SEXUAL ASSAULT KIT EVALUATION FORM

SANE completing kit ____________________________________________

Patient Chart #__________________
Date of Exam ______________________

TO BE COMPLETED BY SANE

<p>| | | | | |</p>
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<tbody>
<tr>
<td>1.</td>
<td>Which sites were swabbed?</td>
<td></td>
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<tr>
<td>2.</td>
<td>How many swabs sent for each site?</td>
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<tr>
<td>a. _____</td>
<td>b. _____</td>
<td>c. _____</td>
<td>d. _____</td>
<td>e. _____</td>
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<tr>
<td>3.</td>
<td>Clothing Collected:</td>
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<td></td>
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<tr>
<td>a. ____________</td>
<td>b. ____________</td>
<td>c. ____________</td>
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TO BE COMPLETED BY LAB/BCA
Examiner __________________________ Date Kit Examined _______________________

1. Which sites’ swabs were examined?

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