Collection of specimens from individuals alleging sexual violence may provide investigators and the courts with information to support or negate allegations. Only evidence that has been correctly collected, stored and analysed should be depended on by investigators and court officials.
Introduction

Collection of specimens from individuals alleging sexual violence may provide investigators (and courts) with information to support or negate allegations. Specimens may corroborate contact between individuals or between an individual and a location; evidence of contact occurs at the time of the offence but disappears quickly. Only evidence that has been correctly collected, stored and analysed should be used in the investigation or court proceedings. Results of analysis must be interpreted carefully, objectively and in the context of the investigation. It is exceedingly rare (and potentially dangerous) for a case to proceed on a single piece of evidence.

The aim of this photo booklet is to provide healthcare workers with a guide to the collection of forensic specimens. Types of specimens, methods of collection and transport will vary between locations. Health care workers should check with police or forensic laboratories to ensure that they are following the correct protocol.

Key Issues.

1. Consent for the collection and release of specimens (to investigators) should be obtained from the victim.
2. The account of the assault and the time between the alleged assault and the examination will dictate whether collection should occur and what type of specimens are collected.
3. Collect specimens from locations where biological material might have been deposited; skin, oral, vaginal and anal orifices.
4. Pay careful attention to the labelling and recording of specimens collected.
5. Allow any wet specimens to dry before transporting. Do not use culture media for forensic specimens.
6. Blood and urine samples can be collected for toxicological analysis if there are allegations of covert drug administration.
7. Document transfer of specimens (chain of custody); what was collected, to whom and when the transfer occurred.
8. If specimens are not transferred promptly then appropriate storage should be ensured.
9. Take precautions against contamination; restrict access to examination facilities, ensure facilities are cleaned between cases and change gloves frequently.
## Contents

Introduction ..................................................................................................................................................... 1
Reference Sample – for DNA (Buccal Swabs) .................................................................................................. 5
Couch Cover..................................................................................................................................................... 6
Drop Sheet....................................................................................................................................................... 7
Clothing ........................................................................................................................................................... 8
Underpants ...................................................................................................................................................... 9
Swabs (aeration, wet swabs, slides) .............................................................................................................. 10
Oral Swabs ..................................................................................................................................................... 12
Fingernail Samples ......................................................................................................................................... 13
Skin Swabs ..................................................................................................................................................... 15
Tampons ........................................................................................................................................................ 16
Vulval Swabs .................................................................................................................................................. 17
Blind High Vaginal Swabs ............................................................................................................................... 18
High Vaginal Swab with Speculum ................................................................................................................ 19
Endocervical Swabs ....................................................................................................................................... 20
Condoms ........................................................................................................................................................ 21
Penile Swabs (Shaft) ...................................................................................................................................... 22
Penile Swabs (Glans) ...................................................................................................................................... 23
Anal Swabs ..................................................................................................................................................... 24
Rectal Swabs .................................................................................................................................................. 25
Toxicology Kits ............................................................................................................................................... 26
Hair ................................................................................................................................................................ 27
Labelling and Sealing ..................................................................................................................................... 28
Chain of Custody ............................................................................................................................................ 29
Appendix: Summary Forensic Sampling Instructions .................................................................................... 30
  Reference sample – buccal swabs (2) ..................................................................................................... 31
  Couch Cover .............................................................................................................................................. 31
  Drop Sheet ................................................................................................................................................ 31
  Clothing ..................................................................................................................................................... 32
  Underpants .............................................................................................................................................. 32
  Swabs ......................................................................................................................................................... 32
  Oral swabs (2) .......................................................................................................................................... 32
  Fingernail samples (wet) ....................................................................................................................... 33
  Skin swabs ............................................................................................................................................... 34
Tampons ................................................................................................................................................... 34
Vulval swabs (1) ........................................................................................................................................ 35
Low vaginal swab ...................................................................................................................................... 35
High vaginal swabs (2) .............................................................................................................................. 36
Endocervical swabs (1) ............................................................................................................................. 37
Condoms ................................................................................................................................................... 37
Penile swabs (4) ........................................................................................................................................ 38
Anal swabs (1) ........................................................................................................................................... 39
Anal Canal ................................................................................................................................................. 39
Swab (1) .................................................................................................................................................... 39
Rectal swabs (2) ........................................................................................................................................ 39
Toxicology Blood & Urine ......................................................................................................................... 40
Hair ........................................................................................................................................................... 40
General Principles ..................................................................................................................................... 41
Labelling and Sealing ............................................................................................................................... 41
Un-Used Items .......................................................................................................................................... 41
Chain of Custody ....................................................................................................................................... 42
This page is intentionally blank
## Reference Sample – for DNA (Buccal Swabs)

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Reference sample – buccal swabs (2)</td>
</tr>
</tbody>
</table>

### METHOD OF SAMPLING

Roll a dry swab onto the inside of the cheek and turn approximately 4 times.

Replace swab into the sheath and label. This should be repeated.

The two swabs should be placed into an envelope and labeled reference sample. This sample should be kept separate from other samples collected.

<table>
<thead>
<tr>
<th>Name: ………………………..</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: ………………………..</td>
</tr>
<tr>
<td><strong>REFERENCE SAMPLE</strong></td>
</tr>
<tr>
<td>To be handed separately to police</td>
</tr>
<tr>
<td>Date: ………………………..</td>
</tr>
<tr>
<td>Examiner Initials: …………..</td>
</tr>
</tbody>
</table>

Seal the reference sample envelope.
<table>
<thead>
<tr>
<th></th>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Couch Cover</td>
<td>Used to cover the examination table or chair in circumstances where forensic material may be collected or where sterility of the environment needs to be maintained.</td>
</tr>
</tbody>
</table>

**METHOD OF SAMPLING**

Ensure you are wearing gloves. Drape couch protector over the examination surface. This could include a table, chair or bed.

Ask the patient to sit/lie on top of the couch protector for the forensic examination.

In circumstances where there is evident drainage or deposits of material please fold the cover in thirds. Avoid folding across the forensic material.

Place the folded couch protector into a paper bag and label the bag couch cover.
### Drop Sheet

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Drop Sheet</td>
<td>Should be used in circumstances where there is obvious identifiable matter (hair, fibres, debris) on outer clothing or person or in cases where the offender is unknown. Placed on the floor it will collect falling debris or particles when the person is undressing.</td>
</tr>
</tbody>
</table>

#### METHOD OF SAMPLING

Place the two drop sheets on top of each other on the floor.

Ask the patient to undress whilst standing on the drop sheets. After the clothing has been collected, and the patient is sitting on the examination couch, fold the top drop sheet in thirds and place in an envelope or bag and label – “Drop Sheet”
## Clothing

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Clothing</td>
<td>Clothing should be collected at the beginning of the examination and with consideration to whether they were worn at the time, are of value to the person and the potential for evidence. Clothing is collected for the purposes of identifying substances adhered to them: Blood, Semen, Hair, Saliva, Fibres and other substances.</td>
</tr>
</tbody>
</table>

### METHOD OF SAMPLING

- Request and document consent from the patient to collect patient’s clothes in a patient clothing bag.
- Ask the patient to place 1 piece of clothing into individual patient clothing bags. Each individual item of clothing must be placed into a separate clothing bag (paper)
- Seal the clothing bags and label.
- Hand patient clothing bag/s to the attending Police Officer at the conclusion of the examination.
- In many instances the only item of clothing that may be relevant will be the underpants..
# Underpants

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Underpants</td>
<td>Collected for the purposes of identifying substances that may have drained or been deposited onto this item of clothing.</td>
</tr>
</tbody>
</table>

## METHOD OF SAMPLING

Ask the patient to remove the underpants and place them directly into an envelope or paper bag. If the item of clothing is damp then, as a safety precaution, place it within a second envelope for added protection. Seal the envelope with the label.
**Swabs (aeration, wet swabs, slides)**

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swabs</td>
<td>Used to sample sites with potential foreign deposits of biological and other foreign substances. Ensure the swab is sealed prior to opening for use in the examination. The seal (sticker on lid swab) will be broken when the swab is opened for the first time.</td>
</tr>
</tbody>
</table>

### METHOD OF SAMPLING

Steps to producing a flap are as follows:

- Using sterile scissors, make an incision midway down the shaft of the swab container.
- Whilst the scissors are still in contact with the swab container, angle them forward in order to create a widened opening.
- Observe the flap (opening) to ensure it has not resealed.

The ‘flap’ method of swab aeration must be conducted on ALL SWABS used to sample the body for potential forensic evidence.

Each swab must be aerated using the flap method PRIOR to the collection of any samples from the body (i.e. at the beginning of the examination) – see diagrams.

The scissors must not have been used to obtain samples prior to creating the flap.

Complete the swab label with the site to be sampled.

Once a sample is taken return the swab to its container and label each container with a completed specimen label.

The swabs (and corresponding slides) should be packaged in one envelope together.
Making a wet swab

In order to obtain a specimen from a dry surface/sample, the swab tip should be moistened; ideally with some sterile water dripped onto the swab stick.

Dry surfaces/samples may include: skin, penile skin, dried blood/saliva/semen.

Drop one or few drops onto the tip of the swab without coming into contact with the swab head itself.

A slide should be made from the wet swab when sampling to identify semen/spermatozoa.

Making a slide

Whenever a swab is collected for the potential of identifying semen/spermatozoa, a slide is made from the swab to assist laboratory analysis.

Pencil must be used to label the slide with the relevant identifiers including the site sampled.

Using the swab from the relevant sample site, dab the tip of the swab in the centre of the slide. This results in a dot in the middle of the slide as opposed to a smear.

The slide should be closed and sealed with a label designating the identifiers and the site sampled.

The slide can be placed in the envelope with the swab from which it was made.
### Oral Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Oral Swabs (2)</td>
<td>Detection of semen in cases of penile oral penetration. Take two in all cases of reported or suspected oral penetration including in all victims where memory is deficient or absent.</td>
</tr>
</tbody>
</table>

### METHOD OF SAMPLING

Open your aerated pre-labelled ‘Oral—upper or lower mouth’ swab. Ask the patient to open their mouth and retract their upper or lower lip.

Carefully insert the swab into the patient’s mouth and rub around the sides of the upper/lower-mouth and gum margins.

Carefully remove the swab and dab the swab on the centre of the corresponding pre-labelled ‘Oral – upper mouth’ slide (or lower).

Place the swab and slide inside the pre-labelled ‘Oral – upper mouth’ (or lower) envelope and seal it. Place in a sealed envelope.
# Fingernail Samples

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fingernail Samples</strong></td>
<td>Obtain a sample of foreign substance from the fingernails including:</td>
</tr>
<tr>
<td></td>
<td>• Semen – where indicated.</td>
</tr>
<tr>
<td></td>
<td>• Blood – presence (other persons).</td>
</tr>
<tr>
<td></td>
<td>• Contact DNA – scratching offender.</td>
</tr>
</tbody>
</table>

## METHOD OF SAMPLING

**Fingernail scrapings**

Ensure you are wearing gloves.

Place some paper onto the examination surface. Ask the patient to place the left hand onto the paper.

Open the “Left Fingernails” aerated container and remove the swab then carefully snap it mid-shaft. Use the sharp stick end to scrape out material from under each fingernail onto the sheet of paper.

Place the stick in the centre of the paper (with scrapings) and fold in thirds and seal with a specimen label, i.e. “Left hand Fingernail”.

Place in the appropriate pre-labelled fingernail scrapings in an envelope along with the dry swab shaft used to sample the fingernails and place a completed specimen label over the seal of the envelope.

Repeat for the right hand.
8 Fingernail Samples

Obtain a sample of foreign substance from the fingernails including:
• Semen – where indicated.
• Blood – presence (other persons).
• Contact DNA – scratching offender.

METHOD OF SAMPLING

Fingernail Swabs
In the event that the patient has short, or no, fingernails then a ‘Wet’ forensic fingernail swab should also be taken.

Remove the pre-labelled “Left Fingernail – Wet” swab from the sheath and moisten the tip with sterilised water.

Dab the centre of a slide if the sample is being taken to detect semen/spermatozoa.

The swab must be put back into its original sheath and the slide returned to its enclosure and labelled accordingly. Finally, seal the swab and the slide inside an envelope with a label stating “Right Fingernails” or “Left Fingernails.”

Fingernail Cuttings
In circumstances where it is deemed most appropriate to cut fingernails (with consent), use sterile scissors. The cuttings should be collected in the paper as noted above for scrapings. The scissors should also be packaged with the cuttings in the envelope and sealed with a corresponding label.
## Skin Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
</table>
| Skin Swabs  | Obtain sample of foreign substance off a dry skin surface including:  
|             | - Semen – skin sampling and attention to sites of potential pooling (i.e. naval)  
|             | - Blood  
|             | - Contact DNA – especially on breasts or wrists  
|             | - Lubricant  
|             | - Saliva – kissing or biting may leave saliva |

### METHOD OF SAMPLING

**Wet Swabs**

The swab should be moistened (ideally with sterile water) when sampling for the potential identification of semen/spermatozoa.

Dry surfaces/samples may include: skin, penile skin, dried blood/saliva/semen.

Drop one or few drops onto the tip of the swab without coming into contact with the swab head itself.

A slide should be made from the wet swab when sampling for the potential of semen/spermatozoa.
Tampons

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Tampons</td>
<td>Obtaining of tampon from patient for potential evidentiary value.</td>
</tr>
</tbody>
</table>

METHOD OF SAMPLING

The patient may wish to retrieve the tampon prior to the genital examination.

Alternatively, it may be retrieved by you, the examiner.

If you, the examiner, are retrieving the tampon please ensure you are wearing gloves and change them as often as required.

Retrieved tampon should be placed into a plastic container.

Seal the plastic container with a K label – “Tampon”. In the event it does not appropriately fit in the container provided, place it into an envelope, place that envelope into a second envelope and to prevent any seepage, seal the envelope into a plastic bag and seal and label.
Vulval Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Vulval Swabs</td>
<td>Obtain sample of foreign substance from the external vagina including:</td>
</tr>
<tr>
<td>(Previously</td>
<td>• Semen.</td>
</tr>
<tr>
<td>known as ‘low</td>
<td>• Blood – presence of and type (endocervical, another person’s)</td>
</tr>
<tr>
<td>vaginal swab’)</td>
<td>• Contact DNA – digital penetration by unknown offender.</td>
</tr>
<tr>
<td></td>
<td>• Lubricant (important in this case not to lubricate speculum except with sterilised water).</td>
</tr>
<tr>
<td></td>
<td>• Saliva – saliva may have been used to lubricate the vagina for penetration.</td>
</tr>
</tbody>
</table>

Take at least one in all cases of reported or suspected vaginal penetration including in victims where memory is deficient or absent.

METHOD OF SAMPLING

This swab should be taken prior to the collection of High Vaginal or endocervical swabs.

Carefully separate the labia majora with the left hand. Roll the pre-labelled “VS 1” swab around the inner surface of the labia minora and fossa navicularis.

Be attentive to the patient and ensure this swab does not pass through the vestibule.

Remove swab and dab swab on the centre of the pre-labelled “VS 1” slide (if swab is taken for the purpose of semen).

Replace swab into sheath and seal with a label “VS 1”.

Place swab and corresponding slide into an envelope labelled “VS & VS 1”.

17
## Blind High Vaginal Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 High Vaginal Swabs (HVS)</td>
<td>Obtain sample of foreign substance from the internal vagina including:</td>
</tr>
<tr>
<td></td>
<td>• Semen – often pools in the posterior fornix. The presence of spermatozoa and/or DNA may be present following penetration, even in the absence of ejaculation.</td>
</tr>
<tr>
<td></td>
<td>• Blood – presence of and type (endocervical, another person’s).</td>
</tr>
<tr>
<td></td>
<td>• Contact DNA – digital penetration by unknown offender.</td>
</tr>
<tr>
<td></td>
<td>• Lubricant (important in this case not to lubricate speculum except with sterilised water)</td>
</tr>
<tr>
<td></td>
<td>• Saliva – saliva may have been used to lubricate the vagina for penetration</td>
</tr>
<tr>
<td></td>
<td>* Take two in all cases of reported or suspected vaginal penetration including in victims where memory is scarce or absent.</td>
</tr>
</tbody>
</table>

## METHOD OF SAMPLING

**Blind HVS**

Ensure you have documented the patient’s consent before proceeding and change your gloves as required.

Carefully separate the labia majora with one hand. With the other hand, insert pre-labelled “HVS 1” swab past the hymen into the vaginal canal.

Insert approximately 4-6cm along the posterior wall of the vagina and twist it 3-5 times.

Remove swab and dab swab on the centre of the pre-labelled “HVS 1” slide (if swab is taken for the purpose of semen).

Replace swab into sheath and seal with a label “HVS 1”.

Place swab and corresponding slide into an envelope labelled “HVS & S 1”.

Repeat for HVS 2 if not conducting a speculum examination.
## High Vaginal Swab with Speculum

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12</strong></td>
<td><strong>High Vaginal Swab (HVS 2)</strong></td>
</tr>
<tr>
<td></td>
<td>Obtain sample of foreign substance from the internal vagina including:</td>
</tr>
<tr>
<td></td>
<td>• Semen – often pools in the posterior fornix. The presence of spermatozoa and/or DNA may be present following penetration, even in the absence of ejaculation.</td>
</tr>
<tr>
<td></td>
<td>• Blood – presence of and type (endocervical, another person’s).</td>
</tr>
<tr>
<td></td>
<td>• Contact DNA – digital penetration by unknown offender.</td>
</tr>
<tr>
<td></td>
<td>• Lubricant (important in this case not to lubricate speculum except with sterilised water)</td>
</tr>
<tr>
<td></td>
<td>• Saliva – saliva may have been used to lubricate the vagina for penetration</td>
</tr>
<tr>
<td></td>
<td>* Take two in all cases of reported or suspected vaginal penetration including in victims where memory is scarce or absent.</td>
</tr>
</tbody>
</table>

### METHOD OF SAMPLING

**HVS2 with Speculum**

Ensure you have documented the patient’s consent before proceeding and change your gloves as required.

Carefully separate the labia majora with one hand and with the other hand insert the speculum lubricated with water or KY Jelly (ensuring you are not sampling for that particular lubricant).

Insert the pre-labelled “HVS 2” swab through the speculum and into the vagina to the posterior fornix and twist it 3-5 times.

Remove swab and dab swab on the centre of the pre-labelled “HVS 2” slide (if swab is taken for the purpose of semen).

Replace swab into sheath and seal with a label “HVS 2”.

Place swab and corresponding slide into an envelope labelled “HVS & S 2”
# Endocervical Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
</table>
| 13 Endocervical Swabs | Obtaining of semen/ spermatozoa which may be present in the endocervical canal. 
* This sample should be conducted when the allegations of vaginal penetration are more than 24hr old or considered when a speculum examination is conducted. |

## METHOD OF SAMPLING

Carefully separate the labia majora with one hand and insert the speculum lubricated with sterilised water with the other hand. Do not lubricate the speculum with substances that are being tested for (i.e. KY Gel).

Insert the pre-labelled “ECS” swab through the speculum and into the vagina to the endocervical canal and twist it 3 times.

Remove swab and dab swab on the centre of the pre-labelled “ECS” slide (if swab is taken for the purpose of semen).

Replace swab into sheath and seal with a label “ECS”.

Place swab and corresponding slide into an envelope labelled “ECS & S”.

![Image of endocervical swab sampling](image-url)
### Condoms

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Condoms</td>
<td>Obtaining of condom during examination. The condom may be collected from the patient’s possession or retrieved by the examiner from the patient’s vagina.</td>
</tr>
</tbody>
</table>

#### METHOD OF SAMPLING

The condom should be placed into an FMEK plastic container.

In an alternative method of collection, the condom may also be placed into one envelope, that envelope then placed into a second envelope and sealed. To prevent any further risk of seepage through the envelopes, they should be placed into a plastic bag (from the kit) and sealed and labeled.

Seal the plastic container (or bag) with a label – Condom. Ensure the details of the label are correctly written.
Penile Swabs (Shaft)

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penile Shaft Swabs (2)</td>
<td>Obtain sample of foreign substance from the penis including:</td>
</tr>
<tr>
<td></td>
<td>• Semen – often pools under the foreskin;</td>
</tr>
<tr>
<td></td>
<td>• Blood – presence of and type (another person’s);</td>
</tr>
<tr>
<td></td>
<td>• Contact DNA – digital handling by an offender;</td>
</tr>
<tr>
<td></td>
<td>• Lubricant;</td>
</tr>
<tr>
<td></td>
<td>• Saliva – saliva may have been used to lubricate the penis or in oral penetration.</td>
</tr>
</tbody>
</table>

* Take two in all cases of reported or suspected sexual assault in a male including in victims where memory is deficient or absent.

**METHOD OF SAMPLING**

Penile Shaft

With a drop of sterile water, moisten the tip of a pre-labelled Penile Shaft Swab Wet (“PSSW”) and roll it along the length (shaft) of the penis. The shaft of the penis should be swabbed along the shaft of the upper and lower sides.

Remove swab and dab swab on the centre of the pre-labelled “PSSW” slide (if swab is taken for the purpose of detecting semen).

Replace swab into sheath and seal with a label “PSSW”.

Take a second swab (pre-labelled Penile Shaft Swab Dry (PSSD)) and roll it along the length of the penis.

Replace swab into sheath and seal with a label “PSSD”.

Place both swabs and the slide into an envelope labelled “Penile Shaft S & S”.
# Penile Swabs (Glans)

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a Penile Glans</td>
<td>Obtain sample of foreign substance from the penis including:</td>
</tr>
<tr>
<td>Swabs (2)</td>
<td>- Semen – often pools under the foreskin;</td>
</tr>
<tr>
<td></td>
<td>- Blood – presence of and type (another person’s);</td>
</tr>
<tr>
<td></td>
<td>- Contact DNA – digital handling by an offender;</td>
</tr>
<tr>
<td></td>
<td>- Lubricant;</td>
</tr>
<tr>
<td></td>
<td>- Saliva – saliva may have been used to lubricate the penis or in oral</td>
</tr>
<tr>
<td></td>
<td>penetration.</td>
</tr>
</tbody>
</table>

* Take two in all cases of reported or suspected sexual assault in a male including in victims where memory is deficient or absent.

## METHOD OF SAMPLING

**Penile Glans**

With a drop of sterile water, moisten the tip of a pre-labelled Penile Glans Swab Wet (“PGW”) and roll it around the tip (glans) of the penis (including the sulcus and meatus and any piercing). The glans penis is swabbed around the coronal sulcus and onto the glans and urethral meatus. The inside of the foreskin (if present) should be swabbed.

Special attention should be paid to collecting specimens from a folded area or an area of attachment such as the frenulum which may have potential for foreign DNA retention.

Remove swab and dab swab on the centre of the pre-labelled “PGW” slide (if swab is taken for the purpose of semen).

Replace swab into sheath and seal with a label “PGW”.

Take a second pre-labelled swab - Penile Glans Swab Dry (“PGD”) and roll it around the tip of the penis (including the sulcus and meatus).

Replace swab into sheath and seal with a label “PGD”.

Place both swabs and the one slide into an envelope labelled “Penile Glans S & S.”
## Anal Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
</table>
| 16 Anal Swabs (1) | Obtain sample of foreign substance from the anus including:  
  - Semen/spermatozoa.  
  - Blood – presence of and type (other persons).  
  - Contact DNA – digital handling by an offender.  
  - Lubricant – used for the purpose of penetration.  
  - Saliva – saliva may have been used to lubricate the penis or in oral penetration.  
  
* Take two in all cases of reported or suspected anal penetration including in victims where memory is a problem or absent. |

### METHOD OF SAMPLING

**Anal Swabs**  
With a drop of sterile water, moisten the tip of a pre-labelled “Anal Swab” and roll it over the anal folds but not to insert past the external anal sphincter.  
Remove swab and dab swab on the centre of the pre-labelled “Anal slide” (if swab is taken for the purpose of semen).  
Replace swab into sheath and seal with a label “Anal Swab”.  
Place swab and slide into an envelope labelled “Anal S & S”. Seal the envelope with a ‘Anal S&S” label.  
In some cases it might be important to sample the anal canal (that is, beyond the external anal sphincter).  
Position the patient in order to view the anal area. Separate the anal folds with one hand and using the other hand insert the swab (pre-labelled as Anal Canal Swab ACS) into the anal canal. The swab should only be inserted 1cm (i.e. the length of the cotton tip).
Rectal Swabs

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
</table>
| Rectal Swabs (2) | Obtain sample of foreign substance from the rectum including:  
- Semen  
- Blood – presence of and type (another person’s)  
- Contact DNA – digital penetration  
- Lubricant – used for the purpose of penetration  
- Saliva – saliva may have been used to lubricate the penis or in oral penetration  
* Take two in all cases of reported or suspected anal penetration including in victims where memory is deficient or absent. |

**METHOD OF SAMPLING**

**Rectal Swab with proctoscope**

Carefully separate buttocks with one hand and with the other hand insert the proctoscope lubricated with water approx. 3-4cm into the anus. If alternative lubricant is used, ensure this is documented in your record.

Remove the obturator and insert the pre-labelled Rectal Swab 1 (“RS 1”) through the proctoscope into the rectum and twist it 3 times.

Remove swab and dab swab on the centre of the pre-labelled “RS 1” slide (if swab is taken for the purpose of semen). Repeat sampling with a swab and slide pre-labelled as “RS2”.

Place each swab and its corresponding slide into an envelope labelled “RS 1 & RS2”. If it is not possible to pass a proctoscope, the swabs should be passed into the anal canal/rectum blindly and labelled appropriately.
## Toxicology Kits

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Toxicology</td>
<td>Blood and urine samples for the purposes of toxicological analysis</td>
</tr>
<tr>
<td>Blood &amp; Urine</td>
<td>(identification of presence (or absence of) alcohol, drugs, poisons,</td>
</tr>
<tr>
<td></td>
<td>prescribed/OTC medications).</td>
</tr>
</tbody>
</table>
### Hair

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
</table>
| **19** Hair | Obtained for the detection of the following:  
• Deposits of foreign substances (semen, saliva, blood).  
• Removal of foreign particles (glass, debris).  
• Foreign hair/fibre.  
• Toxicological analysis.  
* The collection of pubic hair/combings should be clearly indicated and is not advised as standard practice in all cases. |

### METHOD OF SAMPLING

**Collection of foreign hair/fibre**
Using the forceps provided, place hair/fibre into the plastic container. Seal and label ‘Hair and location’.

If there are no plastic containers, the hair may be placed on a piece of A4 paper and folded into thirds and placed into an envelope. Seal with a ‘Hair and location’ label.

**Collection of patients head hair**
Identify the hair to be sampled — e.g. hair sample with a substance/material adhered to it. Place sterile gauze around the hair to be collected and using the sterile FMEK scissors cut the hair and place (hair, gauze and scissors) into a paper envelope.

Where the matter in the hair is wet - ensure that appropriate information regarding storage of kit with WET items is highlighted on the box and to the police officers receiving them.

Consideration can be given to taking a wet/dry swab (+/slide if semen) of a substance in hair if the cutting of hair is inappropriate.

**Collection of particles/debris from hair** Using the forceps provided, collect the particles/debris and place in a plastic container. An alternative is to place the specimen in a paper envelope. Ensure the sample is correctly sealed and labelled.

**Hair for toxicological analysis**
If hair is to be collected for the purpose of identifying substances please see information and collection procedures available.
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>20  Labelling and Sealing</td>
<td>All individual items will be sealed with a label and then placed in the appropriate envelope/container which is also labelled. Labels are provided in the FMEK and should be used accordingly. Ensure the FMEK number is recorded in your sexual assault FMER - SA.</td>
</tr>
</tbody>
</table>
## Chain of Custody

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Chain of Custody</td>
<td>All individual items will be sealed with a label and then placed in the appropriate envelope/container which is also labelled.</td>
</tr>
</tbody>
</table>

### METHOD OF SAMPLING

Fill out paperwork in the corresponding Forensic Specimens page of the record. Ensure that the person to whom you pass the sealed kit has signed the chain of custody form.

Give one copy to police to accompany the specimens to the laboratory and the other copy should be retained by the examiner.
Appendix: Summary Forensic Sampling Instructions

INDEX:

1. Reference Sample (Buccal Swabs)
2. Couch cover
3. Drop Sheet
4. Clothing
5. Underpants
6. Swabs
7. Oral Swabs
8. Fingernail samples
9. Skin swabs
10. Tampons
11. Vulval swabs (low vaginal swabs)
12. High vaginal swabs
13. Endocervical swabs
14. Condoms
15. Penile swabs
16. Anal swabs
17. Rectal swabs
18. Toxicology – Blood and Urine
19. Hair
20. General Principles, Labelling and Sealing Instructions
21. Unused Items
22. Chain of Custody Instructions
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reference sample – buccal swabs (2)</strong></td>
<td>Take two in all cases <strong>unless</strong> there is a reported or suspected allegation of any penile oral penetration.</td>
<td>Roll a dry swab onto the inside of the cheek and turn approximately 4 times. Replace swab into the sheath and seal with the <strong>Reference Sample Label</strong>. This should be repeated. The two swabs will be placed into an envelope and the <strong>Reference Sample Label</strong> sticker applied to envelope seal. <strong>Do not</strong> store the reference samples in the FMEK. Seal the reference sample with the FMEK security seal.</td>
</tr>
<tr>
<td><strong>Couch Cover</strong></td>
<td>Used to cover the chair or examination table in circumstances where forensic material may be collected or where sterility of the environment needs to be maintained.</td>
<td>Place the couch cover over the bed/couch/chair and ask the patient to sit or lie on top of it. In circumstances where drainage or deposits of material are suspected/identified, the couch cover should be folded in thirds to fit back into the envelope provided. Ensure the folds do not cross through the sample. Seal the envelope with a <strong>Specimen Label</strong> on which you have written “Couch Cover”.</td>
</tr>
<tr>
<td><strong>Drop Sheet</strong></td>
<td>Should be used in circumstances where there is obvious identifiable matter (hair, fibres, debris) on outer clothing or person or in cases where there is a stranger offender. Placed on the floor it will collect falling debris or particles when the person is undressing.</td>
<td>Place the two drop sheets on top of each other on the floor. Ask the patient to undress whilst standing on the drop sheets. After the clothing has been collected, and the patient is sitting on the examination couch, fold the top drop sheet in thirds and place in the envelope provided. Discard the bottom drop sheet. Seal with a <strong>Specimen label</strong> – “Drop Sheet”</td>
</tr>
<tr>
<td>SAMPLE TYPE</td>
<td>INDICATIONS</td>
<td>METHOD OF SAMPLING</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Clothing</strong></td>
<td>Clothing should be collected at The beginning of the examination and with consideration to whether they were worn at the time, are of value to the person and the potential for evidence. Clothing is collected for the purposes of identifying substances adhered to them: • Blood, Semen, Hair, Saliva, Fibres and other substances.</td>
<td>Each individual item of clothing must be placed into a separate clothing bag (paper) provided at the place of examination. The only item of clothing to be placed into the FMEK is the underpants. If there is only one item of clothing relevant (i.e. bra or t-shirt but not underpants), then this item may be placed into the envelope provided in the FMEK. Label envelope with a <strong>specimen label</strong>. Write description of item of clothing (i.e. Bra) on label. Do not include wet items of clothing in the FMEK.</td>
</tr>
<tr>
<td><strong>Underpants</strong></td>
<td>Collected for the purposes of identifying substances that may have drained or been deposited onto this item of clothing.</td>
<td>Ask the patient to remove the underpants and place them directly into the envelope provided. If the item of clothing is damp then, as a safety precaution, place it within a second envelope for added protection. The envelope should be sealed with the <strong>specimen label</strong> - “Underpants”.</td>
</tr>
<tr>
<td><strong>Swabs</strong></td>
<td>Used to sample sites of potential deposit of biological and other foreign substances. Ensure the swab is sealed prior to opening for use in the examination. The seal (sticker on lid swab) will be broken when the swab is opened for the first time. Aerate the swab using the flap aeration method (as noted below) prior to use. Using the FMEK scissors put an incision midway down the shaft of the swab container. Whilst the scissors are still in contact with the swab container, angle them forward in order to create a widened opening. Observe the flap (opening) to ensure it has not resealed This must be done prior to swab use (i.e. at the beginning of the examination).</td>
<td></td>
</tr>
</tbody>
</table>
| **Oral swabs (2)** | Detection of semen in cases of penile oral penetration. 

* Take two in all cases of reported or suspected oral penetration including in all victims where memory is deficient or absent. | Rub one swab around the sides of the lower teeth and gum margins, including the inner aspect of the teeth. Consider a separate swab specifically of the frenulum of the upper lip and/or one of the hard palate.

Dab the swab on the centre of a corresponding pre-labelled slide before replacing into the sheath and sealing with a label – “Oral swab lower teeth”. |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral swabs (2) (Cont.)</td>
<td>Repeating the process on the upper teeth.</td>
<td>Label the swab, slide with completed specimen label “Oral swab – upper teeth” and “oral slide – upper teeth” etc. Place labeled specimens in an envelope and place a completed specimen label over the seal of the envelope.</td>
</tr>
<tr>
<td>Fingernail samples</td>
<td>Obtain a sample of foreign substance from the fingernails including:</td>
<td>Fingernail scrapings Place the A4 paper onto the examination surface. Place the left hand onto the A4 paper. Break a dry swab mid shaft and use the sharp stick end to scrape out material from under each fingernail onto the A4 sheet of paper. Place the stick in the centre of the paper and fold in thirds and seal with a specimen</td>
</tr>
<tr>
<td>Fingernail samples (wet)</td>
<td>If a dry swab is not feasible (i.e. the patient has no nails from which to scrape samples. See previous row (7).</td>
<td>Fingernail swabs With sterile water, moisten the tip of a swab pre-labeled as “Left Fingernail Swab (LFS)” or “Right Fingernail swab (RFS)”. Roll the swab under the fingernails of the hand and replace back into its sheath. If the sample is taken to look for semen, the swab should be dabbed onto the centre of a slide. Seal the swab with a label – “RFS” or “LFS” and place with the corresponding slide and scrapings into the relevant envelope. Seal with an FMEK sticker – “Right fingernails” or “Left Fingernails”.</td>
</tr>
<tr>
<td>SAMPLE TYPE</td>
<td>INDICATIONS</td>
<td>METHOD OF SAMPLING</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| Skin swabs  | Obtain sample of foreign substance off a dry skin surface including:  
- Semen – skin sampling and attention to sites of potential pooling (i.e. naval)  
- Blood  
- Contact DNA – especially on breasts or wrists  
- Lubricant  
- Saliva – kissing or biting may leave saliva  
With a drop of sterile water, moisten the tip of a pre-labeled swab – “skin site 1 wet” and roll it along the skin surface. It is a rolling motion rather than rubbing the surface, as rubbing results in collection of more of the donor DNA (therefore a potential of obscuring foreign DNA). Replace the phrase ‘skin site’ with the term used for the site being sampled. (i.e. “left-breast 1 wet”).  
If the skin surface to be sampled is large, consider breaking up the surface to a number of sites to be sampled.  
If swab is taken for the purpose of semen collection, dab swab on the centre of the pre-labeled slide. Replace swab into sheath and seal with a label.  
Take a second pre-labeled swab – “skin Site 1 dry” and roll it along the same skin surface. Replace swab into sheath and seal with a label.  
Place both swabs and the one slide (made from the wet swab in circumstances where semen is to be identified) into a labeled envelope. |
| Tampons     | Obtaining of tampon from patient for potential evidentiary value.  
The patient may wish to retrieve the tampon prior to the genital examination. Alternatively, it may be retrieved by the examiner. Retrieved tampon should be placed into the FMEK plastic container. Seal the plastic container with an FMEK label – “Tampon”. In the event it does not appropriately fit in the container provided, place it into an envelope, place that envelope into a second envelope and to prevent any seepage, seal the envelope into a plastic bag and seal and label. |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
</table>
| 11          | Vulval swabs (1) (previously known as 'low vaginal swabs') | Obtain sample of foreign substance from the external vagina including:  
- Semen.  
- Blood – presence of and type (endocervical, another person's)  
- Contact DNA – digital penetration by unknown  
- Offender.  
- Lubricant (important in this case not to lubricate speculum except with sterilised water).  
- Saliva – saliva may have been used to lubricate the vagina for penetration.  

Take at least one in all cases of reported or suspected vaginal penetration including in victims where memory is deficient or absent. |

This swab should be taken prior to the collection of High Vaginal or endocervical swabs.  
Carefully separate the labia majora with the left hand. Roll the pre-labelled “VS 1” swab around the inner surface of the labia minora and fossa navicularis.  
This swab should not pass through the vestibule.  
Remove swab and dab swab on the centre of the pre-labelled “VS 1” slide (if swab is taken for the purpose of semen).  
Replace swab into sheath and seal with a label “VS 1”  
Place swab and corresponding slide into an envelope labelled “VS & VS 1”. |
| 11a         | Low vaginal swab | The term low vagina is used to define the part of the vaginal canal immediately beyond the hymen and extending a couple of centimetres into the vaginal canal. |

The swab is collected in the same manner as the high vaginal swab (see below) but the swab is only inserted just past the hymen into the low vagina. |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>High vaginal swabs (2)</td>
<td>Obtain sample of foreign substance from the internal vagina including:</td>
<td><strong>Blind HVS</strong></td>
</tr>
<tr>
<td></td>
<td>• Semen – often pools in the posterior fornix. The presence of spermatozoa and/or DNA may be present following penetration, even in the absence of ejaculation.</td>
<td>Carefully separate the labia majora with one hand. With the other hand, insert pre-labelled “HVS 1” swab past the hymen into the vaginal canal.</td>
</tr>
<tr>
<td></td>
<td>• Blood – presence of and type (endocervical, another person’s).</td>
<td>Insert approximately 4-6cm along the posterior wall of the vagina and twist it 3-5 times.</td>
</tr>
<tr>
<td></td>
<td>• Contact DNA – digital penetration by unknown offender.</td>
<td>Remove swab and dab swab on the centre of the pre-labelled “HVS 1” slide (if swab is taken for the purpose of semen).</td>
</tr>
<tr>
<td></td>
<td>• Lubricant (important in this case not to lubricate speculum except with sterilised water)</td>
<td>Replace swab into sheath and seal with a label “HVS 1”.</td>
</tr>
<tr>
<td></td>
<td>• Saliva – saliva may have been used to lubricate the vagina for penetration</td>
<td>Place swab and corresponding slide into an envelope labelled “HVS &amp; S 1”.</td>
</tr>
<tr>
<td></td>
<td>* Take two in all cases of reported or suspected vaginal penetration including in victims where memory is scarce or absent.</td>
<td>Repeat for HVS 2 if not conducting a speculum examination.</td>
</tr>
</tbody>
</table>

**HVS 2 with speculum**

Carefully separate the labia majora with one hand and with the other hand insert the speculum lubricated with water or KY Jelly (ensuring you are not sampling for that particular lubricant).

Insert the pre-labelled “HVS 2” swab through the speculum and into the vagina to the posterior fornix and twist it 3-5 times.

Remove swab and dab swab on the centre of the pre-labelled “HVS 2” slide (if swab is taken for the purpose of semen).

Replace swab into sheath and seal.
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
</table>
| **13** Endocervical swabs (1) | Obtaining of semen/spermatozoa which may be present in the endocervical canal.  
* This sample should be conducted when the allegations of vaginal penetration are more than 24hr old or considered when a speculum examination is conducted. | Carefully separate the labia majora with one hand and insert the speculum lubricated with sterilised water with the other hand. Do not lubricate the speculum with substances that are being tested for (i.e. KY Gel).  
Insert the pre-labelled “ECS” swab through the speculum and into the vagina to the endocervical canal and twist it 3 times.  
Remove swab and dab swab on the centre of the pre-labelled “ECS” slide (if swab is taken for the purpose of semen).  
Replace swab into sheath and seal with a label “ECS”.  
Place swab and corresponding slide labelled **“ECS”** |
| **14** Condoms      | Obtaining of condom during examination. The condom may be collected from the patient’s possession or retrieved by the examiner from the patient’s vagina. | The condom should be placed into an FMEK plastic container.  
In an alternative method of collection, the condom may also be placed into one envelope, that envelope then placed into a second envelope and sealed. To prevent any further risk of seepage through the envelopes, they should be placed into a plastic bag (from the kit) and sealed and labeled.  
Seal the plastic container (or bag) with an FMEK label – Condom. Ensure the details of the label are correctly written.  
Ensure that appropriate information regarding storage of kit with WET items is highlighted on the box and to the police officers receiving them. |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
</table>
| Penile swabs (4) | Obtain sample of foreign substance from the penis including:  
  - Semen – often pools under the foreskin;  
  - Blood – presence of and type (another person’s);  
  - Contact DNA – digital handling by an offender;  
  - Lubricant;  
  - Saliva – saliva may have been used to lubricate the penis or in oral penetration.  
* Take two in all cases of reported or suspected sexual assault in a male including in victims where memory is deficient or absent. | Penile Shaft  
With a drop of sterile water, moisten the tip of a pre-labeled Penile Shaft Swab Wet (“PSSW”) and roll it along the length (shaft) of the penis.  
Remove swab and dab swab on the centre of the pre-labeled “PSSW” slide (if swab is taken for the purpose of detecting semen).  
Replace swab into sheath and seal with a label “PSSW”.  
Take a second swab (pre-labeled Penile Shaft Swab Dry (PSSD)) and roll it along the length of the penis.  
Replace swab into sheath and seal with a label “PSSD”.  
Place both swabs and the slide into an envelope labeled “Penile Shaft S & S”.  
Glans  
With a drop of sterile water, moisten the tip of a pre-labeled Penile Glans Swab Wet (“PGW”) and roll it around the tip (glans) of the penis (including the sulcus and meatus and any piercing).  
Remove swab and dab swab on the centre of the pre-labeled “PGW” slide (if swab is taken for the purpose of semen).  
Replace swab into sheath and seal with a label “PGW”.  
Take a second pre-labeled swab - Penile Glans Swab Dry (“PGD”) and roll it around the tip of the penis (including the sulcus and meatus).  
Replace swab into sheath and seal with a label “PGD”.  
Place both swabs and the one slide into an envelope labeled “Penile Glans S & S” |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
</table>
| Anal swabs (1) | Obtain sample of foreign substance from the anus including:  
• Semen/spermatozoa.  
• Blood – presence of and type (other persons).  
• Contact DNA – digital handling by an offender.  
• Lubricant – used for the purpose of penetration.  
• Saliva – saliva may have been used to lubricate the penis or in oral penetration.  
* Take two in all cases of reported or suspected anal penetration including in victims where memory is deficient or absent. | With a drop of sterile water, moisten the tip of a pre-labelled “Anal Swab” and roll it over the anal folds but not to insert past the external anal sphincter.  
Remove swab and dab swab on the centre of the pre-labelled “Anal slide” (if swab is taken for the purpose of semen).  
Replace swab into sheath and seal with a label “Anal Swab”.  
Place swab and slide into an envelope labelled “Anal S & S”. Seal the envelope with an FMEK ‘Anal S&S” label.  
In some cases it might be important to sample the anal canal (that is, beyond the external anal sphincter).  
Position the patient in order to view the anal area. Separate the anal folds with one hand and using the other hand insert the swab (pre-labelled as Anal Canal Swab ACS) into the anal canal. The swab is only approximately 1cm internally. |
| Rectal swabs (2) | Obtain sample of foreign substance from the rectum including:  
• Semen  
• Blood – presence of and type (another person’s)  
• Contact DNA – digital penetration  
• Lubricant – used for the purpose of penetration  
• Saliva – saliva may have been used to lubricate the penis or in oral penetration  
* Take two in all cases of reported or suspected anal penetration including in victims where memory is a deficient or absent. | Rectal Swab with proctoscope  
Carefully separate buttocks with one hand and with the other hand insert the proctoscope lubricated with water approx. 3-4cm into the anus. If alternative lubricant is used, ensure this is documented in the FMER - SA.  
Remove the obturator and insert the pre-labelled Rectal Swab 1 (“RS 1”) through the proctoscope into the rectum and twist it 3 times.  
Remove swab and dab swab on the centre of the pre-labelled “RS 1” slide (if swab is taken for the purpose of semen). Repeat sampling with a swab and slide pre-labelled as “RS2”. Place each swab and its corresponding slide into an envelope labelled “RS 1 & RS2”. If it is not possible to pass a proctoscope, the swabs should be passed. |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18</strong> Toxicology Blood &amp; Urine</td>
<td>Blood and urine samples for the purposes of toxicological analysis (identification of presence (or absence of) alcohol, drugs, poisons, prescribed/OTC medications).</td>
<td>See VIFM Toxicology Kit instructions VIFM Toxicology kit is NOT to be stored in the FMEK. Hand to police separately from the FMEK.</td>
</tr>
</tbody>
</table>
| **19** Hair | Obtained for the detection of the following:  
- Deposits of foreign substances (semen, saliva, blood).  
- Removal of foreign particles (glass, debris)  
- Foreign hair/fibre.  
- Toxicological analysis.  
* The collection of pubic hair/combings should be clearly indicated and is not advised as standard practice in all cases. | **Collection of foreign hair/fibre**  
Using the forceps provided, place hair/fibre into the plastic container. Seal and label ‘Hair and location’.  
If there are no plastic containers, the hair may be placed on a piece of A4 paper and folded into thirds and placed into an envelope. Seal with a ‘Hair and location’ label.  
**Collection of patients head hair**  
Identify the hair to be sampled – e.g. hair sample with a substance/material adhered to it. Place the FMEK gauze around the hair to be collected and using the sterile FMEK scissors cut the hair and place (hair, gauze and scissors) into a paper envelope.  
Where the matter in the hair is wet - ensure that appropriate information regarding storage of kit with WET items is highlighted on the box and to the police officers receiving them.  
Consideration can be given to taking a wet/dry swab (+/-slide if semen) of a substance in hair if the cutting of hair is inappropriate.  
**Collection of particles/debris from hair**  
Using the forceps provided, collect the particles/debris and place in a plastic container. An alternative is to place the specimen in a paper envelope. Ensure the sample is correctly sealed and labelled.  
**Hair for toxicological analysis**  
If hair is to be collected for the purpose of identifying substances please see information and collection procedures available. |
<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>INDICATIONS</th>
<th>METHOD OF SAMPLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Principles</td>
<td>• Samples should be collected with consideration given to the impact (physically or psychologically) on the patient and the potential for evidentiary value. &lt;br&gt; • Consent must be obtained from the patient prior to the collection of the specimen and for the release of specimens to police. &lt;br&gt; • It is not a requirement to use all equipment within the FMEK nor to collect specimens from every site on every patient. However, in the circumstance when there is a lack of memory or no history provided, the examiner should strongly consider collecting oral, vaginal and anal samples. &lt;br&gt; • Examiners should use the equipment and recommended collection methods when collecting specimens/samples from the patient. However, there may be circumstances when examiners will have to use their best judgment about obtaining suitable samples, and the technique and equipment to do so.</td>
<td></td>
</tr>
<tr>
<td>Labelling and Sealing</td>
<td>All individual items will be sealed with a label and then placed in the appropriate envelope/container which is also labelled. Labels are provided in the FMEK and should be used accordingly.</td>
<td>Ensure the FMEK number is recorded in the Forensic Medical Examination Record - Sexual Assault. &lt;br&gt; Seal the FMEK with the three VIFM security seals along the three surface openings (front, left and right sides). Place the appropriate storage label on to the external surface of the kit.</td>
</tr>
<tr>
<td>Un-Used Items</td>
<td>Should be used to address the following issues: &lt;br&gt; • Ensure no left over unused swabs or slides remain in the facility thereby preventing their use in any future case. &lt;br&gt; • Ensure all specimens collected can be accounted for and if they are ‘missing’ they will be accessible in the unused items bag.</td>
<td>The unused items bag should include: &lt;br&gt; • Unused swabs - Swabs that have not sampled the body or another item. They may or may not have been aerated but have not been used on the patient. &lt;br&gt; • Unused slides - Slides that have not had a sample placed in the centre. They may or may not have been written on but have not been used on the patient. &lt;br&gt; • Unused water vial/s.</td>
</tr>
<tr>
<td>SAMPLE TYPE</td>
<td>INDICATIONS</td>
<td>METHOD OF SAMPLING</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>21 (Cont.)</td>
<td>Un-Used Items</td>
<td>• Unused FMEK Scissors – If they have not been used to directly sample from the patient. Scissors will have been used to aerate the swabs prior to being placed in the unused items bag.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The unused items bag must be sealed with the tamperproof sealing on the envelope.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place the unused items bag back into the FMEK and when ready to do so, seal the FMEK with the tamperproof seals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unused items must not be floating separately in the kit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is no need to collect unused envelopes/stickers/papers/gauze or any other kit component.</td>
</tr>
<tr>
<td>22</td>
<td>Chain of Custody</td>
<td>Fill out paperwork in the corresponding Forensic Specimens page of the Examination Record - Sexual Assault. Ensure that the person to whom you pass the sealed kit has signed the chain of custody form. One copy should accompany the specimens to the laboratory and the second copy should be retained with the patient records.</td>
</tr>
</tbody>
</table>