



# Early Evidence Kit (EEK) – consent and sample form

For further information and guidance on EEK completion please refer to the *EEK top tips and rationale* and *EEK collecting early evidence flow chart*.

I hereby consent to providing the following: (delete as appropriate)

- **Urine sample**
- **Toilet paper sample**
- **Perioral swab & Mouth rinse**
- **Second urine sample** (if < 24 hours)
- **Second toilet paper sample** (if <24 hours)
- **Hand, nail and skin swabs** (where appropriate)

I understand that the sample(s) listed above may be submitted by the police for forensic examination for evidence to assist in investigating the alleged incident/criminal offence. I am aware the urine samples may be checked for drugs and alcohol, and the toilet paper, urine, oral samples, hand samples and skin swabs may be checked for body fluids, lubricants, contact DNA or particulate/fibre evidence types.

Name of donor		
Signature of donor or parent/guardian where appropriate	Date	Time

<b>KIT BATCH NUMBER (BN)</b>	<b>Expiry date (EXP)</b>
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SAMPLES TAKEN	Tamper Evidence Bag (TEB) ref	Quantity of swabs	Exhibit ref
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Double glove and change top layer of gloves **before** opening a new module and commencing a new sampling area.

<b>Hands</b> within 48 hours	Hands washed since incident? Yes <input type="checkbox"/> No <input type="checkbox"/> Dominant Hand: Right <input type="checkbox"/> Left <input type="checkbox"/>		
	Right hand (moist and dry)		
	Left hand (moist and dry)		

**CHANGE TOP LAYER OF GLOVES**

<b>Fingernails</b> if required, within 48 hours	Right hand (moist and dry)		
	Right hand debris collection sheet		
	Left hand (moist and dry)		
	Left hand debris collection sheet		

**CHANGE TOP LAYER OF GLOVES**

<b>Urine – 1st sample</b> within 5 days/120 hours or 14 days if suspected drug facilitated sexual assault	Time of last urination:		
	Urine Date:	Time:	
	Toilet paper		

**CHANGE TOP LAYER OF GLOVES**

<b>Oral</b> within 48 hours	Mouth/teeth cleaned since incident? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____		
	Drank/ate (including chewing gum) since incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Perioral swabs (Lip line & around mouth opening) (moist and dry)		
	Mouth rinse		

**CHANGE TOP LAYER OF GLOVES**

<b>Skin (non-intimate)</b> within 48 hours or 7 days/168 hours if not washed	Skin <b>control</b> (moist and dry), site:		
	Skin (moist and dry), site:		
	Skin (moist and dry), site:		
	Skin (moist and dry), site:		
	Skin(moist and dry), site:		

**CHANGE TOP LAYER OF GLOVES**



SAMPLES TAKEN	Tamper Evidence Bag (TEB) ref	Quantity of swabs	Exhibit ref
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Double glove and change top layer of gloves before opening a new module & commencing a new sampling area.

Urine – 2nd sample within 24 hours			
Urine	Date:	Time:	
Toilet paper			

SAMPLER DETAILS		
Name and collar number		
Signature of donor	Date	Time

NAME OF THE PERSON TO WHOM SAMPLE(S) WERE HANDED		
Name and collar number		
	Date	Time

**A copy of this form MUST be provided to the donor and a copy retained by the officer in the case.**

**If any of the samples are submitted to the forensic laboratory a copy of this form MUST accompany them.**