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 of Arrival: ________
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
Medical History (cont.):

Pre and post assault related history:

- Consensual intercourse within last 7 days? ☐ No ☐ Yes Date:____________________________
  - Oral ☐ No ☐ Yes
  - Vaginal ☐ No ☐ Yes
  - 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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>Yes</th>
<th>Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinated</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Defecated</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Genital or body wipes</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Douched</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Removed tampon/diaphragm</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Brushed teeth</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Mouthwash</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Bath/shower/wash</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ate or drank</td>
<td>☐</td>
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<tr>
<td>Vomited</td>
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<tr>
<td>Changed</td>
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<td>☐</td>
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<tr>
<td>Smoked</td>
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</table>

Assault History:

Date of assault: ___________________________ Time of assault: _____________________________
Location of assault: ________________________________________________________________

Were there any witnesses to the assault? ☐ No ☐ Yes - identify: ______________________________
Patient name: ____________________

Patient’s description of assault:
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________

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

---

Method(s) employed by assailant(s):

- 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: ___________________
South Carolina Law Enforcement Division
Sexual Assault Examination Protocol

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:

<table>
<thead>
<tr>
<th>Penetration of vagina by:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
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<tbody>
<tr>
<td>Penis</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Finger</td>
<td>□</td>
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<tr>
<td>Object</td>
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<table>
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<tr>
<th>Penetration of anus by:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
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<tr>
<td>Finger</td>
<td>□</td>
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<tr>
<td>Object</td>
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<table>
<thead>
<tr>
<th>Oral copulation of genitals:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
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</thead>
<tbody>
<tr>
<td>Of patient</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Of assailant</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<table>
<thead>
<tr>
<th>Non-genital acts:</th>
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<th>Yes</th>
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<th>Describe</th>
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<tr>
<td>Licking</td>
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<td>□</td>
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<tr>
<td>Kissing</td>
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<tr>
<td>Suction injury</td>
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<tr>
<td>Biting</td>
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<tr>
<td>Fondling</td>
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<table>
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<tr>
<th>Other acts:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
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<th>Describe</th>
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<tr>
<td>Masturbation</td>
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<td>Other</td>
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### Contraception or lubricant used:

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<th></th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
</tr>
</thead>
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<tr>
<td>Foam used</td>
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<tr>
<td>Jelly used</td>
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<td>Lubricant</td>
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<tr>
<td>Condom used</td>
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</table>

### Ejaculation occurred in or on the following:

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<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
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<tr>
<td>Vagina</td>
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<tr>
<td>Anus</td>
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<td></td>
</tr>
<tr>
<td>Body</td>
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<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
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</tr>
<tr>
<td>Bedding</td>
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<tr>
<td>Other</td>
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</table>

### 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: ______________________________________________________________
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 _____________________________________________
<table>
<thead>
<tr>
<th>Location #</th>
<th>Description</th>
<th>Location #</th>
<th>Description</th>
</tr>
</thead>
</table>

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

Number of photographs taken

- Photographs

**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)