

CHARLOTTE – MECKLENBURG POLICE DEPARTMENT
Crime Laboratory – Biology Section
Sexual Assault Kit Worksheet Part 1 of 3



Date:

Analyst:

Complaint #

Item #

PB Controls: _____
 PHT ____ LMG ____ Exp Date: _____ H202 Exp Date: _____

ABAcad Hematrace Controls: ____ Lot # _____
 Kit Exp Date _____ Kit QC Date _____

Acid Phosphatase Controls: _____ Exp. Date: _____
 ABAcad P30 Controls: ____ Lot # _____
 Kit Exp Date _____ Kit QC Date _____

Phadebas Controls: _____ Temp ____
 Lot # _____ Lot QC Date _____ Lot Exp Date _____

Comments:

Item #	✓ if Present	Item Description	Comments	Sample Retained?
	<input type="checkbox"/>	Known Cheek Scraping: Qty _____ No Analysis? _____ <input type="checkbox"/> Swab(s) <input type="checkbox"/> Other _____		
	<input type="checkbox"/>	Vaginal Smear Slide: Qty _____ AP _____ PB _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Vaginal Swab(s): Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Anal Smear Slide: Qty _____ AP _____ PB _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Anal Swab(s): Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Oral Smear Slide: Qty _____ AP _____ PB _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Oral Swab(s): Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	External Genitalia or Penile Swab(s) (Circle): Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		
	<input type="checkbox"/>	Other Biological Sample Swab(s) (Describe): _____ Qty _____ AP _____ P30 _____ PB _____ Amylase _____ Sperm Search 400X, ST _____ Verification _____		