



Department of Public Safety  
Division of Criminal Investigation

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# MEMORANDUM

**TO: SANE Nurses, SART Team Members, Law Enforcement Agencies**

**FROM: Mike Peterson, DNA Section Supervisor  
DCI Criminalistics Laboratory**

**DATE: May 21, 2009**

**RE: New Sexual Assault Evidence Collection Kits and Sex Assault Evidence  
Collection Tips**

As many of you may already be aware, the DCI crime lab recently revised the Iowa Sexual Assault Evidence Collection Kit. This memo provides an overview of the changes that were made, followed by some evidence collection tips for specific situations that have arisen out of frequently asked questions at trainings and presentations.

***If you have any questions, please contact Amy Pollpeter at 515-559-7091 or  
apollpet@dps.state.ia.us.***

## **Changes to the Iowa Sexual Assault Evidence Collection Kits**

1. The instructions have changed slightly to reflect other changes made to the numbering of the steps in the kit. In addition, the instructions now place a stronger emphasis on the fact that a known sample (either buccal swab or blood sample) from the victim is **REQUIRED**.
2. Step 3, which was previously referred to as "DEBRIS" has now been renamed as "MISCELLANEOUS." This change was done to remove confusion about what type of evidence we are looking for in this envelope. This envelope is to be used for fingernail scrapings, miscellaneous swabs (such as neck swabs, bite mark swabs, and breast swabs), and loose pubic hairs noted on the victim during the exam.
3. The **PUBIC HAIR COMBINGS** and **PULLED PUBIC HAIRS** (previously labeled as steps 4 and 5) have been removed from the new kit. It had been reported that these steps were emotionally difficult and painful to the victim, and in the majority of cases, did not result in information helpful to the case. As expected, the numbering in the new kits has been changed to reflect the removal of these samples. If a loose pubic hair is noted on the victim during the exam it can be collected and placed in the miscellaneous envelope.
4. In the old kits, step 7 contained both the **ORAL** swabs and the **RECTAL** swabs. The new kit now lists these items as separate steps (in separate envelopes). The steps are now labeled Step 4 (Oral swabs) and Step 5 (Anal swabs). As you may have noticed, all references to **RECTAL** have also now been changed to **ANAL**.
5. Step 6 will still contain the vaginal samples. However, only 1 set of swabs is now required for the vaginal swabs, and the smears have been removed from the new kit. This was to reduce redundancy in sampling that was occurring. When we process the vaginal sample, we make a slide of the sample, so it was redundant to have the medical professional also collect smears. Removing the smears also reduced the cost to allow self adhesive envelopes to be used.
6. The **PULLED HEAD HAIRS**, which were previously step 8 in the kit, have been removed in the new kit. These samples are most often used as a back-up known sample in cases of a deceased victim. We are still expecting the medical examiners to collect this sample during autopsies; however it is not necessary with living victims.
7. Other than the step # changing, the **KNOWN BUCCAL SWABS** (previously step 9, now step 7) and **KNOWN BLOOD SAMPLE** (previously step 10, now step 8) remained the same.

8. The envelopes have been changed so they no longer require being licked (moistened) to seal. All of the envelopes in the kit will be sealed when you receive it. These seals are designed to be opened and re-sealed. If you feel that a seal is not sticking well, a piece of tape (any kind) can be used to attach the flap more securely.

#### **TIPS ON EVIDENCE COLLECTION:**

The following are some tips on evidence collection for special situations, or answers to frequently asked questions we have received during trainings and presentations.

- **Patient Summary Form:**  
The Patient Summary Form (Step 1 in both old and new kits) contains VERY IMPORTANT information. It has been specifically designed to contain the information that the forensic analyst needs to properly process the evidence in that specific case. **HOSPITAL FORMS AND SART FORMS ARE NOT A SUBSTITUTE FOR THIS FORM!** They do not contain all of the information that we need, and in many cases contain information that we do not need, and possibly should not have about the patient. **THE PATIENT SUMMARY FORM IS REQUIRED TO BE FULLY COMPLETED IN ALL SEXUAL ASSAULT EVIDENCE COLLECTION KITS.**
- **Expiration date on kits:**  
There is absolutely nothing in the kits that actually expires (it's all paper!) however, it is a requirement of the FDA that the kits have an expiration date on them. If you have a kit that has an outdated expiration date, it is still Ok to use it.
- **Which known sample is better – the known buccal swab or the known blood sample, and do we have to collect both?**  
Either sample works equally well. However, if an oral assault has taken place, we prefer the known blood sample because then we know that there is no chance that we will have some of the assailant's DNA in the known sample (as can happen with a buccal sample after an oral assault).
- **Using dental floss in cases of oral assaults:**  
In cases of oral assault, we have found that having the victim floss, and sending us that piece of dental floss provides a potentially useful sample for spermatozoa (and thus, the assailant's DNA).
- **Tampons:**  
In cases where a tampon was worn during the assault (or immediately following the assault) – the tampon can be very useful evidence. Obviously, tampons do not dry out quickly (if at all). The most useful part of the tampon for us is the string. Cut off the string of the tampon and place it in a folded piece of paper in the MISCELLANEOUS envelope. We've found many medical professionals are hesitant to simply throw out the absorbent portion of the tampon (some hospital policies won't allow it in a case of sexual assault). The absorbent portion can be placed in a sealed plastic container (either plastic bag or urine specimen cup) – but package this item separately from the rest of the kit. Place it in a sealed paper bag. Tell the law enforcement agency that will transport the kit to the laboratory to store it in a refrigerated location until it is brought to the lab (if possible) and let the evidence technicians in the laboratory know that it needs to be kept cold. This cuts down on the amount of degradation that will occur from bacteria (as well as the odor) in the case that the analyst needs to examine the absorbent portion of the tampon.
- **Condoms:**  
Condoms can be wrapped in paper towel and placed in a sealed paper bag. They DO NOT need to be tied at the top (we prefer that they aren't).
- **Kits without names:**  
It has been reported that some victim's have requested that their names not be listed on the outside of the Sexual Assault Evidence Collection Kit (this is especially common in juvenile cases). A patient identifier of some sort can be listed instead of the name on the outside of the box (in the past this has been a random number that is associated with the patient's file); however, we do need the victim's name written on the Patient Summary Form and/or on the envelopes in the kit. These items are only seen by the analysts at the crime lab working on the case, and we need a name associated with them for chain of custody reasons if the case goes to court.