



Sexual Assault Kit Evaluation Form

Hospital Label

A. To be completed by Nurse or Doctor collecting this kit.

- Date of Exam: _____ Kit collected by: _____
- Which areas were swabbed?

a. Vaginal	d. Rectal
b. Perineal	e. Cervical
c. Oral	f. Other: _____
 - How many swabs were submitted for each site?

a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

By signing and dating this line I authorize the BCA to release the serological findings of this case to the hospital where this kit was collected so that they may receive feedback for their own research needs.

Patient's Signature _____ date _____

**** Please Place this Form into the BCA Evidentiary Exam Kit ****

B. To Be completed by the Lab

- Date Assault Kit was examined: _____
- Which site swabs were examined?

a. Vaginal	d. Rectal
b. Perineal	e. Cervical
c. Oral	f. Other: _____
 - Were the samples labeled and packaged correctly?

a. yes/no	d. yes/no
b. yes/no	e. yes/no
c. yes/no	f. yes/no
 - Was the paperwork completed properly? *yes/no (if no, please explain below)*
 - Did all the samples seem adequately dried? *yes/no (if no, please explain below)*
 - Were the probative samples taken according to the victim's description of the assault? *yes/no (if no, please explain below)*

If consent was given above and testing was performed, please fill out portion below.

- | | | |
|----------------|-------------------------|------------|
| 6. P30 Results | 7. Sperm Identification | 8. Amylase |
| a. pos/neg | a. pos/neg | a. pos/neg |
| b. pos/neg | b. pos/neg | b. pos/neg |
| c. pos/neg | c. pos/neg | c. pos/neg |
| d. pos/neg | d. pos/neg | d. pos/neg |
| e. pos/neg | e. pos/neg | e. pos/neg |
| f. pos/neg | f. pos/neg | f. pos/neg |

Comments: _____

Hospital information here: