



# Forensic medical examination 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 **p3**.

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			

TOXICOLOGY INFORMATION				
Alcohol, and some drugs, are eliminated relatively quickly from blood, it is recommended that <b>both blood and urine</b> are taken from suspects/detainees with the appropriate authority.				
Have any drugs (prescribed or otherwise) or alcohol been taken by the suspect in the past 5 days?		N/K <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please specify				

SAMPLES TAKEN	expiry date	batch* no./barcode	no. taken	item/ exhibit no.	TEB no.
<b>Hand swabs</b> usually (x2) 1 moist & 1 dry per hand, <b>but adapt as appropriate</b>					
Right hand swabs (x2) 1 moist and 1 dry					
Left hand swabs (x2) 1 moist and 1 dry					
<b>Fingernail collection</b>					
Right fingernail cuttings					
Right fingernail swabs (x2) 1 moist and 1 dry					
Left fingernail cuttings					
Left fingernail swabs (x2) 1 moist and 1 dry					
<b>Mouth sample collection</b>					
Peri-oral swab (x2) 1 moist and 1 dry					
Mouth swab(s) (dry)					
Mouth rinse 10ml					
<b>Skin swabs</b> (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>					
<b>Female genital samples</b>					
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):					

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.
<b>Ano-rectal Samples</b>					
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):					
<b>Male genital samples</b> (x2) 1 moist and 1 dry from each site					
Swabs from Shaft + <i>external foreskin if present</i>					
Swabs from Coronal sulcus and Glans + <i>internal foreskin if present</i>					
<b>Hair collection</b>					
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					
<b>Other</b> please specify					
<b>Alcohol/Drug blood</b>					
Blood preserved (sodium fluoride/potassium oxalate) total 10ml (mix for 30 seconds)					
Time taken:					
<b>Alcohol/Drug urine</b> 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					
<b>Urine for DNA</b> (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		



**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