



Forensic medical examination

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 <i>24:00 format</i>	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"/> Sponge <input type="checkbox"/> Diaphragm <input type="checkbox"/>
Showered / washed / bathed / douched	N/K <input type="checkbox"/> No <input type="checkbox"/> Yes <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				
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 + internal foreskin if present				
	Swabs from Glans				
	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				
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 <input type="checkbox"/> N/K <input type="checkbox"/> no <input type="checkbox"/> yes		If yes, list (if possible)			



CONTINUATION SHEET

GENERAL INFORMATION	
Name of examinee	Case reference number

FURTHER INFORMATION

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

Diagrams to show the site of skin swabbing

Body chart(s) attached

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