





# COUNTY OF ALLEGHENY

## OFFICE OF THE MEDICAL EXAMINER

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### SUBMITTAL FORM –SEROLOGY SECTION – SEXUAL ASSAULT INFORMATION

18. WAS CLOTHING REMOVED BEFORE ASSAULT: YES NO
19. DID VICTIM PUT UNDERPANTS BACK ON AFTER ASSAULT: YES NO  
IF YES, WAS ITEM COLLECTED: YES NO
20. DID VICTIM BATHE OR DOUCHE AFTER ASSAULT: YES NO  
IF YES, PLEASE SPECIFY WHICH:
21. DID VICTIM USE TOWEL, TISSUE, OR ANYTHING TO WIPE SEMINAL FLUID: YES NO  
IF YES, WAS ITEM COLLECTED: YES NO
22. DID ACTOR(S), IF KNOWN, ACKNOWLEDGE ENGAGING IN SEXUAL ACTIVITY WITH VICTIM:  
YES NO
23. PLEASE INCLUDE ADDITIONAL INFORMATION THAT MAY ASSIST IN THE EXAMINATION OF THE PHYSICAL EVIDENCE
24. INVESTIGATING OFFICER: PHONE NUMBER:
25. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):

### EVIDENCE TO BE SUBMITTED IN SEXUAL ASSAULT CASES

1. SEX CRIMES KIT OF VICTIM FROM HOSPITAL.(IF VICTIM IS TO BE TESTED FOR AIDS, A RED TOP TUBE OF BLOOD IS TO BE COLLECTED AT THIS TIME AND ANOTHER LIKE TUBE SIX TO EIGHT WEEKS LATER.) BOTH SPECIMENS ARE TO BE DIRECTLY SENT TO:  
DEPARTMENT OF LABORATORIES  
PUBLIC HEALTH LABORATORY  
3441 FORBES AVENUE  
PITTSBURGH, PA 15213
2. ONE 5 CC TUBE OF WHOLE BLOOD IN A PURPLE CAPPED TUBE OR SALIVA (BODE BUCCAL COLLECTOR) FROM THE ACTOR(S). IF ACTOR(S) IS TO BE TESTED FOR AIDS, THE AFOREMENTIONED PROCEDURE IS APPLICABLE.
3. IF A DRUG FACILITATED SEXUAL ASSAULT IS SUSPECTED, PLEASE SUBMIT THE FOLLOWING TO THE FORENSIC LABORATORY TOXICOLOGY SECTION:
  - TWO (2) GREEN CAPPED TUBES OF THE VICTIM’S BLOOD
  - TWO (2) GRAY CAPPED TUBES OF THE VICTIM’S BLOOD
  - ONE (1) CONTAINER OF URINE
  - COMPLETED: SUBMITTAL FORM – TOXICOLOGY SECTION – DRUG FACILITATED SEXUAL ASSAULT (DFSA)
4. ITEMS OF CLOTHING WORN BY THE VICTIM AND THE ACTOR(S) DURING THE SEXUAL ASSAULT AS WELL AS PERTINENT BED CLOTHING UPON THE REQUEST OF THE LABORATORY. THESE ITEMS SHOULD BE AIR-DRIED AND WRAPPED IN PAPER (DO NOT USE PLASTIC). PLEASE KEEP REFRIGERATED UNTIL SUBMISSION TO THE LABORATORY.