

# Palmetto Health Richland/Baptist SANE *Suspect Examination*

## Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender:  M  F Ethnicity \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Authorization

Law Enforcement Agency: \_\_\_\_\_  
Officer Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
 Voluntary  Court Order  Search warrant  
Identification by: \_\_\_\_\_  
Name of persons present during evidence collection: \_\_\_\_\_  
\_\_\_\_\_

## Medical History

Any recent (60 days) anal genital injuries, diagnostic procedures or medical treatment that may affect the interpretation of current physical findings:

Yes  No If yes describe: \_\_\_\_\_  
\_\_\_\_\_

Pertinent medical conditions:  Yes  No

If yes describe: \_\_\_\_\_

Pre-existing physical injuries?  Yes  No  
\_\_\_\_\_

## Recent Hygiene Information

(within 72 hours)

	Yes	No	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"/>	_____
Oral gargle/rinse	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bath/shower/wash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ate or drank	<input type="checkbox"/>	<input type="checkbox"/>	_____
Changed clothes	<input type="checkbox"/>	<input type="checkbox"/>	_____

## General Physical Examination

BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_  R  L handed

Describe general appearance: \_\_\_\_\_  
\_\_\_\_\_

Describe general demeanor: \_\_\_\_\_  
\_\_\_\_\_

**Clothing collected:** describe clothing

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

<b>Foreign materials collected</b>	<b>Yes</b>	<b>No</b>	<b>Describe</b>
Swabs suspected blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dried secretions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fiber/loose hair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soil/debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected semen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail scraping/cutting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pubic hair combing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pubic hair pulled	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Oral/genital samples</b>	<b>Yes</b>	<b>No</b>	
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penile	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scrotal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Toxicology Samples</b>	<b>Yes</b>	<b>No</b>	
Blood, grey top	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urine	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Reference samples</b>	<b>Yes</b>	<b>No</b>	
Blood, lavender top	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head hair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pubic hair	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Photo documentation:** 35mm \_\_\_\_\_ rolls  
 Polaroid \_\_\_\_\_ # of pictures  
 Digital \_\_\_\_\_

**Signature of Officer** receiving Evidence: \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Agency \_\_\_\_\_  
 Suspect kit       Clothing       Other \_\_\_\_\_

**Signature of SANE:** \_\_\_\_\_