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: ___________________________

Anonymous Collection Requested: □ Yes □ No

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
South Carolina Law Enforcement Division
Sexual Assault Examination Protocol

Patient name: ____________________

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:

- Urinated □ No □ Yes Describe: __________
- Defecated □ No □ Yes Describe: __________
- Genital or body wipes □ No □ Yes Describe: __________
- Douched □ No □ Yes Describe: __________
- Removed tampon/diaphragm □ No □ Yes Describe: __________
- Brushed teeth □ No □ Yes Describe: __________
- Mouthwash □ No □ Yes Describe: __________
- Bath/shower/wash □ No □ Yes Describe: __________
- Ate or drank □ No □ Yes Describe: __________
- Vomited □ No □ Yes Describe: __________
- Changed □ No □ Yes Describe: __________
- Smoked □ No □ Yes Describe: __________

Assault History:

Date of assault: ____________________ Time of assault: ____________________

Location of assault: ____________________

Were there any witnesses to the assault? □ No □ Yes - identify: ____________________

Rev. 8/2020
Sexual Assault Examination Protocol

Patient name: _______________________

Patient’s description of assault:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Assailant Name(s) (if known)</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Relationship</th>
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</table>

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

If yes, describe:

- ____________________________
- ____________________________
- ____________________________

Were any injuries inflicted upon the assailant during the assault?  □ No  □ Yes

If yes, describe:

________________________________________________________________________

If yes:  Time: ____________ Date: ____________________
Sexual Assault Examination Protocol

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>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>Finger</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Object</td>
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<thead>
<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>
<td>□</td>
<td>□</td>
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</table>

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<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>
<td></td>
</tr>
<tr>
<td>Of assailant</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<table>
<thead>
<tr>
<th>Non-genital acts:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
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</thead>
<tbody>
<tr>
<td>Licking</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
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<tr>
<td>Kissing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</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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<thead>
<tr>
<th>Other acts:</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
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<td>Masturbation</td>
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<tr>
<td>Other</td>
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<td>□</td>
<td>□</td>
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</tbody>
</table>
Sexual Assault Examination Protocol

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**Contraception or lubricant used:**

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

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**Ejaculation occurred in or on the following:**

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<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Attempted</th>
<th>Unsure</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vagina</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anus</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Body</td>
<td></td>
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</tr>
<tr>
<td>Clothing</td>
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</tr>
<tr>
<td>Bedding</td>
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<tr>
<td>Other</td>
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**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'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>
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Patient name: _____________________
Sexual Assault Examination Protocol

Evidence Collected:

Clothing collected – describe below ☐ N/A ☐ Changed Clothes ☐ Bathed
☐ Shirt
☐ Pants
☐ Underwear/Panties
☐ Bra
☐ Jacket
☐ Belt
☐ Shoes
☐ Other
☐ Debris Collection (from kit)

DNA Evidence Collected:

No ☐ Yes ☐ Describe
Miscellaneous Materials
Suspected Saliva (Lick/Kiss/Bite Marks)
Oral Swabs
Fingernail Swabs
Known DNA Standard - Buccal (required)
Pubic Hair Comings
Vaginal/Penile 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: __________________________