



Andy Beshear
GOVERNOR

Jacqueline Coleman
LIEUTENANT GOVERNOR

PUBLIC PROTECTION CABINET
Kentucky Office of Claims and Appeals

Crime Victims Compensation Board
500 Mero Street, 2SC1
Frankfort, KY 40601
Phone: (502) 782-8255
Fax: (502) 573-4817

Ray A. Perry
SECRETARY

DJ Wasson
DEPUTY SECRETARY

Allyson Taylor
EXECUTIVE DIRECTOR

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 _____ Ondansetron _____ 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

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**