

Forensic medical examination
Complainant

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 **p4**.

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) e.g. NFS	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 urine sample 1 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			Sex M F Transgender <i>clarify</i>		
Case reference number			Venue		
Examination start time	finish time	Date	Room		

SAMPLES TAKEN	expiry date	batch* no./barcode	no. taken	item/ exhibit no.	TEB 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					
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					
Mouth sample collection					
Peri-oral swab (x2) 1 moist and 1 dry					
Mouth swab(s) (dry)					
Mouth rinse 10ml					
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>					
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):					
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):					

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GENERAL INFORMATION					
Name of examinee			Case reference number		
SAMPLES TAKEN	expiry date	batch* no./barcode	no. taken	item/ exhibit no.	TEB 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					
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					
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					
Examinee clothing	if examinee's own clothing, note on FME form page 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 <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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