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

Office of Forensic Services
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.


• 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)
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
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

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 info@dcjs.ny.gov or 516-457-4501.

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 72 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
- 2x3 inch Gray Top Blood Tubes
- 10ml Urine Specimen Bottles
- Ziplock Bag
- Legit Abusing Sheet
- Blood Evidence Seal
- Security Seal

Instructions

STEP 1 The provider shall 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 blood 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.

Patient Consent Form for Evidence Collection and Release or Storage

Additional Information

Patient Phone: 
Patient Email: 
Facility Name: 

AFTX PATIENT LABEL

Instructions: This form is to be used when a sexual assault patient or guardian authorizes the collection of sexual assault evidence and is suspicion of a drug facilitated sexual assault. Please include patient’s/guardian’s 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.

A consent form is not required to describe all components of a sexual assault medical forensic exam. Full 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. Since this form in the patient’s electronic medical record. A copy may be distributed to the authorizing person (patient or guardian) and law enforcement, if requested.

Consent for Drug Facilitated Sexual Offense Evidence Collection

I agree to the provider collecting 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 Victims 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.

... continue to Page 2
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 info@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/sexualoffenserights/sexual-offense-evidence-collection-kit-2023-order-form.pdf

Completed order forms should be returned electronically to info@dcjs.ny.gov.

Background

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

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

- A National Protocol for Sexual Assault Medical Forensic Examinations (2013)
- A National Protocol for Sexual Assault Medical Forensic Examinations, Pediatric (2016)
- National Training Standards for Sexual Assault Medical Forensic Examiners (2016)

It is generally recommended to review available DOJ guidance and documentation on sexual assault.

NY State DOH also administers the State’s Sexual Assault Forensic Examining (SAFE) Program. Please refer to the DOH website for additional information: https://www.health.ny.gov/professional/statutes/.

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.
- Evidence collection kits are designed to consist of the uniform kit of evidentiary specimens in any case in which the criminal incident involved 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 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 evidence related to sexual assault.

- 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 SAFES, CHILD ABUSE PEDIATRICIAN, OR CHILD ADVOCACY CENTER

Evidence collection is recommended when children disclose or there is concern for:

- Any suspected and/or reported sexual assault/sexual abuse within the initial 120 hours. This includes, but is not limited to sexual touching/touching (however slight), fondling, billing or penetration of the body cavities.
- Aggravated injury, bleeding, or discharge consistent with reported history.
- Possible ejaculation or saliva on child’s body.
- History of abduction or suspicious report of child missing.
- Suspicious/unnatural circumstances based on clinical judgement.

Evidence collection is NOT recommended:

- Sexual assault/sexual contact is suspected and/or reported to have occurred more than 120 hours before ED presentation.
- Sadev, based on behavioral changes such as bed-wetting, masturbation, or sexualized behaviors, which may have another etiology.

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, voluntary, or elicited 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.

Mandated Reporting

When it is suspected that sexual abuse/assault has occurred, whether or not forensic evidence is collected, a hotline report should be made:

NYS Central Register 1-800-342-3720

Considerations for Contacting Law Enforcement

Clinicians can assist parents/guardians who choose to report to law enforcement. Inform parents/guardians that early law enforcement involvement can be helpful.

- A timely crime scene investigation helps minimize evidence loss.
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 (patient) ___________________________ 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 ______

... continue to Page 2
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 bindle from envelope. Collect any foreign material found on patient's body (leaves, fibers, glass, hair, etc.) and place in center of bindle. Refold in a manner to retain debris material. Write “debris” on a blank sticker and place on outside of folded bindle and place in envelope.

3. Fill out all information requested on the envelope **BE SURE** to indicate debris body area and type.

**DATE COLLECTED: _____________**
**TIME COLLECTED: _____________**
**COLLECTOR INITIALS: ___________**
**Step 2: Underwear**

<table>
<thead>
<tr>
<th>WAS SAMPLE COLLECTED?</th>
<th>YES</th>
<th>NO</th>
<th>PATIENT DECLINED</th>
</tr>
</thead>
</table>

**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 bindle and include inside Step 12 collection envelope (Tampon/Pad/Liner).

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

<table>
<thead>
<tr>
<th>Attach Patient Identification Label here, or enter</th>
<th>DATE COLLECTED: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT NAME: __________________________</td>
<td>TIME COLLECTED: __________</td>
</tr>
<tr>
<td></td>
<td>COLLECTOR INITIALS: ________</td>
</tr>
</tbody>
</table>

*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.

**DATE COLLECTED:** ____________  **TIME COLLECTED:** ____________  **COLLECTOR INITIALS:** ____________

**Attach Patient Identification Label here, or enter**

**PATIENT NAME:** __________________________
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 Combings

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.

DATE COLLECTED: ____________
TIME COLLECTED: ____________
COLLECTOR INITIALS: ____________

Attach Patient Identification Label here, or enter

PATIENT NAME: __________________________
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**

<table>
<thead>
<tr>
<th>Type of Evidence</th>
<th>Frozena</th>
<th>Refrigeratedb</th>
<th>Temperature Controlledc</th>
<th>Room Temperatured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid blood</td>
<td>Never</td>
<td>Best</td>
<td>less than 24 hrs.</td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td>Best</td>
<td>Best</td>
<td>less than 24 hrs.</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Dry biological stained item</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wet items (if they can't be dried)</td>
<td>Best</td>
<td>Acceptable</td>
<td>less than 24 hrs.</td>
<td></td>
</tr>
<tr>
<td>Hair</td>
<td></td>
<td>Best</td>
<td>Acceptable</td>
<td></td>
</tr>
<tr>
<td>Swabs with biological material</td>
<td></td>
<td>Best (wet)</td>
<td>Best (dried)</td>
<td></td>
</tr>
<tr>
<td>Buccal swabs</td>
<td></td>
<td>Best</td>
<td>less than 24 hrs.</td>
<td></td>
</tr>
</tbody>
</table>

*a: Temperature is maintained thermostatically at or below -10°C (14°F).
*b: Temperature is maintained thermostatically between 2°C and 8°C (36°F and 46°F) with less than 25% humidity.
*c: Temperature controlled; temperature is maintained thermostatically between 15°C and 24°C (60°F to 75°F) with less than 60% humidity.
*d: Room temperature. Temperature is equal to the ambient temperature of its surroundings; storage area may lack temperature and humidity control methods.

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.