

Sex Crime Kit Feedback Form



Part A of this form **MUST BE COMPLETED** by the SANE/Physician collecting the evidence. When completed put this form with the other paperwork in the kit or log-on to www.fris.org/SAKiTA. Register for a username and password and complete the form on-line.

Kit Tracking Number:

Self Assigned Kit Tracking Number:

County Where Assault Occurred:

Hospital/Facility Name:

Date of Assault: Date of Exam:

Person Completing Kit: SANE Physician Other

Part A: To Be Completed By the Physician/SANE

1. Swab Collection

	# of Swabs Used
Oral	<input type="text"/>
Vaginal	<input type="text"/>
Rectal	<input type="text"/>
Perineal	<input type="text"/>
Breast	<input type="text"/>
Thigh	<input type="text"/>
External Genitalia	<input type="text"/>
Other#1 Description: <input type="text"/>	<input type="text"/>
Other#2 Description: <input type="text"/>	<input type="text"/>
Other#3 Description: <input type="text"/>	<input type="text"/>
Other#4 Description: <input type="text"/>	<input type="text"/>

2. Suspected DFSA Yes No

3. Specimens If Collected

- Urine Tested at Hospital Lab/Facility
- Urine Collected and Forwarded to Crime Lab
- Urine Not Collected

4. Known Reference Sample

Blood Card Yes No Oral Swabs Yes No

5. Clothing Disposition?

In Kit Additional Bags Not Collected

6. Did the victim required medical treatment? Yes No
(Treatment for broken bones, other injuries or other medical testing)

7. Comments regarding kit collection in general:

To receive feedback from the Crime Lab on the quality of samples collected you may:

- Log onto www.fris.org/SAKiTA. Enter your username and password. Enter the kit tracking number and follow the directions as given.
- Check the box to request feedback by mail.

Part B: Completed By the Crime Lab

Date of Examination:

1. Swab Collection

	# Swabs Submitted	Preliminary +/-	Confirmed +/-	Packaged/Dried Correctly Yes/No
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perineal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Spermatozoa Identified?

3. Were appropriate items sent to lab based on information given in Part A?

4. Comments from lab regarding the feedback on this kit.

If you want to discuss the feedback received on this kit in more detail, please call the WVSP Crime Laboratory at (304) 746-2818. Please have the Kit Number available when you call.