



Faculty of Forensic & Legal Medicine

Forensic medical examination

INFORMATION

page 1

Relevant sections of this form must be completed and a copy submitted with the samples.

Refer to the current FFLM recommendations regarding which samples are relevant.

Please **print in capitals** in **black ink** using a ball-point pen and tick the appropriate boxes.

Extra information can be included on **page 4**.

GENERAL INFORMATION <i>circle or delete as appropriate</i>				
Name of examinee	Case reference number			
Address of examination facility	Age	Sex	M	F Transgender <i>clarify</i>
	Weight	Height		
Female Complainants	Date of LMP	Pre-pubertal / Post-pubertal	Pre-menopausal / Post-menopausal	
Date & time of incident	24:00 format			
Date & time of examination	Date & time of examination			
Date(s), time(s) of other relevant sexual activity within the previous 10 days <i>clarify type e.g VI, OI, AI</i>				
Items used in previous intercourse	Condom <input type="checkbox"/>	Spermicide <input type="checkbox"/>	Lubricant <input type="checkbox"/>	Other <i>specify</i> <input type="checkbox"/>
Contraception used	None <input type="checkbox"/>	Hormonal <input type="checkbox"/>	IUD <input type="checkbox"/>	

SPECIFIC INFORMATION relating to the alleged offence <i>circle or delete as appropriate</i>				Details	
Kissing / licking / biting / sucking / spitting?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Mouth to genitalia / anus?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Digit to vulva / vagina / anus?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Penis into vulva / vagina?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Penis into mouth?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Penis into anus?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Ejaculation?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Object to vulva / vagina / anus?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Other sexual / physical act(s)	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Injuries?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Ano-rectal / genital bleeding?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Injury site(s)	
If genital bleeding, is this menstrual type-bleeding?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Condom / lubricant / spermicide used	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Weapon used?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>specify</i>	
The following removed / inserted	N/K <input type="checkbox"/>			Pad <input type="checkbox"/>	Tampon <input type="checkbox"/>
Showered / washed / bathed / doused	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Sponge <input type="checkbox"/>	Diaphragm <input type="checkbox"/>
Genital / anal / relevant skin area wiped	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Tissue <input type="checkbox"/>	Moist wipe <input type="checkbox"/>
Other <input type="checkbox"/>	<i>specify</i>				
Anal intercourse: defaecated since alleged offence	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Oral intercourse: mouth cleansed or eaten or drunk since alleged offence	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Drink <input type="checkbox"/>	Mouthwash <input type="checkbox"/>
				Toothbrush <input type="checkbox"/>	Eaten <input type="checkbox"/>

TOXICOLOGY INFORMATION					
Was alcohol consumed?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, please specify				Prior <input type="checkbox"/>	During <input type="checkbox"/>
				After <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
	<i>If yes, please specify</i>			Prior <input type="checkbox"/>	During <input type="checkbox"/>
				After <input type="checkbox"/>	offence
Give details					
Are other substances suspected of having been used/administered, which could be relevant to the offence?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
	<i>If yes, please specify</i>			Prior <input type="checkbox"/>	During <input type="checkbox"/>
				After <input type="checkbox"/>	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 <i>circle or delete as appropriate</i>				
Name of examinee			Complainant/Suspect	
Case reference number			Sex M F Transgender <i>clarify</i>	
Examination start time	finish time	Date	Venue	Room

SAMPLES TAKEN	expiry date	batch* no./barcode	no. taken	item/exhibit no.
Hand swabs usually (x2) 1 moist & 1 dry per hand, but adapt as appropriate				
Right hand swabs (x2) 1 moist and 1 dry				
Left hand swabs (x2) 1 moist and 1 dry				
Unopened control swab <i>if required</i>				
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 <i>if required</i>				
Mouth sample collection				
Peri-oral swab (x2) 1 moist and 1 dry				
Mouth swab(s) (dry)				
Mouth rinse 10ml				
Unopened control swab <i>if required</i>				
Skin swabs (x 2) 1 moist and 1 dry from each site				
Right breast				
Left breast				
Upper/inner thigh				
Other e.g. groin skin crease, mons pubis, scalp <i>please specify</i>				
Skin control swab <i>specify site</i>				
Unopened control swab <i>if required</i>				
Female genital samples				
Vulva and perineum swabs (x2) 1 moist and 1 dry, as appropriate				
Low vagina swabs (x 2)				
High vagina swabs (x 2)				
Endocervical swabs (x 2)				
Vaginal speculum used: <input type="checkbox"/> no <input type="checkbox"/> yes				
Speculum swab: <input type="checkbox"/> no <input type="checkbox"/> yes				
Opened tube/sachet of used lubricant (type):				
Unopened control swab <i>if required</i>				
Ano-rectal Samples				
Perianal swabs (x2) 1 moist and 1 dry				
Anal canal swabs (x2) 1 moist and 1 dry				
Rectal swabs				
Proctoscope used: <input type="checkbox"/> no <input type="checkbox"/> yes				
Proctoscope swab <input type="checkbox"/> no <input type="checkbox"/> yes				
Opened tube/sachet of used lubricant (type):				
Unopened control swab <i>if required</i>				

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GENERAL INFORMATION	
Name of examinee	Case reference number

SAMPLES TAKEN	expiry date	batch* no./barcode	no. taken	item/exhibit no.
Male genital samples (x2) 1 moist and 1 dry from each site				
Swabs from Shaft + external foreskin if present				
Swabs from Coronal sulcus and Glans + internal foreskin if present				
Unopened control swab if required				
Hair collection				
Head hair visible debris collect using forceps				
Head hair swabs (x2) 1 moist and 1 dry, as appropriate				
Head hair taping 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) 1 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 (x 2) for DNA profiling tests attach barcode				
PACE kit buccal scrapes (x 2) 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)				

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Early Evidence Kit utilised or other samples taken, prior to the medical examination <input type="checkbox"/> N/K <input type="checkbox"/> no <input type="checkbox"/> yes	If yes, list (if possible)
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