

यौन उत्पीड़न के उत्तरजीवी की चिकित्सीय
कानूनी जाँच के लिए प्रोटोकॉल
(मानक संचालन प्रक्रिया)

**Protocol for Medico-Legal
Examination of Survivor of Sexual
Assault
(Standard Operating Procedure)**

ICS 07.140

© BIS 2024



भारतीय मानक ब्यूरो
BUREAU OF INDIAN STANDARDS
मानक भवन, 9 बहादुर शाह ज़फर मार्ग, नई दिल्ली - 110002
MANAK BHAVAN, 9 BAHADUR SHAH ZAFAR MARG
NEW DELHI - 110002

www.bis.gov.in www.standardsbis.in

FOREWORD

This Indian Standard was adopted by the Bureau of Indian Standards after the draft finalized by the Anatomy and Forensic Sciences Equipment Sectional Committee had been approved by the Medical Equipment and Hospital Planning Division Council.

In the preparation of this standard assistance has been derived from the protocol for medico legal examination of survivor of sexual assault prepared by LNIN National Institute of Criminology and Forensic Science, Ministry of Home Affairs, Govt of India, Delhi which was based on basic skeleton of guidelines issued by Ministry of Health and Family Welfare (MoHFW), Govt of India in 2014. The main objective of this protocol is to conduct standardized and uniform Medico-legal examination of the survivors of sexual assaults throughout the country in the endeavour of gender justice.

The composition of the Committee responsible for the formulation of this standard is given in [Annex C](#).

Indian Standard

PROTOCOL FOR MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL ASSAULT (STANDARD OPERATING PROCEDURE)

1 SCOPE

This standard specifies the standard operating procedure (SOP) — Protocol for medico-legal examination of the survivor of sexual assault, required to be followed by the medical doctors for conducting medico legal examination and collecting evidentiary materials without missing any step during medico-legal examination.

2 INSTRUCTIONS FOR THE DOCTORS

The following shall be kept in mind before responding to the survivor of sexual assault:

2.1 Important Points

- a) Incident of rape occurred or not is a legal issue and not a medical diagnosis. Hence, on the basis of medical examination, doctor should not conclude whether rape has occurred or not; and
- b) Spermatozoa may be recovered from cervix and posterior fornix beyond 96 h after the assault. Hence, it is advisable to collect swabs up to at least 3 weeks* after the assault, considering the individual circumstances of the case and age of the survivor (see [Table 1](#)).

2.2 Informed Consent

Consent of the survivor must be taken before examination. If the survivor is less than 12 years, the consent of parent or guardian shall be obtained.

2.3 The following shall be informed to the Survivor/Parent/Guardian by the doctor:

- a) Regarding the nature and purpose of examination;
- b) That the examination will help in the prosecution of those who committed the crime;
- c) That the procedure may involve an examination of the mouth, breasts, vagina, anus and rectum;

- d) That the examination may include removing and isolating clothing, and samples such as scalp hair, genital swab, nail clippings, blood, etc;
- e) That the Survivor or Parents/Guardian/any other person (in case of child less than 12 years) in whom child reposes trust has the legal right to refuse full or part of the examination; and
- f) That refusal of consent would not affect her treatment aspect of the survivor but may hinder the conviction of the accused. Informed refusal must be recorded with the signatures of survivor and witness.

2.4 Information to Police

As per section 397BNSS, 23 (erstwhile section 357C, CrPC), the examining doctor is required to inform the police about the incident irrespective of consent for examination.

2.5 Per Vaginum/per Speculum Examination

- a) It should be done only where indicated to look for injuries, infections, pregnancy and collection of forensic samples;
- b) No comment should be made on shape, size, and/or elasticity of the anal/vaginal opening or about previous sexual experience or habituation to anal/vaginal intercourse; and
- c) Two-finger test, neither to be conducted nor commented upon.

2.6 Injury Documentation

It must be done in all cases. Toluidine blue dye/alternate light source/wood's lamp/colposcope/anoscope may be used wherever required to highlight injuries/bite marks invisible to the naked eye.

- a) Depict the injuries on appropriate body diagrams (see [Annex A](#)) and record with details — size, site, shape, color, etc.
- b) Absence of injuries may be due to inability of survivor to offer resistance to the assailant because of intoxication/threats/unconscious.

*Reference - Green, William M, *Clinical Forensic Medicine Sexual Assault and Semen Persistence*, Encyclopedia of Forensic Sciences (Edited by: Jay A. Siegel, Geoffrey Knupfer, Pekka J. Saukko), Academic Press, doi:10.1006/rwfs.2000.0441: 397-403.

*Results of the study conducted at National Institute of Criminology and Forensic Science (NICFS), Rohini, Delhi on the Persistence of Spermatozoa in Vagina/Cervix were also found in consonance with the above reported recovery time.

2.7 Age Estimation

It is an important part of survivor examination.

When age of the Survivor is unknown or required by police/court, she may be referred for age determination.

2.8 Medico-Legal Examination Report ([Annex A](#))

It should be made in triplicate (original for investigating officer, 2nd copy for survivor and 3rd for hospital record)

2.9 Opinion

Select and encircle the applicable opinion (*see* medical opinion in [Annex A](#)) immediately after examination of survivor on the basis of case particulars and findings of detailed clinical examination.

2.10 Forensic Evidence Collection

Strive to collect as much evidence as possible from survivor, guided by the scope of informed consent, details given regarding sexual assault(s) and examination findings.

2.11 Collection, Packaging and Forwarding of Evidence Materials for Forensic Analysis:

a) Based upon the history of the case, evidence materials should be collected in pre-labeled envelopes contained in the evidence collection kit:

- 1) The swabs taken must be thoroughly air dried before putting into the envelope;

- 2) The clothing, if wet or having body fluid stains should also be thoroughly air dried before packing;
- 3) Reference blood sample of the survivor should preferably be collected on blood collection card for DNA testing. For this wipe the tip of ring/middle finger with alcohol swab, prick it with sterile lancet and allow few drops of blood to fall within the circle of the card. Dry it before packing;
- 4) If no evidence material is collected in any envelope of the kit, the envelope should be crossed and ‘No sample collected’ should be written on it;
- 5) The evidence collection kit should be sealed with tamper proof seal; and
- 6) Medical samples should be sent to hospital laboratory and forensic samples should be packed in evidence collection kit.

b) Police official should be given the original copy of each page of the MLC ([Annex A](#)); and

c) Chain of custody form printed on the evidence collection kit ([Annex B](#)) should be signed by the doctor as well as the police official to whom the kit is handed over.

Table 1 Maximum Reported Recovery Times for Spermatozoa Collected from Body Cervix in Living Sexual Assault Victims

([Clause 2.1](#))

Sl No.	Type	Vagina	Cervix	Mouth	Rectum	Anus
(1)	(2)	(3)	(4)	(5)	(6)	(7)
i)	Mobile Sperm	6 h to 28 h	3 days to 7.5 days	–	–	–
ii)	Non-mobile Sperm	14 h to 10 days	7.5 days to 19 days	2 h to 31 h	4 h to 113 h	2 h to 44 h

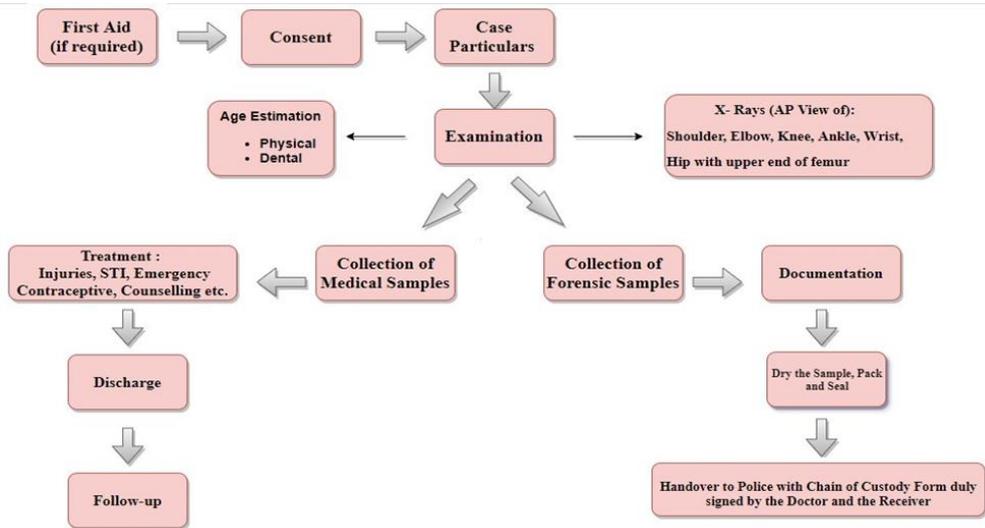


FIG. 1 STEPS AT A GLANCE FOR RESPONDING TO SEXUAL ASSAULT SURVIVOR

ANNEX A

[Clauses 2.6, 2.8, 2.9, 2.11 and B-1 (b)]

A-1 MEDICO-LEGAL EXAMINATION REPORT OF SURVIVOR OF SEXUAL ASSAULT

MLC No.....

- a) Name of the Hospital.....OPD/IPD/Casualty No.....
- b) NameD/o or S/o (if Known).....
- c) Address.....
- d) Age (as reported)Date of Birth (if Known)
- e) Sex (M/F/Others).....
- f) Date and time of arrival in the hospital.....
- g) Brought by/self arrived (Name)..... (Signature).....
- h) DD/FIR No. (if any)Police Station.....
- i) Date and time of commencement of examination.....
- j) Whether conscious, oriented in time, place and person.....
- k) Any physical/intellectual/psychosocial disability.....

(Services of interpreters/special educators may be utilized if the survivor has special requirements relating to hearing/speech disability, language barriers, intellectual or psychosocial disability).

A-1.1 Step 1

A-1.1.1 Step 1(A)

Informed consent/refusal

I.....D/o or S/o.....

hereby give my consent for:

- a) Medical examination for treatment Yes/No
- b) Medico legal examination Yes/No
- c) Sample collection for forensic examination Yes/No

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Contents of the above have been explained to me in language with the help of a special educator/interpreter/support person (circle as appropriate)..... If special educator/interpreter/support person has helped, then his/her name and signature

MLC No.....

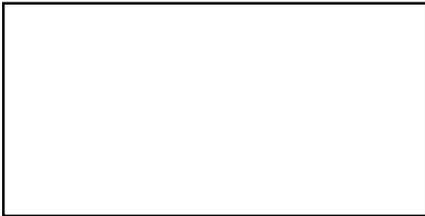
Name and signature of survivor or parent/guardian/person in whom the child reposes trust (if child is less than 12 years)

Signature

Place.....

Name

Date and Time.....



Left Thumb Impression of Survivor



Right Thumb Impression of Survivor

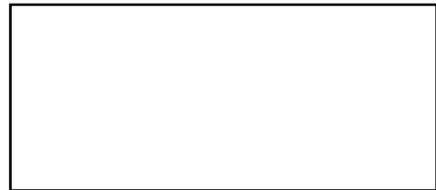
Name and Signature/Thumb Impression of Witness Signature

.....

Name

Place.....

Date and Time.....



Thumb Impression of Witness

Marks of Identification (at exposed areas)

(1) (2)

Relevant Medical/Surgical History

- a) Onset of menarche (in case of girls)Yes/No
- b) Age of Onset.....
- c) Menstrual history-cycle length and duration.....
- d) Last menstrual period.....
- e) Menstruation at the time of incident.....Yes/ No
- f) Menstruation at the time of examination.....Yes/ No
- g) Was the survivor pregnant at time of incident.....Yes/No
If yes, Duration of pregnancy.....weeks
- h) Contraception used.....Yes/No
If yes-method used:
- j) Vaccination Status
 - 1) Tetanus.....Yes/No
 - 2) Hepatitis B.....Yes/No

MLC No.....

- e) Any H/O drug/alcohol intoxication.....
- f) Whether sleeping or unconscious at the time of the incident.....
- g) Type of physical assault, If Any: (Tick (✓) mark the relevant and describe wherever required):
 - Hit with (hand/fist/blunt object/sharp object)
 - Burnt with..... Biting
 - Kicking..... Pinching.....
 - Pulling hair..... Violent shaking.....
 - Banging head..... Dragging.....
 - Emotional abuse Any other.....

h) If survivor has left any marks of injury on assailant/s, enter details

.....

.....

.....

.....

.....

.....

.....

j) Details of sexual assault:

Penetration by penis, insertion of fingers or object or any other body parts

(Indicate as Y = Yes, N = No, DNK = Do not know)

Mention and describe body part/s and/or object/s used for penetration/insertion

Victim \ Accused	Penis	Object/Other Body Part	Mouth	Ejaculation Occurred
Vaginal				
Urethral				
Anus				
Mouth				

k) Additional details of sexual assault: (Indicate as Y = Yes, N = No, DNK = Do not know)

Additional Details of Sexual Assault	Yes	No	DNK
Oral sex performed by assailant on survivor			
Forced masturbation of self by survivor			
Masturbation of assailant by Survivor			
Forced manipulation of genitals of assailant by survivor			
Ejaculation occurred outside body orifices			

m) Post incident information:

Has the Survivor	Yes	No
Changed outer clothing		
Changed inner clothing		
Cleaned/washed the outer clothing		
Cleaned/washed the inner clothing		
Taken bath		
Douched		
Passed urine		
Passed stools		
Rinsing of mouth		
Brushed the teeth		
Vomited		

n) H/o Vaginal/Anal/Oral bleeding/Discharge prior to the incident of sexual assault.....

p) H/o vaginal/ Anal/Oral bleeding/Discharge since the incident of sexual assault.....

q) H/o Painful urination/Painful defecation/fissures/Abdominal pain/Genitals pain or in any other part since the incident of sexual assault.....

MLC No.....

A-1.2 Step-2

a) General physical examination

Is this the first examination

Pulse..... BP..... Temp.....

Respiratory rate..... Pupils

Any observation in terms of general physical wellbeing of the survivor

b) Systemic examination (if relevant observation):

CVS..... R/S..... CNS..... GIT.....

Any other.....

c) Observation for injuries on the body (if any)

The pattern of injuries sustained during the incident may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

Note down the injury type (abrasion, laceration, bruise, incised wound, stab wound, firearm injury, burns, etc, site, size, shape, colour, swelling, signs of healing, simple/grievous, dimensions.)

Sl No.	Observations	Findings
(1)	(2)	(3)
i)	Scalp examination for areas of tenderness (if hair pulled out/ dragged by hair)/Extraneous matter	
ii)	Facial bone injury: Orbital blackening, tenderness	
iii)	Petechial haemorrhages in eyes and other sites	
iv)	Lips and buccal mucosa/gums	
v)	Palate and tongue	
vi)	Behind the ears	
vii)	Neck, shoulders and breast	
viii)	Upper limb	
ix)	Lower limb and buttocks	
x)	Back	
xi)	Any other site, please specify	

d) Local examination of genital/other orifices (Write NA for Not Applicable)

1) External genitalia:

SI No.	Observations	Findings
(1)	(2)	(3)
i)	External urethral meatus and vestibule	
ii)	Clitoris	
iii)	Labia majora	
iv)	Labia minora	
v)	Posterior fourchette and fossa navicularis	
vi)	Hymenal orifice	
vii)	Perineum	
viii)	Penis	
ix)	Scrotum	
x)	Testis	
xi)	Clitoropenis/labioscrotum/others	

P/S findings if performed

P/V findings if performed

2) Anus and rectum (encircle the relevant) — Bleeding/Tear/Discharge/Oedema/Tenderness

3) Oral cavity (encircle the relevant) — Bleeding/Tear/Discharge/Edema/Tenderness

MLC No.....

LEGEND: TYPES OF OBSERVATIONS

RIGHT

LEFT

- AB Abrasion
- ER Erythema (redness)
- OI Other Injury (describe)
- ALS Alternate Light Source
- F/H Fiber/Hair
- PE Petechiae
- BI Bite
- FB Foreign Body
- PS Potential Saliva
- BU Burn
- IN Induration
- SHX Sample Per History
- DE Debris
- IW Incised Wound
- SI Suction Injury
- DF Deformity
- LA Laceration
- SW Swelling
- DS Dry Secretion
- MS Moist Secretion
- TB Toluidine Blue
- EC Ecchymosis (bruise)
- OF Other Foreign Material (describe)
- TE Tenderness
- V/S Vegetation/Soil

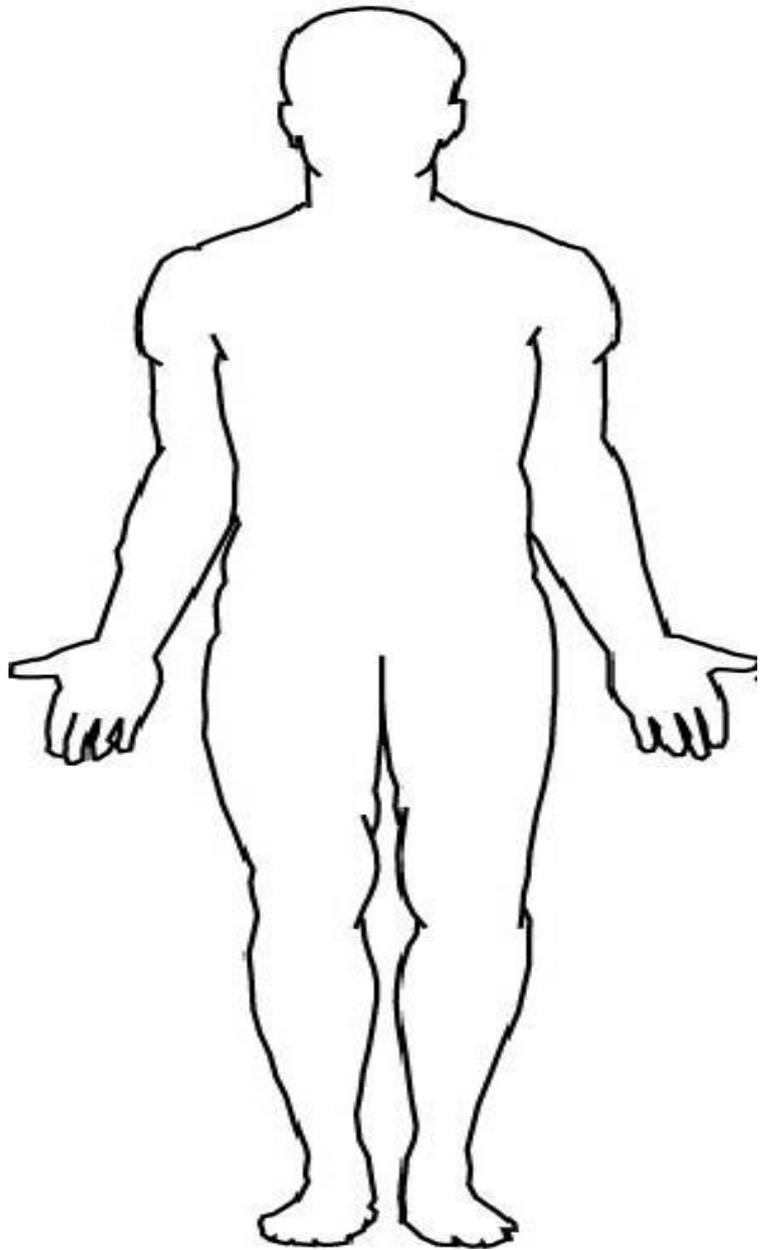


FIG. 2 FRONT/ANTERIOR VIEW

LEGEND: TYPES OF OBSERVATIONS

LEFT

RIGHT

- AB Abrasion
- ER Erythema (redness)
- OI Other Injury (describe)
- ALS Alternate Light Source
- F/H Fiber/Hair
- PE Petechiae
- BI Bite
- FB Foreign Body
- PS Potential Saliva
- BU Burn
- IN Induration
- SHX Sample Per History
- DE Debris
- IW Incised Wound
- SI Suction Injury
- DF Deformity
- LA Laceration
- SW Swelling
- DS Dry Secretion
- MS Moist Secretion
- TB Toluidine Blue
- EC Ecchymosis (bruise)
- OF Other Foreign Material (describe)
- TE Tenderness
- V/S Vegetation/Soil

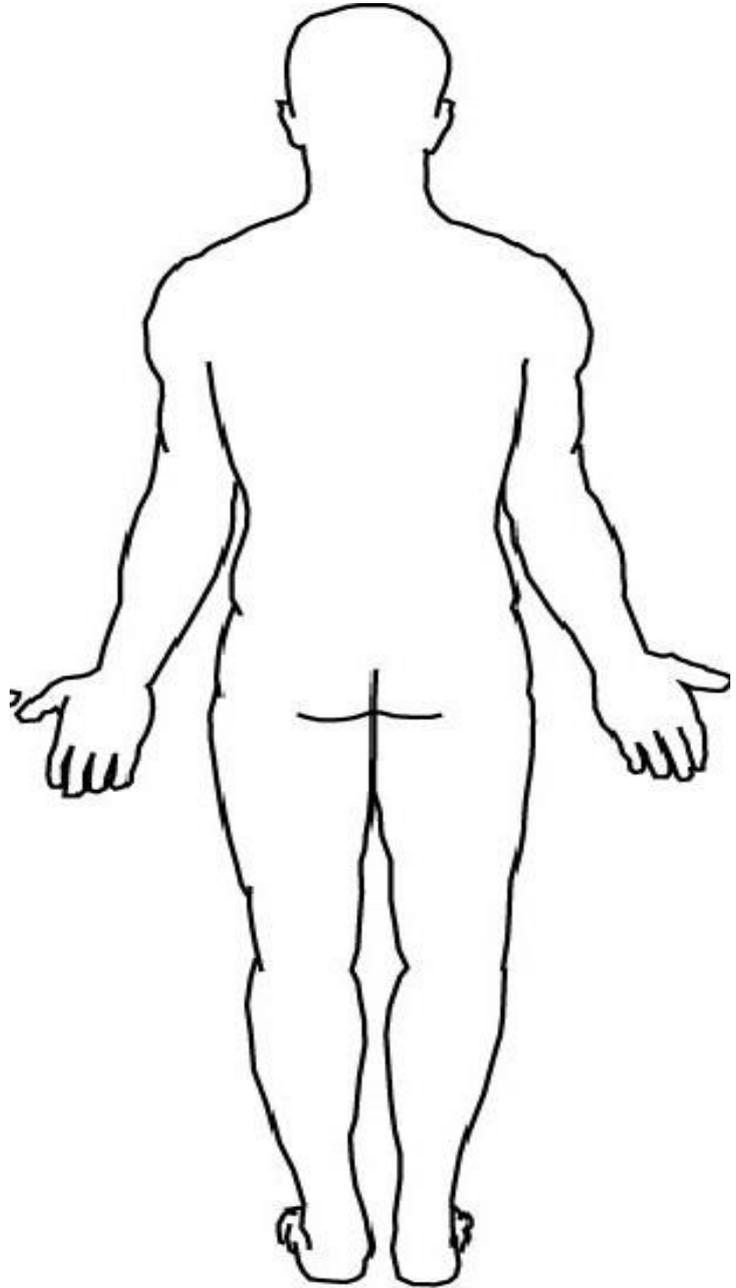


FIG. 3 BACK/POSTERIOR VIEW

MLC No.....

LEGEND: TYPES OF OBSERVATIONS

- AB Abrasion
- ER Erythema (redness)
- OI Other Injury (describe)
- ALS Alternate Light Source
- F/H Fiber/Hair
- PE Petechiae
- BI Bite
- FB Foreign Body
- PS Potential Saliva
- BU Burn
- IN Induration
- SHX Sample Per History
- DE Debris
- IW Incised Wound
- SI Suction Injury
- DF Deformity
- LA Laceration
- SW Swelling
- DS Dry Secretion
- MS Moist Secretion
- TB Toluidine Blue
- EC Ecchymosis (bruise)
- OF Other Foreign Material (describe)
- TE Tenderness
- V/S Vegetation/Soil

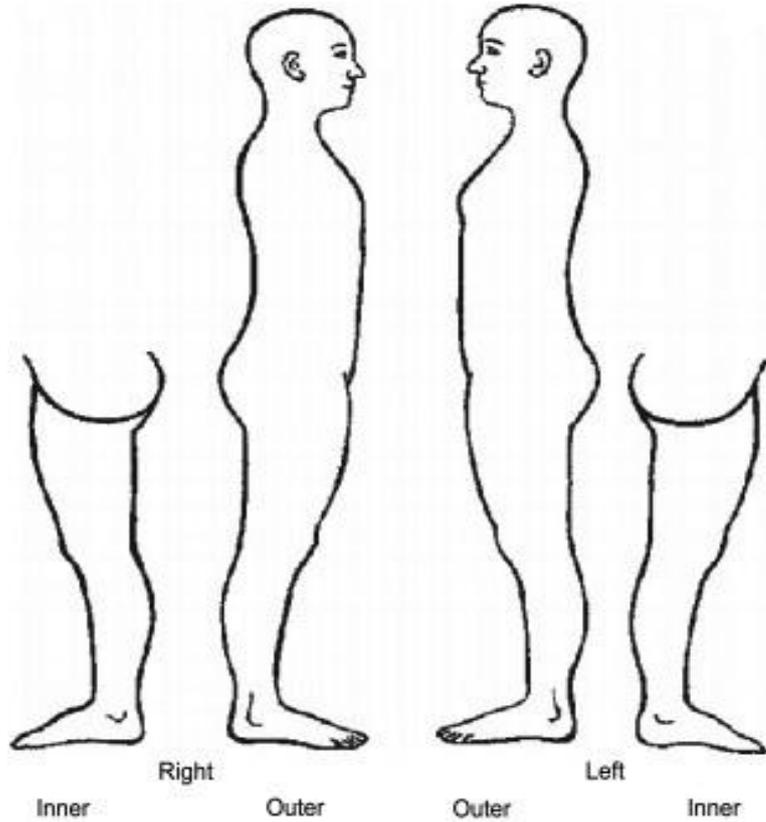


FIG. 4 RIGHT AND LEFT VIEW OF THE BODY AND MEDIAL/INNER

LEGEND: TYPES OF OBSERVATIONS

- AB Abrasion
- ER Erythema (redness)
- OI Other Injury (describe)
- ALS Alternate Light Source
- F/H Fiber/Hair
- PE Petechiae
- BI Bite
- FB Foreign Body
- PS Potential Saliva
- BU Burn
- IN Induration
- SHX Sample Per History
- DE Debris
- IW Incised Wound
- SI Suction Injury
- DF Deformity
- LA Laceration
- SW Swelling
- DS Dry Secretion
- MS Moist Secretion
- TB Toludine Blue
- EC Ecchymosis (bruise)
- OF Other Foreign Material (describe)
- TE Tenderness
- V/S Vegetation/Soil

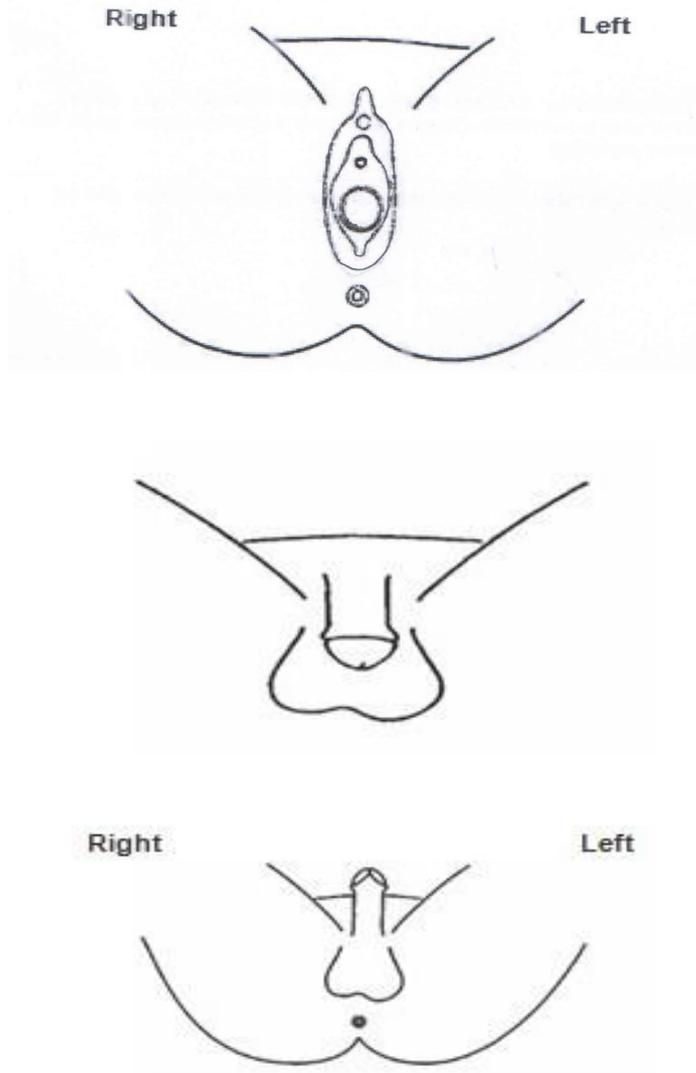


FIG. 5 EXTERNAL VIEWS OF FEMALE (UPPER) AND MALE (MIDDLE AND LOWER) GENITALS

MLC No.....

A-1.3 Step 3 Samples Collection (Medical/Forensic)

Ask the survivor to stand on trace evidence collection paper sheet (provided in the kit) and remove the garments worn during the incident. The sheet should be folded to preserve the trace evidence fallen on it (if any) and placed in the kit. Wrap each garment separately after drying, if wet, and pack in paper bags or envelopes (labeled Step 3).

A-1.4 Step 4 Collection of Debris/Stains/Nails/Swabs (In Envelopes Labeled Step 4A to 4F)

Details of clothing worn by the survivor at time of incident:

Steps	Sample Type	Collected (Y)/Not Collected (N)	Reason for not Collecting
4 A	Head hair combing for debris		
4 B	Swabs for debris (In-between fingers)		
4 C	Swabs from stains on the body (blood, semen, foreign material, others)		
4 D	Nail swabbing (both hands separately)		
4 E	Nail clippings (both hands separately)		
4 F	Scalp hair (10 to 5 cut strands)		

A-1.5 Step 5 Breast Swabbing for Collecting Saliva Samples. Moisten the Swab with Distilled Water Provided, Dry and Pack. (In Envelopes Labeled Step 5)

Step	Sample type	Collected (Y) /Not Collected (N)	Reason for not Collecting
5	One swab from both breast		

A-1.6 Step 6 Evidentiary Material from Genitals (In Envelopes Labeled Step 6A and 6B)

Steps	Sample type	Collected (Y)/Not Collected (N)	Reason for not Collecting
6A	Pubic hair combing (mention if shaved)		
6B	Cut strands of pubic hair (mention if matted or not)		

A-1.7 Step 7 Genital Swabs (In Envelopes Labeled Step 7A to 7G)

Steps	Sample Type and Site of Collection	Collected (Y)/Not Collected (N)	Reason for not Collecting
7A	One vulval swab and one slide (for semen examination and DNA testing)		
7B	One urethral swab and one slide (for semen examination and DNA testing)		
7C	One vaginal swab and one slide from posterior fornix (for semen examination and DNA testing)		
7D	One cervical swab and one slide (for semen examination and DNA testing)		
7E	Cervical swab — Culture for infection (for hospital laboratory)		
7F*	One swab and one slide from glans penis/clitro penis (for semen examination and DNA testing)		
7G	Any other — (Tampon/Sanitary napkin /Condom/Object)		

NOTE — If P/V and P/S is not possible defer collection of steps labeled as 7C, 7D and 8.

A-1.8 Step 8 Vaginal Washing may be Collected without P/S. (In Envelopes Labeled Step 8)

Step	Sample type	Collected (Y) /Not Collected (N)	Reason for not Collecting
8	Vaginal washing (for forensic DNA analysis)		

A-1.9 Step 9 Anal/Rectal Swabs (In Envelope Labeled Step 9A And 9B).

Steps	Sample Type and Site of Collection	Collected (Y) /Not Collected (N)	Reason for not Collecting
9A	One anal swab and one slide (for semen examination and DNA testing)		
9B	One rectal swab and one slide (for semen examination and DNA testing)		

*If survivor is male or transgender.

MLC No.....

A-1.10 Step 10 Oral Samples (In Envelopes Labeled Step 10A and 10B)

Steps	Sample Type and Site of Collection	Collected (Y)/ Not Collected (N)	Reason for not Collecting
10A	One oral swab and one slide from each side (for semen examination and DNA testing)		
10B	One dental floss – from in between last lower teeth on both sides		

A-1.11 Step 11 Urine Samples (In Envelopes Labeled Step 11A and 11B)

Steps	Sample Type	Collected (Y)/ Not Collected (N)	Reason for not Collecting
11A	Urine for Pregnancy (point-of-care test)		
11B	Urine for drug testing		

A-1.12 Step 12 Blood Samples at Least 2 MI Each Vial (In Envelopes Labeled Step 12A to 12D)

Steps	Sample type	Collected (Y)/ Not Collected (N)	Reason for not Collecting
12A	Drug intoxication (plain vial)		
12B	Blood for alcohol levels (Sodium fluoride vial)		
12C	Blood for DNA analysis (blood collection card)		
12D	Blood for grouping, HIV, VDRL, HbsAg testing (plain vial) – for hospital laboratory		

A-1.13 Other Relevant Tests Ordered (Indicate the Relevant Option)

- Ultrasound for pregnancy/internal injury — Yes/No
- X-ray for injury — Yes/No
- Treatment prescribed:

Treatment	Yes	No	Type and Comments
STI prevention treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counseling			
Other			

MLC No.....

A-1.14 MEDICAL OPINION

(Encircle the applicable and cross others by horizontal line across entire text)

- a) Genital and physical injuries present, suggestive of forceful penetration/insertion;
OR
- b) Only genital injuries present, suggestive of forceful penetration/insertion;
OR
- c) Only physical injuries present, suggestive of use of force, however penetration/ insertion cannot be ruled out; and
OR
- d) Neither genital nor physical injuries present, suggestive of no use of force, however sexual assault cannot be ruled out.

Examination completed on date at

Signature

Name

Designation

Registration No.....

Official seal

MLC No.....

A-1.15 CHECKLIST OF STEPS OF MEDICO-LEGAL EXAMINATION

Steps	No.	Details	Page	√ = If Collected X = If not Collected
Step 1	1 A	Informed consent		
	1 B	Case particulars		
Step 2	2	General physical examination		
Step 3	3A	Clothing — Outer		
	3B	Clothing — Inner		
Step 4	4 A	Head hair combing for debris		
	4 B	Swabs for debris (In-between fingers)		
	4 C	Swabs from Stains on the body (blood, semen, foreign material, others)		
	4 D	Nail swabbing (both hands separately)		
	4 E	Nail clippings (both hands separately)		
	4 F	Scalp hair (10-15 cut strands)		
Step 5	5	One swab from both breast		
Step 6	6A	Pubic hair combing		
	6B	Cut strands of pubic hair		
Step 7	7A	One vulval swab and one slide (for semen examination and DNA testing)		
	7B	One urethral swab and one slide (for semen examination and DNA testing)		
	7C	One vaginal swab and one slide from posterior fornix (for semen examination and DNA testing)		
	7D	One cervical swab and one slide (for semen examination and DNA testing)		
	7E	Cervical swab - Culture for infection		
	7F	One swabs and one slide from glans penis/clitro penis (for semen examination and DNA testing)		
	7G	Any other (tampon /Sanitary Napkin /condom/object) If collected, dry and pack in thick paper envelope (not included in the kit) and send along with the kit for forensic analysis		

Steps	No.	Details	Page	√ = If Collected X = If not Collected
Step 8	8	Vaginal washing (for forensic DNA analysis)		
Step 9	9A	One anal swab and one slide (for semen examination and DNA testing)		
	9B	One rectal swab and one slide (for semen examination and DNA testing)		
Step 10	10A	One oral swab and one slide from both sides (for semen examination and DNA testing)		
	10B	One dental floss – from in between last lower teeth from both sides		
Step 11	11A	Urine for pregnancy (point-of-care test)		
	11B	Urine for drug testing		
Step 12	12A	Blood sample for drug intoxication (plain vial)		
	12B	Blood sample for alcohol levels (sodium fluoride vial)		
	12C	Blood sample for DNA analysis (on blood collection card)		
	12D	Blood sample for grouping, HIV, VDRL, HbsAg testing (plain vial) – for hospital laboratory		
Step 13	13	Medical opinion		

ANNEX B

(Clause 2.11)

B-1 MEDICO-LEGAL EVIDENCE COLLECTION KIT IN SEXUAL ASSAULT CASES (SURVIVOR)

CONTENTS

Sl No.	Labelled as	Specification	Items included
(1)	(2)	(3)	(4)
i)	Step 3A — Outer clothing	Thick paper envelope, (35 cm × 45 cm)	White paper sheet of size 4 × 4 feet (120 GSM)
ii)	Step 3B — Inner clothing	Thick paper envelope, (30 cm × 25 cm)	White paper sheet of size 4 × 4 feet (120 GSM)
iii)	Step 4A — Head hair combing for Debris	WPE*	A plastic comb (10 cm approx), small size butter paper envelope
iv)	Step 4B — Swabs for debris (In-between fingers)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube
v)	Step 4C — Swabs from stains on the body (blood, semen, foreign material, others)	WPE*	Three sterile cotton swabs (150 mm × 12 mm) in tubes
vi)	Step 4D — Nail swabbings (both hands separately)	WPE*	Two Cotton swabs on Toothpicks and two small size butter paper envelopes
vii)	Step 4E — Nail clippings (both hands separately)	WPE*	One stainless steel nail cutter and two small size butter paper envelopes
viii)	Step 4F — Scalp hair	WPE*	Small stainless steel scissor (12 cm approx) and small size butter paper envelope
ix)	Step 5 — One swab from both breast	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube
x)	Step 6A — Pubic hair combing	WPE*	One small plastic comb (10 cm approx) and small size butter paper envelope
xi)	Step 6B — Cut strands of pubic hair	WPE*	Small butter paper envelope
xii)	Step 7A — One vulval swab and one slide (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xiii)	Step 7B — One urethral swab and one slide (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xiv)	Step 7C — One vaginal swab and one slide (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xv)	Step 7D — One cervical swab and one slide (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xvi)	Step 7E — Cervical swab - Culture for infection	WPE*	One pack of cervical swab and culture tube

Sl No.	Labelled as	Specification	Items included
(1)	(2)	(3)	(4)
xvii)	Step 7F — One swab and one slide from glans penis/clitro penis (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xviii)	Step 8 — Vaginal washing (for forensic DNA analysis)	WPE*	One 5ml distilled water and one red rubber tubing (size 8, approx. 35 cm long) with syringe
xix)	Step 9A — One anal swab and one slide (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xx)	Step 9B — One rectal swab and one slide (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xxi)	Step 10 A — One oral swab and one slide from both sides (for semen examination and DNA testing)	WPE*	One sterile cotton swab (150 mm × 12 mm) in tube, one microscopic slide with plastic cover
xxii)	Step 10 B — One dental floss – from in between last lower teeth from both sides	WPE*	One dental floss with plastic handle
xxiii)	Step 11 A — Urine for pregnancy	WPE*	One pregnancy detection kit
xxiv)	Step 11 B — Urine for drug testing	WPE*	One sterile plastic container
xxv)	Step 12 A — Blood sample for drug in toxication (plain vial)	WPE*	One plain vial
xxvi)	Step 12 B — Blood sample for alcohol levels (sodium fluoride vial)	WPE*	One sodium fluoride vial
xxvii)	Step 12 C — Blood sample for DNA analysis (on blood collection card)	WPE*	One blood collection card
xxviii)	Step 12 D — Blood sample for grouping, HIV, VDRL, HbsAg testing (plain vial) (for hospital laboratory)	WPE*	One plain vial

All the above items should be packed in a sturdy cardboard box of appropriate size to accommodate all the contents having Chain of Custody Form printed on it, and should also contain the items mentioned below at serial no. a) and b).

- a) Two pairs of powder less gloves, two Alcohol swabs, two sterile Lancets, a pack of sterile cotton balls, one pack of distilled water (5ml) and one tamper proof tape for sealing the Evidence Collection Kit; and
- b) A booklet of Protocol for Medico-legal Examination of Survivor, comprising MLC Pages ([Annex A](#)) printed in triplicate with self-inking/carbon free paper as per the requirement given by the institute/user.

NOTE — Wherever applicable, expiry date of the items included in the kit should be at least one year from the date of supply.

*White paper envelope (28 cm × 12 cm approx) containing one A4 size white paper (80 GSM).

ANNEX C

(Foreword)

COMMITTEE COMPOSITION

Anatomy and Forensic Sciences Equipment Sectional Committee, MHD 23

<i>Organization</i>	<i>Representative(s)</i>
Maulana Azad Medical College, New Delhi	DR SABITA MISHRA (<i>Chairperson</i>)
Association of Indian Medical Device Industry, New Delhi	SHRI RAJESH KHATRI SHRIMATI LALITA KHATRI (<i>Alternate</i>)
Central Drugs Standard Control Organization, New Delhi	SHRI ASEEM SAHU SHRI AJAI BASIL (<i>Alternate I</i>) SHRI SOUMYARANJAN SAHOO (<i>Alternate II</i>)
Directorate General of Health Services, New Delhi	DR ANITA TULI DR M. K. WAHI (<i>Alternate</i>)
Kalam Institute of Health Technology, Vizag	SHRI ARJUN THIMMAIAH
Lady Hardinge Medical College, New Delhi	DR SNEH AGARWAL DR MANOJ KUMAR WAHI (<i>Alternate</i>)
Maulana Azad Medical College, New Delhi	DR DINESH KUMAR DR SWATI TIWARI (<i>Alternate</i>)
National Health Systems Resource Centre, New Delhi	DR RANJAN CHOUDHURY DR MANISHA SHARMA (<i>Alternate</i>)
Sri Ramachandra Institute of Higher Education and Research, Chennai	DR P. SAMPATH KUMAR DR S. SENTHIL KUMAR (<i>Alternate I</i>) DR SNEHA S. (<i>Alternate II</i>)
Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi	SHRI MANISH KUMATH
In Personal Capacity (<i>House No 5, Type V Staff Quarters MAMC Campus, Kotla Road, New Delhi - 110002</i>)	DR SREENIVAS M.
In Personal Capacity (<i>H.NO. 404, Akbarpur Barota, Sonipat - 131103</i>)	DR K. P. S. KUSHWAHA (EX-SR. FACULTY NICFS)
BIS Directorate General	SHRI A. R. UNNIKRISHNAN, SCIENTIST 'G' AND HEAD (MEDICAL EQUIPMENT AND HOSPITAL PLANNING), [REPRESENTING DIRECTOR GENERAL (<i>Ex-officio</i>)]

Member Secretary

SHRI SATYAM RATHORE
SCIENTIST 'B'/ASSISTANT DIRECTOR
(MEDICAL EQUIPMENT AND HOSPITAL PLANNING), BIS

Bureau of Indian Standards

BIS is a statutory institution established under the *Bureau of Indian Standards Act, 2016* to promote harmonious development of the activities of standardization, marking and quality certification of goods and attending to connected matters in the country.

Copyright

BIS has the copyright of all its publications. No part of these publications may be reproduced in any form without the prior permission in writing of BIS. This does not preclude the free use, in the course of implementing the standard, of necessary details, such as symbols and sizes, type or grade designations. Enquiries relating to copyright be addressed to the Head (Publication & Sales), BIS.

Review of Indian Standards

Amendments are issued to standards as the need arises on the basis of comments. Standards are also reviewed periodically; a standard along with amendments is reaffirmed when such review indicates that no changes are needed; if the review indicates that changes are needed, it is taken up for revision. Users of Indian Standards should ascertain that they are in possession of the latest amendments or edition by referring to the website-www.bis.gov.in or www.standardsbis.in.

This Indian Standard has been developed from Doc No.: MHD 23 (23633).

Amendments Issued Since Publication

Amend No.	Date of Issue	Text Affected

BUREAU OF INDIAN STANDARDS

Headquarters:

Manak Bhavan, 9 Bahadur Shah Zafar Marg, New Delhi 110002

Telephones: 2323 0131, 2323 3375, 2323 9402

Website: www.bis.gov.in

Regional Offices:

Central : 601/A, Konnectus Tower -1, 6th Floor,
DMRC Building, Bhavbhuti Marg, New
Delhi 110002

Telephones

{ 2323 7617

Eastern : 8th Floor, Plot No 7/7 & 7/8, CP Block, Sector V,
Salt Lake, Kolkata, West Bengal 700091

{ 2367 0012
{ 2320 9474

Northern : Plot No. 4-A, Sector 27-B, Madhya Marg,
Chandigarh 160019

{ 265 9930

Southern : C.I.T. Campus, IV Cross Road, Taramani, Chennai 600113

{ 2254 1442
{ 2254 1216

Western : 5th Floor/MTNL CETTM, Technology Street, Hiranandani Gardens, Powai
Mumbai 400076

{ 25700030
{ 25702715

Branches : AHMEDABAD, BENGALURU, BHOPAL, BHUBANESHWAR, CHANDIGARH, CHENNAI, COIMBATORE, DEHRADUN, DELHI, FARIDABAD, GHAZIABAD, GUWAHATI, HARYANA (CHANDIGARH), HUBLI, HYDERABAD, JAIPUR, JAMMU, JAMSHEDPUR, KOCHI, KOLKATA, LUCKNOW, MADURAI, MUMBAI, NAGPUR, NOIDA, PARWANOO, PATNA, PUNE, RAIPUR, RAJKOT, SURAT, VIJAYAWADA.