

STATE OF SOUTH DAKOTA

SEXUAL ASSAULT EVIDENCE COLLECTION KITS

THIS KIT IS DESIGNED TO ASSIST THE EXAMINER IN THE COLLECTION OF EVIDENTIARY SPECIMENS FOR ANALYSIS BY THE SOUTH DAKOTA FORENSIC LABORATORY. THE HOSPITAL IS NOT REQUESTED OR ENCOURAGED TO ANALYZE ANY OF THE 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 EXAMINER SHOULD EXPRESS NO CONCLUSIONS, OPINIONS, OR DIAGNOSIS TO THE SUBJECT OR OTHERS, NOR SHOULD THIS BE WRITTEN IN RECORD. (SEE ANONYMOUS REPORT*)

QUESTIONS REGARDING THE SEXUAL ASSAULT COLLECTION KITS SHOULD BE DIRECTED TO YOUR LOCAL POLICE DEPARTMENT OR YOU MAY CONTACT THE SOUTH DAKOTA FORENSIC LABORATORY BETWEEN THE HOURS OF 8AM AND 5PM, MONDAY THROUGH FRIDAY, AT 605-773-3673. FOR AFTER HOURS COLLECTION QUESTIONS, PLEASE CONTACT PIERRE STATE RADIO COMMUNICATIONS AT 605-773-3536 AND REQUEST CONTACT WITH A SD FORENSIC LABORATORY STAFF MEMBER

***IF THE VICTIM IS PRESENTING AS AN “ANONYMOUS REPORT” AND HAS NOT DETERMINED IF THEY WISH TO PROCEED WITH PROSECUTION AT THIS TIME, DO NOT INDICATE THE NAME OF THE VICTIM ON THE SUBJECT LINE ON THE OUTSIDE OF THE SEXUAL ASSAULT EVIDENCE COLLECTION KIT. IDENTIFY THE VICTIM ONLY BY CHECKING THE “ANONYMOUS REPORT” BOX. RECORD THE UNIQUE KIT NUMBER LOCATED ON THE OUTSIDE, RIGHT HAND BOTTOM PORTION OF THE SEXUAL ASSAULT EVIDENCE COLLECTION KIT IN YOUR RECORDS OR FOLLOW FACILITY’S NUMBERING POLICY. CONTINUE WITH THE SEXUAL ASSAULT EXAM AS DIRECTED BELOW.**

PROCEDURAL STEPS THAT MEDICAL FACILITIES CAN FOLLOW TO INCREASE EFFICIENCY AND TO MEET LEGAL NEEDS:

- 1) CONDUCT ENTIRE SEXUAL ASSAULT EXAM PROTOCOL LISTED WHEN SUBJECT DOESN'T OR CAN'T INFORM WHAT HAPPENED DURING THE ALLEGED ASSAULT OR DOESN'T KNOW ASSAILANT(S).**
- 2) WHEN ALLEGED ASSAULT OCCURRED MORE THAN THREE DAYS PRIOR TO EXAMINATION, COMPLETE STEPS 1, 2, 3, 6, 7, 8, 9, 11, AND 12.**
- 3) MARK THE “YES” OR “NO” BOX ON EACH COLLECTION ENVELOPE TO INDICATE IF SAMPLE HAS BEEN COLLECTED.**

STEP 1 CONSENT FOR VICTIM ONLY EXAMINATION, COLLECTION, AND RELEASE OF EVIDENCE AND AUTHORIZATION FOR RELEASE INFORMATION.

Fill out all information requested and have subject (or parent/guardian, if applicable) and witness sign where indicated. These forms are not applicable if the kit is processed on a suspect of a sexual assault.

STEP 2 VICTIMS MEDICAL HISTORY AND ASSAULT INFORMATION FORM

Fill out all information requested on form.

STEP 3 UNDERPANTS (WORN AT/IMMEDIATELY AFTER TIME OF ASSAULT)

Collect the victim's underwear and place in the bag provided in the kit. Fold the opening over to close the bag and seal it shut with one of the provided "Evidence" stickers. Fill out all the information requested on the Underpants bag label.

If necessary, obtain the required bag(s) from law enforcement or use clean, undamaged paper bag(s) to collect the victim's outer clothing. Seal the bag(s) shut with a piece of tape and signature of collector across the seal. Label each bag with the contents and victim's name.

Any wet or damp clothing should be allowed to air dry before packaging. As an alternative, law enforcement can be advised that the item needs further drying and the item can be removed from the bag by law enforcement to dry at their agency.

If the victim has changed clothing between the assault and the examination, collect only the items that are in direct contact with the victim's genital area. Inform the officer in charge that clothing worn at the time of the assault may need to be collected if available.

Do not cut through any existing holes, rips, or stains in the victim's clothing

Do not shake out victim's clothing as evidence may be lost. Unless trace evidence is noted, it is not necessary to collect any exam table paper, sheets, or paper placed under the victim while changing clothes.

STEP 4 MISCELLANEOUS (LABEL ENVELOPE ACCORDINGLY IF COLLECTED)

Using the swabs provided, collect any **dried secretions** such as dried semen (ex. pubic area), saliva (ex. breast/neck areas), blood (fingernails), etc. by lightly moistening the swabs with sterile water, then thoroughly swabbing the area of interest. Air dry the swabs before packaging. Place the swabs in the swab box and label accordingly. Indicate location from which the sample was taken on anatomical drawings on envelope. Note: If available, an alternative light source may be useful in collection of dried secretions.

It is recommended to collect **fingernail scrapings** *only when tissue material is apparent under the nail(s) and the victim reports scratching the perpetrator*. To collect scrapings, remove the folded paper bundle from the Miscellaneous Collection envelope, unfold, and place on a flat surface. Hold victim's hand over bundle and using the plastic fingernail scraper provided or swab based on discretion of fingernail length and comfort, to scrape or swab under all five fingernails, then refold bundle to retain scrapings. If blood is visible under the fingernails, use a moistened swab to run under each fingernail with apparent stains (the same swab may be used for all five fingers). Repeat procedure with separate swab for other hand if necessary.

If apparent biological debris is found (ex. loose pubic hair(s) foreign to the victim), place in the bundle provided (or in a hospital provided paper towel or piece of paper). Fold the bundle in a manner to retain debris and label accordingly.

STEP 5 ORAL SWABS (COLLECT ONLY IF WITHIN 3 DAYS OF REPORTED ORAL ASSAULT)

Have the subject open their mouth and, with one hand, slightly pull open one cheek. Take both swabs in the other hand and, using a back and forth motion, swab the crevice between the subject's buccal area and gum line on both sides of the mouth. Allow both swabs to air dry. Place swabs in swab box. Return swabs to ORAL SWABS envelope, seal, and fill out all information requested on envelope.

FOLLOWING THE COLLECTION OF ORAL SWABS, THE SUBJECT MAY BE ALLOWED TO RINSE MOUTH WITH WATER.

Note: This is not considered a KNOWN BUCCAL SWAB. Even if oral swabs are collected, a known buccal swab must also be collected.

STEP 6 KNOWN BUCCAL SAMPLE- COLLECT IN ALL CASES

Note: The subject should not have anything to eat, drink (besides water), or smoke for a minimum of 15 minutes prior to sample collection.

Have the subject open their mouth and, with one hand, slightly pull open one cheek. Take both swabs in the other hand and, using a back and forth motion, swab the crevice between the subject's upper cheek and gums on both sides of the mouth. Allow both swabs to air dry. Place swabs in swab box. Return swabs to KNOWN BUCCAL SAMPLE envelope, seal, and fill out all information requested on envelope.

STEP 7 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.

STEP 8 GENITAL EXAMINATION

Fill out all information requested on form. Using appropriate anatomical drawing, note and describe all signs of physical trauma - e.g. bruises, scratches, redness, bite marks, etc. on the anatomical drawing.

STEP 9 VAGINAL/CERVICAL SWABS OR PENILE SWABS (COLLECT ONLY WITHIN 5 DAYS OF REPORTED ASSAULT. UNLESS THERE ARE UNUSUAL CIRCUMSTANCES, I.E. SUBJECT IS NOT AMBULATORY, THEN COLLECT IF WITHIN 14 DAYS OF REPORTED ASSAULT).

Note: Vaginal/Cervical Swabs: do not moisten swabs prior to sample collection.

Vaginal/Cervical Swabs: (envelope will contain two sets of swabs; one set for vaginal and one set for cervical) Using two swabs simultaneously, carefully swab the vaginal walls. Allow swabs to air dry. Place swabs in appropriate swab box. Return swabs to VAGINAL/CERVICAL SWABS envelope.

Using two swabs simultaneously, carefully swab the cervix. Allow swabs to air dry. Place swabs in appropriate swab box. Return swabs to VAGINAL/CERVICAL SWABS envelope, seal, and fill out information requested on envelope.

If female subject is menstruating, collect the tampon/pad in use and send with kit to the lab. If possible, allow item to dry before packaging. If unable to dry item, package in paper (not plastic) and place in envelope.

Note: Penile Swabs: lightly moisten swabs with sterile water prior to sample collection.

Penile Swabs:

Using both swabs simultaneously, carefully swab the glans and shaft of penis. Allow both swabs to air dry. Place swabs in appropriate swab box. Return swabs to PENILE SWABS envelope, seal, and fill out information requested on envelope.

STEP 10 ANAL SWABS (COLLECT ONLY IF WITHIN 3 DAYS OF REPORTED ANAL ASSAULT)

Note: do not moisten swabs prior to sample collection.

Using both swabs simultaneously, carefully swab the anus. Allow both swabs to air dry. Place swabs in swab box. Return swabs to ANAL SWABS envelope. Seal and fill out information requested on the envelope.

STEP 11 URINE/BLOOD SAMPLE (FOR SUSPECTED DRUG FACILITATED RAPE)

Note: if subject is presenting as an ANONYMOUS REPORT, only mark the kit number on the Urine/Blood Specimen labels. All other reporting subjects label accordingly. Be aware of the time sensitivity and storage requirements. Follow your facility's policies and procedures.

Drug facilitated sexual assault: with subject's permission, if a drug facilitated sexual assault is suspected, collect a blood sample if the drugs may have been ingested within 24 hours of the exam and a urine sample if the drugs may have been ingested within 96 hours of the exam. Use urine collection container and blood tubes from hospital stock. Appropriately label collected urine and blood specimen(s).

This testing is TIME SENSITIVE within a 30 day window and needs to be tested as soon as possible. This test is NOT conducted at the State Health Lab. Contact the SD Forensic Lab for information on testing sources at 605-773-3673. The specimens are not to be submitted to the SD Forensic Lab with other evidence collected.

Blood alcohol: if blood alcohol level may be vital, obtain blood alcohol collection tube(s) to preserve any possible drug/alcohol.

DO NOT enclose liquid blood or urine in the sealed Sexual Assault kit. Hand deliver to law enforcement, and instruct law enforcement to FREEZE the urine sample, and REFRIGERATE the liquid blood sample(s) to preserve any possible drug/alcohol.

STEP 12 INFORMATION FOR VICTIM

Provide *The South Dakota Recovery Guide* to victim or rapid crisis personnel so they may explain various services available.

FINAL INSTRUCTIONS

Questions regarding the Sexual Assault Collection Kit should be directed to your local police or you can contact the SD Forensic Laboratory staff between the hours of 8am-5pm, Monday through Friday, at 605-773-3673 for forensic staff contact. After hours, contact Pierre State Radio Communications at 605-773-3536 for a forensic staff contact number.

Make sure all information requested on all forms, envelopes, and bags has been filled out completely.

- 1) Make two copies of all forms- steps 1, 2, 7, and 8.
- 2) Retain original of all forms for hospital/patient records. Return one copy of all forms to the kit and give one copy of all forms to law enforcement .
- 3) With the exception of URINE/BLOOD SAMPLE (if collected) and any sealed and labeled clothing bags, return all other evidence collection envelopes, used or unused, to kit.
- 4) Affix, then initial and date the evidence tape where indicated on sides of kit.
- 5) Fill out all information requested on top of kit box under "For Hospital Personnel". If the reporting subject is a "Anonymous Report", check the "Anonymous Report" box and do not write the subject's name on the kit. Record the kit number in your records.
- 6) Hand sealed kit, sealed clothing bags, URINE and/or BLOOD SAMPLE(S) (if collected) and copy of all forms to law enforcement.

NOTE: If officer is not present at this time, place sealed kit and sealed bags in secure and refrigerated area and hold for pickup by law enforcement or follow hospital storage procedures.

STEP 1

CONSENT FOR SEXUAL ASSAULT EXAM AND INTERVIEW
AUTHORIZATION FOR RELEASE OF INFORMATION

Hospital: _____

Address: _____

I, _____ do hereby authorize the following as indicated by my initials but understand that I may at any time refuse any of these collections:

Initial any/all the following collections you wish to authorize to occur during the exam

- _____ a. Collect evidence, including hair, photographs, body fluid samples, scraping of finger nails, and collection of clothing.
- _____ b. Pelvic examination.
- _____ c. Visual inspection of injuries and possible areas of assault including the oral cavity, the genitalia, and the rectum.
- _____ d. Collect urine and/or blood for drug screen.
- _____ e. Collect blood for alcohol screen.
- _____ f. Collect blood for HIV screen
- _____ g. Collect urine and/or blood for pregnancy screen
- _____ h. Give medication for the intention of preventing pregnancy.
- _____ i. Give medication for the intention of preventing infection.
- _____ j. Forensic Interview

_____ I understand that this is not a routine medical checkup but a sexual assault evidentiary exam. The nurse doing the exam
(Initials) will not be held responsible for identifying, diagnosing, or treating any existing medical problems I have.

Choose one of the following - 1 or 2:

_____ 1) I also authorize this hospital to release all of the
(Initials) evidence found and all of the information contained in the medical records concerning this assault examination and treatment to the law enforcement agencies that may be involved in investigating this assault or in prosecuting the assailant. I also request the law enforcement agencies to release evidence regarding my case to the Sexual Assault Response Team.

I hereby waive all medical privilege in connection with such examination, treatment, and evidence found, and I expressly authorize the use of such medical information in any subsequent criminal prosecution in the State or Federal Courts against the assailant.

_____ 2) **ANONYMOUS REPORT:** I understand the evidence
(Initials) will have a case number for identification and not my name. I may contact law enforcement within seven years of the collection or until I reach the age of twenty-five to proceed with an investigation and/or in prosecuting the assailant and authorize all of the evidence collected by the health care facility or any of the information contained in the medical records concerning this assault examination to be used in the investigation. If I do not contact law enforcement within seven years of the collection or until I reach the age of twenty-five, I understand this kit will be destroyed and I will not be charged for these services and/or kit. If I so desire to retrieve the clothing collected, I must contact law enforcement within seven years of the collection or until I reach the age of twenty-five.

_____ **This protected health information is being used or disclosed for the following purposes:**
(Initials) The criminal investigations and proceedings related to the criminal prosecution of a sexual assault including any juvenile proceeding, to include an Anonymous Report case if authorized by an Anonymous Report within seven years seven years from the date the health care facility examined or treated the victim or until the victim reaches the age of twenty-five, whichever is later.

Retain original of all forms for patient records. Return a copy of all forms to the kit and give a copy of all forms to Law Enforcement.

STEP 1 CONTINUED

CONSENT FOR SEXUAL ASSAULT EXAM AND INTERVIEW **AUTHORIZATION FOR RELEASE OF INFORMATION CONTINUED**

This authorization shall be in force and effect until:

(Initials) _____ The completion of all investigations and legal actions related to this matter, including the completion of any appeal or review, or the expiration of the time for the filing of any such appeal or review, or in the case of an Anonymous Report – the seven years from collection or the victim has turned twenty-five, whichever is later, has passed and the subject chooses not to proceed with an investigation and/or prosecution.

You may be contacted in matters regarding the assault, investigations and the criminal proceedings should you proceed with law enforcement.

I understand the following (for all examinations):

(Initials) _____ That my ability to receive treatment from any health care provider is not reliant on my signing or not signing this authorization.

I understand the following (for prosecution cases):

(Initials) _____ That by signing this authorization, I understand that my records may be redisclosed by the recipient in prosecution cases, and that such redisclosure voids any protection under the HIPAA Privacy Rule.

Signature of Subject or Personal Representative

Date

Printed Name of Subject or Personal Representative

Date

Description of Personal Representative's Authority (Parent. Guardian. etc.)

Witness Signature

Date

Please Initial: _____ I have received a copy of this authorization

The statutes cited below are effective and accurate as of the date of print (July 2020)

22-22-26. County to pay for forensic medical examinations.

The county where an alleged rape or sexual offense occurred shall pay the cost of any forensic medical examination performed by a physician, hospital, or clinic on the victim of the alleged rape or sexual offense. For purposes of the provisions of §§ 22-22-26 to 22-22-26.2, inclusive, the term, forensic medical examination, includes:

- (1) Examination of physical trauma;
- (2) Patient interview, including medical history, triage, and consultation; and
- (3) Collection and evaluation of evidence, including any photographic documentation; preservation and maintenance of the chain of custody of evidence; medical specimen collection; and any alcohol- or drug-facilitated sexual assault assessment and toxicology screening deemed necessary by the physician, hospital, or clinic.

Source: SL 1986, ch. 182; SL 2005, ch 120, § 402; SL 2012, ch 126, § 1; SL 2013, ch 108, § 1; SL 2018, ch 131, § 1.

23-5C-3. Code number assigned--Period code number maintained--Retrieval and transfer of sexual assault kit--Preservation of kit.

A health care facility shall assign a code number to a sexual assault kit, and provide the code number to the victim as well as information identifying the law enforcement agency where the kit will be stored. The health care facility shall maintain the code record for at least seven years from the date the health care facility examined or treated the victim or until the victim reaches the age of twenty-five, whichever is later. The health care facility may not affix to the sexual assault kit any information of the victim's identity other than the code number under this section. The law enforcement agency to which the health care facility releases the sexual assault kit under § 23-5C-2 shall retrieve the sexual assault kit, containing no identifying information of the victim other than the code number affixed by the health care facility, within seventy-two hours following the date on which the sexual assault kit is assigned a code number under this section. The health care facility shall coordinate the transfer of the sexual assault kit to the law enforcement agency in a manner designed to protect the victim's confidentiality and preserve the evidentiary integrity of the sexual assault kit. A law enforcement agency in possession of a sexual assault kit shall preserve the kit for at least seven years from the date of examination or treatment or until the victim reaches the age of twenty-five, whichever is later, before it is destroyed. If a victim, or a victim or witness assistant, exercises the option of reporting the rape or sexual assault to a law enforcement agency, the code number under this section shall be provided by the victim to the law enforcement agency where the kit is being stored and used to identify the appropriate sexual assault kit.

Source: SL 2016, ch 130, § 3; SL 2019, ch 112, § 2; SL 2020, ch 92, § 2.

**Retain original of all forms for patient records. Return a copy of all forms to the kit
and give a copy of all forms to Law Enforcement.**

STEP 2**VICTIM'S MEDICAL HISTORY AND SEXUAL ASSAULT INTERVIEW**

1. Name: _____
2. Age: _____ Sex: _____
3. Race: _____ Date of Birth: _____
4. Date and Time of Assault: _____ / _____ /20 _____ : _____ AM/PM
5. Date and Time of Hospital Examination: _____ / _____ /20 _____ : _____ AM/PM
6. Hours since Assault: _____

Pertinent Medical History:

7. Date and time of last consensual sexual encounter: _____

FEMALE GYN HISTORY:

8. Was victim menstruating at time of assault _____ No _____ Yes
9. Date of the first day of your last period: _____ Usual # of days between periods: _____
10. Menses usually last (# of days): _____ Periods are usually: _____ Regular _____ Irregular
11. Contraceptives used? _____ No _____ Yes If yes, list type(s): _____
- Gynecologic Surgery? _____ No _____ Yes If yes, list type(s) (ie: hysterectomy, tubal, leep) _____
- _____
12. Is victim pregnant? _____ No _____ Yes _____ Not sure If yes, duration of pregnancy? _____

13. If >72 hours, did you use: _____ Condoms _____ Vaginal lubricant
14. Since assault have you: _____ Bathed _____ Showered _____ Had bowel movement
- _____ Urinated _____ Douched _____ Vomit/emesis
- _____ Ate/Drank _____ Brushed teeth/Used mouthwash
- _____ Changes clothes If yes, are clothes available? _____ No _____ Yes
- _____ Washed bedding or other fabric involved in assault
15. Did assailant keep anything that belongs to you? (i.e. clothing, jewelry, purse, underwear, etc.)
- _____ Unsure _____ No _____ Yes If yes, please describe: _____
16. Did you scratch the assailant during the assault? _____ Unsure _____ No _____ Yes If yes, where: _____
- _____
17. Did you injure the assailant in any other way? _____ Unsure _____ No _____ Yes If yes, describe: _____
- _____

19. Location of Assault: _____

20. Number of Assailants: _____

21. Race of Assailant: #1: _____ #2: _____ #3: _____

22. Relationship to Assailant #1: _____ #2: _____ #3: _____

(Stranger/Acquaintance/Relative:

23. Name of Assailant: #1: _____ #2: _____ #3: _____

24. Did assailant wear a condom? #1: _____ #2: _____ #3: _____

25. a.	Kissed/Licked	Unsure	No	Attempted	Yes/Where/Assailant#
b.	Vaginal Penetration	Unsure	No	Attempted	Yes/Where/Assailant#
c.	Anal Penetration	Unsure	No	Attempted	Yes/Where/Assailant#
d.	Oral Penetration <input type="checkbox"/> By assailant <input type="checkbox"/> On assailant	Unsure	No	Attempted	Yes/Where/Assailant#
e.	Genital Oral Contact <input type="checkbox"/> By assailant <input type="checkbox"/> On assailant	Unsure	No	Attempted	Yes/Where/Assailant#
f.	Offender Ejaculated	Unsure	No	Attempted	Yes/Where/Assailant#
g.	Harmful Genital Contact	Unsure	No	Attempted	Yes/Where/Assailant#
Any yes indicates need for swab evidence collection.					
h.	Strangled or Suffocated	Unsure	No	Attempted	Yes/Where/Assailant#
i.	Slapped	Unsure	No	Attempted	Yes/Where/Assailant#
j.	Kicked	Unsure	No	Attempted	Yes/Where/Assailant#
k.	Punched	Unsure	No	Attempted	Yes/Where/Assailant#
l.	Pinched	Unsure	No	Attempted	Yes/Where/Assailant#
m.	Pushed	Unsure	No	Attempted	Yes/Where/Assailant#
n.	Burned	Unsure	No	Attempted	Yes/Where/Assailant#
Any yes indicates need for photographs and noted on drawings.					

26. Were weapons used _____ Firearms _____ Knives _____ Blunt objects _____ Other - what _____

27. Verbal Threats? _____

Observation of Mood/Affect

28. Observation of Mood/Affect/Repetitive Physical movements: _____

29. Repetitive physical movement - e.g., pacing, hand-wringing, fidgeting, picking: _____

30. Description of outward physical appearance, not demeanor - e.g., clothes, obtained, torn, etc.: _____

31. Case staffed with _____

32. Are there injuries that required a referral or follow-up to another specialty? _____ No _____ Yes
 If yes, specify: _____

Resources Utilized:

33. Advocate _____ No _____ Yes
 Translator _____ No _____ Yes
 Social Services _____ No _____ Yes

Child Advocacy Center _____ No _____ Yes
 Domestic Violence Shelter _____ No _____ Yes

34. Tanner Stages:
 Breasts: — 1 — 2 — 3 — 4 — 5
 Pubic Hair: — 1 — 2 — 3 — 4 — 5

Tanner Stages		
Stage	Breast Dev	Pubic Hair
1	Prepubertal: Papilla elevation only	Prepubertal: No pubic hair
2	Breast bud: Elevation of breast & papilla; enlargement of areola	Sparse, long, slightly pigmented hair on labia majora
3	Further enlargement of breast & areola; no separation of contour	Dark, coarse, curled hair, spreading sparsely over mons
4	Areola & papilla form secondary mound above level of breast	Adult-type hair, abundant, limited to mons
5	Projection of papilla only, recession of areola to contour of breast	Adult-type hair, distribution to the medial thigh

Completed by: _____
 (Signature) (Print Name) (Date)

Retain original of all forms for patient records. Return a copy of all forms to the kit and give a copy of all forms to Law Enforcement.

STEP 3

UNDERWEAR

SUBJECT'S NAME: _____

DATE COLLECTED: _____ TIME _____ am
pm

COLLECTED BY: _____

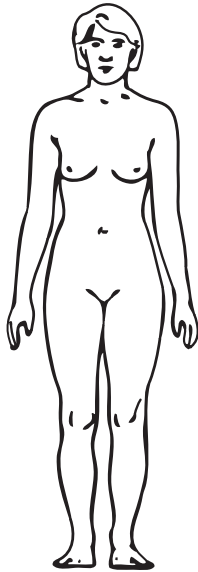
WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

WORN AT/IMMEDIATELY AFTER TIME OF ASSAULT? YES NO

STEP 4

MISCELLANEOUS COLLECTION



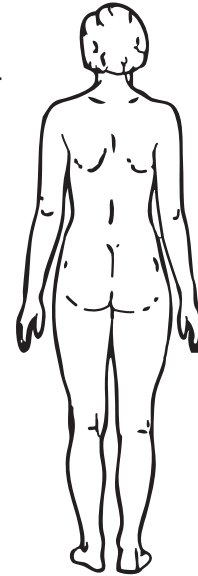
SUBJECT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

CHECK APPROPRIATE BOX(ES):

- DEBRIS
- DRIED SECRETIONS
- FINGERNAIL SCRAPINGS



WAS SAMPLE(S) COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 5

ORAL SWABS

SUBJECT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 6

KNOWN BUCCAL SWABS

COLLECT IN ALL CASES

SUBJECT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

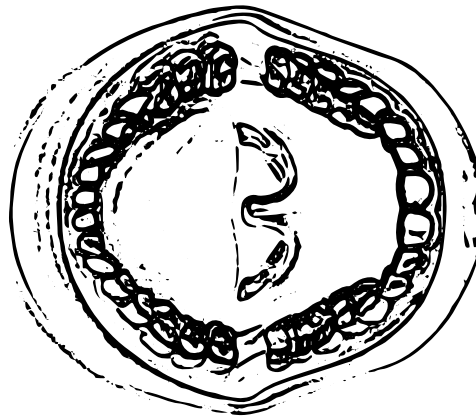
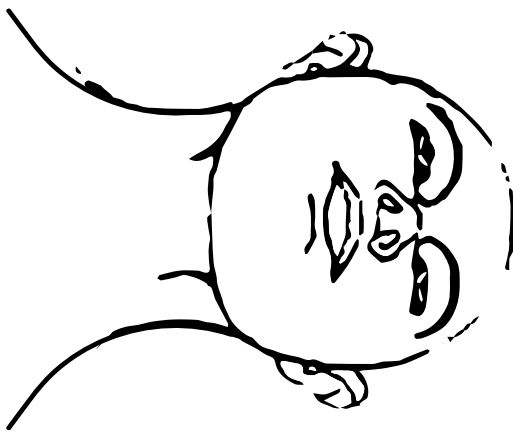
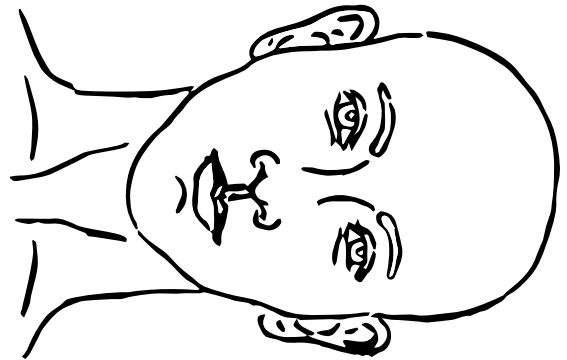
WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 7

ANATOMICAL DRAWINGS

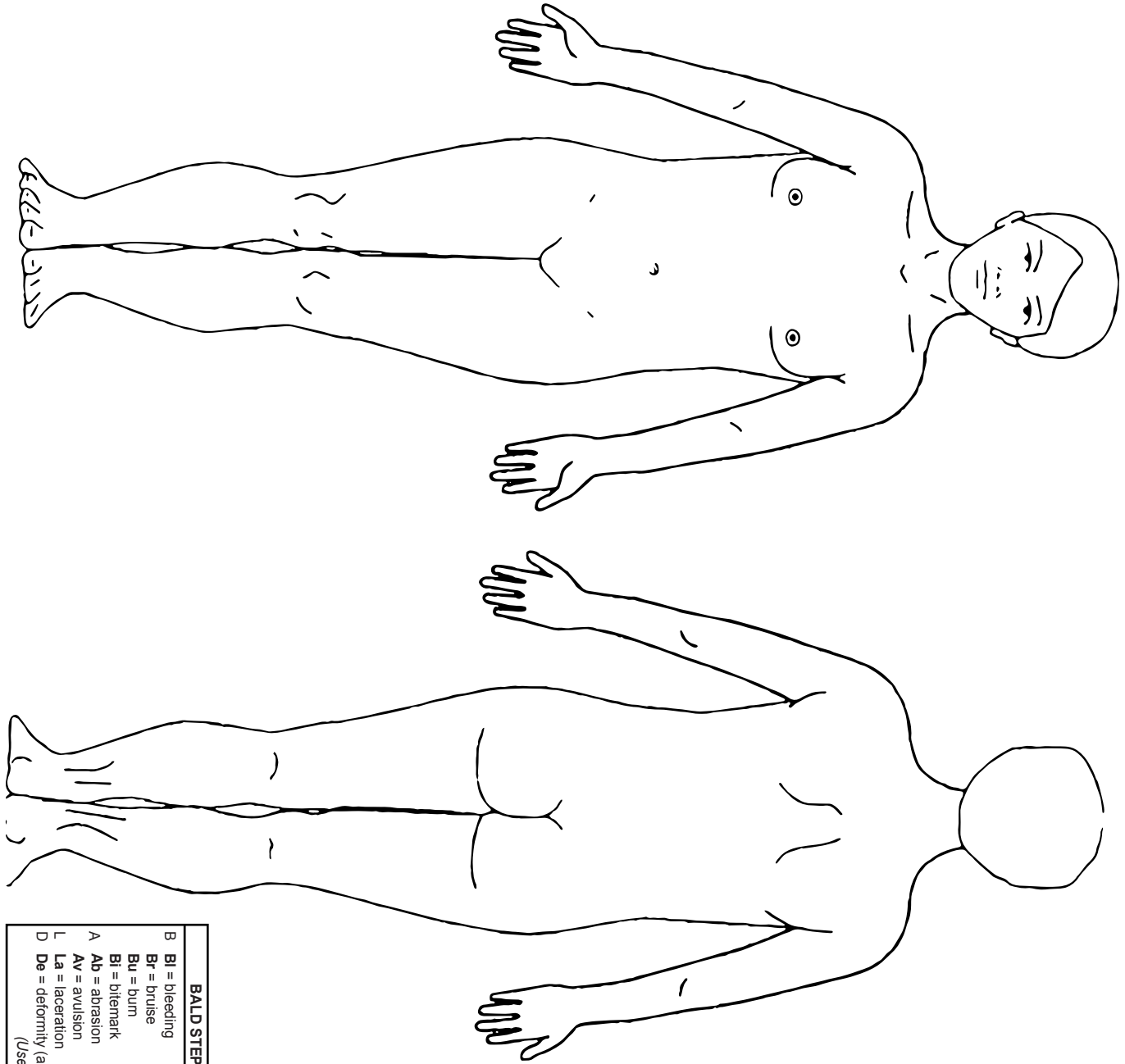
Subject's Name: _____ Signature of Examiner: _____



Retain original of all forms for patient records. Return a copy of all forms to the kit and give a copy of all forms to Law Enforcement.

STEP 7 ANATOMICAL DRAWINGS CONTINUED

Subject's Name: _____ Signature of Examiner: _____

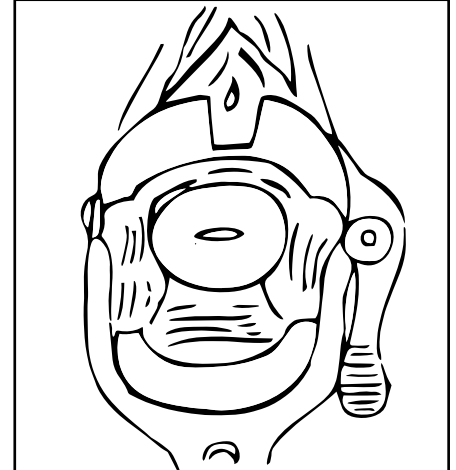
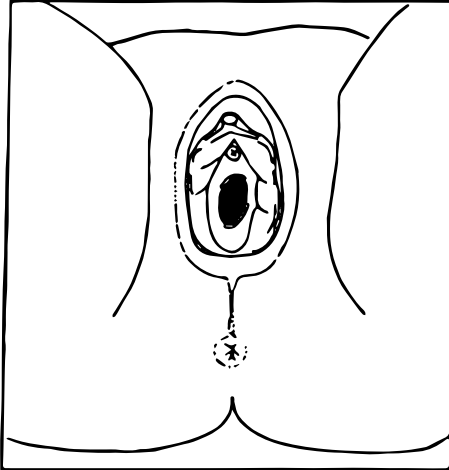
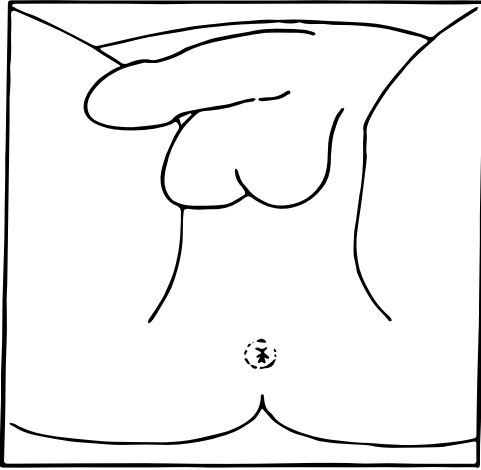


BALD STEP Mnemonic for Forensic Physical Examination	
B	Bl = bleeding
	Br = bruise
	Bu = burn
	Bl = bitemark
A	Ab = abrasion
	Av = avulsion
L	La = laceration
D	De = deformity (acute)
	(Use bold letter abbreviations on traumaogram)
S	St = Stain (+ Fl if fluorescent)
	Sw = swelling
	Te = tenderness to palpation
	Tr = trace evidence
E	Er = erythema
P	Pa = patterned (+injury type)
	Pt = petechiae
	Pe = penetrating (+Inclosed, Stab , Bullet)

Retain original of all forms for patient records. Return a copy of all forms to the kit and give a copy of all forms to Law Enforcement.

STEP 8 GENITAL EXAMINATION

Subject's Name: _____ Signature of Examiner: _____



Note: In conducting a pelvic examination, the speculum used should be non-lubricated but can be moistened with vaginal secretions or tap water.

BALD STEP Mnemonic for Forensic Physical Examination			
B	Bl = bleeding	S	St = Stain (+Fl if fluorescent)
	Br = bruise		Sw = swelling
	Bu = burn	T	Te = tenderness to palpation
	Bi = bite mark		Tr = trace evidence
A	Ab = abrasion	E	Er = erythema
	Av = avulsion	P	Pa = patterned (+injury type)
L	La = laceration		Pt = petechiae
D	De = deformity (acute)		Pe = penetrating (+Incised, Stab, Bullet)
<i>(Use bold letter abbreviations on traumagram)</i>			

FEMALE

Labia Majora: _____
 Labia Minora: _____
 Clitoris: _____
 Periurethral Area: _____
 Fossa Navicularis: _____
 Posterior Fourchette: _____
 Perineum: _____
 Anus: _____
 Cervix: _____
 Hymne: _____
 Vaginal Vault: _____

MALE

Penis - Meatus: _____
 Penis - Glans: _____
 Foreskin: _____
 Shaft: _____
 Scrotum: _____
 Perineum: _____
 Anus: _____

Subject's Name: _____
 Signature of Examiner: _____

Retain original of all forms for patient records. Return a copy of all forms to the kit and give a copy of all forms to Law Enforcement.

STEP 9

VAGINAL/CERVICAL OR PENILE SWABS

SUBJECT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____



STEP 10

ANAL SWABS

SUBJECT'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

LABEL 2

LABEL 1

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

FOR HOSPITAL PERSONNEL

FEMALE MALE VICTIM ANONYMOUS SUSPECT

Discard by: _____
(7 years or until the persons is 25 years old)

SUBJECT'S NAME _____
(Please Print)

EXAMINER _____
(Please Print)

KIT SEALED BY _____
(Please Print)

PLACE KIT IN SECURED STORAGE AREA

PLACED BY _____
(Please Print)

DATE _____ TIME _____ am
pm

Per SDCL 22-22-26 The victim will not be charged for the collection of the sexual assault kit.

AFFIX
BIOHAZARD
SEAL HERE

FOR POLICE PERSONNEL

CHAIN OF POSSESSION

RECEIVED FROM _____

DATE _____ TIME _____ am
pm

RECEIVED BY _____

DATE _____ TIME _____ am
pm

Drug Facilitated Sexual Assault - With subject's permission, if a drug facilitated sexual assault is suspected, collect a blood sample if the drugs may have been ingested within 24 hours of the exam and a urine sample if the drugs may have been ingested 96 hours of the exam. Use urine collection container and blood tubes from the hospital stock. (See Step 11 for proper analysis submittal information.)

Blood/Alcohol - If blood alcohol level is required, obtain a blood alcohol collection tube(s) from law enforcement agency and collect a blood sample within 24 hours of alcohol ingestion.

REFRIGERATE AFTER COLLECTION

PROVIDED FREE OF CHARGE BY
THE SOUTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH AND MEDICAL SERVICES

A-11020SD V.070516

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

EXPIRATION DATE NOTATION:
THE PRODUCT EXPIRATION DATE APPLIES TO
SPECIFIC COMPONENTS ENCLOSED. IF THE
EXPIRATION DATE HAS PASSED, PLEASE SEE
ENCLOSED FDA INSERT FOR PRODUCT
UPDATING INFORMATION.

EVIDENCE
SEAL HERE

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

EVIDENCE
SEAL HERE

REORDER NO: A-11000SDSAK
EXPIRATION: NOVEMBER 2018
LOT NO: 090716
KIT NO: 20173001