PUBLIC PROTECTION CABINET

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Sexual Assault Exam Program
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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) _____ Radiology _____ Pathology

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

MEDICATION

_____ Rocephin _____Metronidazole _____Azithromycin _____ Lidocaine _____ Prophylaxis

_____ 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 _____ Triage

_____ Alternate Light Source _____ Photo Documentation _____ Head to Toe Assessment

_____ Speculum _____ Colposcope _____ Strangulation

Effective January 2025

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 is set to the Medicaid reimbursement rate for such services)