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## NOTIFICATION

No. A.46011/1/2021-HMP, the 21st of August, 2023. In pursuance of the decision of the Council of Ministers in its meeting held on 18.05.2023 and in the interest of public service, the Governor of Mizoram is pleased to notify the Mizoram Medico Legal Manual, 2023. It shall come into force from the date of publication in the Mizoram Gazette.

H. Lalengmawia,
Commissioner & Secretary to the Govt. of Mizoram,
Home Department.

## CHAPTER-I
## GENERAL GUIDELINES

Important guidelines and instructions for medical/paramedical and other staff on duty in the OPD, wards and in emergency departments for dealing with medico legal cases in various health institutions in the State of Mizoram are as under –

1. Most Important Duty of Doctor:
The first and foremost duty of the treating doctor is to save the life of a patient and give immediate necessary treatment. Police should be informed as early as possible but the patient should not be allowed to suffer. For the purpose of timely treatment the doctor must not wait for arrival of the police. It is important that treatment of the patient takes precedence over medico legal formalities.

1.1 The Medical Officer should carefully examine each and every patient brought to the hospital Emergency Department so as not to miss any serious and life - threatening condition needing prompt treatment.

1.2 All such emergency cases should not be denied admission for any reason, since the attending doctor shall be held responsible and accountable for any complication arising out of such denial of hospitalization, which may lead to unpleasant litigation.7

2. Medico Legal Cases:
Medical Officers should know a medico legal case and label it as such. Consent of the patient or relatives is not needed for labeling a case as MLC and for further police information.

Further, the Medical Officer on duty shall himself write the Medico Legal Report (MLR). The following category of cases brought to the hospital are to be treated, amongst others, as "Medico Legal Cases (MLC)":-

2.1 Suspected or evident Homicides or Suicides, including attempted.
2.2 Road traffic accidents, factory accidents, or any other unnatural mishap.
2.3 Suspected or evident poisoning, even if accidental.
2.4 Burn or electric injuries due to any cause, even if accidental.
2.5 Injury cases, where foul play is suspected, or there is likelihood of death in near future, including those caused by animals.
2.6 Suspected or evident sexual offences or criminal abortions.
2.7 Unconscious cases with injury of any nature, or where cause of unconsciousness is not clear.
2.8 Cases brought dead without proper history.
2.9 Cases under police or judicial custody, or referred by court.
2.10 Cases which require age certification.
2.11 Alleged medical negligence.

Note: Any case mentioned in the list even if brought by police days after the incident shall be registered as MLC. In case the Emergency MO has not labeled a case as MLC, but indoor doctor thinks so, he/she should inform the concerned hospital authorities. Again, in hospitals with multiple emergency care and admission points, it is the duty of the concerned doctors manning these points to coordinate labeling of MLC and preparing of MLR.

3. Police to be informed on Medico Legal Cases:
Whenever a medico legal case is brought in the emergency, it shall be the duty of the Medical Officer on duty to send information to the police station/outpost of the area *in Form I in triplicate, except those brought by the police.* Information shall be sent to the police in the quickest possible means. Acknowledgement from the police officer receiving the information shall be kept in the patient's file or, in case of OPD patients, it shall be pasted in the OPD Register (preferably in the "MLC Register" maintained in all Emergency departments), and the Medical Officer may keep a copy in his persona! MLC file for further reference. The doctor on duty shall himself/herself examine the case and prepare the MLR, which can be done by a Registered Medical Practitioner who possesses a medical qualification as defined in the Indian Medical Council Act, 1956 (including a private practitioner).

4. Medical officer to maintain Patient's record of Medico Legal Cases:
The Medical Officer will make a note in the patient's file as to the time and date of informing the police. He will then make a complete record of all injuries with the date and time of admission of the case therein. Name and address (and phone number, if any) of the attendants who brought the patient, and, if possible, relationship to the patient, should also be recorded in the file, or in the MLC Register in case of OPD cases. The Medical Officer should also put "Medico Legal Case" stamp which should be available with the Emergency nurse, or mark in red ink "M.L.C." on the top of the first page of the patient's file, or on the top of the card of OPD cases. The MLC Registration number should also be put under the stamp/mark.

5. Protocol for preparing the Medico Legal Report:
5.1 Consent: Always take the consent of the patient on the MLR Form. If the patient is under 12 years of age, take the consent of the guardian/accompanying person and get the signature/ thumb impression; consent is not required in case of accused person u/s 53 and 53A of Cr.P.C, and even reasonable force can be used for the examination on the request of the police officer not below the rank of a Sub-Inspector.

5.2 In case of unconscious or semi-conscious patient, consent shall be taken from any accompanying relative/guardian. In case of refusal to give consent by the attendant, the Medical Officer shall mention it on the MLR that the consent could not be recorded (giving brief reasons).

5.3 The preliminary entries like name of the hospital, MLR No. with date, name of the Medical Officer with designation and place of posting, exact date and time of examination, name of the patient with complete address, age, sex, caste, occupation, name of the accompanying person and relationship with the patient, name and number of the constable with name of Police Station/ Post and name of district, must be entered before the examination of the patient is started. If admitted, write the 'admission registration number with date and the name of the ward.

5.4 Identification marks: Two identification marks preferably on the exposed parts of the body be recorded for comparison for identification in court. Moles and common surgical scars should be avoided. If marks are not available, thumb prints (labeled) may be taken.

5.5 Brief history of the incident is recorded as stated by the patient or accompanying person regarding time, manner (accidental/intentional) with weapon/means caused and place of event, and the sequence of symptoms/incapacitation developed, etc.

5.6 General condition of the patient (GPE records) like pulse, BP, respiration, temperature, pupils, level of consciousness, posture, gait, speech, bleeding through natural orifices, paralysis, urinary/ fecal retention/incontinence, smell, etc. be recorded. The condition of the clothes be recorded regarding their disorder, buttons (intact/undone/torn), rents/tears, cuts whether coinciding with a particular injury, presence of stains like blood, mud/sand, weeds, fee matter, seminal, etc., foreign matter, stippling, burns, etc.

5.7 Particulars of injuries:

The patient should be examined systematically from head to toe, front and back. Always depict the sites of injuries and presence of stains and foreign materials on the diagram in Form-III. All the injuries should be recorded in a way as if you are giving a statement in the court. The following particulars must be recorded of each and every injury:

5.7.1 Type of Injury – Like abrasion, bruise, wound (lacerated, incised, punctured, etc), fracture, dislocation, or burns, etc.

5.7.2 Size - Exact dimensions (in centimeters) of each injury should be noted down in respect of its length, breadth and depth wherever possible.

5.7.3. Shape - that is circular, oval, spindle, triangular, elliptical, crescentric, satellite, etc., margins/ edges of wounds should be examined (by hands or lenses wherever necessary), regular or irregular having bruise in its vicinity, floor must be examined by gently retracting the edges. Foreign matter like grease, dirt, gravel, straw, coal, paint, glass, weeds, metal, pellets, bullets, wads, clothes, hair, etc. should be recorded and preserved for further analysis (See Para 12 , Para 15 and Para 19).

5.7.4 Location of injuries.

5.7.5 Age of Injuries - Color changes and healing process, where relevant.

5.7.6 Direction of injuries.

5.7.7 Nature of injuries - like simple/grievous/dangerous. (See Sub-Para *5.7.9 below)*

5.7.8 Duration of injuries- Time elapsed between infliction of injuries and examination.

5.7.9 Note: As per Section 320 IPC, only the following kinds of hurt are designated as 'grievous':-

5.7.9.1 Emasculation.

5.7.9.2 Permanent privation of sight of either eye.

5.7.9.3 Permanent privation of hearing of either ear.

5.7.9.4 Privation of any member or joint.

5.7.9.5 Destruction or permanent impairment of power of any member or joint.

5.7.9.6 Permanent disfiguration of the head or face.

5.7.9.7 Fracture or dislocation of a bone or tooth; and

5.7.9.8 Any hurt which endangers life or which causes the sufferer to be, during the space of twenty days, in severe bodily pain, or unable to follow his ordinary pursuits.

6. The Medico Legal Report (MLR):

6.1 The Medico Legal Report (MLR) shall be prepared in Form II using a copying pencil or ball-point pen and carbonless paper. Each MLR Form shall be numbered and have security features, namely, a watermark or a hologram, to prevent counterfeiting. The name and designation of the examining doctor should be written in capital letters at the bottom of the report. The report will be prepared in quadruplicate - the original shall be given to the police; the first copy shall be preserved in the hospital registry; the second copy will be placed in the indoor file of the patient, if admitted; and the third copy will be retained by the examining doctor. Patient will also be given a copy of the MLR (second copy if patient is not admitted, and a photocopy attested by the examining doctor, if admitted) on request, or if it is required for the purpose of further treatment at another centre, without fulfilling the conditions described at Para 48.17, no other person will be given a copy unless the condition mentioned at Para 48.17 is fulfilled. All private cases (i.e., not brought by the police) shall be charged fee for the MLR copy as prescribed by the State Government. In case of failure to pay the fee, the MLR copy so prepared shall be given to the police. All juveniles, prisoners and victims of custodial violence shall be exempted from payment of fee mentioned above as well as treatment and investigation charges in a Government healthcare facility. The Medical Officer who first examines the case shall prepare the MLR. However, in difficult cases, the Medical Officer should take the help of another Medical Officer or a senior Medical Officer for conducting the medico legal examination or for preparing the MLR.

Note: *The MLR format is computerized, there is no need for the carbon copying process. The required number of copies of the MLR will be printed and signed individually.*

6.2 The MLR should be handed over to the police immediately after the examination. If there is any injury kept under observation, the facts may be reported as such and the result thereof communicated to the police at the earliest. The Medical Officer issuing the MLR will be held responsible if any complication arises for not handing over the report immediately after the examination has been conducted.

6.3 In some cases, the police ask for the MLR after the patient has been discharged or has expired. It is irregular to issue a medico legal report on the MLR Form in such cases. The police, however, can ask for any specific information, including details of injuries, which may be supplied from the record of the case, and the medical officer supplying the information should write on top that the report has been based on the records from the patient's file. Such reports should never be back-dated.

6.4 MLR should not be written in the presence of a police officer, patient's relatives or any other interested party. If MLR has been issued elsewhere, it is not permissible to issue a second MLR unless specifically requested by the police in writing or by the order of the court. In such case, re-examination should be done by the 'board of doctors' constituted for the purpose by the District CMO or hospital authority concerned.

7. Examining female patients in the presence of the attendant/relative/guardian:

A female patient, even if she is not a medico legal case, should not be examined without the presence of a relative of the patient or a woman hospital attendant. The Medical Officer in his own interest should refrain from acting otherwise.

8. Statement and Dying Declaration:

8.1. If a patient is likely to expire as a result of injuries or alleged criminal act immediate arrangement should be made to get his/her dying declaration recorded.

8.2. The Medical Officer will ask the Police Officer on duty not below the rank of SI in writing to call Magistrate or if there is no time to call a magistrate, the Medical Officer may himself record the dying declaration in the presence of Police Officers keeping in view the legal provisions in this regard.

8.3 The dying declaration should be recorded in the presence of another doctor or staff nurse on duty who will witness the statement and will append his signature at the bottom of the declaration.

8.4 The Medical Officer recording the statement (either in question/answer form or narrative) should also certify that the patient was conscious and in sound state of mind when the statement was recorded and remain so till the statement was completed.

8.5 The signature or thumb impression of the patient be obtained on the dying declaration after the same has been read over to patient.

8.6 No other persons, Police Officers or relatives are allowed to interfere during the recording of dying declaration.

9. Patients not fit to make statement:

In case of patients not fit to make a statement, the reason should be noted and explained in the file. A careful watch is kept and police informed if and as soon as the patient becomes fit to make the statement.

10. Discharging a Medico Legal Case:

No medico legal case shall be discharged or leave against medical advice (LAMA) without informing the police in Form-I in triplicate.

11. Death of medico legal case:

11.1 Whenever a medico legal case dies, the police officer in charge of the Police/Police Station/ Outpost o f the area should be informed immediately as prescribed in Form-I and a note to that effect be recorded in the patient's file.

11.2 Clear instructions should be given to all concerned not to hand over the body to relatives without police clearance.

11.3 Complete chain of custody of the dead body shall be maintained at all times until the time the body can be handed over to the police.

11.4 The body shall be transported to the mortuary with dignity.

11.5 Name of the ward attendant or any other employees/police staff transporting the dead body shall be recorded in the file or in the OPD register.

11.6 Once the information is received by the police and the police official has arrived at the hospital, he shall be responsible along with the hospital staff for the safety of the body. It shall be ensured that all samples remain intact, shall not be not be tampered at all times.

11.7 Unclaimed dead body will be kept in mortuary for 72 hours after PME for the purpose of making efforts to identify the deceased person. At the time of PME, samples for DNA testing shall be collected and sent to FSL for DNA profiling, in addition to other samples as per the circumstances of the case. In sensitive cases, on the request of Case IO, UIDB may be kept in mortuary well beyond 72 hours. Meanwhile, Case IO will seek permission from the concerned Magistrate and inform the Local Administration Department to dispose of the UIDB, as per rules.

12. Cases of poisoning:
The following materials should be collected and routinely preserved in all cases, irrespective of the nature of poison. The collected materials should be properly sealed, labeled and made into a parcel and forwarded to Forensic Science Laboratory for analysis for the detection of suspected poisons.

12.1 Stomach and its contents whole or stomach wash whichever is available and one feet of proximal part of small intestine along with its contents. It is preferable to send these two organs separately.

12.2 100 gms of liver in pieces, preferably the portion containing gall bladder and its contents half of each kidney.

12.3 Blood about 50ml obtained from femoral artery or vein by percuteneous puncture with a wide bore needle. It is never advisable to collect spilled blood or blood from body cavities.

12.4 Spleen- half in adult and whole in children.

12.5 100 ml. of urine or the amount available in bladder.

12.6 About 5ml of fresh blood preserved with EDTA may be collected in case of suspected blood alcohol.

12.7 In case of injected poison, injection site skin subcutaneous tissues along with needle tract weighing about l00 gms. should be collected. Similar material from opposite area is also taken as a control in separate container.

12.8 In case of inhaled poison like carbon monoxide, coal gas, hydrocyanic acid, chloroform or other anesthetic drugs etc; lung tissues, brain and blood from the cavity of the heart should be preserved.

12.9 Bile should be taken in the case of narcotic drugs, cocaine and paracetamol poisoning etc.

12.10 Shaft of long bones (8-l0cm of femur). A tuft of head hair, finger and toe nails and some muscles should be taken in suspected cases of chronic poisoning by heavy metals like arsenic, lead, antimony etc. In cases prolonged use of drugs e.g. barbiturates; hair and finer nails are useful.

12.11 In fatal cases of suspected criminal abortion, the genital organs together with the bladder and rectum and foreign bodies should be preserved.

12.12 Blood from peripheral vein, lung tissue and a cerebrospinal fluid should be preserved in a suspected case of poisoning by alcohol. In alcohol poisoning, blood should never be collected from heart, pleural or abdominal cavities as it always gives higher results due to proximity of stomach and seepage. The blood from heart or body cavities may be taken for grouping.

12.13 The heart, portion of brain and spinal cord should be preserved if poisoning by nux vomica or strychnine is suspected. Brain and urine should be preserved in suspected cases of poisoning by barbiturates, opium and anesthetics.

12.14 Feaces may sometimes be useful, especially if porphyria is suspected.

12.15 Urine should be collected for catecholamines estimation in a suspected case of hypothermia.

12.16 In highly petrified bodies, larvae, maggots, pupa and other entomological samples should be preserved.

12.17 When the body is partially skeletonised and it is not possible to have soft tissues from the foot because, to some extent foot wear protects the advancement of the purification. Bone marrow from the long bones in skeletonised bodies may also serve the excellent purpose of toxicological analysis.

12.18 In enbalmed bodies, the vitreous humour usually remains uncontaminated by the process and may serve the purpose of analyzing urea, createnine (Biochemical) and ethyl alcohol. For toxicological analysis skeletal muscles and bone marrow are the only material available in such cases.

12.19 Celebro spinal fluid may be taken in suspected case of alcohol poisoning.

12.20 Fatty tissue from abdominal wall or perinephric region in the case of pesticides.

12.21 About 2.5cms square from the affected skin area and similar portion from the opposite area as control in case of corrosive poisons.

12.22 Soil samples from above beneath and sides of the dead body and control samples from nearby areas should be taken in the case of exhumed skeletalised dead bodies.

13. Rape/sexual assault cases:

13.1 Detailed guidelines for examination of rape/sexual assault cases are given in Form-III of the Manual, and the same must be followed to the letter and in spirit, provided that in case of examination of an accused person, consent is not required as per section 53A of the Code of Criminal Procedure, 1973.

13.2 Medico legal examination in rape/sexual assault cases of female victims is conducted by female Registered Medical Practitioner, preferably Female Gynecologist and not be conducted by a male doctor *(Criminal Misc. No. 13 MA/2002 - State of Haryana Vs Rajesh).* However in the absence of female Registered Medical Practitioner, male registered Medical Practitioner preferably, male Gynecologist can examine female rape victim in the presence of female attendant.

13.3 Further, age estimation shall be done as in Form-IV.

14. Examination of the accused at the request of the police officer:
Whenever a request is received from a police officer, not below the rank of a Sub-Inspector, for medical examination of an arrested accused in accordance with section 53 or 53A of the Code of Criminal Procedure, 1973, it is lawful for the registered medical practitioner to make such an examination of the arrested person, and to use such force as is reasonably necessary for that purpose. The consent of the arrested accused person is not necessary in such cases.

15. Collection of parcel by the police:
The police officer, who collects the M.L.R., should be informed to collect the parcel containing the samples for delivery to the FSL immediately without delay so as to avoid deterioration of samples rendering analysis difficult.

16. Suspecting foul play in patients admitted as non-medico legal cases:
Cases admitted as ordinary (non-ML) case but in which the doctor suspects foul play should be immediately brought to the notice of the police in writing so that necessary actions may be taken in the matter. In the event of death of such a case, a written report should be sent to the police so that a medico legal postmortem could be arranged. The body of such a case should be sent to the Mortuary and not to be handed over to the relatives. For details, please see Para 11 (above).

17. No dues:
The nursing staff in the Emergency Department should see that all charges have been paid by the relatives of the patient/deceased. In case of difficulty, she should inform the medical officer on duty who shall record the matter in the patient's file and inform the hospital authority.

18. Hospital records:

18.1 The original hospital record/file of a medico legal case should not be handed over to the police authorities.

18.2 If the police request for the original record of a case, a certified photo copy should be given instead.

18.3 The district health authority (CMO) shall designate an official of each institution in writing for maintaining and keeping the records for future reference.

18.4 At times, the courts ask for the original record. In such cases, the duplicate/photo copy shall be retained for record. The original file with X-Ray plates and all are then submitted to the Court under a sealed cover.

19. Clothes in medico legal cases:
Details of clothing including color, size, condition, etc. should be written in the MLR. Torn/damaged/ stained/etc. portions should be encircled with signature. Clothes in medico legal cases involved, in rape (See guidelines for examination of rape victims), stab injuries, firearm injuries, burns, unidentified dead body, etc. should be made into a parcel, sealed and handed over to the police. Clothes of accident victims need not be preserved unless asked for by the police.

20. Firearm injuries, lead shots, etc. recovered from the wounds/clothes:
Bullets, lead shots, and fragments of projectiles suspected of originating from bomb explosions or firearms should be wrapped with cotton or fine fabrics first before being put into a rigid container to prevent damaging marks and striations during handling and transportation. Absolute care should be observed throughout the whole process of recovery of physical clues, use of metallic instruments should be avoided for handling bullet/ shot which can damage or in turn can put additional marks on the bullet which eventually deteriorates the evidential values. When an individual is found to have multiple injuries or wounds on his or her body, medical personnel conducting the postmortem should take x-ray photograph of the whole body to locate and recover any concealed or hidden primary or secondary projectiles.
The sealed package/container should be handed over to the police as soon as possible, under proper acknowledgement, to be sent to the FSL. Details of all such recovered materials should be mentioned in the MLR. In case the parcel is not collected by the police within a reasonable time frame, the medical Superintendent/CMO and also the district SP/SDPO should be informed about the delay by the medical officer. Bullets, lead shots and fragments of projectiles suspected of originating from bombs explosions or firearms should be wrapped with cotton.

21. Criminal abortion:
Cases of attempted abortions performed by un-authorized persons (See MTP Act, 1971, and relevant rules under the Act) are to be considered as medico legal cases and reported to the police.

22. Medico legal cases brought dead:
In the first instance, vigorous resuscitation attempt must be performed, and only when sustained attempts have failed should the patient be declared dead and the particulars of the patient recorded, (if possible, the names of the persons who brought the deceased also shall be recorded) and police informed using Form I. The body is then sent to the mortuary. Post mortem examination is to be conducted on the request of the police.

23. Consent/Permission from relatives for autopsy:
Consent or permission of the relatives is not required for conducting a medico legal postmortem examination.

24. Authority to conduct a medico legal postmortem examination:

24.1 A medico legal postmortem examination can be conducted only after written request has been received from the police or by order of Sub-District Magistrate or any Executive Magistrate, it should be conducted only by a Medical Officer authorized to do so.

24.2 A medico legal postmortem examination and exhumation can be conducted only by Registered Practitioner (Medical Officer) who has been authorized to do so.

24.3 It may, however, be noted that no medico legal Postmortem examination is permitted to be conducted after sunset, unless there is serious threat to the law and order machinery and a request to that effect is received from the Sub - District Magistrate or any Executive Magistrate specifying the reason in writing.

24.4 Medico-Legal Post Mortem Examination shall be conducted in all days of the week during normal working hours i.e. Monday to Friday. On Saturday, Sunday and Public Holidays on special request (As per Hospital Manual of Ministry of Health & Family Welfare, Government of India 2021, Section 15.12).

25. Belongings of medico legal cases:

25.1 The belongings of medico legal cases, if alive, shall be handed over to the relatives of the patient accompanying him in the presence of the doctors treating the case, and this fact shall be recorded in the file. In case no relative is accompanying the patient, a list of important articles of the patient's belongings shall be prepared by the nursing staff on duty in duplicate, and the articles along with the list handed over to the police officer for custody, acknowledging the receipt by signing on the duplicate copy of the list which shall be kept in the patient's file.

25.2 In case of medico legal cases brought dead, belongings of the deceased shall be handed over to the relatives attending on the patient, if available (after verifying the nature of relationship) or to the police officer dealing with the case. A proper list of items and receipt should be obtained in each case.

25.3 In case of unknown person brought to the emergency, dying or dead, list of important items like jewelries, cash, wrist watch or any important document shall be prepared by the nurse on duty and the articles shall be handed over either to the police or head (medical superintendent) of the hospital. Proper receipt shall be obtained in either case.

26. Medico legal cases not admitted:

If a medico legal case is not admitted, entry shall be made in the OPD (MLC) Register. MLR shall be prepared by the Medical Officer on duty in the Emergency, and sent to the police. A copy of the MLR should be given to the patient only on request or for the purpose of further treatment in another hospital (See Para 6), without fulfilling the requirements given in Para 48.17.

27. X-Ray etc of the medico legal cases:

X-Ray, etc. of the medico legal cases should remain attached in the patient's file and preserved.

28. Referral cases:

Serious patient without proper facilities available has to be referred to a higher centre, with details clearly stating that MLR could not be prepared due to seriousness of the condition.

29. File of medico legal case patients:

The file, complete with all important documents shall be kept in record department; if, however, it is a holiday, the file shall be kept by the nursing staff in-charge until it is submitted to the record department. Under no circumstances, should the medical officer take the file out of the hospital.

30. Unknown and unconscious patient:

In case of an unknown and unconscious patient, two identification marks must be noted on the file.

31. Emergency surgery:
When emergency surgery is required and no attendant available for consent, the surgeon and the medical officer concerned will decide and conduct the necessary surgery. It should be noted that the surgeon concerned will be held responsible if the patient dies due to not conducting the necessary operation because of non--availability of attendant to give consent for surgery.

32. Taking away a patient or body of a medico legal case forcibly by the attendant:
In case if the relatives/attendants try to forcibly take away the 'Medico Legal Patient' (MLP) or 'Medico Legal Dead Body', the attending doctor(s)/medical officer(s) to explain them the legal implications of their action. Further, as the medical officer cannot act as security personnel or police officer, hence, the attending medical officer(s) should immediately inform the matter to Police.

In case if 'Medico Legal Patient' requires specialized medical assistance in a 'Higher Medical Centre', then, the Case IO should consider the matter sympathetically and Medico Legal Report (MLR) should accompany the 'Medico Legal Patient' to such Hospital, wherever the MLP is taken, so that, in case if the MLP dies, then PME can be conducted in such Hospital or at designated facility as deem fit.

33. Treating the patient vis-a-vis information to the police:
The primary duty of the medical officer is to treat and save the life of the patient. Everything else is secondary. Information to the police should be sent as soon as possible, but under no circumstances, the treatment should be delayed because of medico legal formalities or non-arrival of the police.

34. Summons:
Summons from the court should always be accepted. However, all summons may desirably be delivered personally by an assigned person to the addressee in duplicates, with the signed duplicate with date/time of signing submitted back to the court by the bearer himself. In case particulars of the case such as name, date of admission are not mentioned on the summons and the medical officer cannot trace the case records, the summons maybe returned to the court requesting the court to supply the relevant particulars in a very polite language. Utmost care should be taken if the summons is received from the Session Court or High Court. In case of inability to attend the court due to unavoidable circumstances, information to that effect may be supplied to the Court with a request for adjournment. To avoid unpleasantness, the doctor should attend the court when summoned. In case of inability to attend because of unavoidable circumstances, an official communication should be sent to the court well in time.

The medical officer may receive a bailable warrant in case he/she simply fails to attend the court, requiring furnishing security for an amount ordered by the court. In case the medical officer does not still attend the court, the security amount will be forfeited, and a non-bailable warrant will be issued by the court which can be very embarrassing. The court may prosecute a medical officer who does not attend the court as summoned and failed to inform the court, under section 174 IPC.

35. T.A./D.A. on Government cases:
TA/DA will be paid by the court as per Government rules/instructions.

36. Signature of the medical officer:
Name of the medical officer should be written in capital letters below the signatures on all MLRs/PMRs.

37. Death Certificate:
Death Certificate should not be issued in medico legal cases by the doctor conducting the post-mortem examination. In admitted cases, only the hospital registry or the district Chief Medical Officer (CMO) concern should do so. In non-admitted cases, death and birth register of the concerned locality should do so.

38. Dealing with the police:
The medical officer is advised to render all possible help to the police investigating a case with due politeness. Everything else is secondary. Any rudeness on the part of the police should be brought to the notice of the head of the hospital or superiors.

39. Medical secrecy:
According to Declaration of Geneva as adopted by the World Medical Association (1948), every member of the medical profession has solemnly pledged that he will maintain the secrets of the patient confided in him even after the patient has died.

40. Record of the medico legal cases:
Record of the medico legal case should not be divulged to any unauthorized person. Cases have occurred when the culprits have posed as patient's relatives and taken away the record of the case and produced it in the court after making changes which suited them.

41. Secrecy of the patient's illness:
Even in non-medico legal cases, secrecy of the patient's illness has to be maintained except in cases where "public interest" is involved.

42. Examination of the record (file) in non-medico legal case:
Relatives wanting to see the file of a non-medico legal case should be sent to the concerned treating doctor or the head of the hospital for getting necessary permission. The patient's file is a secret document and as such should not be divulged to any un-authorized person.

43. Examination of the record (file) by Insurance or other investigating agencies:
All records related to medico legal/postmortem cases are not open to any person including insurance or investigation agencies. In case of non-medico legal cases, such agencies be asked to make an application to the head of the hospital or appropriate senior medical officer or the treating doctor who may permit inspection of the record when considered necessary, keeping in view the secrecy of illness of the patient.

44. Inspection of record by lawyers:
Under no circumstances, the record of the case shall be allowed to be inspected by a lawyer. In case a lawyer gets a court order in this regard, the matter will be referred to the head of the hospital or an appropriate senior medical officer or the treating doctor for guidance as the court orders cannot be denied.

45. Information under the Right to Information Act:
Right to Information Act, 2005, has been enacted by the Parliament to bring about transparency in the functioning of the government/public authorities. Under this Act, a citizen of India has the right to seek information from designated Public Information Officers (PIOs)on payment of the prescribed fee. Large number of requests is received by health authorities under the RTI Act to provide information like copies of postmortem reports, medico legal reports, etc. However, it has been noticed that different PIOs respond differently to such requests.

In this context, it is very important that PIOs are aware of the important legal provisions of the RTI Act, especially section 8(1), relevant portion of which is reproduced below:

*"Notwithstanding anything contained in this Act, there shall be no obligation to give any citizen, -*

a. *Information, disclosure of which would prejudicially affect the sovereignty and integrity of India, the security, strategic, scientific or economic interest of the State, relation with foreign State or lead to incitement of an offence;*
b. *Information which has been expressly forbidden to be published by any court of law or tribunal or the disclosure of which may constitute contempt of court;*
c. *Information, the disclosure of which would cause a breach of privilege of Parliament or the State Legislature;*
d. *Information including commercial confidence, trade secrets or intellectual property, the disclosure of which would harm the competitive position of a third party, unless the competent authority is satisfied that larger public interest warrants the disclosure of such information;*
e. *Information available to a person in his fiduciary relationship, unless the competent authority is satisfied that the larger public interest warrants the disclosure of such information;*
f. *Information received in confidence from foreign Government;*
g. *Information, the disclosure of which would endanger the life or physical safety of any person or identify the source of information or assistance given in confidence for law enforcement or security purposes;*
h. *Information which would impede the process of investigation or apprehension or prosecution of offenders;"*

It may be seen that clause (e) of this section provides for exemption of information which is available to a person in his "fiduciary relationship". Doctor-patient relationship falls under this category. Therefore, the PIO can claim exemption under section 8 (l)(e) of the RTI Act if information pertaining to a victim/patient is sought by a third person.

Secondly, if an FIR has been registered in a case and investigation is in progress; the PIO can claim exemption under clause (h) on the ground that providing copy of MLR/PMR would impede the investigation and/or apprehension or prosecution of offenders. Similarly, in cases where the disclosure of information may endanger the life and safety of any person (potential witnesses, victim, etc.), exemption can be claimed under section 8 (l) (g).

In case of doubt whether an FIR has been registered in a case, the PIO may officially write to the police and ascertain the status. Time limit of 30 days for providing information under the RTI Act is sufficient for this purpose.

46. Age estimation:
A board of three members, namely, Dental Surgeon, Radiologist and a third member shall be among the Forensic Expert/Orthopedic Surgeon/Physician. General Duty Medical Officer may be the third member in case there is no Forensic Expert/orthopedic Surgeon/Physician available in the district. In case examination of a female is required, then the fourth member shall be a lady Medical Officer.

## CHAPTER-II
## PROTOCOL FOR MEDICO-LEGAL POSTMORTEM EXAMINATION (PME)

47. Objectives of Post-mortem Examination:
Objectives of PME are as under:-

47.1 To know the-cause of death.

47.2 Time since death.

47.3 Time of injury.

47.4 To establish the identity of the deceased.

48. Guidelines for conducting Post-mortem Examination:
Important Guidelines for conducting the PME are as under:-

48.1 Written request/requisition in Form V along with copy of the inquest report from competent authority like police or court orders is a must.

48.2 Medico-Legal Post Mortem Examination (PME) should be performed under natural light on all days of week. Routine Medico-Legal Post Mortem examinations are not performed after sunset. However, once the PME is commenced, it shall be completed in a single sitting.

48.2.1 Medico-legal Post Mortem Examination shall be conducted during office hours on all working days and on Public holidays as well on special request (As per Hospital Manual of Ministry of Health & Family Welfare, Govt. of India 2021, Section 15.12)

48.2.2 Therefore, it has been decided that the post-mortem after sunset can be conducted at hospitals which have the infrastructure for conducting such post-mortem on a regular basis. The fitness and adequacy of infrastructure etc. shall be assessed by the Hospital In-Charge to ensure that there is no dilution of evidentiary value.

48.2.3 However, cases under categories such as homicide, suicide, rape, decomposed bodies, suspected foul play should not be subjected for post-mortem during night time unless there is a law and order situation.

48.2.4 Post-mortem for organ donation should be taken up on priority and be conducted even after sunset, if adequate infrastructure is available.

48.2.5 It is also to be ensured that video recording of post-mortem shall be done for all night time post-mortem, to rule any suspicion and preserved for future reference for legal purposes.

48.3 Post mortem should be conducted in Mortuary only, unless there is a written order of District Magistrate or higher authority to conduct it elsewhere only in exceptional situation.

48.3.1 Date and time of arrival of dead body should be entered in mortuary register. Date and time of receipt of written request/requisition should also be entered in mortuary register.

48.3.2 Date and time of completion of PME and date and time of hand over of dead body to Police should be entered in mortuary register.

48.4 PME should be carried out as early as possible but only when adequate day light (sunlight) is available. Always avoid delay in performing PME. The PME report shall be prepared in Form VI.

48.5 The identity of the dead body must be confirmed by the relatives/police before the start of the PME; always take signatures of at least two relatives/police before the PME in case of known bodies, and police official in case the body is unknown along with two identification marks to be noted.

48.6 Medical officer should always try to study all available facts of the case prior to PME from inquest report, hospital record, if any, condition of the deceased before death for taking universal precautions in all cases and special precaution for self as well as staff of the mortuary in case of high-risk infectious diseases like AIDS, Rabies, etc.; in hospital deaths, the bed head ticket/ summary of the death must be perused to know the clinical condition, treatment and terminal events, etc.

48.7 Do not allow any unauthorized person in the mortuary while PME is going on.

48.8 Medical officer should not borrow the version of the relatives or the police while giving opinion which must be based honestly on the scientific evidence.

48.9 Prepare the Post Mortem Examination report simultaneously and at the earliest and hand over a copy to the police immediately. Preparing report simultaneously would be impossible as the Chief Examiner/Forensic expert would be conducting the Post Mortem Examination but reports will be handed at the earliest.

48.10 Hand over the PME report and other articles only to an authorized police official, i.e., the investigating officer of the case or any other official duly authorized by him.

48.11 Do not supply copy of the MLR/PMR to individuals other than the police officer investigating the case.

48.12. Referral of body for postmortem:
In routine practice Medico-legal Post Mortem Examination should be carried out at the nearest Health Centres (Hospitals/CHCs/PHCs) where the incident occurred (place of death). The Medical Officer concerned should not normally refer the case to other centres. It may be referred only if the Medical Officer is of the opinion that the case is too difficult to handle and need to be taken by Specialist, he/she shall carry out external examination of the body and record his findings on plain paper and enclose the same with the referral slip explaining the reasons and grounds for referral. All such references shall be made only with the approval of Civil Surgeon/or any other officer authorized in this regard.

48.13 Exemption for postmortem examination:
The decision to exempt postmortem examination is not to be taken by the doctor or the Health Department. Postmortem examination can be exempted only by the Court or by the Police (Investigating Officer) who is empowered by law with the discretion to dispense with PME, if he is fully satisfied that the cause of death is established beyond doubt. A copy of such written authorization should be retained in the hospital and necessary entry made in the "Mortuary Register."

48.14 Board of doctors for Postmortem examination:
Board of Doctors for Postmortem Examination may be constituted by the head of concerned medical institution or district CMO on receipt of written request from the police or after satisfying himself/herself of the necessity thereof.

48.15 Re-examination in case of medico legal/postmortem cases:
Re-examination in case of medico legal/postmortem cases shall not be conducted except on the written request of the investigating officer or on the order of the Court. It should be done by the Board constituted as given above (para 48.14).

48.16 Video recording of Postmortem cases:
Videography of Postmortem Examination may be done by the Magistrate concerned wherever required. Equipment and manpower required shall be provided by the District Magistrate. The video record, hard as well as soft copy, will be retained by the District Magistrate and the District SP concerned.

48.17 Supplying copy of MLR/PMR to individuals other than the police officer investigating the case:

48.17.1 A medico legal report or postmortem report given by an expert is confidential in nature and not a public document as held in State Vs Gian Singh (1981 CLR.LJ.538) by the Delhi High Court. Copy of the MLR/PMR may, however, be given to the next of kin of the deceased subject to fulfillment of the following three conditions:

48.17.2 The applicant shall submit a written application to the Case Investigating Officer (Case IO) clearly stating his/her relationship with the patient/deceased and mentioning the purpose for which the report is required Justification: In medico-legal cases, reports are submitted by

Medical Officer to Police (Case IO) and original reports are with the Police. It is the authority of the Case IO whether to give the report to relative or not.

48.17.1.2 The applicant shall pay the fee Rs 50/- prescribed by the State Government with the Health Department and enclose the receipt along with the application.

48.17.1.3. Alternatively, the applicant shall produce order of the Court specifically directing the Case IO to issue a copy of the MTR/PMK.

Note: Request for copy of MTR/PMK under the RTI Act is not maintainable (see para. 45).

49. Procedure for Post-mortem Examination:

49.1. External Examination: It includes the following:

49.1.1 Belongings:
Always compare with the inquest papers. The clothes should be examined for any evidence of injuries, struggle marks and stains;

49.1.2 Stains:
Blood, semen, mud, sand, fecal matter, foreign bodies, injuries and other abnormalities;

49.1.3 Measurements:
Length and weight of the body, arid state condition of the pupils;

49.1.4 State of natural orifices for discharge, stains, foreign bodies, injuries, and other abnormalities.

49.1.5. Postmortem changes:

49.1.5.1 Hypostasis: Its extent, position and state of fixation.

49.1.5.2 Rigor mortis: Its state and distribution.

49.1.5.3 Color change over the body parts.

49.1.5.4 State of decomposition like:

a. Greenish discoloration of right iliac fossa/entire abdomen and chest, or other body parts.
b. Distension of abdomen.
c. Marbling of skin-area.
d. Protrusion of tongue and eyeballs.
e. Blood tinged froth in the mouth and nostrils.
f. Blisters and peeling of cuticle.
g. Bloating of face, neck, breast, penis/scrotum/vulva.
h. Regurgitation of stomach contents.
i. Prolapse of rectum and fecal matter.
j. Prolapse of uterus and expulsion of fetus, if any.
k. Degloving, loosening of hair/nails.
I. Maggots.
m. Colliquative putrefaction.
n. Skeletonisation, etc.

49.2 External Injuries:
Examine from head to toe, first front and then back aspect of the body, in a systematic way so as to see all the parts of the body. Details of the injuries in respect of type, size, location, direction, edges, ends, color changes/healing process, surrounding area, foreign bodies, etc. be described and noted down carefully. Also depict the site of the injuries on the diagrams. The photographs of all the injuries with parts should be taken with a scale/ measuring tape kept alongside.

49.3 Evidence of sexual assault in a female dead body:

a) Vulva and vagina should be examined for presence of injury, semen, foreign bodies;
b) Hymen to be examined for recent or old tears;

c) Vaginal swab should be collected for chemical analysis (See guidelines for examination of sexual assault victims).

49.4. Examination of the dead body should be thorough and complete. All the three body cavities and the organs and the organs contained in them should be carefully examined even when the apparent cause of death has been found in one of them, in order to avoid possible unnecessary and unpleasant cross examination in the Court.

50. Internal Examination:

50.1 Head and neck:
The scalp should be reflected by marking incision from mastoid to mastoid on top of the head, looking for any extravasations of blood in it.

50.2 Skull is examined for fractures. After removal of vault by electric saw, the Dura mater is examined for tears, extradural hematoma, if present, should be measured and described in detail.

50.3 After removing the Dura mater, subdural and subarachnoid spaces are examined for presence of blood/pus/granulations, etc.

50.4 Brain is then removed, and examined and noting its signs of increased intracranial tension like flattening of gyri, obliteration of sulci, herniation of tonsillar parts and tentorial grooving; the substance of the brain is examined for softening, injury, hematoma or any pathological condition like cyst, infection, etc.

50.5 Lips are averted and examined for injuries; mouth and pharynx are examined for injuries and presence of foreign bodies.

50.6 The body should be opened, usually by one straight incision from chin to pubic symphysis along the midline sparing the umbilicus to one side. While reflecting the skin and muscles of the chest wall and abdomen, look for any deep bruise or other injury. The abdominal cavity should be opened first before the chest cavity, looking for adhesion, congestion, or inflammation of peritoneum or any exudation of fluid, pus or fluid in the abdomen and pelvic cavities or any perforation or damage of any organ. Normally the peritoneal cavity does not contain any fluid.

50.7 Neck structures including the hyoid bone, thyroid cartilage and tracheal rings are dissected looking for evidence of extravasations of blood and fractures. The type of fracture of the hyoid bone, i.e., inward/outward compression fracture is noted down.

50.8 Thorax: While exposing the chest wall, look for any injury under the skin in tissues and fractures of ribs, sternum, etc., any fluid/blood present in the cavity should be measured and its condition described.

50.9 Air passages - examined for presence of soot, sand, mud, weed, froth or other foreign bodies, etc.

50.10 Lungs - weigh, note consistency, congestion, edema, injuries, natural disease.

50.11 Heart - pericardium and its contents are examined, noting the condition of the walls, chambers and valves; coronaries- seeing its patency/occlusion of lumen preferably its % should be described. The entire heart should be preserved in formalin after dissecting it if cardiac pathology is suspected; then see the condition of the aorta and its branches.

50.12 Esophagus is opened and examined for presence of varices, corrosion or other abnormalities.

50.13 Abdomen - peritoneal cavity and its contents like blood or fluid is measured and noted down. Liver, spleen, kidneys, pancreas, adrenals and intestines may be dissected out and examined for evidence of any disease, violence or poisoning.

50.14 Stomach - it is removed after tying both ends and dissected in a clean tray. The contents are examined and described as to the nature, degree of digestion, smell, unusual foreign particles, color and quantity, and condition of stomach wall. Similarly, the small and large intestines are examined likewise.

50.15 Urinary bladder is opened and urine, if present, is measured as to its quantity, color, smells, etc. and noted down.

50.16 In females, evidence of pregnancy or recent delivery should be looked for and, if present, described in detail.

50.17 Testicles are dissected and examined for injuries and disease.

50.18 Ail the bones/skeletal systems are examined for presence of any fractures or evidence of violence, noting down the stage of its repair.

50.19 Spinal cord is dissected and examined for evidence of injury or disease in suspected cases only.

50.20. Viscera/blood/urine is preserved in case of suspected poisoning and if the body is decomposed particularly when the cause of death is not certain.

51. General Guidelines:

51.1 The Postmortem findings shall be recorded in the prescribed proforma (Form VI) preferably then and there. If any rough notes have been prepared, it should be destroyed immediately.

51.2 Viscera are sent for chemical analysis in suspected cases of poisoning, or when the cause of death is suspicious or uncertain.

51.3 Sample of blood, bones and deep red skeletal muscle should be collected in case of unidentified, decomposed/putrefied dead bodies, unidentified fetus and fetal remains (See Chapter -III).

51.4 When natural death is the likely cause of death: different organs are to be preserved in formalin for histopathological examination.

51.5 Opinion: Whenever viscera are preserved for chemical analysis or histopathological examination, the cause of death may be reserved, and the final opinion should be furnished on receipt of the reports.

51.6 Opinion must be based on scientific facts. The Medical Officer shall explain about the injuries whether ante-mortem or post-mortem, cause of injuries and weapon used.

51.7 PMR must be dispatched as early as possible to avoid suspicion.

51.8 A meticulous external as well as internal examination must be carried out in each and every case. No organ should be left unexamined.

51.9 Medical officers must be trained and taught autopsy procedure preferably in the Department of Forensic Medicine in a medical college. They should also refer to standard text books to understand the procedures of conducting PME. Alternatively, regular 'seminars/work-shops' should be organized for all concerned, designed to constantly improve the overall medico legal performances.

51.10 In case of unknown dead bodies: Attributes like age, sex, height, weight, complexion, nutritional status, hair, scars, mole, tattoo marks, deformities, dental details, personal belongings, etc. must be recorded in detail in the PM Report.

Important cases where particular precautions are to be taken regarding special findings:

52. Mechanical injuries:

52.1 Measurements and position/location of each and every type of injuries should be recorded and described in details.

52.2 Presence of foreign bodies on the dead body should be noted down and preserved for analysis.

52.3 Color changes (stage of healing process) in and around the injuries should be recorded.

52.4 Belongings and viscera should be preserved whenever required.

53. Firearm injury:

53.1. Prior to the examination of the body, it should be x-rayed for ascertaining the exact location of the bullet/pellets. Clothes should be examined for presence of holes corresponding to the entry

and exit firearm wounds. Always try to locate the entry and exit wounds; the presence of singeing, blackening, tattooing, abraded collar in case of bullet and spreading of the pellets should be recorded; when bones (e.g., skull) have entry and exit wounds by bullet, then look for punched in and punched out margins which suggest entry and exit wounds respectively.

53.2 Always note down the dimensions of entry/exit wounds.

53.3 Always preserve the clothes for forensic ballistics analysis.

54. Burn cases:

54.1 Find out the nature of burns whether ante-mortem or post-mortem by seeing the vital changes and presence of scab/separation of scabs and infection, etc. This will also indicate its time/age of burns.

54.2 Extent with percentage and degree of burns are to be described.

54.3 Condition of hair (like singeing, blackening), body parts and clothes should be noted down.

54.4 Presence of soot particles in the trachea or air passages would suggest that burns are ante-mortem.

54.5 Smell of kerosene oil or other inflammable substance on the body or clothes should be recorded.

55. Hanging:

55.1 Ligating material, if present, should be examined in respect of its nature, position, type of knot, circumference of loop, lengths of the short and the long free ends, foreign bodies and stains. The material should be preserved without disturbing the knot. The ligating material should be brought to the mortuary to be examined by the medical officer for comparison of ligature mark and ligating material.

55.2 Ligature mark - Describe its position, nature, direction, and extent whether complete or incomplete. The situation of mark is measured in relation to chin, ears and external occipital protuberance. Usually it is situated obliquely in the upper part of the neck.

55.3 Presence of salivary stain along the mouth should be noted.

55.4 Distribution of the postmortem staining to be noted down.

55.5 Injuries other than the ligature mark are to be described in details.

56. Strangulation by ligature:

56.1 Ligature mark - Describe its position, nature, direction, and extent whether complete or incomplete. The situation of mark is measured in relation to chin, ears and external occipital protuberance. The ligature mark is situated horizontally in the lower part of the neck usually below the thyroid cartilage.

56.2 Injuries other than the ligature mark should be recorded in details.

56.3 Fracture of the various cartilages, if present, should be noted.

57. Manual strangulation:

57.1 Marks of fingers are present over the front and sides of the neck in the form of superficial abrasions or contusions. These may be multiple or single on one side; internally the presence of fracture of the hyoid bone along with other cartilages should be examined, and effusion of blood is to be noted.

57.2 Presence of injuries on other parts of the body beside the neck should be noted down.

57.3 Viscera should be preserved in suspicious case of incapacitation.

57.4 Belongings should be sealed and handed over to the police.

58. Bodies recovered from water:

58.1 Always look for evidence of fine, copious leathery froth around the nostrils and mouth. If it is a decomposed body, then look for evidence of water in the G.I. Tract and preserve the long bone/sternum, etc. for presence of diatoms in the body and advise the Investigating Officer to collect water from the site of recovery of the body for comparison of the diatoms.

58.2 Any ante-mortem injury over the body should be recorded.

For the Police:

The Doctor can ask the Investigating Officer to make necessary arrangement for a visit to the scene of crime/to furnish photograph and relevant documents and other details if required for the postmortem examination. The Investigating Officer shall collect about 1 litre of water from the place of recovery of the body, and submit it to the Forensic Science Laboratory along with the jar containing the bones for detection of diatoms and comparison thereof, if any.

59. Postmortem Report (PMR):

Why every report has to go to Head Department of Forensic Science Laboratory if Forensic Science Laboratory report is not needed?

Zoram Medical College has been using Post-mortem (PM) form already approved by Government of Mizoram. So, is there a need to change?

Post Mortem Report (PMR): May be modified as follows:

PME report is prepared in a prescribed proforma. The first (original) copy and second copy shall be given to the Police (one copy for Case IO and one copy to be preserved in the concerned District Superintendent of Police). Second copy is for the Hospital Registry (Office copy). In case Chemical Analysis is required, brief PME findings are written in visceral forwarding proforma and sent along with samples to the head of the FSL. In case Histopathology analysis is required, brief PME findings are written in histopathological examination proforma and sent along with samples to Pathologist/HOD, Pathology Department, Civil hospital, Aizawl/HOD, Pathology Department, ZMC, Falkawn.

60. Finger prints/Finger Tips:

Finger prints are to be taken by the Police Department. Finger Tips will be taken by the Medical Officer on the request of the Police.

61. Handed over to the police and samples sent to the FSL: To the Police (Please tick):

61.1 Duly stitched body after completing autopsy.

61.2 Copy of the PMR No. _____Dated _____

61.3 Police Inquest papers _____ in number duly initialed by me.

61.4 A sealed parcel bearing 5 seals containing clothing and belonging of the deceased.

61.5 A sealed parcel bearing 3 seals containing photographs (if taken).

61.6 A sealed parcel bearing 5 seals containing video records (if taken), and is a must in case of custodial deaths, murder, dowry deaths and abetment of suicide.

61.7 Sample of the seal.

To the Head of FSL for chemical analysis:

61.8 A sealed packet bearing 5 seals containing viscera - stomach with contents, pieces of small and large intestines with contents, pieces of liver, spleen and both kidneys.

61.9 A sealed Packet bearing 2 seals containing 2.5 ml. of blood in 2 EDTA vials.

61.10 A sealed Packet bearing 2 seals containing 100-200 gms. of deep red muscle tissue preferably in Dimethyl Sulphoxide (DSMO) or Normal Saline in case of unidentified bodies/fetus.

61.11 A sealed Packet bearing 5 seals containing intact long bone like femur/tibia and at least 2 molar teeth in case of adult and femur in case of mature fetus.

61.12 A sealed bearing 3 seals containing debris collected from the body surface.

61.13 A sealed Packet bearing 3 seals containing foreign body (like bullet, ligature, maggots, hairs, debris, nail scrapings, etc., making separate packets for each category).
61.14 A sealed jar bearing 5 seals containing sample of preservative used.
61.15 A sealed packet bearing 2 seals containing vaginal swab, semen or any other such material.
61.16 An envelope bearing 3 seals containing finger prints/finger tips (all ten) in unidentified cases on a plain paper, folded and put in an envelope.
61.17 Any other item.
61.18 An envelope bearing 5 seals addressed to the head of FSL, containing
(i) a forwarding memo and
(ii) a copy of the PMR of the case.
61.19. Sample of the seal.
To the Head of Pathology Department of the designated institution (the medical college or C.H., Aizawl):
61.20 A sealed packet bearing 5 seals containing piece of liver, kidneys (one half of each), and spleen for histopathology.
61.21 An envelope bearing 5 seals addressed to the head of the department concerned, containing a forwarding letter and a copy of the PMR of the case.
61.22 Sample of the seal.
To the Head of Pathology Department of the designated institution (the medical college or C.H., Aizawl):
61.23. In suspected murder cases due to rape, the Medical Officer shall fill the Form for examining protocol for victims of sexual abuse in addition to the PMR.
61.24. Each page of the PMR should bear the PMR No./Date/initial of the Medical Officer.

62. Medical Negligence cases:
PME should be conducted by a board of doctors including specialists from the concerned field. This board will confine to the cause of death. The opinion regarding negligence will be given by a board as specified by the State Government notification.

63. Fetus:
(a) Look for injuries on head, neck, mouth, eyes, ears, genitals, etc. Specific features to specifically be examined include crown-heel length, malformations, cord, placenta, fontanelle, brain convolutions, ossification center of femur/talus/cuboid/calcaneum/tibia/ sternum, meconeum, eyes, ears, nails, hair, skin, genitalia, etc. Cause of death in non-viable fetus is the non-viability itself. In all such cases, opine on the intrauterine age and sex. If possible, preserve samples for DNA analysis.
(b) If a pregnant female is brought, even in such cases the examination points of the fetus must be observed and opinion on the intrauterine age and sex given. In such cases, observations be made under the heading of "Genitalia/Uterus" in the PMR.

64. Custodial deaths:
(a) Inquest should be conducted by Judicial Magistrate/Executive Magistrate.
(b) A team of doctors will conduct the PME on receipt of request along with inquest report from magistrate.
(c) PME should be conducted under video coverage, by a person so authorized by Judicial Magistrate/Executive Magistrate.
(d) The doctors should examine the relevant clinical records and make entry regarding the important finding in the column "symptom observed as per hospital record."
(e) Cases in which death is clearly due to natural causes should not be referred to the Chemical Examiner. Medical Officers are considered competent to decide such eases.

## CHAPTER-III
## GUIDELINES FOR SAMPLE COLLECTION, PRESERVATION AND FORWARDING FOR UNIDENTIFIED DEAD BODIES.

65. All unidentified dead bodies shall be transferred to the mortuary by the police. Always collect all samples in duplicate from the body.

66. Guidelines for sample collection if the dead body is fresh:

66.1 Blood may be taken through cardiac puncture using sterile, disposable syringe.

66.2 Two tubes of blood 2.5 ml each should be collected in EDTA vial/container that prevents coagulation of blood.

66.2.1 After taking blood in EDTA vial, mix it gently.

66.2.2. The blood should be sent immediately to the Laboratory within 12-24 hours.

66.2.3 During transportation, the EDTA vials should be kept in thermos flask/thermocol box stuffed with ice or coolant packs.

66.2.4. Approximately 100-200gms of deep red skeletal muscle tissue may be tan with clean, sterile scalpel blade or scissors, and packed in a sterile container preferably having Dimethyl Sulphoxide (DMSO) or Normal Saline as preservative. Freeze the sample collected.

66.2.5 Never use Formaldehyde/Formalin as preservative of tissue samples. Universal preservative! Saturated solution of sodium chloride) is commonly used in viscera preservation.

67. Exhumation:

Not in the Draft Manual may be added Exhumation should be conducted only on the order of Magistrate.

67.1 When request for exhumation is submitted by the relative of the deceased to the Police, Police Officer (Case IO) of the concerned police Station will intimate the request for exhumation to the concerned District Magistrate.

67.2 District Magistrate will detail Executive Magistrate to conduct exhumation.

67.3 District Magistrate will issue instruction to the concerned Medical Superintendent/CMO to detail Medical Officer.

67.4 In routine practice, the concerned Medical Superintendent/CMO after detailing Medical Officer fix the date and time for conducting exhumation and will inform District Magistrate.

67.5 District Magistrate will give instruction to the concerned Police Station to make all the necessary arrangement.

67.6 In routine practice exhumation is conducted in the morning hours to avoid public view as public is indoor in the morning hour.

Proforma already approved and in used may be continued to be used like PME report, Injury report etc.

The Mizoram Medico Legal Manual, 2021 may be updated and reviewed from time to time in view of scientific advancement in the related status and judgments and orders from the Courts.

68. Guidelines for sample collection if dead body is decomposed/putrefaction has set in:

68.1 Intact long bones like femur/tibia and at least two molar teeth should be collected for DNA analysis. *(Never take clavicle, sternum, or cut bones).*

68.2 The bones should be completely cleaned of any adhering tissues.

68.3 Washed with distilled water to remove sticking debris.

68.4 Dried completely and rolled in paper followed by packing and sealing in loose cotton cloth, (do not use polythene bag/air-tight container for keeping the bones.

69. Skeletal remains or exhumed Bones:
Each item of evidence should be documented properly. Each item should be handled with clean, gloved hands.

69.1 If the entire skeleton is available: Prefer to collect long bones like femur and two ort h r e e molar teeth. The bones should be cleaned completely with distilled water, removing any adhering tissue material/debris, and dried completely.

69.2 Pack the item in paper or loose cotton cloth packing and send to Laboratory at room temperature at the earliest. (Polythene/airtight container/cotton wool should not be used to pack or wrap the samples).

70. Unidentified Fetus and Fetal remains:

70.1. In case of premature aborted fetus:
100-200gm. of fetal tissue preserved preferably in DMSO, or in Normal Saline.

70.2. In case of mature fetus:
100-200gm of fetal tissue preserved preferably in DMSO, or in Normal Saline, andat least one long bone (Femur).

71. Forwarding of samples:

71.1 Package and seal the samples in a parcel of clean cotton cloth.

71.2 Parcel should be sealed with legible seal of competent authority. Duly signed specimen seal sample should be given along with forwarding letter.

71.3 The parcels should have following details legibly written on it: FIR number with Police Station, PMR number, MLR number, date of collection, signature of Medical Officer collecting authority, etc.

71.4 Detailed case history, places of recovery of exhibits and other relevant details should be attached with the forwarding letter.

71.5 Relevant questions pertaining to the nature of examination required should be clearly mentioned.

71.6 In cases involving medical examination of victim, suspect, or dead body, a copy of the MLR and/or PMR should also be forwarded to the Laboratory.

71.7 In case where reference blood sample is collected: Completely filled blood authentication/ identification form should be attached with the form. For DNA analysis, Blood Sample Authentication form prepared by Forensic Science Laboratory must be used, (See *attachment for Blood Sample Authentication Forms form VII.)*

71.8 Authority letter by the forwarding authority must be sent along with the forwarding letter.

71.9 About 25ml of preservative also be sent separately for analysis to rule out any poison being present as a contaminant.

## CHAPTER – IV
## MODERN MORTUARY

72. Modern Mortuary Design:
The "Hospital Morgue" is a facility in a hospital for the viewing and/or identification of a body and the temporary holding/storage of bodies prior to transfer to a "Mortuary." The basic difference between a "morgue" and a "mortuary" being that the Hospital Morgue caters to the needs for temporary storage, identification and handing over to relatives of bodies of non-medicolegal cases, and custody and transfer to the Mortuary of bodies of all medico-legal cases, bodies needing longer storage and/or unidentified bodies; while Mortuary caters to the needs for medico legal autopsy and all related jobs, as well as facilities for storage of bodies for necessary longer period of time. The requirements are basically similar but depend on the work-loads, i.e., number of bodies taken care of in one year.

73. Role and functions of mortuary:
(a) To keep the dead till relatives claim and take over the body for disposal.
(b) To keep unclaimed bodies until disposal.
(c) To allow viewing and identification by relatives, police and other people.
(d) To receive dead bodies requiring pathological post-mortems pending final disposal.
(e) To receive dead bodies brought for medico legal post-mortem work and store in the mortuary pending further disposal.
(f) For teaching the students.

74. Staff pattern prescribed by bureau of police research and development:
*For less than 100 autopsies per year –*

*(a)* Specialists - Two.
*(As one specialist is likely to be busy in other important works, teaching, court attendance, or may fall sick, it is necessary to have two specialists).*
(b) Post mortem technician - One.
(c) Post mortem Assistant - One.
(d) Clerk/Steno - One
(e) Chowkidar - One
(f) Peon - one
(g) Sweeper/Morgue Attendants - Four
*(Three sweepers for shift duty round the clock and one as a reliever).*

*For every additional 100 autopsies per year –*

*(a)* Specialist - One
(b) Post mortem assistant - One
(c) Technician - One *(for teaching institutions)*
*(d)* Technical assistant
(300-500 autopsies/yr) - One
( > 500 autopsies/yr) - Two
(e) Photographer - One =
(f) Dark room attendant - One *[in big centers, personnel for photographic work).*

75. Components and role of an ideal mortuary complex:
The services provided by a Forensic facility's comprehensive morgue and postmortem component are:

(a) Specimen handling area.
(b) Administrative functions (documentation of incoming or outgoing bodies report preparation).
(c) Receiving, preparation and temporary storage of cadavers.
(d) Investigations into the cause of death by performing a PM Examination of the body (including forensic autopsies).
(e) The demonstration of PM findings in cases of clinical interest, for teaching or forensic purposes.
(f) Mobile radiography.
(g) Photography
(h) Family/police viewing and/or identification of the body.

76. General guidelines- minimum facilities needed:
(a) Arrangement for receiving dead bodies from hospital or from outside, with separate arrangements for keeping decomposed and infectious bodies (HIV/Hepatitis deaths), etc.
(b) Arrangement for performing autopsies.
(c) Handing over the dead bodies after autopsy to the relatives/undertaker through police.
(d) Postmortem viewing gallery for students/IO/nominees as per court orders, etc.
(e) Other basic essential equipment like offices and related rooms should have basic facilities like furniture, telephone and other infrastructures.
(f) The design of the teaching mortuary was prepared keeping in view the intake of students, workload, condition of the various bodies brought for autopsy, and to have workable atmosphere as to cleanliness and breathing with fresh air and natural light to be available in each room.
(g) It should have adequate parking space.
(h) It should be preferably centrally air-conditioned.
(i) It should be located in a separate building near the Pathology Laboratory on the ground floor, easily accessible from the wards, emergency department and operation theaters, in an area with ample natural light through windows, the windows of the principal rooms should preferably be on the southern side for maximum natural light.
(j) It should be located near the main road, preferably away from major traffic junctions.
(k) It must have a separate entrance and exit for relatives and other visitors.

77. Mortuary for a tertiary level facility:
(a) Verandah should be in front of the faculty office, autopsy surgeon room in which these should open and working windows for the reception room on both sides.
(b) Faculty office with an attached toilet.
(c) Autopsy surgeon's room (14x20 sq.ft): where the Autopsy surgeon/medical officer can discuss details of the case with police and relatives and write reports peacefully without disturbance.
(d) Computer room and office (12x10 sq.ft.): with furniture, computer, printer cum scanner, photography equipment.
(e) Stores -1 (12x10 sq.ft.) for clean gowns, aprons, rubber gloves, gumboots, towels, etc.

77.1. Reception and waiting area (240 = 20x12 sq.ft):
(a) It should be easily approachable and due care should be taken to shield it from OPD/Ward block.
(b) This area should be gently illuminated, warm and have comfortable chairs.
(c) It should be pleasantly and soberly furnished, and decorated with plants and pictures to create a pleasant atmosphere, as the last impression of the relatives receiving the deceased is one of quiet dignity in death.

(d) This area can also be used as prayer area where relatives and friends of all religions may like to offer prayer.
(e) A lavatory must also be provided.
(f) Waiting hall for attendants, police with provisions for a central platform.
(g) Investigating Officer's Room (10x10 sq.ft.) for the police personnel accompanying the body who has to watch and take care of the dead bodies in the mortuary complex.
(h) Verandah/shade for trolleys, etc.
(i) Grade IV Rooms (8x10 sq.ft), with lockers, etc. for use as changing room for them.
(j) Toilet for staff.
(k) Walled enclosure with gate.

77.2. Pre-autopsy room (16X20sq.ft):

(a) The number of bodies to be accommodated is usually taken as 3% of the hospital bed holding.
(b) Body racks should be refrigerated, with temperature maintained at 4-6.5 Degrees C.
(b) The chambers should be about 6 ft. wide, 8ft.9inches deep and 6ft. high in which six bodies may be stored in two sets of three tiers.
(d) Body in the mortuary should be kept with complete identity.

77.3. A/C plant room:

(a) Where more than twelve bodies are to be stored, a separate A/C plant room may be required, immediately adjacent to the body storeroom.
(b) Access for maintenance should be arranged externally so as to avoid entering the building.

77.4 Post-autopsy room (14x18 sq.ft):

It should have a central platform (4x8sq.ft) for handing over the body, after completion of post mortem examination, to the Investigating Officer who will hand it over to the relatives for final disposal.

77.5 Teaching autopsy room I (30X20 sq.ft):

(a) The size should be at least 400 sq.ft.
(b) This room must be kept clean to protect the staff from bacterial contamination.
(c) It should have at least two 'mortuary tables' of stainless steel with arrangement for free drainage of a constant flow of water (hot and natural) from top to bottom.
(d) A proper vent and duct system for exit of foul smelling gases and entry of fresh air is essential.
(e) The room should have 'mortuary work station'.
(f) There should be big windows up to the level of roof with glasses facing the east, south and west, for maximum natural lighting.
(g) Fluorescent lighting/good concentrated lighting over the tables with at least one having tilting mechanism should be provided.
(h) There should be large charts on the wall depicting weights and measurements of viscera, bones, etc. for ready reference.
(i) Portable X-Ray machine and view boxes should be made available.
(j) Built-in cupboards for instruments and equipment should be provided.
(k) Water-impervious floors sloping to a drain, tiled walls for easy washing of the room, with suitably covered junctions between the walls and floors are essential.
(l) Two sinks for clean and dirty works should be provided.
(m) Writing desk and chairs, and shelving for jars (with tanks under) for placing the immediate specimens are to be provided.
(n) Space for mortuary trolley should be available.
(o) Trolleys for shifting dead bodies should be in proper working condition.
(p) Testing bench, accommodating scales, gas, and light with blackboard on the wall behind.

(q) Fans especially if room is not air-conditioned.
(r) The viewing gallery for students should be around the autopsy tables with capacity depending upon the strength.
(s) Tiered benches at the sides of the room for observers to view but avoiding interference.
(t) The doors should be fly-proof.

77.6. Teaching autopsy room II (all same as above) for use when fumigating ROOM I.

77.7 Laboratory facilities:
(a) Biochemistry and Microbiology Laboratories should be there in the mortuary complex, preferably near the teaching autopsy room.
(b) Tests for infectious diseases must be made compulsory before every autopsy.
(c) Chemical examination laboratory is very useful for quick examination of blood, urine and viscera.

77.8 Space for open mortuary/maceration tanks/open research lab (with roof covered with net): This space should be all around the teaching autopsy rooms, for decomposed bodies and other ancillary work, thereby preventing public access near the autopsy rooms.

77.9 Instrument cleaning room (8x10 sq.ft) should be provided between the two autopsy rooms with all the necessary provisions for thorough cleansing of all the numbered instruments/ equipment.

77.10 Viscera preparation room (12x10 sq.ft) for technicians/attendants to do their assigned jobs under the supervision of the medical officer.

77.11 Store room - li (12X10 sq.ft.) for reserve stock of chemical solutions for preserving viscera, and packing materials, etc.

77.12 Stairs and Side-gate.

77.13 Officers' Toilet (8x12 sq.ft.) with separate male and female W.C. lavatories, wash basin and a shower cubicle are necessary.

77.14 Doctors' Changing Rooms - 2; one each for male and female (12x10 sq.ft. each) each having bath with shower, and lockers.

77.15 Green belt around the mortuary complex to make it eco-friendly.

77.16 Corridors and Verandahs all around: This provision will help not only in free movements of officials, but also will be handy in space provision during emergencies of handling mass casualties, and will facilitate spread and exit of decomposed gases.

77.18 Main Gate should preferably be sliding type.

77.19 Parking space for vehicles used for transportation of bodies (Hearse Yard).

78. Miscellaneous requirements:
(a) Floors should be hard and durable, moisture-resistant and can be easily cleaned. Floor ducts and trenches should be avoided. The junctions between the walls and floors should be suitably covered.
(b) Walls: The walls should be thick, durable and permanent. They should be fitted with pale blue color tiles up to the ceiling so that natural colors of the dead body can be appreciated as in daylight.
(c) All doors in the mortuary should be wide, sliding type and fly-proof.
(d) Windows: The windows should be on the east, south and west sides wherever possible for receiving maximum sunlight. They should have glass, with windows sills at least 5 ft. above the floor and go up to near the ceiling.
(e) Corridors: They should be wide (not less than 8 ft.) to allow free passage of trolleys.
(f) Air-conditioning: The entire complex should be air-conditioned with a separate system for the autopsy rooms to prevent foul air from permeating the rest of the area. Air re-circulation should be prevented to ensure a clean air environment.

(g) Disposal of Wastes: The mortuary complex should have all arrangements for proper disposal of different types of wastes. Cleanliness and sanitation in and around the complex should be maintained up to the mark.

(h) Measurements and specifications of the spaces and areas may be adjusted according to the individual requirements and workload. The complex should have different sign boards like *"No Admission", "Prohibited Area",* etc. properly put up where necessary.

(i) Lighting: The light fitting should be designed to avoid glare, and easy to clean and maintain, either tungsten or florescent light can be used. Switches in wet area should be hose proof. Special lighting should be provided in the postmortem room to ensure adequate lighting of the postmortem tables and dissection benches. The wall between the two autopsy rooms should have glass in their upper three feet area to allow light passage. The optimum height of these rooms is twenty feet preferably.

(j) Hot and Cold water supply: Hot and cold water is required in the sinks, wash-basins and showers. The autopsy tables should be fitted with individual water hoses. Water suction pumps should not be used, and floor service ducts should be avoided. All the taps in the mortuary complex should be of elbow-operated type particularly in the working areas.

(k) Safety: The complex should be fitted with emergency lighting, fire sprinklers and smoke/ thermal detectors in all rooms. A fire alarm system with blue/red beacon light with hooter should be installed. Fire Exit routes should be clearly identifiable, well illuminated and ear-marked with bold red arrows.

l) Refrigeration: The temperature of cold rooms is to be maintained at 4 - 6.5 degrees C, thermostat control will be required for each cold chamber. Facilities should be provided to enable the chambers which are not in use to be switched off.

The design of the ventilation system should provide air movements generally from clean to less clean areas. To satisfy exhaust needs, replacement air from the outside is necessary. Number of air exchange may be reduced when the room is unoccupied if provisions are made to ensure that the number of air changes indicated can be re-established any time the space is utilized. Adjustment shall include provisions that the direction of air movement remains the same even when the number of air changes is reduced. Air from areas with contamination and/or odor problems shall be exhausted to the outside and not re-circulated to the other areas.

79. Conclusion and future advancements:

Safety and security are the integral components of a forensic facility. Defining public areas from secure zones to ensure the secure custody of sensitive items such as case files, evidence, and human remains is critical.

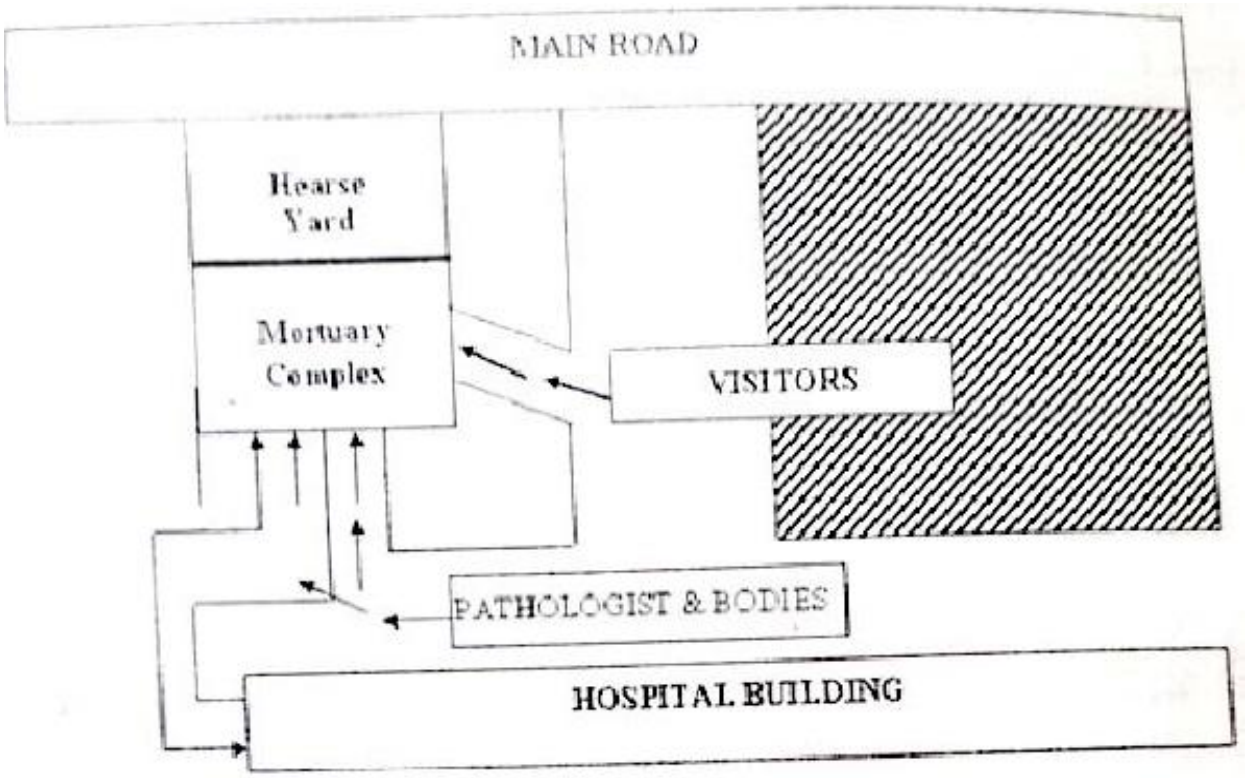
The concept of a modern and ideal mortuary will protect the occupants against diseases emanating from filthy and unhealthy environment and the mortuary contents against destruction from decay of unrepaired and neglected mortuary buildings.

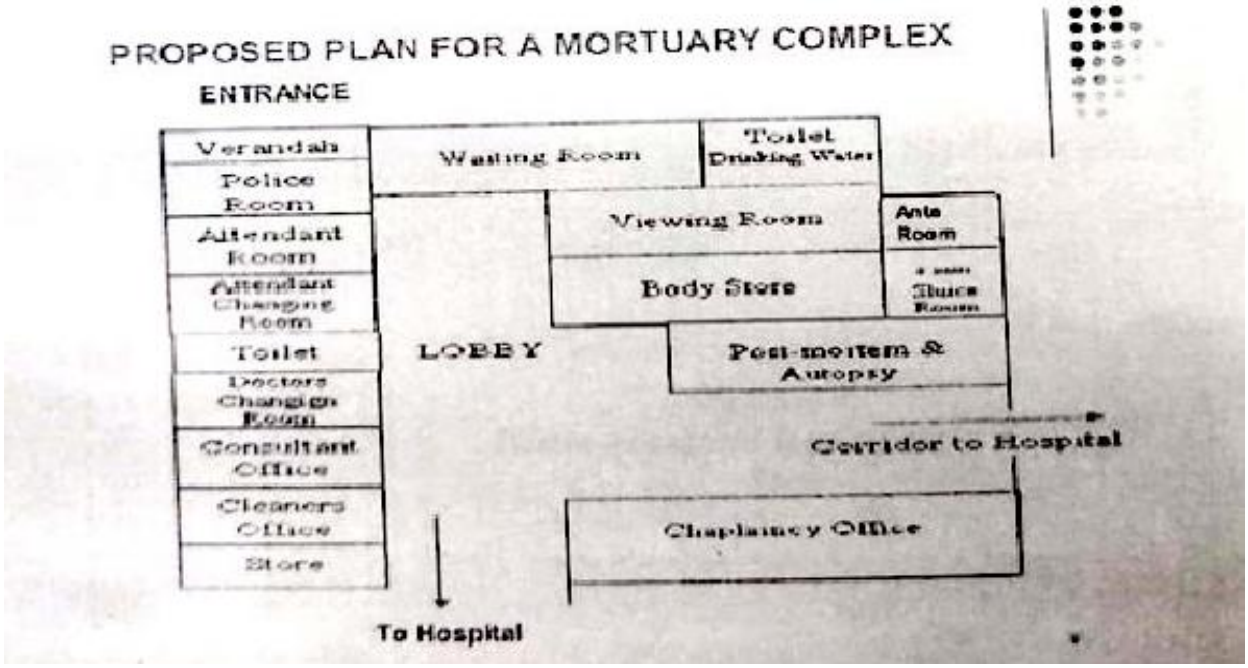
Tele-medicine facilities can be envisaged in the modern mortuary complex using large training area and various meeting rooms with video-conferencing capability.

CT, MRI, and digital X-Ray technology should be an integral component available to the mortuary staff-to limit invasive procedures for operational or religious reasons.

An ideal mortuary will undoubtedly contribute to the advancement and evolution of forensic science and medicine, strengthening the relationship between service, teaching and research. The public safety network and criminal justice system will benefit tremendously and will now be supported by a forensic facility built to match the level of excellence required.

PROPOSED PLAN FOR MORTUARY COMPLEX



FORM – I
Medico legal Case (MLC) Information

Hospital/Centre, _____ District _____

Date: _____

Time:_____AM/PM

To,
The Officer in-charge,
_____ Police Station/Post,
_____ District.

Sir,

This is to inform you, for necessary action, that a patient with the below-given particulars has been brought to this hospital/centre, and *is being treated/discharged/LAMA/has expired/brought dead in the Emergency Department (tick the appropriate one and cut the others):*
Name: _____ Age: _____Sex:_____ S/D/W. of: _____
Address: _____ Hospital Regn. No. _____ Date and Time of Admission: _____ Diagnosis:_____
_____
MLR attached: Yes/No

*Signature:*_____

*(*_____*)*
*(Name in capital letters)*
Medical Officer

Time of receiving by police: _____

*Signature:*
*Name in capital letters:*
*Seal:*

FORM-II
Medico Legal Report

Patient's Particulars:
Identification Marks:
i)
2)

Accompanying person(s): 1) Name:_____ s/d/w.of:_____
Address:_____ Contact No:_____

Relationship with the patient: 2) Name:_____ s/d/w of: _____
Address: _____ Contact No: _____

Consent:

A chhan leh pawimawhna hre chungin, a tul dan ang anga doctor-ten min exam-a, min endik vek ka remti thlap e.

Signature : _____
Name (capital letters) : _____

---

Brief History :_____
General Physical Examination :_____
Particulars of Injuries :_____

List of materials handed over to the police:
Signature (with Date, Name in capital letters & seal):
(Medical Officer)

FORM-III
Medical Examination Report for Victim/Accused of Sexual Abuse

MLR No:_____ Dated _____
FIR No: _____ P.S: _____ Dated _____
*(The identity and purpose of examination should not be disclosed to unrelated person. The record should be kept in proper custody and supervision)*

STEP - I. CONSENT

1. Name : _____
2. Son/Daughter/Wife of : _____
3. Address : _____
   (Photograph -optional)
   District : _____
4. Date of Birth : Age:_____Sex:_____
5. Marital Status : _____ Occupation_____
6. Height : _____ Weight: _____
7. History of Allergies : _____
   Current medications (if any) : _____
9. Accompanied by : _____
   Relation with victim : _____
   Address : _____
10. Brought by (police):_____ P.S.:_____ District:_____
11. Date & Time of Starting Examination : _____
12. Date & Time of Completing Examination : _____
13. Consent: *(not required in case of accused)*
    A chhan leh pawimawhna hre chungin, a tul dan ang anga doctor-ten min exam-a, min endik vek ka remti thlap e.

Signature : _____
Name (capital letters) : _____

STEP-II. HISTORY

15. Marks of Identification : 1) _____
: 2) _____

16. History/Brief description of the incident *(as narrated by the victim):*

17. General Physical Examination:
1) Physical development:
_____
_____
2) General condition of the victim:
_____
_____
3) Gait of the Victim:
_____
_____
4) Behavioral symptoms:
_____
_____
5) Condition of clothes:
(a) Tears/Cuts/Rents:
(b) Foreign matter:
(c) Stains: (i) Blood :
(ii) Seminal :
(iii) Fecal :
(iv) Mud :
(d) Burns :
(e) Buttons: intact/undone/broken/torn
(f) Since the assault, have the clothes been changed? : Yes/No
If yes, are the clothes available? : Yes/No
Have the clothes been washed/repaired? : Yes/No
(g) Since the assault, has the person
(i) Eaten food? : Yes/No
(ii) Ingested any liquid? : Yes/No
(iii) Smoked? : Yes/No
(iv) Brushed teeth? : Yes/No
(v) Gargled? : Yes/No

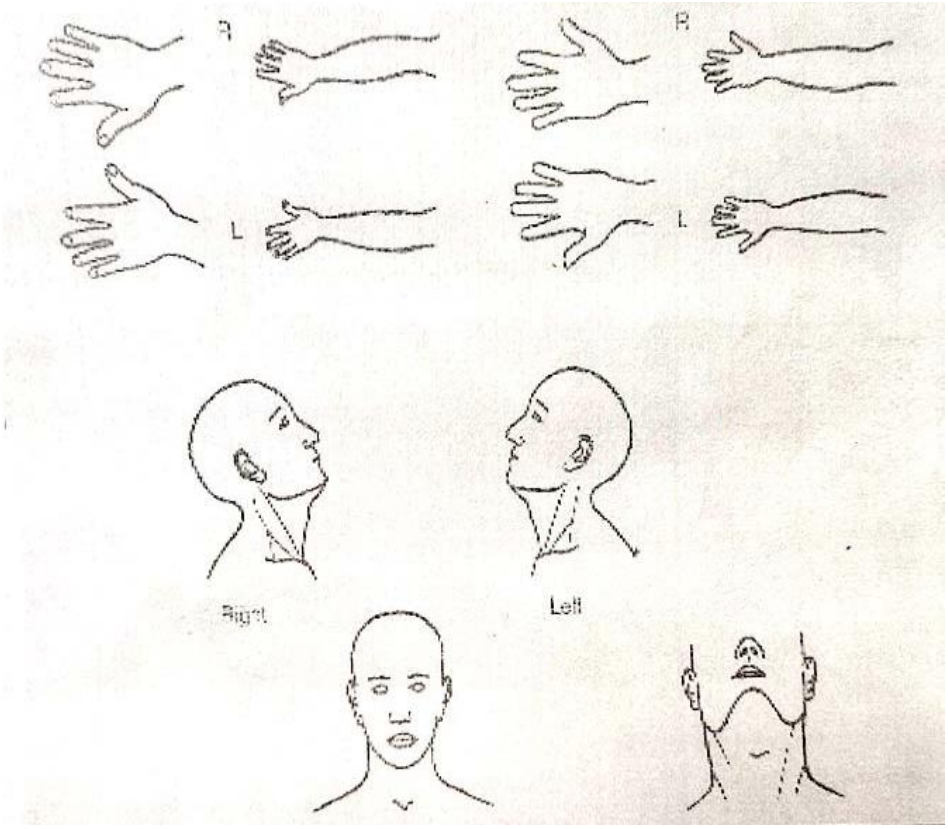
18. Examination of Injuries:
*(Sample collection for Forensic Science Laboratory from the body parts to be examined must be accomplished before digital examination of that part of the body)*

| *Location* | *Type* | *Dimensions* | *Stage of Healing* | *Simple/Cause of Injury* |
|---|---|---|---|---|
| | *(Bruises, abrasions, bite marks, cuts etc.)* | *length, breadth, depth, ( margins, directions)* | | *Grievous/Dangerous to life* |

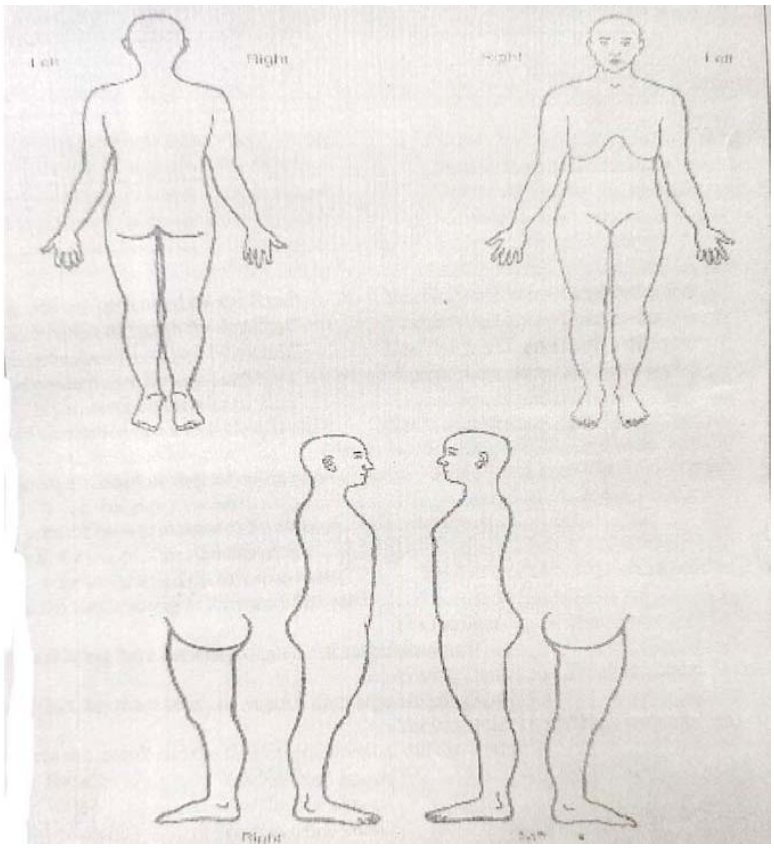
| | | |
|---|---|---|
| Scalp: | | |
| Face: | | |
| Eyes: | (R) | |
| | (L) | |
| Lips, teeth, Gums/buccal cavity: | | |
| Ears: | (R) | |
| | (L) | |
| Neck: | | |
| Shoulders: | (R) | |
| | (L) | |
| Thorax: (including Breasts) | | |
| Abdomen: | | |
| Arms: | (R) | |
| | (L) | |
| Forearms, Wrists, Hands: | (L) | |
| | (R) | |
| Thighs, Legs, Feet: | (L) | |
| | (R) | |
| Others, (if any): | | |

Note: *In case of Male victim or Accused, please go to Serial No. 20 (below).*

Diagrams for documenting injuries:



Diagrams (continued):



19. Details regarding penetration (as narrated by the female victim/accused):

(a) Was penetration attempted by penis, fingers or other object? *Yes(Y)/No(N)/Don't know (DK)*

| Orifice | Attempted penetration by penis/finger/object | Penetrated by penis/finger/object | Emission of semen Yes/No/Don't know |
|---|---|---|---|
| Vagina: | | | |
| Anus: | | | |
| Mouth: | | | |

(b) Was oral sex performed by assailant? Yes/No/Don't know/ Don't remember

(c) Masturbation of victim by assailant? Yes/No/Don't know/ Don't remember

(d) Masturbation of assailant by victim? Yes/No/Don't know/ Don't remember

(e) Was condom used by assailant? Yes/No/Don't know/ Don't remember
If yes, describe location:_____

(f) Did ejaculation occur outside orifice? Yes/No/Don't know/ Don't remember
If yes, describe location:_____

(g) Kissing/Licking/sucking of
breast or other parts? Yes/No/Don't know/ Don't remember
If yes, describe location:_____

(h) If penetration was attempted by object, describe the object:
_____

| | | |
|---|---|---|
| (i) | Any history of previous intercourse prior to the assault (other than assault)? | Yes/No/Don't know/ Don't remember |
| (j) | Was the victim menstruating at the time of assault? | Yes/No/Don't know/ Don't remember |
| (k) | Since the assault, has there been any vaginal discharge/bleeding? | Yes/No/Don't know/ Don't remember |
| (l) | Prior to the assault, has there been any vaginal discharge/bleeding? | Yes/No/Don't know/ Don't remember |
| (m) | Between the assault and the time of examination, did the victim: | |
| | Bathe? | Yes/No/Don't know |
| | Wash? | Yes/No/Don't know |
| | Urinate? | Yes/No/Don't know |
| | Defecate? | Yes/No/Don't know |
| | Use spermicide? | Yes/No/Don't know |

20. Local Examination of Genitalia:
(A) For use in Adult Females only:

State of the tops of thighs, pubic region and perineum:

_____
_____
_____

State of the sphincters:

_____
_____
_____

State of the perineal musculature:

_____
_____
_____

Labia majora:

_____
_____
_____

Labia minora:

_____
_____
_____

Fourchette and introitus:

_____
_____
_____

Anus and Rectum:

_____
_____
_____

Per Vaginum Digital Examination: Yes/No.
Vagina:

_____
_____
_____
Cervix:
_____
_____
_____
Uterus:
_____
_____
_____
Any other findings:
_____
_____
_____
Per Speculum Examination: Yes/No.
Vagina:
_____
_____
_____

Cervix:
_____
_____
_____
Fornices:
_____
_____
_____
Uterus:
_____
_____
_____
Hymen (only if relevant):
_____
_____
_____

(B) In case of Pre-pubertal Female:
State of tops of thighs, pubic region and perineum:
_____
_____
_____
State of the sphincters: _____
_____
State of perineal musculature: _____
_____

Labia Majora: _____

_____

Labia Minora:_____

_____

Fourchette and Introitus: _____

_____

Anus and Rectum: _____

_____

Per vaginal digital examination, only if relevant: _____

_____

Per vaginal speculum examination, only if relevant: _____

_____

21. Details regarding penetration (as narrated by the male victim/accused):

(a) Was penetration attempted by penis, fingers or other objects?

| | Attempted penetration by | Penetrated by | Emission of semen |
|---|---|---|---|
| Orifice | penis/finger/object | penis/finger | Yes/No/Don't know |
| Anus: | | | |
| Mouth: | | | |

(b) Was oral sex performed by assailant? Yes/No/Don't know/Don't remember

(c) Masturbation of victim by assailant? Yes/No/Don't know/Don't remember

(d) Masturbation of assailant by victim? Yes/No/Don't know/Don't remember

(e) Did ejaculation occur outside orifice? Yes/No/Don't know/Don't remember
If yes, describe location : _____

(f) Kissing/Licking/sucking of breast or other parts? Yes/No/Don't know/Don't remember
If yes, describe location : _____

(g) If penetration was attempted by object, describe the object:
_____

(h) Between the assault and the time of examination, did the subject:
Bathe? Yes/No/Don't know
Wash? Yes/No/Don't know
Urinate? Yes/No/Don't know
Defecate? Yes/No/Don't know
Use spermicide? Yes/No/Don't know

(i) Since the assault, has there been any anal discharge/bleeding? Yes/No/Don't know/Don't remember 20.1.

In case of penetration by penis (rape):

(a) Emergency contraception given? Yes/No

(b) IQ Assessment of the patient (by Psychiatrist):_____

_____

22. Local Examination of Genitalia (in case of Male Survivors only):

State of the penis and testicles : _____
State of anal area including sphincters : _____
State of perineum and perineal musculature : _____
Other injuries : _____
Proctoscopy done : Yes/No
Findings:_____
_____
_____

23. Sample Collection for Forensic Science Laboratory:

(i) Samples are to be collected as per protocol and packed in the envelopes provided in the "SAFE KIT", Envelopes are numbered. The number matches with the corresponding step number in the protocol. In some cases, all the envelopes in the KIT may not be needed. For Example, if no debris is found in the body surface, envelopes titled "Debris Collection" will not be required. "No Specimen" will be written across the label on such envelopes. In other situations, extra supplies may be needed. Envelopes and supplies have been provided in the KIT to cater to the basic minimum requirements. Please use more envelopes, slides, oral swabs, vials, etc. from the hospital supplies depending on the requirement.

(ii) All the envelopes in the KIT are self-sealing. Never moisten them with saliva.

| Sl. No. | STEP No. | Item | Instructions (if any) | Sample taken (as per the Protocol) or not. If not, reason thereof. |
|---|---|---|---|---|
| 1. | 3A | Clothing outer | Air dry each item in shade and pack it separately. Circle the suspected on the clothing to facilitate Lab examination. Use more envelopes if needed, labeling them 3A/2, 3A/3 and so on. | |
| 2. | 3B | Clothing inner | -do- | |
| 3. | 4 | Debris Collection | Entire body surface should be examined from head to toe for fibers, leaf matter, soil, etc. Debris found should be collected in white paper, Folded and packed in a Separate envelope and marked accordingly. | |
| 4. | 4 | Nail Scrapings | Collection stick is provided in the KIT. Nail scraping should be done very gently so as to remove loose debris only. | |
| 5. | 4 | Body Fluids | Any suspicious stain on the body should be lifted by putting a drop of distilled water on the stain and rolling the collection swab over it. The swabs are then air dried under shade before placing in the container. Use extra envelope if needed. | |
| 6. | 4 | In-between Fingers | Collection stick should be used gently so as to remove loose debris only. | |
| 7. | 5 | Breast swab | As above. Remember the envelopes are self-sealing. Don't lick them. | |
| 8. | 6 | Combing Pubic hair | Placing the collection paper under the butts, gently combs the pubic hair. Remember to put the comb along with the specimen in the envelope. | |

| | | | | |
|---|---|---|---|---|
| 9. | 7 | Pubic hair | Few pubic hairs may be plucked so as to enable DNA extraction from the roots, if needed. | |
| 10. | 8 | Matted pubic hairs | Use scissors to cut matted hairs | |
| 11. | 9 | Vulva swabs | Take a minimum of two Vulva Swabs. The swab should be air-dried under shade before placing in the container. | |
| 12. | 9 | Vaginal swabs:<br>i) Anterior<br>ii) Posterior<br>iii) Lateral(2nos) | -do- | |
| 13. | 9 | Cervical swabs | -do- | |
| 14. | 10 | Culture | | |
| 15. | 11 | Vaginal wash | Inject the fluid in the upper vagina and agitate slightly with the speculum, then draw the fluid with the syringe, and store it in a tube for examination for spermatozoa and DNA | |
| 16. | 12 | Rectal Examination | Make two slides for each swab, air-dry under shade and pack them with stained sides facing each other, and place them in the container. | |
| 17. | 13 | Oral swab | -do- | |
| 18. | 14 | Blood Collection | Collect blood for grouping *and DNA analysis in EDTA vial* (2 ml) and for alcohol and drugsin oxalate vial. | |
| 19. | 15 | Urine collection | Collect urine sample (5ml) in oxalate vial. | |

24. Referral/Advice:

_____

_____

_____

25. Opinion:

(1) Age of Survivor : _____

(2) Evidence of injury, if any : _____

_____

(3) Evidence of intercourse : _____

(4) Evidence of child sexual abuse : _____

(5) Investigations (Lab and Radiology) : _____

(6) Opinion after receiving Laboratory test reports : _____

Name of Examining Doctor : _____

Designation : _____

Name of Hospital/Center : _____

Signature of Examining Doctor : _____

Dated : _____

Summary of Steps of Examination:

Step 1 :: Consent

Step 2 :: History

Step 3 :: A. Clothing outer
B. Clothing inner
Step 4 :: Debris Collection (5 envelopes)
Step 5 :: Breast Swab
Step 6 :: Combing pubic hair
Step 7 :: Clipping of pubic hair
Step 8 :: Matted pubic hair
Step 9 :: A. Cervical mucus collection
B. Vaginal secretion collection
Step 10 :: Culture
Step 11 :: Washing from vagina
Step 12 :: Rectal Examination
Step 13 :: Oral Swab
Step 14 :: Blood collection (EDTA, Oxalate, Plain vials)
Step 15 :: Urine collection (Oxalate solution)

## FORM IV
## Medical Examination for Age Estimation

Medico Legal Report No. : _____ Dated : _____
FIR No. : _____ P.S. : _____
District : _____ Dated : _____

*(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. D/W of : _____
3. Address : _____
District : _____
Photograph (optional)
4. Date of birth : _____
Height : _____
Weight : _____
5. Age : _____
Sex : _____
Marital Status : _____
6. Occupation : _____
7. History of Allergies : _____
8. Current medications (if any) : _____
9. Accompanied by : _____
Relationship : _____
10. In case of female:
Name of female hospital attendant present : _____
Address : _____
11. Brought by (police) : _____
P.S. : _____
District : _____
12. Place of Examination : _____
Date & Time of arrival : _____

13. Date & Time of starting examination : _____
14. Date & Time of completing examination : _____
15. Consent *[not required in case of accused)* : _____

A chhan leh pawimawhna hre chungin, a tul dan ang anga doctor-ten min exam-a, min endik vek ka remti thlap e.

Name of Subject (or legal guardian *in case of minor/disabled):*
(capital letters)
Signature/Left thumb impression:
Date:

16. Marks of identification (1) _____
(2) _____

17. General Physical Examination:
(1) Height (cms) : _____
(2) Weight (Kgs) : _____
(3) Chest expansion (cms) : _____
(4) Abdominal circumference (cms) : _____
(5) Pulse : _____
(6) BP : _____

18. Secondary Sexual Characters' stage (Tanner stages):
Girls: (encircle the stage of development)
(1) Menarche age : _____
(Started/Not started/How many years before?)
(2) Pubic hair : _____
(3) Breast development : _____
(4) Axillaries hair : _____
(5) Acne : _____
(6) Any other important finding : _____

Boys: (encircle the stage of development)
(1) Pubic hair : _____
(2) Penis development Infantile/adult-like
(3) Axillary hair Brown/light ray/black/dark black
(4) Acne : _____
(5) Adam's apple not prominent/Prominent
(6) Hoarseness of voice absent/present
(7) Scrotum development: smooth surface/rough surface with rugosities
(8) Testis size: pearl-beads size/marble-ball size/pigeon's-egg size/hen's-egg size.
(9) Moustache : _____
(10) Beard : _____

19. Dentition:
Oral examination of teeth (done by clinical examination by noting tooth eruption and sequence of eruption)
# Temporary teeth
# Permanent teeth

# Space for third molar:
# Radiological examination of dentition (by Orthopantogram or AP, oblique tangential view of jaw with open mouth)
# Stage of crown and root development of molars (2nd and 3rd molar teeth)

20. Ossifications of Bones:

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

Inference of ossification findings in bones: _____
_____
_____
_____

21. Opinion:
After performing general physical, dental, and radiological examinations, we are of the considered opinion that the age of this person is between and years.

Signature:
(with date)

Forensic Expert/ Dental Surgeon Radiologist Lady Medical Officer
Orthopedician/ *(in case of female only)*
Physician/MO

Name:

Designation:

FORM-V
Investigating Officer's Letter
(Please fill in block letters)

To,

_____
_____

Sir,

You are requested to perform autopsy on the body of:

Name of the deceased : _____
Age : _____
Sex : _____
Marital Status : _____
Address : _____

Name and number of police officers accompanying the body:

1. Name : _____
   Rank/No. : _____
   P.S. : _____
2. Name : _____
   Rank/No. : _____
   P.S. : _____

Name and Address of relatives identifying the body with relationship to deceased:

1. _____
   _____
2. _____
   _____

Date and Time of incident : _____
Date and Time of death : _____

Please preserve the following:

1. Viscera
2. Clothes
3. Any other (specify):
4. Short history of the case : _____
   Signature of IO : _____
   Name : _____
   Rank : _____
   Police Station : _____

FORM-VI
POST-MORTEM EXAMINATION REPORT

Name of Institution/Center : _____
Post Mortem Report No. : _____
Date : _____
Name of the Doctor/Board of Doctors : _____
Date and Time of Inquest
(as per the Inquest Report) : _____
Date and Time of receipt of the body and
inquest papers for Autopsy : _____

Date and Time of Commencement of Autopsy : _____
Whence brought/Referral from : _____

A. CASE PARTICULARS:

1. (a) Name of Deceased : _____
   (b) Son/Daughter/Wife of : _____
   (c) Address : _____
2. Age : _____
   years : _____ (approx.)
   Sex: Male/Female;
   Marital Status : _____
3. Body brought by (Name and rank of police officers):
   (1) _____
   (2) _____
   of Police Station: _____
4. Identified by (Name and Address of relatives/acquaintances):
   (1) _____
   (2) _____
5. In case of unidentified dead bodies:
   Marks of Identification: (1) _____
   (2) _____
6. In case of hospital death - (particulars as per hospital records)
   Date and Time of Admission : _____
   Date and Time of Death : _____
   Hospital Registration No. : _____
7. Symptoms observed before death, if any : _____
8. In case of female:
   - Unmarried/Married : _____
   - Divorcee/Widow since : _____
   - Primigravida/Multipara : _____
   - No. of children : _____

B. General Description/Examination:

9. GENERAL
   (1) Length : _____ cms.
   (2) Physique: Well built/Average built/Poor built/Emaciated
   (3) Description of clothes/jewellery and other items worn on the body:

*(Note: Important areas be encircled on the clothing wherever possible and handed over to the police)*

10. Post-mortem Changes: As seen at Autopsy:
    ⇩ Whether rigor mortis present : _____
    ⇩ Post mortem staining : _____

11. (a) External general appearance:
    Pupils: Rt. : _____
    Lt. : _____
    Cornea: Rt. : _____
    Lt. : _____

© Natural Orifices: {Please note presence of blood, froth, etc. in the mouth, nose, ears (specify Rt. & Lt.), anus, vagina and urethra}

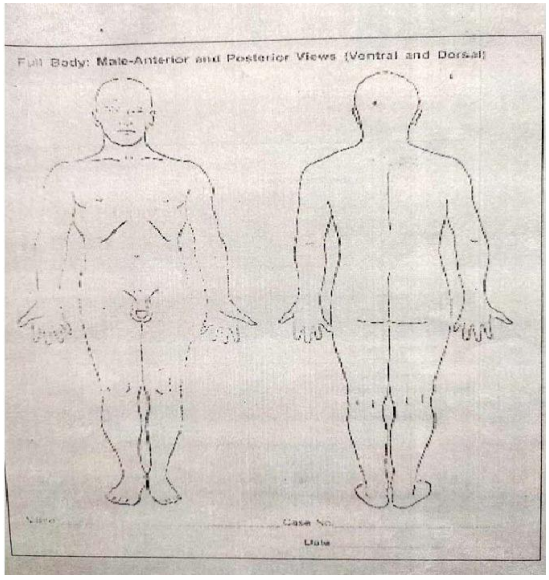
12. EXAMINATION OF EXTERNAL INJURIES:

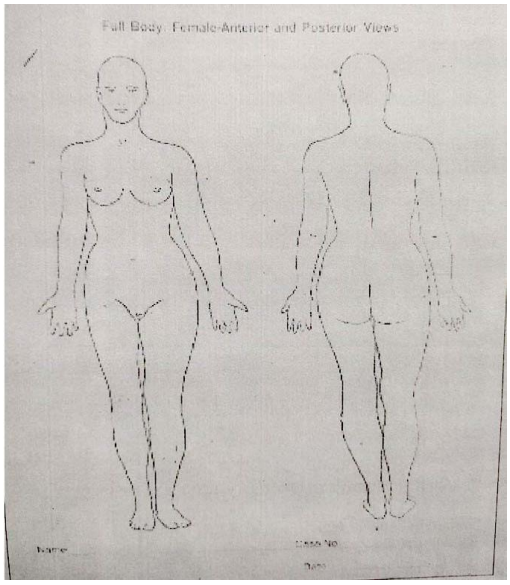
13. INTERNAL EXAMINATION

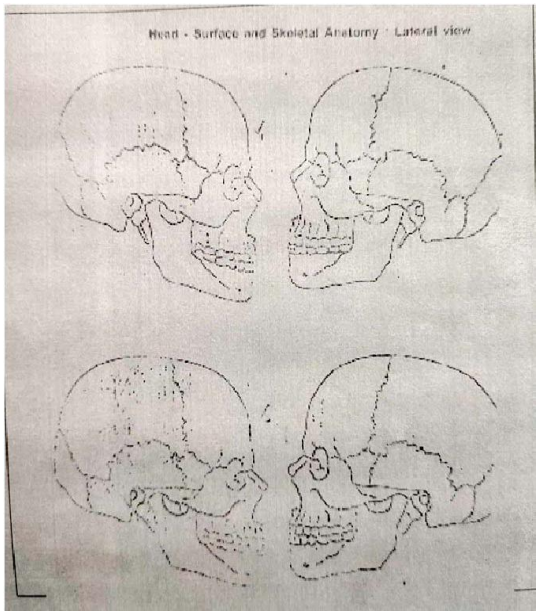
| Sl. No. | Component | Remarks: |
|---|---|---|
| 1. | Cranium & Spinal Cord (Brain must be exposed in every case. Spinal cord need not be examined except in case of injury to vertebral column or spinal cord) | |
| | (a) scalp | : _____ |
| | (b) Skull & Vertebrae | : _____ |
| | (c) Meninges & Vessels | : _____ |
| | (d) Brain | : _____ |
| | (e) Spinal Cord | : _____ |
| 2. | Mouth, Pharynx & Esophagus | : _____ |
| 3. | Neck: | |
| | (a) Ligature mark, if any | : _____ |
| | (b) Hyoid bone | : _____ |
| | (c) Condition of neck tissues: Thyroid: _____ _____ | |
| | (d) Larynx & Trachea | : _____ _____ |
| 4. | Thorax: | |
| | (a) Ribs/Sternum and chest wall, cartilages: _____ _____ | |
| | (b) Pleura/Pleural Cavity | : _____ |
| | (c) Lungs: Rt. | : _____ |
| | Lt. | : _____ |
| | (d) Pericardium | : _____ |
| | (e) Heart | : _____ |
| | Coronary Arteries: Rt. | : _____ |
| | Lt. | : _____ |
| | Atherosclerosis | : _____ _____ |
| | (f) Large Blood Vessels: Aorta, etc. Atherosclerosis | : _____ |
| 5. | Abdomen: | |
| | (a) Peritoneum | : _____ |
| | Retroperitoneum | : _____ |
| | (b) Stomach and its contents | : _____ |
| | (c) Small Intestine and its contents | : _____ |
| | (d) Large Intestine and its contents | : _____ |
| | (e) Liver and Gall Bladder | : _____ |
| | (f) Spleen | : _____ |
| | (g) Pancreas | : _____ |
| | (h) Kidneys: Rt. | : _____ |
| | Lt. | : _____ |
| | (i) Urinary Bladder | : _____ |

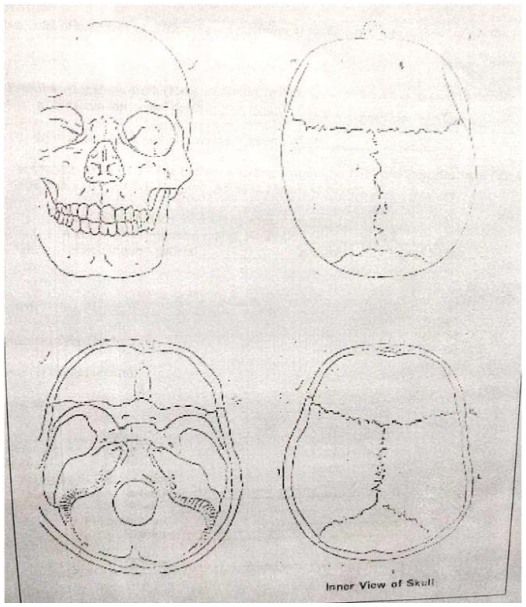
(j) Organs of Generation :
Testes (in males) :
Uterus (in females): *{empty or not}* :
Size :
Products of conception :
Ovaries: Rt. :
Lt. :

6. Muscles, Bones and Joints :
Injury :
Disease or Deformity :
Fracture :
Dislocation :



OPINION:

(i) Remarks of the Medical Officer/Board *(Opinion as to the cause and manner of death):*
(ii) Probable time since death (Keep all factors including observations at inquest in mind):
(a) Between injury and death: _____
(b) Between death and post mortem examination: _____

D. HANDED OVER:

To the Police including samples for FSL, and Department of Pathology, SRH, Falkawn (or, Civil Hospital, Aizawl). Details as below:

i. Duly stitched body after completing Autopsy.
ii. A copy of post mortem report, No.PME/_____dated _____
iii. Police Inquest papers_____ in number duly signed by me.
iv.
v.
vi.

| | | |
|---|---|---|
| Signature of the Doctor | : | _____ |
| Name (in capital letters) | : | _____ |
| Designation | : | _____ |
| Seal | : | _____ |
| Received by | : | _____ |
| Signature of Police Officer | : | _____ |
| Name (in capital letters) | : | _____ |
| Rank | : | _____ |
| Police Station | : | _____ |
| District | : | _____ |
| Dated | : | _____ |

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Form – VII

Passport zies photo of the donor attested by Medical officer with Stamp

GOVERNMENT OF MIZORAM
DIRECTORATE OF FORENSIC SCIENCE LABORATORY
MIZORAM NEW CAPITAL COMPLEX, KHATLA
MIZORAM AIZAWL-796001

BLOOD SAMPLE AUTHENTICATION FORM (For DNA Profiling)

I. Particulars of Donor

(a) Name (in block letters) : _____
(b) Father/Husband/Guardian's Name : _____
(c) Address : _____
_____
(d) Sex : _____
Date of Birth : _____
(e) Medical History : _____
Normal : _____
Chronic Disease : _____
Genetic Disorder : _____
Organ Transplantation if any : _____
Blood transfusion if any
(in past three months) : _____

II. Case details:

P/S : _____
C/No : _____
Date : _____
U/S : _____

III. Declaration by donor/Guardian:

I_____son/daughter/wife guardian of_____ hereby declare that the blood sample is being collected with my consent for DNA Profiling and acknowledge the above information be true.

(Signature/Right thumb impression of Donor/Guardian) : _____
Name : _____
Date : _____

IV. Nature of sample:

(a) Liquid blood/blood stain : _____
(b) Date of collection : _____
(c) Volume : _____
Collected by : _____

Seal impression in Sealing Wax

Signature of authorized medical officer
Name and designation with Seal

V. Collection Procedure witnessed by:

| | | | |
|---|---|---|---|
| Signature | : _____ | signature | : _____ |
| Name of Witness 1 | : _____ | Name of Witness 2 | : _____ |
| | : _____ | | : _____ |
| Address | : _____ | Address | : _____ |
| | : _____ | | : _____ |

FOR OFFICE USE

Case No. FSL_____/DNA/_____Date of receipt_____
Exhibit No: _____

*Sample Collection:* ..... Preferably 2ml. of blood should be collected as Control Biological Specimen in sterilized tubes using EDTA as anticoagulant. The tubes should be preserved in ice container for transport. Alternatively, blood sample may be dried on clean sterilized gauze/FTA Card and sealed in paper envelope.

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