

SEXUAL ASSAULT KIT EVALUATION FORM

SANE completing
kit _____

Patient Chart # _____

Date of Exam _____

TO BE COMPLETED BY SANE

- | |
|---|
| 1. Which sites were swabbed?
a. Oral b. Vaginal c. Rectal d. Perineal e. Other |
| 2. How many swabs sent for each site?
a. _____ b. _____ c. _____ d. _____ e. _____ |
| 3. Clothing Collected: a. _____ b. _____
c. _____ |

TO BE COMPLETED BY LAB/BCA

Examiner _____ Date Kit
Examined _____

1. Which sites' swabs were examined?
a. Oral b. Vaginal c. Rectal d. Perineal e. Other
2. How many swabs from each site were examined?
a. _____ b. _____ c. _____ d. _____ e. _____
3. Evidence found on clothing:
a. (+/-) b. (+/-) c. (+/-)
4. P-30 results from each site?
a. (+/-) b. (+/-) c. (+/-) d. (+/-) e. (+/-)
5. Sperm found?
a. (+/-) b. (+/-) c. (+/-) d. (+/-) e. (+/-)
6. Were samples packaged appropriately?
Yes No
7. Was paperwork completed? Yes No

Return this form to: SANE PROGRAM

Original with Kit Copy to C