

Virginia Department of Forensic Science
MEDICAL EXAMINER PERK INVENTORY

Date/Opened By: _____ FS Lab# _____

Name on PERK: _____

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Container#: _____ Item#: _____ Submission#: _____ Type of Seal: _____

(One medium manila envelope, unless otherwise specified)

SWAB ENVELOPES:

OPENED?

**IF OPENED
#BOX/SWABS/SMEARS**

Control	Y____N____	Y____N____	_____
Oral	Y____N____	Y____N____	_____
Anorectal	Y____N____	Y____N____	_____
Vaginal/Cervical	Y____N____	Y____N____	_____
Penile	Y____N____	Y____N____	_____
Other	Y____N____	Y____N____	_____
Other	Y____N____	Y____N____	_____

OTHER:

OPENED?

COMMENTS

Stain Card	Y____N____	Y____N____	_____
Head Hair Standard	Y____N____	Y____N____	_____
Pubic Hair Standard	Y____N____	Y____N____	_____
Pubic Combings	Y____N____	Y____N____	_____
Underpants	Y____N____	Y____N____	_____
Fingernail Clippings:	Y____N____	Y____N____	_____
Other	Y____N____	Y____N____	_____
Other	Y____N____	Y____N____	_____

COMMENTS: _____

INVENTORY VERIFIED UPON RE-OPENING (date/initials): _____