

REORDER NO.:SCHPEDS100

100 Hunter Place, Youngsville, NC 27596 USA
(919) 554-2244 • (800) 356-7311
Fax: (919) 554-2266 • (800) 899-8181
www.sirchie.com



PEDIATRIC PHYSICAL EVIDENCE COLLECTION KIT

SCHPEDS100 PEDIATRIC PHYSICAL EVIDENCE COLLECTION KIT

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

PUT ON GLOVES BEFORE OPENING KIT
KEEP GLOVES ON THROUGHOUT EVIDENCE COLLECTION UNTIL KIT IS SEALED
SANITIZE ALL SURFACES PRIOR TO OPENING THE KIT, INCLUDING PEN. APPLY NEW GLOVES.
DO NOT LEAVE KIT UNATTENDED AT ANY TIME.

NAME: _____ DATE OF BIRTH: _____ AGE: _____
GENDER: FEMALE MALE VICTIM SUSPECT

MEDICAL FACILITY: _____

LOCATION: _____

EXAMINER: _____

DATE OF OFFENSE: _____ TIME: _____ am pm

DATE OF EXAMINATION: _____ TIME: _____ am pm

PLACE KIT IN SECURED STORAGE AREA

CHAIN OF CUSTODY

KIT STORED BY: _____

RECEIVED FROM	DATE	TIME	RECEIVED BY
		<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	

AFFIX
BIOHAZARD
LABEL
HERE



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PEDIATRIC PHYSICAL EVIDENCE COLLECTION KIT
PER SDCL THE VICTIM WILL NOT BE CHARGED FOR THE COLLECTION OF THE PEDIATRIC PHYSICAL EVIDENCE COLLECTION KIT

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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

EVIDENCE
SEAL HERE

**COPIES OF FORMS
FOR LAW ENFORCEMENT**

Pediatric Physical Evidence Collection Kit

EXAMINATION CONSIDERATIONS FOR CHILDREN

First, do no harm:

- Allow the child to have control of as many aspects of the exam as possible.
- Proceed at the child's pace.
- Never restrain the child to conduct a forensic exam. If the child is severely distressed, the exam should be deferred. Gentle restraint by caregiver holding a very young child in frog-leg position on their lap is reasonable for short periods of time (<3 min.) when necessary.
- In the event a young child is severely distressed and uncooperative and an exam is imperative (for example, active anogenital bleeding), arrangements should be made for a sedated evaluation at a hospital.
- Intravaginal speculum exams should NEVER be done on prepubertal children in an outpatient/ED setting and almost never in post pubertal teens. Consider in post pubertal teens when active non-menstrual bleeding or if concerns for PID (pelvic inflammatory disease).
- Intravaginal swabs should NOT be used on prepubertal children.

Prepare the child and caregiver for the examination:

- Explain the steps and the types of samples that will be collected during the exam.
- Give the child permission to say "Stop" at any time during the exam if it becomes painful or too upsetting to them. An empowered child is a cooperative child.

Pediatric Physical Evidence Collection Kit

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 the hospital stock.

Blood/Alcohol:

If blood alcohol level is required, obtain a blood alcohol collection tube from law enforcement agency and collect a blood sample within 24 hours of alcohol ingestion.

FINAL INSTRUCTIONS

1. Verify that all information requested on all envelopes, forms, and bag labels have been filled out completely.
 - Note: If a sample was not collected, mark accordingly on the envelope and indicate the reason for non-collection.
2. Retain the original forms for the medical facility. Return one copy to the box and place one copy in the envelope labeled "For Law Enforcement" affixed to the bottom of the kit box.
3. Any photos and/or digital storage media should be given to law enforcement and/or the case officer, or the Medical Child Advocacy Center.
4. Excluding the sealed and labeled Foreign Material, Clothing and Underwear/Diaper bags, return all other evidence collection envelopes (used or unused) to the kit box.
5. Affix biohazard label.
6. Affix the two police evidence seals where indicated on the box.
7. Hand sealed kit and sealed bags to the investigating officer. If the investigating officer is not available, place the sealed kit in a secure, locked location until it can be picked up by the investigating officer.

Pediatric Physical Evidence Collection Kit

STEP 1: CONSENT FORM

A COPY OF THIS FORM MUST BE PLACED IN THE BOX WITH THE EXAMINATION KIT

INITIALS

<p>I understand that this examination is conducted for purposes of medical evaluation, documentation and treatment of injuries, and to discover, collect, and preserve evidence of sexual assault. I understand that this exam may include the collection of reference specimens and screening for alcohol, drugs, and sexually transmitted infections. Knowing this, I consent to this examination for medical evaluation and evidence collection of sexual assault. I understand that I may withdraw my consent at any time for any portion of this examination. I understand that an advocate is available to me at any time in this process.</p>	
<p>I understand that the documentation and collection of evidence may include photographing injuries, including injuries to the genital area, and a forensic evidence collection kit will be used to gather evidence such as biological fluids for DNA testing, my clothing, and any other items.</p>	
<p>I understand that the health care provider will release a copy of the medical-forensic examination report and all forensic evidence, including photographic evidence, to law enforcement for their use. I understand that once this evidence is disclosed it may be re-disclosed as required to facilitate criminal prosecution.</p>	
<p>I understand that health care providers are mandated reporters in regards to children, vulnerable adults, and certain types of injuries. A mandated reporter is required to report to the designated agency whenever medical care is sought for such injuries and is required to report any other information that falls under the mandated reporting statutes.</p>	
<p>Note: Signature of parent or guardian if victim is a minor or mentally incompetent.</p> <p>_____</p> <p>Victim's Name (Print)</p> <p>_____</p> <p>Victim Parent's/Guardian's Signature</p> <p>_____</p> <p>Victim Parent's/Guardian's Name (Print)</p> <p>_____</p> <p>Witness's Signature</p> <p>_____</p> <p>Witness's Name (Print)</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Time</p> <p>_____</p> <p><input type="checkbox"/> am <input type="checkbox"/> pm</p>	
<p>_____</p> <p>Examiner's Signature</p> <p>_____</p> <p>Examiner's Name (Print)</p> <p>_____</p> <p>Agency</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Time</p> <p>_____</p> <p><input type="checkbox"/> am <input type="checkbox"/> pm</p>	

Pediatric Physical Evidence Collection Kit

STEP 2: PATIENT HISTORY

Name of Person(s) Providing History: _____ Relationship to Patient: _____
Child Accompanied to Facility by: _____ Relationship to Patient: _____

GENERAL INFORMATION

Child's Information

Last Name: _____

First Name: _____ Middle Initial: _____

Age: _____ Date of Birth: _____ Gender: F M

Race/Ethnicity: Alaska Native Caucasian/White Asian African American/Black
 Native American/Indian Hispanic/Latino Other
 Stated Observed

Interpreter Used: Yes No

Language Used: _____ Language Line: Ref # _____

Name of Interpreter: _____ Telephone: _____

History Provided by: Child Other (specify): _____

Date of Assault (most recent if multiple incidents): _____

Print or write legibly. Include date, time or timeframe, place of incident, and initial reporting party.

Distinguish statements made by child in quotation marks from those statements made by other historians.

Description of Assault and Location:

History Obtained by: _____ Examiner's Name: _____ Date/Time: _____

ACTS DESCRIBED (Note method/manner)						
Name of Historian:			Relationship to Patient:			
DESCRIPTION	No	Yes	Attempted	Unsure	N/A	Describe
Genital/vaginal contact/penetration by assailant with:						
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Object (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated pain?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Associated bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Anal contact/penetration by assailant with:						
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Object (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated pain?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Associated bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Oral copulation of genitals:						
Of child by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Of assailant by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral copulation of anus:						
Of child by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Of assailant by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anal/genital groping of assailant by child						
Non-genital or other act(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fondling <input type="checkbox"/> Licking <input type="checkbox"/> Kissing <input type="checkbox"/> Suction Injury <input type="checkbox"/> Strangling <input type="checkbox"/> Striking <input type="checkbox"/> Other:
Did assailant(s) injure child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Hit <input type="checkbox"/> Kick <input type="checkbox"/> Other:
Did child injure assailant(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Hit <input type="checkbox"/> Kick <input type="checkbox"/> Other:
Contraceptive or lubricant products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, <input type="checkbox"/> Condom <input type="checkbox"/> Other:
Did ejaculation occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, note location(s): <input type="checkbox"/> Mouth <input type="checkbox"/> Vagina <input type="checkbox"/> Body surface <input type="checkbox"/> On bedding <input type="checkbox"/> Anus/Rectum <input type="checkbox"/> Clothing <input type="checkbox"/> Other
Was force or threats used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe below: _____ _____ _____
Were weapons used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe below: _____ _____ _____
Were pictures/vidiotapes taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, note type(s): <input type="checkbox"/> Photos <input type="checkbox"/> Video <input type="checkbox"/> Other
Were pornographic pictures/vidiotapes shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, note type(s): <input type="checkbox"/> Photos <input type="checkbox"/> Video <input type="checkbox"/> Other
Were <input type="checkbox"/> drugs or <input type="checkbox"/> alcohol used by child?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Substance:			
Were <input type="checkbox"/> drugs or <input type="checkbox"/> alcohol used by assailant?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Substance:			

Information Obtained by: _____ Examiner's Name: _____ Date/Time: _____

Information Obtained from: _____

HYGIENE ACTIVITY (Since assault and prior to exam)			
Post-Assault hygiene activity	No	Yes	Describe
<input type="checkbox"/> Non-applicable if over 72 hours			
Ate	<input type="checkbox"/>	<input type="checkbox"/>	
Drank	<input type="checkbox"/>	<input type="checkbox"/>	
Brushed teeth	<input type="checkbox"/>	<input type="checkbox"/>	
Gargled/Rinsed mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Showered/Bathed/Steamed	<input type="checkbox"/>	<input type="checkbox"/>	Number of times:
Wiped genitals	<input type="checkbox"/>	<input type="checkbox"/>	If yes, with what:
Washed genitals	<input type="checkbox"/>	<input type="checkbox"/>	If yes, with what:
Urinated	<input type="checkbox"/>	<input type="checkbox"/>	Number of times:
Bowel movement	<input type="checkbox"/>	<input type="checkbox"/>	Number of times:
Inserted a <input type="checkbox"/> tampon <input type="checkbox"/> diaphragm <input type="checkbox"/> sponge	<input type="checkbox"/>	<input type="checkbox"/>	Is child still wearing it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Used a <input type="checkbox"/> diaper/pull-up <input type="checkbox"/> pad <input type="checkbox"/> pantyliner	<input type="checkbox"/>	<input type="checkbox"/>	Is child still wearing it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/>	<input type="checkbox"/>	
CLOTHING			
Clothing worn at time of exam:	Condition		
<input type="checkbox"/> Shirt/T-Shirt <input type="checkbox"/> Jeans/Pants <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Underwear <input type="checkbox"/> Diaper <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Clean <input type="checkbox"/> Intact <input type="checkbox"/> Dirty <input type="checkbox"/> Wet <input type="checkbox"/> Torn	<input type="checkbox"/> Apparent blood Other comments:	
Is clothing worn at time of exam the same clothing worn at time of the offense?	<input type="checkbox"/>	<input type="checkbox"/>	If no, list below the clothing items worn during the assault:
Clothing worn at time of assault:	Condition (if available at time of exam)		
<input type="checkbox"/> Shirt/T-Shirt <input type="checkbox"/> Jeans/Pants <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Underwear <input type="checkbox"/> Diaper <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Clean <input type="checkbox"/> Intact <input type="checkbox"/> Dirty <input type="checkbox"/> Wet <input type="checkbox"/> Torn	<input type="checkbox"/> Apparent blood Other comments:	
If clothing changed, were any items laundered?	<input type="checkbox"/>	<input type="checkbox"/>	How? <input type="checkbox"/> Cold water wash <input type="checkbox"/> Hot water wash
Was detergent used?	<input type="checkbox"/>	<input type="checkbox"/>	
Was bleaching agent used?	<input type="checkbox"/>	<input type="checkbox"/>	
Where is the clothing now?	<input type="checkbox"/> At scene <input type="checkbox"/> With child <input type="checkbox"/> Given to Law Enforcement <input type="checkbox"/> Other:		
SEXUAL CONTACT HISTORY			
Has the child had recent sexual contact prior to the assault?	<input type="checkbox"/>	<input type="checkbox"/>	
Vaginal (within the past 7 days)	<input type="checkbox"/>	<input type="checkbox"/>	
Anal (within the past 72 hours)	<input type="checkbox"/>	<input type="checkbox"/>	
Oral (received within past 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>	
Oral (given within past 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>	
Did ejaculation occur?	<input type="checkbox"/>	<input type="checkbox"/>	
Was a barrier used?	<input type="checkbox"/>	<input type="checkbox"/>	Type:
Since the assault, has the child had recent sexual contact?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date/time: Type: <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Oral With:

Information Obtained by: _____ Examiner's Name: _____ Date/Time: _____

Information Obtained from: _____

SUSPECT INFORMATION

Last Name: _____ First Name: _____

Age: _____ Race/Ethnicity: _____ Gender: F M

Relationship to Patient: Relative Friend Stranger Unknown Other:

Date/Time assessment ended: _____ am pm

Information Obtained by: _____ Examiner's Name: _____ Date/Time: _____

Information Obtained from: _____

Pediatric Physical Evidence Collection Kit

STEP 3: MEDICAL EXAMINATION

TO BE COMPLETED BY THE MEDICAL PROVIDER

GENERAL INFORMATION

Date/Time started: _____ am pm

Medical Facility Where Exam Performed

MR # _____

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Patient's Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Age: _____ Date of Birth: _____ Gender: F M Ethnicity: _____

Child's Caregiver Name: _____

Parent Legal Guardian Other (specify) _____

Street Address: _____ City: _____

State: _____ Zip: _____ Gender: F M

Home Telephone: _____ Cellular: _____

Child's Caregiver Name: _____

Parent Legal Guardian Other (specify) _____

Street Address: _____ City: _____

State: _____ Zip: _____ Gender: F M

Home Telephone: _____ Cellular: _____

MANDATORY REPORTING FOR SUSPECTED CHILD ABUSE AND NEGLECT

Child Protection Services Telephone Report Written Report Submitted Report Made Prior to Appointment N/A

Location: _____ Telephone: _____ Date: _____

Law Enforcement Agency Telephone Report Written Report Submitted Report Made Prior to Appointment

Agency Name: _____ Telephone: _____ Date: _____

RESPONDING PERSONNEL TO MEDICAL FACILITY

Child Protection Services

Name: _____ Agency: _____ Unknown

Law Enforcement Officer

Name: _____ Agency: _____ Unknown

Examiner's Name: _____ Date/Time: _____

GENERAL PHYSICAL EXAMINATION

Temperature: _____ PO Temporal Pulse: _____ Respiration: _____ Blood Pressure: _____

Height: _____ Weight: _____ lbs. BMI: _____ HCl (Child <2): _____

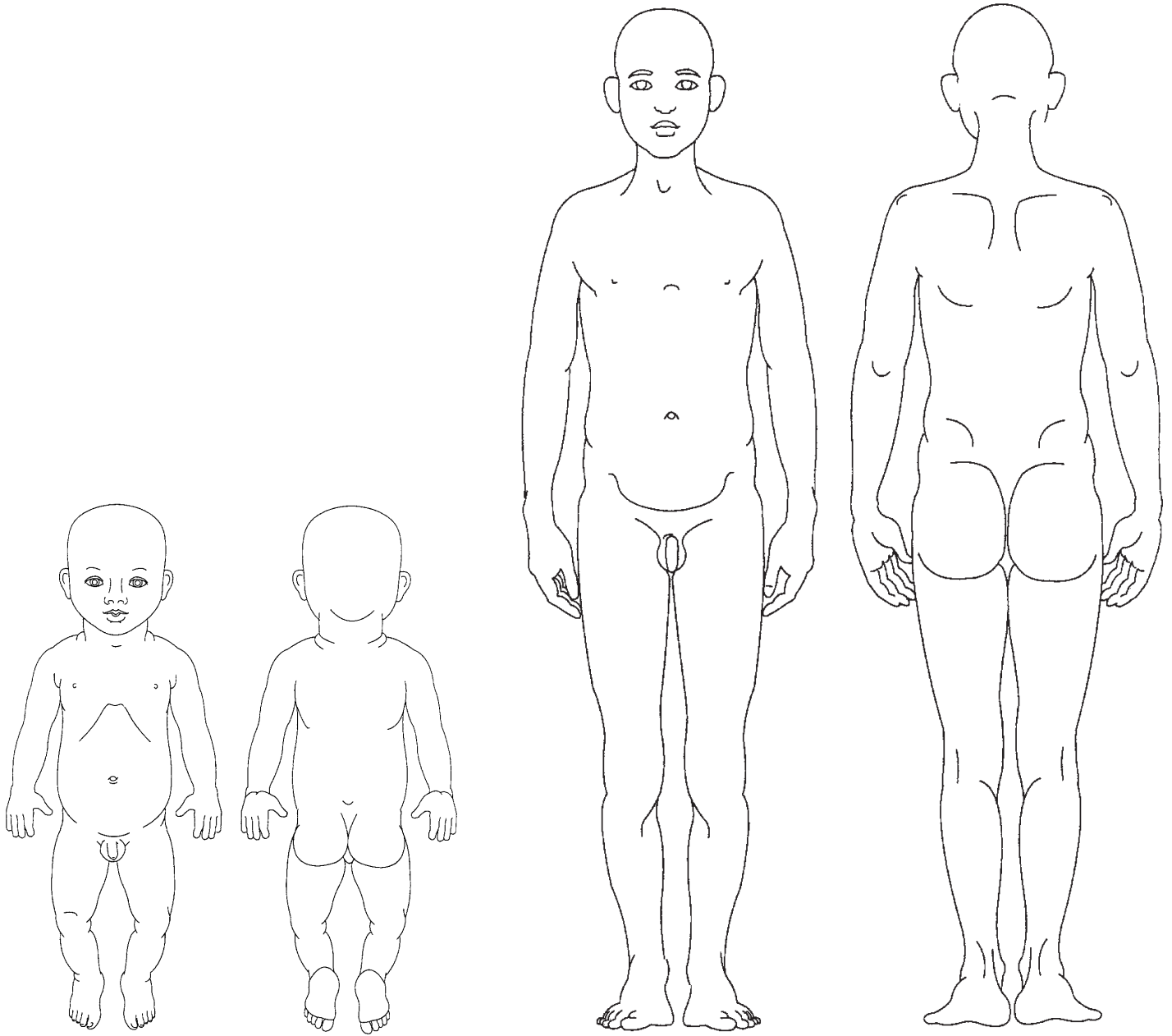
General physical appearance, demeanor, level of physical discomfort/pain, level of cooperation and alertness, condition of clothing:

Area	WNL	ABN	Not Examined	See Diagram	Describe Significant Findings
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scalp/Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nose and Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth/Lips/Pharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Maturity Rating:
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Name: _____ Date/Time: _____

GENERAL PHYSICAL EXAMINATION (continued)

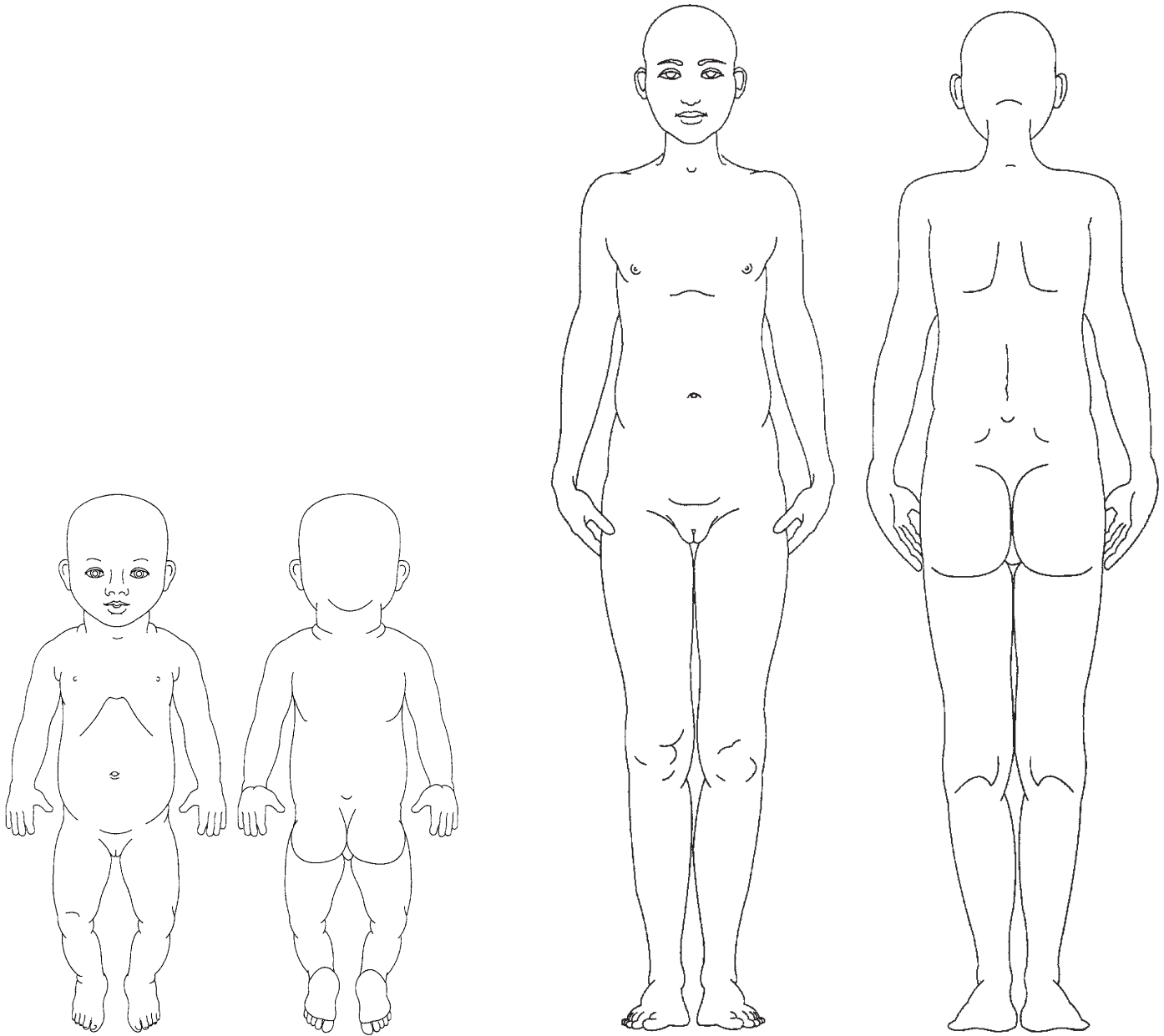
Male Child Body



Examiner's Name: _____ Date/Time: _____

GENERAL PHYSICAL EXAMINATION (continued)

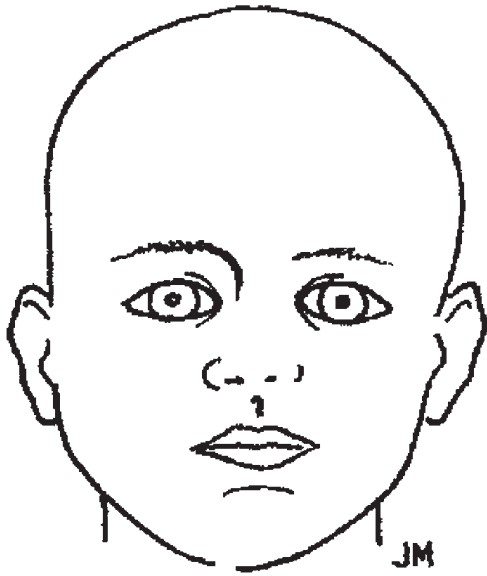
Female Child Body



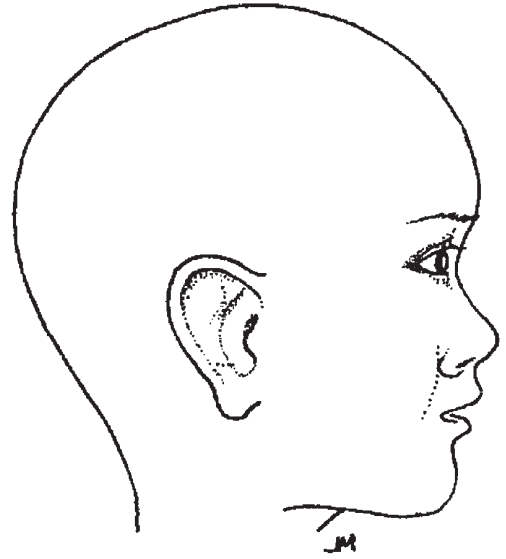
Examiner's Name: _____ Date/Time: _____

GENERAL PHYSICAL EXAMINATION *(continued)*

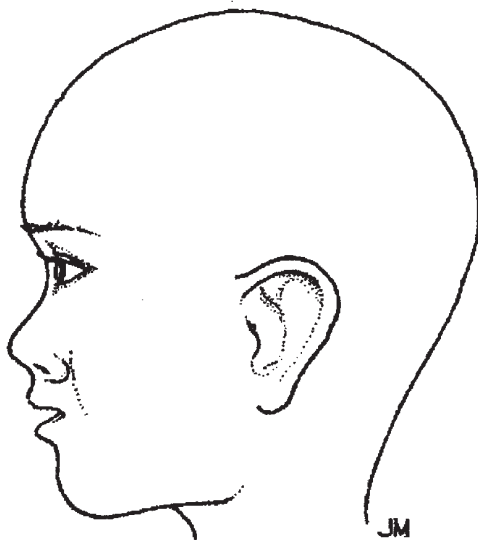
Child Face, Front View



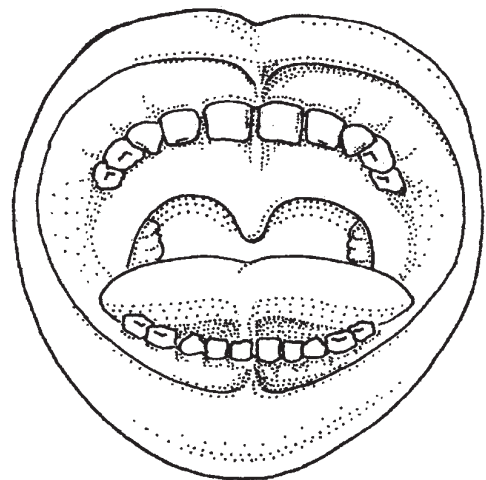
Child Face, Right View



Child Face, Left View



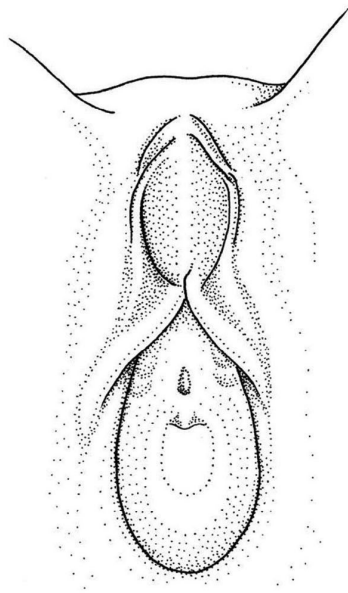
Child Face, Oral View



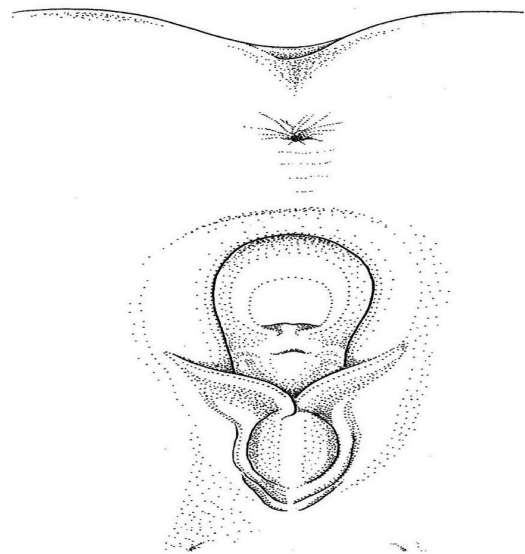
Examiner's Name: _____ Date/Time: _____

GENERAL PHYSICAL EXAMINATION			
Exam Method: <input type="checkbox"/> Direct Visualization <input type="checkbox"/> Colposcope <input type="checkbox"/> Other Magnification			
Exam Positions:			
	Separation	Traction	Knee-Chest
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam Methods: <input type="checkbox"/> Saline/Water <input type="checkbox"/> Moistened Swab <input type="checkbox"/> Catheter <input type="checkbox"/> Speculum <input type="checkbox"/> Other			
Sexual Maturity Rating:			
Area	WNL	ABN	Describe Significant Findings
Inner Thighs	<input type="checkbox"/>	<input type="checkbox"/>	
Inguinal Adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	
Labia Majora	<input type="checkbox"/>	<input type="checkbox"/>	
Labia Minora	<input type="checkbox"/>	<input type="checkbox"/>	
Clitoral Hood	<input type="checkbox"/>	<input type="checkbox"/>	
Perihymenal Tissues (Urethra/Vestibule)	<input type="checkbox"/>	<input type="checkbox"/>	
Hymen	<input type="checkbox"/>	<input type="checkbox"/>	
Fossa Navicularis	<input type="checkbox"/>	<input type="checkbox"/>	
Posterior Fourchette	<input type="checkbox"/>	<input type="checkbox"/>	
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	
Vagina (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Cervix (if visualized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Discharge	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe.

Female Supine



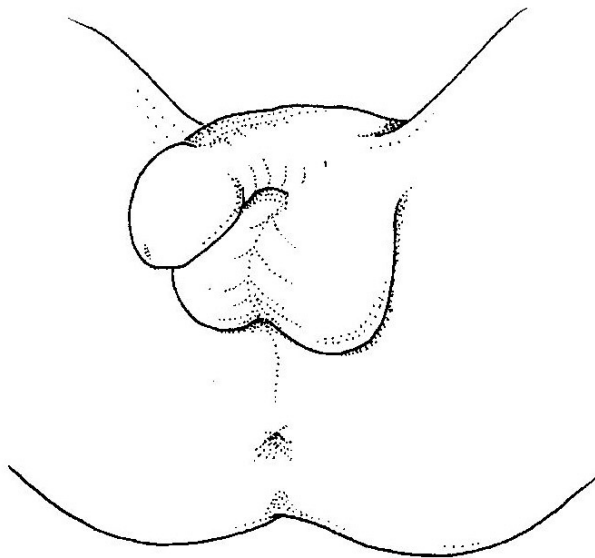
Female Knee-Chest



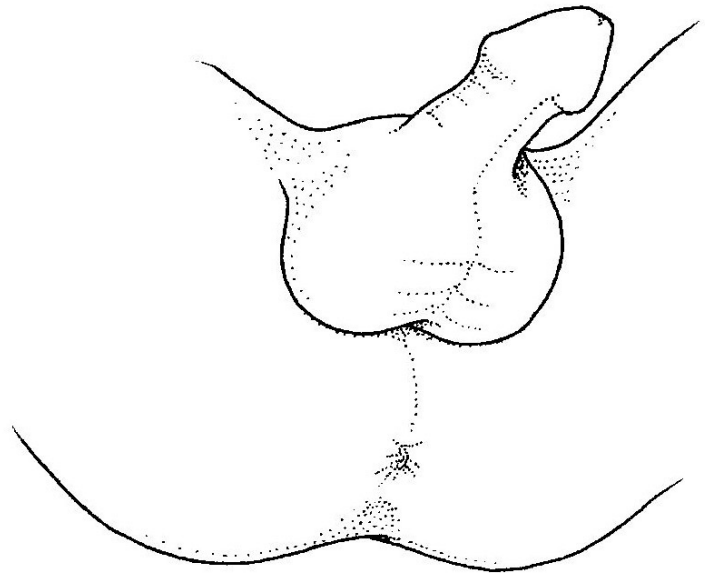
Examiner's Name: _____ Date/Time: _____

GENITAL EXAMINATION — Male			
Exam Method: <input type="checkbox"/> Direct Visualization <input type="checkbox"/> Colposcope <input type="checkbox"/> Other Magnification			
Exam Positions: <input type="checkbox"/> Supine <input type="checkbox"/> Prone			
Exam Methods: <input type="checkbox"/> Moistened Swab <input type="checkbox"/> Other:			
Genital Sexual Maturity Rating:			
Circumcised: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Area	WNL	ABN	Describe Significant Findings
Inner Thighs	<input type="checkbox"/>	<input type="checkbox"/>	
Inguinal Adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	
Perineum	<input type="checkbox"/>	<input type="checkbox"/>	
Foreskin	<input type="checkbox"/>	<input type="checkbox"/>	
Glans Penis	<input type="checkbox"/>	<input type="checkbox"/>	
Penile Shaft	<input type="checkbox"/>	<input type="checkbox"/>	
Urethral Meatus	<input type="checkbox"/>	<input type="checkbox"/>	
Scrotum	<input type="checkbox"/>	<input type="checkbox"/>	
Testes	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe:

Male Doral View

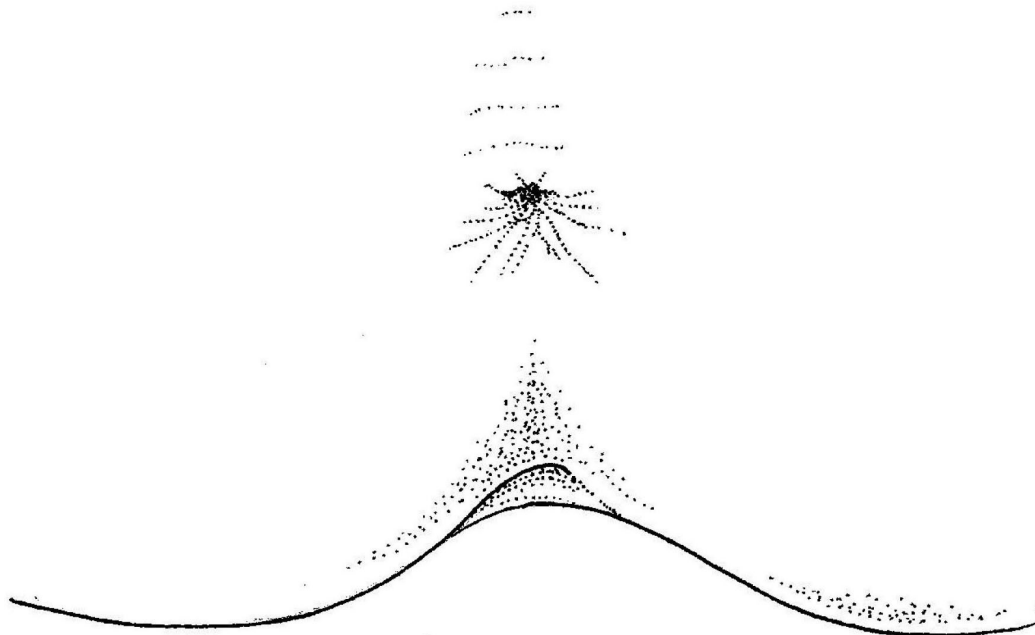


Male Ventral View



Examiner's Name: _____ Date/Time: _____

ANUS AND RECTUM			
Exam Method: <input type="checkbox"/> Direct Visualization <input type="checkbox"/> Colposcope <input type="checkbox"/> Other Magnification			
Exam Positions:		Observation	Observation with Traction
Supine		<input type="checkbox"/>	<input type="checkbox"/>
Knee-Chest		<input type="checkbox"/>	<input type="checkbox"/>
Prone Knee-Chest		<input type="checkbox"/>	<input type="checkbox"/>
Lateral Recumbent		<input type="checkbox"/>	<input type="checkbox"/>
Exam Methods: <input type="checkbox"/> Moistened Swab <input type="checkbox"/> Other			
Check the ABN box(es) if there are abuse/assault related findings and describe abnormal or unusual findings.			
Area	WNL	ABN	Describe Significant Findings
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	
Perianal Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Anal Verge/Folds	<input type="checkbox"/>	<input type="checkbox"/>	
Anal Tone	<input type="checkbox"/>	<input type="checkbox"/>	
Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not seen
Anal Dilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed Comments:
Stool Present in Rectal Ampulla	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undetermined



Examiner's Name: _____ Date/Time: _____

STEP 4A: PEDIATRIC DRAPE SHEET

*Patient will remain on drape for steps 4A, 4B, & 4C.

1. Place hospital sheet on floor.
2. Put on gloves.
3. Unfold paper drape sheet and place on top of hospital sheet (drape will be used to collect any debris that falls from the patient's clothing and body).
4. Have patient remove shoes on edge of hospital sheet and step into the center of the paper drape.
5. Ask patient to stand/shake on the center of the drape.
6. Photograph debris.
7. Describe debris: _____
8. Drape sheet will be collected at end of Step 4C and placed in Clothing Bag.

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4ALBL.1 6/18

STEP 4A: PEDIATRIC DRAPE SHEET

*Patient will remain on drape for steps 4A, 4B, & 4C.

1. Place hospital sheet on floor.
2. Put on gloves.
3. Unfold paper drape sheet and place on top of hospital sheet (drape will be used to collect any debris that falls from the patient's clothing and body).
4. Have patient remove shoes on edge of hospital sheet and step into the center of the paper drape.
5. Ask patient to stand/shake on the center of the drape.
6. Photograph debris.
7. Describe debris: _____
8. Drape sheet will be collected at end of Step 4C and placed in Clothing Bag.

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4ALBL.1 6/18

STEP 4A: PEDIATRIC DRAPE SHEET

*Patient will remain on drape for steps 4A, 4B, & 4C.

1. Place hospital sheet on floor.
2. Put on gloves.
3. Unfold paper drape sheet and place on top of hospital sheet (drape will be used to collect any debris that falls from the patient's clothing and body).
4. Have patient remove shoes on edge of hospital sheet and step into the center of the paper drape.
5. Ask patient to stand/shake on the center of the drape.
6. Photograph debris.
7. Describe debris: _____
8. Drape sheet will be collected at end of Step 4C and placed in Clothing Bag.

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4ALBL.1 6/18

STEP 4A: PEDIATRIC DRAPE SHEET

*Patient will remain on drape for steps 4A, 4B, & 4C.

1. Place hospital sheet on floor.
2. Put on gloves.
3. Unfold paper drape sheet and place on top of hospital sheet (drape will be used to collect any debris that falls from the patient's clothing and body).
4. Have patient remove shoes on edge of hospital sheet and step into the center of the paper drape.
5. Ask patient to stand/shake on the center of the drape.
6. Photograph debris.
7. Describe debris: _____
8. Drape sheet will be collected at end of Step 4C and placed in Clothing Bag.

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4ALBL.1 6/18

STEP 4B: PEDIATRIC CLOTHING BAG

(Collect clothing only if current clothing was worn at the time of the incident OR if current clothes were put on immediately after incident.)

1. Patient should remain on paper drape for clothing collection. Provide privacy as able.
2. Photograph the patient while fully clothed.
3. Describe any damage visible on clothing on the Pediatric Evidence Log.
4. Ask patient to carefully disrobe.
5. Collect each clothing item, except underwear, and place in Clothing Bag (patient underwear will be collected in Step 4C). Do not collect shoes.
6. Collect all clothing that the patient was wearing at the time of the incident.
7. If additional bags and labels are needed, acquire from designated storage area and place Patient Label on bags.
8. Place Patient Label on Clothing Bag. Leave bag open until after Step 4C when paper drape is collected.
9. Describe enclosed clothing on the Pediatric Evidence Recovery Form.
10. Number of bags collected: _____

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4BLBL.1 6/18

STEP 4B: PEDIATRIC CLOTHING BAG

(Collect clothing only if current clothing was worn at the time of the incident OR if current clothes were put on immediately after incident.)

1. Patient should remain on paper drape for clothing collection. Provide privacy as able.
2. Photograph the patient while fully clothed.
3. Describe any damage visible on clothing on the Pediatric Evidence Log.
4. Ask patient to carefully disrobe.
5. Collect each clothing item, except underwear, and place in Clothing Bag (patient underwear will be collected in Step 4C). Do not collect shoes.
6. Collect all clothing that the patient was wearing at the time of the incident.
7. If additional bags and labels are needed, acquire from designated storage area and place Patient Label on bags.
8. Place Patient Label on Clothing Bag. Leave bag open until after Step 4C when paper drape is collected.
9. Describe enclosed clothing on the Pediatric Evidence Recovery Form.
10. Number of bags collected: _____

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4BLBL.1 6/18

STEP 4B: PEDIATRIC CLOTHING BAG

(Collect clothing only if current clothing was worn at the time of the incident OR if current clothes were put on immediately after incident.)

1. Patient should remain on paper drape for clothing collection. Provide privacy as able.
2. Photograph the patient while fully clothed.
3. Describe any damage visible on clothing on the Pediatric Evidence Log.
4. Ask patient to carefully disrobe.
5. Collect each clothing item, except underwear, and place in Clothing Bag (patient underwear will be collected in Step 4C). Do not collect shoes.
6. Collect all clothing that the patient was wearing at the time of the incident.
7. If additional bags and labels are needed, acquire from designated storage area and place Patient Label on bags.
8. Place Patient Label on Clothing Bag. Leave bag open until after Step 4C when paper drape is collected.
9. Describe enclosed clothing on the Pediatric Evidence Recovery Form.
10. Number of bags collected: _____

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4BLBL.1 6/18

STEP 4B: PEDIATRIC CLOTHING BAG

(Collect clothing only if current clothing was worn at the time of the incident OR if current clothes were put on immediately after incident.)

1. Patient should remain on paper drape for clothing collection. Provide privacy as able.
2. Photograph the patient while fully clothed.
3. Describe any damage visible on clothing on the Pediatric Evidence Log.
4. Ask patient to carefully disrobe.
5. Collect each clothing item, except underwear, and place in Clothing Bag (patient underwear will be collected in Step 4C). Do not collect shoes.
6. Collect all clothing that the patient was wearing at the time of the incident.
7. If additional bags and labels are needed, acquire from designated storage area and place Patient Label on bags.
8. Place Patient Label on Clothing Bag. Leave bag open until after Step 4C when paper drape is collected.
9. Describe enclosed clothing on the Pediatric Evidence Recovery Form.
10. Number of bags collected: _____

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM

If not collected, why? Previously Changed Clothes Other _____

SCHPEDI100:STEP4BLBL.1 6/18

STEP 4C: PEDIATRIC UNDERWEAR & OTHER UNDERWEAR

(Collect even if changed.)

1. While patient is still standing in the center of the paper drape sheet, ask them to remove their underwear or other clothing that was next to the genitals.
2. Describe underwear on the Pediatric Evidence Log.
3. If underwear/diaper is dry, place in Underwear Bag, seal, place Patient Label on bag, and place in kit envelope.
4. If underwear/diaper is wet, place in Underwear Bag, seal, place Patient Label on bag and store outside of kit in the designated area.
5. Carefully fold paper drape sheet to retain any debris, place drape sheet in Clothing Bag, seal with evidence tape, initial over seal, and place Patient Label on bag.
6. Which set of underwear has been collected (e.g. underwear patient wore immediately after incident or second pair since incident)?
 Immediate post incident Second pair since incident Changed more than once

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM
SCHPEDI100:STEP4CLBL.1 6/18

STEP 4C: PEDIATRIC UNDERWEAR & OTHER UNDERWEAR

(Collect even if changed.)

1. While patient is still standing in the center of the paper drape sheet, ask them to remove their underwear or other clothing that was next to the genitals.
2. Describe underwear on the Pediatric Evidence Log.
3. If underwear/diaper is dry, place in Underwear Bag, seal, place Patient Label on bag, and place in kit envelope.
4. If underwear/diaper is wet, place in Underwear Bag, seal, place Patient Label on bag and store outside of kit in the designated area.
5. Carefully fold paper drape sheet to retain any debris, place drape sheet in Clothing Bag, seal with evidence tape, initial over seal, and place Patient Label on bag.
6. Which set of underwear has been collected (e.g. underwear patient wore immediately after incident or second pair since incident)?
 Immediate post incident Second pair since incident Changed more than once

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM
SCHPEDI100:STEP4CLBL.1 6/18

STEP 4C: PEDIATRIC UNDERWEAR & OTHER UNDERWEAR

(Collect even if changed.)

1. While patient is still standing in the center of the paper drape sheet, ask them to remove their underwear or other clothing that was next to the genitals.
2. Describe underwear on the Pediatric Evidence Log.
3. If underwear/diaper is dry, place in Underwear Bag, seal, place Patient Label on bag, and place in kit envelope.
4. If underwear/diaper is wet, place in Underwear Bag, seal, place Patient Label on bag and store outside of kit in the designated area.
5. Carefully fold paper drape sheet to retain any debris, place drape sheet in Clothing Bag, seal with evidence tape, initial over seal, and place Patient Label on bag.
6. Which set of underwear has been collected (e.g. underwear patient wore immediately after incident or second pair since incident)?
 Immediate post incident Second pair since incident Changed more than once

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM
SCHPEDI100:STEP4CLBL.1 6/18

STEP 4C: PEDIATRIC UNDERWEAR & OTHER UNDERWEAR

(Collect even if changed.)

1. While patient is still standing in the center of the paper drape sheet, ask them to remove their underwear or other clothing that was next to the genitals.
2. Describe underwear on the Pediatric Evidence Log.
3. If underwear/diaper is dry, place in Underwear Bag, seal, place Patient Label on bag, and place in kit envelope.
4. If underwear/diaper is wet, place in Underwear Bag, seal, place Patient Label on bag and store outside of kit in the designated area.
5. Carefully fold paper drape sheet to retain any debris, place drape sheet in Clothing Bag, seal with evidence tape, initial over seal, and place Patient Label on bag.
6. Which set of underwear has been collected (e.g. underwear patient wore immediately after incident or second pair since incident)?
 Immediate post incident Second pair since incident Changed more than once

Patient: _____

DOB: _____ Date/Time Collected: _____ AM
PM
SCHPEDI100:STEP4CLBL.1 6/18

STEP 5: NECK & EAR SWABS

NOTE: Obtain if indicated in patient history. If any marks on neck or ears, obtain photograph.

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab both sides of neck and ears. If indicated in patient history, swab back of neck.
2. Allow swabs to air-dry. Affix the “Neck & Ear Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____ AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 6: EXTERNAL MOUTH SWABS

NOTE: Collect if oral-genital contact or kissing occurred.

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, carefully swab the lips and areas around the mouth.
2. Allow swabs to air-dry. Affix the “External Mouth Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 7: ORAL SWABS

NOTE: Do not moisten swabs.

1. Visually check mouth and photograph any injury.
2. Using both swabs simultaneously, carefully swab the gum-line, teeth, roof of the mouth, surface of the tongue, and beneath the tongue, making sure to rotate the swabs during the collection procedure.
3. Allow swabs to air-dry. Affix the “Oral Swabs” label onto the swab box and insert both swabs.
4. Fill out all information requested on the envelope.
5. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____ AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 8: KNOWN DNA SAMPLE

1. Have the child rinse their mouth with water several times prior to collection of the known DNA sample.
2. Swab the inside of the child's left and right cheek (at least six times).
3. Allow swab to air-dry. Affix the "Known DNA Sample" label onto the swab box and insert the swab.
4. Fill out all information requested on the envelope.
5. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 9: BREAST SWABS

NOTE: Collect if history indicates collection.

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab over both breasts.
2. Allow swabs to air-dry. Affix the “Breast Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 10: NAVEL SWABS

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab the patient's navel where there may be biological evidence/body fluid.
2. Allow swabs to air-dry. Affix the "Navel Swabs" label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 11: HAND SWABS

1. Have the child hold their left hand in a spread position. Slightly moisten (do not saturate) one swab with sterile distilled water. Using one swab, swab the hand where there may be biological evidence/body fluid.
2. Allow swab to air-dry. Affix the “Hand Swab: Left Hand” label onto the swab box and insert swab.
3. Repeat this procedure for the child’s right hand using the “Hand Swab: Right Hand” label.
4. Fill out all information requested on the envelope.
5. Return the swab boxes to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 12: FINGERNAIL SWABS

1. Photograph fingernails if dirty or damaged.
2. Remove small paper bundle, unfold, and place under patient's left hand.
3. Slightly moisten (do not saturate) one swab with sterile distilled water and proceed to swab (do not scratch) under the fingernail of the left hand.
4. Allow swab to air-dry. Affix the "Fingernail Swab: Left Hand" label onto the swab box and insert the swab.
5. Repeat this procedure for the child's right hand using the "Fingernail Swab: Right Hand" label.
6. Fill out all information requested on the envelope.
7. Return the swab boxes to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

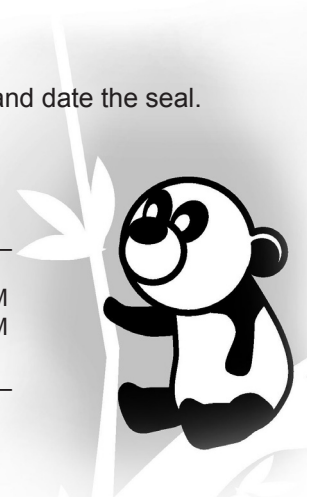
DATE/TIME: _____

AM
PM

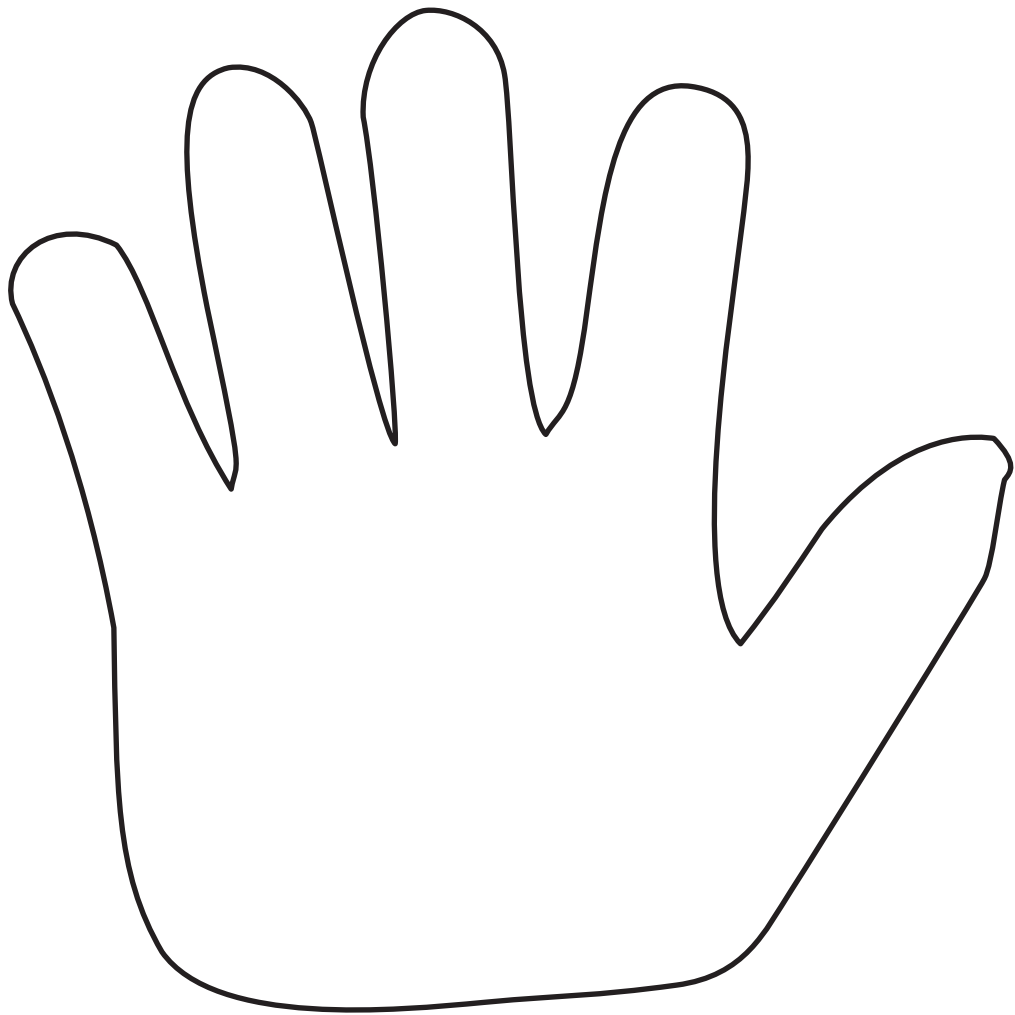
COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

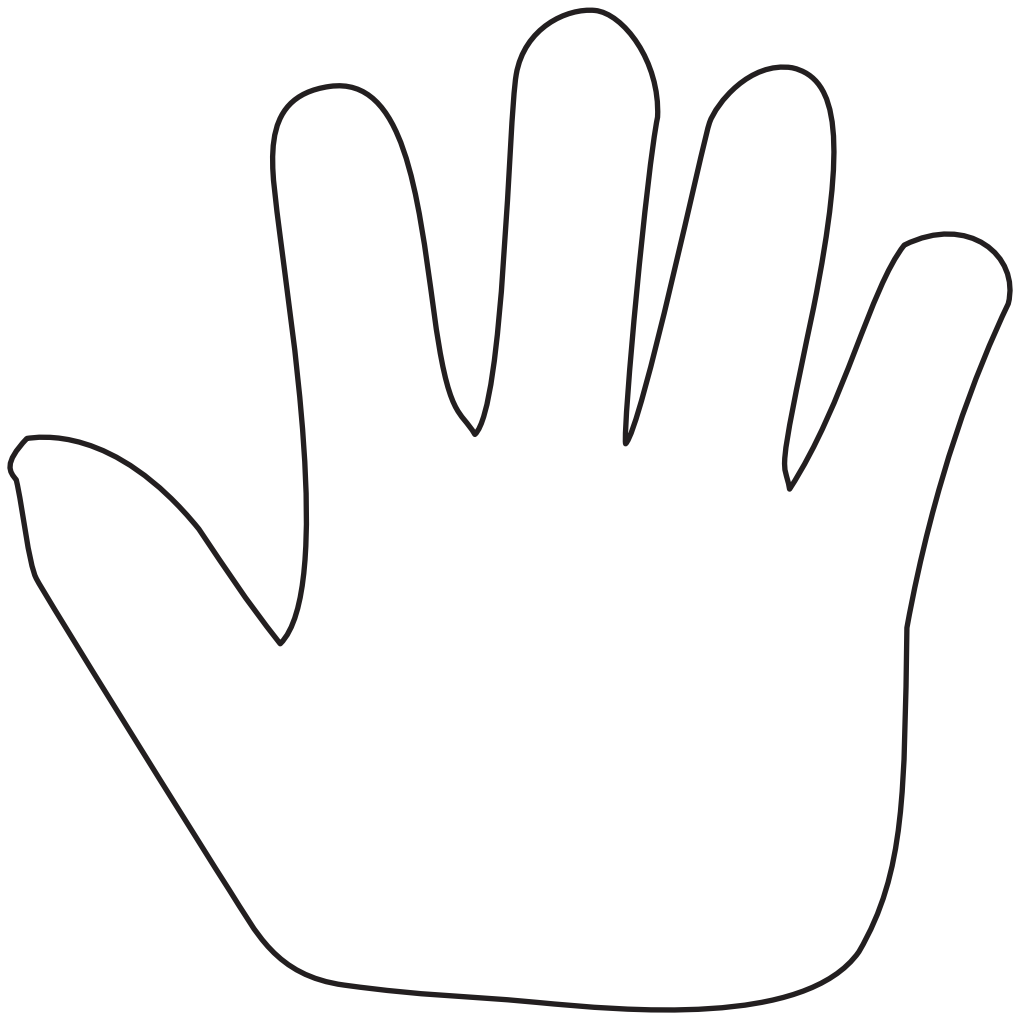
OTHER: _____



Left Hand



Right Hand



STEP 13: MISCELLANEOUS SWABS

NOTE: Used for the collection of: suspected semen stains on the body (non-genital), suspected saliva from bite marks and licked/sucked areas (non-genital), foreign blood stains on the body, and other suspected contact sources of DNA.

1. Visually check other areas for injury and photograph.
2. Slightly moisten (do not saturate) both swabs with sterile distilled water. Using both swabs simultaneously, thoroughly swab the area, making sure to rotate the swabs during the collection procedure. Do not swab bleeding wounds, cuts or abrasions.
3. Allow swabs to air-dry. Affix the "Miscellaneous Swabs" label onto the swab box and insert both swabs. Repeat as needed.
4. Fill out all information requested on the envelope.
5. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

SEMEN SALIVA BLOOD OTHER

LOCATION ON BODY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 14: INNER THIGH SWABS

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab over both inner thighs where there may be biological evidence/body fluid.
2. Allow swabs to air-dry. Affix the “Inner Thigh Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 15: PUBIC HAIRS

NOTE: Complete only if patient has pubic hair.

1. Remove small paper bindle from envelope, unfold, and place under the patient's genital area.
2. Cut any obviously matted hair (with STERILE) scissors or gently remove any loose debris by brushing with gloved fingers (patient may do this if necessary).
3. Refold the paper bindle to retain any debris.
4. Return paper bindle to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 16: EXTERNAL GENITALIA/PENILE SWABS

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab:

For females: mons pubis, external labia majora, and clitoral hood.

For males: the glans pubis, penis, and scrotum, avoiding the urethra. (Swabbing the urethra will result in obtaining the child's own DNA.)

2. Allow swabs to air-dry. Affix the "External Genitalia/Penile Swabs" label onto the swab box and insert both swabs.

3. Fill out all information requested on the envelope.

4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 17: GENITALIA SWABS

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab the labia minora, folds inside the labia, inside the clitoral hood, and fossa navicularis.
2. Allow swabs to air-dry. Affix the “Genitalia Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____ AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 18: BLIND INTRA-VAGINAL SWABS

NOTE: Use ONLY if post pubertal and as tolerated by patient. Do NOT utilize speculum unless unique circumstances such as non-menstrual bleeding or concern for PID (pelvic inflammatory disease).

1. Do not moisten swabs.
2. Using both swabs simultaneously, gently swab the inside of the vagina.
3. Allow swabs to air-dry. Affix the “Blind Intra-Vaginal Swabs” label onto the swab box and insert both swabs.
4. Fill out all information requested on the envelope.
5. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____ AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 19: PERINEAL SWABS

1. Slightly moisten (do not saturate) two swabs with sterile distilled water. Using both swabs simultaneously, swab the perineal area between the vagina and anus. This is the area that may have collected vaginal secretions from drainage.
2. Allow swabs to air-dry. Affix the “Perineal Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____ AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 20: PERI-ANAL SWABS

1. Slightly moisten (do not saturate) two swabs with distilled water. Using both swabs simultaneously, gently swab the OUTSIDE of the anal area.
2. Allow swabs to air-dry. Affix the “Peri-Anal Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



STEP 21: ANAL SWABS

1. Slightly moisten (do not saturate) two swabs with distilled water. Using both swabs simultaneously, gently swab inside the anal area.
2. Allow swabs to air-dry. Affix the “Anal Swabs” label onto the swab box and insert both swabs.
3. Fill out all information requested on the envelope.
4. Return the swab box to the envelope, apply integrity seal provided, then initial and date the seal.

PATIENT: _____

DATE/TIME: _____

AM
PM

COLLECTED BY: _____

IF NOT COLLECTED, WHY? NOT APPLICABLE NOT TOLERATED

OTHER: _____



Pediatric Physical Evidence Collection Kit

STEP 22: EVIDENCE COLLECTION LOG

SAMPLES	COLLECTED	COMMENTS	ITEMS COLLECTED	
Step 4A: Foreign Material	<input type="checkbox"/> Yes <input type="checkbox"/> No		Submitted items to law enforcement/case officer: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Shirt/T-shirt <input type="checkbox"/> Sweatshirt/Sweater <input type="checkbox"/> Pants/Jeans <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Underwear/Diaper (carried into exam) <input type="checkbox"/> Other (describe): _____ _____ _____ <input type="checkbox"/> Photos/Media Notes:	
Step 4B: Clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 4C: Underwear/Diaper (worn at the time of exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 5: Neck & Ear Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 6: External Mouth Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 7: Oral Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 8: Known DNA Sample	<input type="checkbox"/> Yes REQUIRED			
Step 9: Breast Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 10: Navel Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 11: Hand Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 12: Fingernail Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 13: Miscellaneous Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 14: Inner Thigh Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 15: Pubic Hairs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 16: External Genitalia/Penile Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 17: Genitalia Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 18: Blind Intra-Vaginal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 19: Perineal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 20: Peri-Anal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 21: Anal Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Step 22: Evidence Collection Log & Photo Documentation Log				

Pediatric Physical Evidence Collection Kit Instructions

PHOTO DOCUMENTATION GUIDELINES

1. Explain the purpose of the exam photographs (to document exam findings) and obtain consent.
2. Take an identification photo at the beginning and end of the series. This may consist of a photo of an identification card or other label that clearly identifies the date, photographer, agency, and child victim (name, case number, or medical record number).
3. For macro photography of body injuries:
 - Photograph the child overall, including front and back, and right and left sides with clothing.
 - Photograph for facial identification (frontal, R/L sides).
 - Note all injuries, skin disruptions, and scars on the anatomical diagrams provided.
Note if not from assault (per patient).
4. Use a ruler and color standard card to assist in establishing the size, placement, orientation, and identification of the wounds.

Photo document each injury noted (separately). Use the “Rule of Threes”:

- Orientation photo to identify location of injury or finding (overall of area)
 - Close up of injury or finding
 - Close up of injury or finding using a scale. Be careful not to cover any part of the injury.
5. For colposcopic photos, be systematic:
 - Photograph overall area, top to bottom, side to side
 - External genital structures to more internal structures
 - Lowest magnification to highest
 - Note all injuries on the anatomical diagrams provided
 6. Download photos to digital storage media or print per agency policy, maintaining copy for medical record. Ensure successful transmission to digital storage media before deleting from camera.
 7. Label photos or digital storage media.
 8. Place any photos and/or digital storage media in a separate envelope. Label and seal the envelope. Initial and date the seal.

Do not place photos/digital media inside the evidence box.

This envelope should be given to law enforcement and/or the case officer or the Medical Child Advocacy Center.

Pediatric Physical Evidence Collection Kit Instructions

PHOTO DOCUMENTATION LOG

1. Type of Camera

35 mm

Polaroid

Digital

Colposcope

Other _____

2. Disposition of Film/Disk _____

3. Photo List

PHOTO NO.	DATE / TIME	LOCATION	DESCRIPTION OF PHOTO

4. Other Documents *(If there are any other documents included with this report, please list.)*

History Taken by: _____

Exam Performed by: _____

FDA INSERT

PLEASE RETURN THIS FORM TO INSIDE OF KIT

Important Information Regarding SCHPEDS100

Expiration Date Information: The expiration date on this product pertains only to specific components. Please check the following. If any are beyond the expiration date, replace with similar components from hospital stock.

- 16 pkgs. cotton-tipped applicators (2/pkg.)*
- 1 pkg. cotton-tipped applicators (1/pkg.)

**Make sure all replacement swabs have the same lot number.*

Intended Use: Evidence collection from victims of sexual assault.

Contents:

- consent form
- photo documentation guidelines
- forensic history forms
- medical history forms
- evidence collection log form
- bags with label affixed
- drape sheets
- paper bindles
- envelopes with label affixed
- swab boxes
- police seals
- biohazard label
- distilled water
- swab box labels

Warnings and Precautions:

Blood and other biological fluids should be handled and processed as if they are potentially infectious.

Waste Disposal Instructions:

Dispose of any needles in an approved Sharps container. Dispose of all tubes using safe laboratory procedures as outlined in *Biosafety in Microbiological and Biomedical Laboratories*, HHS Publication (CDC) 21-1112.

This product information sheet is included to comply with FDA regulations.

SCHPEDS100:FDA.1 6/18

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SCHPEDS100:FDA.1 6/18

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NECK & EAR SWABS

NECK & EAR SWABS

NECK & EAR SWABS

NECK & EAR SWABS

EXTERNAL MOUTH SWABS

EXTERNAL MOUTH SWABS

EXTERNAL MOUTH SWABS

EXTERNAL MOUTH SWABS

ORAL SWABS

ORAL SWABS

ORAL SWABS

ORAL SWABS

KNOWN DNA SAMPLE

KNOWN DNA SAMPLE

KNOWN DNA SAMPLE

KNOWN DNA SAMPLE

BREAST SWABS

BREAST SWABS

BREAST SWABS

BREAST SWABS

NAVEL SWABS

NAVEL SWABS

NAVEL SWABS

NAVEL SWABS

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INNER THIGH SWABS

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PERINEAL SWABS

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