

Sexual assault management

Chain of evidence form

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

Ensure early evidence consent form on reverse is signed

Present during examination

Patient
Jane Doe

Personnel
Joan Smith, nurse
Joe F Bloggs, doctor

Place of examination

Describe as detailed as possible
St. Elsewhere Hospital
Emergency department
Minors cubicle 9

EXAMPLE ONLY

Item / specimen	Exhibit number	Date / time taken DD/MM/YYYY HH:MM (am/pm)	Taken by	Sealed by	Handled by (list all consecutively)
Urine sample (consent on reverse)	JAD/1	12/07/02 16:42	Jane Doe	Joan Smith	1. Leanne Finnigan 2. 3.
Mouth swab (consent on reverse)	JFB/1	12/07/02 16:49	Joe F Bloggs	Joe F Bloggs	1. Leanne Finnigan 2. 3.
Sanitary towel	JOS/1	12/07/02 16:52	Joan Smith	Joan Smith	1. Leanne Finnigan 2. 3.
Long sleeved red cotton shirt	JOS/2	12/07/02 16:57	Joan Smith	Joan Smith	1. Leanne Finnigan 2. 3.
					1. 2. 3.
					1. 2. 3.

I confirm that I have received all of the above sealed and intact

Date 13/07/02 Time 09:15

Print name of recipient Jo Delaforce

Signature *Jo Delaforce*