

OSAC PROPOSED STANDARD

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Standard for Sexual Assault Kit Laboratory Documentation

*Forensic Nursing
Medicine Scientific Area Committee
Organization of Scientific Area Committees (OSAC) for Forensic Science*



Draft OSAC Proposed Standard

Standard for Sexual Assault Kit Laboratory Documentation

Prepared by
Forensic Nursing Subcommittee
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This OSAC Proposed Standard has completed an open comment period and a rigorous technical and quality review by the originating OSAC unit (e.g., subcommittee), their parent body (e.g., scientific area committee), and the OSAC Standards Review Panel.

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1 Foreword

2 This document provides the required information a forensic nurse shall document for submission
3 with the sexual assault evidence kit to the forensic testing laboratory. Accurate and standardized
4 documentation accompanying Sexual Assault Evidence Kits is essential to ensure the quality,
5 reliability, and legal integrity of forensic evidence. Inconsistent, incomplete, or unnecessary
6 documentation may result in testing delays, compromised evidence handling, or challenges to
7 the admissibility of findings in court. This standard provides a minimal set of documentation
8 requirements that strengthen communication among forensic nurses, healthcare institutions,
9 and forensic laboratories for the processing of Sexual Assault Evidence Kits. This document will
10 standardize information documented by collectors of sexual assault kits for use by forensic
11 testing laboratories. This document is used in conjunction with any requirements of state or
12 federal laws, licensing boards, local regulations, and the clinician's healthcare organization.

13 Hyperlinks and web addresses shown in this document are current as of the publication date
14 of this standard.

15 This document has been drafted by the Forensic Nursing Subcommittee of the
16 Organization of Scientific Area Committees (OSAC) for Forensic Science through a
17 consensus process.

33 **Keywords:** *evidence collection, trace specimen, sexual assault evidence kit, forensic*
34 *nurse, kit analysis*

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Collector Information Provision for Laboratory Analysis in Sexual Assault Investigations

1 Scope

This document describes the standard for the minimum information to be documented by the sexual assault evidence collection kit (SAEK) collector for use by a forensic testing laboratory.

2 Normative References

2025-N-0007 Standard for the Medical Forensic Examination of Living Persons: Sexual Violence of Adolescents and Adults

3 Terms and Definitions

For the purpose of this document, the following definitions apply:

3.1

blind swab

A forensic swab collected from an anatomical area of suspected or reported contact without direct visualization, e.g., a vaginal swab collected without the use of a speculum.

3.2

medical forensic examination

examination of a patient by a medical forensic examiner following suspected or disclosed violence.

3.3

sexual assault evidence collection kit (SAEK)

collection of items used by medical personnel to collect and preserve physical sexual assault evidence that can be used in a criminal investigation.

NOTE: A SAK may also be referred to as a sexual assault evidence kit (SAEK), sexual assault evidence collection kit (SAECK), or physical evidence recovery kit (PERK).

4 Requirements

4.1 The organization at which the SAEK is collected shall have a procedure that ensures documentation and release of the information necessary for forensic laboratory analysis of the SAEK to meet the requirements in this standard.

4.1.1 The procedure shall comply with any applicable federal, state, or local regulations. The procedure should include guidance on meeting specific requirements of forensic testing laboratories, as practical.

4.1.2 The procedure shall include documentation and release of the following information (except where prohibited by law):

- a) chain of custody documentation
- b) patient date of birth and biological sex assigned at birth;
- c) unique identifier for the kit;
- d) the date(s) and time(s) the patient had any sexual contact within the relevant time frame(s), including ejaculation and/or condom use;
- e) loss of memory or inability to recall events;
- f) person who provided history to the collector;
- g) the date and time the reported assault occurred;
- h) the number and gender of assailant(s), if reported;
- i) if penetration or an attempt at penetration was reported, the location and object used, if reported;
- j) condom use
- k) whether ejaculation was reported and the location of ejaculation
- l) whether oral/genital contact was reported;
- m) contact on any part of the patient's body where foreign DNA or a body fluid might be located;
- n) additional areas where prolonged, non-incidental physical contact may have occurred, such as in cases of strangulation or restraint;
- o) an inventory of all items collected during the forensic medical examination, including items packaged outside of the SAEK;
- p) handling and packaging factors which may affect the integrity of specimens;
- q) if collected, whether clothing was worn during/immediately after the incident;
- r) description of patient pubic hair, if collected, presence/absence/color/length;
- s) the identity of any individuals present in the examination room during the exam, and if any individual was not wearing appropriate PPE at all times through the completion of any collection process;
- t) whether a speculum or an anoscope was used;
- u) whether a blind swab was used;
- v) a mechanism for the lab to provide feedback to the examiner;

4.1.3 The following information shall not be submitted to the forensic testing laboratory from the collector without a case-specific rationale (except where required by law):

- a) demographic information outside of patient identifier (ex. address, SSN)
- b) reason(s) for loss of memory or inability to recall events;
- c) narrative of events immaterial to the testing/analysis of the SAEK;
- d) consensual sexual activity outside community standards, collection timing considerations;
- e) consensual partner's name;
- f) medications;
- g) drug/alcohol use;

144 h) past medical history/surgical history/gynecological history/test results (e.g., STI, pregnancy)
145 and treatment.

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147 4.2 Required information shall be documented on a form. An example can be found in
148 Annex A.

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Annex A

Patient Name: _____ **Patient DOB:** _____ **Patient Birth Sex:** M/F
Date/Time of Assault: _____ **Date/Time of Exam:** _____
Alleged Assailant(s) Information:
Name: _____ **Birth Sex:** M/F/Unknown **Relationship:** _____
Name: _____ **Birth Sex:** M/F/Unknown **Relationship:** _____
Do the patient and assailant(s) share a residence or regularly cohabit? ☐ Yes ☐ No ☐ Uncertain

Post-assault Patient Activity:

Wiped/washed off the affected area(s): ☐ Yes ☐ No ☐ Uncertain	Performed oral hygiene/oral intake/vomited: ☐ Yes ☐ No ☐ Uncertain
Bathed/showered/gone swimming/hot tub: ☐ Yes ☐ No ☐ Uncertain	Changed clothes: ☐ Yes ☐ No ☐ Uncertain 
Vaginal Irrigation (ex. Douching): ☐ Yes ☐ No ☐ Uncertain	Used or discarded tampons, pads, or diapers: ☐ Yes ☐ No ☐ Uncertain
Urinated: ☐ Yes ☐ No ☐ Uncertain	Defecated: ☐ Yes ☐ No ☐ Uncertain
Other procedures, including additional medical care, that may have compromised specimens collected: _____ _____ ☐ N/A	Is the patient currently menstruating? ☐ Yes ☐ No Was the patient menstruating at time of or since assault? ☐ Yes ☐ No Is the patient breastfeeding/lactating? ☐ Yes ☐ No

Sexual Contact Details Prior to Exam:

Has there been prior sexual/intimate contact with the assailant(s)? ☐ Yes ☐ No If yes, list date(s) _____ ☐ Uncertain Location: ☐ Oral ☐ Vaginal ☐ Anal ☐ Other physical contact Condom used: ☐ Yes ☐ No ☐ Uncertain Did ejaculation occur? ☐ Yes ☐ No ☐ Uncertain	
Has there been sexual contact with others in the past 20 days? ☐ Yes ☐ No ☐ Uncertain Number of persons? _____ ☐ Uncertain If yes, List date(s) for vaginal contact (up to 20 days): _____ ☐ N/a Condom used: ☐ Yes ☐ No ☐ Uncertain Did ejaculation occur? ☐ Yes ☐ No ☐ Uncertain List date (s) for anal contact (up to 5 days): _____ ☐ N/a Condom used: ☐ Yes ☐ No ☐ Uncertain Did ejaculation occur? ☐ Yes ☐ No ☐ Uncertain List date (s) for oral contact (up to 24 hours): _____ ☐ N/a Condom used: ☐ Yes ☐ No ☐ Uncertain Did ejaculation occur? ☐ Yes ☐ No ☐ Uncertain	

Locations and Methods of Acts Related to Disclosed Incident:

Penile contact with patient: ☐ Oral ☐ Vaginal ☐ Anal Assailant Ejaculation: ☐ No ☐ Uncertain ☐ Yes Location: _____ Patient Ejaculation: ☐ No ☐ Uncertain ☐ Yes	Object: ☐ Oral ☐ Vaginal ☐ Anal Type of Object: _____
Digital: ☐ Oral ☐ Vaginal ☐ Anal	Uncertain: ☐ Oral ☐ Vaginal ☐ Anal
Oral copulation of patient's: ☐ Vagina ☐ Penis ☐ Anus	Condom used: ☐ Yes ☐ No ☐ Uncertain Lubricant: ☐ Yes ☐ No ☐ Uncertain Type: _____ ☐ Uncertain
Was there reported loss of consciousness or inability to recall events? ☐ Yes ☐ No ☐ Uncertain	

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Specimens Collected:

*Collector, highlight three collection sites most likely to yield results based on history and physical.

List Priority Swabs: 1. _____ 2. _____ 3. _____

Buccal for Known DNA: ☐ Yes ☐ No	Oral Swab for Semen/Other: ☐ Yes ☐ No
Perioral: ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____	Bitemark/Licking/Kissing/Suction: ☐ Yes ☐ No Location(s) _____
Fingernails: ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____ Did the patient scratch the assailant? ☐ Yes ☐ No ☐ Unsure	External Genitalia: ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____
Pubic Hair Swab/Clippings: ☐ Yes ☐ No ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____ ☐ Pubic Hair Not Present	Vaginal/Cervical: ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____ Speculum used ☐ Yes ☐ No Lubrication used? ☐ Yes ☐ No If yes, type: _____
Perianal: ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____	Anal: ☐ Yes ☐ No Rectal: ☐ Yes ☐ No ☐ Semen ☐ Blood ☐ Saliva ☐ Unsure ☐ Other _____ Anoscope used ☐ Yes ☐ No
Misc Swab: Location _____ ☐ Semen ☐ Blood ☐ Saliva ☐ Touch/Contact ☐ Unsure ☐ Other _____	Misc Swab: Location _____ ☐ Semen ☐ Blood ☐ Saliva ☐ Touch/Contact ☐ Unsure ☐ Other _____
Misc Item/Foreign Object Collection: Type: _____ Collected From: _____	Debris: _____ Collected From: _____ Debris: _____ Collected From: _____
Underwear: ☐ Yes ☐ No Drying Method: _____ If Collected: ☐ Worn during assault ☐ Worn any time after assault ☐ Washed ☐ Unwashed ☐ Wet/damp at collection	Swabs Dried? ☐ Yes ☐ No Drying Method: _____ Other Dried? ☐ Yes ☐ No Item(s): _____ Drying Method: _____
Swabs Recommended and Declined by Patient: _____ ☐ N/A Swabs Self-Collected by Patient: _____ ☐ N/A	

Additional Item(s)/Specimen Handling and Preservation:

Items packaged outside of the kit: ☐ Yes ☐ No ☐ Clothing ☐ Toxicology ☐ Other: _____		
Other Clothing: ☐ Yes ☐ No If yes, type: _____ If Collected: ☐ Worn during assault ☐ Worn any time after assault ☐ Washed ☐ Unwashed		
Items Frozen After Collection: ☐ Yes, Item(s): _____ ☐ No	Items Refrigerated After Collection: ☐ Yes, Item(s): _____ ☐ No	Items Dried? ☐ Yes ☐ No Item(s): _____ Drying Method: _____ Item(s): _____ Drying Method: _____

Additional information regarding physical contact during the incident, or other relevant information: ☐ N/A

Person providing history to collector, if other than patient: _____ ☐ N/A

Printed name of collector filling out form: _____

Sexual Assault Kit Collection Feedback for Best Practice

THIS FORM IS FOR QUALITY ASSURANCE PURPOSES ONLY– DO NOT KEEP AS PART OF PATIENT RECORD

Evidence Collector: Complete Section 1 below and place this form in the kit with a self-addressed envelope.

Forensic Laboratory Personnel who perform testing on this kit: Complete Sections 2-3 below and return form using the envelope provided. Specific feedback for areas of improvement (evidence collection, documentation) is appreciated.

Section 1. Demographic Information

Facility Name _____ Collection date _____

Collected by (print): _____

Section 2. Documentation

Reported Sexual Assault Lab Information Form (or equivalent information) included in kit? ☐ N/A ☐ Yes ☐ No

Does documentation provided include required information and omit unnecessary information? ☐ Yes ☐ No

Comments: _____

Section 3. Evidence Collection & Packaging

Kit and envelopes labeled and sealed properly? ☐ N/A ☐ Yes ☐ No

Comments: _____

Swabs adequately dried? ☐ N/A ☐ Yes ☐ No

Comments: _____

Chain of custody documentation feedback? ☐ N/A

Comments: _____

Adequate number/type of swabs based on history of events? ☐ N/A ☐ Yes ☐ No

Comments: _____

Were non-swab specimens collected consistent with history of events on form? ☐ N/A ☐ Yes ☐ No

Comments: _____

Buccal swab/known DNA sample included in kit? ☐ N/A ☐ Yes ☐ No

Additional Feedback: _____

Comments: _____

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155
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Annex B (Informative) Bibliography

The following bibliography is not intended to be an all-inclusive list, review, or endorsement of literature on this topic. The goal of the bibliography is to provide citations and examples of publications addressed in the standard. recognizes that other publications on this subject can exist.

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