



## Forensic Science Sub-committee

### Newsletter JULY 2025



#### Updated versions of the following documents are available:

##### Recommendations for the collection of forensic specimens from complainants and suspects

- There have been a few changes highlighted in the July version.

##### Recommendations for the collection of forensic specimens from complainants and suspects – the evidence

- Four articles have been added to the Evidence document.

##### Forensic Science Subcommittee (FSSC) Newsletter

- Please see responses from questions submitted to the FSSC.

##### Forensic medical examination form – Complainant

- A minor amendment has been made and highlighted.

##### Recommendations for the examination of adult female suspects of sexual assault – this document has been updated

##### Information for complainants undergoing FME – this document has been updated

#### General Updates

##### Spotting the Signs – CSE proforma, 2023

Many thanks to the clinician who spotted that the 'The Spotting the Signs CSE proforma' on FFLM website is the old version. There is a more recent edition from 2023 [www.brook.org.uk/spotting-the-signs-tool/](http://www.brook.org.uk/spotting-the-signs-tool/). The website has been updated.

##### Reminder re lubricant

There is no requirement to exhibit the lubricant used. Several commercial lubricants are available, specify the brand of lubricant used and the batch number on the FME form. The lubricant MUST conform with the requirements of ISO 18385/PAS 377 (See Recommendations document page 1).



#### Questions to the FSSC

1. There has been discussion regarding the taking of Mons Pubis swabs and the scientists believe the Mons Pubis swab differs from other skin swabs due to this area being covered by underwear and therefore it was a more protected area. They all acknowledged that there was not enough data to support this opinion, however they all leaned towards the Mons Pubis swab should be taken in line with the taking of genital (Vulva) swabs rather than being taken in line with skin swabs as they are currently referred to in the recommendations. They especially felt this was of importance in cases of an allegation of digital penetration or an allegation of cunnilingus. Again, unsupported by hard data but they all felt that in cases of digital penetration the Mons Pubis swab could be more helpful to have than the genital swabs, this would involve changing the REASON FOR ANALYSIS from 'As per hand/skin swabs to As per vulval swabs'.

This has been amended in the July Recommendations document.





2. This is a bit of a strange one. I am a forensic scientist, and I am reviewing a case where the intimate swabs have been taken in the wrong order, LVS being taken before the EVS. I have been provided with a statement from the paediatrician who has said that there is no chance of contamination, i.e. transfer from the external area to the LVS. I am a little surprised by their level of certainty of the chance of contamination, given that the taking of the swabs has contradicted the clear procedures as set out by yourselves. Do you have any resources which can help assess whether there is a zero chance of transfer?

The FFLM guidance clearly stipulates the order in which swabs should be taken which is based on minimising the risk of potential contamination. There is a risk of potential contamination in all cases where forensic swabs are taken, hence the measures recommended to reduce that risk, which includes double gloving and wearing appropriate protective clothing, including a facemask, as well as the order of swabbing.

We recommend that the vulval/perineal swabs should be taken before the low vaginal swabs to minimize the risk of potential contamination.

Please see the following FFLM documents which may be of assistance:

*Recommendations for the collection of forensic specimens from complainants and suspects*

*Recommendations for the collection of forensic specimens from complainants and suspects – the evidence*

*Recommendations on the order of ano-genital sampling when obtaining forensic specimens from complainants and suspects of sexual offences*

3. Two items that I wished to address on the FME Complainant Form.

**Water Batch Number recording:** As previously discussed it has been said that the batch numbers of water and lubricant used should be available if the batch number of the entire kit is recorded. However, there is space for the Lubricant batch and expiry to be recorded. I would always record the expiry and batch number of the water used to moisten swabs as I think part of me would be concerned that that information would be difficult to obtain at a later date. If it wouldn't affect the formatting too much it would be helpful to have space for the water and lubricant batch numbers and expiry to be recorded.

Secondly – Removal/insertion of Pad/Tampon etc. there is an option for “Not Known” but it would also be helpful to be able to record “No” if none of these items have been used. Thus, demonstrating that the question has been asked and that the answer is that none of these have been used.

There is no requirement to record the expiry and batch number of the water used to moisten swabs as this information is easily available from the supplier of the forensic kits. The critical requirement is that the HCP records the outer kit or module batch number. From this single reference, SceneSafe can provide full traceability of all individual components used, including water and lubricant. When the kits are assembled, each works order is generated from a list of approved components. These components are picked from controlled bin locations where the batch number is recorded at the point of selection. This ensures full traceability and compliance without the need for further duplication during use.

The FME Form – Complainant has been amended as suggested.





4. I wondered if you could enlighten me into the drugs tested for following the taking of bloods for section 4 and 5A drug-driving in police custody. The patient appears to be under the influence of substances. He admits to taking Zopiclone and pregabalin. Would these drugs show up?



The amount of blood that can be taken by the clinicians is limited by the size of the blood tube, usually two 5ml tubes, that are supposed to be filled to  $\frac{3}{4}$ .

Scientists cannot test for 'everything'. They may screen for the drugs commonly found in road traffic cases, e.g. cannabis and cocaine, and then they can be guided regarding further tests by any history given to them from the Police, such as anything the detainee says, anything the police find in the detainee's property, including the car, etc. as well as anything the HCP finds on taking a history and performing an examination.

The MGDD/E form (see last page of the E form) asks what drug is suspected.

*Manual of guidance drink and drug driving (MGDD)*

It is not the HCP's role to complete this form, but the HCP can advise/inform the police. So, to answer your question if zopiclone and pregabalin are suspected then this information should go on the form.

5. I just wanted to ask a question about DFSA/Crime. Guidelines state if alcohol is suspected to take a urine sample up to 5 days and if DFSA/Crime is suspected then urine can be up to 14 days. My question is around, is alcohol not classed as a drug under the guidelines? Because if it is classed as a drug under the FFLM then essentially our timeframe should be up to 14 days as opposed to 5 days.

Alcohol is not classed as a drug for this guidance. The fourteen-day window is to include those drugs with long half-lives, e.g. methadone, long-acting benzodiazepines, etc. An amendment has been made to the Recommendations document to make this clearer.

6. My question is as follows under the vulval swabs it states up to 7 days where vaginal intercourse has taken place. Please could it be clarified what the recommended timeframe is for prepubertal children. In clinical practice it seems most examiners are taking a vulval sample up to 3 days post vaginal assault in prepubertal children (or 7 days if unwashed as per skin swabs). It would follow the same logic of low vaginal samples being 3 days in prepubertal children and 7 days in post pubertals/adults. A clarification would be greatly appreciated as it is of some confusion to police when requesting forensic samples in young children.

There are various explanations as to why the time frame for DNA persistence in relation to penile vaginal penetration is shorter in pre-pubertal girls compared with peri- and post-pubertal girls and women:

- Children are smaller than adults so all anatomy, including the vagina is shorter
- The lack of oestrogen, which is important in fertility, influencing sperm persistence. Possibly also linked to pH of the vagina which is around neutral or 7 in pre-pubertal children but is usually acidic, pH is about 3-4, in post-pubertal girls and women. The half-life of semen in the prepubertal girls is comparatively shorter due to the absence of cervical mucus (for more information see: *Biological Evidence Management for DNA Analysis in Cases of Sexual Assault - PMC*).
- Penetration may not occur or only between the labia which is the 'legal' vagina (not into the anatomical vagina).

Children are less likely to be seen soon after the event as they are less likely to disclose – or be able to disclose what has happened.

Furthermore, on a non-evidence basis, it is also due to wiping and washing especially in children who are not potty trained and in nappies.



7. I wanted to ask about the labelling of plastic tamper evident bags. The recommendation statement above doesn't talk about the labelling of the bag itself. I also can't find anything in reference to this on the Mountain or Surrey Police intranet (polices etc.).

Currently, labelling is done by hand, in ink. I was wondering, would it be acceptable to print off a sheet of appropriately sized labels and attach these to the bag itself over the relevant sections? To enable a more efficient labelling process (of the bag – most of the actual samples come with labels to complete and attach). Currently intimate sampling from a detained person alleged to have committed rape takes a short period of time to take the samples but the labelling is 30+ minutes.

The FFLM Labelling document specifically covers labelling plastic tamper evident bags see: [Recommendations – Labelling Forensic Samples](#)

If a label was used and fixed to the bag there is the possibility that given time (with the effects of refrigeration/freezing) the label may fall off and that is why it is recommended to fill in the label on the exhibit bag.



8. Several of our CSI teams are now expecting the suspect's initials to be included in the labelling, which may be particularly relevant with multiple suspects. I know the current guidelines mention DJR/1, DJR/2 etc. rather than DJR/XX/01, DJR/XX/02 for one suspect and DJR/YY/01 and DJR/YY/02 for the next suspect. Is this something that the FFLM would be changing?

No, as this would not be possible for complainants in SARCs, especially in relation to self-referrals.



**9. Can the following questions be put forward for the July meeting:**

- i The vaginal kits are described as ‘female genital kits – I wonder if ‘vaginal swab kits’ could replace this – in regard to individuals who identify as male but have a vagina? This would be in keeping with the ‘penile swab kit’.**
- ii Can ‘oral (mouth) to penis’ please be added as it is for vulva. Also, what would the timeframe for this be as currently I know some people are currently doing 72 hours for any penile contact, however oral to vulva is 48 hours so would this also apply to penis?**
- iii Currently for oral to vulva the only samples obtained would be mons pubis and vulval, would there be any consideration to add low vaginal considering the possibility of tongue penetration? Or would this just be a case-by-case decision.**
- iv For toxicology urine where it states, “Should be obtained if incident is a suspected drug-facilitated crime within preceding 14 days.” Can it be made clear this is drugs only and not alcohol, as some people are interpreting ‘drug-facilitated’ to include alcohol.**

The national kits which should be used are labelled vaginal swab kits so it may be that you have old stock in use. See on the FSSC page on the [Forensic Science Subcommittee](#).

This has been amended in the Recommendations document for July.

The scientists felt this was not required and the recommendations have been amended under LVS (page 3) and HVS (page 4) to remove contact (touch) with outside areas (skin) within 48 hours.

Yes, an amendment has been made to the Recommendations document for July.

**10. I have a question in regard to penile swabs following oral assault. Recent guidance states that ‘oral (mouth) to vulva’ disclosure is 48hrs for vulval swabs. Any oral penetration of the mouth is also two days. However penile swabs for any body fluid remains at 72hrs. Why is this not also 48hrs for mouth to penis in regard to penile swabs?**

The Recommendations document recommends 72 hours, but you raise a good point and because of the anatomy of the penis there may be an increased likelihood of obtaining bodily fluids. The forensic scientists will look at any evidence for this assertion between now and the next meeting of the FSSC in November.

**11. Could I have details for the Guidelines on the testing of urine samples after a possible spiking incident.**

How long after the event are drugs likely to still be in the system and is there a time limit to test the urine sample.

This is covered in the document Recommendations for the collection of forensic specimens from complainants and suspects on page 7 under Toxicology.





12. As part of the taking of intimate samples (penile swabs, pubic hair combings/cuttings) it is our company policy to remove one pair of gloves between the swab stage and the pubic hair combing/cutting stage therefore leaving us single gloved when cutting pubic hair. Any debris (if found) on the gloves will therefore be submitted with the second single pair of gloves.

I feel this practice is unsafe but have been advised "you do what the company tells you to".



No, this is not required. Double gloves should be used throughout with different outer gloves with different body areas.

See page 1 of the Recommendations document:

*Double, non-sterile gloves must be worn throughout the sampling process and when handling specimens (including exhibit bags) in order to minimise DNA transfer and contamination. Change outer gloves when sampling different body areas. Unless specified below, retain and exhibit gloves only if there is obvious material on them. Everyone involved in the process (i.e. preparing the sampling kit prior to use, the specimens when taken and exhibit bags) should wear double gloves.'*

And also, page 1 of the Evidence document:

Double gloving with changing of gloves with different body areas Margiotta, G., Tasselli, G., Tommolini, F., Lancia, M., Massetti S., Carnevali, E.

*Risk of DNA transfer by gloves in forensic case work.*

Forensic Science International: Genetics Supplement Series 2015: 5; e527-e529

(It is imperative to change gloves every time after touching items or surfaces, prior to touching the exhibit. It is desirable to wear multiple layers of gloves to avoid skin exposure during the changing of gloves.)

13. We are also still using couch covers, but not submitting them as evidence, just recording the batch number. Could you advise whether this is still the FFLM guidelines?

Yes, this is also covered on page 1 of the Recommendations document – *'Use of a couch cover is recommended but you do not have to exhibit it.'*

14. Also, I was taught that swab packs should be opened in front of the detainee to offer confidence regarding tampering and contamination. We are told that, as samples are being taken in a forensically sealed and clean room, it is fine to pre-prepare labels, bags, swabs and other items recording batch numbers etc., before the DP enters the room, thus saving time. I am wondering whether this could pose any issues should the DP go to court and state he had not seen the items in sealed bags before samples were obtained.

This is not required.



**15. Please can the following questions be added to July's meeting:**

- i. Can we have clarity on when a skin control is required. Some clinicians only take a control when they have swabbed an injury whereas others take controls for all skin swabs regardless if an injury is present. IF a control is required for any skin swab do you have to take a control per sample or you could you group skin swabs from similar areas to have the same/one control?



- ii. I assume oral (mouth) to penis is 48 hours as per female samples, can you confirm and if so, can this be added to the penile swabs.

- iii. What is the rationale for only taking a vulva swab for oral (mouth) to vulva yet for contact (touch) with outside areas its recommended to take vulval, low and high vaginal samples? I would think these would be similar or at least should be taking more than just vulval for oral to vulva.

- iv. For oral (mouth) to vulva can the time frame be added (assuming 48 hours).

This is covered in the Recommendations document page 2: Control skin swabs are required in cases where there is a need to recover background DNA and/or other material – to aid interpretation when its presence in a specific area is significant e.g. visible injury or bite on the skin. Ensure relevant background area is sampled e.g. if swabbing an injury/bite/mark on one side of neck, swab the equivalent area on other side of neck.

Control skin swabs are there to be fair to the defendant. For example, a patient alleges the assailant pinched her on her right forearm and you sample that area for DNA. The defendant may argue that they were out all night together in the pub and her forearms were bare and so of course his DNA is going to be on her forearms. Therefore, you sample an area on the forearm some distance away from the area where she alleged she has been pinched. There should be more DNA on the pinched area than on another part of the forearm. If you are undecided which area would be best, you can sample a couple of areas. Each control swab should be related to a specific area. If you are not sampling any specific areas such as pinches, bites, licks, then you don't need to include any control swabs at all.

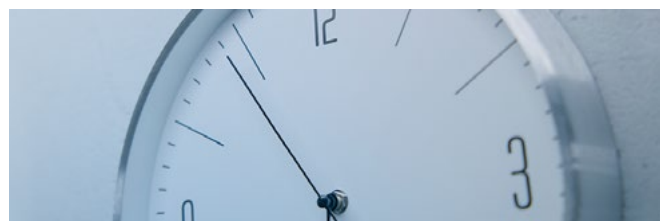
As for grouping control swabs, if there were a set of bruises located all together on the right thigh, all from the same mechanism of injury, then you could swab these as a group and include one control skin swab from a relevant background area.

The clinician needs to think about the case as a whole and tailor the examination and the taking of specimens based on the individual circumstances of the case. The FFLM recommendations are not a substitute for training or clinical expertise, they are only recommendations.

The Recommendations document recommends 72 hours, but you raise a good point and because of the anatomy of the penis there maybe an increased likelihood of obtaining bodily fluids. The forensic scientists will look at any evidence for this assertion between now and the next meeting of the FSSC in November.

This has been deleted as not required for LVS or HVS.

Yes, this is correct, and the Recommendation document has been amended.





**16. I have amended the wording in our procedure to fall in line with the Nail clipping advice which I believe has changed. There have been some queries across five forces as to what is classed as comparison versus bodily fluids. In terms of comparison is this physical fit for comparison or comparing this to other DNA? Collection of clippings for bodily fluids could include blood which would also be compared to suspect/ other DNA. So, I think maybe the wording is causing confusion? I would be grateful if you could offer some clarification.**

We do not recommend clipping nails except for comparison with another nail see under column 2:

**Reason for analysis**

Recovery of body fluids/DNA/other material within 48 hours or comparison with fingernail(s) broken at scene (if the circumstances suggest this as a possibility).

Hence why the advice provided under the Packaging and storage column:

**Freeze fingernails swabs & clippings if they are taken for body fluid examination.**

Nail clippings for comparison must not be frozen or refrigerated. They must be STORED DRY at normal room temperature.

Blood is a bodily fluid.

The Recommendations table is an aide-memoire; it cannot cover everything that should be covered in the initial and update training.

**17. I am a PACE Inspector, and a colleague recently advised he was approached for authority for intimate samples from a detainee arrested for attempted rape. As it was 'attempted' he refused. I don't have any other facts. For my own personal development, and I appreciate all cases will be different - is there any guidance on taking intimate samples (penile) swabs and/or pubic hair) where an attempted rape has taken place - i.e. victims clothes removed, but no sexual intercourse.**

The Recommendations document provides the reasons for taking any of the forensic samples. In the scenario provided below as no penile intercourse had taken place there would be no indication to take the penile samples:

On page 5 Penile swabs:

Recovery of body fluids/DNA/other material (even if condom purported to have been used) if intercourse within 3 days (72 hours).

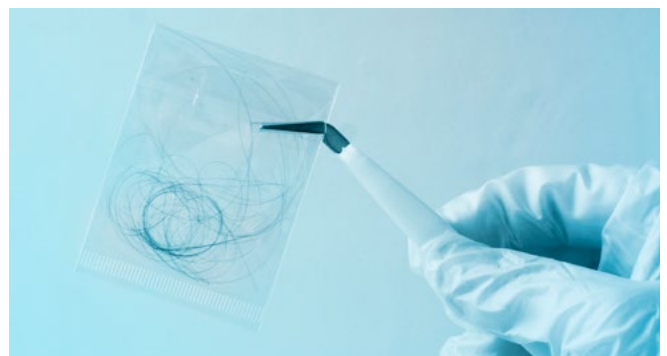
You are quite correct in saying it is very important to take each case on an individual basis and depending on the history known at the time of the request (often this is minimal as early in the investigation) there may be a reason to take pubic hair or skin samples if there has been contact but no penetration – see pages 5 and 2.

**18. I have a question about hair samples that arose after trying to get a hair sample privately analysed. I was informed by the lab that it was incredibly challenging to detect drugs following an isolated spiking.**

It may be possible to find drugs in a hair sample after one-off usage such as following 'spiking'. This analysis will be more challenging compared to examining a hair sample where there is regular drug use.

Clinicians providing advice about hair samples for toxicology should review Page 7 of the recommendations document Hair for Toxicology as well as FFLM document:

*Recommendations for Collecting Hair Samples for Toxicology*





19. A colleague has asked me to clarify that the advice I have given in the following scenario can be clarified in the recommendations. Digital anal penetration of a woman within 48 hours, a full set of vaginal samples should be offered. In this case it was complicated by consensual penile vaginal penetration prior to the digital anal assault.

My reasoning is to compare the distribution of the touch DNA & semen - also in case later she feels she didn't really fully consent to vaginal or adds penile anal penetration to her first account. The Recommendations mention digital or object penetration within 48 hours in vaginal and anal samples, but does not clarify where, e.g. in digital or object anal - should we add vaginal samples. I have always been taught to offer them.

If the patient is not sure what happened, it is best practice to discuss the pros and cons of sampling all areas with the patient, for the patient to give informed consent. If the patient maintains their first account of consensual vaginal intercourse followed by non-consensual digital anal penetration, then there is likely to be 'legitimate' sperm and DNA around the vulva, perineum and perianal areas from vaginal drainage.

Therefore, the clinician is looking for 'illegitimate' DNA inside the rectum. To find this, a proctoscope would need to be used, being careful not to push any sperm or DNA from around the anus into the rectum.

Material from the peri-anal area is likely to be adhered to the rim of the proctoscope when the obturator is removed. Therefore, careful sampling where the swab does not touch the end of the proctoscope is imperative in these cases. It is also important for peri-anal samples to be taken first. The area of rectum being sampled when using the proctoscope technique would need to have been touched with the assailant's finger to obtain any DNA. If the patient's bowels have been open, this is likely to further diminish the likelihood of obtaining rectal touch DNA.

There needs to be a discussion with the patient regarding the likelihood of obtaining any DNA in this situation versus the insertion of a proctoscope. In addition, if sperm were to be found on the rectal swabs, yet only digital penetration was alleged, it could be argued that this was vaginal sperm pushed into the rectum by the swab (rather than sperm pushed inside by the assailant's finger).

Forensic scientists can look at the distribution of sperm on the external genital and peri-anal surfaces versus within the rectum as well as comparing all of this to the amount of sperm higher within the vagina.



20. I am working on a forensic nursing subcommittee that is drafting national practice standards in the US. Having learned of the attached paper showing potential for contamination of internal samples by speculum and swabbing processes, I was looking for any more recent or follow-up research when I discovered your recent document: Recommendations on the order of ano-genital sampling when obtaining forensic specimens from complainants and suspects of sexual offences.

i My subcommittee has struggled with the lack of empirical studies on contamination from the speculum and I am concerned with the possibility of, e.g., DNA transfer on the external genitalia being unwittingly pushed onto internal swabs. I did not see additional citations but was intrigued by your direction to sample past the speculum end point. Is this simply a best practice suggestion or do you know if this or any of your other specific recommendations have been studied in any systematic way?

ii was also curious why only certain potential contamination scenarios were to be flagged for the lab but others (like those described in attached study) were not. Is the sleeve described in the attached paper utilized by any UK programs? It is not well known in the USA. Also interested if there was any other guidance or papers you found informative about your recommendations beyond those specifically cited in the document.

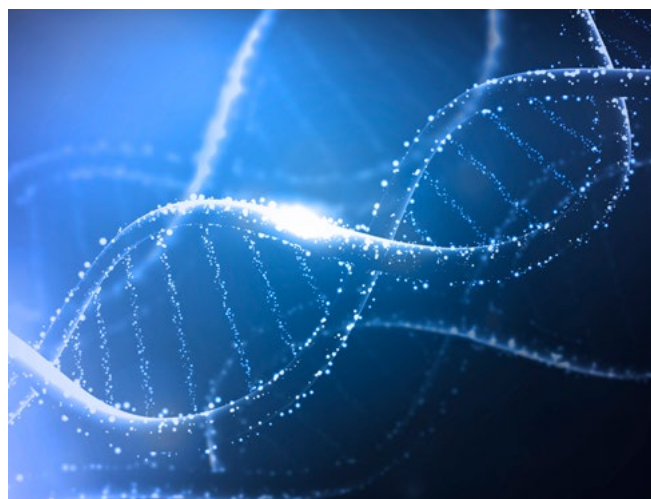
This is currently best practice. However, there has been recent research to look at this recommendation and we have been informed that this is likely to be published soon.

The sleeve mentioned in the article you sent is not used in the UK and colleagues have no experience with its use.

The Recommendations for the collection of forensic specimens from complainants and suspects does have a supporting Evidence document.

*Recommendations for the collection of forensic specimens from complainants and suspects*

*Recommendations for the collection of forensic specimens from complainants and suspects – the evidence*





**21. There was a complaint from police received by a provider of clinical forensic services regarding the role of an HCP when asked to take forensic samples.**

A police officer stated that 'it is not acceptable for any Medic to provide advice to a detained person which relates to the investigation. The HCP has attempted to interfere with the course of justice, and I will be requesting that XXX receives advice from our legal team as to whether this constitutes a criminal offence.' The case related to a 16-year-old who had been detained on suspicion of rape. The police approved their mother as the AA, something that I tell my staff should not be encouraged as it puts them in conflict between their role as the AA, and as the parent providing consent for the collection of swabs as per PACE para 65. This caused a disgruntled police officer at the start, and they still do not understand the potential conflict that this can give rise to.

Another issue was that the timing of the examination was just outside the 72 hour recommended timeline for collection of male samples (which I still think is too long) and there was a discussion with the young person and his mother about the time intervals for collection, the purpose of the collection of samples, and advice about who would observe the samples being collected, and that neither the police officer nor his mother would be directly observing the process.

The young person initially gave his consent to the police but after speaking to the HCP he withdrew that consent and then the duty solicitor got involved and had a conversation with both the mother and the suspect and the suspect gave his consent once again but following this there was another twist as the duty solicitor requested that the AA be changed. The mother agreed to the samples being collected, remembering she is also the AA, but the suspect changed his mind again and declined to have the samples collected. The solicitor withdrew and said he would no longer represent the suspect.

As you can imagine the police were far from happy about the delays with their request for the samples to be collected.

The police are required to obtain written consent to the provision of intimate samples.

Forensic samples should not be taken outside the current recommendations except in exceptional circumstances, for example, where accurate time frames may not be known, see page 1 of the Recommendations document.

The HCP must obtain consent from the child/young person (aged under 18 years) and the person with parental responsibility before taking any forensic sample.

In obtaining consent the HCP must explain what samples they have been asked to take, and why, and what the samples will be tested for, e.g. blood/urine will be tested for drugs and alcohol; swabs will be tested for the recovery of body fluids/DNA/other material; pubic hair for the recovery of foreign particles, e.g. glass, fibres, hairs and the recovery of body fluids/contact DNA/other material e.g., fibres up to 72 hours.

See *Recommendations – Consent from Children and Young People in Police Custody in England and Wales for Medical Examinations*

The HCP needs to provide information relating to the forensic samples that have been requested as outlined above and not stray into the territory of the police investigation. If the detainee asks questions regarding this the police officer who is acting as a chaperone, or the investigating officer, should be able to answer any queries.