

Faculty of Forensic & Legal Medicine

Forensic medical examination Suspect

SAMPLES

page 1

Relevant sections of this form must be completed and a copy exhibited 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 circle or delete as appropriate							
Name of examinee			Sex M	F Trans	sgender <i>clarify</i>		
Case reference nu	mber		Venue				
Examination start	time finish time Date		Room				
TOXICOLOGY INF	ORMATION						
Alcohol, and some	e drugs, are eliminated relatively quickly from blo e appropriate authority.	od, it is recomm	nended that b	oth bloo	d and urine are ta	ken from suspects/	
	prescribed or otherwise) or alcohol been taken by	the suspect in	the past 5 da	ys?	N/K □ N	o Yes	
If yes, please spec	ify			-	_		
CAMPLES TAKEN		avuim, data	batch*no./	no.	item/	TED	
SAMPLES TAKEN		expiry date	barcode	taken	exhibit no.	TEB no.	
Hand swabs usually (x2) 1							
moist & 1 dry per	Right hand swabs (x2) 1 moist and 1 dry						
hand, but adapt as appropriate	Left hand swabs (x2) 1 moist and 1 dry						
Fingernail						<u> </u>	
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	Right breast						
site	Left breast						
	Upper/inner thigh						
	Other e.g. groin skin crease, mons pubis, scalp p						
	Skin control swab specify site						
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:noyes						
	Speculum swab: no yes						
	Opened tube/sachet of used lubricant (type):						
Print name of person undertaking medical examination			Contact te	Contact telephone number			
Signature of person undertaking medical			Regulatory Registration No.				
examination/taking forensic samples			Date	Date			



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SAMPLES TAKEN	GENERAL INFO	RMATION					
Ano-rectal Samples Perianal swabs (x2) 1 moist and 1 dry Anal canal swabs (x2) 1 moist and 1 dry Rectal swabs Proctoscope used:	Name of examine	Case reference number					
Ano-rectal Samples Perianal swabs (x2) I moist and 1 dry Anal canal swabs (x2) I moist and 1 dry Rectal swabs Proctoscope used:	SAMPLES TAKEN		expiry date				TEB no.
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Rectal swabs Proctoscope used:	Samples	Perianal swabs (x2) 1 moist and 1 dry					
Proctoscope used:noyes Proctoscope swabnoyes Opened tube/sachet of used lubricant (type): Male genital samples (x2) I noist and I dry from each site Hair collection		Anal canal swabs (x2) 1 moist and 1 dry					
Proctoscope swab		Rectal swabs					
Opened tube/sachet of used lubricant (type): Samples (x2) I moist and Judy from each		Proctoscope used: no yes					
Maile 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 Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus and Glans + internal foreskin if present Swabs from Coronal sulcus S		Proctoscope swab no yes					
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examination/taking forensic samples Date				· ·			
				Date			



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ADDITIONAL INFORMATION

page :

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 o	ffence 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			