



Forensic Medical Examination Form 1

INFORMATION FORM use for examination of **COMPLAINANT ONLY**. ("complainant" in Scotland)

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

Please **PRINT IN CAPITALS in BLACK INK** using a ball-point pen and tick the appropriate boxes. Extra information can be included on **Form 4**.

GENERAL INFORMATION		Case Reference Number:	
Name of Complainant:	Age:	Sex: M F	Transgender <i>clarify</i> :
Address of Examination Facility:	Weight:	Height:	
		Others present:	
		Regulatory registration/warrant number:	
Female Complainants: Date of LMP:		<i>please circle:</i> Pre-pubertal / Post-pubertal Pre-menopausal / Post-menopausal	
Date & Time of Incident (24:00 format):		Date & time of examination:	
Date(s) ,Time(s) of other <u>relevant</u> 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"/>

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"/>		Injury site(s)
Ano-rectal / genital bleeding?	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
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"/>
Anal intercourse: defaecated since alleged offence	N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>		Other <input type="checkbox"/> <i>specify:</i>
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"/>	If yes, please specify:	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"/>	If yes, please specify:	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 / /



Forensic Medical Examination Form 2

SAMPLES FORM use for Examinee, i.e. **COMPLAINANT** or **SUSPECT**.

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 **Form 4**.

*The batch number may be the same as the module number. If different, only record batch number. Only one unopened control swab should be exhibited per batch. One batch can be used to sample several areas.

GENERAL INFORMATION <i>circle or delete as appropriate</i>		Complainant / Suspect	
Name of Examinee:	Sex: M F	Transgender clarify:	
Case Reference Number:	Date:		
Examination start time:	finish time:	Venue:	Room:

SAMPLES TAKEN	Batch* no. / Barcode	No. taken	Item/Exhibit no.
Alcohol / Drug blood			
Blood preserved (sodium fluoride/potassium oxalate) total 10ml (mix for 30 seconds)			
Time taken:			
Alcohol / Drug urine where appropriate, take second urine sample			
Tissue			
Urine preserved (sodium fluoride) 20ml (mix for 30 seconds)			
Time taken:			
Mouth sample collection			
Mouth swab(s) (dry)			
Mouth rinse 10ml			
Gloves used			
Unopened control swab (if available/provided)			
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)			
Skin swabs (x 2) 1 wet 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			
Gloves used retained <input type="checkbox"/> No <input type="checkbox"/> Yes			
Female genital samples			
Vulva and perineum swabs (x2) 1 wet 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 Retained: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Speculum swab			
Opened tube/sachet of used lubricant (type):			
Unopened control swab			
Gloves used retained <input type="checkbox"/> No <input type="checkbox"/> Yes			

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 ☐ N/K ☐ No ☐ Yes

If yes, list (if possible):



Forensic Medical Examination Form 3

SAMPLES FORM use for Examinee, i.e. **COMPLAINANT or SUSPECT**. 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 **Form 4**.

*The batch number may be the same as the module number. If different, only record batch number. Only one unopened control swab should be exhibited per batch. One batch can be used to sample several areas.

GENERAL INFORMATION	Name of Examinee:	Case Reference Number:
	Sex: M F Transgender <i>clarify:</i>	

SAMPLES TAKEN	Batch* no. / Barcode	No. taken	Item/Exhibit no.
Ano-rectal Samples			
Perianal swabs (x 2) 1 wet and 1 dry			
Anal canal swabs (x 2) 1 wet and 1 dry			
Rectal swabs (x 2)			
Proctoscope used: <input type="checkbox"/> No <input type="checkbox"/> Yes Retained: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Proctoscope swab			
Opened tube/sachet of used lubricant (type):			
Unopened control swab			
Male genital samples (x 2) 1 wet and 1 dry from each site			
Swabs from Shaft (+ external foreskin if present)			
Swabs from Coronal sulcus (+ internal foreskin if present)			
Swabs from Glans			
Gloves used (<i>must be submitted</i>)			
Unopened control swab			
Hand Swabs usually (x2) 1 wet & 1 dry per hand, <u>but adapt as appropriate</u>			
Right hand swabs (x2) 1 wet and 1 dry			
Left hand swabs (x2) 1 wet and 1 dry			
Unopened control swab			
Fingernail Collection			
Right fingernail cuttings			
Right fingernail swabs (x2) 1 wet and 1 dry			
Left fingernail cuttings			
Left fingernail swabs (x2) 1 wet and 1 dry			
Unopened control swab			
Hair Collection			
Head hair visible debris (collect using forceps)			
Head hair swabs (at least 2 swabs - wet/dry as necessary)			
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 (at least 2 swabs - wet/dry as necessary)			
Pubic hair combings (retain comb)			
Pubic hair reference sample (minimum 25 - representative sample)			
Unopened control swab			
Hair for toxicology (cut full-length lock, pencil width) (Guidance at http://fflm.ac.uk/librarydetail/4000134)			
Couch cover			
Examinee clothing (if examinee's own clothing, note on FME form 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)			

Print name of person undertaking medical examination	Contact telephone number
Signature of person undertaking medical examination / taking forensic samples	Regulatory Registration No.
	Date / /



Forensic Medical Examination Form 4

ADDITIONAL INFORMATION FORM - use for Examinee, i.e. **COMPLAINANT** or **SUSPECT**.
 Relevant sections of this form must be completed and a copy submitted with the samples.
 Please **PRINT IN CAPITALS** in **BLACK INK** using a ball-point pen.

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

Print name of person undertaking medical examination

Contact telephone number

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

Regulatory Registration No.

Date / /