

Virginia Department of Forensic Science  
**SUSPECT (<24 HOURS) PHYSICAL EVIDENCE RECOVERY KIT EXAMINATION WORKSHEET**

ITEM#: \_\_\_\_\_ ANALYST: \_\_\_\_\_ DATE: \_\_\_\_\_ FS LAB#: \_\_\_\_\_ Type of seal: \_\_\_\_\_

**PRELIMINARY RESULTS**

DESCRIPTION	APPEARANCE	SPERM / SEMINAL FLUID			BLOOD	NOTES
		AP	EXTR	p30	PTMB	
Stain card or buccal swab(s)	Name: _____					
Pubic area swabs						
Other:						
Underpants:						
		Controls:	Semen:	Semen:		:Blood
			Blank:	Blank:		:Blank
					ABA CARD LOT#:	