

**MASTER AGREEMENT**

ADVANTAGE CONTRACT #: 18P 26071300000000000003	
COMMODITY/SERVICE DESCRIPTION: Sexual Assault Evidence Collection Kits	
START DATE: 7/17/2026	END DATE: 7/31/2027

This Contract is between the following State of Maine Department and Provider:

STATE OF MAINE DEPARTMENT		
DEPARTMENT NAME: Office of State Procurement Services		
ADDRESS: 111 Sewall St., 4 th Floor Burton Cross Office Building, SHS# 9		
CITY: Augusta	STATE: ME	ZIP CODE: 04333-009
PROVIDER		
PROVIDER NAME: Tri-Tech Forensics Inc.		
ADDRESS: 3811 International Blvd., Unit 100		
CITY: Leland	STATE: NC	ZIP CODE: 28451
PROVIDER'S VENDOR CUSTOMER #: VS0000009994		

Each signatory below represents that the person has the requisite authority to enter into this Contract.

Department Representative:

Provider Representative:

Signed by:

 2D5B6E39F57E44A...
 Bill Allen, Senior Procurement Manager
 Date 7/16/2026

Signed by:

 B32D57E1FACF44D...
 Eric Barton, Vice President
 Date 7/16/2026

The contract is fully executed when all parties have signed and the documents has been approved by the Office of State Procurement Services.

DEPARTMENT AND PROVIDER POINT OF CONTACT and PROCUREMENT METHOD

PROCUREMENT SERVICES MA MANGER: The Procurement Services MA Manager manages the MA contract documents. All other communication is to be with the agency the services were provided to.

NAME: Mike McNeil	
EMAIL: michael.mcneil@maine.gov	TELEPHONE: 207-956-2351

VENDOR CONTACT: The vendor 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 the Master Agreement (MA) contract. All orders not submitted through a Delivery Order will be sent through the vendor contact person. The vendor contact person for this MA is:

NAME: Tri-Tech Sales	
EMAIL: TRITECH@TRITECHUSA.COM	TELEPHONE: 910-457-6600

Any changes to the individuals identified above may be changed at any time through written notice by either party.

Master Agreement (MA) procurement method: NOI 0720260510

TABLE OF RIDERS

The following riders are hereby incorporated into this Contract and made part of it by reference.	
☒	RIDER A – Specifications and User Information
☒	RIDER B – Terms and Conditions
☐	RIDER C – Exceptions
☒	RIDER D – Responsible Vendor Certification
☒	OTHER – Vendor Quote
☒	ATTACHMENT 1 – Sexual Assault Evidence Collection Kit Construction

RIDER A: SPECIFICATIONS AND USER INFORMATION**TABLE OF CONTENTS**

- I. CONTRACT PERIOD
- II. COMMODITY
- III. SPECIFICATIONS
- IV. AMENDMENTS TO SPECIFICATIONS
- V. AMENDMENT/EXTENSION PRICING/RATE CHANGES
- VI. CONTRACTED PRICING/RATES
- VII. AUTHORIZED USERS
- VIII. ORDERING PROCEDURE/DELIVERY INFORMATION

I. CONTRACT PERIOD: 7/17/2026 through 7/31/2027

II. COMMODITY: Sexual Assault Evidence Collection Kits

The State reserves the right to add other similar items or commodities to the Master Agreement (MA) if it's in the State's best interest but does not obligate the State to purchase similar noncontracted items or commodities from the selected bidder.

III. SPECIFICATIONS

Sexual Assault Evidence Collection Kits shall be constructed in accordance with the Kit Construction Specifications contained in Attachment 1.

IV. AMENDMENTS TO SPECIFICATIONS

Not Applicable.

V. AMENDMENT/EXTENSION PRICING/RATE CHANGES

Not Applicable.

VI. CONTRACTED PRICING/RATES

Pricing is as shown in vendor quote no. 58480 dated June 17, 2026, located immediately following Rider D.

Prices: Prices are with shipping terms of “Free on Board (FOB) – Destination”. The State intends for this to mean that all goods shall be priced to include shipping charges, if any, to the State’s desired location. The “FOB – Destination” shipping term is also intended to mean that the State shall not bear any responsibility for the goods in question until the State takes possession of them at the destination point of delivery.

Price and Rate Guarantee Period: All quoted prices and rates must be guaranteed for and must remain firm for minimally one year of the initial contract period. Any approved price or rate adjustments must be held firm for minimally one year or the remainder of the contract period. Price adjustment requests must be made by the vendor at least sixty (60) days prior to the effective date. Requests for price adjustments must include sufficient documentation from the manufacture supporting the request. The price adjustment will not go into effect until the contract amendment has been fully approved by the State of Maine.

VII. AUTHORIZED USERS:

State of Maine Departments authorized to utilize this MA contract:

Department of Public Safety

Municipalities, political subdivisions, and school districts in Maine:

- ☒ Are NOT permitted to utilize this MA.
- ☐ Are permitted to utilize this MA as written.
- ☐ Are permitted to utilize this MA with the following conditions:

VIII. ORDERING PROCEDURES/DELIVERY INFORMATION:

Delivery Orders (DO) will be created in AdvantageME for all orders over \$5000.00. DO’s will be emailed as a .pdf file to the vendor’s email address submitted in AdvantageME by the vendor.

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

Delivery Locations: The vendor must deliver to the Department of Public Safety. Most DPS orders will be delivered to the Maine State Police Crime Lab. The exact addresses will be provided to the vendor at the time the order is placed.

Delivery and Inspection: The vendor is responsible for the delivery of material in first class condition at the point of delivery, and in accordance with good commercial practice. The sign blanks ordered from the resulting MA will be inspected after delivery. If shipments are deemed unacceptable the delivery will be refused and will be returned at the risk and expense of the selling vendor.

RIDER B: TERMS and CONDITIONS**1. DEFINITIONS.** The following definitions are applicable to these standard terms and conditions:

- a. The term “Buyer” or “State” shall refer to the Government of the State of Maine or a person representing the Government of the State of Maine.
- b. The term “Department” or “DAFS” shall refer to the State of Maine Department of Administrative and Financial Services.
- c. The term “Bureau” or “BGS” shall refer to the State of Maine Bureau of General Services.
- d. The term “OSPS” shall refer to the State of Maine Office of State Procurement Services.
- e. The term “Provider” shall refer to the organization that is providing goods and/or services through the contract to which these standard terms and conditions have been attached and incorporated.
- f. The term “Contract” shall refer to the contract document to which these standard terms and conditions apply, taking the format of a Buyer Purchase Order (BPO) or Master Agreement (MA) or other contractual document that is mutually agreed upon between the State and the Provider.

2. WARRANTY. The Provider warrants the following:

- a. That all goods and services to be supplied by it under this Contract are fit and sufficient for the purpose intended, and
- b. That all goods and services covered by this Contract will conform to the specifications, drawing samples, symbols or other description specified by OSPS, and
- c. That such articles are merchantable, good quality, and free from defects whether patent or latent in material and workmanship, and
- d. That all workmanship, materials, and articles to be provided are of the best grade and quality, and
- e. That it has good and clear title to all articles to be supplied by it and the same are free and clear from all liens, encumbrances and security interest.

Neither the final certificate of payment nor any provision herein, nor partial nor entire use of the articles provided shall constitute an acceptance of work not done in accordance with this agreement or relieve the Provider liability in respect of any warranties or responsibility for faulty material or workmanship. The Provider shall remedy any defects in the work and pay any damage to other work resulting therefrom, which shall appear within one year from the date of final acceptance of the work provided hereunder. OSPS shall give written notice of observed defects with reasonable promptness.

3. TAXES. Provider agrees that, unless otherwise indicated in the order, the prices herein do not include federal, state, or local sales or use tax from which an exemption is available for purposes of this order. Provider agrees to accept and use tax exemption certificates when supplied by OSPS as applicable. In case it shall ever be determined that any tax included in the prices herein was not required to be paid by Provider, Provider agrees to notify OSPS and to make prompt application for the refund thereof, to take all proper steps to procure the same and when received to pay the same to OSPS.

4. **PACKING AND SHIPMENT.** Deliveries shall be made as specified without charge for boxing, carting, or storage, unless otherwise specified. Articles shall be suitably packed to secure lowest transportation cost and to conform to the requirements of common carriers and any applicable specifications. Order numbers and symbols must be plainly marked on all invoices, packages, bills of lading, and shipping orders. Bill of lading should accompany each invoice. Count or weight shall be final and conclusive on shipments not accompanied by packing lists.
5. **DELIVERY.** Delivery should be strictly in accordance with delivery schedule. If Provider's deliveries fail to meet such schedule, OSPS, without limiting its other remedies, may direct expedited routing and the difference between the expedited routing and the order routing costs shall be paid by the Provider. Articles fabricated beyond OSPS's releases are at Provider's risk. Provider shall not make material commitments or production arrangements in excess of the amount or in advance of the time necessary to meet delivery schedule, and, unless otherwise specified herein, no deliveries shall be made in advance of OSPSO's delivery schedule. Neither party shall be liable for excess costs of deliveries or defaults due to the causes beyond its control and without its fault or negligence, provided, however, that when the Provider has reason to believe that the deliveries will not be made as scheduled, written notice setting forth the cause of the anticipated delay will be given immediately to OSPS. If the Provider's delay or default is caused by the delay or default of a subcontractor, such delay or default shall be excusable only if it arose out of causes beyond the control of both Provider and subcontractor and without fault of negligence or either of them and the articles or services to be furnished were not obtainable from other sources in sufficient time to permit Provider to meet the required delivery schedule.
6. **FORCE MAJEURE.** The performance of an obligation by either party shall be excused in the event that performance of that obligation is prevented by an act of God, act of war, riot, fire, explosion, flood or other catastrophe, sabotage, severe shortage of fuel, power or raw materials, change in law, court order, national defense requirement, or strike or labor dispute, provided that any such event and the delay caused thereby is beyond the control of, and could not reasonably be avoided by, that party.
7. **INSPECTION.** All articles and work will be subject to final inspection and approval after delivery, notwithstanding prior payment, it being expressly agreed that payment will not constitute final acceptance. OSPS, at its option, may either reject any article or work not in conformity with the requirements and terms of this order, or re-work the same at Provider's expense. OSPS may reject the entire shipment where it consists of a quantity of similar articles and sample inspection discloses that ten (10%) percent of the articles inspected are defective, unless Provider agrees to reimburse OSPS for the cost of a complete inspection of the articles included in such shipment. Rejected material may be returned at Provider's risk and expense at the full invoice price plus applicable incoming transportation charges, if any. No replacement of defective articles or work shall be made unless specified by OSPS.
8. **INVOICE.** The original and duplicate invoices covering each and every shipment made against this order showing Contract number, Vendor number, and other essential particulars, must be forwarded promptly to the ordering agency concerned by the Vendor to whom the order is issued. Delays in receiving invoice, and any errors or omissions on statements, will be considered just cause for withholding settlement without losing discount privileges. All accounts are to be carried in the name of the agency or institution receiving the goods, and not in the name of OSPS.

9. **MODIFICATIONS.** OSPS reserves the right to increase or decrease all or any portion of the work and the articles required by the bidding documents or this agreements, or to eliminate all or any portion of such work or articles or to change delivery date hereon without invalidating this Contract. All such modification shall be in writing. If any such modification are made, the Contract amount or amounts shall be adjusted accordingly. In no event shall Provider fail or refuse to continue the performance of the work in providing of articles under this Agreement because of the inability of the parties to agree on an adjustment or adjustments.

10. **TERMINATION.** OSPS may terminate the whole or any part of this Agreement in any one of the following circumstances:

- a. The Provider fails to make delivery of articles, or to perform services within the time or times specified herein, or
- b. If Provider fails to deliver specified materials or services, or
- c. If Provider fails to perform any of the provisions of this Agreement, or
- d. If Provider so fails to make progress as to endanger the performance of this Agreement in accordance with its terms, or
- e. If Provider is adjudged bankrupt, or if it makes a general assignment for the benefit of its creditors or if a receiver is appointed on account of its insolvency, or
- f. Whenever for any reason the State shall determine that such termination is in the best interest of the State to do so.

In the event that OSPS terminates this Agreement in whole or in part, pursuant to this paragraph with the exception of (f), OSPS may procure (articles and services similar to those so terminated) upon such terms and in such manner as OSPS deems appropriate, and Provider shall be liable to OSPS for any excess cost of such similar articles or services.

11. **NON-APPROPRIATION.** Notwithstanding any other provision of this Contract, if the State does not receive sufficient State, Federal, or other sources of funds to fund this Contract and other obligations of the State, if funds are de-appropriated, or if the State does not receive legal authority to expend funds from State or Federal legislative, executive or judicial bodies, then the State is not obligated to make payment under this Contract.

12. **GOVERNMENTAL REQUIREMENTS.** The Provider warrants and represents that it will comply with all applicable governmental ordinances, laws and regulations.

13. **GOVERNING LAW.** This Contract shall be governed in all respects by the laws, statutes, and regulations of the United States of America and of the State of Maine. Any legal proceeding against the State regarding this Contract shall be brought in the State of Maine administrative or judicial forums. The Provider consents to personal jurisdiction in the State of Maine.

14. **DISPUTES.** OSPS will decide any and all questions which may arise as to the quality and acceptability of articles provided and installation of such articles, and as to the manner of performance and rate of progress under this Contract. OSPS will decide all questions, which may arise as to the interpretation of the terms of this Agreement and the fulfillment of this Agreement on the part of the Provider.

15. **SUBLETTING, ASSIGNMENT OR TRANSFER.** The Provider shall not sublet, sell, transfer, assign or otherwise dispose of this Contract or any portion thereof, or of its right, title or interest therein, without the written request and written approval from the Department. Such approval shall not in

any case relieve the Provider of its responsibility for performance of work or liability under this Contract.

16. STATE HELD HARMLESS. The Provider shall indemnify and hold harmless the Department and its officers, agents, and employees from and against any and all third party claims, liabilities, and costs, including reasonable attorney fees, for any or all injuries to persons or property or claims for money damages, including claims for violation of intellectual property rights, arising from the negligent acts or omissions of the Provider, its employees or agents, officers or Subcontractors in the performance of work under this Agreement; provided, however, the Provider shall not be liable for claims arising out of the negligent acts or omissions of the Department, or for actions taken in reasonable reliance on written instructions of the Department.

17. NON-COLLUSION. The Provider warrants that it has not employed or contracted with any company or person, other than for assistance with the normal study and preparation of a proposal, to solicit or secure this Contract, and that it has not paid, or agreed to pay, any company or person, other than a bona fide employee working solely for the Provider, any fee, commission, percentage, brokerage fee, gifts, or any other consideration, contingent upon, or resulting from, the award of this Contract.

And, the Provider has not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services, and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.

For breach or violation of this provision, the Department shall have the right to terminate this Contract without liability or, at its discretion, to otherwise recover the full amount of such fee, commission, percentage, brokerage fee, gift, or contingent fee.

18. MATERIAL SAFETY: All manufacturers, importers, suppliers, or distributors of hazardous chemicals doing business in this State must provide a copy of the current Material Safety Data Sheet (MSDS) for any hazardous chemical to their direct purchasers of that chemical.

19. ORDER OF PRECEDENCE. In the event of a conflict between the documents comprising this Agreement, the Order of Precedence shall be:

- a. Exceptions - If applicable
- b. General Terms & Conditions for Goods and/or Services under Buyer Purchase Orders and Master Agreements
- c. Scope of Work - If applicable
- d. Vender Agreement - Included at Department's Discretion
- e. Other - Included at Department's Discretion

20. CYBERSECURITY AND PROHIBITED TECHNOLOGIES. The Provider certifies to the best of Provider's knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this Contract:

- a. is not a foreign adversary business entity, <https://www.maine.gov/oit/prohibited-technologies>, [Title 5 MRSA §2021 \(3\)](#); and
- b. is not on the list of prohibited companies or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services <https://www.maine.gov/oit/prohibited-technologies>, [Title 5 MRSA §2030-B](#).

Contracts entered into by a state agency in violation of [Title 5 M.R.S. §2030-B](#) are void. A person who knowingly signs this contract, in violation of this section, commits a civil violation for which a fine may be adjudged in an amount that is twice the amount of this contract or \$250,000, whichever is greater, [Title 5 MRSA §2030-A](#).

- 21. TARIFFS.** Any price increases implemented by the provider due to the imposition of tariffs shall remain in effect only for the duration that such tariffs are in place. In the event of the repeal or reduction of any applicable tariff(s), the provider shall immediately return to the original price list or make a proportional reduction in the price to reflect the decrease in tariff(s). Price adjustments under this clause shall be made in good faith and without undue delay upon confirmation via documents reflecting tariff changes.

RIDER C: EXCEPTIONS TO RIDER B

N/A

RIDER D: RESPONSIBLE VENDOR CERTIFICATION

By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals, and any subcontractors named in this contract:

- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
- b. Have not within three years been convicted of or had a civil judgment rendered against them for:*
 - i. fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
 - ii. violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
 - iii. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
 - iv. have not within a three (3) year period preceding this contract had one or more federal, state or local government transactions terminated for cause or default.*
- c. Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person also contracting for the same materials, supplies, equipment, or services and this contract is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive contracting is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

To the best of my knowledge all information provided, both programmatic and financial, is complete and accurate at the time of signature.

Name: Eric Barton	Title: Vice President
Authorized Signature:  Signed by: B32D57E1FACF44D...	Date: 7/16/2026



TRITECHFORENSICS

RESCUE ESSENTIALS

RESCUE ESSENTIALS AND NLES ARE DIVISIONS OF TRI-TECH FORENSICS, INC



3811 International Blvd., Unit 100 • Leland, NC 28451
910/457.6600 • FAX 910/457.0094 • 800/438.7884

QUOTE

QUOTE # 58480

PROFORMA QUOTATION

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BILL TO:

MAINE STATE POLICE

133 STATE HOUSE STATION
AGUSTA, ME 04333

SHIP TO:

MAINE STATE POLICE CRIME LABORATORY

26 HOSPITAL STREET
AUGUSTA, ME 04330
P: 2076247100

Customer ID	Ship Via	Sales Rep	Terms	Date
MAINAMESP	UPS GROUND	BOBBY	NET 30	6/17/2026

Quantity	UOM	Item #	Description	Unit Price	Extended Price
1,000	EACH	RE-0ME	MAINE SEXUAL ASSAULT EVIDENCE COLLECTION KIT SHIPPING 4/4	\$36.75	\$36,750.00

FREE SHIPPING - PRICE QUOTED IS VALID THROUGH 7/31/2027

Subtotal	\$36,750.00
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$36,750.00

PRICES QUOTED ARE FIRM FOR 30 DAYS FROM THE ABOVE DATE

This is not an invoice; do not use to make payment.

Sales Tax may be applied when applicable. Please provide your sales rep with your tax exempt certificate to have your account updated accordingly.

Tariff Disclaimer

Please note that if the product is not in stock when the order is placed, pricing may be subject to change due to applicable tariffs in effect at the time of shipment. Any adjustments will be communicated before fulfillment. We are actively working to mitigate potential price increases to better serve you with consistent pricing and a reliable supply chain.

GSA Contract GS-007F-0188Y/CAGE Code 0H542/DUNS # 10-587-8292/EIN 26-3669072

Attachment 1

2026 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 bindle.

STEP 4: KNOWN HEAD HAIR SAMPLE

One paper bindle.

STEP 5: DEBRIS COLLECTION

One paper bindle. 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 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.

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.

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: ____/____/____ :____ AM / PM Number of Perpetrators _____
 Date and time of hospital exam: ____/____/____ :____ AM / PM Race of Perpetrators _____

History	YES	NO	UNKNOWN	NOTES
Has the patient had consensual intercourse in the last 72 hours?				
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?				
douched?				
brushed teeth?				
used mouthwash?				
changed clothes?				
urinated?				
defecated?				
vomited?				
drunk?				
Did the perpetrator use:				
lubricant?				
condom?				

Appendix
G

Was there penetration of:	Vagina	Anus	Mouth	Other	Comments
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:					
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: _____

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:

	YES	NO	NOTES
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 _____

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.**

Forensic Examination Billed Service Performed:



Comments on treatment:

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

Oral	Fingernails	Genital / Penile	Anal	Vaginal / Cervical
Dried Secretions	Dried Secretions	Miscellaneous	Miscellaneous	Miscellaneous

Appendix L

STEP #	DESCRIPTION OF CONTENTS
AFFIX TRACKING LABEL HERE	
DATE COLLECTED: _____ TIME _____ am / pm	
COLLECTED BY _____	
WAS SAMPLE COLLECTED? YES ☐ NO ☐	
<i>[Insert specific step instructions here. Use Adult instructions. Do not include Pre-pubertal Children instructions.]</i>	

Appendix M

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

AFFIX TRACKING LABEL HERE	DATE: _____
COLLECTED BY: _____	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:

AFFIX TRACKING LABEL HERE		DATE: _____
COLLECTED BY: _____		TIME: _____ am / pm
Suspected: ☐ Saliva ☐ Blood ☐ Semen ☐ Other (describe below)		
Other: _____		
AIR DRY SWABS BEFORE PLACING IN CARTON		

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