SARC Ref No:
DAC/PLYM _ _ _ _

Twelves Company
Metropolitan House
37 The Millfields
Plymouth
PL1 3JB
01752 220400

EARLY EVIDENCE CONSENT FORM

DAC/P2A

Patient Details

Full Name

DOB

Age:

Unit No:

Guidance Notes

Written consent is necessary for evidence to stand up in court – read notes on evidence collection summary

If it is not possible to obtain written consent because the patient lacks capacity, fill out the relevant section below and give reasons.

Make two copies of the signed form:

1. Original form accompanies exhibits
2. One copy is retained by patient or proxy
3. Place 3rd copy into patients ED record

Doctor to complete if the patient lacks capacity

A urine sample and a mouth swab have been taken by me or at my instruction.
It was impossible to obtain the patient's written consent at the time because he/she lacked capacity for the following reason:

……

……..

Please ensure the patient is asked to give written consent as soon as he/she regains capacity.

…….Print name and Role…….

…….Signature……Date (DD/MM/YYYY)

Patient to complete if no lack of capacity

I hereby consent to provide the following (Please Tick):

A Urine Sample [ ] A Mouth Swab [ ]

I understand the sample(s) will be submitted for forensic examination to help discover evidence of sexual assault. I am aware that the urine sample will be checked for drugs and alcohol and that the mouth swab will be checked for the presence of semen.

……Print Name

……Signature…….Date (DD/MM/YYYY)