South Carolina Law Enforcement Division
Sexual Assault Examination Protocol

Patient Information:

Name of Hospital: _____ Date: _____ Time admitted: _____

Patient Name: _____ Ethnicity: _____

Date of Birth: _____ Age: _____ Gender: M F Marital Status: _____

Parent or Guardian: _____ ☐ N/A

Law Enforcement:

Agency _____ Case Number: _____

Forensic Exam Requested: ☐ Yes ☐ No If no, describe reason: _____

Reporting Officer: _____Time:_____

Investigator: _____Time:_____

Advocacy: (if indicated)

Rape Crisis Advocate: _____Time Notified:_____ Time of Arrival:_____

Other: _____Time Notified:_____Time ofArrival:_____

Interpreter: _____ ☐ N/A

Persons present during collection of history:

☐ Advocate ☐ Family ☐ Law Enforcement ☐ Other: _____

Persons present during medical exam:

☐ Advocate ☐ Family ☐ Other: _____

Pertinent Medical History:

LMP Date: _____ Normal? ☐ No ☐ Yes G_____P_____

Are there any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures or medical treatment that may affect the interpretation of current physical findings? ☐ Yes ☐ No

Describe: _____

Are there any other pertinent medical conditions or injuries that may affect the interpretation of current physical findings? ☐ No ☐ Yes

Describe: _____

Current medications: _____ ☐ None

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Patient name: _____

Medical History (cont.):

Pre and post assault related history:

- Consensual intercourse within last 7 days? ☐ No ☐ Yes Date:_____
  - o Oral ☐ No ☐ Yes
  - o Vaginal ☐ No ☐ Yes
  - o Anal ☐ No ☐ Yes
- If yes, was a condom used? ☐ No ☐ Yes
- Other contraception used? ☐ No ☐ Yes Describe:_____

Medications, Social Drugs or Alcohol:

Did patient ingest alcohol or drugs? ☐ No ☐ Yes ☐Unsure

If yes: ☐ Voluntary ☐ Forced ☐ Coerced ☐ Suspected

If yes: ☐ Alcohol ☐ Drugs Date: _____ Time: _____

Describe: _____

Any voluntary use of alcohol prior to assault? ☐ No ☐ Yes

Any voluntary use of drugs 96 hours prior to assault? ☐ No ☐ Yes

Any voluntary use of alcohol or drugs between time of assault and forensic exam? ☐ No ☐ Yes

Post assault hygiene/ activity:	No	Yes	Describe:
Urinated	☐	☐	_____
Defecated	☐	☐	_____
Genital or body wipes	☐	☐	_____
Douched	☐	☐	_____
Removed tampon/diaphragm	☐	☐	_____
Brushed teeth	☐	☐	_____
Mouthwash	☐	☐	_____
Bath/shower/wash	☐	☐	_____
Ate or drank	☐	☐	_____
Vomited	☐	☐	_____
Changed	☐	☐	_____
Smoked	☐	☐	_____

Assault History:

Date of assault: _____ Time of assault: _____

Location of assault: _____

Were there any witnesses to the assault? ☐ No ☐ Yes - identify: _____

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Sexual Assault Examination Protocol

Patient name: _____

Patient's description of assault:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Assailant Name(s) (if known)	Age	Gender	Ethnicity	Relationship

Method(s) employed by assailant(s):	No	Yes	If yes, describe:
Weapons	☐	☐	_____
• Threatened	☐	☐	_____
• Injuries inflicted	☐	☐	_____
• Types of weapons	☐	☐	_____
Physical blows	☐	☐	_____
Grabbing/holding/pinching	☐	☐	_____
Physical restraints	☐	☐	_____
Strangulation	☐	☐	_____
Burns	☐	☐	_____
Verbal threats of harm	☐	☐	_____
Other methods			_____

Were any injuries inflicted upon the assailant during the assault? ☐ No ☐ Yes
If yes, describe: _____

_____

If yes: Time: _____ Date: _____

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Patient name: _____

Is assailant known to:

- Have an STD? ☐ No ☐ Yes If yes, describe:_____
- Have had a vasectomy? ☐ No ☐ Yes
- Have used alcohol or drugs? ☐ No ☐ Yes ☐Unsure
  - If yes: ☐ Alcohol ☐ Drugs Describe:_____

Description of contact between victim and assailant:

Penetration of vagina by:	No	Yes	Attempted	Unsure	Describe
Penis	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	
Object	☐	☐	☐	☐	

Penetration of anus by:	No	Yes	Attempted	Unsure	Describe
Penis	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	
Object	☐	☐	☐	☐	

Oral copulation of genitals:	No	Yes	Attempted	Unsure	Describe
Of patient	☐	☐	☐	☐	
Of assailant	☐	☐	☐	☐	

Non-genital acts:	No	Yes	Attempted	Unsure	Describe
Licking	☐	☐	☐	☐	
Kissing	☐	☐	☐	☐	
Suction injury	☐	☐	☐	☐	
Biting	☐	☐	☐	☐	
Fondling	☐	☐	☐	☐	

Other acts:	No	Yes	Attempted	Unsure	Describe
Masturbation	☐	☐	☐	☐	
Photographs	☐	☐	☐	☐	
Other	☐	☐	☐	☐	

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Contraception or lubricant used:	No	Yes	Attempted	Unsure	Describe
Foam used	☐	☐	☐	☐	
Jelly used	☐	☐	☐	☐	
Lubricant	☐	☐	☐	☐	
Condom used	☐	☐	☐	☐	

Ejaculation occurred in or on the following:	No	Yes	Attempted	Unsure	Describe
Mouth	☐	☐	☐	☐	
Vagina	☐	☐	☐	☐	
Anus	☐	☐	☐	☐	
Body	☐	☐	☐	☐	
Clothing	☐	☐	☐	☐	
Bedding	☐	☐	☐	☐	
Other	☐	☐	☐	☐	

General Physical Examination:

Describe general physical appearance: _____

_____

_____

Describe general demeanor: ☐ Quiet ☐ Anxious
☐ Tearful ☐ Angry
☐ Trembling ☐ Controlled
☐ Sobbing ☐ Tense

Responds to questions: ☐ Briefly ☐ Reluctantly ☐ Readily

Eye contact: ☐ Good ☐ Poor

Describe demeanor: _____

_____

_____

Is patient complaining of non-genital injury, pain and/or bleeding? ☐ No ☐ Yes

If yes, describe: _____

Is patient complaining of anal-genital injury, pain and/or bleeding? ☐ No ☐ Yes

If yes, describe: _____

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Patient name: _____

Genital Examination - Female:

• Exam position used: ☐ Supine ☐ Lithotomy ☐ Lateral ☐ Knee-chest

• Exam methods for genital examination: ☐ Water lubricated speculum
☐ Foley catheter
☐ Toluidine Blue Dye
☐ Colposcope

• UV light (Woods light): ☐ Positive ☐ Negative ☐ N/A **indicate location on diagram on page 7*

Genital Examination - Male:

• Circumcised? ☐ Yes ☐ No

• Exam position used: ☐ Supine ☐ Lithotomy ☐ Lateral ☐ Other (describe) _____

• Exam methods for genital examination: ☐ Toluidine Blue Dye ☐ Colposcope ☐ UV light

Strangulation Assessment*: ☐ NA **Note patient history*

• Object used on neck: ☐ One hand ☐ Two hands ☐ Forearm ☐ Other _____

• Location of assailant: ☐ In front of victim ☐ Behind victim

• How long was the patient strangled?_____ How many times? _____

• Any loss of consciousness? ☐ Yes ☐ No

• Throat hoarseness? ☐ Yes ☐ No

• Voice at time of exam_____

Drug Facilitated Sexual Assault Assessment*: ☐ NA **Note patient history*

• Orientation: ☐ Oriented x 3 ☐ Disoriented; Describe:_____

• Ability to recall events: ☐ Well ☐ No memory ☐ Lapses of memory

Patient Statement: _____

• Patient's speech: ☐ Clear ☐ Garbled ☐ Slow

• Patient's gait: ☐ Steady ☐ Unsteady; Describe: _____

• History of nausea: ☐ Yes ☐ No Vomiting: ☐ Yes ☐ No How many times? _____

• Other concerning symptoms or assessments: _____

Lab tests performed:

Pregnancy ☐ Positive ☐ Negative ☐ N/A

☐ Wet prep/KOH prep ☐ Gonorrhea Culture – site: _____

☐ Chlamydia Culture - site: _____ ☐ RPR, syphilis

☐ Urinalysis ☐ HIV

☐ Other_____

Radiological studies: _____

Consult:_____

Surgical procedure required: ☐ No ☐ Yes, describe _____

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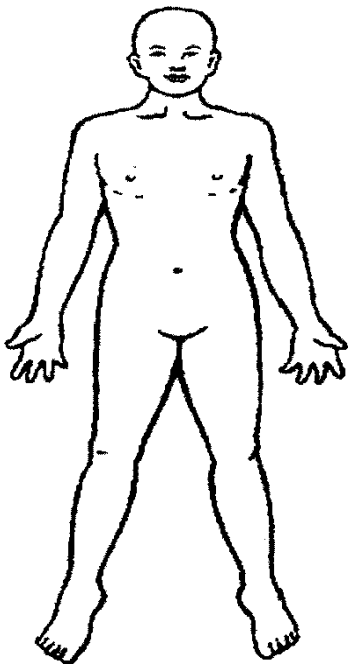
Sexual Assault Examination Protocol

Patient name: _____

A



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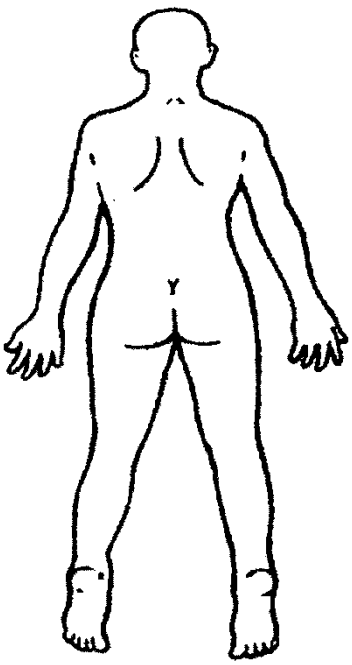

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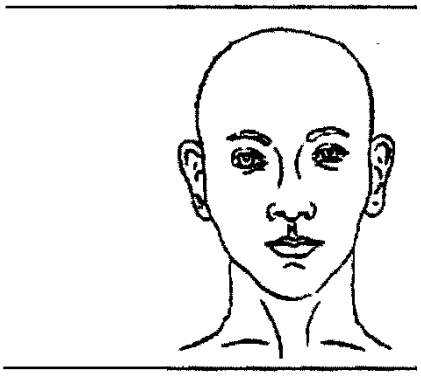

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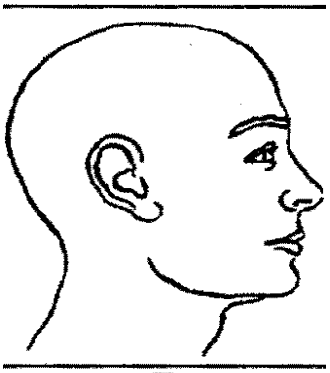

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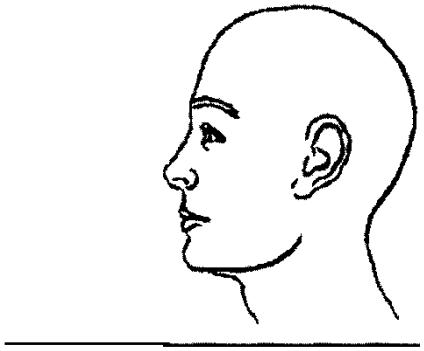

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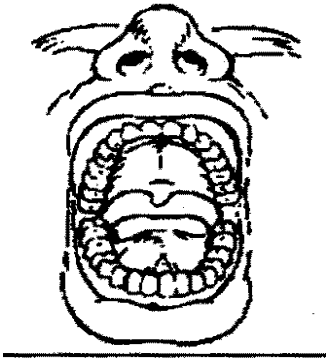

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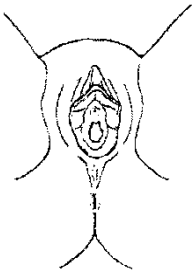

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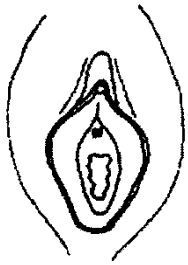

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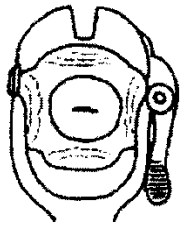

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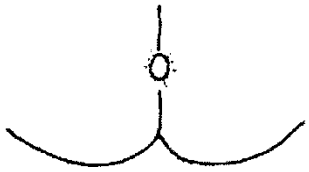

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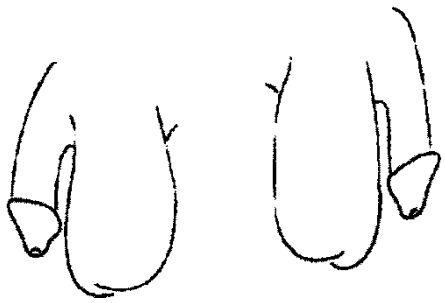

Location #	Description	Location #	Description

South Carolina Law Enforcement Division
Sexual Assault Examination Protocol

Patient name: _____

Evidence Collected:

Clothing collected – describe below ☐ N/A ☐ Changed Clothes ☐ Bathed

☐ Shirt _____
☐ Pants _____
☐ Underwear/Panties _____
☐ Bra _____
☐ Jacket _____
☐ Belt _____
☐ Shoes _____
☐ Other _____
☐ Debris sheet (from kit) _____

DNA Evidence Collected:	No	Yes	Describe
Miscellaneous Collection	☐	☐	_____
Suspected Saliva (Lick/Kiss/Suck/Bite Marks)	☐	☐	_____
Oral swabs	☐	☐	_____
Fingernail scrapings/cuttings	☐	☐	_____
Known DNA buccal swab (*required*)	☐	☐	_____
Combed pubic hairs	☐	☐	_____
Vaginal swabs	☐	☐	_____
Rectal swabs	☐	☐	_____
Suspected body fluid	☐	☐	_____

Toxicology Evidence Collected:

Blood/gray top tube	☐	☐	_____
Urine	☐	☐	_____
Vomit	☐	☐	_____
Other	☐	☐	_____
Photographs	☐	☐	Number of photographs taken_____

Medications administered:

☐ Gonorrhea prophylaxis: _____ ☐ N/A ☐ Chlamydia prophylaxis: _____ ☐ N/A
☐ Pregnancy prevention: _____ ☐ N/A ☐ Tetanus toxoid : _____ ☐ N/A
☐ Other: _____

Discharge Information:

Time: _____ Discharged to: _____
Accompanied by: _____
Admitted to hospital: ☐ No ☐ Yes Room Number: _____ Admitting MD: _____
Consults: ☐ N/A ☐ Yes _____

Follow-up:

Medical: _____ Date: _____
Counselor: _____ Date: _____

Signature of Examiner: _____ Are you a SANE? ☐ yes ☐ no

Signature of Officer Receiving Evidence: _____ Date: _____ Time: _____

Name of Officer: _____/_____Agency: _____
(PRINTED) (SIGNATURE