

## **STATE OF INDIANA SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS**

This kit is to be used for the collection of forensic evidence. All medical samples need to be collected and processed separately by the medical facility.

### **General Instructions**

1. The patient's right to decline to give specific samples in these procedures or relinquish personal items must be respected. Document as patient "declines" in medical records.

**\*\*Must complete all recommended steps if the victim is deceased.**

2. Packaging evidence
  - a. Item(s) should be dried prior to packaging.
  - b. Swab(s) should be dried completely (approx. 1 hour) before packaging or swab caps must be utilized. Swab caps are optional if swab dryers are used to dry swabs.
  - c. All packages must be sealed with evidence tape, clear tape or patient labels. NEVER lick seals on packages.
  - d. Notes may be made on each collection envelope to document findings during evidence collection.
  - e. Include initials of the collector and date of collection.
3. Do NOT include photographs, urine drug screens or medical records inside the kit.
4. Urine drug screens must be sent to a toxicology lab.
5. Chain of custody must be maintained. Evidence must be secured from the start of examination until relinquishing to law enforcement. Refrigeration is not required.
6. Photography
  - a. Photographs should be taken prior to any collection.
  - b. Photographs for injuries should include:
    - i. Distance shot of injuries showing the complete body part (i.e. entire arm) for reference point
    - ii. Close up shot without ruler
    - iii. Close up shot with ruler
  - c. Photographs should be taken of:
    - i. All obvious or subtle injuries (i.e. abrasions, contusions, lacerations, edema, petechiae, etc.)
    - ii. Bite marks (animal or human)
    - iii. Torn/chipped fingernails, injuries to hands
    - iv. Debris (hair, fibers etc.)
  - d. Consider photographing the following:
    - i. Areas that fluoresce under alternate light source (UV light)
    - ii. Points of tenderness, which may show injury as time progresses
    - iii. Clothing being collected
7. If patient must urinate prior to vaginal swabbing have patient refrain from wiping or dry toilet paper prior to packaging.
8. Swabbing
  - a. Slightly moisten both swabs.
  - b. Use both swabs together to swab intended area.
  - c. Rotate swabs while swabbing to evenly distribute collected material on all side of the swabs.

### **Specific procedures for Evidence Collection**

\*Place all dry or capped swabs in appropriate envelope, seal and date using above packaging instructions. Capping swabs is optional if swab dryers are used to dry swabs.

\*Note on anatomical drawings on envelope the collection of debris and foreign material.

\*Discard all unused items.

\*All items must be sealed, initialed and dated prior to placing them in the kit.

#### **Step #1. Clothing collection:**

AIR DRY CLOTHING PRIOR TO PACKAGING – ONE ITEM PER BAG.

- A. Package patient's clothing in separate designated bags.
- B. White paper Underwear bag should be placed in kit when possible.
- C. Brown paper bags are not to be placed in kit.

**Step #2. Oral collection: (Oral collection is for identification of foreign DNA)**

- A. ALWAYS COLLECT ORAL SAMPLE BEFORE BUCCAL DNA STANDARD (Step #7). Patient should not eat, drink or smoke prior to collection. PRIOR TO SWABBING look for any injury inside top, bottom and back of mouth. Check for torn upper and lower frenulums.
- B. Use two swabs simultaneously to swab the gum line, teeth, under tongue and oral cavity.
- C. Patient should rinse mouth after this step is completed.

**Step #3. Foreign material, dried secretion, and debris collection:**

- A. Assess patient's body in a complete visual exam (front and back). After visual assessment if alternative light source (ALS) is available then examine body using light source. Use slightly moistened swabs to collect any dried secretions, foreign material or bite marks. Air dry swabs or use caps, and place in appropriate envelope.
- B. Continue to collect any additional dried secretions, foreign material or swabs for bite marks and package separately.

**Step #4. Fingernail swabbings:**

- A. Swab the underside of the fingernails using a slightly moistened swab.
- B. One swab should be used for each hand (NOT SEPARATE NAILS) and these should be packaged separately as Right and Left.

**Step #5. Head or Pubic hair combings:**

- A. Collect head or pubic hair combings using the comb provided then place in folded paper and package.

**Step #6. Pubic and anal area collections: Corresponds with Steps 6 A, B, C, D in kit**

***Pediatric cases – Do not use a speculum or touch a swab to the hymenal ring of pre-pubertal child.***

- A. External Genital Swabs- (total of 2 swabs)- Use slightly moistened swabs. For females, without spreading labia collect from the mons pubis, labia majora, and perineum. For males collect from scrotum and penis.
- B. Internal Genital Swabs- (total of 2 swabs) Use slightly moistened swabs to collect from the labia minora, fossa navicularis, posterior fourchette, clitoral hood/clitoris, and vestibule.
- C. Anal Swabs- (total of 2 swabs)- Use slightly moistened swabs.  
\*Consider swabbing anal canal if anal penetration has occurred using separate envelope and swabs.

**\*\*If Toluidine Blue dye is available and going to be utilized then use before Step #6D.**

- D. Vaginal/Cervical- (total of 2-4 swabs) Use slightly moistened swabs to collect from the vaginal walls, cervical os, and posterior fornix.

**Step #7. Buccal DNA standard:**

- A. Firmly press two swabs simultaneously onto the inside of the cheek. Rub swabs for 30 seconds in same area.

**FINAL INSTRUCTIONS- Seal all evidence. Affix biohazard label on top of box. Signature seal with evidence tape provided with collector's initials and date. Store kit and maintain Chain of Custody as indicated in instructions.**

**Additional Resources:**

1. 2013 ACEP Guidelines for the care of the Sexual Assault patient
2. National Protocol for the Sexual Assault Medical Forensic Examination of Adults/Adolescents - September 2024