State of Maine

Master Agreement

Effective Date: 08/28/18
Expiration Date: 08/31/21

Master Agreement Description: Victim Sexual Assault Testing Kit

Buyer Information
Justin Franzose 207-624-7337 ext. justin.franzose@maine.gov

Issuer Information
Jaye-Ellen Parker 207-626-3831 ext. jaye-ellen.parker@maine.gov

Requestor Information
Lt Col William Harwood 207-624-7202 ext. bill.s.harwood@maine.gov

Reason For Modification: Extension to 8/31/2021.

Authorized Departments
16A  PUBLIC SAFETY

Vendor Information

Vendor Line #: 1
Vendor ID VC0000116650
Vendor Name SIRCHIE ACQUISITION CO LLC
Alias/DBA SIRCHIE FINGERPRINT LABS

Vendor Address Information
100 HUNTER PL
YOUNGSVILLE, NC 27596
US
Vendor Contact Information
Sue Jennings
800-356-7311 ext. 654
sjennings@sirchie.com

Commodity Information

Vendor Line #: 1
Vendor Name: SIRCHIE ACQUISITION CO LLC
Commodity Line #: 1
Commodity Code: 87515
Commodity Description: Victim Sexual Assault Kit
Commodity Specifications:
Commodity Extended Description: Victim Sexual Assault Kit

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<tr>
<th>Quantity</th>
<th>UOM</th>
<th>Unit Price</th>
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Delivery Days: Free On Board
56

Contract Amount: Service Start Date  Service End Date
0.00

Catalog Name: Discount
Sirchie Victim Sex Assault Kit  0.0000  

Discount Start Date  Discount End Date
08/28/18  08/31/21

Please see authorized signatures displayed on the next page
Each signatory below represents that the person has the requisite authority to enter into this Contract. The parties sign and cause this Contract to be executed.

State of Maine - Department of Administrative and Financial Services

Jaime C. Schorr, Chief Procurement Officer

Signature

Date

8/18/2020

Vendor

Sue Jennings, Account Representative

Signature

Date

8/19/2020
COMMODITY ITEM: Victim Sexual Assault Kit

CONTRACT PERIOD: Through August 31, 2019. The State of Maine with vendor approval can opt to issue up to two (2) one (1) year extensions.

VENDOR CONTACT PERSON: The contact person will help consumers place orders, inquire about orders that have not been delivered, all shipping issues, quality issues, and any issues pertaining to this Master Agreement. All orders not submitted through a DO will be sent through the contractor’s contact person. The contact person will be: Sue Jennings Phone: 919-356-7311 Email: sjennings@sirchie.com

EXTENSION OF CONTRACT: The Director of Procurement Services may, with the consent of the contractor extend the Contract period beyond the indicated expiration date.

CANCELLATION OF CONTRACT: The Division of Procurement Services reserves the right to cancel a contract with a thirty-day written notice OR cancel immediately if the contractor does not conform to terms and conditions and specifications of contract.

PRICES: Prices shown are to be net including transportation charges fully pre-paid by the contractor FOB destination. Prices are to remain firm for the duration of the contract.

QUANTITIES: It is understood and agreed that the contract will cover the actual quantities required by State Agency over the length of the contract.

ORDERING PROCEDURE: Delivery orders (DO) will be created in AdvantageME for all orders over $5000.00. If a DO is used, the DO will be e-mailed to the email address set up in AdvantageME by the Vendor sjennings@sirchie.com as a .pdf file. Orders less than $5000.00 can be ordered using a P-Card.

DELIVERY: The Contractor will be responsible for the delivery of material in first class condition at the point of delivery, and in accordance with good commercial practice.

QUARTERLY REPORT: The Division of Procurement Services requires a quarterly report of sales be faxed to 207-287-6578 within 30 days of the end of each calendar quarter. It will be the responsibility of the vendor to produce a quarterly report. The report must include the dollar value of goods purchased, broken down by Department as well as the total dollar value of purchases made by all Departments.

PROCUREMENT CARD: State policy requires vendors to accept the State of Maine Procurement Card (P-Card) as a form of payment, with very rare exceptions. Your company will be required to accept these cards. The pricing offered to the State of Maine shall be the final cost to the State of Maine regardless of payment method. No surcharge or other compensation will be allowed. The State of Maine reserves the right to reject your bid if you are unwilling to accept this condition.
Specifications

**Kit Production:** The Contractor must provide the exact kits approved through bid opportunity RFQ 16A 180718-011. Due to the legal ramifications of having incomplete or defective kits, it is imperative that the kits do not differ from the agreed to proof. The vendor will be required to issue credits for kits with documented defects. If production issues persist during the term of the MA contract, and if more than 2% of the kits ordered to date are reported as defective, the MA can be terminated due to documented poor performance of the vendor.

**Kit Contents**

- Kit construction / components (3 pages)
- Appendix A: mockup of outer container (1 page)
- Appendix B: Initial Instructions (1 page)
- Appendix C: Adult Instructions (4 pages)
- Appendix D: Pre-pubertal Children Instructions (4 pages)
- Appendix E: Final Instructions (1 page)
- Appendix F: Authorization For Collection of Evidence and Notice Regarding Storage (1 page)
- Appendix G: Patient’s Assault Information form (1 page)
- Appendix H: Evidence Collection Inventory form (1 page)
- Appendix I: Victim’s Compensation Board Claim Form (2 pages)
- Appendix J: Victim’s Compensation Board Claim Form instructions (2 pages)
- Appendix K: mockup of patient information card (1 page)
- Appendix L: mockup of drying rack (1 page)
- Appendix M: mockup of labels for envelopes and bags (1 page)
- Appendix N: mockup of swab box #1 (1 page)
- Appendix O: mockup of swab box #2 (1 page)
- Appendix P: mockup of box for urine and blood specimens (1 page)
2018 Sexual Assault Evidence Collection Kit Construction

a. **Tracking number.** The provider will assign each kit a unique tracking number. The number will consist of a minimum of 12 digits. The tracking number will be printed on a minimum of eighty approximately $\frac{1}{2}$" x 2” white labels. A full printed sheet of labels will be provided. One of these labels will be attached to the lower portion of the top of the outer container of the evidence collection kit. The remaining tracking labels will be placed inside the kit. The kit tracking numbers will begin with the number (TBD).

b. **Outer container.** The provider will manufacture one outer container for the evidence collection kit. The container shall consist of one two-piece white box which will be approximately 9” x 11½” x 3” in dimension, but no larger than necessary to accommodate the components. The top of this container will be marked as illustrated in Appendix A. The bottom of the kit will have an attached outer envelope, constructed of plastic or other water resistant material, which will adhere to the kit when frozen. The envelope will be marked “Crime Laboratory and Law Enforcement copies of forms”. On each side and bottom of the container will be a marking to denote where the evidence tape should be placed. This container will include all evidence collection materials as specified.

c. **Instructions.** The provider will include instructions which will be printed on both sides of 8½” x 11” white paper. The instructions will appear as illustrated in Appendix B (Initial), C (Adult), D (Pre-pubertal Children), and E (Final), in that order.

d. **Authorization for Collection of Evidence and Notice Regarding Storage.** The provider will print this consent form on NCR paper no larger than 8½” x 11”. The form will be designated “Medical Facility” and will appear as illustrated in Appendix F.

e. **Patient’s Assault Information Form.** The provider will print this form on NCR paper no larger than 8½” x 11”. The form will consist of three copies with the top copy designated “Medical Facility”, the middle copy designated “Crime Laboratory”, and the bottom copy designated “Law Enforcement Agency”. The form will appear as illustrated in Appendix G.

f. **Evidence Collection Inventory Form.** The provider will print this form on NCR paper no larger than 8½” x 11”. The form will consist of three copies with the top copy designated “Medical Facility”, the middle copy designated “Crime Laboratory”, and the bottom copy designated “Law Enforcement Agency”. The form will appear as illustrated in Appendix H.

g. **Victims’ Compensation Board Claim Form.** The provider will print this form on NCR paper no larger than 11” x 17”. The form will be printed and folded in half lengthways so the form is in book style. The form will consist of two white copies with the top copy designated “Victims’ Compensation Board” and the bottom copy designated “Medical Facility”. The form will appear as illustrated in Appendix I. The instructions (Appendix J) will be printed on the back of the bottom copy so that when the paper is folded, the instructions are the front and back pages of the book and the form is on the inside.

h. **Patient information card.** The provider will print a white, approximately 3½” x 5½” card. The card will appear as illustrated in Appendix K.

i. **Disposable drying rack.** The provider will include a collapsible, disposable drying rack for the drying of swabs. The rack will be constructed of cardboard or other sturdy material. The rack must be constructed in such a manner and / or with materials that will not collapse in use. The rack will have holes to accommodate all swabs with sufficient room separating the swabs and will have spaces labeled with the appropriate swab type. The rack will appear similar to that illustrated in Appendix L.
j. **Labels.** The provider will print two labels to affix to the outer container of the kit: one orange “Biohazard” label and one blue “Minor” label. The labels will measure approximately 1” x 1½”.

k. **Evidence tape.** The provider will include two red evidence labels measuring approximately 1” x 6” for sealing the kit on two sides and one roll of non-tearable evidence tape measuring approximately 1½” x 5”, or equivalent sections of tape to seal the paper bag and to span from one side of the kit to the other to seal the back.

l. **Nail clippers.** The provider will include one pair of large fingernail clippers.

m. **Victim’s Compensation brochure.** One brochure will be placed inside each kit. The brochure will be provided by the laboratory prior to kit production.

n. **MECASA business card.** One card will be placed inside each kit. The card will be provided by the laboratory prior to kit production.

**Packing / shipping / delivery:**
The kits will be packed in a shipping container in numerical order. The numbers of the kits will be marked on the outside of the shipping container. The kits will be delivered no more than six weeks after the artwork has been finalized.

**Evidence collection steps:**
Each step will consist of one envelope or bag marked with the step number and description of contents in bold printing as illustrated in Appendix M, unless otherwise indicated. The white envelopes will measure approximately 7½” x 5” and be self-sealing. The swab boxes will be marked with the appropriate step and contents description, as illustrated in Appendix N and Appendix O. The swab boxes will have vent holes. The contents of each envelope or bag are described below:

**STEP 1: ORAL SWABS**
Two sterile packaged cotton tipped swabs and one swab box.

**STEP 2: KNOWN DNA COLLECTION**
One sterile swab with a plastic protective aerated cap such as a Cap-Shure™ DNA Collection Swab or equivalent.

**STEP 3: FINGERNAIL CLIPPINGS / SWABS**
Two sterile packaged cotton tipped swabs, one swab box, and one paper bundle.

**STEP 4: KNOWN HEAD HAIR SAMPLE**
One paper bundle.

**STEP 5: DEBRIS COLLECTION**
One paper bundle. Include front and back human illustrations on the envelope.

**STEP 6: DRIED SECRECTIONS / MISCELLANEOUS SWABS**
Four sterile packaged cotton tipped swabs and four swab boxes. Include front and back human illustrations on the envelope.

**STEP 7: PUBIC COMBING**
One white comb measuring approximately 1½” x 5” and one folded paper large enough to secure the comb and any combings.
STEP 8: KNOWN PUBIC HAIR SAMPLE
One paper bindle.

STEP 9: GENITAL / PENILE SWABS
Two sterile packaged cotton tipped swabs and one swab box.

STEP 10: ANAL SWABS
Two sterile packaged cotton tipped swabs and one swab box.

STEP 11: VAGINAL / CERVICAL SWABS
Two sterile packaged cotton tipped swabs and one swab box.

STEP 12: MISCELLANEOUS EVIDENCE
One glassine lined paper bag (approx. 5” x 10”).

STEP 13: URINE SPECIMEN
Collapsible box which can be constructed to accommodate a urine specimen container measuring 4” x 3”, one ziplock bag large enough to accommodate the container, and two stickers (approx. 1” x 1½”: orange (“Biohazard”) and yellow (“Urine Specimen”). The box will appear similar to that illustrated in Appendix P.

STEP 14: BLOOD SPECIMEN
Collapsible box which can be constructed to accommodate up to four blood tubes with sufficient packaging to protect the tubes and two stickers (approx. 1” x 1½”: orange (“Biohazard”) and red (“Blood Specimen”). The box will appear similar to that illustrated in Appendix P.

OUTER UPPER CLOTHING
One flat merchandise bag in kraft paper, approx. 18” wide and 24” deep

OUTER LOWER CLOTHING
One flat merchandise bag in kraft paper, approx. 18” wide and 24” deep

INNER UPPER CLOTHING
One flat merchandise bag in either white paper or kraft paper, approx. 6” wide and 12” deep

INNER LOWER CLOTHING
One flat merchandise bag in either white paper or kraft paper, approx. 6” wide and 12” deep

MISCELLANEOUS CLOTHING
Two flat merchandise bags in kraft paper, approx. 18” wide and 24” deep, with additional space on the labels for an examiner to describe the contents.

FOREIGN MATERIAL COLLECTION
One flat paper bag (approx. 12” x 18”) and one sheet of white paper (approx. 48” x 48”).

TRANSPORT BAG
One handled paper bag in either sturdy white paper or kraft paper, at least 16” x 6” x 19”. A larger bag is preferred but must be able to comfortably fit in the kit.
MAINE STATE SEX CRIMES
EVIDENCE COLLECTION KIT

PERISHABLE EVIDENCE

PLACE IN SECURED AREA

FOR MEDICAL FACILITY PERSONNEL

PATIENT'S NAME: ____________________________
(Only if Reporting) (Please Print)

FACILITY: ____________________________
(Please Print) (Phone Number/Extension)

HEALTH CARE PROVIDER: __________________
(Please Print) (Title)

☐ SAFE / SAFE-IN-TRAINING

HEALTH CARE PROVIDER: __________________
(Please Print) (Title)

DATE OF PREPARATION: __________________

CHAIN OF CUSTODY

RELINQUISHED BY: ____________________________ AGENCY: ____________________________
DATE: __________________ TIME: ____________ am/pm

RECEIVED BY: ____________________________ AGENCY: ____________________________
DATE: __________________ TIME: ____________ am/pm

RELINQUISHED BY: ____________________________ AGENCY: ____________________________
DATE: __________________ TIME: ____________ am/pm

RECEIVED BY: ____________________________ AGENCY: ____________________________
DATE: __________________ TIME: ____________ am/pm

AFFIX TRACKING LABEL HERE
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/ perineal swabs, anal swabs, vaginal/cervical swabs, rectal 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, with the exception of the known DNA Collection, which may be packaged immediately using the plastic aerated cap provided. 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. The use of face masks is strongly advised to further prevent 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.
INITIAL INSTRUCTIONS

✓ 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, with the exception of the Known DNA Collection swab, which may be packaged immediately using the plastic aerated cap provided.

✓ 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.

CLOTHING COLLECTION:

✓ Clothing may be removed and collected at any point during the examination process. When the patient is ready to disrobe, use the paper sheet from the Foreign Material Collection bag to collect any foreign material by placing the sheet on the floor over a clean facility bed sheet and instructing the patient to stand on it while removing each item of clothing.

✓ Collect each clothing item as it is removed and place it in the appropriate clothing bag. Do not shake out the clothing or cut through any existing holes, rips, or stains in the clothing. Air dry any wet or damp clothing if secure facilities are available; otherwise, notify law enforcement personnel that the clothing is wet or damp.

✓ Refold the Foreign Material Collection sheet in such a manner as to retain any material present and place it in the Foreign Material Collection bag.

✓ If the patient changed his or her clothing after the assault, notify law enforcement personnel so the clothing worn at the time of the assault may be collected.

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, swabs lightly moistened with a minimal amount of sterile/distilled water should be used. 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”.

Page 1 of 4
**ADULT INSTRUCTIONS**

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. from the patient’s body. 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.
ADULT INSTRUCTIONS

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 varicus 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 .2 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.
ADULT INSTRUCTIONS

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:

- 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.

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, with the exception of the Known DNA Collection swab, which may be packaged immediately using the plastic aerated cap provided.

✓ 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.
CLOTHING COLLECTION:

✓ Clothing may be removed and collected at any point during the examination process. When the patient is ready to disrobe, use the paper sheet from the Foreign Material Collection bag to collect any foreign material by placing the sheet on the floor over a clean facility bed sheet and instructing the patient to stand on it while removing each item of clothing.

✓ Collect each clothing item as it is removed and place it in the appropriate clothing bag. Do not shake out the clothing or cut through any existing holes, rips, or stains in the clothing. Air dry any wet or damp clothing if secure facilities are available; otherwise, notify law enforcement personnel that the clothing is wet or damp.

✓ Refold the Foreign Material Collection sheet in such a manner as to retain any material present and place it in the Foreign Material Collection bag.

✓ If the patient changed his or her clothing after the assault, notify law enforcement personnel so the clothing worn at the time of the assault may be collected.

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 swabs lightly moistened with a minimal amount of sterile / distilled water. 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.
PRE-PUBERTAL CHILDREN INSTRUCTIONS

Step 5. DEBRIS COLLECTION

NOTE: This step is provided for the collection of debris such as foreign hairs, fibers, etc. from the patient’s body. 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 COMBINING

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 themons 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.

Page 3 of 4
**PRE-PUBERTAL CHILDREN INSTRUCTIONS**

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 small bags containing collected evidence items to the kit box. The large bags containing collected evidence items should be packaged separately. Foreign material collection may be packaged in the kit box if there is sufficient space; otherwise package this item separately with the large 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.
STATE OF MAINE SEXUAL ASSAULT EVIDENCE COLLECTION KIT
AUTHORIZATION FOR COLLECTION OF EVIDENCE
AND NOTICE REGARDING STORAGE

I, ____________________________ , consent to allow ____________________________
(patient's name) (provider's name)
of ____________________________,
(name of medical facility)
to conduct a medical / forensic examination of me / my clothing to collect evidence concerning an
alleged sexual assault. This procedure has been fully explained to me, and I understand that this
medical / forensic examination may include, but not be limited to, laboratory or other tests (if
clinically needed), observation for physical injury, and the collection of swabs or other specimens
including urine and / or blood samples for laboratory analysis. The evidence may be tested at the
Maine State Police Crime Laboratory and / or the Health and Environmental Testing Laboratory and
results of those tests may be presented in a court of law. Laboratory analysis may include, but not be
limited to, tests for the presence of drugs and / or alcohol.

I understand the nature of the examination and the fact that medical information gathered by this
means may be used as evidence in a court of law if I report this incident to law enforcement.

I understand that if I have not reported the alleged assault to a law enforcement agency when the
examination is complete, Maine law requires that a hospital or health care provider, such as the health
care provider specified above, shall notify the nearest law enforcement agency, which in turn shall
transport and store the kit for at least 90 days. Under such circumstances, the completed kit may be
identified only by the tracking number and not by my name. If during that 90-day period I decide
to report the alleged offense to a law enforcement agency, I may contact the hospital or health care
provider to determine the tracking number. The hospital or health care provider shall provide me with
the tracking number and shall inform me which law enforcement agency is storing the kit.

If I report the alleged assault to a law enforcement agency by the time the examination is complete, the
investigating law enforcement agency shall take possession of the kit.

Maine law regarding storage and tracking of the completed kit is found at Title 24 M.R.S.A. §2986(3).

Signed: ____________________________ Date/time: ____________________________
Witness: ____________________________ Date/time: ____________________________
Address: ____________________________

Parent or Guardian, if applicable:
Address: ____________________________

Medical Facility
**STATE OF MAINE SEXUAL ASSAULT EVIDENCE COLLECTION KIT**

**PATIENT'S ASSAULT INFORMATION FORM**

**Patient's Name:**

**Kit Number:**

**DOB:**

**Gender at birth:**

**Preferred gender:**

**Race:**

**Brief summary of assault:**

---

**Date and time of assault:**

**Date and time of hospital exam:**

**Number of Perpetrators**

**AM / PM**

**Race of Perpetrators**

---

**History**

- Has the patient had consensual intercourse in the last 72 hours? YES NO UNKNOWN

- If yes, was a condom used? 

- Was the patient menstruating at the time of the assault?

- Are there any injuries to the patient resulting in bleeding?

- Are there any injuries to the suspect resulting in bleeding?

- Was there coercion eg with a knife, gun, strangling, threats, etc.? What?

- Was the perpetrator a stranger?...

- acquaintance? Who?

- relative? Who?

- Does the patient believe she/he might have been drugged?

**Between the assault and now, has the victim:**

- bathed / showered?

- doused?

- brushed teeth?

- used mouthwash?

- changed clothes?

- urinated?

- defecated?

- vomited?

- drunk?

**Did the perpetrator use:**

- lubricant?

- condom?

---

**Was there penetration of:**

- Vagina

- Anus

- Mouth

- Other

**Comments**

**Was there penetration:**

UNSURE

NO

ATTEMPTED

SUCCESSFUL

**Was the penetration:**

HAND / DIGITAL

PENILE

FOREIGN OBJECT
describe object:

**Was there ejaculation:**

YES

NO

UNSURE

**Did suspect's mouth contact victim's:**

YES

NO

UNSURE

**Did victim's mouth contact suspect's:**

Genitals

YES

NO

UNSURE

---

**Printed name of health care provider:**

**Title:**

**SAFE / SAFE-in-training**

**Signature of health care provider:**

**Date:**

**Printed name of health care provider:**

**Title:**

**SAFE / SAFE-in-training**

**Signature of health care provider:**

**Date:**

---

**Top Copy - Medical Facility**

**Middle Copy - Crime Laboratory**

**Bottom Copy - Law Enforcement Agency**
STATE OF MAINE SEXUAL ASSAULT EVIDENCE COLLECTION KIT
EVIDENCE COLLECTION INVENTORY FORM

Patient’s name: _______________________________ Kit Number: _______________ Date: _______________________

Unless otherwise noted, all swabs were air dried properly and all evidence collection items were labeled and sealed appropriately. Any deviation from the instructions and any additional evidence collection have been noted.

Initials / date of health care provider: ___________________________ □ SAFE / SAFE-in-training

CLOTHING COLLECTION:

A. Outer upper clothing
B. Outer lower clothing
C. Inner upper clothing
D. Inner lower clothing
E. Miscellaneous clothing
F. Foreign material collection

All clothing items placed in transport bag
Additional items placed in transport bag

KIT COLLECTION:

Step 1. Oral Swabs
Step 2.Known DNA Collection
Step 3. Fingernail Clippings / Swabs
Step 4. Known Head Hair Sample (approx #: __________)
Step 5. Debris Collection
Step 6. Dried Secretions / Miscellaneous Swabs Suspected: □blood □ semen □ saliva □ other:
If alternate light source used, please note areas of fluorescence:

Step 7. Pubic Combing
Step 8. Known Pubic Hair Sample (approx #: __________)
Step 9. Genital / Penile Swabs
Step 10. Anal Swabs
Step 11. Vaginal / Cervical Swabs
Step 12. Miscellaneous Evidence
Step 13. Urine Specimen (DFSA)
Step 14. Blood Specimen (DFSA)

Were photographs taken? □ □ □ digital □ video □ other:

Printed name of health care provider: ___________________________ Title: _______________ □ SAFE / SAFE-in-training
Signature of health care provider: ___________________________ Date: _______________________

Printed name of health care provider: ___________________________ Title: _______________ □ SAFE / SAFE-in-training
Signature of health care provider: ___________________________ Date: _______________________

Appendix H
Department of the Attorney General  
Victims’ Compensation Board  
Sexual Assault Forensic Examination Claim Form

Instructions to Providers and Facilities:
Please fill in the blanks. If the information is unknown, please write “unknown” in the blank.
Fully and legibly complete itemized billing form and submit within 60 days of examination to:
Office of the Attorney General  
Victims’ Compensation Board  
State House Station #6  
Augusta, ME 04333-0006

For more information, call (207) 624-7882, Fax (207) 624-7730, website www.maine.gov/ag/

Sections 1, 2, 3, and 5 to be completed by Physician, Examiner, or other Provider

Section 1: Victim Information
Kit Tracking Number ____________

Victim Tracking Number (e.g. Medical Record or Account #) ____________

Date of Birth ____/____/_____ Gender: Female ________ Male ________

Section 2: Attending Physician’s / Examiner’s Certification
Brief description of exam, treatment, and tests. (Please also complete list in Section 5.)

____________________________________________________________

Physician’s signature __________________________________________ Date ____/____/____
Name and title printed ________________________________________
If SAFE participated, print name ________________________________ Telephone ____________
Emergency Department Contact ________________________________ Telephone ____________

Section 3: Crime Information
Law Enforcement Agency receiving kit ______________________________

Investigating Officer (if known) __________________________________

Date and Time of Assault ____/____/____ at _________ am / pm
Was report made to law enforcement? _________ If yes, date: ____/____/____
Location of Crime _____________________________________________
________ Town/city __________ County

Section 4: Hospital / Medical Facility Billing, Coding, and Records staff
Facility Name ________________________________________________

F.I.D. Number ___________________________ Date of Forensic Exam ____/____/____
Mailing address ______________________________________________
Billing Department Contact Person _____________________________ Telephone ____________
**Section 5: EMERGENCY DEPT. STAFF: CHECK OFF SERVICES PROVIDED BELOW. NAME AND MATCH MEDICATIONS TO CONDITIONS TREATED.**

<table>
<thead>
<tr>
<th>Forensic Examination Billed Service Performed:</th>
<th>Comments on treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.R. Physician or other professional fee</td>
<td></td>
</tr>
<tr>
<td>Emergency room, clinic, or office room fees</td>
<td></td>
</tr>
<tr>
<td>SAFE services provided?</td>
<td></td>
</tr>
<tr>
<td>SAFE charges included in ED fee?</td>
<td></td>
</tr>
<tr>
<td>Examiner’s Fee (SAFE only if billed separately)</td>
<td></td>
</tr>
<tr>
<td>Pelvic Tray / Supplies</td>
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<tr>
<td>Laboratory:</td>
<td></td>
</tr>
<tr>
<td>Blood test for syphilis</td>
<td></td>
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<tr>
<td>Blood test for hepatitis</td>
<td></td>
</tr>
<tr>
<td>HIV test</td>
<td></td>
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<tr>
<td>Cultures / probes / wet mount for:</td>
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<tr>
<td>gonorrhea</td>
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<tr>
<td>chlamydia</td>
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<td>trichomonas</td>
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<tr>
<td>other sexually transmitted diseases (STDs)</td>
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<tr>
<td>Pregnancy testing (blood test or urinalysis)</td>
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<td>Urinalysis</td>
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<td>Other venipuncture or specimen collection</td>
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<td>Medications:</td>
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<td>Prophylaxis:</td>
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<td>Trichomonias</td>
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<td>Bacterial vaginosis</td>
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<td>Chlamydia</td>
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<td>Gonorrhea</td>
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<td>Pregnancy</td>
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<td>Hepatitis</td>
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<tr>
<td>Tetanus (wound)</td>
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<td>HIV (selective, high risk)</td>
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<tr>
<td>Other</td>
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<tr>
<td>Sedative</td>
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<tr>
<td>Anti-emetic</td>
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<tr>
<td>Analgesic</td>
<td></td>
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<tr>
<td>Other Amounts</td>
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</tr>
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</table>

(give name and match with conditions treated)

**ATTENTION: Billing, Coding, and Records staff:**

What documentation must accompany the claim form? Send an itemized bill, which identifies each billable procedure, service, supply, and medication individually, and include the accompanying CPT codes on the itemization or on a separate billing document.

The Victims’ Compensation Board shall pay the actual cost of a forensic examination for an alleged victim of sexual assault, up to a maximum of $750. Payment made to the provider by the Board for the forensic examination conducted for the purpose of gathering evidence or for testing and medications prescribed as a result of the sexual assault shall be considered by the provider as payment in full. The provider may not bill the victim, any insurer, or other third party for any account balance for forensic examination charges. The provider may bill the victim or victim’s insurer for charges determined by the Victims’ Compensation Board to be outside the scope of the initial forensic examination.
Instructions for the Victims’ Compensation Program
Gross Sexual Assault Forensic Examination Claim Form

*** Emergency Department Staff Instructions ***

SECTION 1: Victim Information

Kit Tracking Number: Enter the tracking number from the examination kit in this space. You may attach one of the adhesive numbers from the kit.

Victim Tracking Number: Use this space to enter a number which will connect this forensic kit claim form to the appropriate patient and that patient’s records. Usually an account number or a medical record number will work.

SECTION 2: Physician’s / Examiner’s Certification

Brief description of exam, treatment, and tests: Describe the services provided. Do not list physical findings or a description of the crime.

Emergency Department Contact: Provide a name and telephone number for a contact person in the ED. We will call this person with questions about Sections 1, 2, 3, and 5.

SECTION 3: Crime Information

Provide all requested information.

SECTION 5: Services / Charges

- Check “E.R. Physician or other professional fee” line when a physician or medical professional other than a SAFE performed either the emergency department screening examination or the forensic examination.
- Check “Emergency room, clinic, or office room fees” if there were charges for the use of a facility.
- Check “SAFE services provided” if a SAFE performed the forensic examination.
- Check “SAFE charges included in ED fee” only if the services of the SAFE were included in the ED or other facility charge and were not billed separately.
- Check “Examiner’s fee” only when a SAFE performed the sexual assault examination and there was a separately billed charge for the SAFE services.
- Check off all other services provided and name and match medications provided to the conditions treated. Provide comments if necessary.
Instructions for the Victims’ Compensation Program
Gross Sexual Assault Forensic Examination Claim Form

*** Billing, Coding, and Records Staff Instructions ***

SECTION 4: Hospital / Facility Information

F.I.D. Number: This is the federal tax number of the facility, necessary for payment.
Victim Tracking Number (Section 1): Ensure that a number (e.g. account number or medical record number) has been entered as a Victim Tracking Number in Section 1. This number is the only patient identifier which will appear on your payment check.
Billing Dept. Contact: Provide the name and telephone number of a person in the billing office who can be contacted if additional information is needed. When possible, we will try to avoid denying or returning claims.

SECTION 5: Services / Charges

• There must be an itemized bill listing each service by name.
• A bill form providing a CPT code for each service must be submitted.
• Please note that UB-92 forms can be used only if they list a CPT code for each service rather than consolidations under categories, e.g. “Laboratory Chemistry.”

PLEASE REVIEW THE CLAIM FORM FOR COMPLETION BEFORE SUBMISSION

PLEASE RETURN THE CLAIM FORM TO OTHER DEPARTMENTS IF THOSE DEPARTMENTS HAVE NOT COMPLETED THEIR SECTIONS.

CONSOLIDATED HOSPITAL AND PHYSICIAN BILLS

Single bill preference: In the vast majority of cases, we receive a single bill covering all services from a facility; however, in some cases, physicians bill separately. We urge hospitals and physicians to work together to devise a single billing process by which the facility would bill for all charges and disburse payments to other providers under whatever arrangement is satisfactory to the parties. It is difficult for the VCP to make multiple payments on the same case. Also, we may disburse the maximum $750 before receiving the second provider’s bill.

Alternative: Submit all bills for a specific examination together. The VCP cannot make any additional payments after the maximum of $750 has been disbursed.
Deciding to report a sexual assault can be a difficult decision. You may report the assault to the police at any time, but you should be aware that there are time limits for prosecuting a person and the longer you wait to report the crime, the more difficult the police investigation will be. Maine law requires a police department to store each sex crimes kit for at least 90 days. The police department is not obligated to retain the kit after that time. Below are instructions on how to locate the kit. Should you need any assistance and/or advice during your recovery, do not hesitate to call the Statewide Sexual Assault Support Hotline at 1-800-871-7741. This hotline will connect you to an advocate in your area.

While you decide if you want to report the assault, your kit will be stored for at least 90 days at ___________________________. The phone number is ___________________________.

**Instructions to locate kit:**

1. Contact the police department that has the kit and tell them that you wish to report the assault. They will need to know the tracking number of the kit, which is located on the lower portion of the back of this card. If you do not know which police department has possession of the kit, contact the emergency department of the hospital where the examination occurred at ___________________________. They will be able to tell you where the kit is located.

2. The police department in possession of the kit will then notify the appropriate investigating department, which should be the law enforcement agency with the jurisdiction in the location where the assault occurred.

(FRONT)

Your nurse was: ____________________________

Your physician was: ____________________________

Your police officer was: ____________________________ from ____________________________ (law enforcement agency).

Today's date: ____________________________

You can report this crime to police at any time. However, police are only obligated to hold the evidence for 90 days, until ____________________________. After that date, the evidence may be destroyed.

**AFFIX TRACKING LABEL HERE**

(BACK)
***Rack must be constructed so as not to collapse during use.***

<table>
<thead>
<tr>
<th>Oral</th>
<th>Fingernails</th>
<th>Genital / Penile</th>
<th>Anal</th>
<th>Vaginal / Cervical</th>
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<tbody>
<tr>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
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</table>

Dried Secretions  Dried Secretions  Miscellaneous  Miscellaneous  Miscellaneous


Appendix L
<table>
<thead>
<tr>
<th>STEP #</th>
<th>DESCRIPTION OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AFFIX TRACKING LABEL HERE</td>
</tr>
</tbody>
</table>

DATE COLLECTED: ____________  TIME ______ am / pm

COLLECTED BY __________________________________________________________

WAS SAMPLE COLLECTED?  YES □  NO □

[Insert specific step instructions here. Use Adult instructions. Do not include Pre-pubertal Children instructions.]

Appendix M
Four sides of swab box for Steps 1, 3, 9, 10, 11:

AFFIX TRACKING LABEL HERE

COLLECTED BY: ________________________

DATE: ________________________

TIME: ________________________ am / pm

☐ Oral ☐ Fingernails ☐ Genital / Penile ☐ Anal ☐ Vaginal / Cervical

Notes: ________________________

AIR DRY SWABS BEFORE PLACING IN CARTON

Appendix N
Four sides of swab box for Step 6:

<table>
<thead>
<tr>
<th>AFFIX TRACKING LABEL HERE</th>
<th>DATE: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLECTED BY:</td>
<td>TIME: ______ am / pm</td>
</tr>
<tr>
<td>Suspected:</td>
<td>Other (describe below)</td>
</tr>
<tr>
<td>□ Saliva</td>
<td>□ Blood  □ Semen □ Other</td>
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</table>

Other: ____________________________

AIR DRY SWABS BEFORE PLACING IN CARTON

Appendix O
MAINE STATE SEX CRIMES
EVIDENCE COLLECTION KIT

PERISHABLE EVIDENCE: PLACE IN SECURED AREA

PLEASE PRINT

PATIENT'S NAME: __________________________ (ONLY IF REPORTING)

FACILITY: __________________ PHONE: ___________

HEALTH CARE PROVIDER: __________________________

☐ SAFE / SAFE-IN-TRAINING

HEALTH CARE PROVIDER: __________________________

BACK:

CHAIN OF CUSTODY

RELINQUISHED BY: __________________ DATE: __________

AGENCY: __________________ TIME: __________ am / pm

RECEIVED BY: __________________ DATE: __________

AGENCY: __________________ TIME: __________ am / pm

RELINQUISHED BY: __________________ DATE: __________

AGENCY: __________________ TIME: __________ am / pm

RECEIVED BY: __________________ DATE: __________

AGENCY: __________________ TIME: __________ am / pm

AFFIX TRACKING LABEL HERE
<table>
<thead>
<tr>
<th>MANUFACTURER PART NUMBER</th>
<th>ITEM DESCRIPTION</th>
<th>EXTENDED DESCRIPTION</th>
<th>UNIT OF MEASURE</th>
<th>LIST PRICE</th>
<th>DELIVERY DAYS</th>
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</thead>
<tbody>
<tr>
<td>ME500B</td>
<td>Victim Sexual Assault Kit</td>
<td>Must meet State of Maine Specs</td>
<td>Kit</td>
<td>$24.13</td>
<td>56</td>
</tr>
</tbody>
</table>
EXTENSION OF ANNUAL CONTRACT

Commodity Item: Victim Sexual Assault Kit

Contractor: Sirchie Acquisition

Contract Period Extended To: 8/31/2020

Extension Clause: The State reserves the right to extend this contract for a period of one year, with the consent of the contractor.

Agreement to Extend Contract:

In accordance with the above referenced Extension Clause, the undersigned agrees to continue in effect said Contract # MA 18081300000000000012 until August 31st, 2020 with all terms, conditions remaining as shown in the original contract.

Copy of which is acknowledged on this date. 8-6-19

Contractor: Sirchie

By: Sue Jennings

E-mail Address: sjennings@sirchie.com

Date: 8-6-19

Dollar value the State has spent on this contract from 8/28/2018 to present: $6,032.50
EXTENSION OF ANNUAL CONTRACT

Commodity Item: Victim Sexual Assault Kit

Contractor: Sirchie Acquisition

Contract Period Extended To: 8/31/2021

Extension Clause: The State reserves the right to extend this contract for a period of one year, with the consent of the contractor.

Agreement to Extend Contract:

In accordance with the above referenced Extension Clause, the undersigned agrees to continue in effect said Contract # MA 1808130000000000000012 until August 31st, 2021 with all terms, conditions remaining as shown in the original contract.

Copy of which is acknowledged on this date. 8-14-20

Contractor: Sirchie

By: Quennings

E-mail Address: sjennings@sirchie.com

Date: 8-14-20

Dollar value the State has spent on this contract from 8/31/2019 to present: 24,130