

Virginia Department of Forensic Science
VICTIM PHYSICAL EVIDENCE RECOVERY KIT EXAMINATION WORKSHEET

ITEM#: _____ ANALYST: _____ DATE: _____ FS LAB#: _____ Type of seal: _____

PRELIMINARY RESULTS

DESCRIPTION	APPEARANCE	SPERM / SEMINAL FLUID				BLOOD	NOTES
		AP	SMEAR	EXTR	p30	PTMB	
Stain card	Name: _____						
Oral rinse							
Lips/lip area							
Thighs/external genitalia							
Vaginal/cervical							
Perianal/buttocks							
Anorectal							
Add'l:							
Add'l:							
Underpants	<div style="font-size: 2em; opacity: 0.5; pointer-events: none;">UNCONTROLLED COPY</div>						
Controls:		Semen:		Semen:			:Blood
		Blank:		Blank:			:Blank
				ABA CARD LOT#:			