FORENSIC MEDICAL REPORT:

ACUTE (<72 HOURS)
CHILD/ADOLESCENT SEXUAL
ABUSE EXAMINATION

CAL OES 2-930

For copies of this form or assistance in completing the Cal OES 2-930, please contact
California Clinical Forensic Medical Training Center
www.ccfmtc.org
FORENSIC MEDICAL REPORT: ACUTE (< 72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

STATE OF CALIFORNIA
OFFICE OF EMERGENCY SERVICES

Cal OES 2-930
Confidential Document

A. GENERAL INFORMATION

1. Name of patient
   Patient ID number

2. Address
   City  County  State  Telephone

3. Age  DOB  Gender  Ethnicity  Date/time of arrival  Date/time of discharge

4. Name of:
   ☐ Mother  ☐ Stepmother  ☐ Guardian
   Address  City  County  State  Telephone

5. Name of:
   ☐ Father  ☐ Stepfather  ☐ Guardian
   Address  City  County  State  Telephone

6. Name(s) of Siblings
   Gender  Age  DOB  Name(s) of siblings  Gender  Age  DOB
   ☐ M  ☐ F
   ☐ M  ☐ F
   ☐ M  ☐ F

B. REPORTING AND AUTHORIZATION

1. Telephone report made to
   Law Enforcement
   and/or  Child Protective Services

2. Responding Personnel (to medical facility)
   Law Enforcement
   and/or  Child Protective Services

3. Assigned Investigator (if known)
   Law Enforcement
   Child Protective Services

4. Authorization for evidential exam requested by law enforcement or child protective services agency

   I request a forensic medical examination for suspected sexual abuse at public expense.

   Telephone Authorization
   Authorizing party:
   ID number:
   Date/time:

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

   I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

   I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.

   I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

   Signature

DISTRIBUTION OF Cal OES 2-930

☐ Original – Law Enforcement  ☐ Copy – Child Protective Services  ☐ Copy within evidence kit – Crime Lab  ☐ Copy – Medical Facility Records
**D. PATIENT HISTORY**

1. Record time or time frame of the incident(s)
   - [ ] Less than 72 hours
   - [ ] Multiple incidents over time

2. Pertinent physical surroundings of abuse/assault:

3. Record patient’s name for:
   - Female genitalia
   - Male genitalia
   - Breasts
   - Anus

4. Perpetrator(s) name(s)
   - Age
   - Gender
   - Ethnicity
   - Relationship to Patient

<table>
<thead>
<tr>
<th>Patient Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Identification</td>
</tr>
</tbody>
</table>

**E. ACTS DESCRIBED BY HISTORIAN**

<table>
<thead>
<tr>
<th>Name of historian</th>
<th>Relationship to patient</th>
<th>History obtained by:</th>
<th>Telephone</th>
<th>Agency</th>
<th>[ ] Not applicable</th>
</tr>
</thead>
</table>

- Genital/vaginal contact/penetration by:
  - Penis
  - Finger
  - Object (Describe)
  - Associated pain?
  - Associated bleeding?

- Anal contact/penetration by:
  - Penis
  - Finger
  - Object (Describe)
  - Associated pain?
  - Associated bleeding?

- Oral copulation of genitals:
  - Of patient by assailant
  - Of assailant by patient

- Oral copulation of anus:
  - Of patient by assailant
  - Of assailant by patient

- Anal/genital fondling:
  - Of patient by assailant
  - Of assailant by patient

- Non-genital act(s)?
  - If yes: [ ] Fondling  [ ] Licking  [ ] Kissing  [ ] Suction Injury  [ ] Biting

- Other acts? (Describe)
  - [ ]

- Did ejaculation occur?
  - If yes, note location(s):
    - Vagina  [ ]
    - Body surface  [ ]
    - On bedding  [ ]
    - Anus  [ ]
    - On clothing  [ ]
    - Other  [ ]

- Contraceptive or lubricant products?
  - [ ] No  [ ] Yes
  - If yes, note type/brand:
    - Foam  [ ]
    - Jelly  [ ]
    - Lubricant  [ ]
    - Condom  [ ]

- Were force or threats used?
  - [ ] No  [ ] Yes
  - Force  [ ]
  - Threats  [ ]

- Were pictures/videotapes taken or shown?
  - [ ] No  [ ] Yes
  - Pictures  [ ]
  - Videotapes  [ ]

- Were drugs or alcohol used?
  - [ ] No  [ ] Yes
  - Describe:  [ ]

- Loss of memory?
  - [ ] No  [ ] Yes
  - Describe:  [ ]

- Lapse of consciousness?
  - [ ] No  [ ] Yes
  - Describe:  [ ]

- Vomited after act(s)?
  - [ ] No  [ ] Yes
  - Describe:  [ ]

- Behavioral changes in patient?
  - [ ] No  [ ] Yes
  - Describe:  [ ]

*Collection of toxicology samples is recommended according to local policy.*
**F. ACTS DESCRIBED BY PATIENT**

1. Acts disclosed by patient to:
   - [ ] Medical Examiner
   - [ ] Law Enforcement Officer
   - [ ] Social Worker
   - [ ] Multi-disciplinary Interview Team
   - [ ] Other:

   Patient Identification
   - [ ] No
   - [ ] Yes
   - [ ] Attempted
   - [ ] Unsure

   Genital/vaginal contact/penetration by:
   - [ ] Penis
   - [ ] Finger
   - [ ] Object (Describe below)
   - Associated pain?
   - Associated bleeding?

   Anal contact/penetration by:
   - [ ] Penis
   - [ ] Finger
   - [ ] Object (Describe below)
   - Associated pain?
   - Associated bleeding?

   Oral copulation of genitals:
   - [ ] Of patient by assailant
   - [ ] Of assailant by patient

   Oral copulation of anus:
   - [ ] Of patient by assailant
   - [ ] Of assailant by patient

   Anal/genital fondling:
   - [ ] Of patient by assailant
   - [ ] Of assailant by patient

   Non-genital act(s):
   - [ ] Fondling
   - [ ] Licking
   - [ ] Kissing
   - [ ] Suction injury
   - [ ] Biting
   - [ ] Other acts? (Describe below)
   - Did ejaculation occur?
     - [ ] If yes, note location(s):
     - Vagina
     - Body surface
     - On bedding
     - Anus
     - On clothing
     - Other

   Contraceptive or lubricant products?
   - [ ] No
   - [ ] Yes
   - [ ] If yes, note type/brand:
     - Foam
     - Jelly
     - Lubricant
     - Condom

   Were force or threats used?
   - [ ] No
   - [ ] Yes
   - [ ] Force
   - [ ] Threats

   Were pictures/videotapes taken or shown?
   - [ ] No
   - [ ] Yes

   Were drugs or alcohol used?
   - [ ] No
   - [ ] Yes*
   - [ ] Describe:

   Loss of memory?
   - [ ] No
   - [ ] Yes*
   - [ ] Describe:

   Lapse of consciousness?
   - [ ] No
   - [ ] Yes*
   - [ ] Describe:

   Vomited after act(s)?
   - [ ] No
   - [ ] Yes
   - [ ] Describe:

   Behavioral changes?
   - [ ] No
   - [ ] Yes
   - [ ] Describe:

2. Describe pain and/or bleeding (using patient’s exact words) and additional pertinent history from above.

   *Collection of toxicology samples is recommended according to local policy.

G. MEDICAL HISTORY (to be completed by medical personnel)

1. Name of person providing history
   - [ ] Relationship to patient

2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?
   - [ ] No
   - [ ] Yes

3. Any other pertinent medical conditions that may affect the interpretation of physical findings?
   - [ ] No
   - [ ] Yes

4. Any pre-existing physical injuries?
   - [ ] No
   - [ ] Yes

5. Any previous history of physical abuse and/or neglect?
   - [ ] No
   - [ ] Yes

6. Any previous history of sexual abuse?
   - [ ] No
   - [ ] Yes

7. Other intercourse? (For adolescents only)
   - [ ] If yes, < 5 days? When?
   - [ ] If yes, did introvaginal ejaculation occur?
   - [ ] If yes, was a condom used?

8. Menstrual periods?
   - [ ] If yes, age of menarche:
   - [ ] If yes, last menstrual period:

9. Other symptoms disclosed
   - [ ] by patient:
   - [ ] by historian:
     - Abdominal/pelvic pain
     - Pain on urination
     - Genital discomfort or pain
     - Genital itching
     - Genital discharge
     - Genital bleeding
     - Rectal discomfort or pain
     - Rectal itching
     - Rectal bleeding
     - Constipation
     - Other

10. Post-assault hygiene activity
    - [ ] Not applicable if over 72 hours
    - [ ] by patient:
    - [ ] by historian:
      - Unk
      - Urinated
      - Defecated
      - Oral gargle/rinse
      - Bath/shower/wash
      - Brushed teeth
      - Ate or drank
      - Changed clothing
      - If yes, describe:

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H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. BP  Pulse  Resp  Temp  Height  Weight

2. Date/time examination
   Started  Completed

3. Female Tanner Stage – Breast  1  2  3  4  5

4. Describe general physical appearance.

5. Describe general demeanor and relevant statements made during exam.

6. Describe condition of clothing upon arrival.

7. Collect outer and underclothing if indicated.

8. Conduct a physical examination.
   General exam within normal limits:  Yes  No

9. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood’s Lamp.

10. Collect fingernail scrapings or cuttings according to local policy.

Diagram A - Full Body

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8
1. **HEAD, NECK, AND ORAL EXAMINATION**
   Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials.
   - Findings
   - No Findings

2. **Exam method:**
   - Direct visualization
   - Colposcope
   - Other magnification

3. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.
   - Findings
   - No Findings

   - Findings
   - No Findings

5. Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.

6. Collect head hair reference samples according to local policy

Diagram B: Head and Mouth

Diagram C: Head Profiles

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**LEGEND: Types of Findings**

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>Abrasion</td>
<td></td>
<td>Bu</td>
<td>Burn</td>
</tr>
<tr>
<td></td>
<td>AHT</td>
<td>Absent</td>
<td></td>
<td>CS</td>
<td>Control Swab</td>
</tr>
<tr>
<td></td>
<td>AL</td>
<td>Anal Laxity</td>
<td></td>
<td>DF</td>
<td>Deformity</td>
</tr>
<tr>
<td></td>
<td>BI</td>
<td>Bite</td>
<td></td>
<td>DI</td>
<td>Discharge</td>
</tr>
<tr>
<td></td>
<td>AL</td>
<td>Anal Laxity</td>
<td></td>
<td>DF</td>
<td>Deformity</td>
</tr>
<tr>
<td></td>
<td>BI</td>
<td>Bite</td>
<td></td>
<td>DI</td>
<td>Discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECORD ALL SPECIMENS COLLECTED ON PAGE 8**
J. GENITAL EXAMINATION - FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.

2. Exam method:
   - Direct visualization
   - Colposcope
   - Other magnification
   - Supine
   - Prone
   - Saline/Water
   - Moistened swab
   - Toluidine Blue Dye
   - Catheter

   Exam positions/methods:
   - Separation
   - Traction
   - Knee Chest

3. Genital Tanner Stage
   - 1
   - 2
   - 3
   - 4
   - 5

4. Examine the genital structures. Check the ABN box(es) if there are abuse/assault related findings. Describe any abnormal or unusual findings.

   - No Findings
   - WNL
   - ABN
   - Describe:
     - Inner thighs
     - Inguinal adenopathy
     - Labia majora
     - Labia minora
     - Clitoral hood
     - Perineum
     - Periurethral tissue/urethral meatus
     - Perihymenal tissue (vestibule)
     - Hymen
     - Supine
     - Prone

     Record morphology:
     - Annular
     - Crescentic
     - Imperforate
     - Septate
     - Fossa navicularis
     - Posterior fourchette
     - Vagina (pubertal adolescents)
     - Cervix (pubertal adolescents)

     Discharge
     - No
     - Yes

     If yes, describe:

5. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood’s Lamp.

6. Collect swabs and prepare slides.
   - Prepubertal female
     - Collect at least 2 vulvar and 2 vestibular swabs.
   - Pubertal female
     - Collect 4 swabs from the vaginal pool.
     - Prepare one wet mount and one dry mount slide.
     - Collect 2 cervical swabs (if over 48 hours post assault).

7. Collect pubic hair combing or brushing. Not applicable

8. Collect pubic hair reference samples according to local policy.
   - Not applicable

LEGEND: Types of Findings

| AB | Abrasion |
| AHT | Absent |
| Hymenal | Tissue |
| AL | Anal Laxity |
| BI | Bite |
| BU | Burn |
| CS | Control Swab |
| DE | Debris |
| LC | Linear |
| OC | Other Condition |
| PE | Petechiae |
| PW | Perianal Wart |
| WI | Wound |
| PS | Potential Saliva |
| SI | Suction Injury |
| SW | Swelling |
| VL | Vesicular Lesion |
| WL | Wood’s Lamp |

Locator # | Type | Description

RECORD ALL SPECIMENS COLLECTED ON PAGE 8
K. GENITAL EXAMINATION – MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.
2. Exam method:
   ☐ Direct visualization ☐ Colposcope ☐ Other magnification
   Exam positions/methods:
   ☐ Supine ☐ Prone ☐ Moistened swab
   ☐ Toluidine Blue Dye ☐ Other:

3. Genital Tanner Stage

4. Circumcised:
   ☐ No ☐ Yes

5. Check the ABN box(es) if there are abuse/assault related findings. Describe any abnormal or unusual findings.
   ☐ No Findings WNL ABN Describe:
   Inner thighs
   Inguinal adenopathy
   Perineum
   Foreskin
   Glans Penis
   Penile shaft
   Urethral meatus
   Scrotum
   Testes
   Discharge ☐ No ☐ Yes If yes, describe:

6. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood’s Lamp.
   ☐ Findings ☐ No Findings

7. Collect pubic hair combing or brushing.

8. Collect pubic hair reference samples according to local policy.
   ☐ Not applicable

9. Collect 2 penile swabs, if indicated by assault history.
   ☐ Not applicable

10. Collect 2 scrotal swabs, if indicated by assault history.
    ☐ Not applicable

L. FEMALE/MALE ANAL AND RECTAL EXAMINATION

1. Examine the buttocks, perianal skin, and anal folds for injury, foreign materials, and other findings.
2. Record exam positions, methods, observations:
   ☐ Direct visualization ☐ Colposcope ☐ Other magnification
   Exam positions Observation Observation with traction
   Supine
   Supine knee chest
   Prone knee chest
   Lateral recumbent
   Exam methods:
   ☐ Moistened swab ☐ Toluidine blue dye
   ☐ Anoscopy ☐ Other:

3. Check the ABN box(es) if there are abuse/assault related findings. Describe any abnormal or unusual findings.
   ☐ No Findings WNL ABN Describe:
   Buttocks
   Perianal skin
   Anal verge/folds/rugae
   Rectum
   Anal dilation ☐ No ☐ Yes If yes:
   Immediate ☐ Delayed
   Stool present in rectal ampulla ☐ No ☐ Yes ☐ Undetermined

   ☐ Findings ☐ No Findings

5. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

6. Rectal bleeding:
   ☐ No ☐ Yes If yes, describe:

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>AB</th>
<th>Abrasion</th>
<th>DF</th>
<th>Deformity</th>
<th>IW</th>
<th>Incised Wound</th>
<th>PGW</th>
<th>Possible Genital Wart</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABT</td>
<td>Absent</td>
<td>DI</td>
<td>Discharge</td>
<td>LA</td>
<td>Laceration</td>
<td>PS</td>
<td>Potential Saliva</td>
</tr>
<tr>
<td></td>
<td>Hymenal Tissue</td>
<td>DS</td>
<td>Dry Secretion</td>
<td>MS</td>
<td>Moist Secretion</td>
<td>SI</td>
<td>Suction Injury</td>
</tr>
<tr>
<td></td>
<td>Ecchymosis (bruise)</td>
<td>EC</td>
<td></td>
<td>OF</td>
<td>Other Foreign</td>
<td>PS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anal Laxity</td>
<td>ER</td>
<td>Erythema (redness)</td>
<td>Materials (describe)</td>
<td>SW</td>
<td>Swelling</td>
<td></td>
</tr>
<tr>
<td>BI</td>
<td>Bite</td>
<td>FB</td>
<td>Foreign Body</td>
<td>OI</td>
<td>Other Injury (describe)</td>
<td>TB</td>
<td>Toluidine Blue®</td>
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<tr>
<td>BU</td>
<td>Burn</td>
<td>FH</td>
<td>Fiberhair</td>
<td>OSC</td>
<td>Other Skin Condition</td>
<td>TE</td>
<td>Tenderness</td>
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<tr>
<td>CS</td>
<td>Control Swab</td>
<td>HC</td>
<td>Hymenal Cleft</td>
<td>PW</td>
<td>Perianal Wart</td>
<td>VS</td>
<td>Vegetation/Soil</td>
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<tr>
<td>DE</td>
<td>Debris</td>
<td>IN</td>
<td>Induration</td>
<td>PE</td>
<td>Petechiae</td>
<td>VL</td>
<td>Vesicular Lesion</td>
</tr>
</tbody>
</table>

Locator # | Type  | Description
----------|-------|----------------------

RECORD ALL SPECIMENS COLLECTED ON PAGE 8
M. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit: Other clothing placed in bags:

2. Foreign materials collected

<table>
<thead>
<tr>
<th>Material</th>
<th>No</th>
<th>Yes</th>
<th>Collected by:</th>
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<tbody>
<tr>
<td>Swabs/suspected blood</td>
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<td></td>
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</tr>
<tr>
<td>Dried secretions</td>
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<td></td>
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<tr>
<td>Fiber/loose hairs</td>
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<td>Vegetation</td>
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</tr>
<tr>
<td>Soil/debris</td>
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</tr>
<tr>
<td>Swabs/suspected semen</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Swabs/suspected saliva</td>
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<td></td>
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</tr>
<tr>
<td>Swabs/Wood’s Lamp® area(s)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Control swabs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fingernail scrapings/cuttings</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mattet hair cuttings</td>
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</tr>
<tr>
<td>Pubic hair combings/brushings</td>
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<td></td>
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</tr>
<tr>
<td>Intravaginal foreign body</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
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<tr>
<td>Other types. Describe:</td>
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3. Oral/genital/anal/rectal samples

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<tr>
<th>Type</th>
<th># Swabs</th>
<th># Slides</th>
<th>Time collected</th>
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<tbody>
<tr>
<td>Oral</td>
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<tr>
<td>Vulvar</td>
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<td>Vestibular</td>
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<td>Vaginal</td>
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<td>Cervical</td>
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<tr>
<td>Anal</td>
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<tr>
<td>Rectal</td>
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<td>Penile</td>
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<td>Scrotal</td>
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<tr>
<td>Aspirate/washings (optional)</td>
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<td></td>
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<td>Yes</td>
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</table>

4. Vaginal wet mount slide

<table>
<thead>
<tr>
<th>Property</th>
<th>No</th>
<th>Yes</th>
<th>Time</th>
<th>Examiner:</th>
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<tbody>
<tr>
<td>Prepared</td>
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<td>Motile sperm observed</td>
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<tr>
<td>Non-motile sperm observed</td>
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R. MEDICAL LAB TESTS PERFORMED

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<th>Test Type</th>
<th>STD Cultures</th>
<th>GC</th>
<th>Chlamydia</th>
<th>Other</th>
<th>Describe</th>
<th>Collected by:</th>
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<tbody>
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<td>Oral</td>
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<tr>
<td>Vestibular</td>
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<tr>
<td>Vaginal</td>
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<tr>
<td>Cervical</td>
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<td>Rectal</td>
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<td>Penile</td>
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<td>Wet mount</td>
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<td>Serology</td>
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<td>Syphilis</td>
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<td>HIV</td>
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<td>Hepatitis</td>
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<td>Pregnancy test</td>
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<td>Blood</td>
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<tr>
<td>Urine</td>
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<tr>
<td>Other test(s)</td>
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S. PRINT NAMES OF PERSONNEL INVOLVED

N. TOXICOLOGY SAMPLES

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<tr>
<th>Test Type</th>
<th>No</th>
<th>Yes</th>
<th>Time</th>
<th>Collected by:</th>
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</thead>
<tbody>
<tr>
<td>Blood alcohol/toxicology (gray top tube)</td>
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<td>Urine toxicology</td>
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O. REFERENCE SAMPLES

<table>
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<th>Test Type</th>
<th>No</th>
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<th>Collected by:</th>
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<tbody>
<tr>
<td>Blood (lavender top tube)</td>
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</tr>
<tr>
<td>Blood (yellow top tube)</td>
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<tr>
<td>Blood Card (optional)</td>
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<tr>
<td>Buccal swabs (optional)</td>
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<td>Saliva swabs</td>
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<td>Head hair</td>
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<td>Pubic hair</td>
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P. PHOTO DOCUMENTATION METHODS

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<tr>
<th>Test Type</th>
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<th>Colposcope/35mm</th>
<th>Macro lens/35mm</th>
<th>Colposcope/Videocamera</th>
<th>Other Optics</th>
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<tbody>
<tr>
<td>Body</td>
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<tr>
<td>Genitals</td>
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U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: ________________________________

Print name and ID#: __________________________

Agency: ____________________________

Date: ____________________________

Telephone: ____________________________