

**VIRGINIA DEPARTMENT OF FORENSIC SCIENCE
VICTIM PERK EXAMINATION WORKSHEET**

FS Lab #: _____ Item #: _____ Examiner Initials & Date: _____

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

	APPEARANCE	SPERM/SEMINAL FLUID				BLOOD	NOTES	CD (✓)
		AP	SMEAR	EXTR	p30	PTMB		
V/C								
T/EG								
ANO								
P/B								
Oral								
L/LA								

Bloodstain Card Buccal Sample (circle one)	Name/Notes:
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UNCONTROLLED
COPY