State of West Virginia
Adult/Adolescent Sexual Assault Information Form

Medical Forensic Examination Confidential Document

Patient Identification Label

Kit Tracking Number

STEP 1: WEST VIRGINIA SEXUAL ASSAULT INFORMATION FORMS

A. ADULT/ADOLESCENT PATIENT INFORMATION (Print Legibly)

Name of Patient		Date of Birth	Medical Facility	
Patient Address		Sex at Birth M F	Gender Identity	Pronouns
Date/Time of Arrival	Date/Time of Discharge	Date of Exam	Time Exam Started	Time Exam Completed
City/County/State of Assault		Date of Assault	Time of Assault	

B. LAW ENFORCEMENT INFORMATION (REQUIRED FOR PEDIATRIC PATIENTS)

A legible copy of the forms MUST be given to the responding law enforcement officer. SAECKs reported to law enforcement must be mailed to the WVSP Forensic Lab using the FedEx label in the kit.

Law Enforcement Agency/Detachment Contacted	Name of Responding Officer	Officer's Phone Number
Person Reporting to Law Enforcement		

C. AUTHORIZATION FOR MEDICAL FORENSIC EXAMINATION – ADULT/ADOLESCENT PATIENT CONSENT

Informed consent for all procedures, evidence collection, and treatment must be obtained for patients of any age. If the patient is unable to provide consent due to age or mental status, consent may be obtained from a parent, guardian or healthcare surrogate.

☐ **REPORT TO LAW ENFORCEMENT**

- I hereby authorize this medical facility to collect any forensic evidence found and to examine and treat me for disease or injury sustained as a result of this assault. I also authorize this hospital to perform any and all medical tests that may be necessary or helpful for treatment or for legal evidence. _____ *(Initial)*
- I understand that this is a medical forensic exam to evaluate healthcare needs and to preserve and collect evidence and to document the medical forensic exam. The healthcare provider conducting the exam will not be held responsible for identifying, diagnosing, or treating any other existing medical problems I may have, not related to the sexual assault. _____ *(Initial)*
- I understand that this waiver authorizes a complete medical forensic examination to be conducted, and authorizes the release of the records of that examination to the appropriate law enforcement agencies or the prosecutor's office. _____ *(Initial)*
- I understand that photographs of injuries may be taken as part of the medical forensic exam. Photographs may include pictures of the genital and/or anal area, and that these photographs may be shared with individuals involved in the investigation or judicial process. _____ *(Initial)*
- I authorize this hospital to release all collected forensic evidence and all of the information contained in the medical forensic forms concerning this medical forensic examination and treatment to the law enforcement agencies that may be involved in investigating this sexual assault or in prosecuting the assailant. I hereby waive all medical privilege in connection with this examination, treatment, and collected evidence. _____ *(Initial)*
- I consent for the information to be used in a confidential peer review process. _____ *(Initial)*
- I herewith release and hold harmless the hospital and its agents from any and all liability and claims of injury whatsoever which may result from the authorized release of such information. _____ *(Initial)*

_____ _____
Signature of Patient *(Date)*

_____ _____
Signature of Legal or Court Appointed Guardian *(Date)*

_____ _____
Relationship to Patient *(Date)*

_____ _____
Signature of Examiner *(Date)*

☐ **NON-REPORT TO LAW ENFORCEMENT (Complete and sign the "Non-Report" Consent Form)**

- I do NOT wish, at this time, to initiate or participate in any investigation relating to this sexual assault.* _____ *(Initial)*

If the patient chooses NOT to report to law enforcement, mark the appropriate box. Ask the patient to read, sign, and initial the consent form for a "Non-Report", located in the envelope on the bottom of the SAECK.
*In a "Non-Report" to law enforcement, the patient MUST be given the pink copy of the "Non-Report Consent" form after the kit tracking number label has been attached.

Patient Identification Label

Kit Tracking Number

D. PATIENT MEDICAL HISTORY

Person Providing History: Name: _____ Relationship to patient: _____

Pertinent Medical History

Chronic Medical Conditions: _____

Current Medications: _____

Allergies to Medications: ☐ Yes ☐ No If Yes, List those Medications: _____

Allergic Reaction to those Medications: _____

Other Allergies: Yes No If Yes, Describe: _____

Any recent (60 days) medical conditions that may affect the interpretation of current physical findings? ☐ Yes ☐ No

If Yes, describe: _____

_____

Was the patient menstruating at the time of the assault? ☐ Yes ☐ No ☐ N/A

Was the patient using tampons? ☐ Yes ☐ No ☐ N/A

Is the patient pregnant? ☐ Yes ☐ No ☐ N/A

If tampon or sanitary pad is present, place between sheets of paper and package it in the debris collection envelope. Do not seal inside of a specimen jar or plastic bag.

E. ASSAULT HISTORY

Pre-Assault History (Prior to the Assault)

Consensual intercourse within the last 5 days? ☐ Yes ☐ No

Vaginal intercourse (within last 5 days)? ☐ Yes ☐ No If Yes, When (date/time)_____

Anal intercourse (within last 5 days)? ☐ Yes ☐ No If Yes, When (date/time)_____

Oral intercourse (within last 5 days)? ☐ Yes ☐ No If Yes, When (date/time)_____

Was a condom used? ☐ Yes ☐ No

Did ejaculation occur? ☐ Yes ☐ No ☐ Uncertain If Yes, Where on the body?_____

Any contact with the assailant, prior to the assault, within the last 5 days? ☐ None ☐ Non-Sexual Contact ☐ Sexual Contact

Post-Assault History

Did the patient do any of the following after the assault, but before the medical forensic exam? (***Mark all that apply.***)

Urinate	☐ Yes ☐ No	Bowel movement	☐ Yes ☐ No	Vomit	☐ Yes ☐ No
Use genital or body wipes	☐ Yes ☐ No	Change Underwear	☐ Yes ☐ No	Brush teeth	☐ Yes ☐ No
Remove/Insert tampon	☐ Yes ☐ No	Remove/Insert Diaphragm	☐ Yes ☐ No	Douche	☐ Yes ☐ No
Oral Gargle/Rinse	☐ Yes ☐ No	Bath/Shower/Wash	☐ Yes ☐ No	Other:_____	
Change Outer Clothing	☐ Yes ☐ No	Eat or drink	☐ Yes ☐ No		

Suspected Assailant(s)	Gender	Age	Race	Relationship to Patient: If Known (Describe) If Unknown (N/A)

Time Between Assault and Forensic Examination

☐ 0 to 24 hours (Same Day) ☐ 24 to 48 hours (2nd Day) ☐ 48 to 72 hours (3rd Day) ☐ 72 to 96 hours (4th Day)

☐ Greater than 96 Hours ☐ Uncertain of when assault occurred

Location/Place of Assault:_____ County/City_____

Pertinent Physical Surroundings:_____

_____

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E. ASSAULT HISTORY (CONTINUED)

Method of Assault by Assailant(s)

Use of Weapons ☐ Yes ☐ No ☐ Uncertain If Yes, Type of Weapon (e.g. gun, knife, etc.) _____

Felt Threatened ☐ Yes ☐ No ☐ Uncertain
Received Injuries ☐ Yes ☐ No ☐ Uncertain
Received Physical Blows ☐ Yes ☐ No ☐ Uncertain
Grabbing/Holding ☐ Yes ☐ No ☐ Uncertain
Pinching ☐ Yes ☐ No ☐ Uncertain

Physically Restrained ☐ Yes ☐ No ☐ Uncertain
(e.g. rope, tape, etc.) _____
Threats of Harm ☐ Yes ☐ No ☐ Uncertain
Fear of Death/Dying ☐ Yes ☐ No ☐ Uncertain
Burns ☐ Yes ☐ No ☐ Uncertain
(e.g. thermal, chemical) _____

Strangulation

Was any pressure applied to your neck and/or chest? ☐ Yes ☐ No ☐ Uncertain

If yes,

Are you or did you have difficulty breathing? ☐ Yes ☐ No ☐ Uncertain
Did you lose or nearly lose consciousness? ☐ Yes ☐ No ☐ Uncertain
Do you have a cough or change in your voice since the time of the incident? ☐ Yes ☐ No ☐ Uncertain
Did you experience loss of bladder control? ☐ Yes ☐ No ☐ Uncertain
Did you experience loss of bowel control? ☐ Yes ☐ No ☐ Uncertain

Yes to any of these questions requires notification of a physician.

For further assessment instructions, refer to the SAECK Instruction paperwork on page 4.

Drugs/Alcohol Use

The information below is required by the WVSP Forensic Laboratory to properly interpret toxicology findings.

Any alcohol use within 12 hours prior to the assault? ☐ Yes ☐ No If yes, date/time of last drink _____
Any drug(s) use within 96 hours prior to the assault? ☐ Yes ☐ No
If yes, list prescription drug(s), OTC, and recreational drug(s) used: _____
Any voluntary drug(s) or alcohol use between the time of the assault and the medical forensic exam? ☐ Yes ☐ No
It yes, list prescription drug(s), OTC, and recreational drug(s) used: _____
Suspected ingestion of drug(s) by patient? ☐ Yes ☐ No ☐ Uncertain If yes: ☐ Alcohol ☐ Drug(s)
Suspected Drug Facilitated Sexual Assault (DFSA)? ☐ Yes ☐ No ☐ Uncertain If yes: ☐ Forced ☐ Coerced
If yes, what drug is suspected? _____

If the patient's history or symptoms marked below indicate the possibility that drugs/alcohol were used within 96 hours, collect evidence using the WV Blood/Urine Collection Kit. Refer to Step 10 for Toxicology Specimen Collection instructions.

Check all symptoms observed or reported by the patient or the guardian/healthcare surrogate making the report:

☐ Loss of Consciousness ☐ Dizziness ☐ Stupor ☐ Aggressive Behavior
☐ Memory Loss ☐ Weakness ☐ "Black out" ☐ Slurred speech
☐ Vomiting ☐ Drowsiness ☐ Paralysis ☐ Other: _____
☐ Hallucinations ☐ Sedation ☐ Excitable

Injuries Inflicted Upon Assailant

Was the assailant injured by the patient? (e.g., scratching, biting, etc.) ☐ Yes ☐ No ☐ Uncertain
If yes, describe: _____

If reported that the assailant was scratched, collect fingernail swabs.

Patient Identification Label

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E. ASSAULT HISTORY (CONTINUED)

Patient's Account of Sexual Assault – Complete in detail. Use direct quotes whenever possible. Add additional pages, if needed.

Patient Identification Label

Kit Tracking Number

E. ASSAULT HISTORY (CONTINUED)
Patient's Account of Sexual Assault (CONTINUED)

Patient Identification Label

Kit Tracking Number

E. ASSAULT HISTORY (CONTINUED)
Document all acts described. Any penetration of the genital or anal opening, however slight, constitutes an act.

If patient indicates yes to below questions, collect two simultaneous swabs from each area that oral contact, penetration, or ejaculation. Moisten the swabs with sterile water if the area is dry. Label the swab boxes with the location of collection. Note if patient declines specimen collection.

Penetration of Female Sex Organ (Vulva/Vagina):

	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
Penis	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	
Tongue	☐	☐	☐	☐	
Object	☐	☐	☐	☐	

Penetration of Anus:	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
Penis	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	
Tongue	☐	☐	☐	☐	
Object	☐	☐	☐	☐	

Oral Copulation of Genitals:	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
of patient by assailaint	☐	☐	☐	☐	
of assailaint by patient	☐	☐	☐	☐	

Oral Copulation of Anus:	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
of patient by assailaint	☐	☐	☐	☐	
of assailaint by patient	☐	☐	☐	☐	

Other Acts:	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
Licking	☐	☐	☐	☐	
Kissing	☐	☐	☐	☐	
Suction injury	☐	☐	☐	☐	
Biting	☐	☐	☐	☐	
Grabbing/Holding	☐	☐	☐	☐	
Strangulation	☐	☐	☐	☐	

Ejaculation by Assailant:	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
	☐	☐	☐	☐	

If the assailant ejaculated, note the location:
☐ Vagina ☐ Anus ☐ Mouth ☐ Body Surface: _____
☐ Clothing ☐ Bedding ☐ Floor/Ground ☐ Other: _____
If ejaculation occurred, collect the item or swab the area.

Lubrication/Condom:	Yes	No	Attempted	Uncertain	If yes or attempted, describe:
Saliva used?	☐	☐	☐	☐	
Condom used?	☐	☐	☐	☐	
Foam/Jelly used?	☐	☐	☐	☐	
Other	☐	☐	☐	☐	

Describe patient's general appearance (e.g. torn clothing, debris, etc.): _____

Describe patient's emotional demeanor (e.g. crying, agitated, lethargic, etc.): _____

Patient Identification Label

Kit Tracking Number

F. EVIDENCE COLLECTION

STEP 2: CLOTHING AND UNDERWEAR COLLECTION

Follow instructions on Steps 2a-2d on paper bags.
Collect underwear, diaper, or clothing in contact with the genital area.

Underwear Collected ☐ Yes ☐ No ☐ N/A
Clothing Collected ☐ Yes ☐ No ☐ N/A
Clothing Collected Worn
☐ At Time of Assault ☐ Following Assault to Hospital

STEP 3: FINGERNAIL SWAB AND DEBRIS COLLECTION

Follow instructions on Steps 3a and 3b envelopes.
Collect fingernail swabs (right/left hand) if the patient scratched the assailant.

Fingernail Swabs Collected ☐ Yes ☐ No ☐ N/A
Debris Collected ☐ Yes ☐ No ☐ N/A
If not collected, Why?_____

STEP 4: ORAL SWAB AND ADDITIONAL SWAB COLLECTION

Follow instructions on Steps 4a and 4b envelopes.
Examine the oral cavity for injury, debris, or foreign material if indicated by assault history.

Collect swabs from oral cavity if oral assault occurred within the last 24 hours or if patient cannot recall the assault.

Collect swabs from body areas that were kissed/licked, suction injuries, dried semen or saliva stains within 96 hours of assault, including external mouth (lips).

Oral Swabs Collected ☐ Yes ☐ No ☐ N/A
Additional Swabs Collected ☐ Yes ☐ No ☐ N/A
Document items collected, If not collected, Why?
_____

STEP 5: PUBIC HAIR COMBING/MONS PUBIS SWAB COLLECTION

Follow instructions on Step 5 envelope.
Collect pubic hair if present. If no pubic hair, swab the Mons Pubis

Pubic Hair Combing ☐ Yes ☐ No ☐ N/A
Mons Pubis Swab Collected ☐ Yes ☐ No ☐ N/A
If not collected, Why?_____

STEP 6: VULVA/PENILE SWAB COLLECTION

Follow instructions on Step 6 envelope.
Examine the genital area. Collect swabs of dried and/or moist secretions, stains and debris or foreign material.

For female patients, if assault occurred >24 hours but within 96 hours, collect two deep cervical swabs in addition to two internal and two external swabs. Each set of swabs must be placed in separate swabs boxes. Do not package internal, external, and deep cervical swabs together.

External Vulva Swabs Collected ☐ Yes ☐ No ☐ N/A
Internal Vaginal Swabs Collected ☐ Yes ☐ No ☐ N/A
Deep Cervical Swabs Collected ☐ Yes ☐ No ☐ N/A

For male patients, if oral contact occurred, swab the penile shaft, glans and base of the penis, using two swabs simultaneously. Avoid swabbing the urethral meatus. If penile and scrotal swabs are both collected, they MUST be placed in separate swab boxes

Penile Swabs Collected ☐ Yes ☐ No ☐ N/A
If not collected, Why?_____

STEP 7: ANAL SWAB COLLECTION

Follow instructions on Step 7 envelope.
Check the boxes if there are assault related findings:
☐ No Findings ☐ Perianal skin ☐ Buttocks ☐ Anal verge/folds/rugae
Any signs of rectal bleeding? ☐ Yes ☐ No
If yes, describe:_____

Anal Swabs Collected ☐ Yes ☐ No ☐ N/A
If not collected, Why?_____

STEP 8: KNOWN SALIVA SAMPLE COLLECTION (Patient Saliva)

Follow instructions on Step 8 envelope.
Collect the known saliva (patient) sample. Verify that the patient has had nothing to eat/drink for at keast 25 minutes.

STEP 9: KNOWN BLOOD SAMPLE COLLECTION (Patient Blood)

Follow instructions on Step 9 envelope.
Collect a known blood sample from the patient if the assault was oral.
Collect a known blood sample from the patient if oral assault within the last 24 hours or if patient cannot recall the assault.

A known specimen is required in every case. If an oral assault occurred, a known blood specimen should be collected, not a known saliva sample. If oral assault occurred within the last 24 hours or patient cannot recall the assault, a known blood specimen must be collected in place of a known saliva sample.

Indicate which one was collected:
☐ Known Saliva ☐ Known Blood

WV Blood/Urine Kit Collected ☐ Yes ☐ No ☐ N/A
If Yes, what was collected?
Blood <48 hrs ☐ Yes ☐ No ☐ N/A
Urine < 96 hrs ☐ Yes ☐ No ☐ N/A
Date/Time of Collection _____ / _____

STEP 10: TOXICOLOGY SPECIMEN COLLECTION

Follow instructions for Step 10. (Inside the blood/urine collection box)
Collect toxicology samples, if warranted by assault history.

_____
EXAMINER INITIALS

Patient Identification Label

Kit Tracking Number

G. PHYSICAL EXAMINATION/FINDINGS

Document all Injuries/Findings ☐ **Injuries/Findings** ☐ **No Injuries/Findings at Time of Examination**

Use the following diagrams, a consecutive numbering system (locator #), and abbreviations to describe the type of injury and findings. Photograph and document measurements (length and width), shape, and color of the injury/finding in the description column in the ledger. Note yes or no in the photo column if photos were taken of the finding.

AB Abrasion
BI Bite
BR Bruise
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
ER Erythema (Redness)
FB Foreign Body
F/H Fiber/Hair
LA Laceration
MS Moist Secretion
OF Other Finding
P Pain (Use appropriate scale)
PE Petechiae
SI Suction Injury
SW Swelling
T Tenderness

Locator #	Type	Description	Photo

DIAGRAM A
(FRONT)

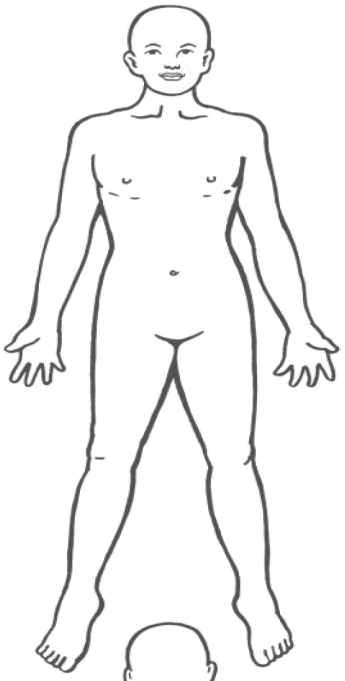
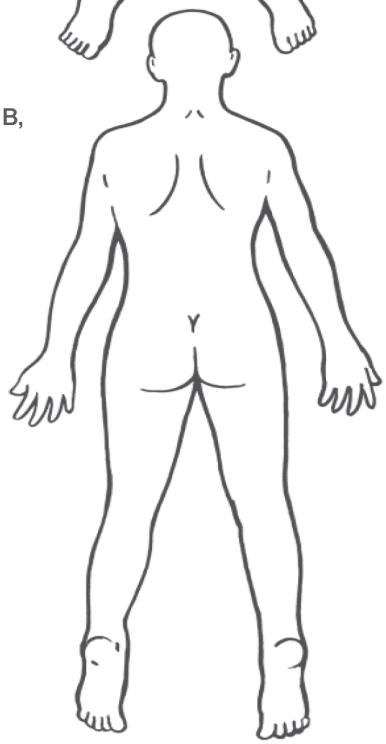


DIAGRAM B,
(BACK)



Notes: _____

_____

_____

_____

_____

Alternative light source used? ☐ **Yes** ☐ **No** **If Yes:** ☐ **Fluoresced** ☐ **No Fluorescence Noted**

HOSPITAL RECORDS *(WHITE COPY)*

LAB/ENVELOPE ON BACK OF KIT *(YELLOW COPY)*

LAW ENFORCEMENT *(PINK COPY)*

_____
EXAMINER INITIALS

Patient Identification Label

Kit Tracking Number

G. PHYSICAL EXAMINATION/FINDINGS

Document all Injuries/Findings ☐ **Injuries/Findings** ☐ **No Injuries/Findings at Time of Examination**

Use the following diagrams, a consecutive numbering system (locator #), and abbreviations to describe the type of injury and findings. Photograph and document measurements (length and width), shape, and color of the injury/finding in the description column in the ledger. Note yes or no in the photo column if photos were taken of the finding.

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BR Bruise
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
ER Erythema (Redness)
FB Foreign Body
F/H Fiber/Hair
LA Laceration
MS Moist Secretion
OF Other Finding
P Pain (Use appropriate scale)
PE Petechiae
SI Suction Injury
SW Swelling
T Tenderness

Locator #	Type	Description	Photo

DIAGRAM C
(FRONT)

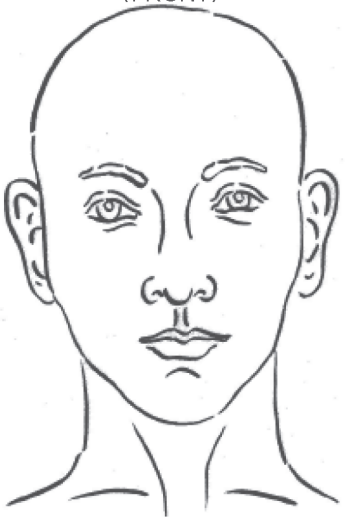


DIAGRAM D
(RIGHT SIDE)

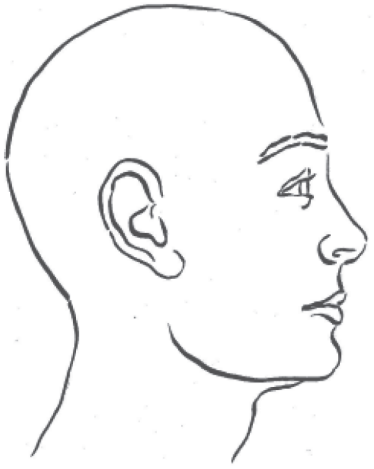


DIAGRAM E
(LEFT SIDE)

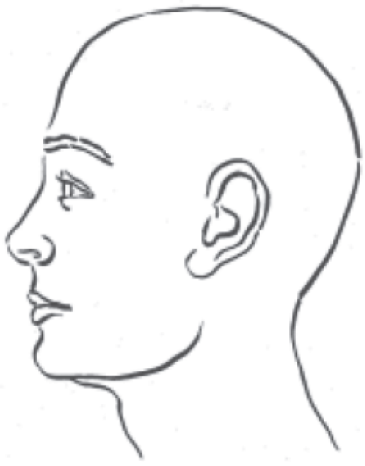
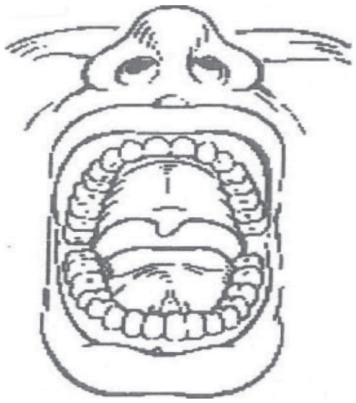


DIAGRAM F
(ORAL CAVITY)



Notes: _____

Alternative light source used? ☐ **Yes** ☐ **No** **If Yes:** ☐ **Fluoresced** ☐ **No Fluorescence Noted**

HOSPITAL RECORDS *(WHITE COPY)*
LAB/ENVELOPE ON BACK OF KIT *(YELLOW COPY)*
LAW ENFORCEMENT *(PINK COPY)*

_____
EXAMINER INITIALS

Patient Identification Label

Kit Tracking Number

H. PHYSICAL EXAMINATION/FINDINGS FINDINGS FEMALE GENITALIA

Document all Injuries/Findings

Use the following diagrams, a consecutive numbering system (locator #), and abbreviations to describe the type of injury and findings. Photograph and document measurements (length and width), shape, and color of the injury/finding in the description column in the ledger. Note yes or no in the photo column if photos were taken of the finding.

AB Abrasion
BI Bite
BR Bruise
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
ER Erythema (Redness)
FB Foreign Body
F/H Fiber/Hair
LA Laceration
MS Moist Secretion
OF Other Finding
P Pain (Use appropriate scale)
PE Petechiae
SI Suction Injury
SW Swelling
T Tenderness

Locator #	Type	Description	Photo

DIAGRAM G

DIAGRAM H

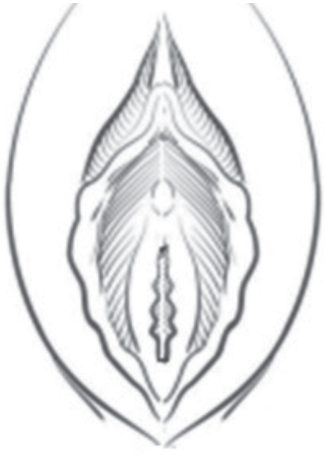


DIAGRAM I
(VIEW WITH SPECULUM INSERTED)

DIAGRAM J

Notes: _____

Examine the inner thighs, external genitalia, and perineal area for injury, debris/foreign materials, and other findings. Check the box(es) if there are assault-related findings:

- ☐ No Findings
- ☐ Inner thighs
- ☐ Perineum
- ☐ Labia majora
- ☐ Labia minora
- ☐ Hymen
- ☐ Fossa navicularis
- ☐ Clitoris/area
- ☐ Periurethral tissue
- ☐ Posterior fourchette
- ☐ Perihymenal tissue (Vestibule)

Alternative light source used? ☐ Yes ☐ No If Yes: ☐ Fluoresced ☐ No Fluorescence Noted

HOSPITAL RECORDS *(WHITE COPY)*
LAB/ENVELOPE ON BACK OF KIT *(YELLOW COPY)*
LAW ENFORCEMENT *(PINK COPY)*

_____
EXAMINER INITIALS

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H. PHYSICAL EXAMINATION/FINDINGS FINDINGS MALE GENITALS

Document all Injuries/Findings

Use the following diagrams, a consecutive numbering system (locator #), and abbreviations to describe the type of injury and findings. Photograph and document measurements (length and width), shape, and color of the injury/finding in the description column in the ledger. Note yes or no in the photo column if photos were taken of the finding.

AB Abrasion
BI Bite
BR Bruise
BU Burn
DE Debris
DF Deformity
DS Dry Secretion
ER Erythema (Redness)
FB Foreign Body
F/H Fiber/Hair
LA Laceration
MS Moist Secretion
OF Other Finding
P Pain (Use appropriate scale)
PE Petechiae
SI Suction Injury
SW Swelling
T Tenderness

Locator #	Type	Description	Photo

DIAGRAM K

DIAGRAM L

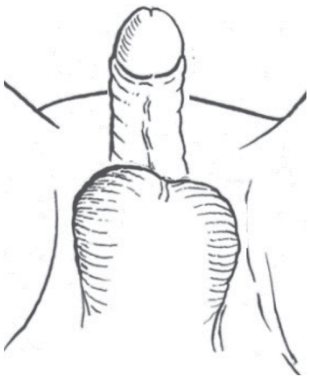

DIAGRAM M

DIAGRAM N

Notes: _____

Examine the inner thighs, external genitalia, and perineal area for injury, debris/foreign materials and other findings. Check the box(es) if there are assault-related findings:

☐ No Findings ☐ Inner thighs ☐ Glans penis ☐ Scrotum
☐ Perineum ☐ Penile shaft ☐ Testes ☐ Foreskin
☐ Urethral meatus

Is the patient circumcised? ☐ Yes ☐ No

Alternative light source used? ☐ Yes ☐ No If Yes: ☐ Fluoresced ☐ No Fluorescence Noted

HOSPITAL RECORDS *(WHITE COPY)*
LAB/ENVELOPE ON BACK OF KIT *(YELLOW COPY)*
LAW ENFORCEMENT *(PINK COPY)*

_____
EXAMINER INITIALS

Patient Identification Label

Kit Tracking Number

Documentation with Photographs ☐ SD Card ☐ Printed
Photo Storage Location: _____
Body Photos: ☐ Yes ☐ No
Genital Photos: ☐ Yes ☐ No
Photographs taken by: _____

DO NOT send any photographs to the WVSP Forensic Laboratory.

Discharge Information
Patient Discharged to: ☐ Home ☐ Hospital Admit ☐ Other: _____
Home Phone: _____ Other Ways to Contact Patient: _____
Cell Phone: _____
Advocate Notified? ☐ Yes ☐ No
Advocate Responded? ☐ Yes ☐ No
CPS/APS Notified? ☐ Yes ☐ No If yes, reference number: _____
CPS/APS Responded? ☐ Yes ☐ No

STI/Emergency Contraception (EC)
Prophylactic treatment offered? ☐ Yes ☐ No If Yes, ☐ Oral ☐ Plan B ☐ Other _____
If No, Why? _____
Prophylactic treatment accepted? ☐ Yes ☐ No ☐ N/A
Prophylactic treatment administered on-site ☐ Yes ☐ No ☐ N/A If no, Prescription only? ☐ Yes ☐ No
Tested for STIs ☐ Yes ☐ No
Treated for STIs ☐ Yes ☐ No

Examiner Qualifications
Nurses: ☐ SANE-A ☐ SANE-P ☐ AA SANE ☐ PA SANE ☐ TeleSANE assisted ☐ RN with no SANE designation
Physicians/APRNs/PA-Cs: ☐ Physician ☐ APRN ☐ PA-C ☐ WV SAFE Training

NOTE:
-- SANE-A and SANE-P designation is only granted through national certification exam through the IAFN.
-- AA SANE and PA SANE designation is granted after completion of 40 hours of SANE didactic coursework and signed documentation of completion by preceptor of all clinical requirements.
-- TeleSANE requires certification as a SANE-A or SANE-P through the IAFN.

_____
Name of person conducting the Medical Screening Examination (Print)

_____
Position

_____
Signature

_____
Name of person conducting the Medical Forensic Examination (Print)

_____
Position

_____
Signature

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LAB/ENVELOPE ON BACK OF KIT *(YELLOW COPY)*
LAW ENFORCEMENT *(PINK COPY)*
_____ *EXAMINER INITIALS*