

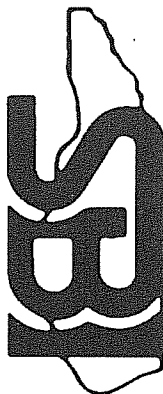
Sexual Assault Evidence Collection Kit

The Kit is comes in a sealed box with an expiration date (for the cotton swabs) on the side panel. The box contains instructions and packaging materials for 17 steps of Sexual Assault Evidence Collection. No packaging materials or separate instructions are provided for Step 15 (Toxicology Sample). Step 3 is a large brown paper bag (grocery bag) with a label on it. Step 4 is a small white paper bag (lunch bag) with a label on it. Steps 5-9 and 12-14 are small pre-printed envelopes containing collection materials. The plastic straw-like items are swab dryer covers. There are several red evidence label stickers in the box.

FROM: _____

ADD POSTAGE HERE

Law Enforcement Agency Address



SEXUAL ASSAULT EVIDENCE COLLECTION KIT

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

P.O. BOX 2000
GARNER, NORTH CAROLINA 27529-2000

NOTE

FOR MEDICAL PERSONNEL: Place pink copies of forms 1, 2 and 17 into the envelope affixed to the bottom of the kit box.
FOR INVESTIGATING OFFICER: Place completed Laboratory evidence submission form in the envelope affixed to the bottom of the kit box.

AFFIX
BIOHAZARD
SEAL HERE

CHAIN OF CUSTODY

(PLEASE PRINT)

RECEIVED FROM: _____
(DOCTOR OR NURSE IDENTIFY HERE)

RECEIVED BY: _____
(OFFICER IDENTIFY HERE)

DATE: _____ TIME: _____
am pm

— NO REFRIGERATION NECESSARY —

HAIR EVIDENCE

Please place all hair evidence envelopes and the cheek scraping envelope (Steps 6, 7, 12 & 13) into this envelope.

NCSBI2003

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

EXPIRATION DATE NOTATION:

THE PRODUCT EXPIRATION DATE APPLIES TO COTTON-TIPPED
APPLICATORS ONLY. IF THE EXPIRATION DATE HAS PASSED,
USE STERILE SWABS FROM STOCK SUPPLY.

REORDER NO.: NCSBI200

EXP. DATE: OCT. 2015

LOT NO.: 0611013

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

This kit is designed to assist the examining physician, S.A.N.E. and nurse in the collection of evidentiary specimens for analysis by the forensic laboratory. Any additional sites where semen may be found and are not listed on envelopes within the kit which might contain evidence should be collected on sterile swabs (from hospital stock) and placed in a new envelope. The hospital is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies.

Sexual assault is a legal matter for the court to decide and is not a medical diagnosis. The physician should express no conclusions, opinions or diagnosis to the victim or others, nor should this be written in the record.

STEP 1 AUTHORIZATION FOR TREATMENT, EXAMINATION, COLLECTION AND RELEASE OF EVIDENCE AND INFORMATION FORM

Fill out all information requested and have victim (or parent/guardian, if applicable) and witness sign where indicated.

STEP 2 N.C. SEXUAL ASSAULT DATA FORM

Fill out all information requested on form.

STEP 3 OUTER CLOTHING (1 paper bag provided)

- Note:

 1. Wet or damp clothing should be air dried before packaging.
 2. If victim changed clothing after assault, inform officer in charge so that the clothing worn at the time of the assault may be collected by the police.
 3. Do not cut through any existing holes, rips or stains in victim's clothing.
 4. Do not shake out victim's clothing or microscopic evidence will be lost.
 5. If additional clothing bags are required, use only new paper (grocery-type) bags. DO NOT COLLECT SHOES.

Place outer clothing worn by the victim at the time of and after the assault in the paper bag provided. Seal and fill out all information requested on bag.

Note: Do not place Outer Clothing bag into the kit box.

STEP 4 UNDERPANTS (1 paper bag provided)

Place underpants worn by the victim at the time of and after the assault in the paper bag provided. Seal and fill out all information requested on Underpants bag label.

Note: Do not place the Underpants bag into the Outer Clothing bag. Place Underpants bag into the kit box.

STEP 5 ORAL SWABS AND SMEAR (Collect only if oral assault occurred)

Note: **Do not remove slide from slide holder.** Do not stain or chemically fix smear. Do not write on slide. Do not moisten swabs prior to sample collection.

Using four (4) swabs, carefully swab the buccal area, gumline and lips. Leaving slide in slide holder, use a swab to prepare one smear. Place the swabs in the provided swab dryers by putting the wooden end of the stick down through the larger end of the plastic dryer. Once the stick protrudes through the opposite end, grab the stick and pull the swab through until it stops. Do not touch the swab end. The swab end should rest snugly in the bulb area now. Return smear and four oral swabs in the dryers to the envelope. Seal and fill out information requested on envelope.

STEP 6 PUBIC HAIR COMBINGS (To obtain pubic hairs shed by the assailant during the assault)

Remove paper towel and comb provided in Pubic Hair Combing envelope. Place towel under victim's buttocks. Using comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto paper towel. Fold towel in manner to retain both comb and any evidence present. Return to Pubic Hair Combing envelope. Seal and fill out all information requested on envelope.

STEP 7 PULLED PUBIC HAIRS (For comparison with hairs found at crime scene or on assailant's body)

Randomly remove 50 known pubic hairs for comparative purposes and place in the envelope provided. It is preferable to pluck these hairs rather than cut them. However, if the trauma of hair plucking is felt excessive, cut the hairs as close to the skin as possible.

STEP 8 VAGINAL SWABS AND SMEAR (Collect only if within 5 days of assault)

Note: **Do not remove slide from slide holder.** Do not stain or chemically fix smear. Do not write on slide. Do not moisten swabs prior to sample collection.

Using four (4) swabs, carefully swab the vaginal walls and cervix. Leaving the slide in the slide holder, use a swab to prepare one smear. If cunnilingus occurred, prepare two external genitalia swabs from hospital stock in addition to the vaginal swabs. Place the swabs in the provided swab dryers by putting the wooden end of the stick down through the larger end of the plastic dryer. Once the stick protrudes through the opposite end, grab the stick and pull the swab through until it stops. Do not touch the swab end. The swab end should rest snugly in the bulb area now. Return smear and four vaginal swabs in the dryers to the envelope. If applicable, place two external genitalia swabs in a separate envelope from hospital stock. Seal both and fill out information requested on envelope and write information on the new envelope.

For Pre-pubertal Females: If there is evidence of vaginal injury or discharge and the vagina can be swabbed without causing pain, collect four (4) swabs from within the vagina. Make a smear as above. If vagina cannot be swabbed without causing pain, swab the external genitalia with four (4) slightly moistened swabs and make a smear. Label the envelope as external genitalia and fill out information. Seal the envelope.

STEP 9 RECTAL SWABS AND SMEAR (COLLECT ONLY IF RECTAL ASSAULT OCCURRED)

Note: **Do not remove slide from slide holder.** Do not stain or chemically fix smear. Do not write on slide. Do not moisten swabs prior to sample collection.

Using four (4) swabs, carefully swab the rectal canal. Leaving slide in slide holder, use a swab to prepare one smear. Place the swabs in the provided swab dryers by putting the wooden end of the stick down through the larger end of the plastic dryer. Once the stick protrudes through the opposite end, grab the stick and pull the swab through until it stops. Do not touch the swab end. The swab end should rest snugly in the bulb area now. Return smear and four rectal swabs in the dryers to the envelope. Seal and fill out information requested on envelope.

STEP 10 MEDICAL HISTORY FORM

Fill out all information requested on page 1 and 2 of form. Retain both completed pages of form for hospital records. **(DO NOT RETURN THIS FORM TO KIT BOX.)**

STEP 11 ANATOMICAL DRAWINGS

Using the appropriate anatomical drawing, note and describe all signs of physical trauma e.g. bruises, scratches, redness, bite marks, etc. on the anatomical drawings. Retain completed forms for hospital records. **(DO NOT RETURN THESE FORMS TO KIT BOX.)**

STEP 12 PULLED HEAD HAIR (For comparison with hairs found at crime scene or on assailant's body)

Remove 50 known head hairs from various areas of scalp for comparative purposes and place in the envelope provided. It is preferable to pluck these hairs rather than cut them. However, if the trauma of hair plucking is felt excessive, cut the hairs as close to the skin as possible.

STEP 13 KNOWN CHEEK SCRAPING (For DNA testing)

Note: The victim should not have anything to eat, drink or smoke for a minimum of 15 minutes prior to collection. If oral assault occurred, have victim rinse his/her mouth, wait 15 minutes and collect sample.

Vigorously rub inside of cheeks while rotating the swab. Place swabs into the provided swab dryer. See insert. Return swabs in the swab dryers to this envelope.

STEP 14 KNOWN BLOOD SAMPLE (For DNA testing)

Collect blood in an EDTA (purple top) tube. Apply the Saf-Kem® device onto the tube. Open plastic mailer, do not touch blood collection card with ungloved hands. Place drops of blood onto the filter paper in the card holder. Create four (4) dime sized saturated circles on the filter paper. Return the closed holder to the envelope. Dispose of the tube and Saf-Kem® device. Seal and fill out all information requested. You may do a finger stick if patient prefers.

STEP 15 TOXICOLOGY SAMPLE

If a sexual assault has been facilitated by drugs and has occurred within 36 hours, collect a urine and blood sample. Collect a minimum of 10 mls (ccs) of urine in a specimen cup. Label appropriately and seal the lid with tape/sticker and your initials. Also collect 2 gray-top (potassium oxalate) tubes (1 is acceptable) of blood from the victim. Place the blood and urine containers in a plastic bag and label appropriately. Seal this bag and attach instruction insert to the outside of the bag. Transfer to officer at the same time as the sealed kit is transferred. Do not place these specimens in the Sexual Assault Collection Kit box. This will expedite transfer of the samples to the proper sections within the State Bureau of Investigation Crime Laboratory. Keep these samples refrigerated until transferred.

STEP 16 PATIENT INFORMATION

Hand Patient Information sheet to patient or rape crisis personnel so that they may explain counseling programs and victim compensation program.

STEP 17 EVIDENCE COLLECTION CHECKLIST AND DISPOSITION

Fill out all information requested on form.

Note: If local law enforcement agency required photographs of the victim, place in an envelope, seal, initial and give to the investigating officer.

FINAL INSTRUCTIONS

- A) Make sure all information requested on all forms and envelopes has been filled out completely.
- B) Separate all forms - Steps 1, 2 and 17.
- C) Retain white copies of all forms for hospital records. Return all yellow copies to kit box: Do not place pink copies in the envelope on the bottom of kit.
- D) Place all hair evidence and cheek scraping envelopes in manila envelope on bottom of kit. This would include 6, 7, 12, 13. Seal envelope with red police evidence seal provided.
- E) Affix biohazard label where indicated on box top.
- F) Affix red evidence seals on all edges of kit and initial across seal.
- G) Fill out all information requested on kit box top.
- H) Hand sealed kit plus any additional evidence collected and the pink copies of the forms to the investigating officer.

Note: If officer is not present at this time, place sealed kit and sealed bags in secure area, and hold for pickup by investigating officer. Toxicology samples need to be refrigerated.

INSTRUCTIONS FOR THE COLLECTOR OF THE SEXUAL ASSAULT KIT:

If a sexual assault has been facilitated by drugs and has occurred within 36 hours, collect a urine and blood sample. Collect a minimum of 10 mls (ccs) of urine in a specimen cup. Label appropriately and seal the lid with tape/sticker and your initials. Also collect 2 gray-top tubes (1 is acceptable) from the victim. Place the blood and urine containers in a plastic bag and label appropriately. Seal this bag and transfer to officer at the same time as the sealed kit is transferred. Do not place these specimens in the Sexual Assault Collection Kit box. This will expedite transfer of the samples to the proper sections within the State Bureau of Investigation Crime Laboratory. Attach this sheet to the bag with the samples. Keep samples refrigerated until transferred.

INSTRUCTIONS FOR THE INVESTIGATING OFFICER:

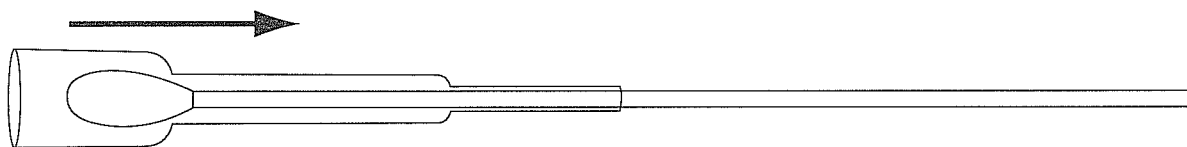
In criminal cases where a sexual assault is believed to have been facilitated by drugs, the SBI Crime Laboratory requires a special request from the District Attorney's office before analysis is performed on blood or urine to determine if alcohol or drugs are present. Once this request from the District Attorney has been obtained, forward it to the Special Agent in Charge of the Drug Chemistry section. The plastic bag can be sent to the SBI Crime Laboratory with the Sexual Assault Collection Kit box as long as they are packaged separately.

SPECIAL INSTRUCTIONS FOR SWAB DRYERS

You will find in each vaginal, rectal, oral and cheek scraping collection envelope, a set of plastic "swab dryers". These instruments will reduce the time the collector must wait to seal the kit in that the newly collected swabs can be placed in the dryers and then immediately placed into the envelopes without waiting for the swabs to dry. The plastic tubing keeps the swabs from sticking to the envelopes, but still allows air flow around them to aid in drying **IF** they are placed in the dryer properly! The cotton tip should have space around it while it sits in the bulb area. Some dryers have a more narrow opening at the narrow end. If necessary, cut the dryer a little shorter and the swab should go through. **DO NOT PUSH THE SWAB END INTO THE NARROW NECK!!** Please do not handle the swabs, nor the dryers with bare hands. **ALWAYS USE GLOVES!!**

1. Collect swabs as usual.
2. Prepare smears (No smears in the case of the cheek scraping).
3. Without touching the swab end, place wooden end of stick down through the larger end of the plastic dryer.
4. If the stick does not stick through the bottom, cut 1/4 inch of the end off.
5. Once the stick protrudes through opposite end, grab the stick and pull the swab through until it stops. The swab end should be in the bulb area now. (Do not pull swab into narrow neck!)
6. Repeat this for all four swabs (two in the case of the cheek scraping).
7. Seal smears and swabs in dryers into the appropriate envelope.
8. Place in kit when properly labeled.

Insert swab into swab dryer this direction



INSTRUCTIONS FOR KNOWN BLOOD SAMPLE

The SBI is no longer requiring the collection of a liquid blood sample from individuals, but instead is requiring the preparation of a bloodstain for a number of advantages. First, the subject will have a finger stick instead of a needle inserted into his/her arm, thus having a non-invasive procedure that does not require medical personnel to administer. Secondly, a dried bloodstain is stable for years. Therefore, the subject will not have to be redrawn because the liquid blood sample is too old for DNA analysis. Thirdly, refrigeration of the kit is no longer necessary due to the stability of the blood stain. The card holders in the kit have been developed so that the wet stain can immediately be placed in the kit after preparation and the blood will still dry.

1. Select the proper site for the finger stick. The best place is a non-calloused area such as the ring finger. Use the outer edge of the tip of the finger. Swab this area with an alcohol pad and wipe dry with sterile gauze.
2. Do a finger stick.
3. Wipe the first drop from the finger with a sterile gauze.
4. Using the enclosed filter paper in the blue case, place drops of blood directly onto the filter paper. Make 3 to 4 dime size circles of saturated blood. Keep the blood flowing by gently squeezing the finger from base of finger to tip while finger is pointed down.
5. Be careful not to touch the filter paper with un-gloved hands other than the subject being collected.
6. Close the card holder and place back into the envelope. Seal the envelope and fill out requested information.

NO LIQUID BLOOD SAMPLE SHOULD BE INCLUDED IN THE KIT. If additional blood samples are needed, such as **toxicology**, do a venipuncture, but remember that you will still have to make a stain by pipetting blood onto the filter paper. Do not over saturate the paper when making the stain.

STEP 1

Authorization for Treatment, Examination, Collection and Release of Evidence and Information—Sexual Assault Investigation

Medical Facility _____

I, _____, request and voluntarily consent to _____ M.D., S.A.N.E./F.N.E., his/her medical and nursing assistants and/or associates to conduct an examination to collect evidence concerning an alleged sexual assault. The procedure has been fully explained to me. I have been allowed to ask questions and my questions have been answered to my satisfaction. This examination may include:

- A test for the presence of semen
- Documentation of clinical observations for physical evidence of penetration and/or injury to my person
- Photographs
- The collection of other specimens and body fluids such as blood, for laboratory tests
- The collection of items needed for evidence

I understand that my consent is for the examination; the collection of evidence; the authorization to disclose the entire medical record pertaining to the alleged assault; and the authorization to disclose any other forensic evidence, laboratory specimens, and photographs. Release is for full disclosure and may include drug, alcohol, psychiatric and sexually transmitted disease information including HIV/AIDS information unless excluded as follows:

The following facility(ies) and/or person(s) is/are authorized to release this information to law enforcement officials and the district attorney's office: _____

The information may be provided in person, by fax, by mail or by computer system and is to be used for the investigation and possible prosecution of the alleged sexual assault.

I understand:

- The person or organization that receives my information may not be required to follow the federal privacy rules and might share my information. If this happens, my information may not be protected under federal privacy rules.
- I can refuse to sign this authorization. Refusal will not change my ability to get treatment, payment for treatment or benefit eligibility. I can review or copy the information that is released.
- I can change my mind and cancel this authorization by sending a written request to the facility which has the authorization. I cannot revoke this authorization for information that is released prior to cancellation.
- I have read and understand this information. I have received a copy of this form. I am the patient or am authorized to consent for the patient.
- This authorization is not for marketing, research or psychotherapy notes.
- This authorization will expire when the investigation or prosecution is completed unless another date or event is written here: _____

Patient/Patient Representative Signature

Date

Witness

Date

Representative's Legal Authority to Sign for Patient is: ☐ Guardian ☐ Next of Kin ☐ Parent of Minor ☐ Attorney in Fact ☐ Executor

Other (Specify) _____

Patient is: ☐ Minor ☐ Disabled ☐ Deceased ☐ Incompetent ☐ Incapacitated

If limited English proficient or hearing impaired, offer interpreter: ☐ Interpreter Accepted ☐ Interpreter Refused

If accepted, Name/Phone Number of Persons/Service Chosen/used: _____

STEP 2

N.C. SEXUAL ASSAULT DATA FORM

Physician: _____

Registration No.: _____

Nurse: _____ Unit No.: _____

Date of Patient Exam: _____ Time: _____

Victim's Name: _____ Race: _____ Sex: _____ Date of Birth: _____

Law Enforcement Officer Responding & Agency: _____

Crisis Intervention Advocate Responding & Agency: _____

I. Description of the Incident

1. Brief account of the assault.

2. Date of assault: _____ 3. Time: _____

4. Location: _____

5. No. of Assailants: _____ 6. Race: _____ 7. Sex: _____

8. Attacker: Known ☐ Unknown ☐ Relative ☐

9. Were any threats used? Yes ☐ No ☐
If yes, knife ☐ verbal threats ☐ gun ☐ restraints ☐ choke ☐ blindfold ☐ fists ☐
other: _____

10. Was there penetration of: *Ejaculation*

	Attempted	Actual	No	Yes	No	Unsure
Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Was a condom used during assault? Yes ☐ No ☐ Not sure ☐

12. Did other types of penetration occur?

	Yes	No	Not sure
Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Penetration of Vagina	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *(If yes, collect external genitalia swabs— swabs not provided in kit)

Other (specify): _____

13. Since the assault, has the victim?

	Yes	No		Yes	No
Douched	<input type="checkbox"/>	<input type="checkbox"/>	Bathed or showered	<input type="checkbox"/>	<input type="checkbox"/>
Urinated	<input type="checkbox"/>	<input type="checkbox"/>	Eaten	<input type="checkbox"/>	<input type="checkbox"/>
Gargled	<input type="checkbox"/>	<input type="checkbox"/>	Drunk	<input type="checkbox"/>	<input type="checkbox"/>
Defecated	<input type="checkbox"/>	<input type="checkbox"/>	Changed clothes	<input type="checkbox"/>	<input type="checkbox"/>

14. Were any medications, drugs, or alcohol taken before or after the assault? (Include non-voluntary consumption)

Yes ☐ Amount _____ Type _____ No ☐ Not known ☐

15. Last intercourse prior to assault: _____ was a condom used? ☐ Yes ☐ No

16. Current Menses: Yes ☐ No ☐ Tampon ☐ Pad ☐
(Air dry, place in paper bag, label, and seal.)

STEP 3**OUTER CLOTHING**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? ☐ YES ☐ NO

- Note:
1. Wet or damp clothing should be air dried before packaging.
 2. Do not cut through any existing holes, rips or stains in victim's clothing.
 3. Do not shake out victim's clothing or microscopic evidence will be lost.

ITEM # _____ CASE # _____

CHAIN OF CUSTODY

Date:	Received From:	Received By:

NCSBI203

STEP 4

UNDERPANTS

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

Note: Do not place this bag into Outer Clothing bag.
Place this bag into the kit box.

WAS SAMPLE COLLECTED? ☐ YES ☐ NO

IF NO, WHY NOT? _____

STEP 5

ORAL SWABS AND SMEAR

(COLLECT ONLY IF ORAL ASSAULT OCCURED)
COLLECT 4 SWABS, 1 SMEAR

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

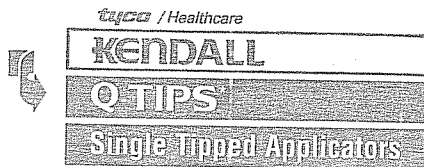
COLLECTED BY: _____

Note: **Do not remove slides from slide holder.** Do not stain or chemically fix smears.
Do not write on slides. Do not moisten swabs prior to sample collection. *Place each swab
in enclosed dryer before placing back into envelope.*

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

NCSBI205



6in (15.24 cm) 2 Applicators

STERILE ☐ Do not use if unit package
is opened or damaged.

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REF:
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② CE
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015-0900

REF:
8884541300
8884541400

② CE
Single Use 0123



STEP 6

PUBIC HAIR COMBINGS

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

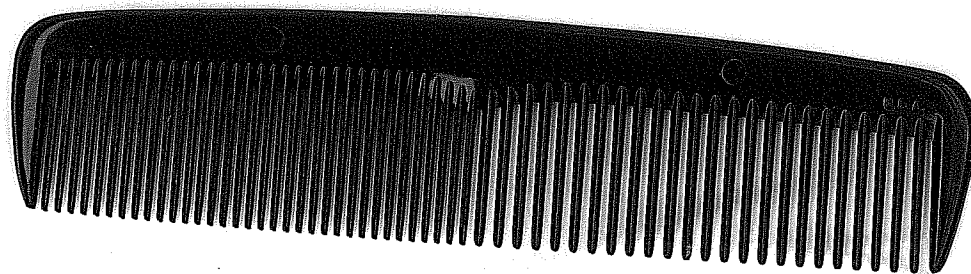
COLLECTED BY: _____

Note: Fold towel in manner to retain both comb and any evidence present.

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

NCSBI106



STEP 7

PULLED PUBIC HAIRS

(50 full-length plucked hairs)

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

Note: It is preferable to pluck these hairs rather than cut them. However, if the trauma of hair plucking is felt excessive, cut the hairs as close to the skin as possible. Please note if cut instead of plucked.

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

STEP 8

VAGINAL SWABS AND SMEAR

(COLLECT ONLY IF WITHIN 5 DAYS OF ASSAULT)
COLLECT 4 SWABS, 1 SMEAR

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

Note: Do not remove slides from slide holder. Do not stain or chemically fix smears. Do not write on slides. Do not moisten swabs prior to sample collection. **Place each swab in dryer before placing back into envelope.** REMEMBER to collect 2 external genitalia swabs if cunnilingus occurred. Use sterile swabs from hospital stock and package in separate envelope. Be sure to label and identify envelope.

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

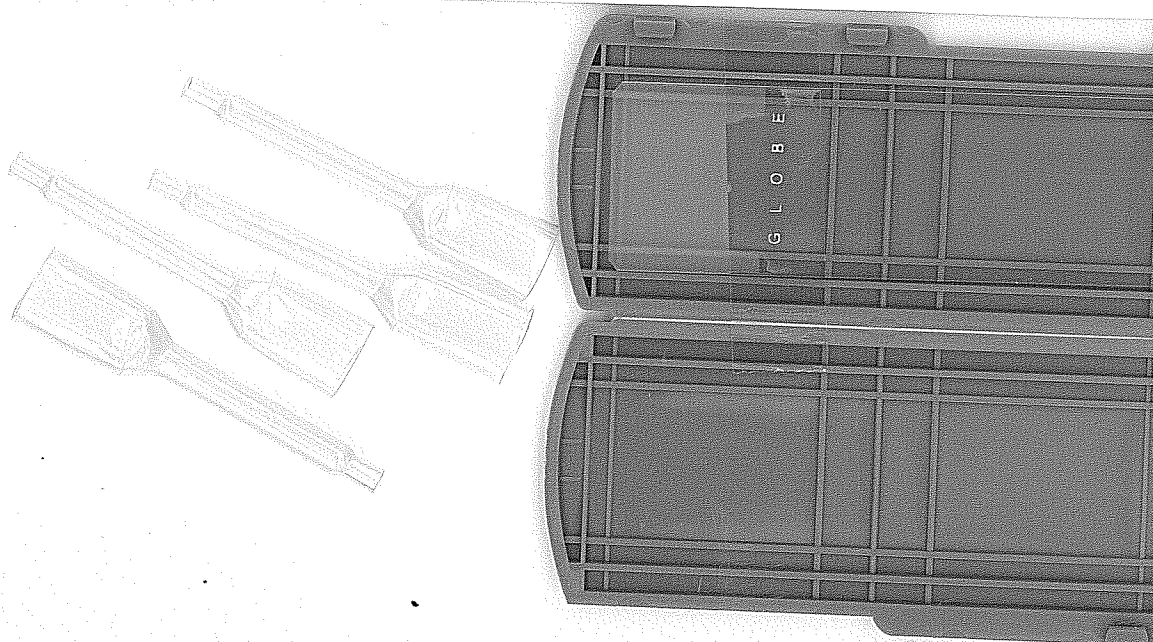
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STERILE R 2 Applicators 6in (15.24 cm)
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Do not use if unit package is opened or damaged.
STERILE R 2 Applicators 6in (15.24 cm)

tyco / Healthcare
KENDALL
Q-TIPS



STEP 9

RECTAL SWABS AND SMEAR

(COLLECT ONLY IF RECTAL ASSAULT OCCURRED)

COLLECT 4 SWABS, 1 SMEAR

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

Note: **Do not remove slides from slide holder.** Do not stain or chemically fix smears. Do not write on slides. Do not moisten swabs prior to sample collection. **Place each swab in dryer before placing back into envelope.**

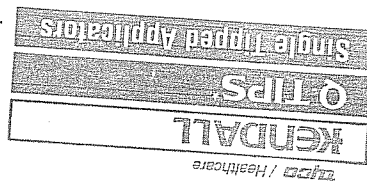
WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

NCSBI209

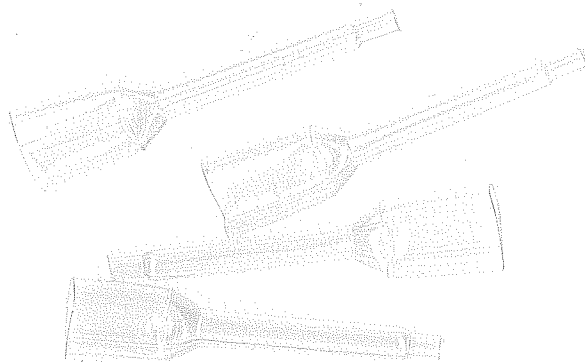
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STERILE R

6in (15.24 cm) 2 Applicators



STEP 10 – Page 1

MEDICAL HISTORY FORM

I. Past Medical History:

A. Parity: G _____ P _____

LMP _____

B. Serious medical illness/hospitalizations: _____

C. Allergies: _____

D. Recent illness/trauma: _____

E. Present medications: _____

F. Is the victim using contraception? (method) _____

G. History of V.D., STD or other gynecologic illness: _____

II. Physical Examination:

A. Vital signs: Temp. _____ Pulse _____ Resp. _____ B/P _____

B. Emotional Assessment (check boxes):

☐ Quiet ☐ Agitated ☐ Nervous ☐ Hostile ☐ Other _____

☐ Crying ☐ Upset ☐ Cooperative ☐ Uncooperative

C. Systems examination — describe, if abnormal; check, if normal:

Head ☐ Back ☐ Eyes ☐ Nose, throat & mouth ☐

Neck ☐ Chest ☐ Breasts ☐ Abdomen ☐

Extremities: Upper ☐ Lower ☐ Neurologic ☐

Skin examination to look for semen (with wood's light):

☐ Positive (label on anatomical drawing & collect) ☐ Negative

D. Pelvic

A. Vulva: _____

B. Vagina: _____

C. Cervix: _____

D. Fundus: _____

E. Rectal: _____

STEP 10 – Page 2

Surgical procedures required?

Yes ☐ No ☐

If Yes, describe in detail:

Tetanus toxoid administered?

Yes ☐ No ☐

Prophylactic antibiotic administered?

Yes ☐ No ☐

If yes, specify drug and dosage: _____

Pregnancy prevention drug administered?

Yes ☐ No ☐

If yes, specify drug and dosage: _____

III. Follow-Up and Referrals

A. Medical Follow-Up

1. Name of M.D. _____

2. Date of appointment _____

B. Referrals (check appropriate boxes)

Rape Crisis ☐

Law Enforcement ☐

Mental Health ☐

Dept. of Social Services ☐

Other ☐

Specify: _____

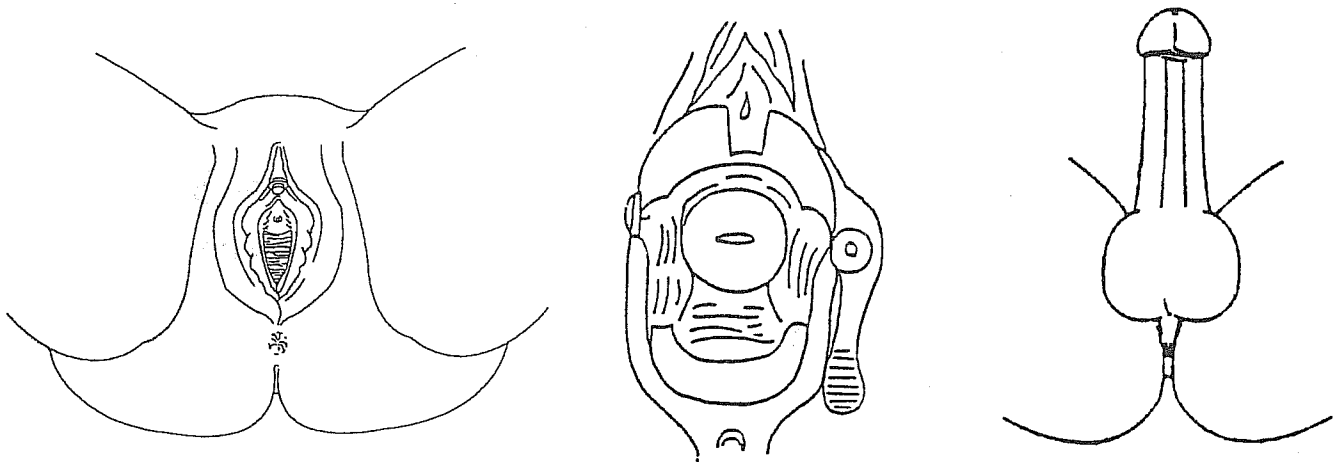
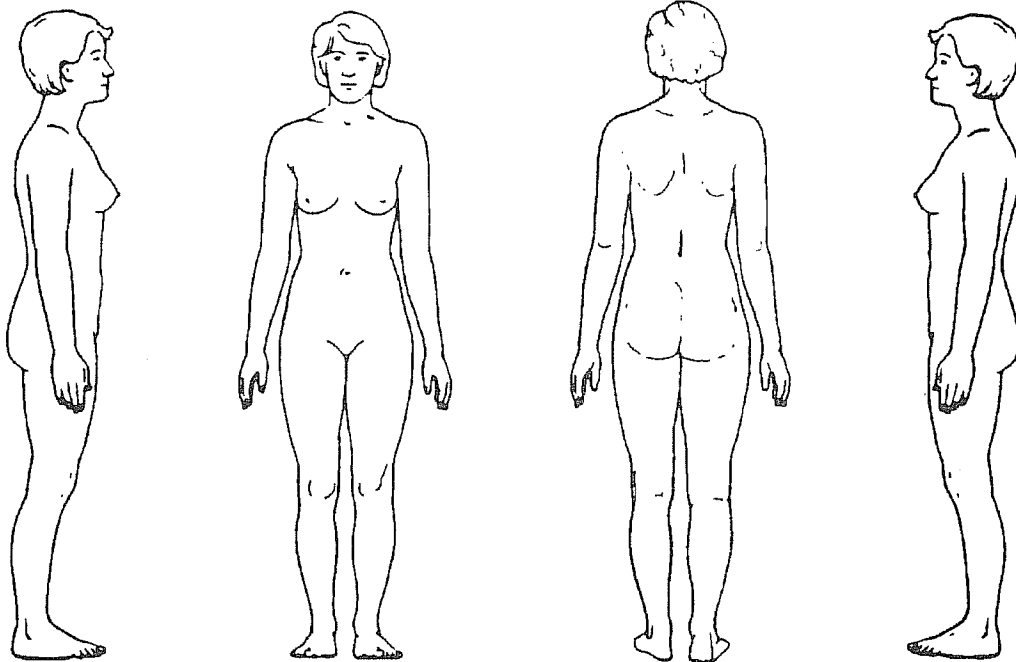
Victim's Name

Signature of Physician

Signature of Nurse

STEP 11

ANATOMICAL DRAWINGS



Victim's Name: _____

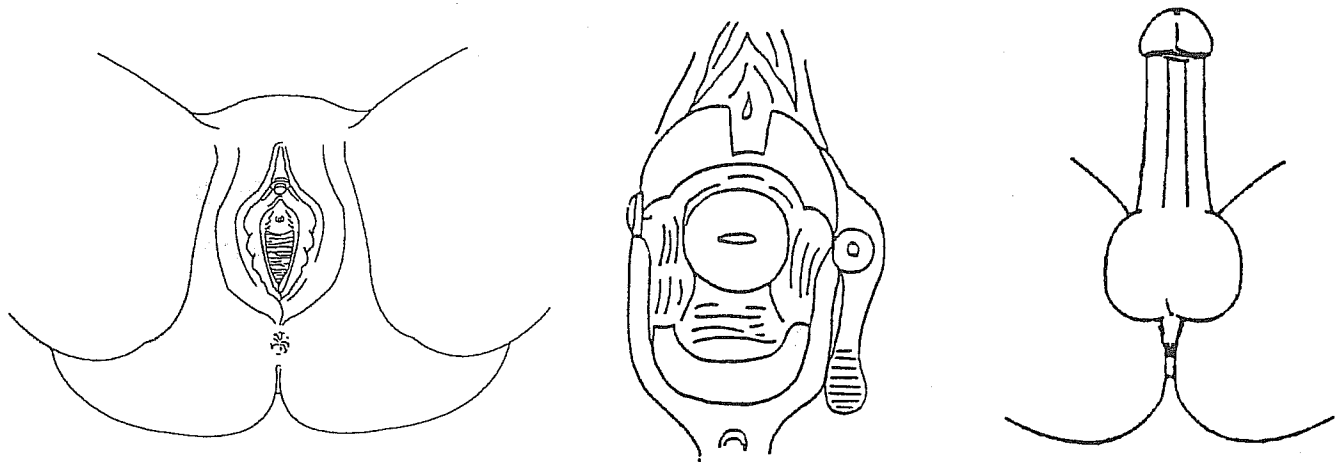
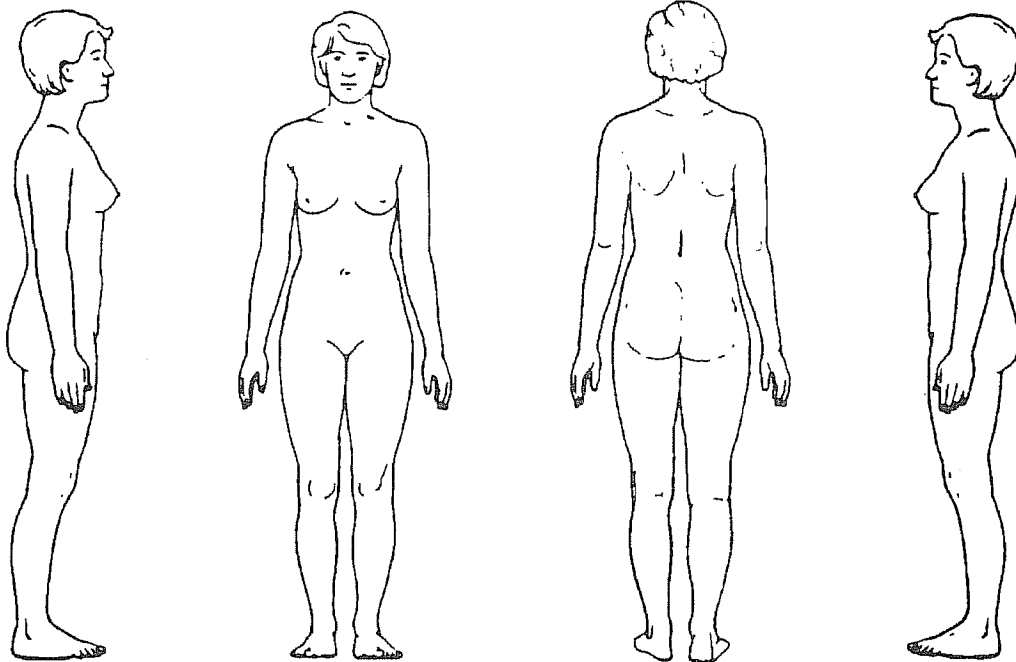
Describe all signs of physical trauma: _____

Signature of Nurse

Signature of Physician

STEP 11

ANATOMICAL DRAWINGS



Victim's Name: _____

Describe all signs of physical trauma: _____

Signature of Nurse

Signature of Physician

STEP 12

PULLED HEAD HAIRS

(50 full-length plucked hairs)

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

Note: It is preferable to pluck these hairs rather than cut them. However, if trauma of hair plucking is felt excessive, cut the hairs as close to the skin as possible. Remove hairs from different areas of scalp.

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

STEP 13

KNOWN CHEEK SCRAPING

(Collect even if no oral contact)

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

Note: A) The victim should not have anything to eat, drink or smoke for a minimum of 15 minutes prior to collection. If oral assault occurred, have victim rinse his/her mouth, wait 15 minutes.

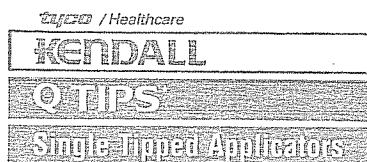
B) Vigorously rub each cheek with swabs while rotating the swab.

C) Place each swab in enclosed dryer before placing back into envelope.

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

NCSBI213



6in (15.24 cm) 2 Applicators

STERILE R

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STEP 14

KNOWN BLOOD SAMPLE

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

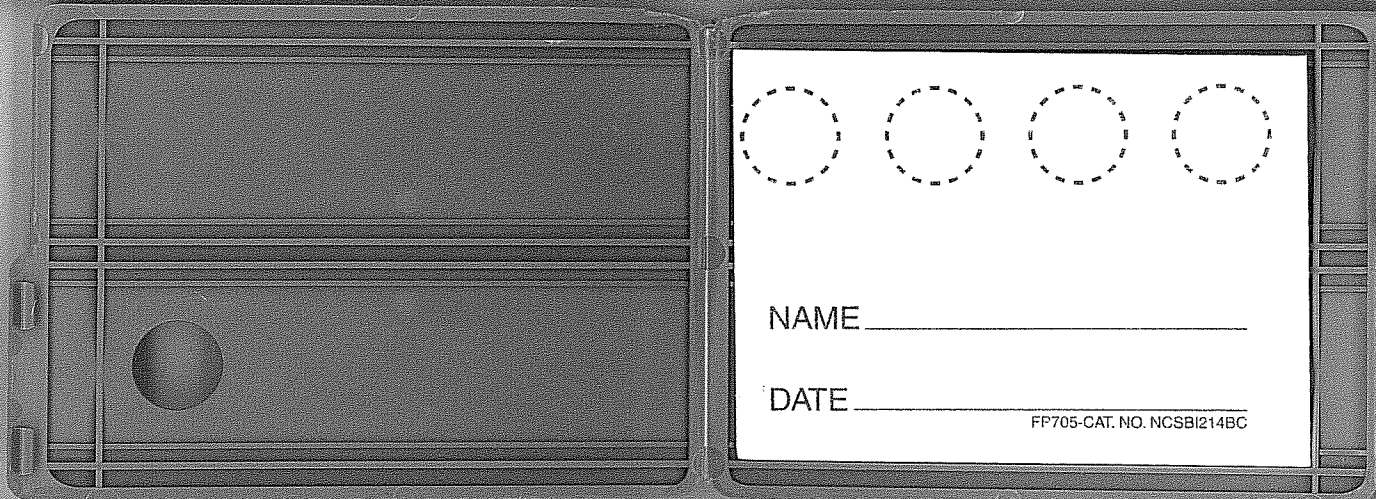
COLLECTED BY: _____

Note: Open plastic mailer. Do not touch filter paper without gloves on. Using fingerstick or Saf-Kem® device, saturate 2-4 dime sized stains on filter paper.

WAS SAMPLE COLLECTED? YES ☐ NO ☐

IF NO, WHY NOT? _____

NCSBI214



NAME _____

DATE _____

FP705-CAT. NO. NCSBI214BC

HOSPITAL PERSONNEL

Please Give This Sheet To The Victim/Patient

The following is a list of phone numbers where you may reach rape crisis personnel who will assist you with counseling and various other support services in your community. For additional information, contact the Director of Services to Victims of Sexual Assault at 919-733-2455. She can give you additional contacts throughout the State.

If your county does not appear on the list, contact the Sheriff’s Department in your county or the rape crisis center in an adjoining county.

You may also wish to call CARELINE, a toll-free call anywhere in North Carolina for an up-to-date listing of referral services in your community. This number is 1-800-662-7030 and is manned from 8:00 a.m.—5:00 p.m. on Monday through Friday. CARELINE is a service of the North Carolina Department of Human Resources.

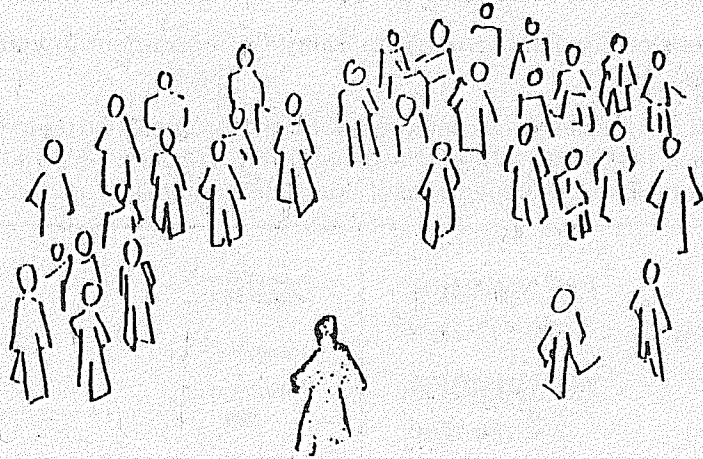
STATEWIDE PH. NUMBER

NC Coalition Against Sexual Assault 888-737-2272

COUNTY	PH. NUMBER
Alamance	336-228-0360
Alexander	Crisis: 828-635-8850
Anson	704-690-0362
Ashe	336-246-5430
Avery	828-733-3512
Beaufort (Serves Washington, Hyde & Tyrell)	252-946-3219 877-723-8390
Bladen	910-862-6870
Brunswick	800-672-2903
Buncombe	828-255-7576
Burke (Serves Mitchell)	828-438-9444
Cabarrus	704-721-0110
Caldwell	828-758-0888
Carteret	252-725-4040
Catawba	828-322-6011
Chatham	919-542-4422 919-545-0224
Chowan	252-338-3011
Cherokee	828-837-8064
Clay	828-389-0797
Cleveland	704-481-0043
Columbus	910-641-0444
Craven	252-474-4343
Cumberland	910-485-7273
Currituck	252-338-3011
Dare	252-473-3366
Davidson	336-243-1934
Davie	336-751-HELP
Duplin	877-299-8111
Durham	919-403-6562
Eastern Band of Cherokee	828-488-5572
Edgecombe	252-446-2400
Forsyth	336-722-4457
Franklin	800-620-6120
Gaston	704-864-0060
Gates	252-357-0237
Graham	828-479-4332
Green	252-747-5919
Guilford	336-273-7273 336-889-7273
Halifax (Serves Northampton)	252-537-2882
Harnett	910-893-7233
Haywood	828-456-7898
Henderson	828-692-3931
Hertford (Serves Northampton, Gates & Bertie)	800-669-1933
Hoke	910-875-8156
Iredell	704-872-4045

COUNTY	PH. NUMBER
Jackson	828-586-8969
Johnston	919-934-0233 919-934-6161
Lee	919-774-8923
Lenoir (Serves Jones)	252-523-5573
Lincoln	704-736-1224
Macon	828-369-5544
Madison	828-649-3912
Martin	252-792-5151
McDowell	828-652-8538
Mecklenberg	704-375-9900
Mitchell	828-765-4044
Montgomery (Serves Stanly)	800-551-5497
Moore	910-947-3333
Nash	888-465-9507
New Hanover	800-672-2903 910-392-7460
Onslow	910-347-4000
Orange	866-935-4783
Pasquotank (Serves Camden,Chowan Perquimans & Currituck)	252-338-3011
Pender	910-259-8989
Person	336-599-7233
Pitt	252-758-4357
Polk	828-894-2340
Randolph	336-629-4159
Richmond	910-995-1872
Robeson	910-739-6278
Rockingham	336-342-3331
Rowan	704-636-4718
Rutherford	828-286-3411
Sampson	910-596-0931
Scotland	910-276-5505
Stokes	336-593-9323
Surry	336-786-6155
Swain/Graham	800-849-6127
Transylvania	828-885-7233
Union	704-283-7770
Vance	252-436-2401
Wake	919-828-3005
Washington	252-793-1154
Warren	252-257-2774
Watauga (Serves Alleghany & Ashe)	800-268-1488
Wayne	919-736-1313
Wilkes	336-667-7656
Wilson	252-291-2344 252-237-5156
Yadkin	336-679-2500
Yancey	828-682-2111

KNOW WHERE TO TURN FOR HELP



RAPE VICTIM ASSISTANCE PROGRAM

The General Assembly authorized funds in 1981 to provide financial assistance to victims of rape, attempted rape, sexual assault and attempted sexual assault who report the crime to the proper law enforcement officials within 72 hours of the incident. The program, which is administered by the N.C. Department of Crime Control and Public Safety's Division of Victim and Justice Services, provides up to \$1000 for immediate and short-term medical expenses. The program can also pay for mental health and ambulance services.

The assistance is paid directly to the hospital or doctor providing the care. It is important that you provide them with all the details of your insurance coverage because the Rape Assistance Program will coordinate benefits with any applicable insurance plan.

For immediate help with the program you should speak with the emergency room staff or someone in the business office. If you have further questions please write or call the address or number at the bottom of this page.

NORTH CAROLINA CRIME VICTIM COMPENSATION PROGRAM

As a victim of rape or sexual assault you may also be eligible for help from the North Carolina Crime Victim Compensation Program which helps victims of violent crimes meet their financial obligations. The program can assist victims in payment of medical bills as well as fees for psychological counseling and lost wages which add up while victims recover.

The Victim Compensation Program is available to victims for up to one year after the crime, but only if the victim cooperates with the law enforcement agency.

If you are interested in receiving help through these programs and/or have questions about them, please write or call (toll-free) the address or phone number below.

Rape Victim Assistance Program OR
N.C. Crime Victim Compensation
Division of Victim Compensation Services
Department of Crime Control and Public Safety
4703 Mail Serv. Ctr
Raleigh, NC 27699-4703
1-800-826-6200

STEP 17 EVIDENCE CHECKLIST AND DISPOSITION OF EVIDENCE

I. EVIDENCE COLLECTION

Follow the instructions found in the N.C. Sexual Assault Collection Kit. Clearly identify, date, initial and seal all containers. Check off items that are collected:

A. **Unknown Samples**

Collected

Not Collected

1. Outer Clothing
2. Underpants—Panties
3. Oral Smears and Swabs
4. Pubic Hair Combing
5. Vaginal Smears and Swabs
6. Rectal Smears and Swabs
7. Toxicology Samples

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Collect smears and swabs only from body cavities which were penetrated.

B. **Known Samples: Collect in every case**

Collected

Not Collected—Why?

1. Pulled Pubic Hair Sample
2. Pulled Head Hair Sample
3. Known Blood Sample
4. Known Cheek Scraping

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

C. **Photographs**

1. By Whom _____
2. Describe photographs _____
3. Photo given to _____

II. DISPOSITION OF EVIDENCE (Check appropriate one)

☐ **A. Law Enforcement:**

Agency _____
Officer _____

☐ **B. Hospital Security:**

Officer _____

☐ **C. Chain of Custody: See outside of box.**

TO REORDER ADDITIONAL SBI SEXUAL ASSAULT EVIDENCE COLLECTION KITS (EXCEPT IN MECKLENBURG COUNTY)

We prefer to receive requests in writing and through the mail or via FAX.
Please fill in the following information and post or FAX to:

Sirchie~ Finger Print Labs
100 Hunter Place
Youngsville, NC 27596
Attn: Sue Jennings

FAX Number: 919-554-2266
Business Phone: 919-554-2244 (8am-5pm)

Number of kits on hand: _____

Number of kits needed: _____

Hospital Name: _____

Street Address: _____

City, State: _____

Zip Code: _____

Department: _____

Sent attention of: _____

Telephone Number: _____

***We must have a street address, not a P.O. Box Number.
These kits are sent UPS, which will not deliver to P.O. Boxes.***

***If you MUST call, please have the
above information available at the time you call.***