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Medico-Legal Cases and Medical Negligence

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MESSAGE

It gives me immense pleasure to write this message for a document which will form an integral part of hospital casualty. Necessity of such a material in a concise form was felt since long. This book shall be of great help to the practicing doctors. After going through the contents, I am sure that the doctors will feel comfortable in handling day to day issues arising out of medico legal cases. This will also help in preventing medical negligencies.

I congratulate Dr. Chauhan and Dr. Goldar for doing such a good work.

Dr. C. S. Kedar, IAS

Director General ESI Corporation

PREFACE

The doctors working in the various hospitals who deal with medico legal cases are most of the time not well trained in handling medico-legal cases. It is extremely important that the procedures of handling medico legal cases be made very clear so that they can help the law as well save themselves from unnecessary embarrassment caused out of faulty MLC report or Medical negligency.

In view of the above we, (Dr. S. R. Chauhan, Medical Commissioner, ESI Corporation and Dr. Kajal Goldar, In-Charge, Casualty, ESI Model Hospital, Basaidarapur, New Delhi) felt the need of a document which can provide practical information to deal with medico-legal cases in efficient manner. This booklet deals with the practical aspects of the subject and solely concerned with examination and documentation of a case for medico legal purposes. The contents are intended to be useful for all the doctors working in hospitals, dispensaries and clinics. We have tried to make it simple, precise and easy to understand. We have tried to include samples of formats/proforma/ investigation forms, etc. for ready reference. References also have been made pertaining to consumer protection and some of the relevant I.P.C. Act. This is the first edition. We wish to make improvement in our next edition. We request the readers to feel free to suggest correction, inclusion and exclusion in order to include the same in the next edition. Please send your suggestions through e-mail…. >drsrchauhan@gmail.com< or >goldar_k@yahoo.co.in<

We are thankful to the Dr. C. S.Kedar, IAS, Director General, ESI Corporation, who readily accepted the document for publication and distribution to all the ESIC Hospitals. .

We hope that this booklet shall be useful to all those who deal with medico legal issues. Any suggestions/criticisms towards improving this book in future are always welcome.

April 2012

Authors

INTRODUCTION

In the era of consumer awareness and after implementation of Consumer Protection Act, it has become essential that the medical practitioners must be well versed with the procedures and practices of handling medico-legal cases. Medical practitioners are involved with the diagnosis and treatment of injury, illness or disease. Often the examination has to be carried out and the report needs to be prepared for medico-legal purposes. The examination and report on this context can be either for the benefit of the examinee or to his disadvantage, such as examination of an accused. Regardless, the examination should only be performed with the consent of the person to be examined, since an enforced examination will be an assault. However, only in exceptional circumstances such as the case brought by police, examination of prisoners or personnel in the armed forces, where it can be carried out without consent.

MEDICO-LEGAL CASES

A medical practitioner like any other person is supposed to furnish information regarding offences which comes to his knowledge under section 39 of Criminal Penal Code wherein public is duty-bound to inform the police about the offence that came to the notice of public, else he is liable to be punished for not doing so under section 177 IPC (giving false information) and section 201 IPC (causing disappearance of evidence).

In view of the above, the medical practitioner is supposed to inform the police about the offences which comes to his knowledge while working in the hospital/clinic. He is duty bound to examine, investigate, treat and keep the records of such cases for legal purposes. These cases are called “Medico-Legal Cases” (MLC).

Cases that are treated as medico legal

The following cases should be considered as medicolegal and as such the medical officer is “duty bound” to intimate to the police and prepare medicolegal record regarding such cases:

1. All cases of injuries and burns – the circumstances of which suggest commission of an offence by somebody (irrespective of suspicion of foul play).
2. All vehicular, factory or other unnatural accident cases specially when there is a likelihood of patient's death or grievous hurt.
3. Cases of suspected or evident sexual assault.
4. Cases of suspected or evident criminal abortion.
5. Cases of unconsciousness where its cause is not natural or not clear.
6. All cases of suspected or evident poisoning or intoxication.
7. Cases referred from court or otherwise for age estimation.
8. Cases brought dead with improper history creating suspicion of an offence.
9. Cases of suspected self-infliction of injuries or attempted suicide.
10. Any other case not falling under the above categories but has legal implications.

Receiving an MLC

Medical officer can receive a medico legal case in any of the three ways:

1. A case is brought by police for examination and reporting.
2. The person in question is already examined to by a doctor and a medico legal case was registered in the previous hospital, and the person is now referred for expert opinion or further management.
3. In the other instances, after history taking and thorough examination, the medical officer feels that the circumstances/findings of the case are such that registration of the case as a MLC is warranted, he should immediately inform the patient of the same and take his consent for converting the case into MLC and inform the police.

The treatment of the patient should not wait for the arrival of the police for completion of formalities. MLC report should be prepared as soon as possible. No patients shall be referred to a higher centre without providing primary medical care. However, after providing the primary medical care, the patient can be referred to a higher medical centre for treatment that is not available in the hospital where MLC has been made.

Note: In case of injuries sustained in the factory by an I.P. and I.P. reports with BI1 form duly filled by the factory manager it per say is not a medico legal case until and unless the IP insists for medico legal case for alleged negligence on the part of employer.

Medico legal Case Report

MLC Report comprises of mainly three parts:

1. Preliminaries

a) Date.
b) Time and Place of examination.
c) Name of the patient, his residential address, occupation, etc.
d) Name and details of the person(s)/police accompanying the person.
e) Date, time and name of the police or person who brought the patient.
f) DDR/FIR No. (Police station).
g) Informed consent of the person being examined.
h) Minimum two marks of identification to be noted on MLC.

2. Body (Finding/Observations)

a) Brief history of incidence.
b) General physical examination including vitals.
c) Complete examination of the injuries or any other relevant findings pertaining to the type of case.
d) Investigations to support the clinical diagnosis.
e) Referrals, etc. (if asked for/ if required).

3. Opinion

a) Nature of injuries – whether simple or grievous or dangerous.
b) Weapon/Force used – whether blunt or sharp or fire arms or burns, etc.
c) Estimated time\duration of occurrence of injury/injuries – based on the characteristics of the external injuries (for deciding the duration, undue or complete reliance should not be given to the history, but should be decided on the basis of the judgment of the examining medical officer).
d) Any other information that may prove to be helpful to the law.
e) If for any reason, the opinion is to be kept "pending", the same must be documented properly in the appropriate column of the MLC sheet.

All investigation forms, X-Rays, case file, etc. should bear the label "MLC" on the top, so that necessary precautions can be taken by all concerned.

Some Important Question should be kept in mind while dealing with a MLC case

1. Who is the victim? (Identification)
2. When the injuries/death occurred? (Date and Time of injuries or death)
3. Where the death occurred? (scene and circumstances of injuries or death)
4. What injuries are present? (description of injuries)
5. Which injuries are significant? (major, true, artifact, post mortem injuries)
6. Why & how injuries were produced? (mechanism & manner of death i.e., natural, accidental, suicidal, homicidal). If unnatural, determine the means or agent causing injuries or death e.g. knife, firearm, poison, etc.

REGISTRATION OF CASES AS MLC

It is the primary responsibility of the attending medical officer in emergency to decide, whether to label the case as MLC or not and the decision in this regard must not be on the direction of any person or officer of the hospital or from outside.

The emergency medical officer must ensure the following points before labeling a case as MLC:

1. Ensure that MLC is not registered elsewhere.
2. The request of the patient or its relations to make the case medico legal must be entertained and the police must be informed.
3. If any of the above mentioned category of the cases has already been registered as MLC in another hospital or institution then a fresh injury report need not be prepared but the case shall be labeled as MLC, mentioning the MLC number that has already been prepared. The medical record of the case should be kept as MLC.
4. If a case is brought by police, several days after the incident for medico legal examination then the opinion regarding the case is to be given as per existing condition of the patient on the date of examination.
5. If a case has already been dealt as non MLC by the first examining medical officer in the emergency, MLC can be made by the concerned treating doctor, if they suspect any foul play at any stage, while the patient is admitted in the hospital. In such cases the MLC has to be prepared by the concerned treating doctor.
6. Emergency medical care in all medicolegal cases takes precedence over the formalities especially when the condition of the patient is serious.
7. All the columns in the medicolegal sheet and appropriate forms must be filled for all MLCs.
8. Informed consent should be taken for medical examination unless the person is brought by police or when examination is asked for by the court of law. If a person is below 12 years of age then the consent should be taken from the legal guardian. The informed consent includes information that.

a) The examination to be conducted would be a medico legal one and culminate in the preparation of a medico legal injury report.

b) All relevant investigations needed for the said purpose would be done.

c) The most important) the report may go against the person who is to be examined if the findings do not tally with the history given.

9. All non-ESI patients attending to the emergency should be given the necessary medical care and if needed MLC be made and formalities be completed.

SOME IMPORTANT DO'S AND DON'T'S FOR MLC

1. Whenever examining a woman, it is preferable that a lady doctor should examine her, or, wherever this is not possible, a female disinterested attendant should be present during the examination. The Hon'ble High Court of Punjab and Haryana ruled that only a lady doctor can examine a woman who is an alleged victim of sexual offence.
2. A doctor cannot refuse to examine medico legal cases on the basis of being a private practitioner or citing a jurisdiction problem.
3. Never delay in examining a medico legal case or in fact any other case irrespective of the time of the day or night.
4. If death is inevitable in medico legal case, arrange to make a dying declaration.
5. In cases of difference of opinion between two experts i.e. a radiologist and an orthopaedic surgeon, the emergency doctor should adopt that opinion, which he considers correct citing reasons. However, opinion of both the experts should be sent to the Court along with the report.
6. If any investigating officer gives requisition for any clarification regarding certain points mentioned in the report given, answer should always be given in writing (Section 179 IPC and Section 171 CrPC).
7. If an investigating officer/Court demands an original document/copy of an MLC, it should be given and an acknowledgement of receipt obtained.
8. If a case of attempted criminal abortion is received for treatment, the emergency doctor is not duty bound to inform the police of the same. But he should ask the patient to make a statement herself. If she refuses, he should not insist and treat the patient. In case the patient dies, he should inform the police and ask for the postmortem.
9. A private practitioner is legally bound to inform the police of homicidal poisoning as per Section 39 CrPC. In Government institutions, however, all the cases of poisoning, irrespective of their manner i.e., accidental/suicidal/ homicidal should be reported to the police.

10. A medical practitioner is expected to report all details arising out of poisoning failing which he can be penalized under Section 201 and Section 202 IPC. If he furnishes any false information, it can lead to prosecution under Section 193 IPC.

PREPARATION OF MLC REPORT

1. All the cases registered as MLC in any hospital must be labeled as MLC either by writing or preferably by affixing suitable stamp on all the relevant documents.
2. All entries including name, age, sex, address, details of the accompanying person, date and time of examination, etc. must be mentioned as required in the forms/MLC sheet.
3. All possible dimensions including depth of injury should be noted on the MLC sheet. No probing is to be done for measuring the depth of the injury. Position of all injuries should be shown on the human figure on the MLC sheet.
4. The “nature of injury” should be mentioned by the emergency medical officer as simple or grievous. In case it can not be ascertained at the time of examination, it should then be given in consultation with the concerned treating doctor whenever the diagnosis is ascertained. The emergency medical officer making the MLC is responsible to complete this at the earliest possible.
5. In case of suspected head injury keep patients under observation for at least 24 hours in the emergency ward unless otherwise warranted before taking further decision.
6. In case of unknown poisoning, a diagnosis should be made as “poisoning – nature not known”.
7. In all cases of suspected or evident fractures, MLC X-Rays must be done.
8. In no case MLC report is to be filled by interns. Name and signature of the medical officer making the MLC Report must be mentioned on the MLC sheet.
9. All documents must be prepared preferably by a ball pen in duplicate. Original copy be handed over to the police and the copy be kept for record.
10. At least two marks of identification of the patient should be mentioned on the MLC sheet. There is no time limit for registering a case as MLC.
11. There is no time limit for registering a case as MLC.

SAMPLE TYPES

1. Gastric lavage/vomitus in poisoning cases.
2. Blood in alcohol poisoning, drug abuse, DNA tests, other serological tests.
3. Clothes in assault/fire arm/burns/chemical.
4. Nail clippings in sexual assault.
5. Pellets/bullets, etc in case of fire arm injuries.
6. Vaginal swabs/pubic hair in sexual assault cases.
7. Swabs for unnatural (sodomy etc.) sexual offences.
8. Swabs from fire arm entry wounds.
9. Washing from hands in fire arm suicidal cases.
10. Urine for pregnancy test in sexual assault cases in order to establish pre-existing pregnancy.
11. Undergarments in sexual assault cases.
12. Swabs from bite marks for blood/DNA tests.
13. Nails and hair in chronic poisoning cases.
14. Any other material which may be useful in investigation.

All the above samples or exhibits if recovered should be properly labeled and sealed. It is essential to give sample of seal on separate cloth/paper after putting initials and stamp. The endorsement of sample/s preserved should also be made in the MLC Report.It is the sole responsibility of CMO preparing the report to collect, label, seal and keep the in safe custody till these are handed over to the concerned police authorities. A receipt report may be recorded on the Medico-legal sheet.

Personal valuables like wrist watch, money, gold ornaments, etc. must be taken in possession and sealed separately and entered in the MLC register and kept under the custody of sister in-charge of the emergency department. These may be returned to the injured/kiths and kin of the injured under intimation to police and after taking proper receipt from the receiver.

Sister in-charge of the emergency department should keep all the uncollected items of the medico legal cases for a maximum period of three months with proper documentation. In case there is no claimant the Additional Medical Superintendent/ Casualty In-Charge, shall forward theseitems to the respective

DCPs, giving claiments a notice of one month, stating that if claimant fails to collect the items within the stipulated time then the articles shall be destroyed and in that case the hospital shall not be responsible for the same. Subsequently, the said articles shall be destroyed in the presence of two medical officers after procuring permission from the Additional Medical Superintendent (Casualty) or In-Charge, Casualty. The particulars of such articles destroyed shall be retained in a register for future reference.

COMMUNICATION OF MLC TO POLICE

a. All cases registered as medicolegal must be brought to the notice of the nearest police post/station. The name, number of the police official, date and time should be entered in the MLC sheet alongwith DDR/FIR No.

b. When a medico legal case is discharged from the hospital, the intimation must be furnished to the police constable on duty/police station in writing and a copy of the same shall be attached to the case file.

c. When admitted medico legal case absconds from the hospital,the intimation must be sent to the police in writing and a copy of the same shall be attached to the case file.

d. In case of death of a medico legal case, the intimation must be sent to the police 0in writing and a copy of the same shall be attached to the case file.

e. No direct communication should be allowed to be established between the treating doctor and the investigating officer in an MLC except for ascertaining the fitness condition of the patient to make statement to the investigating officer.

f. When the police officer wants to get certain clarifications/subsequent opinion regarding any point in the report, an application in duplicate must be taken from the police. The clarification/subsequent opinion be given on the reverse of the application and its copy must be kept for record and attached to the original records/report drawn earlier. The original records can only be produced before the court of law under the custody of an authorized official as and when asked for.

MEDICAL EXAMINATION OF VICTIM OF ALLEGED SEXUAL ASSAULT

1. Examination should be done by a female registered practitioner, if not available a male registered practitioner can examine in the presence of a disinterested female witness. In case, the victim happens to be a child (age less than 12 years), pediatrician should also be present during the examination.
2. There should not be any undue delay in examining such a person as valuable evidence may be lost. Care of the patient, i.e. life saving treatment of the patient is primary duty. Medico legal aspects can be completed afterwards when the patient gets stabilized. The details of injuries can be described simultaneously during the life saving treatment.
3. It is explained to the patient and to her relatives that the medico-legal examination will not affect the quality of treatment.
4. A Safe Kit (Sexual Assault Case and Forensic Evidence Kit) should be available in the department of Obstetrics and Gynecology for examination of victims of sexual assault. The contents of the Safe Kit are as under:

i. Detailed instructions for the examiner
ii. Paper Envelopes
iii. Sterile swabs
iv. Combs (medium and small)
v. Nail cutter
vi. EDTA vaccutainer
vii. Sodium fluoride vaccutainer
viii. Urine sample container
ix. Large sheet of white paper
x. Labels
xi. Un-waxed dental floss
xii. Wooden stick for fingernail scrapping
xiii. Syringe (10 ml)
xiv. Distilled water

xv. Disposable gloves

xvi. Glass slide

xvii. Scissors (small)

xviii. Examination forms

5. The exact time and date of receipt of the requisition for examination of MLC and the exact time and date of conducting examination must be noted.
6. The fact that the victim is in her menstrual period is no reason to delay the examination. A second examination may however, be conducted after the cessation of the menstruation to confirm the finding noted during the first examination.
7. The female on whom sexual assault is alleged to have been committed should be allowed to give her own account of the act without any question being put to her.
8. She should never be examined without a complaint of alleged sexual assault and written consent, and taken in the presence of a witness, if she is over 12 years of age and is capable of understanding the nature and the implication of the examination, or with the written consent of her parent or guardian, if she is a child under 12 years of age or of unsound mind.
9. The examination of a female without her consent is regarded, in law, as an assault.
10. The police or the court has no power to compel a woman to submit the private parts of her person to the examination of a medical practitioner, male or female.
11. The victim should be requested to undress herself for examination while standing on a large sheet of white paper so that any loose hairs, fibers, etc. which could be lost during the act of undressing can be collected.
12. It should be noted if there is any deformity of the limbs or any physical handicap.
13. If the woman appears to be under the influence of any intoxicating agent, the samples of blood/urine should be collected for toxicological analysis.
14. Details like date, time, name of the person who brought her, identification marks and all the details of the incident should be mentioned.
15. Inquires about change of clothing or a bath or wash to private parts should be made.

Medical Evidences to be noted in Cases of Sexual Assault

1. Age of victim.
2. Marks of resistance, if any, on the person of the victim.
3. Marks of violence on the genitals of the victim.
4. Stains of blood or sperms (or other fluids, urine, or faeces) on the clothes or body of the victim.
5. Presence / absence of seminal fluid/blood in the vaginal tract.
6. Rupture of hymen.
7. Indication/evidence of penetration.
8. Indication/evidence of any venereal disease.

Process of Examination

1. Mouth, breast, genitals, anus and rectum are examined carefully. Injury marks on the body are described and documented. Drawings should be used to describe external injuries if any.
2. Debris from any site should be collected in a separate envelop. Labeled and sealed.
3. Loose debris from finger nails should be collected separately.
4. Any suspected stains on body should be collected by putting distilled water, rolling the swab stick over it and the stick be sealed in an envelop.
5. Victim's pubic hairs should be combed gently for collecting loose hairs and before this a white paper should be placed under the buttocks of the victim.
6. Matted pubic hairs should be cut and sealed in another envelop.
7. Examine vulva for signs of injury.
8. Perform examination by using vaginal speculum. Collect swabs from posterior fornix, prepare four slides, dry and seal them. Out of these four slides two are to be handed over to the accompanying police after proper acknowledgement and the other two shall be sent for forensic laboratory. The swabs, through which the samples are collected, are to be kept separately in test tube.
9. Collect fluid and mucus from cervix and prepare slides. The swab is placed in a tube and sealed. A second swab should be collected from cervix and streaked on chocolate agar plate and the swab discarded.

10. Vagina should be washed by normal saline from a preloaded syringe, agitated by speculum, the saline is drawn and put on a slide and examined under the microscope for spermatozoa.
11. Rectal examination should be done by proctoscopy for any injury; swab collected and put in a tube.
12. Oral cavity should also be examined; swab collected from sides of molar teeth and after preparing slide the swab should be put in a tube.
13. Colposcopy can be done for examination of micro-trauma.
14. Micro-trauma areas should be stained with Toludine Blue for better visualization.
15. Bull's Lamp examination may help in identifying semen because of fluorescence. The fluorescent area should be swabbed with cotton tipped applicator moistened with sterile water.
16 Bite mark casting should be done with un-waxed dental floss.

Specimens to be collected in case of Alleged Sexual Assault

1. Avulsed head hair (at least 6 hairs)
2. Pubic hair combings
3. Avulsed pubic hair (at least 12 hairs)
4. Matted pubic hair
5. Loose hair found anywhere on the body
6. Blood
7. Urine
8. Fingernail clippings
9. Genital swabs from – Introitus, posterior fornix and cervical os
10. Urethral swabs
11. Saliva
12. Swabs collected from soiled areas of skin
13. Anal swab (in case of anal intercourse)
14. Buccal swab (in case of buccal coitus – useful only within one hour of the act)
15. Swabs from any bite marks
16. Clothes worn at the time of the incident

Examination form for cases of sexual assault (Annexed)

CUSTODY OF MLC REGISTERS

1. Medical officer, In Charge Casualty must see that before a register of medico legal report forms is issued to the Casualty for use, these are properly numbered; a certificate regarding the number of forms in the said register is recorded on the first page of the register.
2. Medical officer, In Charge of the Casualty must ensure proper custody of the MLC Register while in use in Casualty, so that it is not tampered with at any stage.
3. Operationally the medico legal records shall remain under the custody of the CMO on duty. If there are more than one CMO on duty, the responsibility shall lie on the senior most.
4. The medico legal records in respect of various pending cases shall be kept under lock and key.
5. The records shall be handed to the next senior CMO on duty.
6. The records should be kept in a systematic manner so that retrieval of the same can be smooth and effortless.
7. The medico legal record registers shall be returned to the Medical Record Department after ensuring that all the reports are complete in all respect.

MEDICO LEGAL X-RAY FILMS AND REPORTS

1. Medical officer/senior residents/CMO shall fill X-Ray forms in duplicate and it shall bear the identification marks of the patient along with thumb impressions and the marking as MLC.
2. Radiology department shall identify the case, carry out X ray and radiologist's report shall be given on the duplicate form which is to sent to the concerned doctor for needful and shall attach the X-Ray report with the injury/MLC sheet.
3. Radiographer should keep medico legal X-Ray films separately and send them in a separate cover the concerned radiologist for opinion and record.
4. Radiologist after reporting all the X-Rays shall keep the films along with the reports in safe custody and hand over only the reports and not the films to the police, when approached with the injury sheet. Proper receipt shall have to be obtained from the police.
5. After examination of the X-Ray film by the concerned doctor, and bases on the report of radiologist, the injury sheet/MLC report should be completed immediately in all respect and handed over to the police.

BROUGHT DEAD CASES

1. All cases of unnatural deaths (accidents, burns, assault, etc.) as found out from the history, if available, must be mentioned on the MLC report along with the name, address, relation and other details of the person bringing the deceased.
2. All those cases where it is evident from the history/previous records of the deceased that the person was suffering from any illness which can lead to his/her death then the case may not be labeled as medico legal. It is advisable to attach copies of the relevant records with the death summary of the deceased. Also the reasons for not labeling the case as medico legal must also be mentioned.
3. Information of all brought dead cases which are labeled as medico legal must be given to the police.
4. In all brought dead cases the death certificates/forms shall be filled by the CMO legibly with signature and name in block letters. The column of cause of death in the certificate must be filled as 'cause not known-brought dead'.

DISPOSAL OF DEATH CASES (LEGAL AND NON LEGAL)

1. Identification of newly born babies
   a) Nurses should exercise full caution for identification of newly born babies. They should tie an identification band (preferably made of nylon with lock mechanism) on the wrist of the baby mentioning name (baby of mother's name), sex, weight, date and time of birth, hospital number, ward and bed number and marks of identification.
   b) Ideally both foot prints of the newly born baby and finger prints of mother should be taken on the case sheet.
   c) The same procedure of identification as mentioned above for the body is required to be sent to Mortuary. The bed sheet/cloth in which the infant is wrapped should also have the details of the baby's body described above to have a double check. A label should be flagged on the bed sheet wrapped around the dead body.
2. Identification of unconscious body
   a) All the unconscious patients admitted through Casualty/Emergency should be labeled by and identification tag on the wrist. Wrist tag should also have the name of any specific drug given to the patient besides the details as mentioned above.
3. Identification of a person (other than infant) who dies in the hospital and his body is to be sent to Mortuary
   a) Nurse should also tie an identification tag on the wrist of the body mentioning name, sex, weight, date and time of birth, hospital number, ward and bed number and marks of identification. The same details should be written and attached on the sheet in which the body is wrapped in order to have a double check.
   b) In medico legal cases the procedure should be followed and they be labeled as MLC with red ink both on wrist as well as on the bed sheet.
4. Procedure for receipt & disposal of dead bodies in the Mortuary
   a) Non Medico legal cases
      i. During routine working hours: The dead body having proper identification tag should be sent to the Mortuary with a copy of death certificate. On duty staff of the Mortuary will make the necessary entries on the register and take the signature of the nursing orderly/sweeper who had brought the body.
      ii. After making the necessary entries, the arrangements to keep the body in the cooling chamber meant for non medico legal cases should be made. Medico legal and non medico legal dead bodies should be kept separately in the chambers meant for them. After keeping the body the chamber should be locked.
      iii. For collecting the dead bodies from the Mortuary, relatives of non medico legal cases will approach the sister of the respective ward/unit and obtain a copy of the death certificate meant for them. Copy of the death certificate should never be given to the relatives in medico legal cases. The relatives of non medico legal cases would approach to the person on duty in Mortuary who would:
         a. Get the identification done from the relatives.
         b. Compare the two copies of the death certificates (one brought by the relative and the other in his file)
         c. Tally the details in the death certificates and the identification tag.
         d. Compare the necessary entries in the register.
         e. And take the signature of next of kin/relatives in the register at the time of handing over of the dead body.
5. After working hours and on holidays
   a) The dead bodies shall be received by the mortuary attendant but no disposal shall take place ordinarily.
6. Medico legal cases
   a) The procedure for receipt of the dead body in the Mortuary of a medico legal case will be the same as has been mentioned for non medico legal cases.
   b) The body should not be handed over to the relatives but to the police authorities. In medico legal cases police will collect the death certificate from the doctor/sister in the ward and approach the person o duty in the Mortuary for identification and the same procedure as described earlier for receiving the dead body shall be followed.

PRECAUTIONS TO BE TAKEN IN O.T./ LABOUR ROOM

Change of baby, claim by wrong parents, theft, exchange on account of sex of baby, need to be taken care of in order to avoid such incidences. By taking following precautions, such incidences can be avoided:

a) Nurses should exercise full caution for identification of newly born babies. They should tie an identification band (preferably made of nylon with lock mechanism) on the wrist of the baby mentioning name (baby of mother's name), sex, weight, date and time of birth, hospital number, ward and bed number and marks of identification.

b) Record both foot prints of the newly born baby and finger prints of mother should be taken on the same page of case sheet.

c) Before handing over the baby to mother, the identification of the new born must be cross checked and tallied with the identification of mother.

d) The same procedure of identification as mentioned above for the body is required to be sent to Mortuary. The bed sheet/cloth in which the infant is wrapped should also have the details of the baby's body described above to have a double check. A label be flagged on the bed sheet wrapped around the dead body.

DYING DECLARATION

1. In a critically ill medico-legal case not expected to survive, the medical officer treating the case should inform the police to arrange for recording dying declaration by a magistrate.
2. In cases where there is immediate likelihood of death and there is no time to inform the police or to contact a magistrate, the dying declaration must be recorded by the doctor of the concerned department where the patient is admitted in presence of two fellow doctors or two nursing staff (who shall sign as witnesses) and the facts must be recorded in the case sheet of the patient. Statement must be recorded in the vernacular of the patient in which he/she speaks.
3. In all such cases medical officer should obtain signature, if possible, or thumb impression of the patient.
4. The dying declaration should be recorded in duplicate with the help of a carbon paper. The carbon copy shall be attached with the case sheet and the original shall be sent to the magistrate concerned in a sealed cover by an authorized person.
5. The date and time of the declaration must also be mentioned clearly.
6. The concerned medical officer must be present and attest the dying declaration after the magistrate has recorded the same.

MEDICAL NEGLIGENCE

What is Negligence?

- Negligence word has originated from the Latin word ***negligentia***, from ***neglegere***, to neglect, literally "not to pick up something".
- "Negligence" is not the same as "carelessness" because someone might be exercising as much care as they are capable of, yet still fall below the level of competence expected from them.
- A **'negligent person'** is one who inadvertently commits an act of omission and violates a possible duty.
- A person who is **'rash'** knows the consequences but foolishly thinks that they will not occur as a result of his/her act.
- A **'reckless person'** knows the consequences but does not care about the result from his act.

Legal Definition of Negligence

- Breach of duty caused by omission to do something which a reasonable person would do.
- Or doing something which a prudent and reasonable person would not do.

  Poonam Verma vs Ashwin Patel &Ors. 11 (1996) CPJI (SC)

Constituents of Negligence

- A legal duty to exercise due care on the part of the party complained of, towards the party complaining the former's conduct within the scope of duty.
- Breach of the same duty.
- Causation and Damages while performing the duty.

Moral Duties of a Doctor

- Duty to care.
- Duty to promote and protect the patient's health.
- Duty to confidentiality.
- Duty to protect the patient's life.
- Duty to respect the patient's autonomy.

- Duty to protect privacy.
- Duty to protect the patient's dignity.

Moral Rights of the Patient

- Right to high quality medical service.
- Right to autonomous choice.
- Right to decide.
- Right to be informed.
- Right to privacy.
- Right to health education.
- Right to dignity.

Relation of Doctor & Patient Under Consumer Protection Act

- Doctor – patient relationship is a contract of personal service.
- Doctor is an independent contractor and the doctor like the servant is hired to perform a specific task.
- Master or principal (the hirer) is allowed to direct only what is to be done, and when. The how is left up to the specific discretion of the independent contractor (doctor).

Who is Liable Under CPA

- Private hospitals charging for services.
- All hospitals having free as well as charging money from patients, both hospital & Doctor is liable.
- Doctors/hospitals paid by an insurance firm for treatment of a client or an employer for the treatment of an employee.
- ESI services are under the ambient of CPA.

  In case of Kishori Lal and Chairman, ESI Corporation, Hon'ble Supreme Court ruled that

  i. Service provided by the ESI hospital/dispensary falls within the ambit of 'service' as defined in Section 2 (1) (o) of the CP Act.

  ii. ESI Scheme is an insurance scheme and it contributes for the service rendered by the ESI hospitals/dispensaries, of medical care in its hospitals/dispensaries, and as such service given in the ESI hospitals/

dispensaries to a member of the Scheme or his family cannot be treated as gratuitous.

Who is not Liable Under CPA

- Medical practitioners who do not charge their patients and free service is rendered to all patients.
- Hospitals offering free services to all patients.

The Defendant must Establish the Following Elements:

i. That a duty of care was owed by the physician to the patient;
ii. That the physician violated the applicable standard of care;
iii. That the patient suffered a compensable injury;
iv. That such injury was caused in fact and proximately caused by the substandard conduct of the physician.

Standard of Care (Bolam" test)

The term has been coined by Bolam v Friern Hospital Management Committee (1957) 1 WLR 583

- If a doctor reaches the standard of a responsible body of medical opinion, he is not negligent.
- The result in the Bolam case stated that even if the doctor chose the least popular of these choices, it did not necessarily amount to medical negligence if support could be found for it.
- Members of the medical profession are expected to exercise skills and knowledge which they profess to have beyond that of ordinary individuals.
- However, this skill and knowledge is to be judged by criteria and standards determined by the profession itself.
- It is only when the skill and knowledge falls below the established standard is the medical practitioner guilty of being negligent.

Negligent/Non Negligent Actions

- Any fault, imperfection, shortcoming, or inadequacy in quality, nature and manner of performance which is required to be maintained.
- In some situations the complaint can invoke the principle of ***res ipsa loquitur*** or "the thing speaks for itself". In certain circumstances no proof of negligence is required beyond the accident itself.

- No human being is perfect and even the most renowned specialist could make a mistake in detecting or diagnosing the true nature of a disease.
- A doctor can be held liable for negligence only "if one can prove that he/she is guilty of a failure that no doctor with ordinary skills would be guilty of, if acting with reasonable care".
- If a doctor is not negligent who has adopted a practice that is considered **'proper'** by a reasonable body of medical professionals who are skilled in that particular field.
- He or she will not be held negligent only because something went wrong.
- If a doctor has adopted the right course of treatment then he is not negligent.
- If he/she is skilled and has worked with a method and manner best suited to the patient is not negligent.
- He/she cannot be blamed for negligence if the patient is not totally cured.

MEDICAL OFFICERS AS EXPERT WITNESS IN COURT

1. Always receive the summon in writing.
2. Study the case in detail before attending the court.
3. Carry relevant records, if required.
4. Always reach the court on time.
5. The medical officer must keep his cool while attending the court.
6. Never get provoked by the questions raised by the lawyer.
7. Submit statement/reply as per relevant records.
8. Never give any subjective opinion.
9. If any record is not available/produced, he/she may ask for the same and reply should only be given after going through it.
10. Statement must be carefully read before appending the signature.

RELEVANT SECTIONS OF IPC, Cr. PC AND IEA (Indian Evidence Act)

Indian Penal Code

Sections	Description
40	Defines offence.
44	Defines injury. 'Any harm, whatever illegally, caused to a person in his body, mind, reputation and property'.
51	Defines oath.
82	Nothing is an offence which is done by a child under 7 years of age.
83	Act of child more than 7 years and less than 12 years is offence if the child is sufficiently mature to understand the nature and consequence of the act.
84	Nothing is an offence, which is done by a person, who at the time of doing it, by reason of unsoundness of mind, is incapable of understanding the nature of the act or that he was doing what is either wrong or contrary to law.
87	Act not intended or not known to be likely to cause death or grievous hurt, done with consent of a person above 18 years of age with a sound mind is not an offence.
88	Act not intended to cause death, done with consent in good faith for person's benefit is not an offence.
89	Act done in good faith for benefit of a child or an insane person by consent of the guardian is not an offence.
92	Act done in good faith for the benefit of the person, without his consent is not an offence. (This section protects the registered medical practitioners when he treats a patient in emergency without his/her relatives' consent to save his/her life.)
93	Communication made in good faith for the benefit of the person is

	not an offence. (This section protects the registered medical practitioners for any disclosure made to his patient in good faith.)
193	Provides punishment for giving false evidence with imprisonment of either description upto 7 years and fine.
197	Provides punishment for issuing false certificates with imprisonment of either description upto 7 years and fine.
201	Provides punishment for causing disappearance of evidence of offence or giving false evidence to shield the offender.
202	Provides punishment for intentional omission to give information of offence by a person bound to inform.
299	Defines culpable homicide. Culpable homicide is causing death of a person by doing the act: 1. With the intention of causing death or 2. With the intention of causing such bodily injury as is likely to cause death or 3. With the knowledge that such act is likely to cause death.
300	Defines murder. Culpable homicide is murder: 1. If the act by which the death is caused is done with the intention of causing death or 2. If it is done with the intention of causing such bodily injury as the offender knows to be likely to cause death of a person to whom the harm is caused or 3. If it is done with the intention of causing bodily injury to any person and the bodily injury intended to be inflicted is sufficient in the ordinary course of nature to cause death or 4. If a person committing the act knows that it is so imminently dangerous that it must, in all probability, cause death or such' bodily injury as is likely to cause death and commits such act without any excuse for incurring the risk of causing death or such injury as aforesaid.

	Culpable homicide does not amount to murder, if the act by which death is caused is done: a. Under grave and sudden provocation. b. In good faith of the right of private defence of person or property. c. For the advancement of public justice. d. Without premeditation. e. When the person above the age of 18 years takes the risk of death with his own consent.
302	Provides punishment of murder with death sentence/ imprisonment for life and fine.
304	Provides punishment for culpable homicide not amounting to murder with imprisonment for life/upto 10 years and fine.
304 A	Provides punishment for causing death by rash and negligent act amounting to culpable homicide with imprisonment upto 2 years/ fine or both.
304 B	Defines dowry death. 'Where the death of the woman is caused by any burns/bodily injury or occurs otherwise than normal circumstances within 7 years of her marriage and it is shown that before her death she was subjected to harassment or cruelty by her husband or relatives of her husband for or in connection with dowry, such death shall be deemed as dowry death and provides punishment for it with imprisonment not less than 7 years that may extend to life imprisonment.
305	Provides punishment for abetment of suicide of a child or insane person with death sentence/imprisonment upto life/upto 10 years and fine.
306	Provides punishment for abetment of suicide with imprisonment of either description upto 10 years and fine.
307	Provides punishment for attempt to murder with imprisonment upto 10 years and fine.
309	Provides punishment for attempt to commit suicide with simple imprisonment upto 1 year/fine or both.

312	Provides punishment for voluntarily causing miscarriage with the consent of women with imprisonment upto 3/7 years or fine or both.
313	Provides punishment for voluntarily causing miscarriage without the consent of woman with imprisonment of either description for life/upto 10 years with fine.
314	Provides punishment for causing death of a woman by an act intended to cause miscarriage with imprisonment upto 10 years and fine.
315	Provides punishment for an act intending to prevent live birth of child or to cause his/her death after birth with imprisonment upto 10 years/fine or both.
316	Provides punishment for causing death of an unborn quick child by an act amounting to culpable homicide with imprisonment upto 10 years and fine.
317	Provides punishment for exposure and abandonment of child under 12 years of age with imprisonment of either description upto 7 years/fine or both.
318	Provides punishment for concealment of birth by secret disposal of dead body with imprisonment of either description upto 2 years/fine or both.
319	Defines hurt. 'Whoever causes bodily pain, disease or infirmity to any person is said to have caused hurt'.
320	Defines grievous hurt. A. Emasculation. B. Permanent privation of hearing of either ear. C. Permanent privation of sight of either eye. D. Privation of any member or joint. E. Destruction or permanent impairing of the powers of any member or joint. F. Permanent disfiguration of the head or face.

	G. Fracture or dislocation of a bone or tooth. H. Any hurt, which endangers life or which causes the sufferer to be during the space of 20 days in severe bodily pain, or unable to follow his ordinary pursuits.
323	Provides punishment for voluntarily causing hurt with imprisonment upto 1 year/Rs.1000 fine or both.
324	Provides punishment for voluntarily causing hurt by dangerous weapon with imprisonment upto 3 years/fine or both.
325	Provides punishment for voluntarily causing grievous hurt with imprisonment of either description upto 7 years and fine.
326	Provides punishment for voluntarily causing grievous hurt by dangerous weapon with imprisonment of either description upto 10 years and fine.
351	Defines assault and battery.
354	Provides punishment for indecent assault with imprisonment of either description upto 2 years/fine or both.
360	Kidnapping from India.
361	Kidnapping from lawful guardianship.
362	Abduction.
363	Provides punishment for kidnapping with imprisonment of either description upto 7 years and fine.
375	Defines rape. A man is said to commit rape who, except in the case hereinafter expected, has sexual intercourse with a woman under the circumstances falling under any of the six following descriptions: 1. Against her will.\ 2. Without her consent. 3. With her consent, when the consent has been obtained by putting her or any person in whom she is interested in fear of death or of hurt.

	4. With her consent, when the man knows that he is not her husband, and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married. 5. With her consent, when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent. 6. With or without consent, when she is under 16 years of age. Explanation - Penetration is sufficient to constitute the sexual intercourse necessary to the offence of rape. Exception - Sexual intercourse by a man with his own wife, the wife being not under 15 years of age, is not rape.
376	Provides punishment for rape with imprisonment of either description upto 7 years and fine/for offences under 376 (a) - (g), rigourous imprisonment not less than 7 years and fine.
377	Provides punishment for voluntarily having carnal intercourse against the order of nature (unnatural sexual offence) with any man,woman or animal with imprisonment of either description upto 10 years and fine.
497	Provides punishment for having sexual intercourse with a woman known to be wife of another man without the consent of that man (adultery), with imprisonment of either description upto 5 years/fine or both (wife is not punishable).
498 A	Provides punishment for subjecting a woman to cruelty by husband or relative of the husband with imprisonment upto 3 years and fine.

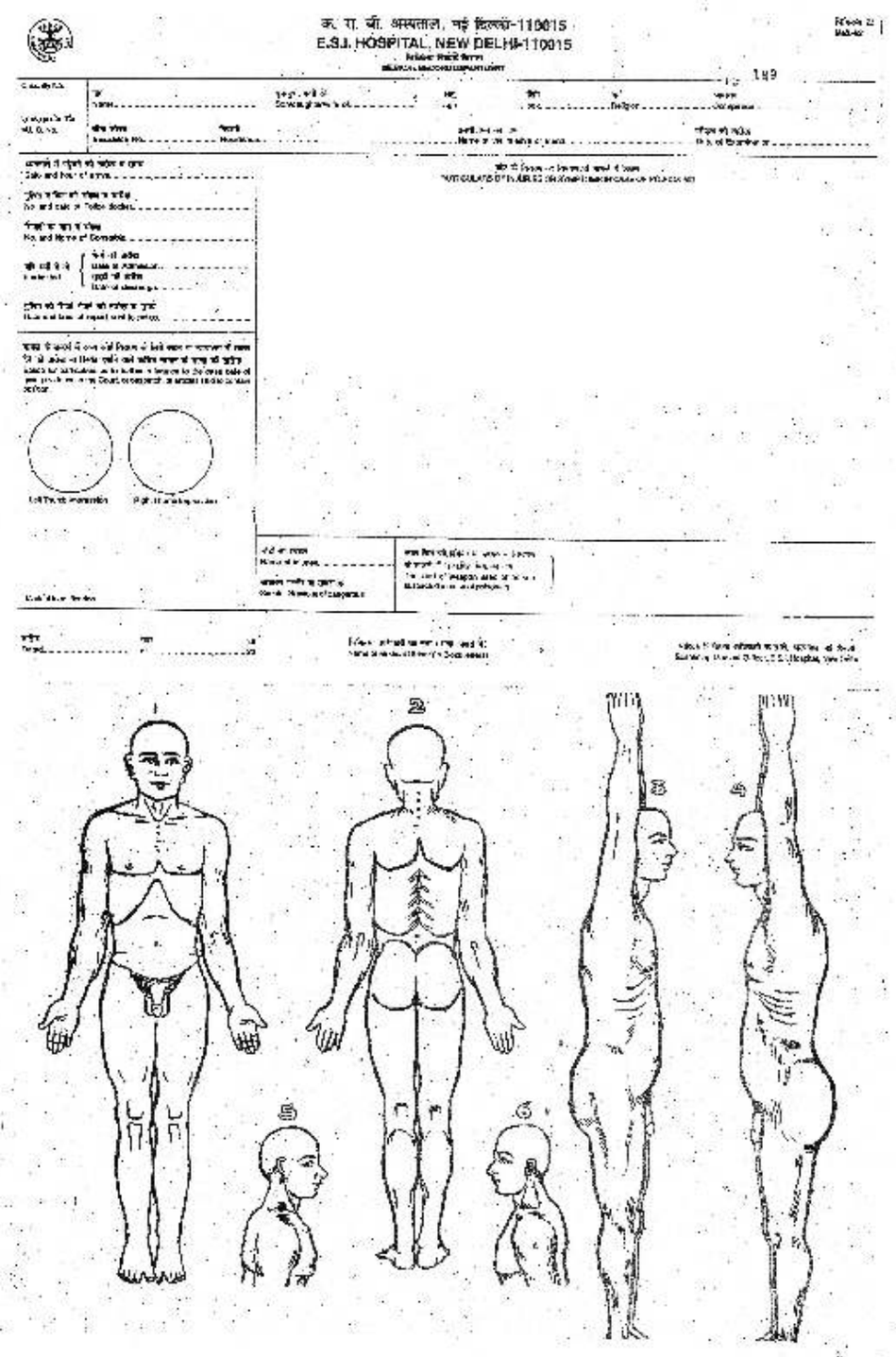
Criminal Procedure Code

Sections	Description
53 (1)	An accused can be examined by a doctor at the request of the police, even without his consent, and by use of force, if there is reasonable ground to believe that such an examination will afford evidence regarding the commission of the offence (includes taking of body fluids for laboratory examination purpose).
53 (2)	Whenever a female is to be examined, the examination shall be done by/under supervision of a female registered medical practitioner.
54	An arrested person may be examined by adoctor at his request to detect evidence in his favour.
174	Deals with carrying out of investigation by police (police inquest).
176	Deals with carrying out of investigation by magistrate (magistrate inquest)

Indian Evidence Act

Section	Description
107	When the question is whether a man is alive or dead and it is shown that he was alive within 30 years, the burden of providing that he is dead is on the person who affirms it.
108	Provided that when the question is whether a man is alive/dead and it is proved tat he has not been heard of since last 7 years by those who would have naturally heard him if he had been alive, the burden of proving that he is alive is shifted to the person who affirms it.
114 A	On prosecution of rape under clause (a) - (g), (g) of subsection 2 of section 376 where sexual intercourse by the accused has been proved and the question is that whether it was with the consent of the woman alleged to have been raped and she states in her evidence that she did not consent, the court shall presume that she did not consent.
141	Any question suggesting an answer which the person putting it wishes or expects to receive is called a leading question.

ANNEXURE



Medical Examination for Age Estimation

1. **Name** .....
2. **Sex** .....
3. **Daughter/Son of** .....
4. **Alleged Age** .....
5. **Address** .....
6. **Brought by** .....
7. **Referral Number** ..... **Police Station** .....

Space for Photograph

8. **Consent**

I ..... D/o or S/o or Guardian/of ..... give my full, free and voluntarily consent for complete medical examination for the purpose of age estimation. I understand that this examination may involve radiographs and photographs for legal evidence, control, clinical audit, diagnostic, research, and academic purposes. The purpose, procedure, consequences, use of such findings and that the findings may go against my favour, have been explained to me.

Witness of accompanying person

Signature of person examined or Guardian (if minor)

9. **Marks of Identification**

(1) Thumb impression (Right in female, and left in male)

(2) Any scar/mole/deformity, etc .....

10. **General Physical Examination**

(1) Height (cms) .....

(2) Weight (kgs) .....

(3) Chest Expansion (cms) .....

(4) Abdominal Circumference (cms) .....

(5) Pulse .....

(6) BP .....

11. **Secondary Sexual Characters' stages** (Tanner stages)

Girls:- (encircle the stage of development)

(1) Menarche Age ..... (started or not started, how many years before)

(2) Pubic hair	P1	P2	P3	P4	P5
(3) Breast development	B1	B2	B3	B4	B5
(4) Axillary hair					
(5) Acne					

(6) Any other important finding

Boys:- (encircle the stage of development)

(1)	Pubic hair	P1 P2 P3 P4 P5
(2)	Penis development	Infantile / adult-like
(3)	Axillary hair	brown / light grey / black / dark black
(4)	Acne	
(5)	Adam's apple	prominent / non prominent
(6)	Hoarseness of voice	present /Absent
(7)	Scrotum development and rugocities	smooth surface / rough surface
(8)	Testis size	pearl-beads size/marble-ball size/pigeon's-egg size/hen's-egg size
(9)	Moustache	
(10)	Beard	

12. **Dentition**

Oral examination of teeth (this is done by clinical examination by noting tooth eruption, the sequence of eruption)

- Temporary teeth 55 54 53 52 51 61 62 63 64 65
  75 74 73 72 71 81 82 83 84 85
- Permanent teeth 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
  38 37 36 35 34 33 32 31 41 42 43 44 45 46 47 48
- Space for third molar .....
- Radiological examination of dentition (by AP, oblique tangential view of jaw with open mouth Or an Orthopantogram if facilities are available)
- Stage of crown and root development stage of molars (2nd and 3rd Molar teeth).

13. **Ossification of Bones**

	X-Ray advised	Findings Observed	Inference about age
1.			
2.			
3.			
4.			

Inference of Ossification findings in bones .....

13. **Opinion**

After performing general physical, dental, and radiological examination, I am of considered opinion that age of this person is between ..... and ..... years, with a range of ± ..... months or years.

Dated .....

Signature and Name of Medical Officer

Medical Examination Report for Sexual Exploitation

(The identity and purpose of examination should not be disclosed to unrelated person. The record should be kept in proper custody and supervision.)

1. **Name** .....
2. **Age** .....
3. **Sex** .....
4. **Brought by** .....
5. **Under Section** ..... **Police Station** .....
6. **Date and Time of Starting examination** .....
7. **Date and Time of Completing Examination** .....
8. **Consent**

I ..... D/o or S/o or Guardian of ..... give my full, free and voluntarily consent for complete medical examination including genital parts. I understand that this examination may involve blood, urine, and vaginal samples, radiograph and photographs for legal evidence, control, clinical audit, diagnostic, research, and academic purposes. The purpose, procedure, consequences, use of such findings and that the findings may go against my favour, have been explained to me.

Witness / Accompanying person

Signature of person examined
Or Guardian (if minor)

9. **Marks of identification**
(1) **Thumb impression** (Right in female, and left in male)
(2) **Any scar /mole / deformity etc** .....

10. **History**
(1) **Brief description of the incident** .....
.....
.....
(2) **Behavioral symptoms** ..... Shame, grief and depression
(3) **Child development** ..... Normal Child Development
(4) **Physical Symptoms** ..... Pain and discomfort while walking
(5) **General Information** ..... Unemployed / Low Socio-economic Status
(6) **Family history** ..... Father alcoholic, Family discord
(7) **Parental / Caretaker history** ..... Negligible parental support

11. **General Physical Examination-** Intellectual level, mental and physical maturity

(1) **Look**	vacant / starry / fearful, slanting
(2) **Mental status**	confused, clear, apprehensive
(3) **Clothing**	attractive, rags, poorly, dress pattern, fresh tears, stains of blood/semen/mud, etc.
(4) **Nutrition**	poor, healthy, satisfactory, subcutaneous fat, Arm Grip
(5) **Oral hygiene**	poor, good, chewing or addictive habits
(6) **Personal hygiene**	bath, urination, local wash, defecated
(7) **Physical indicator of recent assault**	STD/pregnancy/ano-genital injury/infections

12. **Examination for injuries**
(Look for Bruises, Systemic Physical torture injuries, Nail abrasions, Teeth bite marks, Cuts, **lacerations, head**-injury, any other injury)

Type of Injury	Location	Dimensions	Stage of Healing	Simple/ Grievous Dangerous
1.				
2.				
3.				
4.				

13. **Local examination of genital parts:**

A. Pubic hair combing

B. Hymen
- Injury- fresh/recent/ old
- Type of hymen (Shape- annular/ crescent/ cribriform/ elongated/ micro-perforate/ septate/ sleeve like)
- Hymenal orifice size
- Scarring in hymen
- Posterior wall tear

C. Vagina, Cervix & Uterus (encircle the relevant)

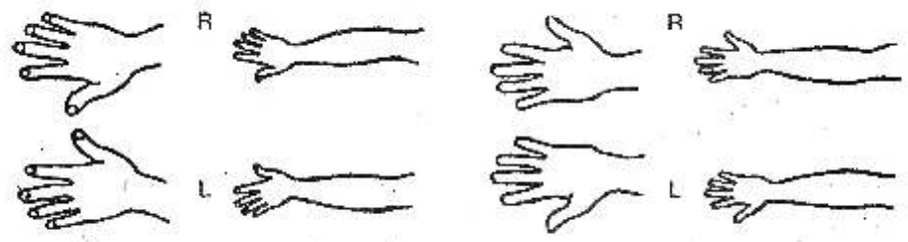
i. Labia Majora	Any swelling, adhesions, tears, edematous, bruises or abrasion
ii. Labia Minora	Scratch, bruising, fingernail marks tear, infection, and adhesion
iii. Fourchette	Infection, bleeding, tears
iv. Vulva	Any injury, infection, bleeding
v. External opening	Vaginal growth, hypertrophy, pigmentation, smoothness of surface, signs of delivery , episiotomy scar, size, discharge if any
vi. Vaginal introitus	Narrow, roomy, old tears
vii. Cervix	Mucus plug, erosions, growth, bleeding, dilation
viii. Uterus	Size, shape, position, any other significant finding like pregnancy
ix. Posterior commissure	
x. Fossa navicularis	

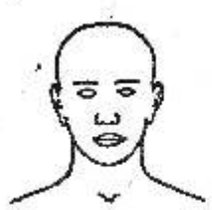
D. Anus (encircle the relevant)
- Dribbling, bleeding, mucopurulent discharge from anus, incontinence
- Findings in Anal ampulla /Anal rugae(skin fold)/ Anal verge
- Tags (skin tag after injury or trauma)
- Piles (dilation or bulging of the veins around anus)
- External sphincter strength / dilation
- Tears (shape and extent)

14. **Sample Collection for hospital Laboratory/ Clinical Laboratory**

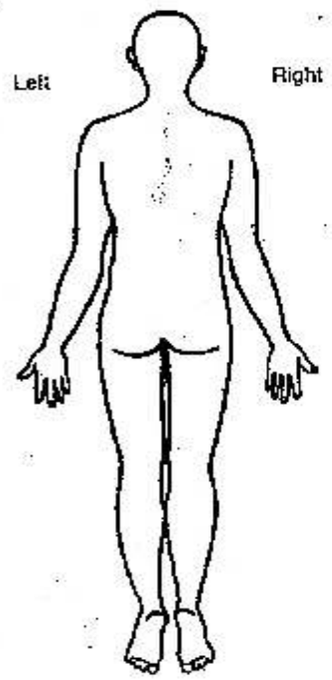
Physical Examination : Injuries to be documented on enclosed diagrams

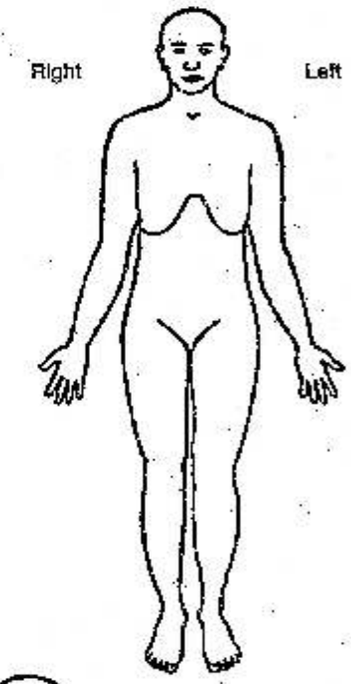
Mark all injuries on the diagram provided on next page, indicating type of injury, size (length, breadth and depth as relevant), shape, colour, borders, age and content. Opinion regarding cause of injury for each injury- e.g. sharp object, cloth, rope, cigarette butt, metal/wood, nails/fingers to be recorded. Nature of force use- very aggressive, violent, restraint etc to be recorded.

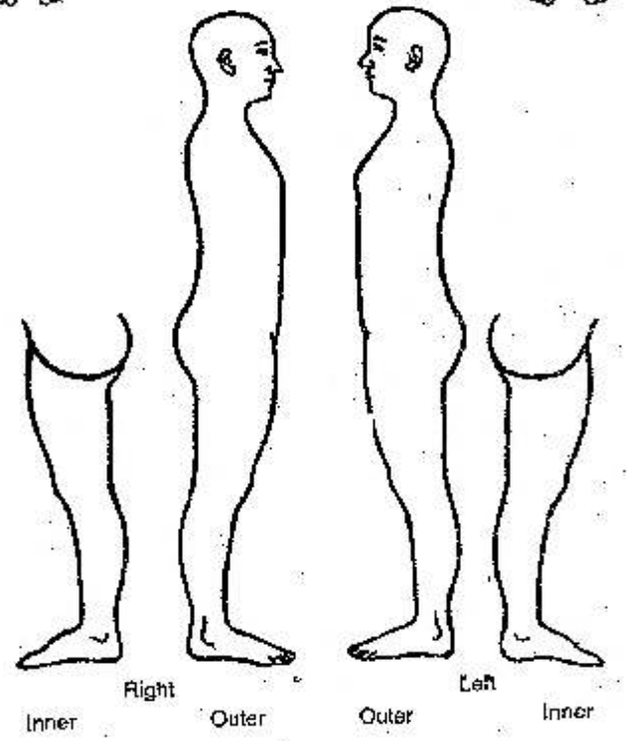




Form 5 sheets only
Figures courtesy WHO document 'Guidelines for Medico-Legal Care for Victims of Sexual Assault'







Figures courtesy WHO document 'Guidelines for Medico-Legal Care for Victims of Sexual Assault'

(Samples can be taken according to requirement of a case, and advice investigation according to case presentations and signs e.g. Pregnancy, STD, HIV, Drug addiction/Substance Abuse, Pus Culture)

(1) Blood
(2) Vaginal swabs
(3) Culture specimen
(4) Urine

15. **Samples for Central/State Forensic Science Laboratory**

(1) Collection of forensic samples

(a) Blood (blood grouping, testing drug intoxication) .....
(b) Urine (to test for suspected pregnancy, drug testing) .....
(c) Seminal stain (blood grouping and identification).....
(d) Nail scrubbing (to look for epithellum of assailant) .....
(e) Hairs (to look for seminal stain, foreign hair .....
(f) Vaginal swabs (vulva, low vaginal, high vaginal) .....
(g) Microscopic examination of vaginal slides (motile and immotile sperm) on spot.

(2) Ultraviolet test for detection of seminal and saliva stains .....

(3) Clothing .....

(4) Foreign material recovered
(a) Cloth fibers
(b) Skin fragments

(5) Swabs and smears over clean glass slide (These are preserved for detection of sperms, acid phosphatase, P30, MHS-5 Antigen, and blood group antigen)
(a) Vagina
(b) Mouth

16. Toxicological Screening (Blood 10 ml and Urine 50 ml for toxicology laboratory mainly for drug addiction and alcohol)

17. Opinion

After performing the above mentioned clinical examination, I am of the considered **opinion** that the findings are ..... consistent/ not consistent **with** ..... recent/ old/ habitual sexual intercourse.

18. Any treatment or advise .....

Dated .....

Signature and
Name of Medical Officer

मेडि 15 /Med-15

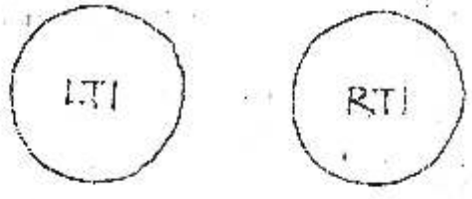
MLC

ISO 9001-2008 (QMS) Certified
कर्मचारी राज्य बीमा अस्पताल, नई दिल्ली
E. S. I. HOSPITAL, NEW DELHI
प्रयोगशाला माग पर्ची
LABORATORY REQUISITION SLIP

सं. No. MLC No. X/YEAR
दिनांक Date X/Y/Z
रोगी का नाम Name of Patient Abc
वार्ड /यूनिट Ward/Unit MED. CASUALTY
बीमा सं. Insurance No. 123456
लिंग Sex M
आयु Age 25 YRS.
नमूने लेने का समय Time of Taking 2.00 P.M.
नमूने का स्वरूप Nature of Specimen BLOOD
Referred by
अपेक्षित जांच Investigation Required PQR
रोग लक्षण टिप्पणियां Clinical Notes ? UNKNOWN POISONING

Sd/-
हस्ताक्षर
Signature
NAME & STAMP

Back Side



IDENTIFICATION MARKS

1 .....
2 .....

MLC

कर्मचारी राज्य बीमा अस्पताल, बसईदारापुर, नई दिल्ली
E.S.I. Hospital, Basaidarapur, New Delhi

मेड-18
Med-18

X-Ray Requisition Slip

अस्पताल पंजीकरण सं॰ Hospital Registration No. MLC No. X/YEAR डिस्पेंसरी/वार्ड Dispy./Ward ORTHO CAS. दिनांक Date X/Y/Z

रोगी का नाम Name of Patient ABC आयु Age 30 लिंग Sex M

बीमा संख्या Insurance No. 11 12345

डॉक्टर जिसने निर्दिष्ट किया Referred by Dr. (Specialist) Dr. QRT

जिस भाग को देखा गया Exact Part to be examined X-RAY (L) LEG AP / LAT.

रोगी के दौरान की संक्षिप्त क्लीनिकल टिप्पणी Short clinical notes and duration of illness BLUNT INJURY

(कृपया पिछले स्किएग्राम इस फार्म के साथ भेजें)
(Please send previous skiagrams with this form)

(LTI) (RTI)

IDENTIFICATION MARKS
1. .....
2. .....

Sd/-
NAME & STAMP

द्वारा Referred by

चिकित्सा अधिकारी के हस्ताक्षर Signature of M.O.