



Sexual Assault Evidence Collection Kit (2020)

South Carolina Law Enforcement Division (SLED)

Updated 03/2023

KEY REMINDERS

- All evidence seals (DNA and Toxicology) are to be initialed and dated
- Refer to the SLED Sexual Assault Evidence Collection Kit Instructions located on the Forensic Services page of the SLED website for more detailed packaging instructions


Paper envelope containing sexual assault kit (SAK) contents (dispose of this envelope once opened)



STATE OF SOUTH CAROLINA
LAW ENFORCEMENT DIVISION

**SEXUAL ASSAULT
EVIDENCE COLLECTION KIT**

Toxicology Items



For Crime Lab Personnel Only

Lab Number: _____
Item Number: _____

TOXICOLOGY EVIDENCE

Victim Name or Anonymous ID #: _____

If this is an anonymous collection DO NOT label this envelope with the victim's name.

1) Place the following items in this envelope:
_____ Toxicology Evidence Distribution Envelope
_____ Urine sample (if collected)

2) Ensure this bag is sealed properly.

3) Place this bag in the plastic zip-style bag provided.

PLACE BIOHAZARD LABEL HERE

Chain of Custody

FROM: _____	_____	_____
PRINT NAME	SIGNATURE	DATE/TIME
TO: _____	_____	_____
PRINT NAME	SIGNATURE	DATE/TIME
TO: _____	_____	_____
PRINT NAME	SIGNATURE	DATE/TIME
TO: _____	_____	_____
PRINT NAME	SIGNATURE	DATE/TIME
TO: _____	_____	_____
PRINT NAME	SIGNATURE	DATE/TIME

RE75C:TOXEV1 4/2020

101860

AFFIX EVIDENCE SEAL HERE

THEN INITIAL SEAL

VICTIM'S NAME: _____

TOXICOLOGY SECTION
EVIDENCE DISTRIBUTION ENVELOPE
(Sexual Assault Victim)

GRAY-STOPPERED BLOOD COLLECTION TUBE

FOR CRIME LAB PERSONNEL ONLY

SLED LAB NO.: _____

RE75C:TOXSE 1 4/2020

TOXICOLOGY BLOOD SAMPLE
(GRAY STOPPERED TUBE)

VICTIM'S NAME: _____

COLLECTED BY: _____

DATE: _____ AND TIME: _____
OF COLLECTION

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

FOR CRIME LAB PERSONNEL ONLY

LAB NO.: _____

ITEM NO.: _____

Place the labeled, gray stoppered tube into the bubble pack and place in bag

TOXICOLOGY BLOOD SAMPLE
(GRAY STOPPERED TUBE)

VICTIM'S NAME: _____

COLLECTED BY: _____

DATE: _____ AND TIME: _____ ^{am} OF COLLECTION
_{pm}

WAS SAMPLE COLLECTED? YES NO

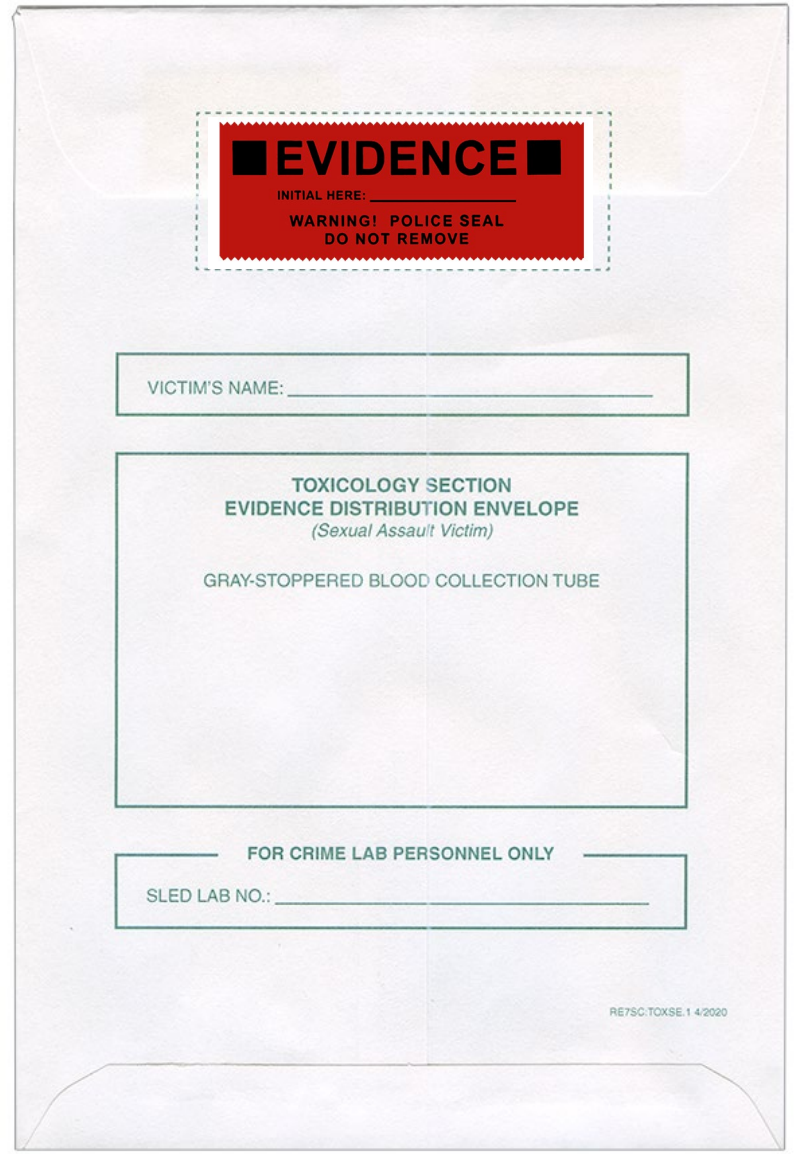
IF NO, WHY NOT? _____

2588 **FOR CRIME LAB PERSONNEL ONLY**

LAB NO.: _____

ITEM NO.: _____

Place plastic bag containing blood tube into the Toxicology Section Evidence Distribution Envelope, label with victim's name, and seal with evidence tape



EVIDENCE
INITIAL HERE: _____
WARNING! POLICE SEAL
DO NOT REMOVE

VICTIM'S NAME: _____

**TOXICOLOGY SECTION
EVIDENCE DISTRIBUTION ENVELOPE**
(Sexual Assault Victim)

GRAY-STOPPERED BLOOD COLLECTION TUBE

FOR CRIME LAB PERSONNEL ONLY

SLED LAB NO.: _____

RE7SC:TOXSE.1 4/2020

Place the Toxicology distribution envelope and urine sample (if collected) into Toxicology Evidence bag and start chain of custody



For Crime Lab Personnel Only

Lab Number: _____

Item Number: _____

TOXICOLOGY EVIDENCE

Victim Name or Anonymous ID #:

If this is an anonymous collection DO NOT label this envelope with the victim's name.

- 1) Place the following items in this envelope:
 - _____ Toxicology Evidence Distribution Envelope
 - _____ Urine sample (if collected)
- 2) Ensure this bag is sealed properly.
- 3) Place this bag in the plastic zip-style bag provided.



Chain of Custody

FROM:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME



RE75C:TOXEV.1 4/2020

DNA Items



For Crime Lab Personnel Only

Lab Number: _____

Item Number: _____

DNA EVIDENCE

Victim Name or Anonymous ID #:

If this is an anonymous collection DO NOT label this envelope with the victim's name.

1) Place the following items in this envelope:

_____ DNA Evidence Distribution Envelope

_____ Underwear (if collected)

PLACE
BIOHAZARD
LABEL
HERE

2) Ensure this envelope is sealed properly and add evidence tape across seal.

3) Place this envelope in the plastic zip-style bag provided.

Chain of Custody

FROM: _____
PRINT NAME SIGNATURE DATE/TIME

TO: _____
PRINT NAME SIGNATURE DATE/TIME

TO: _____
PRINT NAME SIGNATURE DATE/TIME

TO: _____
PRINT NAME SIGNATURE DATE/TIME

TO: _____
PRINT NAME SIGNATURE DATE/TIME



RE79C-DNAENV1 4/2020

PUBLIC HAIR COMBINGS ENVELOPE

AFFIX EVIDENCE SEAL HERE

THEN INITIAL SEAL

VICTIM'S NAME: _____

DNA SECTION EVIDENCE DISTRIBUTION ENVELOPE
(Sexual Assault Victim)

KNOWN DNA STANDARD - BUCCAL SWABS ENVELOPE
SUSPECTED BODY FLUID ENVELOPE
SUSPECTED SALIVA ENVELOPE
VAGINAL/PENILE SWABS ENVELOPE
ORAL SWABS ENVELOPE
RECTAL SWABS ENVELOPE
FINGERNAIL SWABS ENVELOPES
PUBIC HAIR COMBINGS ENVELOPE
MISCELLANEOUS MATERIALS ENVELOPE

FOR CRIME LAB PERSONNEL ONLY

SLED LAB NO.: _____

RE79C-DDE.1 4/2020

UNDERWEAR
(PLACE IN KIT BOX)

VICTIM'S NAME: _____
COLLECTED BY: _____
DATE: _____ AND TIME: _____ am OF COLLECTION
WAS SAMPLE COLLECTED? YES NO
IF NO, WHY NOT? _____

FOR CRIME LAB PERSONNEL ONLY

LAB NO.: _____
ITEM NO.: _____

DEBRIS COLLECTION

VICTIM'S NAME: _____
COLLECTED BY: _____
DATE: _____ AND TIME: _____ am OF COLLECTION
WAS SAMPLE COLLECTED? YES NO
IF NO, WHY NOT? _____

FOR CRIME LAB PERSONNEL ONLY

LAB NO.: _____
ITEM NO.: _____

OUTER CLOTHING BAG

VICTIM'S NAME: _____
LIST CLOTHING ENCLOSED:
A) _____
B) _____
C) _____
D) _____

FOR CRIME LAB PERSONNEL ONLY

LAB NO.: _____
ITEM NO.: _____

BIOHAZARD

SUSPECTED BODY FLUID

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE75C:SBF.1 2/2020

RECTAL SWABS

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE75C:RS.1 2/2020

MISCELLANEOUS MATERIALS

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

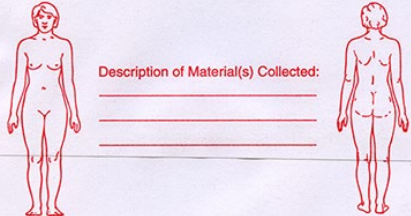
Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE75C:MM.1 2/2020

Description of Material(s) Collected:



RE75C:MMBK.1 2/2020

PUBIC HAIR COMBINGS

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

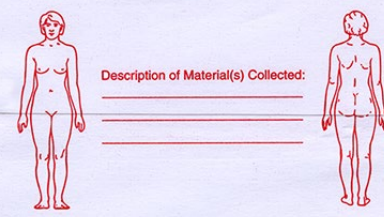
Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE75C:PHC.1 2/2020

Description of Material(s) Collected:



RE75C:MMBK.1 2/2020

ORAL SWABS

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE75C:OS.1 2/2020



SUSPECTED SALIVA

Crime Lab Use Only
Do not write in this area.

Any non-genital area where the suspect may have licked, kissed, or bitten the victim. Note on the back of this envelope the location of sample collection.

Allow swabs to air dry thoroughly before packaging.

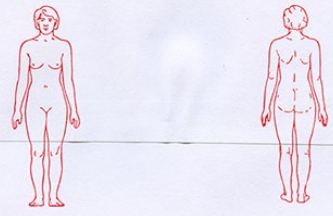
Victim's Name _____

Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE75C:SS.1 4/2020



RE75C:SSBK.1 2/2020

Changes to DNA evidence collection envelopes:

Known DNA standard-required

Vaginal/Penile

Fingernail swabs

KNOWN DNA STANDARD - BUCCAL SWABS
COLLECTION OF THIS SAMPLE IS REQUIRED

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

Collector's Initials _____ Date _____ Time _____

RE7SC: KDNA.1 4/2020

FINGERNAIL SWABS - LEFT

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE7SC: FSL.1 2/2020

VAGINAL/PENILE SWABS

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE7SC: VPS.1 2/2020

FINGERNAIL SWABS - RIGHT

Crime Lab Use Only
Do not write in this area.

Victim's Name _____

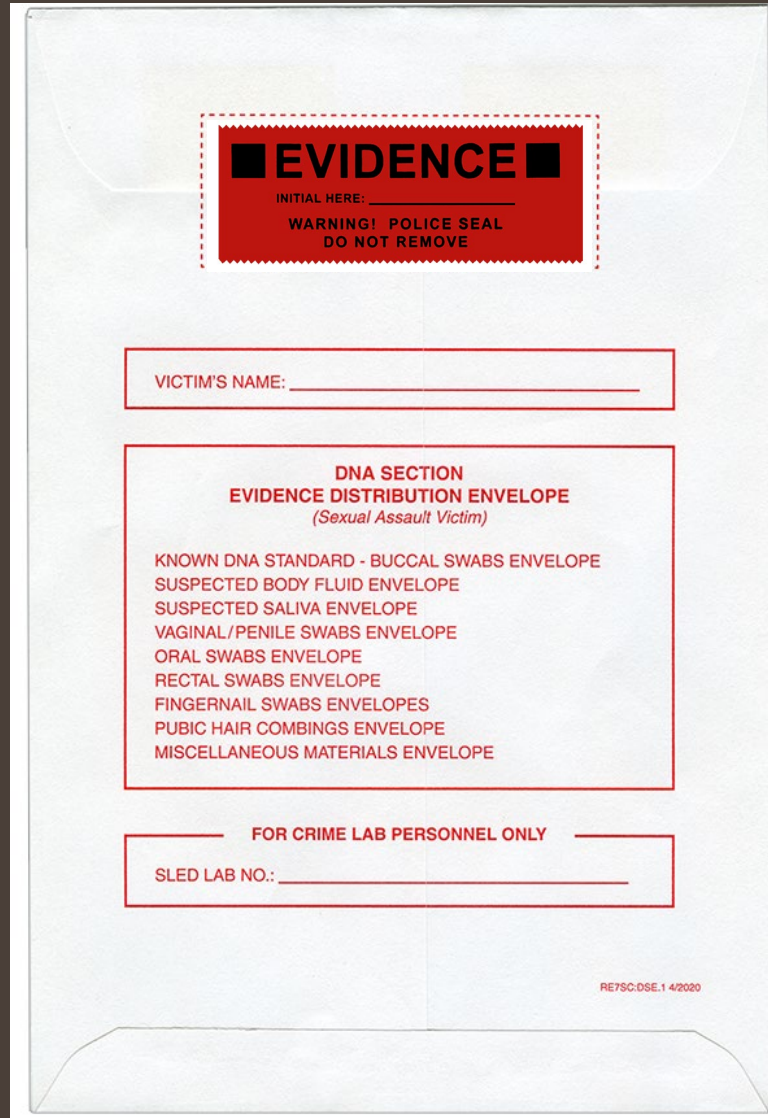
Collector's Initials _____ Date _____ Time _____

Was sample collected? Yes No

If no, why not? _____

RE7SC: FSR.1 2/2020

Place all DNA evidence envelopes into the DNA Section Evidence Distribution Envelope, label with victim's name, and seal with evidence tape



EVIDENCE
INITIAL HERE: _____
WARNING! POLICE SEAL
DO NOT REMOVE

VICTIM'S NAME: _____

**DNA SECTION
EVIDENCE DISTRIBUTION ENVELOPE**
(Sexual Assault Victim)

KNOWN DNA STANDARD - BUCCAL SWABS ENVELOPE
SUSPECTED BODY FLUID ENVELOPE
SUSPECTED SALIVA ENVELOPE
VAGINAL/PENILE SWABS ENVELOPE
ORAL SWABS ENVELOPE
RECTAL SWABS ENVELOPE
FINGERNAIL SWABS ENVELOPES
PUBIC HAIR COMBINGS ENVELOPE
MISCELLANEOUS MATERIALS ENVELOPE

FOR CRIME LAB PERSONNEL ONLY

SLED LAB NO.: _____

RE75C:DSE.1 4/2020

DNA Section
Evidence
Distribution
Envelope, debris
collection bag,
and underwear
bag will be
placed into the
large nylon
envelope labeled
DNA Evidence

DEBRIS COLLECTION

VICTIM'S NAME: _____
COLLECTED BY: _____
DATE: _____ AND TIME: _____ ^{am} OF COLLECTION
_{pm}

WAS SAMPLE COLLECTED? YES NO
IF NO, WHY NOT? _____

750A **FOR CRIME LAB PERSONNEL ONLY**

LAB NO.: _____
ITEM NO.: _____

EVIDENCE
INITIAL HERE: _____
**WARNING! POLICE SEAL
DO NOT REMOVE**

VICTIM'S NAME: _____

**DNA SECTION
EVIDENCE DISTRIBUTION ENVELOPE**
(Sexual Assault Victim)

KNOWN DNA STANDARD - BUCCAL SWABS ENVELOPE
SUSPECTED BODY FLUID ENVELOPE
SUSPECTED SALIVA ENVELOPE
VAGINAL/PENILE SWABS ENVELOPE
ORAL SWABS ENVELOPE
RECTAL SWABS ENVELOPE
FINGERNAIL SWABS ENVELOPES
PUBIC HAIR COMBINGS ENVELOPE
MISCELLANEOUS MATERIALS ENVELOPE

750B **FOR CRIME LAB PERSONNEL ONLY**

SLED LAB NO.: _____

RE75C-DSE.1 4/2000

UNDERWEAR
(PLACE IN KIT BOX)

VICTIM'S NAME: _____
COLLECTED BY: _____
DATE: _____ AND TIME: _____ ^{am} OF COLLECTION
_{pm}

WAS SAMPLE COLLECTED? YES NO
IF NO, WHY NOT? _____

750B **FOR CRIME LAB PERSONNEL ONLY**

LAB NO.: _____
ITEM NO.: _____

Add the DNA Section Evidence Distribution envelope, debris collection bag, and underwear bag to this envelope and start chain of custody



For Crime Lab Personnel Only

Lab Number: _____

Item Number: _____

DNA EVIDENCE

Victim Name or Anonymous ID #:

If this is an anonymous collection DO NOT label this envelope with the victim's name.

1) Place the following items in this envelope:

- _____ DNA Evidence Distribution Envelope
- _____ Underwear (if collected)



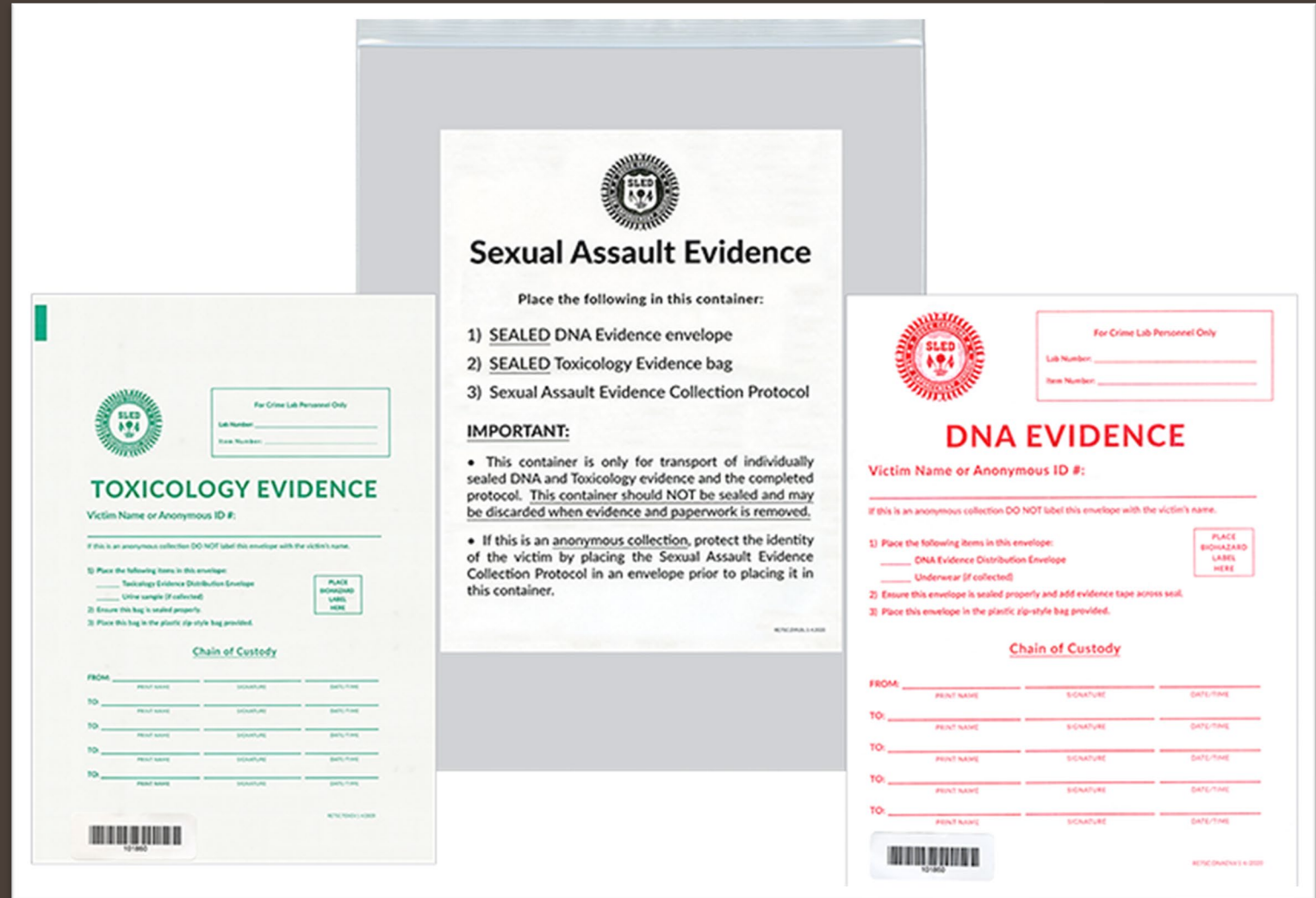
- 2) Ensure this envelope is sealed properly and add evidence tape across seal.
- 3) Place this envelope in the plastic zip-style bag provided.

Chain of Custody

FROM:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME



Place the Toxicology and DNA outer packages with completed chains of custody into the transport container



Outer Clothing bag may be transported separately if too large for transport container

Add SANE
report and zip
close transport
container. Do
NOT seal with
evidence tape



Sexual Assault Evidence


Place the following in this container:

- 1) SEALED DNA Evidence envelope
- 2) SEALED Toxicology Evidence bag
- 3) Sexual Assault Evidence Collection Protocol

IMPORTANT:

- This container is only for transport of individually sealed DNA and Toxicology evidence and the completed protocol. This container should NOT be sealed and may be discarded when evidence and paperwork is removed.
- If this is an anonymous collection, protect the identity of the victim by placing the Sexual Assault Evidence Collection Protocol in an envelope prior to placing it in this container.

Anonymous Kits
should be
labeled with
Anonymous ID #



For Crime Lab Personnel Only

Lab Number: _____

Item Number: _____

TOXICOLOGY EVIDENCE

Victim Name or Anonymous ID #:


If this is an anonymous collection DO NOT label this envelope with the victim's name.

- 1) Place the following items in this envelope:
 - _____ Toxicology Evidence Distribution Envelope
 - _____ Urine sample (if collected)
- 2) Ensure this bag is sealed properly.
- 3) Place this bag in the plastic zip-style bag provided.

PLACE
BIOHAZARD
LABEL
HERE


Chain of Custody

FROM:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME



101860

RE75C-TOXEV.1 4/2020



For Crime Lab Personnel Only

Lab Number: _____

Item Number: _____

DNA EVIDENCE

Victim Name or Anonymous ID #:


If this is an anonymous collection DO NOT label this envelope with the victim's name.

- 1) Place the following items in this envelope:
 - _____ DNA Evidence Distribution Envelope
 - _____ Underwear (if collected)
- 2) Ensure this envelope is sealed properly and add evidence tape across seal.
- 3) Place this envelope in the plastic zip-style bag provided.

PLACE
BIOHAZARD
LABEL
HERE

Chain of Custody

FROM:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME
TO:	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE/TIME



101860

RE75C-DNAENV.1 4/2020

For anonymous kits, SANE report may be sealed in an envelope (not provided) and place into transport container



Sexual Assault Evidence

Place the following in this container:

- 1) SEALED DNA Evidence envelope
- 2) SEALED Toxicology Evidence bag
- 3) Sexual Assault Evidence Collection Protocol

IMPORTANT:

- This container is only for transport of individually sealed DNA and Toxicology evidence and the completed protocol. This container should NOT be sealed and may be discarded when evidence and paperwork is removed.
- If this is an anonymous collection, protect the identity of the victim by placing the Sexual Assault Evidence Collection Protocol in an envelope prior to placing it in this container.

Important Information for the Collector is included in SAK



Important Information for the Collector:

This is abbreviated information and is not intended to be comprehensive instructions for collection of the SLED Sexual Assault Evidence Collection Kit.

Detailed collection instructions, the SLED Sexual Assault Examination Protocol, and other required forms are maintained under the "Forensic Services" section at <http://www.sled.sc.gov>.

When collection is complete, place a copy of the Sexual Assault Examination Protocol in the zip-style plastic bag along with the sealed DNA Evidence envelope and the Toxicology Evidence envelope.

It is strongly encouraged that a blank master copy of the current version of all forms and instructions be maintained in the event that internet is not available when needed. Please check the SLED web site periodically for updated versions of these forms.

When items are not collected:

Please check 'no' on the envelope for "Was sample collected?" and do **NOT** seal the envelope. It is not necessary to return unused swabs.

Complete protocol paperwork and information on envelopes:

Check either the 'no' or 'yes' box on **ALL** evidence envelopes and mark protocol paperwork appropriately.

Collecting Body Fluid swabs and Miscellaneous Materials:

- Always indicate which type of sample is suspected (saliva, semen, blood, hair, etc.).
- Mark the diagram on the back of the envelope to indicate where the sample was collected.
- Written descriptions are also helpful (left thigh, right breast, etc.).

Additional envelopes/collections:

Please do **NOT** collect additional samples or swabs unless there are extraordinary circumstances. The number of swabs provided per envelope is sufficient for analysis.

Patient Information Labels:

Please do **NOT** place patient labels on sample envelopes in such a manner that information is obscured.

Packaging damp/wet items:

Dry **ALL** wet items completely before packaging (condoms, tampons, sanitary napkins, etc.). Packaging items wet may affect our ability to obtain DNA results.

NOTE: Preparation of smears is no longer required or recommended; therefore, the glass slides and plastic slide holder are not included in this kit.

Protocol and Instructions found at sled.sc.gov in the Forensic Services section

SLED Sexual Assault Evidence Collection Kit Forms and Information

Sexual assault evidence collection protocols, instructions, and other forms and information are no longer included in the SLED Sexual Assault Evidence Collection Kit box, and are instead now posted here. This will allow for increased ability to update and expand instruction when necessary without having to involve an external vendor. You will find that these forms are the same or similar to those formerly found in the kit box.

It is strongly recommended that each facility print a master copy of each form, so that in the event that internet access or this site is not available when needed, evidence collection is not delayed.

If you have any questions or concerns regarding the forms below, please contact the SLED Forensic DNA Casework Department at (803) 896-7383 Monday through Friday 08:30am to 05:00pm. If necessary, we can be reached at (803) 737-9000 during non-business hours.

1. [SLED Sexual Assault Examination Protocol](#)
2. [SLED Sexual Assault Evidence Collection Kit Instructions](#)
3. [SLED Sexual Assault Examination Protocol – NEW KIT 08.2020](#)
4. [SLED Sexual Assault Evidence Collection Kit Instructions – NEW KIT 08.2020](#)
5. [SLED Sexual Assault Evidence Collection Kit - Important Information for the Collector](#)
6. [SLED Date Rape Drug Supplemental Instructions](#)
7. [DCVC SAP Billing Claim Form](#)
8. [DCVC SAP Medical Release Protocol Form](#)
9. [Notice of Change - SOVA to DCVC](#)
10. [SCCADVASA SA Member Program List](#)

[top](#)

<https://www.sled.sc.gov/forensics.html>