DoD VICTIM PERK INVENTORY

Date / Opened By:_____ FS Lab#:_____

Name on PERK:_____ Type of seal:_____

Container #:_____ Item #:_____ Submission #:_____ **Inventory verified upon re-opening (date / initials)**

(One white cardboard box, unless otherwise specified) _____

PERK information Y_____ N_____

ENVELOPES:	**OPENED?**	**IF OPENED #BOXES**	**NOTATIONS ON BOXES**
Ext. mouth/oral _____	Y_____ N_____	_____	_____
Genital _____	Y_____ N_____	_____	_____
Anal/perineal _____	Y_____ N_____	_____	_____
Finger/nail _____	Y_____ N_____	_____	_____
Other _____	Y_____ N_____	_____	_____
Known sample	Y_____ N_____	_____	_____

OTHER:		**OPENED?**	**COMMENTS**
Underpants	Y_____ N_____	Y_____ N_____	_____
Debris collection	Y_____ N_____	Y_____ N_____	_____
Foreign material	Y_____ N_____	Y_____ N_____	_____
Clothing _____	Y_____ N_____	Y_____ N_____	_____
_____		Y_____ N_____	_____
_____		Y_____ N_____	_____
_____		Y_____ N_____	_____

COMMENTS:_____

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