



Forensic medical examination Complainant

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 **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 <input type="checkbox"/> <i>specify</i>	
Contraception used None <input type="checkbox"/> Hormonal <input type="checkbox"/> IUD <input type="checkbox"/> Other hormonal use <input type="checkbox"/> <i>specify on page 4</i>	
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 <i>specify PV/PR</i>	N/K <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate # of times) Showered <input type="checkbox"/> Washed <input type="checkbox"/> Bathed <input type="checkbox"/> Douched <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					
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					
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 (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)		

