

MA 18P 1808130000000000012  
MODIFICATION

**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

**Agreement Reporting Categories**

**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

<b>Quantity</b> 0.00000	<b>UOM</b>	<b>Unit Price</b> 0.000000
<b>Delivery Days</b> 56	<b>Free On Board</b>	
<b>Contract Amount</b> 0.00	<b>Service Start Date</b>	<b>Service End Date</b>
<b>Catalog Name</b> Sirchie Victim Sex Assault Kit	<b>Discount</b> 0.0000 %	
	<b>Discount Start Date</b> 08/28/18	<b>Discount End Date</b> 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

DocuSigned by:  
Jaime Schorr 8/18/2020  
6D6437754DD0459

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Signature Date

Jaime C. Schorr, Chief Procurement Officer

Vendor

DocuSigned by:  
Sue Jennings 8/19/2020  
C91D6213DF46400

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Signature Date

Sue Jennings Account Representative

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Print Representative Name and Title

**TERMS & CONDITIONS**  
**MA 180813-012**

**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](mailto: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](mailto: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 ½” 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 15”, 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 SECRETIONS / 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 1¼” x 5” and one folded paper large enough to secure the comb and any combings.

**STEP 8: KNOWN PUBIC HAIR SAMPLE**

One paper bundle.

**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.

AFFIX  
BIOHAZARD  
LABEL HERE  
AFTER  
SPECIMEN  
COLLECTION

# MAINE STATE SEX CRIMES EVIDENCE COLLECTION KIT

AFFIX  
MINOR LABEL  
HERE IF  
PATIENT IS  
UNDER THE  
AGE OF 18

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: \_\_\_\_\_  
 SAFE / SAFE-IN-TRAINING (Please Print) (Title)

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 / 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, 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.

Appendix B

## ***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".

## *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 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.**

## ***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.**

## ***PRE-PUBERTAL CHILDREN INSTRUCTIONS***

### **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 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.

## ***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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_ AM / PM Number of Perpetrators \_\_\_\_\_
Date and time of hospital exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_ AM / PM Race of Perpetrators \_\_\_\_\_

Table with columns: YES, NO, UNKNOWN, NOTES. Rows include: History (consensual intercourse, menstruating, injuries, coercion, stranger/acquaintance/relative), and post-assault actions (bathed, douched, brushed teeth, etc.).

Appendix
G

Table with columns: Vagina, Anus, Mouth, Other, Comments. Rows include: Penetration status (UNSURE, NO, ATTEMPTED, SUCCESSFUL), Penetration type (HAND/DIGITAL, PENILE, FOREIGN OBJECT), Ejaculation status, and Mouth contact (suspect to victim, victim to suspect).

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: \_\_\_\_\_

**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

<b>CLOTHING COLLECTION:</b>	<b>YES</b>	<b>NO</b>	<b>NOTES</b>
A. Outer upper clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Outer lower clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Inner upper clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Inner lower clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Miscellaneous clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Foreign material collection	<input type="checkbox"/>	<input type="checkbox"/>	_____
All clothing items placed in transport bag	<input type="checkbox"/>	<input type="checkbox"/>	_____
Additional items placed in transport bag	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>KIT COLLECTION:</b>			
Step 1.	Oral Swabs	<input type="checkbox"/>	<input type="checkbox"/>
Step 2.	Known DNA Collection	<input type="checkbox"/>	<input type="checkbox"/>
Step 3.	Fingernail Clippings / Swabs	<input type="checkbox"/>	<input type="checkbox"/>
Step 4.	Known Head Hair Sample (approx #: )	<input type="checkbox"/>	<input type="checkbox"/>
Step 5.	Debris Collection	<input type="checkbox"/>	<input type="checkbox"/>
Step 6.	Dried Secretions / Miscellaneous Swabs	<input type="checkbox"/>	<input type="checkbox"/>
Suspected: <input type="checkbox"/> blood <input type="checkbox"/> semen <input type="checkbox"/> saliva <input type="checkbox"/> other:			
If alternate light source used, please note areas of fluorescence:			
Step 7.	Pubic Combing	<input type="checkbox"/>	<input type="checkbox"/>
Step 8.	Known Pubic Hair Sample (approx #: )	<input type="checkbox"/>	<input type="checkbox"/>
Step 9.	Genital / Penile Swabs	<input type="checkbox"/>	<input type="checkbox"/>
Step 10.	Anal Swabs	<input type="checkbox"/>	<input type="checkbox"/>
Step 11.	Vaginal / Cervical Swabs	<input type="checkbox"/>	<input type="checkbox"/>
Step 12.	Miscellaneous Evidence	<input type="checkbox"/>	<input type="checkbox"/>
Step 13.	Urine Specimen (DFSA)	<input type="checkbox"/>	<input type="checkbox"/>
Step 14.	Blood Specimen (DFSA)	<input type="checkbox"/>	<input type="checkbox"/>

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/](http://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 \_\_\_\_\_

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.**

<b>Forensic Examination Billed Service Performed:</b>	<input checked="" type="checkbox"/>	<b>Comments on treatment:</b>
<b>E.R. Physician or other professional fee</b>		
<b>Emergency room, clinic, or office room fees</b>		
<b>SAFE services provided?</b>		
<b>SAFE charges included in ED fee?</b>		
<b>Examiner's Fee (SAFE only if billed separately)</b>		
<b>Pelvic Tray / Supplies</b>		
<b>Laboratory:</b>		
<b>Blood test for syphilis</b>		
<b>Blood test for hepatitis</b>		
<b>HIV test</b>		
<b>Cultures / probes / wet mount for:</b>		
<b>gonorrhea</b>		
<b>chlamydia</b>		
<b>trichomonas</b>		
<b>other sexually transmitted diseases (STDs)</b>		
<b>Pregnancy testing (blood test or urinalysis)</b>		
<b>Urinalysis</b>		
<b>Other venipuncture or specimen collection</b>		
<b>Medications:</b>		<b>(give name and match with conditions treated)</b>
<b>Prophylaxis:</b>		
<b>Trichomoniasis</b>		
<b>Bacterial vaginosis</b>		
<b>Chlamydia</b>		
<b>Gonorrhea</b>		
<b>Pregnancy</b>		
<b>Hepatitis</b>		
<b>Tetanus (wound)</b>		
<b>HIV (selective, high risk)</b>		
<b>Other</b>		
<b>Sedative</b>		
<b>Anti-emetic</b>		
<b>Analgesic</b>		
<b>Other Amounts</b> (written explanation and justification required for consideration)		

**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)

# Appendix K

Your nurse was: \_\_\_\_\_

Your physician was: \_\_\_\_\_

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

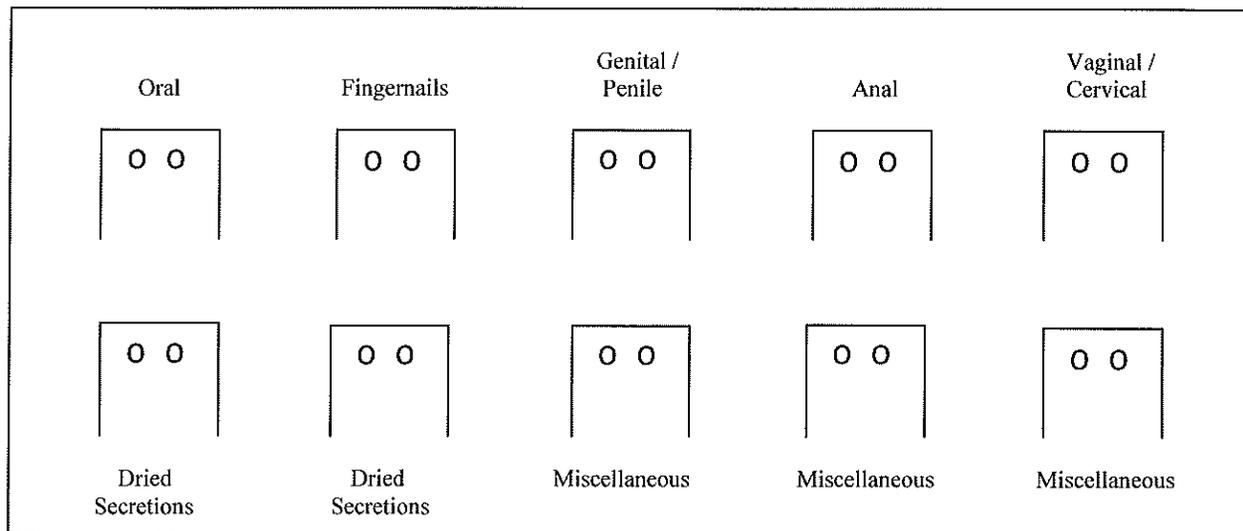
Today's date: \_\_\_\_\_

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.\*\*\*



# Appendix L

STEP #	<u>DESCRIPTION OF CONTENTS</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">AFFIX TRACKING LABEL HERE</div>	
DATE COLLECTED: _____ TIME _____ am / pm	
COLLECTED BY _____	
WAS SAMPLE COLLECTED?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b><i>[Insert specific step instructions here. Use Adult instructions. Do not include Pre-pubertal Children instructions.]</i></b>	

# Appendix M

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

AFFIX TRACKING LABEL HERE	DATE: _____
COLLECTED BY: _____	TIME: _____ am / pm

<input type="checkbox"/> Oral	<input type="checkbox"/> Fingernails	<input type="checkbox"/> Genital / Penile	<input type="checkbox"/> Anal	<input type="checkbox"/> Vaginal / Cervical
-------------------------------	--------------------------------------	---	-------------------------------	---

Notes: _____
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**AIR DRY SWABS BEFORE PLACING IN CARTON**

# Appendix N

Four sides of swab box for Step 6:

AFFIX TRACKING LABEL HERE	DATE: _____
COLLECTED BY: _____	TIME: _____ am / pm

Suspected:	<input type="checkbox"/> Saliva	<input type="checkbox"/> Blood	<input type="checkbox"/> Semen	<input type="checkbox"/> Other (describe below)
------------	---------------------------------	--------------------------------	--------------------------------	---

Other: _____
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<b>AIR DRY SWABS BEFORE PLACING IN CARTON</b>
---

# Appendix O

**FRONT:**

AFFIX  
BIOHAZARD  
LABEL HERE  
AFTER SPECIMEN  
COLLECTION

AFFIX  
URINE OR  
BLOOD  
SPECIMEN  
LABEL HERE

**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: \_\_\_\_\_

Appendix P

**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

MANUFACTURER PART NUMBER	ITEM DESCRIPTION	EXTENDED DESCRIPTION	UNIT OF MEASURE	LIST PRICE	DELIVERY DAYS
ME500B	Victim Sexual Assault Kit	Must meet State of Maine Specs	Kit	\$24.13	56

**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 31<sup>st</sup>, 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 1808130000000000012 until August 31<sup>st</sup>, 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: Sue Jennings

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