

BLOOD SAMPLE AUTHENTICATION FORM

Forensic Science Laboratory
Director, Forensic science laboratory
Government of West Bengal
37/1/2, Belgachia Road, Kolkata-700037

A. Particulars of donor:

i) Name (In BLOCK letters):
ii) Father/ Guardian's Name:
iii) Sex: iv) Date of Birth:
v) Address:
vi) Medical History:
 Normal: Chronic Disease: Genetic Disorder:

Affix passport
six
photograph of
the donor
attested by

Vii): Blood Transfusion, if any, in past three months:

viii) Organ Transplantation, if any:

B. Case Details

Case No. Date: PS.: u/s:

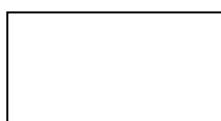
C. Purpose for conducting test:

D. Declaration by the Blood Donor/ Guardian (in case of minor) :

I hereby certify that the blood sample is being collected with my consent and acknowledge the above information to be true.



Left thumb impression



Right thumb impression

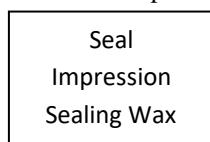
Signature of Donor:

Name:

Date

E. Sample Collection: Preferably 2/3 ml. Blood should be collected in vacutainer or on FTA Cards or sterilized tube using EDTA as anticoagulant. The tubes should be duly preserved in an ice container for transport. Alternatively, blood sample may be dried on clean sterilised gauze / filter paper and sealed in paper envelope.

i) Nature of sample. Liquid Blood/Blood stains ii) Date of collection: iii) Volume



Collected by

Signature, Name & Designation of Medical Officer with stamp.

F. Collection procedure witnessed by:

Witness:

Signature:
Name:
Designation:
Address:
Date:

Witness:

Signature:
Name:
Designation:
Address:
Date :

SEXUAL ASSAULT VICTIM INFORMATION FORM

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(To be completed by the Authorized Medical Officer who conducted the Medical Examination)

1. Victim Name: MLR/PMR No

Address: Age: Sex:

Date & Time of assault: District & State of Incident:

Date of Examination:

Number of Assailants: Age: Sex:

Sexual assault Examiner:

Hospital Name:..... Hospital Telephone No:.....

Attested
Photograph
By Medical
Officer

2. **DETAILS OF ASSAULT:** (e.g. oral, rectal, vaginal penetration/contact: perpetrator penetration of victim with fingers or with foreign object; oral contact by perpetrator; oral contact by victim; ejaculation, if known by victim, other injuries).

3. **Pregnancy test to determine pre-existing pregnancy only:** Yes/No/Don't know:.....

4. **PRIOR TO EVIDENCE COLLECTION, VICTIM HAS:**

1. Bathed/Urinated/Defecated/Vomited/Had Food or Drink/Brushed Teeth of Used Mouthwash.....

None of the above.....

2. Whether clothes changed: Yes/No/Don't know:.....

3. For "Rape Drug" test blood and /or Urine sample taken: Yes/No/Don't know:.....

5. **AT TIME OF ASSAULT WAS:**

1. Contraceptives/spermicide/Lubricant/Condom present/used ? Yes/No/Don't know:.....

2. Victim menstruation? Yes/No/Don't know:.....

6. **AT TIME OF EXAM WAS:** victim menstruating: Yes/No/Don't know:.....

7. **RECENT OF CONSENSUAL COITUS:**

Has victim had consensual coitus within last 5 days? Yes/No/Don't know:.....

If yes, was birth control used? Yes/No/Don't know:.....

What method of birth control was used:

Brief Description of Evidence Submitted (one item per line.)

Parcel No.	No. of Seals	Description

Chain of Custody

Parcel Description	Evidence received from	Evidence delivered to	Date	Comments

Examinations Requested

Person authorizing release of Information is (check one): Victim.....Victim's parent.....Victim's guardian.....other (specify).....

If reporting anonymously, I have been informed that all evidence, including my clothing will be disposed of, if I do not report the crime within 3 months after the medical examination.

Signature: VICTIM/PARENT/GUARDIAN SIGNATURE	Date: Places:
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Signature with stamp: SEXUAL Assault Examiner	Date: Places:
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ABORTUS (ABORTED FOETUS) IDENTIFICATION SHEET
(DNA PATERNITY TESTING)

Forensic Science Laboratory
Director, Forensic science laboratory
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(To be completed by the Authorized Medical Officer who conducted the Medical/Postmortem Examination)

1. Identity of person whom abortus sample is being collected:

Name of person:

Address:

Where the individual is juvenile or deceased ?

2. Specimen Collection (See instructions):

Hospital Name: Hospital Telephone No.

Medical Examiner: Date:

3. Type of Specimen(s) Collected (please specify the portion of Abortus)

i.

ii.

iii.

4. Weeks Gestation: Storage conditions used

5. Chain of Custody:

Specimen sealed and released by:

Specimen released to:

Mode of release: Hand delivery..... Mail.....

Date sent to FSL, Kolkata:

Signature of Authorized Medical Officer:

ABORTUS SPECIMEN COLLECTION INSTRUCTIONS:

Abortus collection	Wear gloves while collecting samples. Tissue from an abortus shall be selected by the physician and approximately 2 cm portion must be placed into a sterile plastic tube. Print the mother's name and the date of collection on the label. Physician should put his/her initials on the label.
Storage	Don't preserve the tissue in formalin. Freeze the tissue and transport it on ice. Blood sample should be collected in sterile EDTA tubes. Do not freeze the blood sample
Forms	Complete the forms, documenting all the required information. Sign the form where indicated to verify collecting the biological samples
Packing	Package each sample separately and affix with a tamper proof seal.

AUTOPSY SPECIMEN (S) SUBMISSION FORM

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(To be completed by the Authorized Medical Officer who conducted the Postmortem)

1. Identity of person whom abortus sample is being collected:

Name: Religion/Caste:

Date of Death: Hospital Patient # (if any).....

2. Cause of Death:

3. Has the individual received a blood transfusion or bone marrow transplant in the last three months:

4. Legal contact: Phone:

5. Specimen Collection:

Collection Centre Name:

Collection Centre Address:

Sample Collected by: Sample collection Date:

6. Description of Samples Collected:

Sample	Storage conditions	Other remarks

Note: If the disposal or return of the sample is not authorized, a specimen(s) may be destroyed in 1 year.

7. Chain of Custody

Specimen(s) sealed and released by:

Specimen(s) released to:

Mode of release: Hand delivery..... Mail.....

Date sent to FSL, Kolkata.....

Authorized Medical Officer Signature:..... Date:

