FORENSIC MEDICAL REPORT:
ACUTE (<120 HOURS)
ADULT/ADOLESCENT
SEXUAL ASSAULT EXAMINATION

CAL OES 2-923

July 2018

For copies of this form or assistance in completing the Cal OES 2-923, please contact

California Clinical Forensic Medical Training Center
(916) 930-3080 or www.ccfmtc.org
**FORENSIC MEDICAL REPORT: ACUTE (<120 HOURS) ADULT/AdOLESCENT SEXUAL ASSAULT EXAMINATION**

**STATE OF CALIFORNIA**
Governor’s Office of Emergency Services

**Cal OES 2-923**
Confidential Document

### A. GENERAL INFORMATION (print or type)

1. Name of patient
   - Patient ID number

2. Address
   - City
   - County
   - State
   - Telephone
     - (C)
     - (W)

3. Age
   - DOB
   - Gender
   - Ethnicity
   - Arrival date
   - Arrival time
   - Discharge date
   - Discharge time

### B. REPORTING AND AUTHORIZATION

1. Telephone report made to law enforcement agency
   - Reported by:
     - Name of Officer
     - Agency
     - ID Number
     - Telephone
     - Name
     - Date
     - Time

2. Responding Officer
   - Agency
   - ID Number
   - Telephone

3. I request a forensic medical examination for suspected sexual assault at public expense.

### C. PATIENT INFORMATION

I understand that hospitals and health care professionals are required by Penal Code sections 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries.

________ (initial)

### D. PATIENT CONSENT

Minors: Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions for parental notification requirements for minors.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.
  ________ (initial)

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.
  ________ (initial)

- I hereby consent to a forensic medical examination for evidence of sexual assault.
  ________ (initial)

- I understand that data without patient identity may be collected from this report for health and forensic purposes and may be provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic or epidemiological studies.
  ________ (initial)

Signature ____________________________________________

☐ Patient  ☐ Parent  ☐ Guardian

### DISTRIBUTION OF CAL OES 2-923

☐ Original—Law Enforcement  ☐ Copy within Evidence Kit—Crime Lab  ☐ Copy—Child Protective Services (if patient is a minor)  ☐ Copy—Medical Facility Records
**E. PATIENT HISTORY**

1. Name of person providing history | Relationship to patient | Date | Time
--- | --- | --- | ---

2. Pertinent medical history

- Are you menstruating now?  
  - No  
  - Yes  
  - Unsure

- Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings?  
  - Yes  
  - No  
  - Unsure

- Any other pertinent medical condition(s) that may affect the interpretation of current physical findings?  
  - Yes  
  - No  
  - Unsure

- Any pre-existing physical injuries?  
  - Yes  
  - No  
  - Unsure

3. Pertinent pre- and post-assault related history

- Other intercourse within past 5 days?  
  - Yes  
  - No  
  - Unsure

- If yes:
  - Anal (within past 5 days)?  
    - When  
    - Yes  
    - No  
    - Unsure
  - Vaginal (within past 5 days)?  
    - When  
    - Yes  
    - No  
    - Unsure
  - Oral (within past 24 hours)?  
    - When  
    - Yes  
    - No  
    - Unsure
  - If yes, did ejaculation occur?  
    - When  
    - Yes  
    - No  
    - Unsure
  - If yes, where?  
    - Yes  
    - No  
    - Unsure
  - If yes, was a condom used?  
    - Yes  
    - No  
    - Unsure
  - Any voluntary alcohol use w/in 24 hrs. prior to assault?  
    - Yes  
    - No  
    - Unsure
  - Any voluntary drug use w/in 120 hrs. prior to assault?  
    - Yes  
    - No  
    - Unsure
  - Any voluntary drug or alcohol use between the time of assault and forensic exam?  
    - Yes  
    - No  
    - Unsure

4. Post-assault hygiene/activity  
- Unurinated?  
  - Yes  
  - No  
  - Unsure

- Defecated?  
  - Yes  
  - No  
  - Unsure

- Genital or body wipes?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Douched?  
  - Yes  
  - No  
  - Unsure

- If yes, with what?  
  - Yes  
  - No  
  - Unsure

- Removed/inserted:  
  - Tampon  
  - Diaphragm

- Oral gargle/rinse?  
  - Yes  
  - No  
  - Unsure

- Bath/shower/wash?  
  - Yes  
  - No  
  - Unsure

- Brushed teeth?  
  - Yes  
  - No  
  - Unsure

- Ate or drank?  
  - Yes  
  - No  
  - Unsure

- Changed clothing?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

5. Assault-related history

- Loss of memory?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Lapse of consciousness?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- If yes, follow Loss of Awareness Protocol (see Cal OES 2-923 instructions for page 5)

- Vomited?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Non-genital injury, pain, and/or bleeding?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Anal-genital injury, pain, and/or bleeding?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

**F. ASSAULT HISTORY**

1. Date of assault(s) | Time of assault
--- | ---

2. Pertinent physical surroundings of assault(s)

3. Alleged assailant(s) name(s) | Age | Gender | Ethnicity | Relationship to Patient
--- | --- | --- | --- | ---
#1 | M | F | Known | Unknown
#2 | M | F | Known | Unknown
#3 | M | F | Known | Unknown
#4 | M | F | Known | Unknown

4. Methods employed by assailant(s)

- Weapons?  
  - Threatened?  
    - Yes  
    - No  
    - Unsure

- If yes, describe: ____________________________________________________

- Injuries inflicted?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Type(s) of weapons?  
  - Yes  
  - No  
  - Unsure

- Physical blows?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Grabbing/holding/pinching?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Physical restraints?  
  - Yes  
  - No  
  - Unsure

- Strangulation/choking?  
  - Yes  
  - No  
  - Unsure

- Burns (thermal and/or chemical)?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Threat(s) of harm?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Target(s) of threat(s)?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Other methods?  
  - Yes  
  - No  
  - Unsure

- If yes, describe: ____________________________________________________

- Involuntary ingestion of alcohol/drugs  
  - Yes  
  - No  
  - Unsure

- If yes,  
  - Alcohol  
  - Drugs

- If yes,  
  - Forced  
  - Coerced  
  - Suspected

- *Collection of blood-alcohol and urine toxicology samples required on all patients regardless of history.

5. Injuries inflicted upon the assailant(s) during assault

- Yes  
  - No  
  - Unsure

- If yes, describe injuries, possible locations on the body, and how they were inflicted: ____________________________________________________

- *Collection of blood-alcohol and urine toxicology sample required on all patients regardless of history.

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Cal OES 2-923 (2018)
### G. ACTS DESCRIBED BY PATIENT

- Any penetration of the genital or anal opening, however slight, constitutes the act.
- Oral copulation requires only contact.
- If more than one assailant, identify by number.

#### 1. Penetration of vagina

<table>
<thead>
<tr>
<th>By penis?</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>☐ Attempted*</th>
<th>☐ Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>By finger?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
<tr>
<td>By object?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
</tbody>
</table>

If yes, describe the object: ________________________________________________________________

#### 2. Penetration of anus

<table>
<thead>
<tr>
<th>By penis?</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>☐ Attempted*</th>
<th>☐ Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>By finger?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
<tr>
<td>By object?</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
</tbody>
</table>

If yes, describe the object: ________________________________________________________________

#### 3. Oral copulation of genitals

<table>
<thead>
<tr>
<th>Of patient by assailant</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>☐ Attempted*</th>
<th>☐ Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of assailant by patient</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
</tbody>
</table>

*Describe: ________________________________

#### 4. Oral copulation of anus

<table>
<thead>
<tr>
<th>Of patient by assailant</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>☐ Attempted*</th>
<th>☐ Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of assailant by patient</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
</tbody>
</table>

*Describe: ________________________________

#### 5. Non-genital act(s)

<table>
<thead>
<tr>
<th>Licking</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>☐ Attempted*</th>
<th>☐ Unsure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
<tr>
<td>Suction injury</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
<tr>
<td>Biting</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ Attempted*</td>
<td>☐ Unsure*</td>
</tr>
</tbody>
</table>

*Describe: ________________________________

#### 6. Other act(s)

| ☐ No | ☐ Yes | ☐ Attempted* | ☐ Unsure* |
| *Describe: ________________________________

#### 7. Did ejaculation occur?

| ☐ No | ☐ Yes | ☐ Unsure* | ☐ On clothing |
| ☐ No | ☐ Yes* | ☐ Unsure | ☐ On bedding |
| ☐ No | ☐ Yes* | ☐ Unsure | ☐ Anus/Rectum |
| ☐ No | ☐ Yes* | ☐ Unsure | ☐ Body surface |
| ☐ No | ☐ Yes* | ☐ Unsure | ☐ Other |

*Describe: ________________________________

#### 8. Contraceptive or lubricant products

<table>
<thead>
<tr>
<th>Saliva?</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>☐ Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foam used?</td>
<td>☐ No</td>
<td>☐ Yes*</td>
<td>☐ Unsure</td>
</tr>
<tr>
<td>Jelly used?</td>
<td>☐ No</td>
<td>☐ Yes*</td>
<td>☐ Unsure</td>
</tr>
<tr>
<td>Lubricant used?</td>
<td>☐ No</td>
<td>☐ Yes*</td>
<td>☐ Unsure</td>
</tr>
<tr>
<td>Condom used?</td>
<td>☐ No</td>
<td>☐ Yes*</td>
<td>☐ Unsure</td>
</tr>
</tbody>
</table>

*Describe type/brand, if known: ________________________________
H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Blood pressure Pulse Resp. Temp.  2. Exam Started Completed
   Date & Time Date & Time

3. Describe general physical appearance  4. Describe general demeanor

5. Describe condition of clothing upon arrival

6. Collect outer and under clothing if indicated  ☐ Not Indicated  7. Conduct a physical examination  ☐ Findings  ☐ No Findings

8. Collect dried and moist secretions, stains, and foreign materials from the body  ☐ Body Collection(s) Done  ☐ No Body Collection

Scan the entire body with an ALS (Alternate Light Source) and indicate ALS+ if there are findings  ☐ Findings  ☐ No Findings

9. Collect fingernail swablings (Use two (2) microtipped swabs per hand)

Diagram A  Diagram B

LEGEND: TYPES OF FINDINGS

| AB | Abrasion |
| DF | Deformity |
| DS | Dry Secretion |
| EC | Ecchymosis (bruise) |
| ER | Erythema (redness) |
| F/H | Fiber/Hair |
| FB | Foreign Body |
| IN | Induration |
| IW | Incised Wound |
| LA | Laceration |
| MS | Moist Secretion |
| OF | Other Foreign Materials (describe) |
| OI | Other Injury (describe) |
| PE | Petechiae |
| SI | Suction Injury |
| SW | Swelling |
| TB | Toluidine Blue |
| TE | Tenderness |
| VS | Vegetation/Soil |

Cal OES 2-923 (2018)  Illustrations by Eva Mae Natividad Baucom
I. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine face, head, hair, scalp, and neck for injury and foreign materials
   - Findings
   - No Findings

2. Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck
   - Collection Done
   - No Collection

Scan areas with an Alternative Light Source (ALS) Indicate ALS if there are findings.
   - Findings
   - No Findings

3. Examine the oral cavity for injury and foreign materials
   - Findings
   - No Findings

4. Collect two (2) swabs from the oral cavity and swap the perioral area separately with two (2) swabs up to 24 hours post-assault

5. Collect head hair reference samples only if foreign hair is found

Diagram C

Diagram D

Diagram E

Diagram F

LEGEND: TYPES OF FINDINGS

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
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<th>Type</th>
<th>Description</th>
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</table>

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8
J. GENITAL EXAMINATION—FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, perineal area
   (Check the boxes if there are assault-related findings.)
   - [ ] No Findings
   - [ ] Clitoris/surrounding area
   - [ ] Mons pubis (new)
   - [ ] Periurethral tissue/urethral meatus
   - [ ] Inner thighs
   - [ ] Perineum
   - [ ] Labia majora
   - [ ] Fossa navicularis
   - [ ] Labia minora
   - [ ] Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials
   - [ ] Collection
   - [ ] No Collection
   Scan area with an Alternative Light Source (ALS). Indicate ALS+ if there are findings.
   - [ ] Findings
   - [ ] No Findings

3. Swab mons pubis area using two (2) swabs (all patients)

4. Collect pubic hair brushing
   - [ ] Pubic hair absent

5. Collect pubic hair reference samples only if a foreign hair is found

6. Examine the vagina and cervix (check boxes below)
   - [ ] No Findings
   - [ ] Vagina
   - [ ] Cervix

7. Collect four (4) swabs from the vaginal pool

8. Collect two (2) cervical swabs

9. Examine the buttocks, anus, and anal area (check boxes below)
   - [ ] No Findings
   - [ ] Anal verge/folds/rugae
   - [ ] Buttocks
   - [ ] Perianal skin

10. Collect dried and moist secretions, stains, and foreign materials
    - [ ] Collection
    - [ ] No Collection
    Scan area with an Alternative Light Source (ALS). Indicate ALS+ if there are findings.
    - [ ] Findings
    - [ ] No Findings

11. Collect two (2) anal and/or rectal swabs, if indicated by history

12. Conduct an anoscopic exam if indicated
    - [ ] Exam done?
      - [ ] No
      - [ ] Yes
      - [ ] Findings
      - [ ] No Findings
    - [ ] Rectal bleeding?
      - [ ] No
      - [ ] Yes
    If yes, describe:___________________________________________________

13. Exam position used
    - [ ] Supine
    - [ ] Other
    Describe:_____________________________

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>

LEGEND: TYPES OF FINDINGS

AB: Abnormality
AL: Alternative Light Source
BI: Bleeding
BU: Burn
DE: Debris
DF: Deformity
DS: Dry Secretion
EC: Ecchymosis
ER: Erythema
FA: Foreign Article
FB: Foreign Body
IN: Induration
IW: Incised Wound
LA: Laceration
MS: Moist Secretion
OF: Other Foreign Material
OI: Other Injury
PE: Petechiae
PS: Purple Skin
SHX: Sample History
SI: Suction Injury
SW: Swelling
TB: Toluidine Blue
TB: Toluene Blue
TE: Tenderness
VS: Vegetation/Soil

Illustrations by Eva Mae Natividad Baucom
K. GENITAL EXAMINATION—MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, perineal area

   (Check the boxes if there are assault-related findings.)
   - No Findings
   - Foreskin
   - Inner thighs
   - Glans penis
   - Perineum
   - Penile shaft
   - Urethral meatus
   - Scrotum

2. Circumcised
   - No
   - Yes

3. Collect dried and moist secretions, stains, and foreign materials

   Scan area with an Alternative Light Source (ALS). Indicate ALS if there are findings.
   - Findings
   - No Findings

4. Collect pubic hair brushing

5. Collect pubic hair reference samples only if a foreign hair is present

6. Collect two (2) penile swabs

7. Collect two (2) scrotal swabs

8. Examine the buttocks, anus, and anal area (check boxes below)
   - No Findings
   - Anal verge/folds/rugae
   - Buttocks
   - Perianal skin

9. Collect dried and moist secretions, stains, and foreign materials

   - Collection
   - No Collection

10. Collect two (2) anal and/or rectal swabs, if indicated by history

11. Conduct an anoscopy exam if indicated

   Exam done?
   - No
   - Yes
   - Findings
   - No Findings

   Rectal bleeding?
   - No
   - Yes

   If yes, describe: __________________________________________________

12. Exam position used
   - Supine
   - Other
   - Describe:_____________________________

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
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LEGEND: TYPES OF FINDINGS

- AB Abrasion
- ALS Alternate Light Source ( ALS )
- BI Bite
- BU Burn
- DE Debris
- DF Deformity
- DS Dry Secretion
- EC Ecchymosis (bruise)
- ER Erythema (redness)
- F/H Fiber/Hair
- FB Foreign Body
- IN Induration
- IW Incised Wound
- LA Laceration
- MS Moist Secretion
- OF Other Foreign Material (describe)
- TB Toluidine Blue ( TB )
- TE Tenderness
- WIS Vegetation/Soil
I. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit

Other clothing placed in bags

2. Foreign materials collected

- Swabs/suspected blood: □ No □ Yes Collected by:
- Dried secretions: □ No □ Yes Collected by:
- Fiber/loose hairs: □ No □ Yes Collected by:
- Vegetation: □ No □ Yes Collected by:
- Soil/debris: □ No □ Yes Collected by:
- Swabs/suspected semen: □ No □ Yes Collected by:
- Swabs/suspected saliva: □ No □ Yes Collected by:
- Swabs/ALS® areas: □ No □ Yes Collected by:
- Matted hair cuttings: □ No □ Yes Collected by:
- Pubic hair brushings: □ No □ Yes Collected by:
- Intravaginal foreign body: □ Absent □ No □ Yes Collected by:

If yes, describe: __________________________________________________

Other types: □ No □ Yes Collected by:

If yes, describe: __________________________________________________

3. Other body surface and cavity evidence swabs

<table>
<thead>
<tr>
<th># of swabs</th>
<th>Not applicable</th>
<th>Collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td></td>
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<td>Perineal</td>
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<tr>
<td>Neck</td>
<td></td>
<td></td>
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<tr>
<td>Breasts</td>
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<td>Mons pubis</td>
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<tr>
<td>Vaginal</td>
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<td>Cervical</td>
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<td>Scrotal</td>
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</tbody>
</table>

M. TOXICOLOGY SAMPLES

- Blood-alcohol/toxicology (gray stoppered tube) □ No □ Yes Time: ________ Collected by: ________
- Urine toxicology □ No □ Yes Time: ________ Collected by: ________

N. REFERENCE SAMPLES

- Collect a buccal swab for DNA reference sample □ No □ Yes Collected by: ________
- Head hair, only if indicated □ No □ Yes Collected by: ________
- Pubic hair, only if indicated □ No □ Yes Collected by: ________

O. PHOTO DOCUMENTATION METHODS

- Body □ No □ Yes □ Colposcope □ Digital Camera/Macrolens □ Colposcope/Video camera □ Other Optics: ________
- Genitals □ No □ Yes □ Colposcope □ Digital Camera/Macrolens □ Colposcope/Video camera □ Other Optics: ________

Photographed by: ________

P. RECORD EXAM METHODS

- Colposcopy □ No □ Yes □ Toluidine Blue Dye □ No □ Yes
- Other magnifier □ No □ Yes □ Anoscopic exam □ No □ Yes
- Other □ No □ Yes
- Loss of Awareness Protocol □ No □ Yes

If yes, describe: __________________________________________________

R. SUMMARIZE POSITIVE FINDINGS

S. PRINT NAMES OF PERSONNEL INVOLVED

T. EVIDENCE DISTRIBUTION

- Clothing (item(s) not placed in evidence kit) Given to: ________
- Evidence kit Given to: ________
- Blood-alcohol samples Given to: ________
- Urine toxicology samples Given to: ________
- Buccal swab for DNA reference sample Given to: ________
- Head or pubic hair reference samples (only if indicated) Given to: ________

U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: _____________________________ Phone: _____________________________

Print name: _____________________________ ID#: _____________________________

Agency: _____________________________

Date: _____________________________ Phone: _____________________________

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