Faculty of Forensic & Legal Medicine

Forensic medical examination
Complainant

INFORMATION

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 *circle or delete as appropriate*	
Name of examinee	Case reference number
Address of examination facility	Age Sex M F Transgender *clarify*
	Weight Height
Female Complainants Date of LMP	Pre-pubertal / Post-pubertal Pre-menopausal / Post-menopausal
Date & time of incident *24:00 format*	Date & time of examination
Date(s), time(s) of other relevant sexual activity within the previous 10 days *clarify type e.g VI, OI, AI*	
Items used in previous intercourse Condom ☐ Spermicide ☐ Lubricant ☐ Other ☐ *specify*	
Contraception used None ☐ Hormonal ☐ IUD ☐ Other hormonal use ☐ *specify on page 4*	

SPECIFIC INFORMATION relating to the alleged offence *circle or delete as appropriate*				**Details**
Kissing/licking/biting/sucking/spitting?	N/K ☐	No ☐	Yes ☐	
Mouth to genitalia/anus?	N/K ☐	No ☐	Yes ☐	
Digit to vulva/vagina/anus?	N/K ☐	No ☐	Yes ☐	
Penis into vulva/vagina?	N/K ☐	No ☐	Yes ☐	
Penis into mouth?	N/K ☐	No ☐	Yes ☐	
Penis into anus?	N/K ☐	No ☐	Yes ☐	
Ejaculation?	N/K ☐	No ☐	Yes ☐	
Object to vulva/vagina/anus?	N/K ☐	No ☐	Yes ☐	
Other sexual/physical act(s) e.g. NFS	N/K ☐	No ☐	Yes ☐	
Injuries?	N/K ☐	No ☐	Yes ☐	
Ano-rectal/genital bleeding?	N/K ☐	No ☐	Yes ☐	Injury site(s)
If genital bleeding, is this menstrual type-bleeding?	N/K ☐	No ☐	Yes ☐	
Condom/lubricant/spermicide used	N/K ☐	No ☐	Yes ☐	
Weapon used?	N/K ☐	No ☐	Yes ☐	*specify*
The following removed/inserted specify	N/K ☐	No ☐	Yes ☐	Pad ☐ Tampon ☐ Sponge ☐ Diaphragm ☐
Showered/washed/bathed/douched specify PV/PR	N/K ☐	No ☐	Yes (indicate # of times)	Showered ☐ Washed ☐ Bathed ☐ Douched ☐
Genital/anal/relevant skin area wiped	N/K ☐	No ☐	Yes ☐	Tissue ☐ Moist wipe ☐ Other ☐ *specify*
Anal intercourse: defaecated since alleged offence	N/K ☐	No ☐	Yes ☐	
Oral intercourse: mouth cleansed or eaten or drunk since alleged offence	N/K ☐	No ☐	Yes ☐	Drink ☐ Mouthwash ☐ Toothbrush ☐ Eaten ☐

TOXICOLOGY INFORMATION				
Was alcohol consumed?	N/K ☐	No ☐	Yes ☐	
If yes, please specify			Prior ☐	During ☐ After ☐ 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 ☐	No ☐	Yes ☐	*If yes, please specify*	Prior ☐	During ☐	After ☐ offence
Give details						
Are other substances suspected of having been used/administered, which could be relevant to the offence?						
N/K ☐	No ☐	Yes ☐	*If yes, please specify*	Prior ☐	During ☐	After ☐ 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

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GENERAL INFORMATION *circle or delete as appropriate*	
Name of examinee	Sex M F Transgender *clarify*
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					
	Paper sheet (if visible debris)					
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, scalp *please specify*					
	Skin control swab *specify site*					
Ano-rectal Samples						
	Perianal swabs (x2) 1 moist and 1 dry					
	Anal canal swabs (x2) 1 moist and 1 dry					
	Rectal swabs					
	Proctoscope used: ☐ no ☐ yes					
	Opened tube/sachet of used lubricant (type):					
Female genital samples						
	Mons pubis					
	Vulva and perineum swabs (x2) 1 moist and 1 dry, as appropriate					
	Low vagina swabs					
	High vagina swabs					
	Endocervical swabs					
	Vaginal speculum used: ☐ no ☐ yes					
	Opened tube/sachet of used lubricant (type):					
Male genital samples (x2) 1 moist and 1 dry from each site						
	Mons pubis					
	Swabs from Shaft *+ external foreskin if present*					
	Swabs from Coronal sulcus and Glans *+ internal foreskin if present*					

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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.
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					
	Paper sheet (if visible debris)					
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 matted with body fluids					
	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 matted with body fluids					
	Hair for toxicology – see *FFLM recommendations*					
DNA reference samples						
	Elimination kit buccal scrapes (x 2) for DNA profiling tests *attach barcode*					
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 When was it worn _____ When was it removed _____					
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)					

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Early Evidence Kit utilised or other samples taken, prior to the medical examination ☐ N/K ☐ no ☐ yes Date/time recovered (if known) _____	If yes, list (if possible)

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Forensic medical examination SAMPLES/ADDITIONAL INFORMATION
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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.
Examinee clothing	if examinee's own clothing, note under further information					
	Gown					
	Ground sheet					
	Other items of clothing					
Other please specify						

FURTHER INFORMATION

Can be used for further information e.g. further details or clarifications of the offence or examination; further exhibits e.g. clothing, other hormonal use

Diagrams to show the site of skin swabbing

Body chart(s) attached

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Send any feedback and comments to forensic.medicine@fflm.ac.uk