patient has made a report, these items should be given to the officer representing the investigating agency.~~

~~Notify the law enforcement officer if any components of the kit, specifically tampons or sanitary napkins, have not been air-dried completely. Such items should be frozen for long-term storage.~~

INITIAL INSTRUCTIONS

This kit is designed to assist the examining health care provider in the collection and preservation of evidentiary specimens from alleged victims of sexual assault for analysis by the appropriate laboratory. The health care provider should use best judgment if deviation from the instructions is necessary. Separate instructions are provided for evidence collection on pre-pubertal children.

When a forensic examination is performed, it is vital that the medical examination and evidence collection procedures be integrated at all times in order to minimize trauma to the patient. **The patient may decline any evidence collection step and has the right to stop the examination at any point during the process.**

If the examiner suspects that drugs may have been used to facilitate the alleged assault, the patient should be asked for consent to have a blood and / or a urine sample collected for identification of "rape drugs." Such suspicion may be based on observations or report of drowsiness, memory loss, impaired motor skills, or other symptoms consistent with drug or alcohol ingestion. Due to the time-sensitive nature of these sample types, this sample collection should be given priority. If the ingestion is believed to have occurred within 96 hours prior to the hospital examination, collect both urine and blood specimens. After 96 hours, no urine or blood specimens are necessary. Prior to collecting the urine sample, or if the patient should need to use the restroom at any point during the examination, first collect genital / penile swabs, anal swabs, vaginal / cervical swabs, pubic combings, or any other evidence that may be lost during urination and / or defecation.

When collecting evidence with swabs, make sure to rotate the swabs to ensure that all areas of the swab head come into contact with the surface being swabbed. Swabs must be air dried prior to packaging (air drying takes at least 1 hour). Do not use heat. A disposable drying rack is provided to facilitate the drying process. Samples should be dried completely. The time for this process will vary depending on the sample type; however, minimal use of sterile distilled water will improve drying time.

Do not place specimens collected for the medical facility in this kit.

If any of the components have expired prior to the use of the kit, replace with equivalent items from facility stock.

For tracking purposes, each kit is assigned a unique tracking number and contains a group of labels printed with that number. One label should go on each component of the kit for chain of custody purposes. Do not identify any component of the kit with the patient's name; use only the tracking labels provided. The patient's name should be written in the space provided on the outer kit container ONLY if the patient has reported the alleged offense to law enforcement (or plans to file a report) and has chosen to not have an "anonymous" kit done.

The health care provider should wear disposable gloves at all times during the examination to minimize the possibility of contamination. Gloves need to be changed and disposed of appropriately throughout the examination to avoid any cross contamination.

If you have any questions concerning the use of this kit, contact the Maine State Police Crime Laboratory in Augusta at 624-7100. Questions concerning the collection of specimens for drug or alcohol testing should be referred to the Health and Environmental Testing Laboratory (HETL) in Augusta at 287-2727.

The evidence collected in this evidence collection kit will only be examined after the patient files a report with law enforcement. If the patient decides not to report, or is unsure whether to file a report, local law enforcement will hold the kit for up to 90 days. Please make the patient aware of the potential deleterious effects of time on specimens collected for detecting drugs and / or alcohol. If the samples are not stored appropriately or examined immediately, scientifically accurate results may not be obtained.

FORMS:

- ✓ Complete the authorization form for collection of evidence and have the patient sign it. The form should be retained by the medical facility and included in the patient's medical records.
- ✓ Fill out all information requested on the Patient's Assault Information Form and the Evidence Collection Inventory Form. One copy should go to each of the following: medical facility, law enforcement officer, crime laboratory.
- ✓ A Victims' Compensation Board Gross Sexual Assault Forensic Examination Claim Form is included in this kit. This form must be completed and submitted to the Victims' Compensation Board if compensation is desired. The original should be mailed to the Victims' Compensation Board at the address provided on the form and a copy retained for the medical facility.

ADULT INSTRUCTIONS

PLEASE NOTE:

- ✓ **Unless otherwise noted, do not moisten swabs prior to sample collection. If moistening is required, use only sterile / distilled water.**
- ✓ **All swabs should be air dried prior to packaging.**
- ✓ **Unless otherwise noted, place the evidence collection specimens back into the envelope or bag from which they came.**
- ✓ **All envelopes and bags containing evidence should be sealed. Attach a tracking label to the outside of each envelope or bag and fill out all information requested.**

Step 1. ORAL SWABS

Carefully swab the buccal area and gum line using the two swabs simultaneously. Be sure to collect the swabs from the upper and lower buccal areas and the gum line, rotating the swabs during collection.

Allow the swabs to air dry, then place the swabs in the swab box and check "Oral".

Step 2. KNOWN DNA COLLECTION

NOTE: Have the patient rinse his / her mouth with water prior to completing this step.

Remove the components from the envelope. Open the swab protector and slide the protector back to expose the swab head.

Using the swab, vigorously swab the inside of both of the patient's cheeks for 5 to 10 seconds.

Pull the swab head back into the protector and re-close the protector around the swab head.

Step 3. FINGERNAIL CLIPPINGS / SWABS

Remove the folded paper from the envelope and place, unfolded, on a flat surface.

Hold the patient's hands over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

Refold the paper so as to retain the fingernail clippings.

If the patient declines clippings, use one of the swabs to swab under the fingernails of the right hand and the other swab to swab under the fingernails of the left hand. Allow the swabs to air dry, then place the swabs in the swab box and check "Fingernails".

Step 4. KNOWN HEAD HAIR SAMPLE

Remove the folded paper from the envelope and place, unfolded, on a flat surface.

Run a gloved hand through the patient's hair, gently removing 10-12 hairs (total) from various scalp locations (front, top, sides, and back of head). The patient may be more comfortable performing this step himself or herself. If the required number of hairs is not collected, have the patient pull the additional required hairs. Alternatively, the hairs may be cut close to the scalp.

Place the hairs in the center of the paper and refold so as to retain the hairs.

Step 5. DEBRIS COLLECTION

NOTE: This step is provided for the collection of debris such as foreign hairs, fibers, etc. Do not package debris from different areas of the patient's body in the same envelope; if necessary, use a separate clean facility envelope and make a druggist fold.

Remove the folded paper from the envelope and place, unfolded, on a flat surface.

Collect any debris present on the patient and place in the center of the paper. Fold the paper so as to retain the debris.

Identify the location from which the samples were removed on the anatomical drawings on the envelope.

Step 6. DRIED SECRETIONS / MISCELLANEOUS SWABS

NOTE: This step is provided for the collection of suspected blood, semen, or saliva which may be present on the patient's body. Carefully examine areas of kissing, sucking, or biting for saliva, and other body areas for ejaculate or other dried secretions. An alternate light source is helpful for locating secretions. Do not package swabs from different areas of the patient's body in the same swab box; if necessary, use separate swab boxes or clean envelopes from facility stock. Additional swabs are provided in this step for the collection of evidence not covered elsewhere in this kit (e.g. nasal swabs, strangulation swabs).

Lightly moisten two of the provided swabs with sterile / distilled water and thoroughly swab the dried secretion with both swabs.

Allow the swabs to air dry, then place the swabs in one of the swab boxes provided.

Mark on the swab box if the swabs are suspected semen, saliva, blood, or other. If other, please describe.

Identify the location from which the samples were removed on the anatomical drawings on the envelope.

If additional swabs are necessary, lightly moisten the other swabs with a minimal amount of sterile / distilled water and thoroughly swab the area making sure to rotate the swabs during the collection procedure. Allow the swabs to air dry, then place the swabs in the other swab box and check "Other". Identify the sample on the line provided and write the area of the patient's body from which the sample was obtained.

Step 7. PUBIC COMBING

Remove the folded paper and comb. Unfold the paper and place it under the patient's buttocks.

Comb the pubic hair in downward strokes to allow any debris or loose hairs to fall onto the paper.

Remove the paper from under the patient, place the comb in the center of the paper, and refold so as to retain the comb and any evidence collected.

If the patient has a shaved pubic area, DO NOT pluck the hair. Observe the area carefully for any pubic hairs. If found, place in the folded paper and document on the envelope that a foreign pubic hair was found on the patient's shaved pubic area.

Step 8. KNOWN PUBIC HAIR SAMPLE

NOTE: Skip this step if the patient shaves his or her pubic area.

Remove the folded paper from the envelope and place, unfolded, on a flat surface.

Remove 3-5 hairs (total) from various regions of the pubic area by cutting the hairs close to the skin. The patient may be more comfortable performing this step himself or herself.

Place the hairs in the center of the paper and refold so as to retain the hairs.

Step 9. GENITAL / PENILE SWABS

Lightly moisten the swabs provided with 1-2 drops of sterile / distilled water.

Holding the swabs together, briskly swab the external genitalia from the mons to the perineum, including along the folds between the labia majora and the labia minora in the female patient. Be sure to rotate the swabs during the collection procedure. With the male patient, swab the entire penis and scrotum. Retract the foreskin if uncircumcised.

Allow the swabs to air dry, then place the swabs in the box and check "Genital / Penile".

Step 10. ANAL SWABS

If necessary, lightly moisten the swabs with a minimal amount of sterile / distilled water for the comfort of the patient.

Carefully swab the anus using the two swabs simultaneously.

Allow the swabs to air dry, then place the swabs in the swab box and check "Anal".

Step 11. VAGINAL / CERVICAL SWABS

Carefully swab the vaginal vault (including the fornix) and cervix using the two swabs simultaneously. Swabbing the cervix is particularly important if more than 12 hours have passed since the assault. Do not swab the os.

Place the swabs in the swab box and check "Vaginal / Cervical."

Step 12. MISCELLANEOUS EVIDENCE

NOTE: This step is provided for the collection of miscellaneous evidence not covered elsewhere in this kit, such as tampons, sanitary pads, condoms, etc. Do not package multiple items together in the same bag. Use a separate facility paper bag or one of the clothing bags if available.

Collect the item and allow it to air dry if necessary. When dry, place in the paper bag.

Step 13. URINE SPECIMEN

NOTE: If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, and the ingestion is suspected to have occurred within 96 hours of the hospital examination, the patient should be asked for consent to have a urine sample collected for identification of "rape drugs." If consent is given, immediately collect urine as specified below. To assist the toxicologist, document the date and time when the drug was probably ingested, the date and time the specimen was collected, and any drugs or alcohol voluntarily ingested in the last five days.

Using normal medical procedure and one 100 ml sterile urine collection container from facility stock, collect a 100 ml urine sample.

Attach a tracking label to the container and close it tightly.

Seal the container with evidence tape, place the container in the ziplock bag, and close the bag.

Place on ice until the packaging of specimens is done at the end of the forensic examination.

When packaging, place the ziplock bag with the urine container in the urine collection box.

Seal the box, attach a tracking label and the biohazard and urine stickers, and fill out all information requested.

DO NOT PLACE THE BOX CONTAINING THE URINE SPECIMEN BACK IN THE KIT. Instead, use the packaging materials provided. Instruct law enforcement to **freeze the urine** until transport to HETL for analysis.

Step 14. BLOOD SPECIMEN

NOTE: If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, and the ingestion is suspected to have occurred within 96 hours of the hospital examination, the patient should be asked for consent to have a blood sample collected for identification of "rape drugs". If consent is given, immediately collect a blood sample as specified below. Use two 10 ml gray-topped blood tubes or four 5ml gray-topped blood tubes (potassium oxalate and sodium fluoride). To assist the toxicologist, document the date and time when the drug was probably ingested, the date and time the specimens were collected, and any drugs or alcohol voluntarily ingested in the last five days.

Using normal medical procedure and appropriate blood collection tubes, withdraw a sample from the patient allowing the blood tubes to fill to maximum volume. Attach a tracking label to the blood tubes.

Place the tubes in the enclosed bubble pack and seal.

Place on ice until the packaging of specimens is done at the end of the forensic examination.

When packaging, place the bubble pack in the blood collection box.

Seal the box, attach a tracking label and the biohazard and blood stickers, and fill out all information requested.

DO NOT PLACE THE BOX CONTAINING THE BLOOD SPECIMENS BACK IN THE KIT. Instead, use the packaging materials provided. Instruct law enforcement to **refrigerate (not freeze) the blood** until transport to HETL for analysis.

PRE-PUBERTAL CHILDREN INSTRUCTIONS

If questions arise during the collection of evidence from prepubertal children, please contact the Spurwink Child Abuse Program at 1-800-260-6160.

When a forensic examination is performed, it is vital that the medical examination and evidence collection procedures be integrated at all times in order to minimize trauma to the child.

If the alleged perpetrator is a pre-pubertal child, the Office of Child and Family Services should be notified at **1-800-452-1999 (Voice) 711 (TTY).** The State of Maine's child abuse hotline is staffed 24 hours a day.

If the assault or last sexual contact occurred within 72 hours prior to the hospital visit, or if the time frame cannot be determined, physical evidence from adolescents (13 years or older) can be collected utilizing the uniform standardized forensic examination kit, according to the instructions given for adults. However, physical evidence from pre-pubertal children should be collected using the following instructions:

NOTE: If it is determined that the last sexual contact took place more than 72 hours prior to the hospital visit, it is extremely unlikely that trace evidence will still be present on the child's body. This is most common in situations involving long-term abuse. Therefore, a careful evaluation of each case must be made to decide which, if any, evidence collection procedures should be implemented.

Regardless of when the last sexual contact might have occurred, valuable evidence can still be obtained through a medical / forensic examination of the child and history from the caregiver and / or child. However, it is important that a child not be asked questions by multiple providers / people. A Sexual Assault Forensic Examiner is the most appropriate provider to care for the child, in consultation with the ED physician and the Spurwink Child Abuse Program medical staff.

Do not force any steps of the examination and / or evidence collection process.

The collection of specimens for drug testing is not generally necessary for pre-pubertal children unless they provide a history consistent with drug ingestion, including drowsiness, altered consciousness, memory loss, impaired motor skills, or other symptoms consistent with drug ingestion. If the child presents with these symptoms, head trauma should be considered.

- ✓ **Unless otherwise noted, do not moisten swabs prior to sample collection. If moistening is required, use only sterile / distilled water.**
- ✓ **All swabs should be air dried prior to packaging.**
- ✓ **Unless otherwise noted, place the evidence collection specimens back into the envelope or bag from which they came.**
- ✓ **All envelopes and bags containing evidence should be sealed. Attach a tracking label to the outside of each envelope or bag and fill out all information requested.**

Step 1. ORAL SWABS

NOTE: Oral swabs should only be collected if the case history indicates oral contact. Oral swabs may be difficult to obtain from very young children.

Carefully swab the buccal area and gum line using the two swabs simultaneously. Be sure to collect the swabs from the upper and lower buccal areas and the gum line, rotating the swabs during collection.

Place the swabs in the swab box and check "Oral".

Step 2. KNOWN DNA COLLECTION

NOTE: Have the patient rinse his / her mouth with water prior to completing this step.

Open the swab protector and slide the protector back to expose the swab head.

Using the swab, vigorously swab the inside of both cheeks for 5 to 10 seconds.

Pull the swab head back into the protector and re-close the protector around the swab head.

Step 3. FINGERNAIL CLIPPINGS / SWABS

NOTE: Do not collect fingernail clippings from young children unless the examination is performed under anesthesia. The fingernails may be swabbed instead.

Remove the folded paper from the envelope and place, unfolded, on a flat surface.

Hold the patient's hands over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

Refold the paper so as to retain the fingernail clippings.

For young children, use one of the swabs to swab under the fingernails of the right hand and the other swab to swab under the fingernails of the left hand. Allow the swabs to air dry, then place the swabs in the swab box and check "Fingernails".

Step 4. KNOWN HEAD HAIR SAMPLE

NOTE: It is recommended that head hair standards not be taken from pre-pubertal children at the time of the initial examination.

Step 5. DEBRIS COLLECTION

NOTE: This step is provided for the collection of debris such as foreign hairs, fibers, etc. Do not package debris from different areas of the patient's body in the same envelope; if necessary, use a separate clean facility envelope and make a druggist fold.

Remove the folded paper from the envelope and place, unfolded, on a flat surface.

Collect any debris present on the patient (including the thighs and external genitalia) and place in the center of the paper. Fold the paper so as to retain the debris.

Identify the location from which the samples were removed on the anatomical drawings on the envelope.

Step 6. DRIED SECRETIONS / MISCELLANEOUS SWABS

NOTE: This step is provided for the collection of suspected blood, semen, or saliva which may be present on the patient's body. Carefully examine areas of kissing, sucking, or biting for saliva, and other body areas for ejaculate or other dried secretions. An alternate light source is helpful for locating secretions. Do not package swabs from different areas of the patient's body in the same swab box; use separate swab boxes or clean envelopes from facility stock. Additional swabs are provided in this step for the collection of evidence not covered elsewhere in this kit (e.g. nasal swabs, strangulation swabs).

Lightly moisten two of the provided swabs with sterile / distilled water and thoroughly swab the dried secretion with both swabs.

Allow swabs to air dry, then place the swabs in one of the swab boxes provided.

Mark on the swab box if the swabs are suspected semen, saliva, blood, or other. If other, please describe.

Identify the location from which the samples were removed on the anatomical drawings on the envelope.

If additional swabs are necessary, lightly moisten the other swabs with a minimal amount of sterile / distilled water and thoroughly swab the area making sure to rotate the swabs during the collection procedure. Place the swabs in the other swab box and check "Other". Identify the sample on the line provided and write the area of the patient's body from which the sample was obtained.

Step 7. PUBIC COMBING

NOTE: Instead of collecting pubic hair combings from pre-pubertal children, carefully examine the thighs and external genitalia for any loose hairs or fibers. If any are found, collect according to the instructions given in Step 5 of these instructions.

Step 8. KNOWN PUBIC HAIR SAMPLE

NOTE: It is recommended that pubic hair standards (if present) not be taken from pre-pubertal children at the time of the initial examination.

Step 9. GENITAL / PENILE SWABS

Lightly moisten the swabs provided with 1-2 drops of sterile / distilled water.

Holding the swabs together, gently swab the external genitalia from the mons to the perineum, including along the folds between the labia majora and the labia minora in the female patient. Be sure to rotate the swabs during the collection procedure. With the male patient, swab the entire penis and scrotum. Retract the foreskin if uncircumcised.

Allow the swabs to air dry, then place the swabs in the swab box and check "Genital / Penile".

Step 10. ANAL SWABS

If necessary, lightly moisten the swabs with a minimal amount of sterile / distilled water for the comfort of the patient.

Carefully swab the anus using the two swabs simultaneously.

Allow the swabs to air dry, then place the swabs in the swab box and check "Anal".

Step 11. VAGINAL SWABS

NOTE: NEVER use a speculum of any size on a pre-pubertal child.

For pre-pubertal females, some young adolescent females, and for the female patient who is too traumatized or anxious to have a vaginal examination, evidence specimens can be obtained by gently swabbing the perineum, inner thighs, and external genitalia (including the sulcus, fossa navicularis, and posterior fourchette) using two swabs slightly moistened with sterile / distilled water.

Unless there is evidence of penetrating trauma in the pre-pubertal female, it is not necessary to collect vaginal swabs. If there has been penetrating trauma, vaginal swabs can be obtained during the repair of the trauma while the child is anesthetized. Attempts to collect vaginal swabs on the pre-pubertal female can result in hymenal and / or vaginal trauma that may mimic abuse.

Carefully swab the vaginal vault using the two swabs simultaneously.

Allow the swabs to air dry, then place the swabs in the swab box and check "Vaginal / Cervical."

Step 12. MISCELLANEOUS EVIDENCE

NOTE: This step is provided for the collection of miscellaneous evidence not covered elsewhere in this kit. Do not package multiple miscellaneous items together in the same bag. Use a separate facility paper bag or one of the clothing bags if available.

Collect the item and allow it to air dry if necessary. When dry, place in the paper bag.

Steps 13 and 14. URINE and BLOOD SPECIMENS

NOTE: Generally these specimens will not need to be collected; however, if the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, follow the instructions provided in the adult instructions.

FINAL INSTRUCTIONS

Attach a tracking label to the patient information card and give it to the patient prior to discharge.

Ensure all forms have been filled out completely. Separate the forms, retaining the appropriate copies for the medical facility records. The law enforcement copies and the crime laboratory copies of the forms should be sealed in the container attached to the back of the kit.

Check all envelopes and clothing bags to ensure they are sealed and labeled, and all information requested has been completed.

Do not use staples to seal any evidence containers.

Do not lick the seals of the envelopes. All envelopes are self-sealing.

Return the envelopes and bags containing collected evidence items to the kit box, **except** those containing clothing and the foreign material collection, which should be packaged separately in the appropriate bags.

DO NOT PLACE UNUSED COMPONENTS IN THE KIT BOX.

Fill out all requested information in the "For Medical Facility Personnel" section on the kit box top. If the patient has decided not to report the alleged assault to law enforcement, do not fill in the patient's name.

Affix the "Biohazard" label where indicated.

Affix the "Minor" label where indicated if the kit was collected from a minor.

Affix the "Evidence" seals where indicated on the sides of the box. Initial and date partially on and partially off the seal.

Give the clothing bags, urine / blood specimens if collected, and the sealed kit to the law enforcement officer as follows:

- If the patient has made a report to law enforcement, these items should be given to the officer representing the investigating agency.
- If the patient has not made a report to law enforcement, these items should be given to the law enforcement agency with jurisdiction over the medical facility.

Notify the law enforcement officer if any components of the kit, specifically tampons or sanitary napkins, have not been air-dried completely. Such items should be frozen for long-term storage.