GENERAL INFORMATION circle or delete as appropriate

Name of examinee Case reference number
Address of examination facility

Female Complainants Date of LMP

Date & time of incident 24:00 format
Date(s), time(s) of other relevant sexual activity within the previous 10 days clarify type e.g VI, OI, AI

Items used in previous intercourse Condom ☐ Spermicide ☐ Lubricant ☐ Other specify ☐

Contraception used None ☐ Hormonal ☐ IUD ☐

SPECIFIC INFORMATION relating to the alleged offence circle or delete as appropriate

Kissing/licking/biting/sucking/spitting? N/K ☐ No ☐ Yes ☐

Mouth to genitalia/anus? N/K ☐ No ☐ Yes ☐

Digit to vulva/vagina/anus? N/K ☐ No ☐ Yes ☐

Penis into vulva/vagina? N/K ☐ No ☐ Yes ☐

Penis into mouth? N/K ☐ No ☐ Yes ☐

Penis into anus? N/K ☐ No ☐ Yes ☐

Ejaculation? N/K ☐ No ☐ Yes ☐

Object to vulva/vagina/anus? N/K ☐ No ☐ Yes ☐

Other sexual/physical act(s) N/K ☐ No ☐ Yes ☐

Injuries? N/K ☐ No ☐ Yes ☐

Ano-rectal/genital bleeding? N/K ☐ No ☐ Yes ☐ Injury site(s)

If genital bleeding, is this menstrual type-bleeding? N/K ☐ No ☐ Yes ☐

Condom/lubricant/spermicide used N/K ☐ No ☐ Yes ☐

Weapon used? N/K ☐ No ☐ Yes ☐ specify

The following removed/inserted N/K ☐ Pad ☐ Tampon ☐ Sponge ☐ Diaphragm ☐

Showered/washed/bathed/douched N/K ☐ No ☐ Yes ☐

Genital/anal/relevant skin area wiped N/K ☐ No ☐ Yes ☐ Tissue ☐ Moist wipe ☐ Other ☐ specify

Anal intercourse: defaecated since alleged offence N/K ☐ No ☐ Yes ☐

Oral intercourse: mouth cleansed or eaten or drunk since alleged offence N/K ☐ No ☐ Yes ☐ Drink ☐ Mouthwash ☐ Toothbrush ☐ Eaten ☐

TOXICOLOGY INFORMATION

Was alcohol consumed? N/K ☐ No ☐ Yes ☐

If yes, please specify Prior ☐ During ☐ After ☐ offence

Start time of drinking End time of drinking

Quantity and type of alcoholic beverage consumed

IMPORTANT: If known, please specify the time of previous urination (i.e. time of urination prior to the specimen provided in this examination) Date Time

Have any drugs (prescribed or otherwise) been used by/administered to the complainant within 14 days of the examination? N/K ☐ No ☐ Yes ☐

If yes, please specify Prior ☐ During ☐ After ☐ offence

Give details

Are other substances suspected of having been used/administered, which could be relevant to the offence? N/K ☐ No ☐ Yes ☐

If yes, please specify Prior ☐ During ☐ After ☐ offence

Give details

Print name of person undertaking medical examination Contact telephone number

Signature of person undertaking medical examination/taking forensic samples Regulatory Registration No.

Date
## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>circle or delete as appropriate</th>
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<tbody>
<tr>
<td>Name of examinee</td>
</tr>
<tr>
<td>Case reference number</td>
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<tr>
<td>Examination start time</td>
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<tr>
<td>Venue</td>
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</table>

## SAMPLES TAKEN

### Hand swabs

- Right hand swabs (x2) 1 moist and 1 dry
- Left hand swabs (x2) 1 moist and 1 dry
- Unopened control swab *if required*

### Fingernail collection

- Right fingernail cuttings
- Right fingernail swabs (x2) 1 moist and 1 dry
- Left fingernail cuttings
- Left fingernail swabs (x2) 1 moist and 1 dry
- Unopened control swab *if required*

### Mouth sample collection

- Peri-oral swab (x2) 1 moist and 1 dry
- Mouth swab(s) (dry)
- Mouth rinse 10ml
- Unopened control swab *if required*

### Skin swabs

(x2) 1 moist and 1 dry from each site

- Right breast
- Left breast
- Upper/inner thigh
- Other e.g. groin skin crease, mons pubis, scalp *please specify*
- Skin control swab *specify site*
- Unopened control swab *if required*

### Female genital samples

- Vulva and perineum swabs (x2) 1 moist and 1 dry, as appropriate
- Low vagina swabs (x2)
- High vagina swabs (x2)
- Endocervical swabs (x2)
- Vaginal speculum used: ☐ no ☐ yes
- Speculum swab: ☐ no ☐ yes
- Opened tube/sachet of used lubricant (type):
- Unopened control swab *if required*

### Ano-rectal Samples

- Perianal swabs (x2) 1 moist and 1 dry
- Anal canal swabs (x2) 1 moist and 1 dry
- Rectal swabs
- Proctoscope used: ☐ no ☐ yes
- Proctoscope swab ☐ no ☐ yes
- Opened tube/sachet of used lubricant (type):
- Unopened control swab *if required*
# Forensic medical examination

**GENERAL INFORMATION**

Name of examinee

Case reference number

**SAMPLES TAKEN**

<table>
<thead>
<tr>
<th>Male genital samples</th>
<th>expiry date</th>
<th>batch no./barcode</th>
<th>no. taken</th>
<th>item/exhibit no.</th>
<th>TEB no.</th>
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<tbody>
<tr>
<td>(x2) moist and 1 dry from each site</td>
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<tr>
<td>Swabs from Shaft + external foreskin if present</td>
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<tr>
<td>Swabs from Coronal sulcus and Glans + internal foreskin if present</td>
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<td>Unopened control swab if required</td>
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**Hair collection**

- Head hair visible debris: *collect using forceps*
- Head hair swabs (x2) moist and 1 dry, as appropriate
- Head hair tapping: *use low adhesive tape only*
- Head hair combings: *retain comb*
- Head hair reference sample: *minimum 25 - representative sample*
- Pubic hair visible debris: *collect using forceps*
- Pubic hair swabs (x2) moist and 1 dry, as appropriate
- Pubic hair combings: *retain comb*
- Pubic hair reference sample: *minimum 25 - representative sample*
- Unopened control swab if required
- Hair for toxicology cut full-length lock, pencil width – see FFLM recommendations

**DNA reference samples**

- Elimination kit buccal scrapes (x2) for DNA profiling tests *attach barcode*
- PACE kit buccal scrapes (x2) for DNA profiling tests *attach barcode*

**Couch cover**

- Examinee clothing: *if examinee’s own clothing, note on FME from 4 Gown Ground sheet*
- Condom collection: *note where found, e.g. in vagina, kept by examinee Condom*
- Sanitary wear collection: *circle/delete as appropriate Tampon/sanitary towel/incontinence pad/nappy/toilet tissue/other used before and/or after offence*  

**Other**

- *please specify*

**Alcohol/Drug blood**

- Blood preserved (sodium fluoride/potassium oxalate) total 10ml (mix for 30 seconds)
- Time taken:

**Alcohol/Drug urine where appropriate, take 2nd urine sample**

- Urine preserved (sodium fluoride) 20ml (mix for 30 seconds)
- Urine sample 1: Time taken:
- Urine sample 2: Time taken:
- Tissue

**Urine for DNA (in exceptional circumstances)**

- Urine (as above)

**Print name of person undertaking medical examination**

**Contact telephone number**

**Signature of person undertaking medical examination/taking forensic samples**

**Regulatory Registration No.**

**Date**

**Early Evidence Kit utilised or other samples taken, prior to the medical examination**

- No
- Yes

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## CONTINUATION SHEET

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name of examinee</th>
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### FURTHER INFORMATION

Can be used for further information e.g. further details or clarifications of the offence or examination; further exhibits e.g. clothing

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**Diagrams to show the site of skin swabbing**

Body chart(s) attached

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Send any feedback and comments to forensic.medicine@fflm.ac.uk