



Division of Criminal  
Justice Services

# Instructions For The Collection of Sexual Offense Evidence Collection Kits (SOECK)

Office of Forensic Services

January 11, 2023

# Overview

- Kit update and Law
- Collection Facts
- Part A vs. Part B of the kits
- Completing the kit steps
- After completing the kit



# Kit Update and Law

- The NYS SOECK has been improved in order to increase the efficiency of the collection process, be less invasive to the patient, while also maintaining the highest level of probative value to the evidence collected for laboratory processing. It now has 12 steps with a head-to-toe collection approach.



# Kit Update and Law

- NYS guidance referred to the “National Best Practices for Sexual Assault Kits” released from the Department of Justice when updating the kit steps.

[National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach \(ojp.gov\)](#)

- Please familiarize yourself with NYS Public Health Law §2805-i and NYCRR 405.19 & 405.9

[public health law 2805-i.pdf \(ny.gov\)](#)

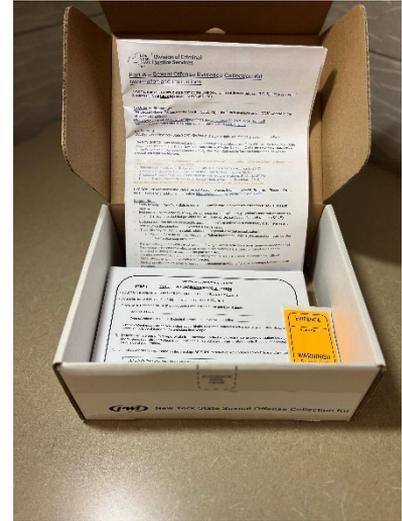
[Title: Section 405.19 - Emergency services | New York Codes, Rules and Regulations \(ny.gov\)](#)

[Title: Section 405.9 - Admission/discharge | New York Codes, Rules and Regulations \(ny.gov\)](#)



# Kit Collection Facts

- Collection up to 120 hours after incident
  - You may use your discretion for collection for times if a patient comes in after 120-hour window
- Steps may be omitted based on patient's wishes and/or patient's physical or emotional well-being
- Collect evidence swabs before taking any cultures
- Plan on devoting several hours to the exam



# Part A (larger kit) and Part B (DFSA kit)



**NEW YORK STATE**  
Division of Criminal  
Justice Services

**NEW YORK STATE**  
**SEXUAL OFFENSE EVIDENCE COLLECTION KIT**

**PART A**

*For medical provider use only*  
**Do not use kit if seal is broken on internal bag**  
To order Part A or Part B kits email [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov)  
**Part B kit must be used to collect blood/urine samples**

**MEDICAL PROVIDER INFORMATION**

Patient Medical Record Number: \_\_\_\_\_

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

Patient Date of Birth: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Examination Performed By: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Part B Evidence Collected: Yes  No

Additional Evidence Collected: Yes  # of Parcels \_\_\_\_\_ | No

Place  
Evidence  
Seal

**CHAIN OF CUSTODY** Store kit in a secure area. Document all who handle kit.

Date \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

**NEW YORK STATE KIT TRACKING INFORMATION**

NYS Tracking Number: \_\_\_\_\_

NYS Tracking Barcode: \_\_\_\_\_

**STORAGE & FORENSIC LAB INFORMATION**

Storage Barcode

Lab Barcode



**NEW YORK STATE**  
Division of Criminal  
Justice Services

**NEW YORK STATE**  
**DRUG FACILITATED SEXUAL ASSAULT**  
**EVIDENCE COLLECTION KIT**

**PART B**

*For medical provider use only*  
**For blood and urine specimen collection**  
To order Part A or Part B kits email [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov)  
**Part B kit must be used in conjunction with a Part A Kit**

BIOHAZARD  
STICKER

**MEDICAL PROVIDER INFORMATION**

Patient Medical Record Number: \_\_\_\_\_

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

Patient Date of Birth: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Examination Performed By: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Place  
Evidence  
Seal

**CHAIN OF CUSTODY** Store kit in a refrigerated, secure area. Document all who handle kit.

Date \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

**NEW YORK STATE KIT TRACKING INFORMATION**

NYS Tracking Number: \_\_\_\_\_

NYS Tracking Barcode: \_\_\_\_\_

**STORAGE & FORENSIC LAB INFORMATION**

Storage Barcode

Lab Barcode



## Part A vs. Part B

### A) Sexual Offense Evidence Collection Kit

Contains: envelopes, instructions, consent forms, prepubertal information sheets, Part B Alert sheet, Forensic Rape exam application, Office of Victim services compensations application, defendant testing brochure, supplemental forensic laboratory form, evidence seal

### B) Drug Facilitated Sexual Assault Kit

Contains: Blood and urine specimen collection instructions, Drug facilitated sexual assault laboratory information form, Authorization form for release to law enforcement for drug screening, antiseptic prep pad, 2 gray top blood tubes, urine specimen bottle, urine specimen bottle ziptop bag, liquid absorbing sheet, evidence seals, security seal



# Let's briefly discuss Part B: Drug Facilitated Sexual Assault Kit First



# Please consult DFSA Information Sheet to know when to use Part B



## Drug Facilitated Sexual Assault (DFSA) Information Sheet

### What is it?

Rape or sexual assault facilitated by the use of drugs to incapacitate the patient.

### What are the signs?

- Memory loss including "snapshots" or "cameo memories"
- Confusion
- Impaired motor skills
- Reduced inhibition
- Dizziness
- Drowsiness
- Impaired judgement
- Intoxication disproportionate to the amount of alcohol consumed

### How do I determine if a sexual assault may have been drug facilitated?

Be aware of the following scenarios that could possibly indicate that the patient was drugged:

- If the patient remembers taking a drink but cannot recall what happened for a period of time after consuming the beverage.
- If the patient feels a lot more intoxicated than their usual response to the amount of alcohol consumed or feels intoxicated after drinking a non-alcoholic beverage.
- If the patient woke up feeling "hung over" or "fuzzy," experiencing memory lapses and unable to account for a period of time.
- If the patient feels as though someone had sex with them but cannot recall any or all of the incident.
- If the patient wakes up in a strange or different location without knowing how they got there.
- If the patient's clothes are absent, inside out, disheveled, or not theirs.
- If the patient has "snapshots" or "cameo memories."

### What do I do if I recognize the possibility of DFSA?

Use the Part B – Drug Facilitated Sexual Assault Kit. Notes:

- Collection should be done within 120 hours of the suspected drug ingestion.
- You must obtain separate patient consent (form is included in the Part B Kit or available on the DCJS website at <https://www.criminaljustice.ny.gov/evidencekit.htm>).
- You must complete the Part A Kit forensic exam before using the Part B – DFSA Kit.

### What if our facility does not have any Part B – DFSA Kits available?

- Use 2 gray top blood tubes and a standard sterile urine collection cup to collect samples.
  - **The patient's first urine is critical.** If a urine specimen is collected at the start of the exam for a pregnancy test, the leftover urine should not be thrown out.
  - Do not use clean catch method for urine collection.
  - Collect 100 ml of urine, or as much as possible.
- **You must obtain separate, signed consent from the patient.** Download and print the consent form available on the DCJS website at the above web address.
- Do not include DFSA evidence in the Part A Kit box.
- Collected evidence must be stored in a refrigerated, secure area, in accordance with medical provider's protocol. If the patient consented, release sealed evidence to law enforcement official. If not, coordinate evidence transfer to long term storage. Be sure to properly document chain of custody.

Division of Criminal Justice Services	
<b>NEW YORK STATE DRUG FACILITATED SEXUAL ASSAULT EVIDENCE COLLECTION KIT</b>	
<b>PART B</b>	
For medical provider use only For blood and urine specimen collection To order Part A or Part B kits email <a href="mailto:kits@dcjs.ny.gov">kits@dcjs.ny.gov</a> <b>Part B kit must be used in conjunction with a Part A Kit</b>	
<b>MEDICAL PROVIDER INFORMATION</b>	
Patient Medical Record Number: _____ Patient Name: _____ Patient Date of Birth: _____ Facility Name: _____ Examination Performed By: _____ Date of Examination: _____	
Place Evidence Seal	
<b>CHAIN OF CUSTODY</b>	
Store kit in a refrigerated, secure area. Document all who handle kit.	
Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____ Received By: _____	
<b>NEW YORK STATE KIT TRACKING INFORMATION</b>	<b>STORAGE &amp; FORENSIC LAB INFORMATION</b>
NYS Tracking Number: _____ NYS Tracking Barcode: _____	Storage Barcode: _____ Lab Barcode: _____



# Part B: Drug Facilitated Sexual Assault Kit

Please note Part B should not be collected without Part A, since Part B has *limited probative value* on its own.



# Part B: Drug Facilitated Sexual Assault Kit



## Part B – Drug Facilitated Sexual Assault Kit Evidence Collection Information and Instructions

If you have any questions, please contact the Division of Criminal Justice Services (DCJS) Office of Forensic Services (OFS) at [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov) or 518-457-1901.

The Part B Kit is to be used **only** in cases where there is a suspicion of a drug facilitated sexual assault. The Part B Kit **must** be used in conjunction with the Part A Kit and cannot be used on its own. This kit is generally used within 120 hours of a sexual assault. Collected kits must be refrigerated.

Collect **both** blood and urine specimens from patients in all cases. Urine specimens should be collected as soon as possible, but **not** before completing the Part A Kit evidence collection. The first urine after the drugging is critical; every time the patient urinates the chance of detecting a drug, if present, diminishes. Therefore, every effort should be made to obtain the first urine specimen. If a urine specimen is collected at the start of the exam for a pregnancy test, the leftover urine should **not** be thrown out.

The Part B Kit contains:

- Blood and Urine Specimen Collection Instructions
- Drug Facilitated Sexual Assault Patient Examination Form
- Patient Consent Form for Evidence Collection and Release or Storage
- Antiseptic Prep Pad
- 2x 6ml Gray Top Blood Tubes
- 100 ml Urine Specimen Bottle
- Ziploc Bag
- Liquid Absorbing Sheet
- 3x Evidence Seals
- Security Seal

### Instructions

**STEP 1** The provider should review and complete the [Part B Kit - Drug Facilitated Sexual Assault Patient Consent Form](#) with the authorizing patient or guardian.

**STEP 2** Fill out the [Drug Facilitated Sexual Assault Forensic Laboratory Information Form](#).

#### Blood Specimen Collection

Blood specimen collection must be performed by a physician, registered nurse, or trained phlebotomist. If the provided blood tubes have expired, use two gray top tubes from the medical provider's supply.

**STEP 3** Cleanse the blood collection site with the provided alcohol-free prep pad. Following normal provider procedure, use the provided gray top blood tubes to collect blood specimens from the patient. Fill both tubes to the maximum volume.

Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting the blood tube several times. *Do not shake vigorously.*



## Part B Kit – Drug Facilitated Sexual Assault Patient Consent Form for Evidence Collection and Release or Storage

AFFIX PATIENT LABEL  
Or Enter Patient Name: \_\_\_\_\_

Additional Information	
Patient Phone: _____	Patient Email: _____
Facility Name: _____	_____

**Instructions:** This form is to be used when a sexual assault patient or guardian authorizes the collection of sexual assault evidence and there is suspicion of a drug facilitated sexual assault. Please include patient's / guardians' initials on designated lines; complete signatures are required at the bottom of the form.

A mature minor who presents at a hospital emergency department may consent or may choose not to consent, without parental involvement, to a forensic exam, in the course of post-sexual assault care.

This consent form is not meant to describe all components of a sexual assault medical forensic exam. Fully informed consent must be obtained from the patient throughout the exam through ongoing verbal communication between the provider, the patient and the guardian, if any. Save this form in the patient's electronic medical record. A copy may be distributed to the authorizing person (patient and or guardian) and law enforcement, if released.

### Consent for Drug Facilitated Sexual Offense Evidence Collection

I agree to let the provider collect blood and urine specimens using the *New York State Sexual Offense Evidence Collection Kit, Part B*. I understand that this is for the purpose of identifying the presence of drugs as a part of a sexual assault exam. This evidence will be used if I want to report the crime to law enforcement.

I understand that I can say no to any or all parts of this exam and evidence collection at any time. The provider has told me about my rights by giving me a copy of the "New York State Sexual Assault Victim Bill of Rights" and offering to explain it to me.

Please put your initials next to your choice:

Collection of Blood Yes \_\_\_\_\_ No \_\_\_\_\_

Collection of Urine Yes \_\_\_\_\_ No \_\_\_\_\_

[Consent for Release or Storage of Drug Facilitated Sexual Offense Evidence is included in the Part A Consent for the kit as a whole.](#)

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# Additional items

Following items, you *may* want to have available in addition to the Part A Kit:

- Paper bags
- Plain white stationary envelopes
- Sterile swabs
- Sterile water or tap water
- Exam table paper
- Clean bed sheets





**Part A – Sexual Offense Evidence Collection Kit Information and Instructions**

If you have any questions, please contact the Division of Criminal Justice Services (DCJS) Office of Forensic Services (OFS) at [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov) or 518-457-1901.

To Order Additional Kits

The Sexual Offense Evidence Collection Kit (SOECK) order form is available on the DCJS website at the following web address:

[https://www.criminaljustice.ny.gov/ofso/bdf/docs/sexual\\_offense\\_kit\\_2020\\_order\\_form.pdf](https://www.criminaljustice.ny.gov/ofso/bdf/docs/sexual_offense_kit_2020_order_form.pdf).

Completed order forms should be returned electronically to [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov).

Background

DCJS provides New York State SOECKs free of charge to approved medical providers in the State.

The NYS SOECK was developed and updated through the collaborative efforts of DCJS, the New York State Department of Health (DOH), the New York State Office of Victim Services (OVS), the New York State Office for the Prevention of Domestic Violence (OPDV), New York State public forensic laboratories, as well as medical and legal practitioners.

The NYS SOECK, and recommended evidence collection protocol, is informed by the following documents from the US Department of Justice (DOJ):

- National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach (2017)
- A National Protocol for Sexual Assault Medical Forensic Examinations (2013)
- A National Protocol for Sexual Abuse Medical Forensic Examinations, Pediatric (2016)
- National Training Standards for Sexual Assault Medical Forensic Examiners (2018)

(It is generally recommended to refer to latest available DOJ guidance and documentation on sexual assault)

NYS DOH also administers the State’s Sexual Assault Forensic Examiner (SAFE) Program. Please refer to the DOH website for additional information: <https://www.health.ny.gov/professionals/safe/>

General Notes

- Every hospital in New York State is required to provide care and evidence collection to sexual assault patients.
- Evidence can be collected by any registered nurse, nurse practitioner, physician’s assistant, or physician.
  - It is recommended that providers be SAFEs and/or Sexual Assault Nurse Examiners (SANEs).
- Evidence collection kits are designed to assist in the uniform collection of evidentiary specimens in any case in which the crime/incident involved is a sexual assault.
- These kits may be used for an adult, adolescent, or pediatric sexual assault patient.
  - With prepubertal patients please refer to the included Prepubertal Patient Information Sheet and Step 11 envelope instructions.
- It is acknowledged that while the completion of every evidence collection step is generally recommended, the medical practitioner may elect to not complete one or more steps based on the physical and/or emotional wellbeing of the patient, or the patient’s history.
- It is also acknowledged that the patient has the right to refuse one or more individual steps without relinquishing the right to have evidence collected.
- Medical practitioners are asked to appropriately document deviations from the recommended examination procedure.



**Prepubertal Patient Information Sheet**

This SOECK is designed for any registered nurse, nurse practitioner, physician’s assistant or physician to obtain sexual assault evidence.

- Under NO circumstances should a child be forced, restrained or sedated for the purpose of evidence collection.
- Clinicians only need reasonable concern that sexual abuse may have occurred.
- Remember that children frequently do not disclose the full extent of what has happened.

DO NOT INTERVIEW THE PATIENT  
 AVOID UNNECESSARY TRANSFER OF PATIENT TO ANOTHER FACILITY  
 CONSIDER PHONE CONSULT WITH AVAILABLE SANE, CHILD ABUSE PEDIATRICIAN,  
 OR CHILD ADVOCACY CENTER

Evidence collection is recommended when children disclose or there is concern for:	<ul style="list-style-type: none"> <li>• Any suspected and/or reported sexual assault/sexual abuse within past 120 hours. This includes, but is not limited to sexual touching/fondling (however slight), licking, biting, or penetration of the body cavities.</li> <li>• Anogenital injury, bleeding, or discharge consistent with reported history.</li> <li>• Possible ejaculate or saliva on child’s body</li> <li>• History of abduction or suspicious report of child missing</li> <li>• Suspicious/unusual circumstances based on clinical judgement.</li> </ul>
Evidence collection is <u>NOT</u> recommended:	<ul style="list-style-type: none"> <li>• Sexual assault/sexual contact is suspected and/or reported to have occurred more than 120 hours before ED presentation</li> <li>• Solely based on behavioral changes such as bedwetting, masturbation, or sexualized behaviors, which may have another etiology.</li> </ul>

A CHILD WITH AN INTERNAL INJURY AND/OR BLEEDING, OR A FOREIGN BODY MAY REQUIRE SEDATION FOR EXAM AND/OR EVIDENCE COLLECTION.

When Completing the Evidence Collection Kit:

1. If the child provides spontaneous case related information, document their remarks using quotations.
2. Obtain a brief history from the parent or caregiver accompanying the child. Ensure that this is completed outside the presence of the child.

<p><u>Mandated Reporting</u></p> <p>When it is suspected that sexual abuse/assault has occurred, whether or not forensic evidence is collected, a hotline report should be made:</p> <p><input type="checkbox"/> NYS Central Register 1-800-342-3720</p>
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<p><u>Considerations for Contacting Law Enforcement</u></p> <p>Clinicians can assist parents/guardians who choose to report to law enforcement. Inform parents/guardians that early law enforcement involvement can be helpful:</p> <ul style="list-style-type: none"> <li>• A timely crime scene investigation helps minimize evidence loss.</li> </ul>
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Division of Criminal Justice Services

**Part A Kit – Sexual Assault  
Patient Consent Form for Evidence Collection and Release or Storage**

ATTACH PATIENT LABEL  
Or Enter Patient Name: \_\_\_\_\_

Additional Information

Patient Phone:	_____	Patient Email:	_____
Facility Name:	_____		

**Instructions:** This form is to be used when a sexual assault patient or guardian authorizes the collection of evidence. Please include patient's / guardians' initials on designated lines; complete signatures are required at the bottom of the form.

A mature minor who presents at a hospital emergency department may consent or may choose not to consent, without parental involvement, to a forensic exam, in the course of post-sexual assault care.

This consent form is not meant to describe all components of a sexual assault medical forensic exam. Fully informed consent must be obtained from the patient throughout the exam through ongoing verbal communication between the provider, the patient and the guardian, if any. Save this form in the patient's electronic medical record. A copy may be distributed to the authorizing person (patient and or guardian) and law enforcement, if released.

**Consent for Sexual Offense Evidence Collection**

I agree to let the provider examine me and collect sexual assault evidence using the *New York State Sexual Offense Evidence Collection Kit, Part A*. I understand that this may include asking me about my personal and medical history, examining me for possible injuries or other medical issues, and taking samples for evidence. I may also choose to consent to photographs of injuries, if needed. This evidence will be used if I want to report the crime to law enforcement.

I understand that I can say no to any or all parts of this exam and evidence collection at any time. The provider has told me about my rights by giving me a copy of the "New York State Sexual Assault Victim Bill of Rights" and offering to explain it to me.

Please put your initials next to your choice:

Collection of Evidence	Yes _____ No _____
Photographs	Yes _____ No _____

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Pursuant to New York Executive Order No. 26 "Statewide Language Access Policy," translated versions of this document are available in the designated languages at <https://www.criminaljustice.ny.gov/evidencekit.htm>



Division of Criminal Justice Services

**Forensic Laboratory  
Supplemental Information Form**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Sex Classification at Birth:  M  F

Incident information relevant to evidence collection:

1. Date and approximate time of the assault:

Date: \_\_\_/\_\_\_/\_\_\_  
Time: \_\_\_\_\_ AM  PM

2. Where did assault occur (i.e., bed, car, living room)? \_\_\_\_\_

3.  Single assailant  Multiple assailants  
If assailant(s) is known, relationship: \_\_\_\_\_

Description of assault:

\_\_\_\_\_

Recent sexual activity:

From 120-hours prior to the incident until the time of this examination, has the patient had sexual contact?

Yes  No

If yes, (Consensual Partner:  M  F) Vaginal date: \_\_\_/\_\_\_/\_\_\_ Anal date: \_\_\_/\_\_\_/\_\_\_ Oral date: \_\_\_/\_\_\_/\_\_\_

Type of sexual contact:

- Contact with patient's vagina by:  Not applicable (male patient)  Penis  Finger/hand  Mouth  Foreign object  Unknown  No contact; Did penetration occur?  Yes /  No /  Unknown
- Contact with patient's penis by:  Not applicable (female patient)  Vagina  Finger/hand  Mouth  Foreign object  Unknown  No contact; Did penetration occur?  Yes /  No /  Unknown
- Contact with patient's rectum by:  Penis  Finger/hand  Mouth  Foreign object  Unknown  No contact; Did penetration occur?  Yes /  No /  Unknown
- Oral contact with patient's genitals:  Yes /  No /  Unknown  
If yes,  on patient by assailant(s);  on assailant(s) by patient
- Did ejaculation occur:  Yes /  No /  Unknown  
If yes, indicate location(s):  Mouth  Vulvar Area  Vagina  Rectum  
 Body surface \_\_\_\_\_;  Clothing \_\_\_\_\_;  Other \_\_\_\_\_

Did any of the following occur:

- Use of condom  Yes  No  Unsure
- Sucking/kissing/biting/licking  Yes  No  Unsure If yes, Location: \_\_\_\_\_
- Patient scratch assailant?  Yes  No  Unsure
- If yes, was assailant bleeding?  Yes  No  Unsure
- Patient menstruating at time of incident?  Yes  No
- If yes, was a tampon/pad utilized during or after the incident?  Yes  No
- If yes, was the tampon/pad collected?  Yes  No
- Patient wearing underwear at time of incident?  Yes  No
- Underwear collected?  Yes  No

Post assault hygiene and activity:

- Did the patient bath/shower since the assault?  Yes  No
- Changed underwear  Yes  No
- Changed clothes  Yes  No
- Washed clothes worn during assault  Yes  No

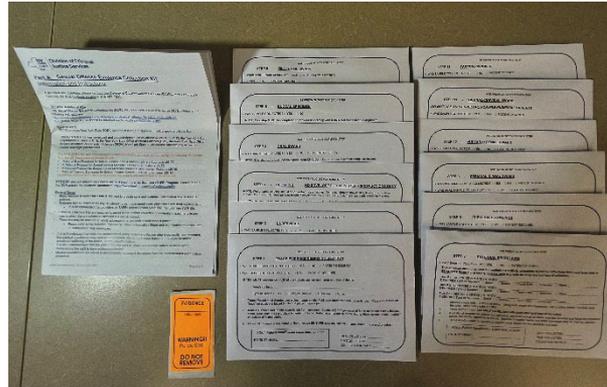
Medical Facility Name
Examination Performed By
Date of Examination
Form Completed By
Form Completion Date

# Steps

The following slides contain the steps in which you should collect evidence for the Sexual Offense Evidence Collection Kit

- The patient must consent to the exam, signing the consent forms in each part of the kits

\*Remember your patient must consent or decline each step in the evidence collection process, as marked on each step envelope



# Step 1: Trace Evidence and Debris Collection

USE FRESH GLOVES FOR EACH STEP

## STEP 1 - TRACE EVIDENCE & DEBRIS

- WAS **TRACE** EVIDENCE COLLECTED?  YES  NO  PATIENT DECLINED
- WAS **DEBRIS** COLLECTED?  YES  NO  PATIENT DECLINED

-If DEBRIS was collected, describe the AREA(S) of body it was collected from and the type of debris;

Area(s) of body: \_\_\_\_\_

Type of Debris:  Hair  Biological sample  Unknown  Other: \_\_\_\_\_

1. **Trace:** Have patient disrobe over a clean piece of medical exam paper. Fold exam paper in a manner to retain trace material inside. Write "trace" on a blank sticker, place on outside of folded paper, place folded paper in envelope.
2. **Debris:** Remove and unfold paper bundle from envelope. Collect any foreign material found on patient's body (leaves, fibers, glass, hair, etc.) and place in center of bundle. Refold in a manner to retain debris material. Write "debris" on a blank sticker and place on outside of folded bundle and place in envelope.
3. Fill out all information requested on the envelope BE SURE to indicate debris body area and type.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



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# Step 2: Underwear

USE FRESH GLOVES FOR EACH STEP

## STEP 2 - UNDERWEAR

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

**NOTE:** Wet or damp underwear should be DRIED before packaging. Do not cut through existing holes, rips, or stains in patient's underwear. **Diapers should not be placed inside the kit** (see Step 3 – Clothing).

1. Patient's underwear should be collected regardless of if it was worn at time of assault.
2. Fill out all information requested on the envelope; place underwear into envelope and seal. **Ensure underwear envelope is put into kit.**

**Pad/Liner:** If patient presents at time of exam with a pad/liner *affixed to underwear*, **pad/liner should be left affixed to underwear**. If pad/liner is *brought into the exam* by the patient (not affixed to patient's underwear), **place pad/liner in a paper bundle and include inside Step 12 collection envelope (Tampon/Pad/Liner)**.

**NOTE:** Wet or damp pad/liner should be DRIED before packaging.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_

\*Collect tampons, sanitary napkins or diapers in the **Step 12** envelope at the end of the examination



# Step 3: Clothing

USE FRESH GLOVES FOR EACH STEP

## STEP 3 - CLOTHING      NO ENVELOPE FOR THIS STEP – INSTRUCTIONS ONLY

- WAS CLOTHING COLLECTED?  YES    NO    PATIENT DECLINED

**NOTE:** Wet or damp clothing should be **dried** before packaging. Do not cut through any existing holes, rips, or stains in patient's clothing. Underwear is collected in envelope in the previous "step"; do not include underwear in this step.

1. Clothing worn at the time of the assault should be assessed carefully for potential evidentiary value such as stains, tears, debris or foreign matter. If you are collecting patient's clothing, ensure they have access to other clothes.
2. Do not shake clothing as microscopic evidence may be lost. **Place each item into a SEPARATE PAPER bag (not provided).** Each bag should be labeled **before** article of clothing is placed in bag, seal bag and initial by examiner. Individual bags can then be put into one bag. Label with patient's name and type of items and tape bag closed.
3. If patient has changed clothes after assault and intends to release the kit to law enforcement, ask if it is possible for the patient to bring clothing to the law enforcement agency handling the investigation. Patient should be instructed to package each piece of clothing individually into paper bags.

NOTE: **Diapers should not be packaged within the kit.** Follow clothing collection instructions for collecting and packaging diapers. **Diapers must be DRIED before packaging.**

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_

\*Collect tampons, sanitary napkins or diapers in the **Step 12** envelope at the end of the examination



# Swabbing

The next steps involve swabbing:

- Document the collection
- Separate the swabs on collection table to avoid contamination
- Allow swabs to properly dry either by air or use a swab dryer before sealing in their appropriate envelopes



# Step 4: Oral swabs

USE FRESH GLOVES FOR EACH STEP

## STEP 4 - ORAL SWABS

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

**NOTE:** This step is to collect possible perpetrator DNA. Do not moisten swabs prior to sample collection.

1. Using **both** swabs simultaneously, carefully swab the patient's mouth and gum pockets.
2. Allow both swabs to DRY. Place swabs in box marked "Oral Swabs."
3. Fill out all information requested on the envelope; replace swab boxes into envelope and seal.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 5: Buccal Swabs (for Control)

USE FRESH GLOVES FOR EACH STEP

## STEP 5 - BUCCAL SWAB

- WAS SAMPLE COLLECTED?  YES  NO

**NOTE:** This step **MUST** be completed to provide laboratory with a DNA reference sample of patient.

1. Have the patient rinse mouth after the Step 4 Oral Swabs are obtained.
2. Use OmniSwab to vigorously swab the buccal area.
3. Allow swab to DRY. When dry, place swab in box marked "Buccal Swab."
4. Fill out all information requested on the envelope; replace swab box into envelope and seal.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 6: Fingernail Swabs

USE FRESH GLOVES FOR EACH STEP

## STEP 6 - FINGERNAIL SWABS

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED
- 1. **Left Hand Fingernail Swab:** Moisten **ONE** swab with 1-2 drops of water. Using this same swab, swab the underside of each fingernail on the left hand. Allow swab to DRY. When dry, place swab in box labeled 'Left Hand Fingernail Swab.'
- 2. **Right Hand Fingernail Swab:** Follow same procedure as above for the right hand.
- 3. Fill out all information requested on the envelope; place all items in envelope and seal.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

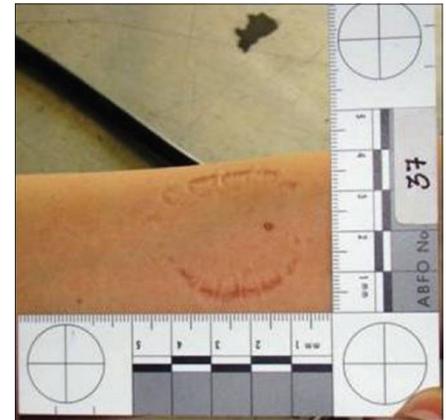
TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



## Step 7: External Dried Secretions and Bitemarks

- Possible bitemarks should be photographed and measured before swabbing
- Use separate swabs and envelopes for each bitemark or suspected secretion location
- Additional swabs may be used
  - Use standard hospital swabs and plain white stationary envelopes, if needed
  - Label similarly to pre-packaged



# Step 7: External Dried Secretions and Bitemarks

USE FRESH GLOVES FOR EACH STEP

## STEP 7 - EXTERNAL DRIED SECRETION & BITEMARK SWABS

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

This envelope should be used for multiple **EXTERNAL** collections by placing collections from each body area in **SEPARATE BOXES** and clearly **labeling each box** with the body area **and** type of secretion.

**Box # 1** - DESCRIBE AREA(S) OF BODY: \_\_\_\_\_  
DESCRIBE Type of Secretion:  Saliva  Semen  Touch DNA  Unknown  Other: \_\_\_\_\_

**Box # 2** - DESCRIBE AREA(S) OF BODY: \_\_\_\_\_  
DESCRIBE Type of Secretion:  Saliva  Semen  Touch DNA  Unknown  Other: \_\_\_\_\_

**Box # 3** - DESCRIBE AREA(S) OF BODY: \_\_\_\_\_  
DESCRIBE Type of Secretion:  Saliva  Semen  Touch DNA  Unknown  Other: \_\_\_\_\_

1. Moisten swabs with 1-2 drops of water. Using both swabs simultaneously, with a rolling motion, carefully swab the area. Allow both swabs to DRY.
2. Place swabs in box– **CLEARLY LABEL box with *body area and type of secretion***.
3. If additional external secretions/bitemarks are collected, use a second set of swabs, additional box provided, **and** follow the procedure above. (Standard hospital swabs and white envelopes may also be used as needed.)
4. Fill out all information on envelope; place all items in envelope and seal.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 8: Pubic Hair Combing

USE FRESH GLOVES FOR EACH STEP

## STEP 8 - PUBIC HAIR COMBINGS

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED
- 1. Remove paper bindle and place beneath patient's genital area. Using the comb provided, comb pubic hair in downward strokes so that any loose hairs or debris will fall onto bindle. To reduce embarrassment, and increase their sense of control, the patient may prefer to do the combing.
- 2. Carefully remove bindle. Place comb in center and refold in manner to retain comb and any evidence present.
- 3. Fill out all information requested on the envelope; replace bindle into envelope and seal.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 9: Perianal/Anal Sample

USE FRESH GLOVES FOR EACH STEP

## STEP 9 - PERIANAL & ANAL SWABS

- WAS **PERIANAL** SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED
- WAS **ANAL** SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

1. **Perianal Collections:** Using two swabs simultaneously, moisten swabs with 1-2 drops of water and with a *rolling motion*, swab the perianal area. Allow both swabs to DRY. Place swabs in box marked "Perianal Swabs."
2. **Anal Collections:** Using two swabs simultaneously and with a *rolling motion*, gently swab the anal canal. Allow both swabs to DRY. Place swabs in box marked "Anal Swabs."
3. Fill out all information requested on the envelope; replace swab boxes into envelope and seal.

Attach Patient Identification Label here, or enter

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 10: Vulvar or Penile Swabs

USE FRESH GLOVES FOR EACH STEP

## STEP 10 - VULVAR or PENILE SWABS

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

Type of possible collection:  Saliva  Semen  Unknown  Other: \_\_\_\_\_

1. Moisten swabs with 1-2 drops of water. Using two swabs simultaneously, with a *rolling motion* swab the external genitalia including along the folds between the labia majora and labia minora in the female patient.  
  
For male patients: swab the penis and scrotum.
2. Allow both swabs to DRY. Place swabs in box. **Circle appropriate collection type** on swab box; e.g. vulvar or penile.
3. Fill out all information requested on the envelope; replace swab box into envelope and seal.

Attach Patient Identification Label here, or enter

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 11: Vaginal / Cervical Swabs

USE FRESH GLOVES FOR EACH STEP

## STEP 11 - VAGINAL / CERVICAL SWABS

**DO NOT USE THIS ENVELOPE FOR PRE-PUBERTAL PATIENTS**

• WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

1. Do not moisten swabs prior to sample collection. **Using two swabs simultaneously**, carefully swab the cervix and vaginal vault area. **Repeat step for two additional swabs boxed separately.**
2. When swabs are dry, place in swab boxes marked "Vaginal / Cervical Swabs 1 & 2."
3. Fill out all information requested on the envelope; replace swab boxes into envelope and seal.

Attach Patient Identification Label here, or enter

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

COLLECTOR INITIALS: \_\_\_\_\_



# Step 12: Tampon/Pad/ Liner Collection

USE FRESH GLOVES FOR EACH STEP

## STEP 12 - TAMPON / PAD / LINER

- WAS SAMPLE COLLECTED?  YES  NO  PATIENT DECLINED

SAMPLE TYPE: \_\_\_\_\_

### Pad/Liner:

If patient presents at time of exam with a pad/liner *affixed to underwear*, **pad/liner should be left affixed to underwear and packaged in Step 2 collection envelope (Underwear).**

1. Tampon/Pad/Liner should be DRY.
2. Remove paper bindle from envelope. Wrap tampon/pad/liner in paper bindle (if more than one tampon/pad/liner, place each in separate bindle before sealing).
3. Place bindle(s) in envelope and seal.
4. Fill out all information requested on the envelope.

*Attach Patient Identification Label here, or enter*

PATIENT NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_



# Completing the Kit (continued)

Please follow all recommended storage conditions for the evidence

**EXHIBIT 9: SHORT-TERM STORAGE CONDITIONS MATRIX**

Type of Evidence	Frozen <sup>a</sup>	Refrigerated <sup>b</sup>	Temperature Controlled <sup>c</sup>	Room Temperature <sup>d</sup>
Liquid blood	Never	Best	Less than 24 hrs.	
Urine	Best	Less than 24 hrs.		
Dry biological stained item			Best	Acceptable
Wet items (if they can't be dried)	Best	Acceptable	Less than 24 hrs.	
Hair			Best	Acceptable
Swabs with biological material		Best (wet)	Best (dried)	
Buccal swabs			Best	Less than 24 hrs.

<sup>a</sup> Frozen: Temperature is maintained thermostatically at or below -10 °C (14 °F).

<sup>b</sup> Refrigerated: Temperature is maintained thermostatically between 2 °C and 8 °C (36 °F and 46 °F) with less than 25% humidity.

<sup>c</sup> Temperature controlled: Temperature is maintained thermostatically between 15.5 °C and 24 °C (60 °F to 75 °F) with less than 60% humidity.

<sup>d</sup> Room temperature: Temperature is equal to the ambient temperature of its surroundings; storage area may lack temperature and humidity control methods.

Source: Adapted from Technical Working Group on Biological Evidence Preservation, *The Biological Evidence Preservation Handbook: Best Practices for Evidence Handlers*. (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, 2013), 17-18, doi: 10.6028/NIST.IR.7928.



# Completing Collection

- If patient has consented to release the kit for forensic testing, coordinate with the appropriate law enforcement representative
- If patient has **not** consented to release kit to law enforcement for forensic testing, your facility must store the kit and transport to it the states long term storage facility



# In Summary

- Part A SOECK and Part B Drug Facilitated Sexual Assault kits are provided free of charge to every hospital and medical facility by DCJS.
- Evidence can be collected up to 120 hours, or longer at the discretion of the examiner.
- The patient decides to consent to the exam and each of its steps.
- The patient decides whether to report the assault to Law Enforcement by signing the corresponding portion of the Consent Form.



# Thank you

Thank you for taking the time to review this presentation and providing survivors of sexual assault appropriate and compassionate care

If you have any questions regarding the kits, please email [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov)

