NOTE: This kit is designed to assist in the uniform collection of evidentiary specimens in any case in which the crime/incident involved is a sexual assault. Although the completion of each appropriate step is requested, it is acknowledged that the examiner may elect not to complete one or more steps, based upon a consideration of the physical and/or emotional well-being and preference of the patient. It must be acknowledged that a patient has the right to refuse one or more of the individual steps without relinquishing the right to have evidence collected.

Each step in this kit is designed for one of two purposes. The first is to recover potentially valuable physical evidence that will be useful in any subsequent investigation and legal proceeding to identify the perpetrator of the reported assault (through forensic DNA analysis, for instance) and/or to verify the nature and circumstances of the reported assault. The type of evidence often detected includes saliva, semen, hairs, spermatozoa, blood, fibers, plant material, soil and other debris that may have been transferred from the perpetrator’s clothing or personal effects, or from the scene of the reported assault. The other steps are intended to collect evidence that will be used as a reference standard (controls from the victim). Each step is noted as either “Evidence Collection” or “Control Sample”.

This kit contains material sufficient for the collection of evidence from ONE subject (male or female). Use a separate kit for each person. Change gloves for each step.

The hospital is requested not to analyze any of the specimens/evidence collected in this kit.

In order to locate alternative witnesses years later in the event of a DNA hit and/or arrest, please ensure that the names of other hospital personnel present during the exam are clearly recorded in the medical records.

Included in this kit are the Medical Record Sexual Assault form, Body Diagrams, Authorization for Release of Information and Evidence to Law Enforcement form, and Patient Information form as provided by NYS Department of Health. The forms are provided for hospital records if desired and are NOT to be included in the completed, sealed kit. Follow the instructions on the forms to determine distribution. In addition, enclosed in the kit are two forms from the NYS Crime Victims Board. One is a claim form for the victim and one is a claim form for the Medical Provider. Do not include either Claim Form in the sealed kit.

INSTRUCTIONS

STEP 1 ORAL SWABS AND SMEAR

NOTE: This step is to collect possible perpetrator DNA. Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection. Upon completion of this step, ask patient to thoroughly rinse mouth with water.

1. Remove all items from envelope. Using **both swabs simultaneously**, carefully swab the patient’s mouth and gum pockets. **Using both swabs**, prepare one smear. (Smear should be confined to the circle area on the slide.) Allow both swabs and smear to AIR DRY. **DO NOT DISCARD EITHER SWAB.** Place swabs in swab box marked “Oral”.

2. When slide is dry, write “oral” on slide and place slide in slide mailer marked “Oral”. Tape closed on one side only and fill out label on mailer.

3. Fill out all information requested on envelope; replace both slide mailer and swab box into envelope and seal.

STEP 2 BUCCAL SPECIMEN

NOTE: This step MUST be completed for DNA control sample of patient.
1. Instruct the patient to rinse the inside of mouth with water, using vigorous swishing.
2. Using the special swab from the envelope marked “Buccal Specimen”, collect a specimen by vigorously swabbing the inside mid-section of the cheek 15 – 20 times.
3. Allow the swab to AIR DRY. When dry, place swab in box provided.
4. Fill out all information requested on the envelope; replace the swab box into envelope and seal.

### STEP 3  TRACE EVIDENCE

**Evidence Collection**

1. To minimize the loss of evidence, place one sheet of exam table paper on the floor and then place another piece of exam table paper on top of that. The patient should disrobe over the top exam table paper, preferably in the presence of the examiner.
2. Fill out all information requested on the envelope; carefully fold only top exam table paper and place into envelope and seal.
3. Discard bottom exam table paper.

### STEP 4  CLOTHING (collect all clothing unless patient objects)

**Evidence Collection**

**NOTE:** Wet or damp clothing should be air dried before packaging. Do not cut through any existing holes, rips, or stains in patient’s clothing. Underwear is collected in next step; do not include underwear in this step.

1. **Clothing worn at the time of the assault** should be assessed carefully for potential evidentiary value such as stains, tears, debris or foreign matter. If you are collecting patient’s clothing ensure she/he has access to other clothes.
2. Do not shake clothing as microscopic evidence may be lost. **Place each item into a SEPARATE PAPER bag (not provided).** Each bag should be labeled before article of clothing is placed in bag, seal bag and initial by examiner. Individual bags can then be put into one bag. Label with patient's name and type of items and tape bag closed.
3. If patient has changed clothes after assault and intends to release the kit to law enforcement, ask if it is possible for the patient to bring the clothing to the law enforcement agency handling the investigation. Patient should be instructed to package each piece of clothing individually into paper bags.

### STEP 5  UNDERWEAR

**Evidence Collection**

**NOTE:** Wet or damp underwear should be air dried before packaging.

1. Patient’s underwear should be collected regardless if it was worn at time of assault.
2. Fill out all information requested on envelope; place underwear into envelope and seal.
3. Ensure underwear envelope is put in kit.

### STEP 6  DEBRIS COLLECTION

**Evidence Collection**

1. Remove paper bindle from Debris Collection envelope. Unfold and place on a flat surface. Collect any foreign material found on patient’s body (leaves, fibers, glass, hair etc.), and place in center of bindle. Refold in a manner to retain debris.
2. Fill out all information requested on envelope; replace bindle into envelope and seal.

### STEP 7  DRIED SECRETIONS AND/OR BITE MARKS

**Evidence Collection**

1. If dried secretion and/or bite marks are found or suspected, moisten both swabs with 1-2 drops of water. **Using both swabs simultaneously**, with a rolling motion carefully swab the area. Allow both swabs to AIR DRY.
2. When dry, place both swabs in swab box marked “Dried Secretions and/or Bite Marks”. **Label box indicating area of the body swabbed and possible type of secretion.** If additional dried secretion specimens are collected, use the second set of swabs and box provided. If still more swabs and boxes are needed, you may use standard hospital swabs and plain white stationery envelopes in lieu of the boxes.
3. Fill out all information requested on the envelope; replace swab boxes into envelope and seal.

### STEP 8  FINGERNAIL SCRAPINGS

**Evidence Collection**

1. Remove both paper bindles and scrapers from envelope. Mark one bindle Left and one Right.
2. **Left hand** - Unfold one bindle and place on flat surface. Hold each finger over bindle while scraping gently under each nail with the stick provided so that any debris present will fall onto it. After all fingers on left hand are done, place scraper in center of bindle, refold to retain debris and scraper.
3. **Right hand** - Follow same procedure used for left hand.
4. Fill out all information requested on envelope; replace both bindles into envelope and seal.

**NOTE:** Pulled Hair Samples  [from the National Protocol for Sexual Assault Medical Forensic Examinations]

[Follow jurisdictional policy for collection of hair reference samples. Many jurisdictions do not collect pubic hair reference samples routinely and some do not collect head hair reference samples routinely during the exam. In other jurisdictions, both samples are collected routinely unless otherwise indicated or declined by patients. Whatever the jurisdictional policy, patients should always be informed about the purpose of collection, procedures used to collect samples, discomfort that may be involved, and how these samples may be used during the investigation and prosecution. If hair reference samples are not collected at the initial exam, it is important to inform patients that there might be a need to collect these samples for crime lab analysis at a later date. They should be aware that hair evidence collected at a later date may not be as conclusive as if it is collected at the time of the initial exam (e.g., due to fact that hair characteristics can change over time). When these samples are collected, the indications, timing, and techniques vary. Jurisdictional policies should be in place and followed.] Many of the hairs needed for evidence comparison can be collected by gently combing pubic or scalp region with fingers, followed with light pulling so the looser hairs close to natural shedding are removed. Give patients the option of collecting sample themselves.

**STEP 9** PULLED HEAD HAIRS

1. Remove paper bindle from envelope. Using thumb and forefinger, not forceps, PULL, do not cut, 5 hairs from each of the following scalp locations (for a total of 25 hairs): center, front, back, left side, right side. Place pulled hair in center of bindle and refold bindle.
2. Fill out all information requested on envelope; replace bindle into envelope and seal.

**STEP 10** PUBLISH HAIR COMBINGS

1. Remove paper bindle from envelope and place beneath patient’s genital area. Using the comb provided, comb pubic hair in downward strokes so that any loose hairs/debris will fall onto bindle. To reduce embarrassment and increase their sense of control, the patient may prefer to do the combing.
2. Carefully remove bindle. Place comb in center and refold in manner to retain comb and any evidence present.
3. Fill out information requested on envelope; replace bindle into envelope and seal.

**STEP 11** PULLED PUBIC HAIRS

1. Remove paper bindle from envelope. Using thumb and forefinger, not forceps, PULL, do not cut, 15 full length hairs from various areas of the pubic region and place pulled pubic hair in center of bindle and refold bindle.
2. Fill out all information requested on envelope; replace bindle into envelope and seal.

**STEP 12** PERIANAL AND ANAL SWABS AND SMEAR

**NOTE:** Do not stain or chemically fix smear. Swabs may be moistened with 1 or 2 drops of water prior to collection. Take special care not to contaminate the patient’s anal area with debris from the vaginal area. Perianal swabs should be taken (even without history of anal contact) as secretions may pool in this area. If both sets of swabs are collected (perianal and anal), it is preferable to make the slide from the anal swabs.

1. Remove all items from envelope. Follow either 2a or 2b below as needed.
2a. **If only perianal swabs are to be collected**, proceed as follows: Using two swabs simultaneously, moisten if necessary with 1 or 2 drops of water and with a rolling motion carefully swab the perianal area. Using both swabs, prepare one smear on slide provided and allow to AIR DRY. (Smear should be confined to the circle area on the slide.) DO NOT DISCARD EITHER SWAB. When slide is dry, place in the slide mailer marked “Perianal/Anal”. Tape closed on one side only and fill out label on mailer indicating perianal area. Allow both swabs to AIR DRY. When swabs are dry, place in swab box marked “Perianal”.
2b. **If both perianal and anal swabs are to be collected**, proceed as follows: Using two additional swabs simultaneously, moisten with 1 or 2 drops of water if necessary and with a rolling motion carefully swab the perianal area. Allow to air dry. Using two additional swabs simultaneously, gently swab the anal canal. Using both swabs, prepare one smear on slide provided and allow to AIR DRY. (Smear should be confined to the circle area on the slide.) DO NOT DISCARD ANY SWABS. When slide is dry, place in the slide mailer marked “Perianal/Anal”. Tape closed on one side only and fill out label on mailer indicating anal area. When swabs are dry place in appropriate swab box marked “Perianal” or “Anal”.
3. Fill out all information requested on the envelope; replace swab boxes and slide mailer into envelope and seal.

**STEP 13** VULVAR OR PENILE SWABS AND SMEAR

1. Remove all items from envelope. Moisten swabs with 1-2 drops of water. Using both swabs simultaneously, with a rolling motion carefully swab the external genitalia including along the folds between the labia majora and labia minora in the female patient. For male patients, swab the penis and

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scrotum. Prepare one smear on the slide provided and allow to AIR DRY.  *(Smear should be confined to the circle area on the slide.)*  DO NOT DISCARD EITHER SWAB. Allow both swabs to AIR DRY.

2. When swabs and slide are dry, place swabs in box marked “Vulvar/Penile”. Place slide in slide mailer marked “Vulvar/Penile”. Tape closed on one side only and fill out label on mailer. Circle appropriate collection area on swab box and slide mailer.

3. Fill out all information on envelope to include possible type of secretion; replace swab box and slide mailer into envelope and seal.

**STEP 14  VAGINAL SWABS AND SMEAR**

**Evidence Collection**

**NOTE:** Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection. Take special care not to contaminate the patient’s vaginal area with any debris from the anal area.

1. Remove all items from envelope. Using two swabs simultaneously, carefully swab the vaginal vault. Allow both swabs to AIR DRY. When dry, place in swab box marked “Vaginal”.

2. Using two additional swabs, repeat the swabbing procedure of the vaginal vault. Prepare one smear on the slide provided and allow to AIR DRY. *(Smear should be confined to the circle area on the slide.)*  DO NOT DISCARD ANY SWABS. When slide is dry, place in the slide mailer marked “vaginal”. Tape closed on one side only and fill out label on mailer. When swabs are dry place in swab box marked “Vaginal”. *(If a speculum is used for this step, do not remove until next step is completed.)*

3. Fill out all information on envelope; replace swab boxes and slide mailer into envelope and seal.

**STEP 15  CERVICAL SWABS AND SMEAR**

**Evidence Collection**

**NOTE:** This step is particularly important if more than 12 hours have passed since the assault. Do not moisten swabs prior to sample collection.  DO NOT COLLECT ON PREPUBERTAL CHILDREN.

1. Remove all items from envelope. Using two swabs simultaneously, carefully swab the cervix and cervical os. Allow both swabs to AIR DRY. When dry, place in swab box marked “Cervical”.

2. Using two additional swabs, repeat the swabbing procedure of the cervix and os. Prepare one smear on the slide provided and allow to AIR DRY. *(Smear should be confined to the circle area on the slide.)*  DO NOT DISCARD ANY SWABS. When slide is dry, place in the slide mailer marked “Cervical”. Tape closed on one side only and fill out label on mailer. When swabs are dry, place in swab box marked “Cervical”.

3. Fill out all information on envelope; replace swab boxes and slide mailer into envelope and seal.

**FINAL INSTRUCTIONS**

1. Make sure each envelope used contains all requested items and information. **Envelopes which were NOT used should bear a mark in the "NO" box next to the “Was sample collected?” line.**

2. Remove the Police Evidence Seal from the box. Return all evidence envelopes and instruction sheet to the kit box. **If photographs were taken, do not include them in the kit.** Include photos in the patient’s medical record, or release to investigating officer as determined by your institution’s policy.

3. **Do not include blood or urine in this kit.** Sign the Police Evidence Seal and use it to seal the box.

4. Fill out information requested on top of box in space provided for Hospital Personnel.

5. Give sealed kit and clothing bags to the investigating officer. If officer is not present, place sealed kit in a secure area, in accordance with established protocol. Just as it is the responsibility of each facility to properly collect evidence in sexual assault cases, it is also their responsibility to ensure that evidence is properly maintained and secured for at least 30 days and the chain of custody is documented. Refer to New York State Public Health Law 2805-i.

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