



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/by/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): | | | | | |

| | |
|---|-----------------------------|
| 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 | | | | | |
|---|---|--------------------|-----------------------------|----------------------|---------|
| 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 (x2) 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 |
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Diagrams to show the site of skin swabbing

Body chart(s) attached

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