

Virginia Department of Forensic Science
OCME 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 swabs							
Vaginal/cervical swabs (if applicable)							
Penile swabs (if applicable)							
Anorectal swabs							
Other:							
Left fingernails							
Right fingernails							
Underpants							
	Controls: Semen: _____ Blank: _____		Semen: _____ Blank: _____				:Blood :Blank
			ABA CARD LOT#: _____				