State of California

Governor's Office of Emergency Services
(www.caloes.ca.gov)

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

INSTRUCTIONS

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

Cal OES 2-923 INSTRUCTIONS

REQUIRED USE OF STANDARD STATE FORM

Penal Code section 13823.5(c) requires that every health care practitioner who conducts a medical examination of a sexual assault or a child sexual abuse victim for evidence of sexual assault or sexual abuse use a standard form to record findings. This form is intended to document forensic findings and, as such, is not a complete medical treatment record.

SUGGESTED USE OF THE STANDARD STATE FORMS: FOLLOW LOCAL POLICY

Form	Use
Cal OES 2-923	• History of **acute sexual assault** (<120 hours) • Examination of adults (age 18 and over) and adolescents (ages 12–17)
Cal OES 2-930	• History of **acute sexual abuse or assault** (<72 hours) • Examination of children under age 12
Cal OES 2-930	• History of **chronic sexual abuse (incest) and recent incident** (<72 hours) • Examination of children and adolescents under age 18
Cal OES 2-925	• History of **non-acute sexual abuse** (>72 hours) • Examination of children and adolescents under age 18
Cal OES 2-950	• Examination of person(s) suspected of sexual assault or sexual abuse

Key Terms for Sexual Assault or Child Sexual Abuse Exams	
Acute	Less than 120 hours have passed since the incident (<120 hours)
Non-Acute	More than 120 hours have passed since the incident (>120 hours)
These terms are used to describe time frames, not rigid standards. This is not to suggest that after 120 hours a complete exam should not be done. It is not unusual to detect injuries or possible trace and biological evidence after 120 hours.	

INSTRUCTIONS FOR CAL OES 2-923

These instructions contain the recommended methods for meeting the minimum legal standards established by Penal Code section 13823.11 for performing evidential examinations.

LIABILITY AND RELEASE OF INFORMATION

This medical report is subject to the confidentiality requirements of the Medical Information Act (Civ. Code § 56 et seq.), the Physician-Patient Privilege (Evid. Code § 990), and the Official Information Privilege (Evid. Code § 1040). It can only be released to those involved in the investigation and prosecution of the case: a law enforcement officer, district attorney, city attorney, crime laboratory, county licensing agency, and coroner. Records may be released to the defense counsel only through discovery of documents in the possession of a prosecuting agency *or* after the appropriate court process (e.g, judicial review, court order).

Complete this report in its entirety. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.	**Patient Identification**: This space is provided for hospitals and clinics using plastic plates for stamping identification information.

A. GENERAL INFORMATION: Print or type the name of the facility where the examination was conducted.

1. Enter the patient's name and identification number (if applicable).
2. Enter the patient's address and telephone number *only if required by requesting agency*. This information is confidential. Every effort must be made to protect the privacy and safety of the patient.
3. Enter the patient's age, date of birth (DOB), gender, and ethnicity; date/time of arrival; and date/time of discharge.

B. REPORTING AND AUTHORIZATION: Indicate jurisdiction where the incident(s) occurred.

1. If a telephone report was made to a law enforcement agency, enter the name, agency, identification and telephone number of the officer who took the report, the name of the person making the report, and the date and time.
2. If the patient was accompanied by a law enforcement officer or if a patrol officer responded to your facility, enter the officer's name, agency, identification number, and the telephone number of the agency.
3. Obtain the signature and identification number of the law enforcement officer to authorize payment for the evidentiary examination at public expense, the name of the agency, telephone number, date, time, and case number. If telephone authorization was obtained, enter the name of the authorizing party, identification number, and the date and time in the Telephone Authorization box.
4. Medical facilities with contracts and memorandums of understanding may not require separate patient authorization.

C. PATIENT INFORMATION

1. Ask the patient (or the patient's parent or guardian, if appropriate) to read the items and initial.
2 **For patients requesting examination and treatment only**: Penal Code sections 11160–11161 require health care practitioners and health care facilities to notify a law enforcement agency by telephone and in writing if treatment is sought for injuries inflicted in violation of any state penal law. If the patient consents to treatment only, complete Part A to record the patient's name and address; Part H to record the type and extent of injuries; and then mail this form to the local law enforcement agency.

D. PATIENT CONSENT

1. Ask the patient (or the patient's parent or guardian, if appropriate) to read the items, initial, and sign on the line below.
2. Family Code section 6927 permits minors (12–17 years of age) to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Family Code section 6928 requires health care professionals to attempt to contact the minor's parent or legal guardian and to note in the minor's treatment record the date and time the attempted contact was made, including whether the attempt was successful or unsuccessful. This provision is not applicable when the health professional reasonably believes the parent(s) or guardian committed the sexual assault on the minor.

E. PATIENT HISTORY

Allow the patient or other person providing the history to describe the incident(s) to the extent possible. Determine and use terms familiar to the patient. Follow-up questions may be necessary to ensure that all items are covered. This information is necessary to guide the medical/legal examination and for interpretation of crime laboratory results. A careful patient history must be taken as some patients may be reluctant to describe all the acts committed, particularly anal penetration.

1. **Record the name of the person providing the patient history and the relationship to the patient**
2. **Obtain pertinent medical history**
   - Ask whether the patient is menstruating at the time of the examination.
   - Obtain recent (past 60 days) information on any anal/genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings. This information is requested to avoid confusing pre-existing lesions with injuries or findings related to the alleged assault.
   - Describe any other pertinent medical conditions that may affect the interpretation of current physical findings.
   - Describe any pre-existing physical injuries.
3. **Obtain pertinent pre- and post-assault related history**
   - Ask whether the patient has had other anal or vaginal intercourse within the past five (5) days.
   - Ask whether the patient has had other oral copulation within the past 24 hours.
   - If yes, ask when; whether ejaculation occurred and where; and if a condom was used.

     This information is required by the crime laboratory to properly interpret the findings. ***Do not record any other information regarding sexual history on this form***.
   - Record whether there was any voluntary drug/alcohol use prior to the alleged assault and any drug/alcohol use since the assault. If yes, describe. This information is relevant for accurate interpretation of blood-alcohol and toxicology results and for issues pertaining to consent and non-consent.
   - Collect blood-alcohol and urine toxicology samples from every patient (required).
4. **Record post-assault hygiene/activity if the incident occurred within 120 hours of the examination**
   - This information is relevant because it can affect the interpretation of findings.
   - If the patient has bathed, showered, or douched, the examiner should still collect samples from the appropriate body areas to attempt to preserve any biological or trace evidence.
   - Ask the patient if tissue, wipes, or clothing were used to cleanse the mouth, genitals, and/or body. If yes, collect these items, if available. Air dry, package, label, and seal. If not available, notify law enforcement so these items can be collected.
5. **Obtain assault-related history**
   - If any of the boxes are marked "yes," use the space provided to describe.
   - Follow the Loss of Awareness Protocol on page 5 of these instructions if there was a loss of awareness or consciousness. The loss of memory and lapse of consciousness questions help assess whether drugs may have been used to subdue the patient.
   - Collect blood-alcohol and urine toxicology from every patient (required).
   - The pain and bleeding questions direct the health care professional to look for injury and evidence not readily visible.

F. ASSAULT HISTORY

1. **Enter date and time of the assault(s)**

   If the assault took place over an extended period, the most important time-sensitive information is when injuries occurred and whether ejaculation took place.
2. **Describe the pertinent physical surroundings that may have come in contact with the patient**

   During the physical examination, look for pattern injuries associated with the physical surroundings and/or for trace evidence (e.g., grass, sand) transferred from the scene to the patient.
3. **Record the identity of the alleged assailant(s) by name or nickname, approximate age, gender, ethnicity, relationship to the patient, and whether the assailant(s) are known or unknown to the patient**

   Use a numbering system to identify multiple assailants by name, if known, or a brief description such as the "big guy." This numbering system can be used to relate the assailant to the acts described on the next page.
4. **Describe the methods employed by the assailant(s)**
   - Complete this section by checking "yes" or "no" in the appropriate boxes and provide explanations, as indicated.
   - The drug/alcohol questions may have clinical and legal implications. The assailant may have used drugs to subdue the patient; or, the patient may have lost the ability to make rational decisions or may have lost consciousness.
   - Document if the patient reports ingestion of drugs, describes symptoms, or shows signs of drug ingestion (e.g., lapse of consciousness, memory loss, abnormal vital signs, confusion). Collection of blood-alcohol and urine toxicology samples are required. Vomiting can also be a possible indicator.
   - Some drugs may be detected in urine up to 120 hours after ingestion. Alcohol is not usually detected past 24 hours post-ingestion.
     - For blood-alcohol analysis, collect 20 cc or two 10 cc of blood in a gray stoppered, evacuated blood-collection vial. For ingestion of drugs, collect 60 cc or two 30 cc in a plastic or glass container, as specified by your crime laboratory.
     - It is important to collect the first available sample.
5. **Ask whether the assailant(s) was injured during the assault**

   Complete this section by checking "yes" or "no" in the appropriate boxes. If the box is marked "yes," use the space provided to describe the injuries, possible locations on the body, and how they were inflicted. Identify the assailants(s) by number.

G. ACTS DESCRIBED BY PATIENT

Identify all acts. Each act may lead to evidence of a chargeable crime and evidence related to the acts must be sent to the crime laboratory. Any penetration, however slight, of the labia or rectum by the penis, or any penetration of a genital or anal opening by an object or body part constitutes an act. Oral copulation requires only contact. **Identify and distinguish acts performed by multiple assailants using the numbering system started on page 2.**

1. **Penetration of vagina**
   Mark the appropriate box for each method of penetration of the vagina. Mark “attempted” if it is reasonably clear, based upon the patient’s statement, that the assailant(s) intended an act but was thwarted by the patient, an intervening occurrence, or was unable to accomplish the act. If either “attempted” or “unsure” is checked, provide a description in the adjacent space. If more than one assailant was involved, identify each one by number in the space adjacent to the boxes. If an object was used, describe it.
2. **Penetration of anus**
   Mark the appropriate box for each method of penetration of the anus/rectum. Mark “attempted” if it is reasonably clear, based upon the patient’s statement, that the assailant(s) intended an act but was thwarted by the patient, an intervening occurrence, or was unable to accomplish the act. If either “attempted” or “unsure” is checked, provide a description in the adjacent space. If more than one assailant was involved, identify each one by number in the space adjacent to the boxes. If an object was used, describe it.
3. **Oral copulation of genitals**
   Mark the appropriate box. Mark “attempted” if it is reasonably clear, based upon the patient’s statement, that the assailant(s) intended an act but was thwarted by the patient, an intervening occurrence, or was unable to accomplish the act. If either “attempted” or “unsure” is checked, provide a description in the adjacent space. If more than one assailant was involved, identify each one by number on the lines adjacent to the boxes.
4. **Oral copulation of anus**
   Mark the appropriate box. Mark “attempted” if it is reasonably clear, based upon the patient’s statement, that the assailant(s) intended an act but was thwarted by the patient, an intervening occurrence, or was unable to accomplish the act. If either “attempted” or “unsure” is checked, provide a description in the adjacent space. If more than one assailant was involved, identify each one by number in the space adjacent to the boxes.
5. **Non-genital act(s)**
   Mark the appropriate box. If yes, describe the act and note where it occurred in the space. Mark “attempted” if it is reasonably clear, based upon the patient’s statement, that the assailant(s) intended an act but was thwarted by the patient, an intervening occurrence, or was unable to accomplish the act. If either “attempted” or “unsure” is checked, provide a description in the adjacent space. If more than one assailant was involved, identify each one by number in the space adjacent to the boxes.
   - *Note*: Identify bites and alert law enforcement about their existence. Bites can provide very specific evidence and they fade very quickly. Bites should be swabbed for saliva, measured, and photographed. Contact a forensic odontologist or law enforcement to evaluate the need for impressions.
   - *Note*: The term “suction injury” means “hickey.”
6. **Record any other act(s)**
7. **Did ejaculation occur?**
   Mark the appropriate box. For body surfaces, note location(s) on the diagrams. For clothing, bedding, or other surface(s), describe in the space provided. If more than one assailant ejaculated, identify each one by number in the space adjacent to the boxes. If “unsure” is checked, provide a description in the adjacent space.
8. **Contraceptive or lubricant products**
   Note whether a contraceptive or a lubricant product was used. If yes, record the type or brand used, if known.

H. GENERAL PHYSICAL EXAMINATION: COLLECT AND PRESERVE EVIDENCE. RECORD FINDINGS

1. **Record vital signs**
2. **Record the date and time the examination was started and completed**
3. **Describe the patient's general physical appearance**
4. **Describe the patient's general demeanor**
   - Describe behaviors such as crying, wringing of hands, willingness or ability to cooperate, responsiveness, ability to give history, etc. The issue of non-cooperativeness can cause exam delays and impair the examiner's ability to collect evidence. Avoid using vague, subjective, or judgmental descriptors such as "hysterical," "strange," "spacey," etc.
   - *Note*: Documenting helps the examiner recall the patient's behavior and response during the examination for future reference.
5. **Describe condition of clothing upon arrival** (rips, tears, presence of foreign materials)
6. **Collect outer and under clothing worn during or immediately after the incident**
   - Coordinate with the law enforcement officer regarding clothing to be collected.
   - Wear gloves while collecting clothing.
   - Have patient disrobe on two sheets of paper placed one on top of the other on the floor. Have patient remove shoes before stepping on the paper. Shoes may be collected, if indicated, and packaged separately.
   - Package each garment in an individual paper bag, label, and seal.
   - Carefully fold the top sheet of paper into a bindle, label, and seal. Discard the bottom sheet. Place this large bindle and all individually bagged garments into a large paper bag(s) with a chain of custody form, label, and seal.
   - Wet stains or other wet evidence require special handling. Consult local policy.
   - Give special focus to items that are close to the genital structures or otherwise have the highest potential to contain seminal fluid according to the assault history. According to local policy, these items may be placed in the evidence kit.
7. **Conduct a general physical examination and record all findings**

Physical Findings: A physical finding includes observable or palpable tissue injuries, physiologic changes, or foreign material (e.g., grass, sand, stains, dried or moist secretions, or positive fluorescence). If none of the above are present, mark "No Findings."

- Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, and burns.
- Note areas of tenderness or induration.

DOCUMENTATION OF INJURIES AND FINDINGS USING DIAGRAMS AND LEGEND

- Record size and appearance of injuries and other findings using the diagrams, the legend, and a consecutive numbering system.
- Bruises: Describe shape, size, and color.
- Use the legend to list and describe the injury/finding drawn on the diagram. Show the diagram letter followed by the finding number. Use the abbreviations in the legend to describe the finding. *Example*: "A-1 EC 2x3 cm red/purple" indicates that the first finding on Diagram A is an ecchymosis (bruise) that is red/purple in color and 2x3 centimeters in size. See example below.
- More than one descriptor may be appropriate for a single finding.

Locator #	Type	Description
A-1	EC, TE	2x3 cm red/purple, tender
A-2	DS	Dried secretion

- Photograph injuries and other findings using a digital camera.
- Use proper forensic photographic techniques.
  - Use an appropriate light source and a scale near the finding.
  - *Note*: The plane of the film must be parallel to the plane of the finding.

8. **Collect dried and moist secretions, stains (including semen, bloodstains, saliva from bites, suction injury [hickey], licking, and kissing), and foreign materials from the body**
   - Scan the entire body with an Alternate Light Source (ALS: preferentially 450 nm). Note fluorescent area(s) on the diagrams and record in legend as ALS⊕ positive.
   - Swab moist secretions with a dry swab to avoid dilution. Label and air dry before packaging.
   - Swab dried stains and/or ALS⊕ positive area(s) with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Indicate ALS⊕ positive on body diagram.
   - Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
   - Record all findings on the diagrams and the legend as shown above.
   - Use the legend locator number to label evidence collection envelopes.
   - Record the locations of swab collection sites.
9. **Collect fingernail swabbings using two (2) microtipped swabs per hand**
   - Use two (2) microtipped swabs per hand to swab under fingernails. Place swabs from each hand into separate containers or bindles, then place into envelopes.
   - Label (indicating right or left hand) and seal. Do not cut fingernails.

I. HEAD, NECK, AND ORAL EXAMINATION

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials**
   - Give special focus to the lips, perioral region, and nares in the examination.
   - Record injuries and other findings using the diagrams and legend.
   - Photograph injuries and other findings using a digital camera.
2. **Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck**
   - Scan the entire head and neck region with an Alternate Light Source (ALS: preferentially 450 nm).
   - Swab moist secretions with a dry swab to avoid dilution. Label and air dry before packaging.
   - Swab dried stains and/or ALS⊕ positive area(s) with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Indicate ALS⊕ positive on body diagram.
   - Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
   - Cut matted head or facial hairs (for males) bearing crusted material and place in a bindle. Package, label, and seal.
   - Record all findings on the diagrams and legend.
   - Use the legend locator number to label evidence collection envelopes.
   - Record the locations of swab collection sites.
3. **Examine the oral cavity for injury and foreign materials**
   - Give special focus to frenulums, buccal surfaces, gums, and soft palate.
   - Record injuries, foreign materials, and other findings using the diagrams and legend.
   - Photograph injuries and other findings using a digital camera.
   - Collect foreign materials found in the oral cavity (e.g., hair). Package, label, and seal. Check the box to indicate whether there were findings or no findings.
4. **Collect two (2) swabs from the oral cavity for seminal fluid and swab the perioral area with two (2) swabs up to 24 hours post-assault**
   Swab the gum to the tonsillar fossae, the upper first and second molars, behind the incisors, and the fold of the cheek (buccal space) and under the tongue. Label and air dry the swabs. Package, label, and seal.
5. **Only collect head hair reference samples *if a foreign hair is found***
   Consult local crime laboratory to determine whether to pull (or have patient pull) 20–30 hairs representative of variations of length and color from different areas of the head; OR, cut the hairs, close to the skin. Package, label, and seal.
6. **Consult with physician if strangulation is reported by patient**

LOSS OF AWARENESS/CONSCIOUSNESS PROTOCOL

1. **Swab both sides of neck**
2. **Swab both breasts**
3. **Swab perioral region**
4. **Swab external genitalia**
5. **Swab perianal area**
6. **Collect swabs from all cavities (oral, vaginal, cervical, and anorectal via anoscope)**
7. **Package, label, and seal swabs**

J. GENITAL EXAMINATION—FEMALES

Advisory: Record observations, take photographs, and collect swabs before using the visualization enhancement Toluidine Blue Dye.

1. **Examine the inner thighs, external genitalia, and the perineal area for injury, foreign materials, and other findings.**
   Check the appropriate boxes if there are assault-related findings.
   - Record size and appearance of injuries, foreign materials, and other findings using the diagrams, the legend, and a consecutive numbering system. Note swelling and areas of tenderness and induration.
   - Use the legend to help identify and describe the findings drawn on the diagrams. For example, "D-5 LA 1.5 cm" means Diagram D, finding #5 is a laceration 1.5 centimeters long.
   - Photograph injuries and other findings using a digital camera.
2. **Collect dried and moist secretions, stains, and foreign materials**
   - Scan the area with an Alternate Light Source (ALS: preferentially 450 nm). Note fluorescent area(s) on the diagrams and record in legend as ALS⊕ positive.
   - Swab moist secretions with a dry swab to avoid dilution. Label and air dry before packaging.
   - Swab dried stains and ALS⊕ positive areas with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Indicate ALS⊕ on body diagram.
   - Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
   - Cut matted pubic hairs bearing crusted material and place in a bindle. Package, label, and seal.
   - Record all findings on the diagrams and legend.
   - Use the legend locator number to label evidence collection envelopes.
   - Record the locations of swab collection sites.
3. **Swab the mons pubis with two (2) moistened swabs**
4. **Collect pubic hair combing or brushing**
   Place a paper sheet under the patient's buttocks. Brush the pubic hair downward to remove any loose hairs or foreign materials. Use a small, soft brush recommended by the crime laboratory. Collect and fold the paper with the brush inside. Package, label, and seal.
5. **Only collect pubic hair reference samples *if a foreign hair is found***
   Consult local crime laboratory policy to determine whether to pull (or have patient pull) 20–30 hairs representative of variations in length and color from *different areas* of the pubic region; *or* cut the hairs close to the skin. Package, label, and seal.

VAGINAL AND CERVICAL EXAMINATION

6. **Examine the vagina and cervix for injury, foreign materials, foreign bodies (tampon, condom, etc.) and other findings**
   Check the appropriate boxes if there are assault-related findings. Record findings using the legend and diagrams.
   - Collect foreign materials and foreign bodies. Allow foreign bodies to dry for at least one hour. If any item is still wet, package and handle as "wet evidence." Consult local policy.
   - Use a speculum moistened with a water-soluble lubricant or lidocaine jelly. Indicate if lidocaine jelly was used.
   - Photograph visible findings using a digital camera.
7. **Collect four (4) swabs from the vaginal pool**
   - Hold the swabs together as a unit and insert them into the vaginal pool at the same time. Rotate the swabs as a unit in the vaginal vault to ensure uniform sampling. Allow adequate time for saturation of the swabs. Separate the swabs before drying.
   - Air dry all swabs for 60 minutes. Package, label, and seal.
8. **Collect two (2) cervical swabs (at least 1 cm. into the cervical canal)**
   Air dry, package, label, and seal.

ANAL AND RECTAL EXAMINATION

9. **Examine the buttocks, perianal skin, and the anal folds for injury, foreign materials, and other findings (use traction to expose anal canal)**
   Check the appropriate boxes if there are assault-related findings. Record findings using the legend and diagrams.
   - Scan the area with an Alternate Light Source (ALS: preferentially 450 nm) as described in #2 above and record the findings.
   - Photograph visible findings using a digital camera.
10. **Collect dried and moist secretions, stains, and foreign materials**
    Collect samples and record findings using the techniques described in #2 above. (Foreign materials may include lubricants.)
11. **Collect two (2) anal and two (2) rectal swabs, if indicated by history (if anal swabs are indicated, rectal will also be required)**
    - To avoid contaminating anal/rectal swabs with vaginal drainage, clean the perianal area thoroughly. This should only be done after the vaginal samples, external secretions, and foreign materials have been collected. (Cleansing is for rectal only.)
    - An anoscope moistened with a water-soluble lubricant or lidocaine jelly may be used for this exam. Obtain the samples under direct visualization from above the tip of the instrument. Indicate if lidocaine jelly was used.
    - Label and air dry the swabs. Package, label, and seal.
12. **Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of anal injury or rectal bleeding**
    Check the box if exam was done and if there is rectal bleeding. Describe findings.
13. **Record exam position used to ensure proper orientation and location of findings on the photographs**

K. GENITAL EXAMINATION—MALES

Advisory: Record observations, take photographs, and collect swabs before using the visualization enhancement Toluidine Blue Dye.

1. **Examine the inner thighs, external genitalia, and perineal area for injury, foreign materials, and other findings**
   Check the appropriate box(es) if there are assault-related findings.
   - Record size and appearance of injuries, foreign materials, and other findings using the diagrams, the legend, and a consecutive numbering system. Note swelling and areas of tenderness and induration.
   - Use the legend to help identify and describe the findings drawn on the diagrams. For example, "H-7 LA 1.5 cm" means Diagram H, finding #7 is a laceration 1.5 centimeters long.
   - Photograph injuries and other findings using a digital camera.
2. **Record whether circumcised or not**
3. **Collect dried and moist secretions, stains, and foreign materials**
   - Scan the area with an Alternate Light Source (ALS: preferentially 450 nm). Note fluorescent area(s) on the diagrams and record in legend as ALS⊕ positive.
   - Swab moist secretions with a dry swab to avoid dilution. Label and air dry before packaging.
   - Swab dried stains and ALS⊕ positive areas with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging.
   - Label, air dry, and package separately from the evidence sample.
   - Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
   - Cut matted pubic hairs bearing crusted material and place in a bindle. Package, label, and seal.
   - Record all findings on the diagrams and legend.
   - Use the legend locator number to label evidence collection envelopes.
   - Record the locations of swab collection sites.
4. **Collect pubic hair combing or brushing**
   Place a paper sheet under the patient's buttocks. Brush the pubic hair downward to remove any loose hairs or foreign materials. Use a small, soft brush recommended by the crime laboratory. Collect and fold the paper under the buttocks with the brush inside. Package, label, and seal.
5. **Only collect pubic hair reference samples *if a foreign hair is found*.**
   Consult local crime laboratory policy to determine whether to pull (or have patient pull) 20–30 hairs representative of variations in length and color from different areas of the pubic region; *or* cut the hairs close to the skin. Package, label and seal.
6. **Collect two (2) penile swabs, if indicated by the assault history** (e.g., if the suspect orally copulated the male victim)
   Hold the swabs together as a unit and swab the glans, shaft, and base of the penis with a rotating motion to ensure uniform sampling. Avoid swabbing the urethral meatus. Use swabs moistened with sterile, deionized, or distilled water for these swabbings. Air dry, package, label, and seal.
7. **Collect two (2) scrotal swabs, if indicated by the assault history** (e.g., if the suspect orally copulated the victim)
   Hold the swabs together as a unit and swab the scrotum in a rotating motion, focusing on the area that is in closest proximity to the penis. Use swabs moistened with sterile, deionized, or distilled water. Air dry, package, label, and seal.

ANAL AND RECTAL EXAMINATION

8. **Examine the buttocks, perianal skin, and the anal folds for injury, foreign materials, and other findings (use traction to expose anal canal)**
   Check the appropriate boxes if there are assault-related findings. Record findings using the legend and diagrams.
   - Scan the area with an Alternate Light Source (ALS: preferentially 450 nm) as described in #2 above and record the findings.
   - Photograph visible findings using a digital camera.
9. **Collect dried and moist secretions, stains, and foreign materials**
   Collect samples and record findings using the techniques described in #2 above. (Foreign materials may include lubricants.)
10. **Collect two (2) anal and two (2) rectal swabs, if indicated by history (if anal swabs are indicated, rectal will also be required)**
    - To avoid contaminating anal/rectal swabs with vaginal drainage, clean the perianal area thoroughly. This should only be done after the vaginal samples, external secretions, and foreign materials have been collected. (Cleansing is for rectal only.)
    - An anoscope moistened with a water-soluble lubricant or lidocaine jelly may be used for this exam. Obtain the samples under direct visualization from above the tip of the instrument. Indicate if lidocaine jelly was used.
    - Label and air dry the swabs. Package, label, and seal.
11. **Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of anal injury or rectal bleeding**
    Check the box if exam was done and if there is rectal bleeding. Describe findings.
12. **Record exam position used to ensure proper orientation and location of findings on the photographs**

All swabs must be air dried prior to packaging (Pen. Code § 13823.11). Air dry in a stream of cool air for 60 minutes. Only place samples from one patient at a time in the swab drying box. Wipe or spray the swab drying box with a 10% bleach solution before each use.

Labeling requirements: Swabs, bindles, and small containers must be individually labeled with the patient's name and sample source. Containers for these individual items must be labeled with the name of the patient, date of collection, description of the evidence including location from which it was taken, and signature or initials of the person who collected the evidence. Include the legend locator number if the legend was used to document the location from which the evidence was collected. Package containers in a Sexual Assault Forensic Evidence Collection Kit and record the chain of custody.

L. RECORD ALL EVIDENCE COLLECTED AND SUBMITTED TO THE CRIME LABORATORY

1. **Record all items of clothing collected**
2. **Record all foreign materials collected and the name of the person who collected them**
   - *Note*: An intravaginal foreign body may include a tampon, diaphragm, condom, etc.
   - Consult the local crime laboratory for packaging recommendations for foreign bodies.
3. **Record information about the body surface and cavity evidence swabs collected**
   Record the number of swabs collected, the time collected, and the person who took the samples. Check the box not applicable if any of the listed swabs were not collected.

M. TOXICOLOGY SAMPLES

- Collect samples for blood-alcohol up to 24 hours and urine toxicology up to 120 hours routinely.
- Cleanse the arm with a non-alcoholic solution and collect 20 cc or two 10 cc of blood in a gray stoppered, evacuated blood collection vial. Label vial and envelope and seal. Up to 120 hours after suspected ingestion of drugs, collect a urine specimen (60 cc or two 30 cc) in a clean plastic or glass container, as specified by your jurisdiction. It is important to collect the first available sample.

N. REFERENCE SAMPLES

If reference samples are collected at the time of the exam, ALWAYS collect after the evidence samples. Use a buccal swab for DNA reference sample. Do not use liquid blood, blood cards, or nasal swabs.

Buccal (inner cheek) swabs

- Collect as a DNA reference sample.
- Rub two (2) swabs gently, but firmly, along the inside of the cheek in a rotating motion to ensure even sampling. (Dedicated buccal sampling systems may be used. Follow local protocol.)
- Air dry, package, label, and seal.

Head hair

- Only if a foreign hair is found, pull (or have patient pull) 20–30 hairs representative of variations in length and color from different areas of the scalp; *or* cut the hairs close to the skin.
- Package, label, and seal.

Pubic hair

- Only if a foreign hair is found, pull (or have patient pull) 20–30 hairs representative of variations in length and color from different areas of the pubic region; *or* cut the hairs close to the skin.
- Package, label, and seal.

O. RECORD PHOTO DOCUMENTATION METHODS

Document photographic methods used and areas that were photographed. Documentation must clearly link the patient's identity to the specific photographs of injuries and/or findings. For example, include a picture of the patient identification on the roll or use a databack camera, which can be programmed with the patient's identification number.

P. RECORD EXAM METHODS USED

Q. RECORD EXAM FINDINGS

R. SUMMARIZE POSITIVE FINDINGS

S. PRINT NAMES OF PERSONNEL INVOLVED AND OBTAIN SIGNATURE AND LICENSE NUMBER OF EXAMINER

T. EVIDENCE DISTRIBUTION: List to whom the evidence was given.

U. OBTAIN SIGNATURE OF OFFICER RECEIVING EVIDENCE