



# South Carolina Law Enforcement Division Subject Evidence Collection Protocol

## Patient Information:

Name of Hospital: \_\_\_\_\_ Date: \_\_\_\_\_ Time admitted: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  N/A

## Law Enforcement:

Agency: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_ Time: \_\_\_\_\_

Investigator: \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter: \_\_\_\_\_ Time: \_\_\_\_\_

## Persons present during collection of history:

Only SANE  Family  Law Enforcement  Other: \_\_\_\_\_

## Persons present during forensic evaluation:

Only SANE  Attorney  Law Enforcement  Other: \_\_\_\_\_

Consent provided for examination: Yes  No  Search warrant presented: Yes  No

Recent hygiene/ activity:	No	Yes	Describe:
Urinated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Defecated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genital or body wipes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushed teeth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouthwash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bath/shower/wash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ate or drank	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomited	<input type="checkbox"/>	<input type="checkbox"/>	_____
Changed clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoked	<input type="checkbox"/>	<input type="checkbox"/>	_____

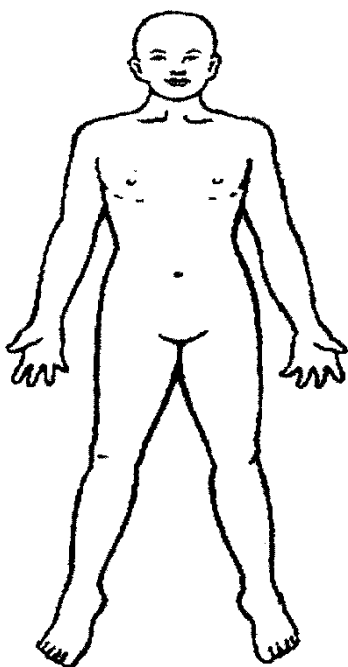


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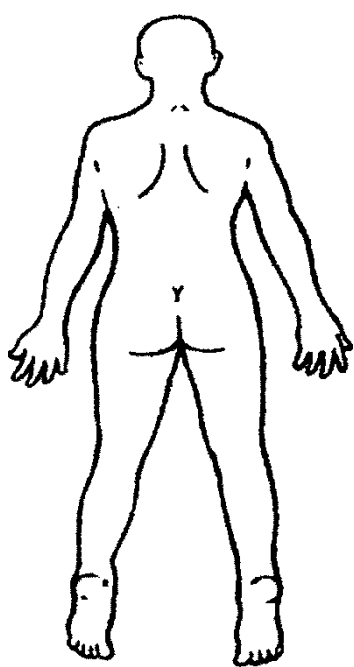
Subject Evidence Collection Protocol

Patient name: \_\_\_\_\_

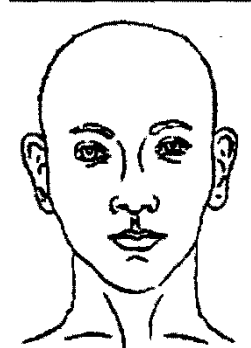
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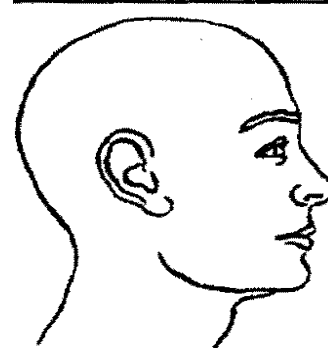
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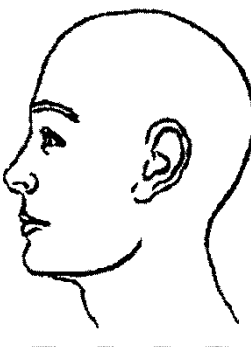
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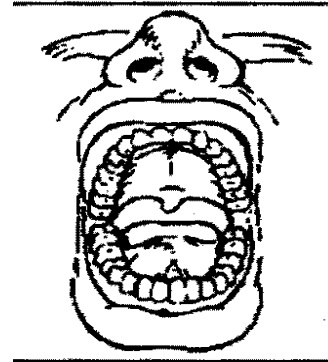
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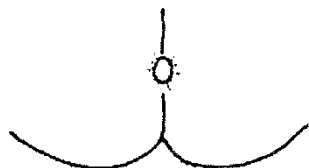
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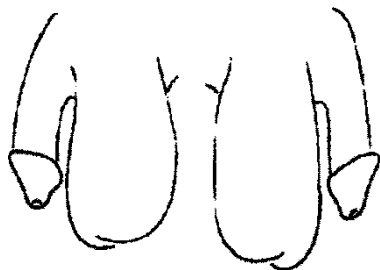
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G



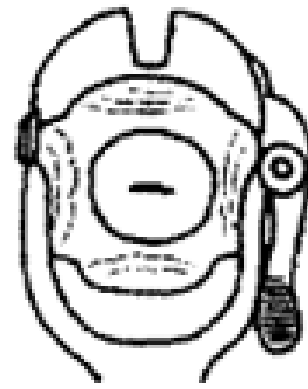
H



I



J



**Physical Examination**

Location #	Description	Location #	Description



Subject Evidence Collection Protocol

Patient name: \_\_\_\_\_

**Evidence Collected:**

**Clothing collected** – describe below  N/A  Changed Clothes  Bathed

- Shirt \_\_\_\_\_
- Pants \_\_\_\_\_
- Underwear \_\_\_\_\_
- Jacket \_\_\_\_\_
- Belt \_\_\_\_\_
- Shoes \_\_\_\_\_
- Other \_\_\_\_\_

**DNA Evidence Collected:**

	No	Yes	Describe
Known DNA Standard - Buccal ( <i>required</i> )	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vaginal/Penile Swabs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail Swabs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pubic Hair Combing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suspected Body Fluid Swabs	<input type="checkbox"/>	<input type="checkbox"/>	_____

Number of photographs taken \_\_\_\_\_

**Discharge Information:**

Time: \_\_\_\_\_ Discharged to: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_ Are you a SANE?  yes  no

Signature of Officer Receiving Evidence: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ / \_\_\_\_\_ Agency: \_\_\_\_\_

(Printed)

SIGNATURE