

**STEP 12**

**SEXUAL ASSAULT EVIDENCE  
COLLECTION KIT INVENTORY FORM**

Kit Number #: \_\_\_\_\_

<p><b>Patient Label:</b></p>
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*Check collected or not collected as appropriate*

	Collected	Not Collected	Form completed
Step 1: Authorization			<i>Always complete</i>
Step 2A: Medical/Forensic Report Form			<i>Always complete</i>
Step 2B: Medical/Forensic Report Form			<i>Always complete</i>
Step 3: Blood Toxicology Sample *			
Step 3: Urine Toxicology Sample *			
Step 4: Outer Clothing Number of Bags _____			
Step 5: Underpants/Diaper			
Step 6: Oral Swabs and Smear			
Step 7: DNA Sample/ Buccal Swabs			
Step 8: Foreign Material			
Step 8: Pubic Hair Combing*			
Step 9: Anal Swabs and Smear			
Step 10: External Genitalia/Penile Swabs			
Step 11: Vaginal/Cervical Swabs and Vaginal Smear *			
Step 12: Sexual Assault Evidence Collection Kit Inventory Form			<i>Always complete</i>
Step 13: Medical/Forensic Examination Forms			<i>Always complete</i>
Step 14: Patient Information Form			<i>Always complete</i>
Step 15: Patient Forms			
a. HIVnPEP Patient Information Form			<i>Always when giving nPEP</i>
b. Follow Up Examination Voucher Form			<i>Give to PT</i>
c. Sexual Assault Crisis Center List			<i>Give to PT</i>
d. NH Crime Victims Bill of Rights			<i>Give to PT</i>
e. Financial Assistance for Victims Card			<i>Give to PT</i>
Step 16: Postcard (Provider <b>MUST</b> complete and mail)			<i>Always complete</i>
Step 16A: Forensic Sexual Assault Examination Billing Form			<i>Always complete</i>
Additional Evidence: please list: _____			
Additional Evidence: please list: _____			

**\*Any step with an asterisk is NOT routinely required with a pre-pubertal child.**

Date \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Retain for Medical Records