

# EVIDENCE ENVELOPE

USE THIS SPECIAL ENVELOPE FOR  
SEX CRIME EVIDENCE ONLY

## TO THE EXAMINING PHYSICIAN:

1. LABEL ALL SPECIMENS according to the instructions on the accompanying form.
2. PLACE SLIDES IN SLIDE HOLDERS to prevent breakage.
3. SEAL ALL SPECIMENS in this envelope.
4. COMPLETE THE INFORMATION BELOW.
5. PLACE THE SEALED EVIDENCE ENVELOPE WITH COPIES 2 AND 3 OF THE RAPE REPORTING FORM IN A PLAIN MANILA ENVELOPE AND GIVE TO HOSPITAL SECURITY OFFICER, DETECTIVE OR POLICE OFFICER.

Patient's Name Jean Allen

## CONTENTS OF THIS ENVELOPE:

Number of slides: 4

Number of Swabs: \_\_\_\_\_

Other: 1 picture

(DO NOT SEAL REPORT FORM IN THIS ENVELOPE)



## Materials required for use of suspected assault form and evidence envelope:

6 slides

Slideholders to contain the above

Envelopes for fingernail scrapings and pubic hair combings

Indelible pen

Tape

Swabs

Envelopes for swabs

# EVIDENCE ENVELOPE

USE THIS SPECIAL ENVELOPE FOR  
SEX CRIME EVIDENCE ONLY

SIGN IN APPROPRIATE SPACE

Facility: Strong Memorial Hospital

*X*

EXAMINING  
PHYSICIAN'S  
SIGNATURE

*Lee Goodbody*

Patient's I.D.  
No.

Time  
a.m.  
p.m.



n Vou

Laboratory  
No.

POLICE  
LABORATORY  
CLERK'S  
SIGNATURE

*L.T. Chris Walsh*

Time  
a.m.  
p.m.

PROPERTY  
CLERK'S  
SIGNATURE

Time  
a.m.  
p.m.