



South Carolina Law Enforcement Division Suspect 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: _____

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoked	<input type="checkbox"/>	<input type="checkbox"/>	_____



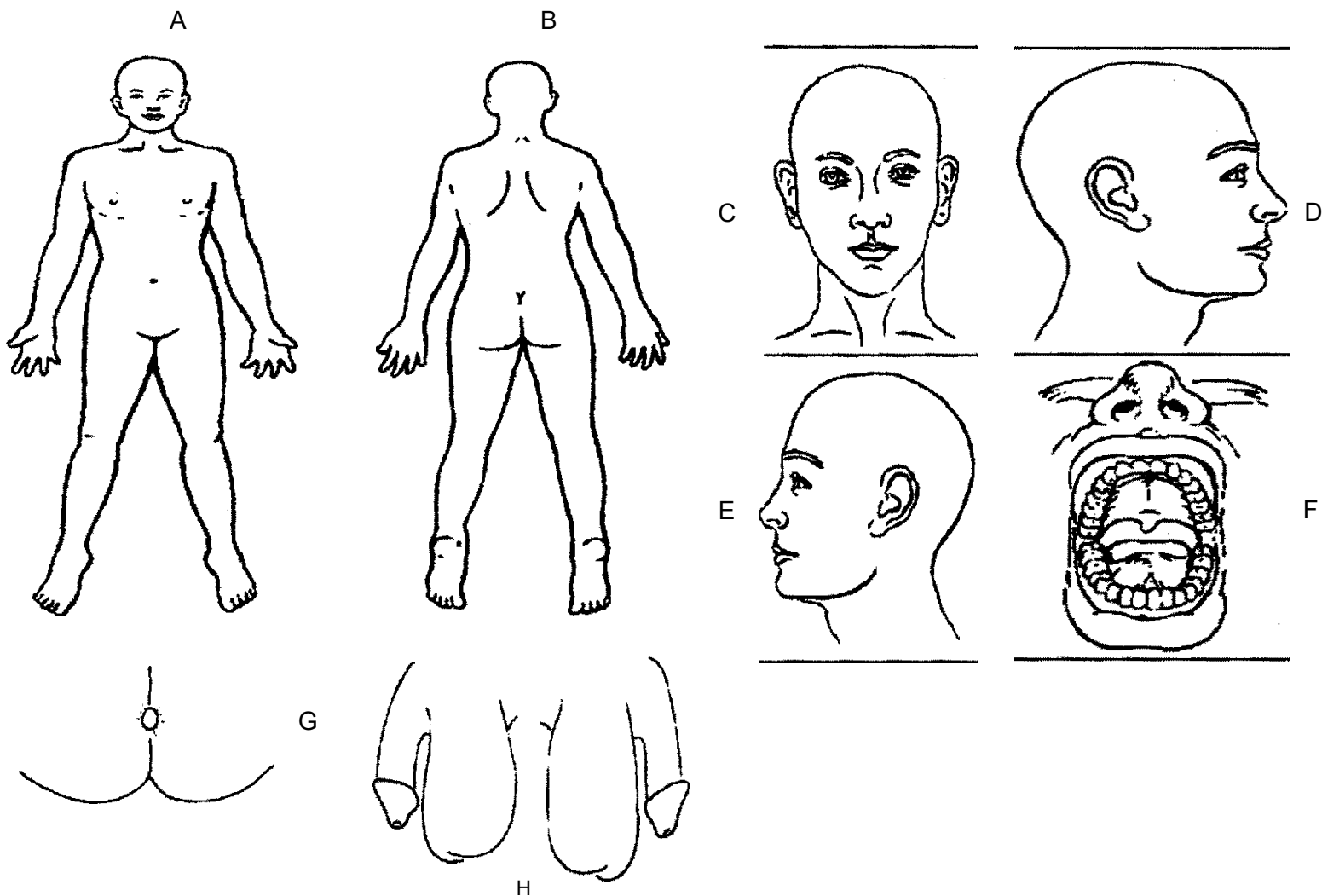
South Carolina Law Enforcement Division

Suspect Evidence Collection Protocol

Patient name: _____

Genital Examination - Male:

- Circumcised? Yes No
- Exam position used: Supine Lithotomy Lateral Other (describe) _____
- Exam methods for genital examination: Toluidine Blue Dye Colposcope UV light



Location #	Description	Location #	Description



South Carolina Law Enforcement Division

Suspect 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
Fingernail Swabs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Known DNA Standard - Buccal (<i>required</i>)	<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)