

Office of Claims and Appeals – Crime Victims Compensation Board  
Sexual Assault Exam Program  
500 Mero St., 2SC1, Frankfort, KY 40601  
Office 502-782-8255 Fax 502-573-4817

## SAFE EVIDENTIARY REPORT

### GENERAL INFORMATION

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

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

### LAB ORDERS

\_\_\_\_ CBC w/o Diff, Hepatic Function Panel, Creatinine (Serum) (if giving HIV n PEP)

\_\_\_\_ Urine Pregnancy Test \_\_\_\_ Lab HcG \_\_\_\_ HIV 1-2 \_\_\_\_ Toxicology Testing \_\_\_\_ RPR

### MEDICATION

\_\_\_\_ Rocephin \_\_\_\_ Metronidazole \_\_\_\_ Azithromycin \_\_\_\_ Lidocaine

\_\_\_\_ Plan B (levonorgestrel) Other : \_\_\_\_\_

\_\_\_\_ Promethazine \_\_\_\_ Odansetron \_\_\_\_ NPEP Starter Kit

### SAMPLES COLLECTED

Reference Samples: \_\_\_\_ Blood \_\_\_\_ Buccal \_\_\_\_ Hair

Source Samples: \_\_\_\_ Oral \_\_\_\_ Vaginal \_\_\_\_ Cervical \_\_\_\_ Anal Swabs \_\_\_\_ External Genital Swabs

### EXAM / ASSESSMENTS

\_\_\_\_ Genital Examination \_\_\_\_ Inspect / Palpate \_\_\_\_ Toluidine Blue Dye

\_\_\_\_ Alternate Light Source \_\_\_\_ Photo Documentation \_\_\_\_ Head to Toe Assessment

\_\_\_\_ Speculum \_\_\_\_ Colposcope

### FORENSIC EXAMINER INFORMATION

\_\_\_\_\_  
Printed Name and Title of Examiner

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Examiner Signature

\_\_\_\_\_  
Date

Physician, SANE, Physician Assistant or Advanced Practice Registered Nurse  
whose training and/or scope of practice includes performance of genital examinations  
(Examiner Fee \$200.00)