

Sexual assault management

Chain of evidence form

Use to list all exhibits when police not present to manage evidence

Ensure early evidence consent form is signed

Present during examination

Patient

Personnel (state full name and professional role)

Place of examination

Describe as detailed as possible

Item / specimen	Exhibit number	Date / time taken DD/MM/YYYY HH:MM (24h)	1. Taken by 2. Sealed by	Handled by after sealing (list consecutively if any)
Urine sample (remember consent)		1. 2.	3. 4. 5.
Mouth swab (remember consent)		1. 2.	3. 4. 5.
		1. 2.	3. 4. 5.
		1. 2.	3. 4. 5.
		1. 2.	3. 4. 5.
		1. 2.	3. 4. 5.

I have received all of the above sealed and intact

Date (DD/MM/YYYY)

Print name and role

Time (HH:MM, 24h)

Signature