

**VIRGINIA DEPARTMENT OF FORENSIC SCIENCE  
DoD VICTIM PERK INVENTORY AND EXAMINATION**

FS Lab #: \_\_\_\_\_ Name on PERK: \_\_\_\_\_

Cont #: \_\_\_\_\_ Item #: \_\_\_\_\_ Type of Seal: \_\_\_\_\_ Inventoried By/Date: \_\_\_\_\_

**INVENTORY** One white cardboard box, unless otherwise specified, containing (check all that are present):  If applicable, inventory verification completed upon re-opening.

**SWAB ENVELOPES**

**OTHER**

		Notations on Envelopes		
				Comments
_____ Information Form(s)	_____ Ext. mouth / oral	_____	_____ Underpants	_____
_____ Buccal swabs	_____	_____	_____ Debris collection	_____
_____	_____	_____	_____ Foreign material	_____
_____	_____ Genital	_____	_____ Clothing	_____
_____	_____	_____	_____ Other	_____
_____	_____	_____	_____ Other	_____
_____	_____ Anal/perineal	_____	_____ Other	_____
_____	_____	_____	_____	_____
_____	_____ Finger/nail	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____ Other	_____	_____	_____

**EXAMINATION**

Examiner Initials & Date: \_\_\_\_\_

AP Controls	QC Date(s)	PTMB Controls	QC Date(s)	p30 Controls	QC Date(s)
SF:		Blood :		SF:	
Negative:		Negative :		Negative:	

DESCRIPTION	APPEARANCE	SPERM/SEMINAL FLUID			BLOOD	CD	NOTES
		AP	EXTR	p30			
Ext. mouth/oral							
Genital							
Anal/perineal							
Finger/nail							
Other							
Underpants							
Buccal swabs	Notes:						

UNCONTROLLED  
COPY