



Forensic medical examination Suspect

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 <i>circle or delete as appropriate</i>				
Name of examinee			Sex	M <input type="checkbox"/> F <input type="checkbox"/> 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 both blood and urine 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.
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):					

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.
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):					
Male genital samples (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>					
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 <i>FFLM recommendations</i>					
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		

