



Forensic Strategy and Labelling Guidance

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Introduction

This document covers the labelling of forensic specimens collected from complainants and suspects, including complainants who refer themselves to a SARC (Sexual Assault Referral Centre). It also covers general guidance on forensic sampling.

The information below should be read in conjunction with other relevant FFLM guidance documents and the pertinent Forensic Science Regulator (FSR) publications.

Sampling Considerations

Every patient deserves a bespoke examination according to their individual needs and circumstances. Forensic Clinicians (FCs) should be able to tailor the forensic strategy and sample recovery to their patient's requirements¹.

Whilst the FFLM have published guidelines on the order of ano-genital sampling², a more nuanced approach to skin samples and material recovery can be taken³.

In the past, many Clinicians would swab the inner thighs, groin or buttocks in complainants of penile-vaginal penetration. This is no longer routinely undertaken but absolutely can, and should, be carried out if the FC feels this is indicated.

Although there are a number of anatomical areas pre-printed on labels in kits for ano-genital sampling, this should not serve as a finite list or 'tick box'. Any relevant samples outside these areas should be considered. It is important to remember the science behind the sampling and how these swabs will be interpreted as part of the case as a whole. For example, in complainants of sexual assault, material obtained from the mons pubis or the external vulva is unlikely to be interpreted differently, as these are not separate anatomical areas. Material, whether this is male DNA, amylase from saliva or sperm may be significant by its presence alone.

The vulva includes the outer and inner aspects of both labia, the clitoris and vestibule. FCs often combine this swab pair with the perineum, leading to a very large anatomical area to cover. In some difficult examinations, the perineum may require repositioning the patient, making it difficult to access at the same time as the vulval swabbing. Occasionally, part of the vulva may need to be touched or moved before swabbing. It may therefore be prudent to take more than one pair of swabs to ensure all anatomical areas are covered. Depending on how best the FC decides to carry this out, will determine how the samples are labelled.

Example 1

Obtaining material on outer surfaces first

- LD01a Outer labia majora and perineum wet
- LD01b Outer labia majora and perineum dry
- LD02a Inner labia/vestibule wet
- LD02b Inner labia/vestibule dry

Example 3

Patient needs to be laterally positioned due to discomfort

- LD01a right side vulva/perineum wet
- LD01b right side vulva/perineum dry
- LD02a left side vulva/perineum wet
- LD02b left side vulva/perineum dry

Example 2

Separating the vulva from the perineum

- LD01a Vulva wet
- LD01b Vulva dry
- LD02a Perineum wet
- LD02b Perineum dry

Example 4

Initial pair of swabs might not have captured all material

- LD01a Vulva/perineum wet
- LD01b Vulva/perineum dry
- LD02a Vulva/Perineum wet
- LD02b vulva/Perineum dry



Samples collected across the U.K are handled by various different laboratories.

In Northern Ireland, various methodology is used across SARC and custody settings.

In Scotland, samples are often labelled with a description then a number, denoting first or second sample taken from that site.

For example, HVS 1 dry and HVS 2 dry (high vaginal sample).

In England and Wales, the preference is for exhibits to be labelled with the clinician's initials (at least two) followed by the number and a, b, c etc. denoting the order the sample is taken. Examples of this method are in the boxes above. This is then labelled anatomically and whether the swab is wet or dry. Feedback from English laboratories is that a letter suffix is less likely to be misread or mis-transcribed than a number suffix (e.g. LD1/1 may be mistaken as LD11, or even LD111).

Either method is acceptable as long as it is clear:

1. The order in which each type of specimen was produced (1, 2, 3, 4)
2. Within each anatomical area swabbed, the order in which each swab was taken (2a, 2b, 2c, 2d)
3. Whether each swab was wet or dry (2a wet, 2b dry)

General Order (site) *	Individual Swab Order (from same site)
1. Blood toxicology	A. First swab
2. Neck swabs	B. Second swab
3. Arm swabs	C. Third swab
4. Sanitary towel collection	D. Fourth swab
5. Mouth rinse	
6. Penile swabs	

*This is purely an illustration of numbering, not a suggested order of sampling

- Though the swab tip should be moist and not dripping wet, the simple term 'wet' is widely used and accepted.
- It is the responsibility of the person who obtains the sample to ensure it is appropriately labelled.
- To minimise errors as well as cross-contamination, the Forensic Clinician (FC) should ideally label the samples and exhibit bags themselves, rather than delegating.
- Samples should be labelled at the start of the examination (except time and exhibit number which can be added afterwards).
- If using pre-printed labels from the kits, these should be placed around the existing paper label on the body of the tube ensuring that the tube opening is not obscured.
- Not all police forces use the collaboratively designed national kits; however, the principles remain the same.
- The order of sampling is critical, and the exhibit numbers should reflect this². Where an unexpected sample is added, omitted, contaminated, or taken out of sequence, this should be made clear on the lab form.
- Timings on toxicology samples should be documented as the time the sample leaves the body (e.g., the time of urination, not the time the sample is finally labelled and bagged). Urine should be decanted into the tube as soon as possible after urination to minimise the effect of bacteria.
- Timings for groups of samples such as injury swabs or genital swabs may have the same time documented on each swab, as long as the exhibit number reflects the order in which each swab was taken.
- Where two or more swabs have been taken from the same site it is imperative that there is a clear indication on the swab label regarding the order in which the swabs were obtained and whether wet and dry.
- In line with the Forensic Science Regulator Guidance: Forensic Medical Examination of Sexual Offence Complaints FSR-GUI-0020 (Issue 2)⁴; labels should include two identifiers. For self-referral cases, labels should include SARC ID and date of birth. For police cases, the patient's name and DOB is recommended.



Tamper-Evident Bags (TEBs)

Photograph of example

These must be labelled with the following information:

- Exhibit number using the healthcare professional's initials, e.g. LD06
- Description of the sample including quantity e.g. Penile shaft swabs x2 (wet and dry)
- Name of examinee. In a sexual offence examination of a non-police referral, use the unique reference number in place of examinee's name
- The patient's DOB
- The name and signature of the person who first handled the sample
- The name and signature of the person who sealed the tamper-evident bag
- Blood and urine **MUST** have the time at which sample was taken from the examinee
- Other samples should have the time frame e.g. 15:00 - 15:25 hours
- Date on which the sample was taken

The photograph shows a completed 'EVIDENCE BAG' form. The form is divided into several sections for recording information. Handwritten details include: 'Yorkshire Police' as the organization, 'LD05a+b' as the exhibit number, 'Mons pubis swabs - a - wet b - dry' as the description, 'Zahara Siddique' as the examinee's name, '31/07/78' as the date of birth, 'LAURA DEAN' as the name of the person who first handled the sample, 'DOCTOR' as the name of the person who sealed the bag, and '16/12/23' as the date and '10:15 - 10:25' as the time frame for the sample collection.

References

1. FFLM
Recommendations for the Collection of Forensic Specimens from Complainants and Suspects
Updated bi-annually in January and July
2. FFLM
Recommendations on the order of ano-genital sampling when obtaining forensic specimens from complainants and suspects of sexual offences
3. FFLM
Forensic Science Subcommittee Newsletter
Published bi-annually in January and July
4. Forensic Science Regulator
Guidance: Forensic medical examination of sexual offence complainants: Issue 2 FSR-GUI-0020