

VIRGINIA DEPARTMENT OF FORENSIC SCIENCE
VICTIM PERK INVENTORY

FS Lab #: _____ Name on PERK: _____

Cont #: _____ Item #: _____ Kit #: _____ Type of Seal: _____ Inventoried By/Date: _____

Inventory verified upon re-opening (date/initials): _____

* If opened: Presence of smear indicated below; contains one swab box, unless otherwise noted.

Checkmark below indicates
 item is present

Comments

___ Sexual Assault Information Form _____
 ___ Specimen Collection Checklist _____

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	Smear present (✓)	Smear stained (✓) (date if different)		CD (✓)	Not Examined (✓)
___ Vaginal/cervical*	___	___	VIRGINIA	___	___
___ Thighs/external genitalia*	___	___	DEPARTMENT	___	___
___ Anorectal*	___	___	OF	___	___
___ Perianal/buttocks*	___	___	FORENSIC SCIENCE	___	___
___ Oral*	___	___	_____	___	___
___ Lips/lip area*	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
___ Underpants	___	___	_____	___	___
___ Fingernail scrapings	___	___	_____	___	___
___ Debris collection	___	___	_____	___	___
___ Foreign material	___	___	_____	___	___
_____	___	___	_____	___	___
_____	___	___	_____	___	___
___ Pubic Hair Combings	___	___	_____	___	___
___ Head hair standard	___	___	_____	___	___
___ Pubic hair standard	___	___	_____	___	___

___ Bloodstain card/Buccal sample (circle one) _____

Additional Comments: _____

