

COMMONWEALTH OF PENNSYLVANIA SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

(For Health Care Personnel)

Health care facilities may choose to use either the Department of Health developed paperwork that can be downloaded from the DOH Web site at www.saforms.health.pa.gov or their own forms of documentation so long as all specifically required information necessary for forensic processing is included.

STOP! Failure to thoroughly and accurately complete all information requested may jeopardize the successful investigation and prosecution of a chargeable crime.

This kit is designed to assist the examiner in the collection of evidentiary specimens for analysis by the Pennsylvania State Police Crime Laboratory. The health care facility is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the health care facility are to be collected with in-house supplies.

Victims are entitled to a sexual assault forensic examination regardless of whether or not they speak or cooperate with law enforcement at the time of the examination. Costs of the forensic rape examination and medications provided as a direct result of a sexual offense shall not be charged to the victim.

Prior to the examination, the health care facility should inform the victim of the availability of a sexual assault crisis center counselor, contact the counselor at the request of the victim, provide the victim an opportunity to consult with the counselor in person and in private while at the facility, and give the telephone number of the crisis center to the victim. If the local crisis center number is not available, call 1-888-772-7227.

Sexual assault is a legal matter for the court to decide and is not a medical diagnosis. The examiner should express no conclusions, opinions, or diagnoses to the victim or others, nor should this be written in the record.

RECOMMENDED TIME FRAMES FOR EVIDENCE COLLECTION *

Type of Assault	Collection Time
Vaginal	Up to 120 hours (5 days)
Anal	Up to 72 hours (3 days)
Oral	Up to 24 hours (1 day)
Bite marks/saliva on skin	Up to 96 hours (4 days)
Unknown	Collect respective samples within the time frames listed above

*Recommended time frames published in National Institute of Justice *National Best Practices for Sexual Assault Kits: A multidisciplinary Approach* (Washington, DC: U.S. Department of Justice, August 2017): <https://www.ncjrs.gov/pdffiles1/nij/250384.pdf>

Due to increased sensitivity in DNA testing methods, additional measures are necessary to avoid contaminating specimens. Gloves must be worn by all health care providers in the collection and packaging of evidence and changed frequently. Masks should also be worn during the collection and packaging of intimate samples and swabs. The need for these precautions should be explained to the victim when collecting the evidence.

STEP 1 **CONSENT FOR COLLECTION AND RELEASE OF EVIDENCE AND INFORMATION FORM**

Fill out all information requested and have victim (or parent/guardian, if applicable) and witness sign where indicated.

STEP 2 **CLOTHING AND UNDERPANTS COLLECTION**

- Note:
1. Wet or damp clothing should be air dried before packaging.
 2. If victim is not wearing the clothing worn at the time of the reported assault, collect only the items that are in direct contact with the victim's genital area.
 3. If victim changed clothing after assault, inform officer in charge so that the clothing worn at the time of the assault may be collected by the law enforcement.
 4. Do not cut through any existing holes, rips or stains in victim's clothing.
 5. Do not shake out victim's clothing or microscopic evidence will be lost.
 6. If additional clothing bags are required, use only new paper (grocery-type) bags.
 7. Do not put bags in kit.

Unfold and place a clean bed sheet on floor. Instruct victim to stand in center of bed sheet and carefully disrobe. Collect each item as removed and place in separate Clothing bag. Collect victim's underpants and place in Underpants bag. Fold tops of bags and tape shut, then seal with evidence seals provided. Fill out all information requested on bag labels. Return bed sheet to health care facility laundry.

STEP 3 ORAL ASSAULT COLLECTION SAMPLES

Note: Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection.

Remove all components from envelope. Using one swab, carefully swab the buccal area and gum line. Place "First Swab" label on the bottom of the swab stick. Carefully swab the buccal area and gum line a second time with the remaining swab. With the labeled surface (black masked portion) facing up, use both swabs to prepare one smear (smear should be confined to the oval area on the slide). Allow swabs (2) and smear (1) to air dry. Return smear to slide holder and place swabs in swab box, then check off "Oral" on swab box.

Return smear and swabs to the Step 3 Oral Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 4 MISCELLANEOUS COLLECTION (DEBRIS, DRIED SECRETIONS, TAMPON/SANITARY NAPKIN)

DEBRIS: Remove folded paper sheet from envelope. Unfold and place on flat surface. Collect any foreign debris such as dirt, fiber, hair, etc. and place in center of paper sheet. Refold paper in manner to retain debris.

Note: If available, it is recommended that an Alternate Light Source (ALS) be used in the following procedure.

DRIED SECRETIONS: Remove swabs and swab box from envelope. Secretions such as dried semen, blood, saliva, etc. should be collected. Lightly moisten one swab with distilled water in kit and thoroughly swab the area of dried secretions. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the area of dried secretions a second time. Allow the wet swab to air dry, place both swabs in swab box, and mark swab box "Dried Secretions from _____." If additional secretions are present, collect using in-house supplied swabs following the same procedure. Allow swabs to air dry, then return them to their original paper sleeve and mark sleeve "Dried Secretions from _____", then place in Step 4 envelope. Note location(s) from which dried secretions sample(s) was taken on anatomical drawings on envelope.

TAMPON/SANITARY NAPKIN: Remove wax bag from envelope. Collect the tampon/sanitary napkin and place on paper sheet from in-house stock. Allow tampon/sanitary napkin to air dry. Place tampon/sanitary napkin in wax bag and seal bag. Wax bag must be clearly labeled for identification purposes. Do not put in kit. Tampon/sanitary napkin must be packaged separately from kit to permit refrigeration or freezing of item.

FORCEFUL CONTACT SWABBING: Collect only if case scenario supports aggressive handling such as strangulation or throttling. Remove swabs and swab box from envelope. Lightly moisten one swab with distilled water in kit and thoroughly swab the area of contact. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the area of contact a second time. Allow the wet swab to air dry, place both swabs in swab box, and mark swab box "Contact swab from _____."

Return folded paper sheet and swab box to the Step 4 Miscellaneous Collection envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 5 FINGERNAIL SWABBINGS

COLLECT ONLY IF CASE SCENARIO SUPPORTS.

Remove all components from envelope. Lightly moisten one swab with distilled water in kit and swab the underside of each left hand fingernail. Place "Wet Swab" label on bottom of the swab stick. Using a dry swab, swab the underside of each left hand fingernail a second time. Allow the wet swab to air dry and place both swabs in swab box, then mark box "Left Hand".

Follow same procedure for right hand. Place "Wet Swab" label on bottom of the wet swab stick and mark swab box "Right Hand".

Return swab boxes to the Step 5 Fingernail Swabbings envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 6 EXTERNAL GENITALIA COLLECTION SAMPLE

IF FEMALE VICTIM:

Remove all components from envelope. Lightly moisten one swab with distilled water and thoroughly swab the vulva. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the vulva a second time. Allow the wet swab to air dry and place both swabs in swab box, then check off "Vulva" on swab box.

Return swabs to the Step 6 External Genitalia Collection Sample envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

IF MALE VICTIM:

Remove all components from envelope. Lightly moisten one swab with distilled water and thoroughly swab the glans and shaft of the penis. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the glans and shaft of the penis a second time. Allow the wet swab to air dry and place both swabs in swab box, then check off "Penile" on swab box.

Using the second set of swabs, lightly moisten one swab with distilled water and thoroughly swab the scrotum. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the scrotum a second time. Allow the wet swab to air dry and place both swabs in swab box, then check off "Scrotum" on swab box.

Return swabs to the Step 6 External Genitalia Collection Sample envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 7 VAGINAL ASSAULT COLLECTION SAMPLES

- Note:
1. Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection.
 2. If a condom is present, package in a plastic bag or container and clearly label. Do not put in kit. Condom must be packaged separately from kit to permit refrigeration or freezing of item.

Remove all components from envelope. Using one swab, thoroughly swab the vaginal vault. Place "First Swab" label on the bottom of the swab stick. Thoroughly swab the vaginal vault a second time with the remaining swab. With the labeled surface (black masked portion) facing up, use both swabs to prepare one smear (smear should be confined to the oval area on the slide).

Using the second set of swabs provided, use one swab to thoroughly swab the cervix. Place "First Swab" label on the bottom of the swab stick. Thoroughly swab the cervix a second time with the remaining swab.

Allow swabs (4) and smear (1) to air dry. Return smear to the slide holder. Place the first set of swabs in one of the swab boxes, then check off "Vaginal" on swab box. Place the second set of swabs in the remaining swab box, then check off "Cervical" on swab box.

Return smear and swabs to the Step 7 Vaginal Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 8 PERIANAL/RECTAL ASSAULT COLLECTION SAMPLES

Note: Do not stain or chemically fix smear.

Perianal Collection: Remove all components from envelope. Lightly moisten one swab with distilled water in kit and thoroughly swab the perianal area. Place "Wet Swab" label on the bottom of the swab stick. Using a dry swab, thoroughly swab the perianal area a second time. Allow the wet swab to air dry, place both swabs in swab box, then check off "Perianal" on swab box.

Rectal Collection: COLLECT ONLY IF CASE SCENARIO SUPPORTS OR IF UNKNOWN: Applying traction to the anal verge, carefully swab the rectal canal using one swab. (Be careful not to touch the anal verge tissues). Place "First Swab" label on the bottom of the swab stick. Carefully swab the rectal canal a second time with the remaining swab. With the labeled surface (black masked portion) facing up, use both swabs to prepare one smear (smear should be confined to the oval area on the slide). Allow swabs (2) and smear (1) to air dry. Return smear to slide holder and place swabs in swab box, then check off "Rectal" on swab box.

Return smear and swabs to Step 8 Perianal/Rectal Assault Collection Samples envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

(OVER)

STEP 9 BUCCAL SWAB COLLECTION (For DNA Analysis)

Note: Have victim rinse his/her mouth thoroughly with water before swabbing.

Remove the collection device from the clear plastic pouch, then write the victim's full name on the collector where requested.

Slide the cover down, if necessary, to fully expose the buccal cell collection pad. Place the collector in the victim's mouth, then press the paper pad against the inside cheek. Drag the collector towards the lips and out of the victim's mouth. Repeat this procedure seven (7) times. DO NOT rub the collector back and forth against the cheek.

Slide the cover up to cover the collection pad. Allow pad to air dry, then return collector to the Step 9 Buccal Swab Collection envelope. Seal with tape or a label (do not lick) and fill out all information requested on envelope.

STEP 10 TRANSFER OF EVIDENCE FORM

Hand law enforcement the Step 10 form and have the officer inventory all evidence and fill out all information requested on the form. Have law enforcement and examiner sign and date form where indicated.

FINAL INSTRUCTIONS

- 1) Make sure all information requested on all forms, envelopes, and bag labels has been filled out completely.
- 2A) Retain a copy of all forms for Medical Records and Law Enforcement.
- 2B) Place a copy of appropriate forms in the Lab Copies of Forms envelope affixed to the bottom of the kit box. Seal with tape or a label (do not lick). If forms do not easily fit inside the envelope, they should be placed inside the kit box.
- 2C) Give copy of appropriate forms to victim or victim's parent/guardian.
- 3) With the exception of sealed and labeled clothing, underpants, and tampon/sanitary napkin bags, return all other evidence collection envelopes, bags, used or unused, to kit box.

NOTE: Only evidence requested should be placed in kit. Any specimens collected for other uses (e.g. blood or urine collected for toxicology testing) should not be placed in kit but should be sent to the appropriate laboratory for analysis.

- 4) Initial and affix red police evidence seals where indicated on box top.
- 5) Fill out all information requested on kit box top under "For Health Care Personnel", then affix biohazard label where indicated.
- 6) Hand sealed kit, sealed bags, and copies of forms to law enforcement.

NOTE: If law enforcement is not present at time of collection, place sealed kit, sealed bags, and forms in locked area and hold for pick up by law enforcement (if bag contains tampon/sanitary napkin or other saturated item, place in a secure refrigerated area).

**FDA INSERT
Important Information Regarding
RE-2PA**

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

PLEASE RETURN THIS FORM TO INSIDE OF KIT

Expiration Date Information:

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

8 pkgs. ea. sterile, cotton-tipped swabs (2/pkg.)*
1 pkg. ea. sterile, cotton-tipped swabs (5/pkg.)

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

Intended Use:

Evidence collection from the victims of sexual assault

Contents:

kit instruction sheet	buccal swab collector	envelopes	paper bundle
bags with labels affixed	transfer of evidence form	distilled water	paper ruler
microscope slides with labels affixed	police evidence seals	swab boxes	plastic slide mailers
sterile, cotton-tipped swabs	labels	biohazard label	wax paper bag

Warnings and Precautions:

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



COMMONWEALTH OF PENNSYLVANIA
SEXUAL ASSAULT EVIDENCE COLLECTION KIT

— VICTIM —

Health care facilities may choose to use either the Department of Health developed paperwork that can be downloaded from the DOH Web site at www.health.state.pa.us/saforms or their own forms of documentation so long as all specifically required information necessary for forensic processing is included.

FOR HEALTH CARE PERSONNEL

(Please Print)

Victim's Name _____
Date/Time _____ am
pm
Physician _____
Nurse _____
Health Care Facility _____

REFRIGERATE KIT

Contains: Tampon/Sanitary Napkin

FOR POLICE PERSONNEL
CHAIN OF CUSTODY

(Please Sign and Print Names)

From _____
Date _____ Time _____ am
pm
To _____
Date _____ Time _____ am
pm
From _____
Date _____ Time _____ am
pm
To _____
Date _____ Time _____ am
pm

INCIDENT NO. _____

PROPERTY NO. _____ ITEM NO. _____

FOR CRIME LABORATORY PERSONNEL

LABORATORY NO. _____

ITEM NO. _____ INITIALS _____

— AFFIX
BIOHAZARD
LABEL HERE —

INTEGRITY SEAL TO BE OPENED BY AUTHORIZED PERSONNEL ONLY

LAB COPIES OF
SEXUAL ASSAULT KIT FORMS

TO BE FILLED OUT BY POLICE

INCIDENT NO.: _____

PROPERTY NO.: _____

ITEM NO.: _____

RESPALC1 1207

INTEGRITY SEAL TO BE OPENED BY AUTHORIZED PERSONNEL ONLY

STEP 1 Consent for Collection and Release of Evidence and Information

Name of Health Care Facility

I, _____, freely consent to allow _____ and his/her medical and nursing associates to conduct a forensic examination, which includes the collection of evidence. This procedure has been fully explained to me, and I understand that I may refuse any part of the examination. Clinical observation for physical evidence of both penetration and injury to my person will be done. Collection of other specimens and blood samples for laboratory analysis may be done per the events reported.

Patient Information:			
<ul style="list-style-type: none"> I understand that hospitals and health care facilities must report certain crimes to law enforcement authorities in cases where a victim seeks medical care. I have been informed that Pennsylvania law provides that a victim of a sexual offense shall not be charged for the costs of a forensic rape examination. I understand that "I" do not need to talk to law enforcement authorities directly if I choose not to; however, I understand that the health care facility will provide the evidence of the forensic rape examination to law enforcement authorities. Options have been explained if "I" do not talk to law enforcement (medical treatment only, anonymous reporting). 			
Patient Consent: Please initial to the right to indicate agree/disagree for each statement.		Agree	Disagree
Examination			
<ul style="list-style-type: none"> I understand that a forensic examination to collect evidence from the sexual assault may be conducted, with my consent, by a health care professional(s), to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence will be provided to law enforcement authorities. I understand that I may withdraw consent at any time for any portion of the examination. I agree that law enforcement can send the evidence to a laboratory approved by the Federal Bureau of Investigation (FBI) for CODIS access. The evidence will undergo testing analysis by the approved laboratory. I understand that I may withdraw consent for evidence testing by contacting the law enforcement agency investigating my case. 		_____	_____
Photographs			
<ul style="list-style-type: none"> I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. 		_____	_____
General Information			
<ul style="list-style-type: none"> I understand that evidence, including photographs, may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. 		_____	_____

I fully understand the nature of the examination and the fact that medical information gathered by this means may be used as evidence in a court of law or in connection with enforcement of public health rules and law.

Print Name (patient)

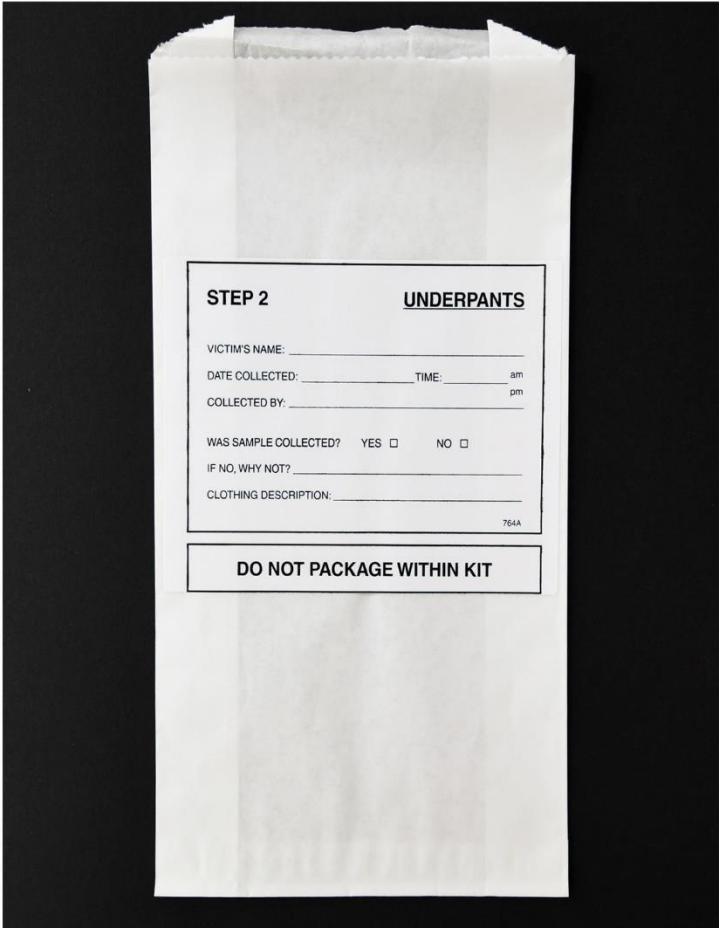
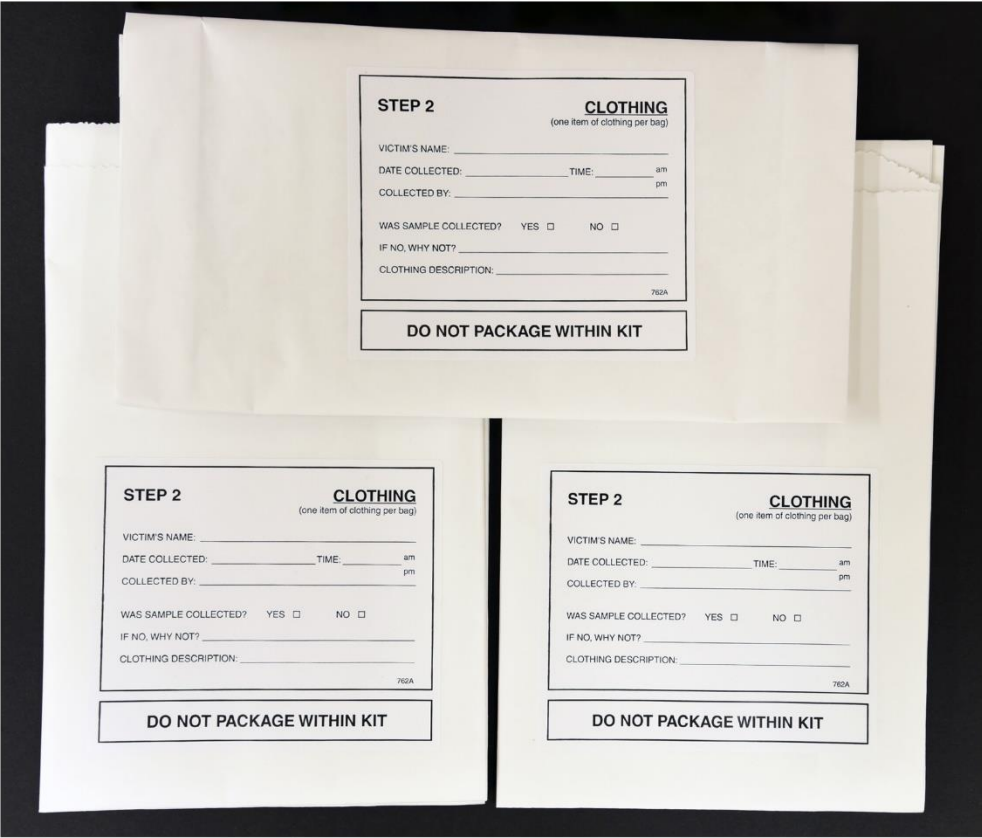
Signature of Witness

Signature (patient)

Date

Time

Signature of Parent or Guardian / Relationship



STEP 3 **ORAL ASSAULT COLLECTION SAMPLES**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

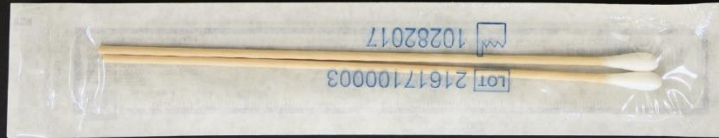
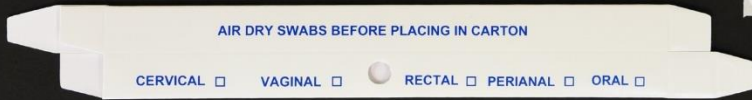
WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

REOPA-STEP3 1 2008



"First Swab"



STEP 4 **MISCELLANEOUS COLLECTION**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

CHECK APPROPRIATE BOX(ES):

DEBRIS
 DRIED SECRECTIONS
 FORCEFUL CONTACT SWABBING

INDICATE LOCATION ON DIAGRAM WHERE SAMPLE COLLECTED

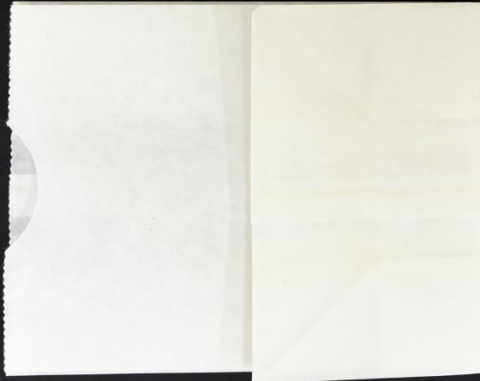
WAS SAMPLE(S) COLLECTED? YES NO

IF NO, WHY NOT? _____

REOPA-STEP4 1 9/17



"Wet Swab"



STEP 5 **FINGERNAIL SWABBINGS**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
 _____ pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

RE2PA.STP5.1.9/17



"Wet Swab"

"Wet Swab"



STEP 6 **EXTERNAL GENITALIA COLLECTION SAMPLES**

VICTIM'S NAME: _____

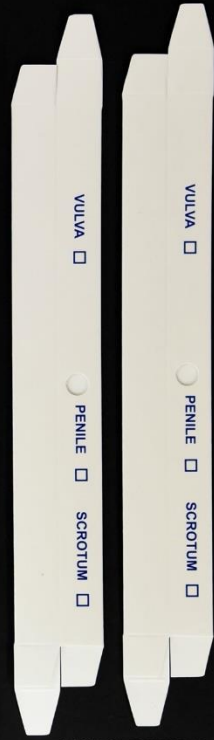
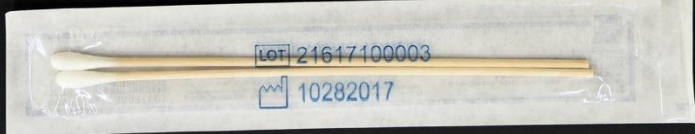
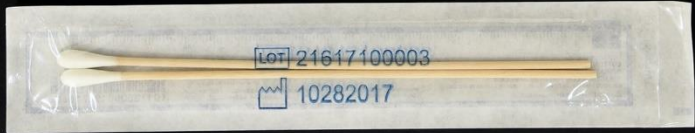
DATE COLLECTED: _____ TIME: _____ am
 _____ pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

RE2PA.STP6.1.9/17



"Wet Swab"

"Wet Swab"



STEP 9 **BUCCAL SWAB COLLECTION**

VICTIM'S NAME: _____

DATE COLLECTED: _____ TIME: _____ am
pm

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

REC-PA-STPB-1 9/17



Peel Here → **SEALED EVIDENCE DO NOT TAMPER** Date: _____ Initials: _____

Peel Here → **SEALED EVIDENCE DO NOT TAMPER** Date: _____ Initials: _____

Peel Here → **SEALED EVIDENCE DO NOT TAMPER** Date: _____ Initials: _____

Peel Here → **SEALED EVIDENCE DO NOT TAMPER** Date: _____ Initials: _____

EVIDENCE
INITIAL HERE: _____
WARNING! POLICE SEAL
DO NOT REMOVE

81
800 438 7884 - tritechforensics.com

EVIDENCE
INITIAL HERE: _____
WARNING! POLICE SEAL
DO NOT REMOVE

81
800 438 7884 - tritechforensics.com

