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**NOTE:** When revised, chapter numbers will be listed in this table as they appear on the effective date, with former chapter numbers shown in parentheses.
INTRODUCTION

The Texas Department of Public Safety Crime Laboratory Service Manual is written containing statements of compliance (e.g., technical specifications are approved) as opposed to directives (e.g., technical specifications shall or must be approved). However, it is the expectation that all statements of conformance are followed as written regardless of verb tense.


Part II: Laboratory Customer Handbook contains information, customer submission guidelines, and policies associated with the services offered by the Laboratory.

Part III: Personnel prescribes policies, procedures, and information related to the expectations and requirements of Laboratory personnel.

Part IV: Laboratory Operations is comprised of policies and procedures associated with daily Laboratory operations.

Part V: Quality Assurance covers policies, procedures, and information related to the Laboratory quality and management system.

1 Scope (Standard 1 – 17025:2017; ANAB AR 3125)

This manual specifies the general requirements for competence, impartiality, and consistent operation of testing, calibration, and reference material production laboratories within the Crime Laboratory Service, hereafter referred to as the Laboratory, and serves as the quality manual in accordance with ISO/IEC 17025.

1.1 Statement of Quality Policy

A. The Laboratory is responsible for providing professional, unbiased scientific analysis of evidentiary material and individual characteristic database samples, as well as breath alcohol testing equipment, training, calibration services, and reference material production upon the request of its customers, the criminal justice agencies of the State of Texas by statutory obligation and Federal partners.

B. The Laboratory is committed to providing an impartial, defect-free service to all customers through:

1. Providing quality expert forensic laboratory testing and testimony, database sample testing, and breath alcohol testing technical supervision, calibration services, and reference material production;
2. Continually improving the effectiveness and efficiency of the services provided;
3.Demanding excellence through quality workmanship from all employees;
4. Remaining free of bias and maintaining unfailing personal integrity by following standards of good professional and ethical practice including those outlined in the Laboratory Code of Ethics;
5. Ensuring commercial, financial, or other pressures do not compromise impartiality;
6. Maintaining a quality assurance system that supports and preserves the integrity and scientific validity of services provided;
7. Ensuring conformance of Laboratory policies and practices with international accreditation standards, FBI Quality Assurance Standards for Forensic DNA Testing Laboratories, and the FBI Quality Assurance Standards for DNA Databasing Laboratories; and
8. Maintaining accreditation.

C. Strategic goals and objectives of the Laboratory include, but are not limited to:
   1. Issuance of timely and accurate testing reports and/or calibration certificates, including the release of sexual assault kit testing reports within 90 days of submission;
   2. Improvement of the management of Laboratory records, information, and access to statistical data;
   3. Maintenance of a high level of quality control for Laboratory operations;
   4. Enhancement and encouragement of the use of contemporary, progressive scientific capabilities for testing and calibration services;
   5. Utilize the principles of lean manufacturing for standardization of operations across the Laboratory System;
   6. Improvement of the cost effectiveness of operations;
   7. Administration of the Texas Breath Alcohol Testing Regulations;
   8. Administration of the Texas CODIS Program; and

D. Strategic measures of the Laboratory include, but are not limited to:
   1. Number of breath alcohol tests supervised;
   2. Average cost of supervising a breath alcohol test;
   3. Average cost of completing a Biology/DNA case (request);
   4. Number of Seized Drug cases (requests) completed;
   5. Number of Biology/DNA cases (requests) completed;
   6. Number of offender DNA profiles completed;
   7. Percentage of reporting accuracy;
   8. Percentage of backlogged cases;
   9. Number of Toxicology (Alcohol/Volatiles and/or Drugs) cases (requests) completed;
   10. Percentage of Toxicology (Alcohol/Volatiles) cases (requests) processed within 30 (thirty) days;
   11. Percentage of Seized Drug evidence processed within 30 (thirty) days; and
   12. Percentage of Biology/DNA evidence processed within 90 (ninety) days.

E. The Laboratory has developed and implemented a quality management system, as set forth in this document, which incorporates the policies and procedures necessary to meet these commitments. Operations performed in the Laboratory’s permanent facilities and at sites away from its permanent facilities will conform to the practices described herein.

F. All Laboratory personnel are familiar with this document and its subordinate documents and implement the policies and procedures in their work.
2 Normative References (Standard 2 – 17025; ANAB AR 3125)
The latest edition of the referenced document (including any amendments) applies once effective.
ANAB AR 2258 ISO/IEC 17034 – Reference Material Producers
ANAB MA 2100 – Accreditation Manual for Laboratory-Related Activities (Non-Forensics)
ANAB MA 3033 – Accreditation Manual for Forensic Service Providers
ANAB PR 1018 Policy on the Use of ANAB Accreditation Symbols and Claims of Accreditation Status
FBI National DNA Index System (NDIS) Operational Procedures Manual
FBI Quality Assurance Standards for DNA Databasing Laboratories
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories
ISO/IEC 17025:2017 – General requirements for the competence of testing and calibration laboratories
ISO/IEC 17034:2016 – General requirements for the competence of reference material producers
Texas Administrative Code
   Title 37 Part 1 Chapter 13 Subchapter G – Forfeiture and Destruction
   Title 37 Part 1 Chapter 19 Subchapter A – Breath Alcohol Testing Regulations
   Title 37 Part 1 Chapter 28 Subchapter B Rule §28.24 – DNA Records Access
   Title 37 Part 15 Chapter 651 Subchapter C – Forensic Analyst Licensing Program
   Title 37 Part 15 Chapter 651 Subchapter C Rule §651.219 – Code of Professional Responsibility
Texas Agriculture Code
   Title 5 Subtitle F Chapter 121 §121.001 – Definition [Hemp]
   Title 5 Subtitle F Chapter 122 Subchapter B §122.053 – Inspections
Texas Attorney General Open Records Decisions
   Decision No. 555 (1990)
   Decision No. 563 (1990)
   Decision No. 664 (2000)
Decision No. 668 (2000)
Decision No. 682 (2005)
Decision No. 684 (2009)

Texas Attorney General Open Records Letter Rulings
  Ruling No. OR2001-2047 (2001)
  Ruling No. OR2011-06624 (2011)
  Ruling No. OR2011-15545 (2011)

Texas Business and Commerce Code
  Title 11 Subtitle B Chapter 521 – Unauthorized Use of Identifying Information

Texas Code of Criminal Procedure
  Title 1 Chapter 38 Article 38.01 – Texas Forensic Science Commission
  Title 1 Chapter 38 Article 38.076 – Testimony of Forensic Analyst by Video Teleconference
  Title 1 Chapter 38 Article 38.43 – Evidence Containing Biological Material
  Title 1 Chapter 38 Article 38.50 – Retention and Preservation of Toxicological Evidence of
  Certain Intoxication Offenses
  Title 1 Chapter 39 Article 39.14 – Discovery
  Title 1 Chapter 42A Article 42A.301 – Basic Discretionary Conditions
  Title 1 Chapter 55 Article 55.03 – Effect of Expunction
  Title 1 Chapter 55 Article 55.04 – Violation of Expunction Order
  Title 1 Chapter 56 Article 56.02 – Crime Victims’ Rights
  Title 1 Chapter 56 Article 56.021 – Rights of Victim of Sexual Assault or Abuse, Stalking, or
  Trafficking
  Title 1 Chapter 56 Article 56.06 – Forensic Medical Examination for Sexual Assault Victim
  Who Has Reported Assault; Costs
  Title 1 Chapter 56 Article 56.065 – Medical Examination for Sexual Assault Victim Who Has
  Not Reported Assault; Costs

Texas Department of Public Safety General Manual

Texas Government Code
  Title 4 Subtitle B Chapter 411 Subchapter A §411.002 – Establishes the Department of
  Public Safety of the State of Texas
  Title 4 Subtitle B Chapter 411 Subchapter A §411.007 – Officers and Employees of the
  Department of Public Safety
  Title 4 Subtitle B Chapter 411 Subchapter A §411.014 – Buildings and Equipment
  Title 4 Subtitle B Chapter 411 Subchapter A §411.0195 – Public Complaints
Title 4 Subtitle B Chapter 411 Subchapter D §411.053 – Preservation of Evidence Containing Biological Material

Title 4 Subtitle B Chapter 411 Subchapter G – DNA Database System

Title 4 Subtitle B Chapter 420 Subchapter B §420.034 – Sexual Assault Evidence Tracking Program

Title 4 Subtitle B Chapter 420 Subchapter B-1 §420.042 – Analysis of Sexual Assault Evidence

Title 4 Subtitle B Chapter 420 Subchapter B-1 §420.043 – Database Comparison Required

Title 5 Subtitle A Chapter 552 – Public Information

Title 5 Subtitle A Chapter 552 Subchapter B §552.023 – Special Right of Access to Confidential Information

Title 5 Subtitle A Chapter 552 Subchapter C §552.101 – Exception: Confidential Information

Title 5 Subtitle A Chapter 560 – Biometric Identifier

Texas Health and Safety Code

Title 6 Subtitle C Chapter 481 – Texas Controlled Substances Act

Texas Legislative Bills and Resolutions


H.B. 979, Relating to the creation of DNA records for certain defendants for inclusion in the DNA database system, 86th Reg. Sess. (Tex. 2019)

H.B. 1325, Relating to the production and regulation of hemp; requiring occupational licenses; authorizing fees; creating criminal offenses; providing civil and administrative penalties, 86th Reg. Sess. (Tex. 2019)

H.B. 1399, Relating to the creation and storage of DNA records for a person arrested for certain felony offenses, 86th Reg. Sess. (Tex. 2019)

H.B. 2626, Relating to the forensic medical examination of a sexual assault victim who has not reported the assault to a law enforcement agency, 81st Reg. Sess. (Tex. 2009)


S.B. 20, Relating to state agency contracting, 84th Reg. Sess. (Tex. 2015)

S.B. 1292, Relating to DNA testing of biological evidence in certain capital cases, 83rd Reg. Sess. (Tex. 2013)

S.B. 1636, Relating to the collection, analysis, and preservation of sexual assault or DNA evidence, 82nd Reg. Sess. (Tex. 2011)
Texas Penal Code
   Title 7 Chapter 32 Subchapter D §32.51 – Fraudulent Use or Possession of Identifying Information
   Title 8 Chapter 37 – Perjury and Other Falsification
   Title 10 Chapter 49 – Intoxication and Alcoholic Beverage Offenses

Texas Rules of Evidence
   Article IX Rule 902 – Evidence That Is Self-Authenticating

Texas Transportation Code
   Title 7 Subtitle J Chapter 724 – Implied Consent

United States Code
   Title 26 Chapter 53 Subchapter B §5845 – Definitions
### 3 Terms and Definitions (Standard 3 – 17025; ANAB AR 3125)

#### 3.1 Abbreviations

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<td>AFIS</td>
<td>Automated Fingerprint Identification System</td>
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<td>ANAB</td>
<td>ANSI-National Accreditation Board</td>
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<td>ANSI</td>
<td>American National Standards Institute</td>
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<td>APAC MRA</td>
<td>Asia Pacific Accreditation Cooperation Mutual Recognition Arrangement</td>
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<td>ASCLD/LAB</td>
<td>American Society of Crime Laboratory Directors/Laboratory Accreditation Board</td>
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<td>ASQM</td>
<td>Assistant System Quality Manager</td>
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<td>BA</td>
<td>Blood Alcohol (Toxicology (Alcohol/Volatiles))</td>
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<td>BAL</td>
<td>Breath Alcohol Laboratory</td>
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<td>BIPM</td>
<td>International Bureau of Weights and Measures</td>
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<td>CCP</td>
<td>Code of Criminal Procedure</td>
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<td>CIPM</td>
<td>International Committee for Weights and Measures</td>
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<td>COBRA</td>
<td>Computerized Online BReath Archive</td>
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<td>CODIS</td>
<td>COmbined DNA Index System</td>
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<td>CRM</td>
<td>Certified Reference Material</td>
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<td>DEA</td>
<td>Drug Enforcement Administration</td>
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<td>DIMS</td>
<td>Digital Information Management System</td>
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<td>DM</td>
<td>Digital/Multimedia (formerly Digital and Multimedia Evidence or DME)</td>
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<td>EPA</td>
<td>Environmental Protection Agency</td>
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<td>FBI</td>
<td>Federal Bureau of Investigation</td>
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<td>FDE</td>
<td>Forensic Document Examination (formerly Questioned Documents or QD)</td>
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<td>FEPAC</td>
<td>Forensic Science Education Programs Accreditation Commission</td>
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<td>FR</td>
<td>Friction Ridge (formerly Latent Prints or LP)</td>
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<td>FTM</td>
<td>Firearms &amp; Toolmarks</td>
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<td>HSC</td>
<td>Health and Safety Code</td>
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<td>IAAC MLA</td>
<td>Inter American Accreditation Cooperation Multi Lateral Recognition Arrangement</td>
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<td>ISO</td>
<td>International Organization for Standardization</td>
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<td>KCDB</td>
<td>Key Comparison Database (from BIPM)</td>
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<td>LIMS</td>
<td>Laboratory Information Management System</td>
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<td>LM</td>
<td>Laboratory Manager</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MSS</td>
<td>Management System Survey</td>
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<td>NDIS</td>
<td>National DNA Index System</td>
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3.2 Terms and Definitions

Terms in bold are defined in ISO/IEC 17025:2017 or ANAB AR 3125.

Administrative Records – Records, whether electronic or hardcopy, that do not constitute data or information resulting from testing or calibration, including but not limited to: communication, correspondence, receipts of test/calibration items, associated chain of custody records, incident reports, service requests (e.g., laboratory submission form), and all court-related records (e.g., subpoenas, affidavits, court orders, motions, etc.).

Administrative Review – A review of records that addresses compliance with laboratory policy and editorial correctness.

Agency Item Number – The identifying number applied to the container or evidence by the customer; may also be inferred from the Laboratory Submission Form.

Annually – Once per calendar year.

RMP – Random Match Probability, when used by the Biology/DNA discipline
Assessment Test File – A record containing all technical and administrative documents associated with a proficiency test, interlaboratory comparison, or intralaboratory comparison. (Note re-examinations of evidence create additional case records that are not considered to be part of the assessment test file.)

Association – A determination that a relationship exists between individuals and/or objects. (Standard 3.10 – ANAB AR 3125)

Audit – A systemic, independent, documented process for obtaining records, statements of fact or other relevant information and assessing them objectively to determine the extent to which specified requirements are fulfilled (ISO/IEC 17000:2004). (Standard 3.11 – ANAB AR 3125)

Biological Evidence – Any evidence containing biological material.

Biological Material – Hair, tissue, bones, teeth, blood, semen, or other bodily fluids.

Breath Alcohol Measuring Instrument – An instrument that measures the concentration of alcohol in an exhaled sample of human breath.

Bulk Evidence Exhibit – Excessively large or bulky evidence items that cannot be sealed inside of another container (e.g., cars, mattresses, bundles, bales, etc.).

Calibration – An operation that, under specified conditions, establishes a relation between the quantity values and corresponding indications.

Calibration Record – Administrative and technical records generated or received by the Laboratory pertaining to a particular calibration item.

Case Record (or CODIS Record, Breath Alcohol Calibration Record) – The totality of administrative records, technical records, and Laboratory reports, letters, and certificates as related to a Laboratory case, CODIS sample, or Breath Alcohol calibration; raw electronic instrumental (equipment) data and non-LIMS related analytical software data are not considered part of the applicable record.

Certified Reference Material (CRM) – Reference material, characterized by a metrologically valid procedure for one or more specified properties, accompanied by a reference material certificate that provides the value of the specified property, its associated uncertainty, and a statement of metrological traceability (ISO Guide 30:2015, modified). The concept of value includes a nominal property or a qualitative attribute such as identity or sequence. Uncertainties for such attributes may be expressed as probabilities or levels of confidence. (Standard 3.12 – ANAB AR 3125)

Chain of Custody – The chronological documentation that records the sequence of custody, control, transfer, and disposition of physical or electronic evidence.

Combined DNA Index System – Generic term used to describe the FBI’s program of support for criminal justice DNA databases as well as the software used to run these databases.

Competency Samples – Samples used in a competency test which reflect the range of samples typically encountered in testing or calibration work; the identity of the competency samples is unknown to the individual under evaluation.

Competency Test – The evaluation of a person’s knowledge, skills, and/or ability to perform work. (Standard 3.13 – ANAB AR 3125)

Competent – Possessing the requisite knowledge, skills, and abilities to perform a job or task.

Complaint – Expression of dissatisfaction by any person or organization to a laboratory, relating to the activities or results of that laboratory, where a response is expected. (Standard 3.2 – 17025)
Completion Date of Calibration – The date on which the last analysis of the calibration procedure is performed.

Completion Date of Database Laboratory Samples – The date of CODIS Confirmation as defined in STaCS for the databasing laboratory; a new CODIS Confirmed date occurs when additional analysis is performed on the sample.

Completion Date of Examinations – The draft complete date in JusticeTrax for forensic testing labs; a new draft complete date occurs when additional examinations or revisions are required by technical and/or administrative reviewers.

Completion Date of Match Verifications – The date of Retest Completed On as defined in the Match Tracking module in STaCS for the databasing laboratory.

Confidential Information – Information that must be protected from unauthorized disclosure or public release based on state or federal law or other legal agreement.

Continuing Education – Training that occurs after the completion of the formal training program.

**Contract** – The agreement between the forensic service provider and customer; a fee for service is not required. *(Standard 3.14 – ANAB AR 3125)*

Control – A test performed to demonstrate that a test method works correctly and to ensure that data are valid; positive controls demonstrate that the procedure will produce the expected result while negative controls demonstrate that the procedure does not produce an unintended result.

Controlled Document – A document that is tracked and made available in such a manner that the most current authorized policies and/or procedures are used.

Controlled Substance – A substance, including a drug and an immediate precursor, listed in the penalty groups in the Texas Health and Safety Code.

Conveyance Container (or Conveyance Material) – Container or material used to facilitate the secure transfer or transit of evidence containers, provided that it is not determined to be the submitted evidence container (e.g., shipping containers for interlaboratory transfers).

Correction – A measure taken that addresses the most obvious problem to resolve a nonconformity.

Corrective Action – Any action(s) or measure(s) taken to eliminate the root cause(s) of an existing nonconformance, deficiency, or other unacceptable condition in order to prevent recurrence.

Corrected Report (or Amended Report) – A report issued due to a change in report contents which replaces the previously issued report.

Crime Scene – An area, object, or person, generally external to a Laboratory facility, from which evidence is identified, recorded, collected, and/or interpreted.

**Customer** (or Client) – A person or organization that could or does receive a product or a service that is intended for or required by this person or organization; may be internal or external to the forensic service provider. *(Standard 3.15 – ANAB AR 3125)*

Customer Survey – Documented feedback from a customer to evaluate if the Laboratory is meeting needs and expectations.

**Decision Rule** – Rule that describes how measurement uncertainty is accounted for when stating conformity with a specified requirement. *(Standard 3.7 – 17025)*

Deficiency – A condition or situation detrimental or potentially detrimental to quality.

Department – The Texas Department of Public Safety.
Digital Information Management System (DIMS) – The approved database for storage and retrieval of evidentiary digital images, assuring image integrity through secure handling and history tracking, and providing the capability for advanced imaging processes while the original asset remains unaltered on the system (e.g., FORAY’s Authenticated Digital Asset Management System).

**Director** – The highest ranking manager. *(Standard 3.16 – ANAB AR 3125)*

**Discipline** – A major area of activity in forensic science. *(Standard 3.17 – ANAB AR 3125)*

**Discovery Order** – A court document signed by a judge ordering compliance with specified instructions.

**Document (or Record)** – Information in any medium including, but not limited to paper copy, computer disk or tape, audio or videotape, photograph, overhead, or photographic slide.

**Document Control** – The process of ensuring that documents which prescribe quality-affecting activities or specify quality requirements (controlled documents) are reviewed for adequacy, revised as necessary, approved for release by authorized personnel, tracked and distributed for use by personnel performing the prescribed activities.

**Documentation Photograph** – Photographs used as a substitute for written notes; not considered to be evidence.

**Evidence Custodian** – Any authorized individual who takes possession of, handles, receives, files, or returns evidence.

**Evidence Exhibit** – Any tangible object or substance that is examined or screened as part of casework. Evidence exhibits can include a group of evidence when they are contained in the same proximal container.

**Evidence Storage Area (or Evidence Storage Location)** – A secure location, with limited access, arranged such that evidence is protected and readily located.

**Evidence Technician (or Laboratory Specialist)** – Individual whose primary responsibility is evidence handling and control.

**Evidentiary Photograph (or Evidentiary Image)** – A photograph or image designated to represent the evidence when evidence can only be recorded, collected, or preserved by photography.

**Examination Verification** – The procedure used to evaluate the validity of a test result/opinion reached by re-performing the comparison between the unknown and the known.

**Excess Quantity** – Any seized drugs in excess of 250 g of plant material, 1 kg of bulk dry evidence, such as powder, 500 mL of bulk liquid evidence, such as chemical precursor or liquid seized drugs, or 200 dosage or abuse units of other items; refer to Health and Safety Code §481.160.

**Excess Quantity Exemplar** – An example of the submitted material which meets or exceeds the defined criteria for excess quantity as one complete package unit.

**Excess Quantity Samples** – At least five random and representative samples of any seized drugs determined to be excess quantity where applicable; refer to Health and Safety Code §481.160.

**Expunction Order** – An order to delete or redact, as appropriate, from public records all index references to the records and files that are subject to the expunction order.

**Form** – A document used to facilitate the completion of specific tasks for compliance and complete documentation.
Good Laboratory Practice – The organizational process, conditions, and operating procedures under which laboratory analyses are planned, performed, monitored, recorded, and reported in order to maintain the quality and integrity of the work product.

Gross Inventory Weight – The gross weight of the sealed container of the excess quantity seized drugs exemplar (the storage weight); excess quantity exemplars and samples may be stored in the same container and included in the gross inventory weight.

Gross Weight – Term used primarily in the Seized Drugs discipline to describe the weight of evidence including the weight of the primary containers that are in contact with the evidence.

Impartiality – Presence of objectivity. (Standard 3.1 – 17025)

Individual Characteristic Database – A computerized, searchable collection of features, generated from samples of known origin from which individual characteristic information originates (e.g., DNA profiles, friction ridge data, or firearm bullet/cartridge case images). (Standard 3.18 – ANAB AR 3125)

Interlaboratory Comparison – Organization, performance, and evaluation of measurements or tests on the same or similar items by two or more laboratories in accordance with predetermined conditions. (Standard 3.3 – 17025)

Intralaboratory Comparison – Organization, performance, and evaluation of measurements or tests on the same or similar items within the same laboratory, in accordance with predetermined conditions. (Standard 3.4 – 17025)

Intermediate Container – Any interior container.

International Organization for Standardization – A non-governmental international organization which develops and publishes International Standards.

Laboratory – Body that performs one or more of the following activities: calibration, testing, or sampling associated with subsequent calibration or testing. (Standard 3.6 – 17025)

Laboratory Activity – Any activity that involves testing, calibration, or sampling.

Laboratory Container – Any new properly sealed container provided and sealed by the Laboratory and added to LIMS.

Laboratory Information Management System (LIMS) – Approved database(s) for collection, recording, reporting, and storage of data. Current LIMS include JusticeTrax (casework), STaCS (CODIS) and COBRA (Breath Test). Casework-related LIMS include chain of custody tracking; legacy LIMS no longer in use include DRAGNet (data fully migrated into JusticeTrax) and Black Mamba (data still available).

Laboratory Testing Report – Record of the Laboratory testing and results.

Limited Access – Areas restricted to authorized personnel or to persons escorted by authorized personnel.

LIMS Item Number (or LIMS Number) – The Laboratory item number automatically generated by the LIMS to evidence containers and evidence exhibits for purposes of tracking and identification.

LIMS Kit – A collection of evidence and descriptions defined within the LIMS that are automatically assigned (e.g., Sexual Assault Kit or Alcohol/Toxicology Kit).
Maintenance – 1) Preventive Maintenance refers to planned actions taken to ensure equipment continues to meet performance specifications and proper working condition; 2) Corrective Maintenance is performed on equipment that is out of tolerance to restore them to proper working condition.

Management – Executive administrators including Supervisors, Laboratory Managers, Quality Managers, Program Coordinators, Program Managers, Quality Assurance Specialists, Assistant System Quality Managers, System Quality Manager, Assistant Laboratory Directors, and the Laboratory Director.

Manual – A compilation of controlled documents related to a specific discipline or type of documents, such as the Crime Laboratory Service Manual, LIMS Manual, Safety Manual, discipline procedure manuals, training manuals, etc.

Match Verification Letter – Record of the Laboratory testing and results of this process in CODIS; not considering a testing report.

May – An option.

Measurement Standard – A material or substance accompanied by a certificate that establishes traceability to an accurate realization of the unit in which the property values are expressed; each certified value is accompanied by an uncertainty at a stated level of confidence.

Module – A component within a training unit for a general topic or a relevant testing procedure that describes specific objectives, knowledge, skills, and abilities necessary for training.

Motion for Discovery – A petition filed with the court for the release of information or physical evidence; may include additional specific, detailed requests and does not compel the laboratory to release records. Usually presented before the signed court order to establish if there will be any issues with what is proposed to be ordered.

Must – A requirement.

Net Weight – A term used primarily in the Seized Drugs discipline to indicate the weight to which the reported conclusion is applied; the weight of the evidentiary item not including any packaging.

Nonconformance (or Nonconforming Work) – When one or more characteristic(s) or condition(s) are observed that do not conform to required specifications in a standard, procedure, or policy.

Non-Routine Process – A process that is not performed on a regular basis that may include examination of unusual evidence.

Organization of Scientific Area Committees (OSAC) for Forensic Science – A NIST-administered effort dedicated to identifying and developing technically sound, consensus-based documentary standards and guidelines for forensic science.

Out of Service – Term to describe equipment that cannot be used for routine work because it is out of calibration, does not pass a performance check after troubleshooting and correction, gives questionable results, or is non-functional.

Outermost Evidence Container – A submitted evidence container, laboratory container, or interior container that is being transferred.

Parent Organization – The Texas Department of Public Safety; also referred to as the Department.

Parent Container – Any container on which a LIMS item number has been assigned and any container or evidence exhibit itemized from it inherits the LIMS item number; the parent container chain of custody is inherited until the container or evidence exhibit is separated.
Performance Check – A check typically performed on a routine or scheduled basis to confirm that equipment, reagents, or procedures are performing within specifications as defined by applicable discipline or regional laboratory procedures; the frequency and scope of a performance check should be determined using a risk-based approach and is a valuable tool in monitoring the validity of results and reliability of equipment.

Performance Verification – An in-depth process for verifying acceptable performance (i.e., meeting and maintaining prescribed conditions) of equipment, reagents, or procedures; performed prior to equipment being initially placed or returned into service after an equipment out of service event by assigned and authorized personnel.

Personally Identifiable Information (or Personal Identifying Information) – As defined by Texas Business and Commerce Code §521.002, means information that alone or in conjunction with other information identifies an individual, including an individual's a) name; b) social security number; c) date of birth; d) government-issued identification number; e) mother’s maiden name; f) unique biometric data (e.g., fingerprint, voiceprint, retina image, DNA); g) unique electronic identification number, address, routing code, or financial institution account number; and h) telecommunication identifying information or access device as defined by Texas Penal Code §32.51.

Preventive Action – Proactive action(s) or measure(s) taken to prevent possible problems or potential nonconformities, prevent the recurrence of problems, manage risk, and identify opportunities for improvement.

Proficiency Review Committee – A discipline-specific committee that evaluates proficiency test results and compliance with accreditation requirements for proficiency testing.

Proficiency Testing – Evaluation of participant performance against pre-established criteria by means of interlaboratory comparisons. (Standard 3.5 – 17025)

Proficient – Satisfactory completion of a proficiency test, interlaboratory comparison, or intralaboratory comparison within the last required testing period.

Program Records – Records that are not on the state-mandated list of retention records and determined to be necessary by the Department; cannot be destroyed unless a request is submitted to the Texas State Library and Archives Commission.

Proper Seal – A seal that prevents loss, cross transfer, or contamination while ensuring that attempted entry into the container is detectable; may include a heat seal, tamper-evident tape seal, or a lock. The handwritten initials or other identification of the person who created the seal and date are visible on the seal.

Proximal Container – The interior container that immediately surrounds or encloses the evidence exhibit; for large exhibits, a covering which directly protects forensically significant areas of the evidence.

Public Information Request (or Open Records Request) – A request for records made under Texas Government Code Chapter 552.

Qualified – An individual who meets the requirements for the position, has successfully completed the laboratory’s applicable training requirements, and is authorized to perform a specific task or role.

Quality Action Plan – The documentation related to a nonconformance regarding associated corrective action(s) and preventive measure(s) as applicable.

Quality Assurance – The planned or systematic actions necessary to provide adequate confidence that the results from Laboratory analyses and testing satisfy given requirements for quality.
Quality Control – The day-to-day operational techniques and activities used by the Laboratory to consistently provide accurate results that fulfill the requirements for quality.

Quality Incident – An event or observation which may be related to a nonconformance.

Quality Record – A record associated with the quality system which may include a Quality Incident or Quality Action Plan.

Quality System – An operational plan defined by the Laboratory’s organizational structure, responsibilities, procedures, processes, and resources.

Reagent – A substance used because of its known chemical or biology activity. (Standard 3.19 – ANAB AR 3125)

Record (or Record Copy) – A document that provides evidence of a condition, work performed, activities conducted, and/or quality for archival purposes; the document which is kept on file as an original or official record for its retention period.

Records Series – A group of identical or related records that are normally used and/or filed together and has the same retention period (e.g., car books, case files, equipment logs, etc.).

Re-examination – A quality assurance technique whereby a previously analyzed sample is analyzed by a different individual.

Reference Collection – Data or materials of known origin or property, which are maintained for identification, comparison, or interpretation purposes (e.g., mass spectra, motor vehicle paints, wood fragments, firearms, or ammunition). (Standard 3.20 – ANAB AR 3125)

Reference Material (RM) – Material, sufficiently homogeneous and stable with respect to one or more specified properties, which has been established to be fit for its intended use in a measurement process (ISO Guide 30:2015). (Standard 3.21 – ANAB AR 3125)

Reference Material Producer (RMP) – Body (organization or company, public or private) that is fully responsible for project planning and management; assignment of, and decision on property values and relevant uncertainties; authorization of property values; and issuance of a reference material certificate or other statements for the reference material it produces (ISO 17034:2016). (Standard 3.22 – ANAB AR 3125)

Reference Standard – A measurement standard designated for the calibration of other measurement standards for quantities of a given kind in a given organization or at a given location (JCGM 200:2012). (Standard 3.23 – ANAB AR 3125)

Regional Laboratory Document – Policy, procedure, instruction, or form authored by the regional laboratory and authorized by the Laboratory Director to apply only to activities at that location; may include instrument instructions, security plans, etc.

Relevant Testing Procedure – A specific type of analysis within an accredited discipline of forensic science; previously sub-discipline or category of testing.

Request – The process utilized by a customer when seeking services from the forensic service provider. (Standard 3.24 – ANAB AR 3125)

Retention Period – The period of time that state records must be maintained before destruction or archival preservation.

Risk – A threat of damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities and that may be avoided or mitigated through preemptive action.
Root Cause Analysis (RCA) – A thorough evaluation performed to identify the underlying cause(s) of an incident so that the most effective measure(s) or corrective action(s) can be identified and implemented to eliminate a nonconformance or condition.

Routine Process – A process that is performed on a regular basis.

Sample – Portion drawn from a whole or population for the purpose of examination/testing, not necessarily representative of the whole (ISO 21043-1:2018).

Sample Selection – A practice of selecting items to test, or portions of items to test, based on training, experience and competence; in sample selection, there is no assumption about homogeneity.

Sampling – Selection of a sample for testing, according to a procedure (ISO/IEC 17000, modified). The approach to sampling can be either non-statistical or statistical. (Standard 3.25 – ANAB AR 3125)

Sampling Method – The method used to collect a sample or samples from the larger whole, to ensure that the result obtained in the analysis is representative of the whole.

Sampling Plan – A statistically valid approach to determine the number of sub-items that must be tested in order to make an inference about the whole population.

Satisfactory – A term used with regard to evaluation of a proficiency test, interlaboratory comparison, or intralaboratory comparison to indicate confirmation of the requirements.

Sealed – Items which are received that require cutting or tearing the package to gain access to the evidence; used to describe an evidence package that is secured to prevent and detect access.

Service – Short for Crime Laboratory Service.

Shall – A requirement. (ANAB AR 3125)

Should – A recommendation. (ANAB AR 3125)

Significant Equipment – Equipment which can influence results.

Significant Event – Events that could indicate the existence of negligence or misconduct such that the integrity of the forensic examination, the individual forensic examiner, or the Laboratory as a whole would be called into question; such events require disclosure within 30 days to the accrediting bodies.

Signature (or Initials) – An identifying mark of an individual through a means that can only be produced by that individual; may include handwritten signature or initials, secure computer or machine generated initials, or electronic signature.

Standard Operating Procedure (SOP) – Instructions for performing tasks and descriptions of the approved or required steps for accomplishing specific objectives; written to provide standardization for activities affecting quality.

Strategic Measure – A performance measure reported to the Texas Legislative Budget Board.

Subcontractor – A subcontractor independently performs a service for the laboratory that the laboratory is accredited to provide.

Sub-Evidence Exhibit – An evidence exhibit that is derived from, detached/cut or removed from, and is traceable to, an evidence exhibit; equivalent to “test item” as it pertains to ISO/IEC 17025, Section 7.4.
Submission Form – A written or electronic request for examination which is the proposed contract for services as it pertains to ISO/IEC 17025, Section 7.1.

Submitted Evidence Container – Any exterior container submitted to the Laboratory which is properly sealed and barcoded which contains evidence; except as pertains to large bulk drug evidence.

Subpoena – A written legal order that requires an appearance in court.

Subpoena Duces Tecum – A written legal order that compels production of documents, material and relevant to facts in a pending judicial proceeding.

Supplemental Report – A report issued after the first testing report within a discipline to reflect additional tests or examinations performed; may include a report conducted for a quality assurance measure (e.g., reexamination, peer review, random inspection) with a footnote indicating a quality assurance purpose.

Technical Records – Accumulation of data, information, and records generated by the Laboratory which result from performing tests and/or calibrations and is used to support the reported conclusions and interpretations; may include reference to procedures followed, test(s) conducted, standards and controls used, diagrams, charts, documentation photographs, analyst’s notes (e.g., observations, results of examinations, forms, work sheets, workbooks, check sheets, work notes, interpretations, opinions, and conclusions), Laboratory case reports, letters, and calibration certificates.

Technical Review – Review of technical records, test reports, and testimony to ensure the validity of test results, opinions, and interpretations by a qualified individual; technical review does not influence the results of Laboratory activities.

Tender – The response to the customer request for services. This may include an automated notification. (Standard 3.26 – ANAB AR 3125)

Texas Commission on Environmental Quality (TCEQ) – Entity which regulates disposal and transportation of chemical wastes and environment quality standards; formerly known as Texas Natural Resource Conservation Commission (TNRCC).

Texas Forensic Science Commission – Entity which oversees the accreditation of Texas forensic laboratories, establishes licensing programs for Texas forensic analysts in forensic disciplines, and investigates allegations of professional negligence or misconduct that would substantially affect the integrity of the results of a forensic analysis.

Transitory Information – Information of temporary usefulness which is not regularly filed within the DPS recordkeeping system, but is required only for a limited period of time for the completion of an action.

Uncertainty of Measurement – Parameter associated with the result of a measurement that characterizes the dispersion of the values that could reasonably be attributed to the measurement.

Uncontrolled Copy – A copy of a controlled document furnished for informational purposes only; all printed copies and/or downloaded copies of controlled documents/manuals are considered to be uncontrolled including copies provided to inspectors or attorneys and copies furnished as examples.

Unsatisfactory – A term used with regard to the evaluation of a proficiency test, interlaboratory comparison, or intralaboratory comparison to indicate a result does not meet the requirements.

Validation – Verification, where the specified requirements are adequate for an intended use. (Standard 3.9 – 17025)
**Verification** – Provision of objective evidence that a given item fulfills specified requirements (ISO/IEC 17025:2017). *(Standard 3.8 – ANAB AR 3125)*

Visitor – A temporary guest of the Laboratory.

Work – Specific tasks or Laboratory activities completed by a person or a laboratory.

**Working Measurement Standard** – Measurement standard that is used routinely to calibrate or verify measuring instruments or measuring systems. *(Standard 3.23 NOTE – ANAB AR 3125)*

Will – A requirement.
PART I: COMPLIANCE TO QUALITY STANDARDS

4 General Requirements (Standard 4 – 17025)

4.1 Impartiality (Standard 4.1 – 17025)

A. Laboratory activities are undertaken impartially and structured and managed so as to safeguard impartiality. (Standard 4.1.1 – 17025)

1. The Laboratory is a Service within a public safety organization. Although the organization contains law enforcement components, law enforcement is independent of the Laboratory as described in the General Manual under Organization and Administration.

2. Final approval for methods and procedures ends within the Service at the level of the Laboratory Director.

B. Laboratory management is committed to impartiality. (Standard 4.1.2 – 17025)

1. Laboratory management’s commitment is indicated in the Quality Policy Statement and the Laboratory Code of Ethics.

C. The laboratory is responsible for the impartiality of its activities and does not allow commercial, financial, or other pressures to compromise impartiality. (Standard 4.1.3 – 17025)

1. The management system: (Standard 4.1.3.1 – ANAB AR 3125)
   a) Has a code of ethics as part of the management’s commitment to good professional practice (refer to Chapter 32); (Standard 4.1.3.1a – ANAB AR 3125)
   b) Ensures annual review of the document by all personnel and maintains a record of the review; and (Standard 4.1.3.1b – ANAB AR 3125)
   c) Ensures appropriate actions are taken when necessary. (Standard 4.1.3.1c – ANAB AR 3125)

D. The laboratory identifies risks to its impartiality on an on-going basis. This includes risks that arise from its activities, or from its relationships, or from the relationships of its personnel. However, such relationships do not necessarily present a laboratory with a risk to impartiality (refer to Chapter 64). (Standard 4.1.4 – 17025)

1. A relationship that threatens the impartiality of the laboratory can be based on ownership, governance, management, personnel, shared resources, finances, contracts, marketing (including branding), and payment of a sales commission or other inducement for the referral of new customers, etc. (Standard 4.1.4 NOTE – 17025)

E. If a risk to impartiality is identified, the laboratory demonstrates how it eliminates or minimizes such risk (refer to Chapter 64). (Standard 4.1.5 – 17025)

4.2 Confidentiality (Standard 4.2 – 17025)

A. The Laboratory and the Department are responsible, through legally enforceable commitments, for the management of all information obtained or created during the performance of laboratory activities. The Laboratory informs the customer in advance of the information it intends to place in the public domain. Except for information that the customer makes publicly available, or when agreed between the laboratory and the customer (e.g., for the purpose of responding to complaints), all other information is considered proprietary.

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information and is regarded as confidential (refer to Chapters 10, 55, and 60). (Standard 4.2.1 – 17025)

B. When the laboratory is required by law or authorized by contractual arrangements to release confidential information, the customer or individual concerned is, unless prohibited by law, notified of the information provided. (Standard 4.2.2 – 17025)

1. The Laboratory does not have any contractual arrangements to release confidential information.

C. Information about the customer obtained from sources other than the customer (e.g., complainant, regulators) is confidential between the customer and the Laboratory. The source of this information is confidential to the Laboratory and is not shared with the customer, unless agreed upon by the source. (Standard 4.2.3 – 17025)

D. Personnel, including any committee members, contractors, personnel of external bodies, or individuals acting on the laboratory’s behalf, keep confidential all information obtained or created during the performance of laboratory activities, except as required by law. (Standard 4.2.4 – 17025)

1. No employee divulges to any unauthorized person any confidential information obtained through the execution of departmental duties or by other means.
5  **Structural Requirements (Standard 5 – 17025)**

5.1 The laboratory is a legal entity; or a defined part of a legal entity, that is legally responsible for its laboratory activities. *(Standard 5.1 – 17025)*

A. The Laboratory is part of a legal entity, the Department of Public Safety, established by Government Code Chapter 411. It is publically funded by the government of the State of Texas through the Department, and is legally responsible for its laboratory activities.

B. Supplemental grant funding is at times received from the National Institute of Justice, Department of Justice, and other State or Federal agencies.

C. External public safety agencies, cities, and/or counties fund scientific positions at times.

D. Legislative authority exists to allow for charging fees for service.

E. Statutory authority exists to allow for reimbursement for the analysis, storage, or disposal of raw materials, controlled substances, chemical precursors, drug paraphernalia, or other materials seized in connection with the offense as a defendant’s condition of supervision at judiciary discretion.

5.2 The laboratory identifies management that has overall responsibility for the laboratory. *(Standard 5.2 – 17025)*

A. Responsible Management is identified on organizational charts.

B. The laboratory has a director, whose duties are defined (refer to Chapter 28). *(Standard 5.2.1 – ANAB AR 3125)*

5.3 The laboratory defines and documents the range of accredited laboratory activities for which it conforms with ISO/IEC 17025. The laboratory only claims conformity with ISO/IEC 17025 for this range of laboratory activities, which excludes externally provided laboratory activities on an ongoing basis. *(Standard 5.3 – 17025)*

A. The scopes of accreditation document the range of accredited Laboratory activities.

B. The services provided by the Laboratory are defined in Part II: Laboratory Customer Handbook.

C. The location of Laboratory services is defined both within Part II: Laboratory Customer Handbook and on service area maps.

D. Certified reference materials for the Breath Alcohol Laboratory are generated in Building I of the DPS Austin facility.

E. The location of premises for Breath Alcohol Laboratory calibration services are defined on the organizational chart.

F. Individual Characteristic Database services specifically for the State’s CODIS Program occur in Building Q of the DPS Austin facility.

5.4 Laboratory activities are carried out in such a way as to meet the requirements of ISO/IEC 17025, the laboratory’s customers, regulatory authorities and organizations providing recognition. This includes laboratory activities performed in all its permanent facilities, at sites away from its permanent facilities, in associated temporary or mobile facilities or at a customer’s facility. *(Standard 5.4 – 17025)*

A. The laboratory conforms to requirements in PR 1018 ANAB Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status. *(Standard 5.4.1 – ANAB AR 3125)*
B. If the laboratory performs testing or calibration under the authority of a statute, regulation or other legal requirement, the laboratory makes this readily available. (Standard 5.4.2 – ANAB AR 3125)

1. Texas Code of Criminal Procedure Article 38.01 addresses the Texas Forensic Science Commission, forensic analyst licensing, and accreditation requirements for forensic analysis and testimony. Additional rules are set forth in the Texas Administrative Code.

2. Government Code 411.141 provides the authority to operate the CODIS DNA Database. Additional rules are set forth in the Administrative Code.

3. The statutes, regulations, and other legal requirements related to laboratory activities are listed in Chapter 2, Normative References and are publically available online.

C. Audits, assessments, independent evaluations by outside experts, customer surveys, and feedback from the Texas Forensic Science Commission are all methods used to evaluate if the Laboratory’s activities are carried out in such a way to meet requirements.

5.5 The laboratory: (Standard 5.5 – 17025)

A. Defines the organization and management structure of the laboratory, its place in any parent organization, and the relationships between management, technical operations and support services; (Standard 5.5a – 17025)

1. A Department organizational chart in Chapter 3 of the DPS General Manual defines the Laboratory’s place in the parent organization.

B. Specifies the responsibility, authority and interrelationship of all personnel who manage, perform or verify work affecting the results of laboratory activities; and (Standard 5.5b – 17025)

1. Laboratory organizational charts, including technical management and management support, further illustrate:
   a) Roles of personnel;
   b) Responsibility for technical management of each discipline;
   c) The relationship between management, technical operations, and support services; and
   d) The interrelationships of all personnel who manage, perform, or verify work affecting the results of Laboratory activities.

2. Laboratory personnel roles and responsibilities are defined in job descriptions which are maintained by the Human Resource Operations Division. General laboratory roles and responsibilities are summarized in Chapter 28.

C. Documents its procedures to the extent necessary to ensure the consistent application of its laboratory activities and the validity of the results. (Standard 5.5c – 17025)

1. The documented procedures include analysis and data interpretation to arrive at a result, opinion, or interpretation. (Standard 5.5 NOTE c ANAB AR 3125)

2. Procedures are controlled documents located in service-wide and regional laboratory manuals.
   a) Service-wide manuals include this document, LIMS instructions, general laboratory training, safety, discipline procedure, and discipline training manuals.
3. All current service-wide manuals are publically available electronically to customers via the DPS website.

4. All current and archived controlled documents are available electronically to personnel via Qualtrax.

5.6 The laboratory has personnel who, irrespective of other responsibilities, have the authority and resources needed to carry out their duties, including: (Standard 5.6 – 17025)

A. Implementation, maintenance, and improvement of the management system; (Standard 5.6a – 17025)
   1. Top and Key Management are responsible for implementation, maintenance, and improvement of the management system.
   2. All personnel are responsible for improvement of the management system.

B. Identification of deviations from the management system or from procedures for performing laboratory activities; (Standard 5.6b – 17025)
   1. All personnel are responsible for identifying deviations from the management system or from procedures (refer to Chapter 58).

C. Initiation of actions to prevent or minimize deviations; (Standard 5.6c – 17025)
   1. All personnel are responsible for initiation of actions to prevent or minimize deviations.
   2. Controlled documents are reviewed annually to ensure their adequacy for continued use (refer to Chapter 58).

D. Reporting to laboratory management on the performance of the management system and any need for improvement; and (Standard 5.6d – 17025)

E. Ensuring the effectiveness of laboratory activities. (Standard 5.6e – 17025)
   1. All personnel are responsible for making recommendations for improvements to the management system and for ensuring the effectiveness of Laboratory activities.
   2. All personnel are specifically sought out annually via an annual survey for recommendations for improvements to the management system to ensure the effectiveness of Laboratory activities (refer to Chapter 64).

5.7 Laboratory management ensures that: (Standard 5.7 – 17025)

A. Communication takes place regarding the effectiveness of the management system and the importance of meeting customers’ and other requirements; and (Standard 5.7a – 17025)
   1. Periodic meetings take place at all levels and are recorded in meeting documentation (e.g., agendas, minutes, attendance, etc.). Documentation of meetings is available to all personnel.
   2. Quarterly management system surveys are recorded by Key Management with documented feedback from at least one member of Top Management.
   3. Annual management system surveys are recorded by Top Management with in-person documented feedback to Key Management.
   4. Completed annual management system surveys are shared with all personnel and records are maintained on the communication and acknowledgement.
5. Meetings with Laboratory personnel are held at least on an annual basis to discuss the effectiveness of the management system.

B. The integrity of the management system is maintained when changes to the management system are planned and implemented. *(Standard 5.7b – 17025)*

1. Approved changes made to controlled documents are electronically communicated to those affected and records are maintained of the communication and acknowledgement.

2. *[Chapter 58]* defines the process for seeking changes to controlled documents. It also defines how previous versions of controlled documents are archived and watermarked to ensure they are not available for use.

3. Changes to services or policies affecting customers are communicated via the excerpted *[Part II: Laboratory Customer Handbook]* posted publicly on the DPS website.

4. Any immediate need for communication to customers takes place via email or website notification to stakeholders directly from the Laboratory Director’s office.
6 Resource Requirements (Standard 6 – 17025)

6.1 The laboratory has available the personnel, facilities, equipment, systems and support services necessary to manage and perform its laboratory activities. (Standard 6.1 – 17025)

6.2 Personnel (Standard 6.2 – 17025)

A. All personnel of the laboratory, either internal or external, that could influence the laboratory activities act impartially, are competent, and work in accordance with the laboratory’s management system. (Standard 6.2.1 – 17025)

1. Competence of personnel is evaluated in a number of ways including, but not limited to:
   a) Training evaluations;
   b) Technical review;
   c) Testimony monitoring;
   d) Proficiency testing;
   e) Interlaboratory comparisons;
   f) Intralaboratory comparisons; and
   g) Performance evaluations.

B. The laboratory documents the competence requirements for each function influencing the results of laboratory activities, including requirements for education, qualification, training, technical knowledge, skills, and experience. (Standard 6.2.2 – 17025)

1. Personnel who authorize results, opinions, and/or interpretations meet the minimum educational requirements established in the country in which the laboratory operates. (Standard 6.2.2.1 – ANAB AR 3125)

   a) Texas Administrative Code §651.207 defines the minimum education requirements and specific coursework requirements for individuals hired after January 1, 2019 in the disciplines detailed below. These support and supplement the educational requirements established in the country.

      i. Seized Drugs, Trace Evidence (including Materials, Footwear and Tire, Gunshot Residue, and Fire Debris), and Toxicology (Alcohol/Volatiles and/or Drugs) analysts have a baccalaureate or an advanced degree in a chemical, physical, biological science, chemical engineering, or forensic science from an accredited university.

      ii. Biology/DNA (including CODIS) analysts and technicians have a baccalaureate or an advanced degree in a chemical, physical, biological science, or forensic science from an accredited university.

      iii. Firearms & Toolmarks analysts have a baccalaureate or advanced degree in a chemical, physical, biological science, engineering, or forensic science from an accredited university.

   b) Forensic science degree programs must be either FEPAC-accredited or meet the minimum curriculum requirement pertaining to natural science core courses and specialized science courses set forth in the FEPAC Accreditation Standards.

   c) Additional courses for Seized Drugs, Trace Evidence, Toxicology (Alcohol/Volatiles and/or Drugs), Biology/DNA, and Firearms & Toolmarks analysts specifically required by the TFSC are listed in the relevant job descriptions.
d) **Minimum educational requirements for AFIS, Digital/Multimedia, Forensic Document Examination, and Friction Ridge analysts are not addressed by the Texas Administrative Code and are defined in the relevant job descriptions.**

e) **Minimum educational requirements for Breath Alcohol analysts are defined in Texas Administrative Code Title 37 §19.5.**

f) **The minimum education requirements and specific coursework requirements for individuals hired prior to January 1, 2019 are defined in the archived job descriptions maintained by the Human Resource Operations Division.**

2. The training program for each function influencing the results of laboratory activities, to the extent necessary based on job function, includes: *(Standard 6.2.2.2 – ANAB AR 3125)*

   a) **The knowledge, skills, and abilities needed to perform work (refer to discipline training manuals);** *(Standard 6.2.2.2a – ANAB AR 3125)*

   b) **General knowledge of forensic science (refer to General Laboratory Training Manual);** *(Standard 6.2.2.2b – ANAB AR 3125)*

   c) **The application of ethical practices in forensic science (refer to General Laboratory Training Manual);** *(Standard 6.2.2.2c – ANAB AR 3125)*

   d) **Criminal law, civil law, and testimony (refer to General Laboratory Training Manual);** *(Standard 6.2.2.2d – ANAB AR 3125)*

   e) **Provisions for retraining (refer to Chapter 34);** *(Standard 6.2.2.2e – ANAB AR 3125)*

   f) **Provisions for maintenance of skills and expertise (refer to Chapter 30); and** *(Standard 6.2.2.2f – ANAB AR 3125)*

   g) **Criteria for acceptable performance (refer to Chapter 34).** *(Standard 6.2.2.2g – ANAB AR 3125)*

   h) **The General Laboratory Training Manual also includes training on quality assurance, records and information management, safety, and measurement uncertainty.**

   i) **Past work experience and training may be substituted for portions of the training program to the extent that it has been demonstrated to be relevant and sufficient.** *(Standard 6.2.2.2 NOTE 1 – ANAB AR 3125)*

C. The laboratory ensures that personnel have the competence to perform laboratory activities for which they are responsible and to evaluate the significance of deviations. *(Standard 6.2.3 – 17025)*

1. **All personnel who perform testing or calibration are competency tested. Testing or calibration includes the review and authorization of results and expressing an opinion or an interpretation. The competency test includes practical examination(s) that cover the spectrum of anticipated activities related to the test or calibration. The competency test intended results are achieved prior to performing the tasks on a test or calibration item.** *(Standard 6.2.3.1 – ANAB AR 3125)*

   a) **Competency tests include at least:**

   i. **Practical examination(s) that cover the spectrum of anticipated work to be performed such as, but not limited to, testing of samples unknown to the employee and issuing a test or calibration report, if applicable;**
Resource Requirements (Standard 6 – 17025) (6.2)

ii. Any type of written or oral competency test, including the Breath Alcohol Technical Supervisor exam, if applicable; and

iii. Providing testimony through a mock trial, if applicable.

b) More detailed information regarding the extent of competency testing is contained within each discipline training manual.

c) Competency testing can be conducted for an individual task or a group of tasks covered by a module of a training program. (Standard 6.2.3.1 NOTE – ANAB AR 3125)

2. Personnel who perform technical review of results or testimony, meet the competency requirements as specified in 6.2.3.1 for the testing or calibration tasks being reviewed. (Standard 6.2.3.2 – ANAB AR 3125)

3. Competency to perform duties is a requirement of the Department as addressed in the DPS General Manual.

4. Employees demonstrate ongoing competence through scheduled testing (e.g., proficiency tests, interlaboratory comparisons, and/or intralaboratory comparisons) and continuing education (refer to Chapters 34 and 36).

a) Continuing education may include, but is not limited to:

i. Review of scientific literature;

ii. Training workshops provided or coordinated by the Laboratory;

iii. Training workshops conducted by professional organizations or other agencies;

iv. Operator courses for equipment and instrumentation;

v. Professional courses addressing management, productivity, and employee relations;

vi. College courses;

vii. Videotaped training programs and computer tutorials;

viii. Web-based training (with DNA/CODIS Technical Leader approval, as applicable); and

ix. Lecture series, conferences, workshops, or seminars that are offered by recognized organizations or individuals that update participants in their relevant area of knowledge.

D. The management of the laboratory communicates to personnel their duties, responsibilities and authorities. (Standard 6.2.4 – 17025)

1. Job duties and responsibilities are communicated via an annual Performance Plan captured in the performance evaluation process and in the job descriptions maintained by the Human Resource Operations Division.

2. Authorization to conduct work is communicated by management through the procedure for Work Authorization (refer to Chapter 35).

E. The laboratory has procedure(s) and maintains records for: (Standard 6.2.5 – 17025)

1. Determining the competence requirements; (Standard 6.2.5a – 17025)

   a) Competence requirements are defined in the DPS General Manual, performance evaluations, job descriptions, and discipline training manuals.
2. Selection of personnel; (Standard 6.2.5b – 17025)
   a) Selection of personnel is defined in the DPS General Manual.
3. Training of personnel; (Standard 6.2.5c – 17025)
   a) Training of personnel is defined in general laboratory training and discipline training manuals.
4. Supervision of personnel; (Standard 6.2.5d – 17025)
   a) Managerial and technical supervision of personnel is defined by job descriptions and performance evaluation goals.
5. Authorization of personnel; and (Standard 6.2.5e – 17025)
   a) Authorization of personnel is defined in the procedure for Work Authorization (refer to Chapter 35).
6. Monitoring competence of personnel. (Standard 6.2.5f – 17025)
   a) Monitoring the competence of personnel is primarily conducted using proficiency testing, interlaboratory comparison, intralaboratory comparisons, technical review, testimony monitoring, and performance evaluations (refer to Chapters 36, 37, 54).
   b) Performance evaluations are addressed in DPS General Manual.
   c) Supervisor meetings with employees specific to performance occur at least quarterly at documented meetings.
7. Records pertaining to contract employees are retained in the same manner and degree as all other personnel records.

F. The laboratory authorizes competent personnel to perform specific laboratory activities, including but not limited to, the following (refer to Chapter 35): (Standard 6.2.6 – 17025)
   1. Development, modification, verification and validation methods; (Standard 6.2.6a – 17025)
   2. Analysis of results, including statements of conformity or opinions and interpretations; and (Standard 6.2.6b – 17025)
   3. Report, review and authorization of results. (Standard 6.2.6c – 17025)
   4. Authorization of personnel includes all aspects of testing or calibration including, as applicable, the use of equipment. (Standard 6.2.6 NOTE – ANAB AR 3125)
   5. Perform activities related to reference material production (Standard 6.1.6 – 17034)

6.3 Facilities and Environmental Conditions (Standard 6.3 – 17025)
A. The facilities and environmental conditions are suitable for the laboratory activities and do not adversely affect the validity of results. (Standard 6.3.1 – 17025)
   1. Influences that can adversely affect the validity of results can include, but are not limited to, microbial contamination, dust, electromagnetic disturbances, radiation, humidity, electrical supply, temperature, sound and vibration. (Standard 6.3.2 NOTE – 17025)

B. The requirements for facilities and environmental conditions necessary for the performance of the laboratory activities are documented. (Standard 6.3.2 – 17025)
   1. Requirements are defined in discipline procedure manuals, as necessary.
C. The laboratory monitors, controls and records environmental conditions in accordance with relevant specifications, methods or procedures or where they influence the validity of results. (Standard 6.3.3 – 17025)

D. Measures to control facilities are implemented, monitored and periodically reviewed and include, but are not limited to (refer to Chapter 38): (Standard 6.3.4 – 17025)
   1. Access to and use of areas affecting laboratory activities; (Standard 6.3.4a – 17025)
   2. Prevention of contamination, interference or adverse influences on laboratory activities; and (Standard 6.3.4b – 17025)
   3. Effective separation between areas with incompatible laboratory activities. (Standard 6.3.4c – 17025)

E. There is a procedure that addresses security and access to areas where testing and calibration occur (refer to Chapter 39). (Standard 6.3.4.1 – ANAB AR 3125)
   1. Topics to consider may include, but are not limited to: access to building, access by personnel, access by visitors, security during operational hours and non-operational hours, and devices that grant access. (Standard 6.3.4.1 NOTE – ANAB AR 3125)

F. When the laboratory performs laboratory activities at sites or facilities outside of its permanent control, it ensures the requirements related to facilities and environmental conditions of ISO/IEC 17025 are met. (Standard 6.3.5 – 17025)
   1. This applies to testing performed in the Capitol Area Regional Laboratory.
   2. Calibration work is not performed at sites or facilities outside the Laboratory's permanent control.
   3. Crime scene response activities are not conducted.

6.4 Equipment (Standard 6.4 – 17025)

A. The laboratory has access to equipment (including, but not limited to, measuring instruments, software, measurement standards, reference materials, reference data, reagents, consumables or auxiliary apparatus) that is required for the correct performance of laboratory activities and that can influence the results (refer to Chapter 47). (Standard 6.4.1 – 17025)
   1. Equipment which can influence results of Laboratory activities is referred to as significant equipment.
      a) Laboratory discipline procedure manuals identify significant equipment required for the correct performance of Laboratory activities.

B. When the laboratory uses equipment outside its permanent control, it ensures that the requirements for equipment of ISO/IEC 17025 are met. (Standard 6.4.2 – 17025)
   1. The Laboratory rarely, if ever, uses significant equipment outside its permanent control for testing or calibration activities. Examples of this circumstance might include significant equipment on temporary loan from a vendor in conjunction with a repair contract.
   2. In the event that the Laboratory needs to use significant equipment outside its permanent control for testing or calibration activities, the Quality Manager reviews and approves the significant equipment as being in compliance with Laboratory requirements prior to use.
C. The laboratory has a procedure for handling, transport, storage, use and planned maintenance of equipment in order to ensure proper functioning to prevent contamination or deterioration (refer to Chapter 47 and discipline procedure manuals). (Standard 6.4.3 – 17025)

1. Reagents prepared are labeled with, at a minimum, the identity of the reagent and the date of preparation or lot number. Records are maintained identifying who made the reagent and the components used in preparation. (Standard 6.4.3.1 – ANAB AR 3125)

2. Reference collections have each entry in the collection documented, uniquely identified and handled properly to protect the characteristic(s) of interest. (Standard 6.4.3.2 – ANAB AR 3125)

D. The laboratory verifies that equipment conforms to specified requirements before being placed or returned into service. (Standard 6.4.4 – 17025)

1. Verification for consumables and auxiliary apparatuses may be performed by visual inspection of requirements specified during the procurement process.

2. Significant equipment is not placed into or returned to service until a validation or performance verification has been completed and documented as defined in Chapter 50 and discipline procedure and/or regional laboratory manuals, as applicable.

E. The equipment used for measurement is capable of achieving the measurement accuracy and/or measurement uncertainty required to provide a valid result. (Standard 6.4.5 – 17025)

1. Prior to the use of equipment significant to the quality of test results, a validation or performance verification is documented (refer to Chapter 50).

F. Measuring equipment is calibrated when: (Standard 6.4.6 – 17025)

1. The measurement accuracy or measurement uncertainty affects the validity of the reported results, and/or

2. Calibration of the equipment is required to establish the metrological traceability of the reported results.

3. Types of equipment having an effect on the validity of the reported results can include: (Standard 6.4.6 NOTE – 17025)

   a) Those used for the direct measurement of the measurand (e.g., use of a balance to perform a mass measurement);

   b) Those used to make corrections to the measurand value (e.g., temperature measurements); and

   c) Those used to obtain a measurement result calculated from multiple quantities.

G. The laboratory has a calibration program, which is reviewed and adjusted as necessary in order to maintain confidence in the status of the calibration (refer to Chapter 47). (Standard 6.4.7 – 17025)

1. The program for the calibration of equipment includes: (Standard 6.4.7.1 – ANAB AR 3125)

   a) A list of the equipment requiring calibration; (Standard 6.4.7.1a – ANAB AR 3125)

   b) Specifications for the calibration laboratory; (Standard 6.4.7.1b – ANAB AR 3125)
c) Specified requirements for the calibration; and (Standard 6.4.7.1c – ANAB AR 3125)

d) The interval of calibration. (Standard 6.4.7.1d – ANAB AR 3125)

H. All equipment requiring calibration or which has a defined period of validity is labelled, coded or otherwise identified to allow the user of the equipment to readily identify the status of calibration or period of validity. (Standard 6.4.8 – 17025)

I. Equipment that has been subjected to overloading or mishandling, gives questionable results, or has been shown to be defective or outside of specified requirements, is taken out of service. It is isolated to prevent its use or clearly labelled or marked as being out of service until it has been verified to perform correctly. The laboratory examines the effect of the defect or deviation from specified requirements and initiates the management of nonconforming work procedure (refer to Chapter 63). (Standard 6.4.9 – 17025)

1. The CODIS Laboratory’s LIMS does not allow for use of out of service equipment; the software provides the isolation and out of service label.

J. When intermediate checks are necessary to maintain confidence in the performance of the equipment, these checks are carried out according to a procedure. (Standard 6.4.10 – 17025)

1. When evaluating the need for intermediate checks, topics to consider include, but are not limited to: the calibration interval, the use of the equipment, the stability of the equipment, the method specifications, and risk associated with a failed check. (Standard 6.4.10 NOTE – ANAB AR 3125)

2. Relevant procedures for performance checks are defined in discipline procedure and/or regional laboratory manuals, as applicable.

K. When calibration and reference material data include reference values or correction factors, the laboratory ensures the reference values and correction factors are updated and implemented, as appropriate, to meet specified requirements. (Standard 6.4.11 – 17025)

L. The laboratory takes practicable measures to prevent unintended adjustments of equipment from invalidating results. (Standard 6.4.12 – 17025)

M. Records are retained for equipment which can influence laboratory activities. The records include the following, where applicable: (Standard 6.4.13 – 17025)

1. The identity of equipment, including software and firmware version; (Standard 6.4.13a – 17025)

2. The manufacturer’s name, type identification, and serial number or other unique identification; (Standard 6.4.13b – 17025)

3. Evidence of verification that equipment conforms with specified requirements; (Standard 6.4.13c – 17025)

4. The current location, which is defined as the laboratory and discipline; (Standard 6.4.13d – 17025)

5. Calibration dates, results of calibrations, adjustments, acceptance criteria, and the due date of the next calibration or the calibration interval; (Standard 6.4.13e – 17025)

6. Documentation of reference materials, results, acceptance criteria, relevant dates and the period of validity; (Standard 6.4.13f – 17025)
7. The maintenance plan and maintenance carried out to date, where relevant to the performance of the equipment; and (Standard 6.4.13g – 17025)

8. Details of any damage, malfunction, modification to, or repair of, the equipment. (Standard 6.4.13h – 17025)

6.5 Metrological Traceability (Standard 6.5 – 17025)

A. The laboratory establishes and maintains metrological traceability of its measurement results by means of a documented unbroken chain of calibrations, each contributing to the measurement uncertainty, linking them to an appropriate reference. (Standard 6.5.1 – 17025)

1. The laboratory establishes and maintains metrological traceability of its measurement results by utilizing products and services from suppliers of external calibration services for measuring equipment and/or reference standards, and certified reference materials that are: (Standard 6.5.1.1 – ANAB AR 3125)

   a) A National Metrology Institute that is a signatory to the BIPM – CIPM Mutual Recognition Arrangement with the calibration of measuring equipment and/or reference standard to be purchased or the certified reference material listed to be purchased in Appendix C of the BIPM key comparison database (KCDB); or (Standard 6.5.1.1a – ANAB AR 3125)

   b) A service supplier accredited to ISO/IEC 17025 by an accrediting body that is a signatory to the ILAC Mutual Recognition Arrangement, with the calibration of measuring equipment and/or reference standard to be purchased listed in a scope of accreditation; or (Standard 6.5.1.1b – ANAB AR 3125)

   c) An accredited reference material producer that is accredited to ISO 17034 by an accrediting body that is a signatory to a mutual or multilateral recognition arrangement in an ILAC recognized regional accreditation cooperation or the ILAC Mutual Recognition Arrangement, with a scope of accreditation covering the certified reference material to be purchased. (Standard 6.5.1.1c – ANAB AR 3125)

2. In situations where a supplier that meets ISO 17025 standard 6.5.A.1 is not available, the competence, capability, and metrological traceability for the supplier and the external product or service being purchased is confirmed. Objective evidence of the confirmation is available for review. (Standard 6.5.1.2 – ANAB AR 3125)

3. For the purpose of establishing traceability of a measurement, an accredited laboratory may calibrate its own equipment that supports an accredited parameter on the scope if the related requirements in ISO/IEC 17025 and ANAB AR 3125 are met: (Standard 6.5.1.3 – ANAB AR 3125)

   a) The calibration and any check of the calibration status is carried out by appropriately trained, competency tested, and authorized personnel; (Standard 6.5.1.3a – ANAB AR 3125)

   b) The calibration method is validated or verified prior to use; (Standard 6.5.1.3b – ANAB AR 3125)

   c) Certified reference materials or measuring instruments used in the calibration method are traceable with appropriate measurement uncertainties; (Standard 6.5.1.3c – ANAB AR 3125)
d) The calibration is carried out in an appropriate environment; (Standard 6.5.1.3d – ANAB AR 3125)

e) Technical records of the calibration are established and maintained; (Standard 6.5.1.3e – ANAB AR 3125)

f) The laboratory has and applies a procedure for calculating the measurement uncertainty for each equipment calibration it conducts; and (Standard 6.5.1.3f – ANAB AR 3125)

g) A technical review of the records including any data transfers and calculations are completed by an individual other than the person who performed the work. (Standard 6.5.1.3g – ANAB AR 3125)

4. If a certified reference material is changed in a way that alters the traceable measurement value, then the equipment used to alter the certified reference material is evaluated for applicability of measurement traceability accreditation requirements. (Standard 6.5.1.4 – ANAB AR 3125)

B. The laboratory ensures that measurement results are traceable to the International System of Units (SI) through: (Standard 6.5.2 – 17025)

1. Calibration provided by a competent laboratory; or (Standard 6.5.2a – 17025)
   a) Laboratories fulfilling the requirements of ISO/IEC 17025 are considered to be competent. (Standard 6.5.2a NOTE 1 – 17025)

2. Certified values of certified reference materials provided by a competent producer with stated metrological traceability to the SI; or (Standard 6.5.2b – 17025)
   a) Reference material producers fulfilling the requirements of ISO 17034 are considered to be competent. (Standard 6.5.2b NOTE 2 – 17025)

3. Direct realization of the SI units ensured by comparison, directly or indirectly, with national or international standards. (Standard 6.5.2c – 17025)
   a) Non-SI units of measure (pounds and/or ounces) are used for marihuana reporting to align with the weight definitions in Texas Health and Safety Code §§481.120 – 481.122.
   b) Non-SI units of measure (pounds and ounces) are used for synthetic cannabinoid reporting of those found in Penalty Group 2-A in Texas Health and Safety Code §481.1161.
   c) Non-SI units of measure (inches) are used in firearm length measurements to align with the measurement definitions in Texas Penal Code §46.01 which uses inches as units of measure when defining critical barrel and overall lengths. Additionally, the related federal statute is 26 U.S.C. §5845.

C. When metrological traceability to the SI units is not technically possible, the laboratory demonstrates the metrological traceability to an appropriate reference, e.g.: (Standard 6.5.3 – 17025)

1. Certified values of certified reference material provided by a competent producer; or (Standard 6.5.3a – 17025)

2. Results of reference measurement procedures, specified methods or consensus standards that are clearly described and accepted as providing measurement results fit for their intended use and ensured by suitable comparison. (Standard 6.5.3b – 17025)
6.6 Externally Provided Products and Services (Standard 6.6 – 17025)

A. The laboratory ensures that only suitable externally provided products and services that affect laboratory activities are used, when such products and services: (Standard 6.6.1 – 17025)

1. Are intended for incorporation into the laboratory’s own activities; (Standard 6.6.1a – 17025)
2. Are provided, in part or in full, directly to the customer by the laboratory, as received from the external provider; or (Standard 6.6.1b – 17025)
3. Are used to support the operation of the laboratory. (Standard 6.6.1c – 17025)

B. The laboratory has a procedure and retains records for (refer to Chapter 48): (Standard 6.6.2 – 17025)

1. Defining, reviewing and approving the laboratory’s requirements for externally provided products and services; (Standard 6.6.2a – 17025)
2. Defining the criteria for evaluation, selection, monitoring of performance and re-evaluation of the external providers; (Standard 6.6.2b – 17025)
3. Ensuring that externally provided products and services conform to the laboratory’s established requirement, or when applicable, to the relevant requirements of ISO/IEC 17025, before they are used or directly provided to the customer; and (Standard 6.6.2c – 17025)
4. Taking any actions arising from evaluations, monitoring of performance and re-evaluations of the external providers. (Standard 6.6.2d – 17025)

C. The laboratory communicates its requirements to external providers for (refer to Chapter 48): (Standard 6.6.3 – 17025)

1. The products and services to be provided; (Standard 6.6.3a – 17025)
2. The acceptance criteria; (Standard 6.6.3b – 17025)
3. Competence, including any required qualification of personnel; and (Standard 6.6.3c – 17025)
4. Activities that the laboratory, or its customer, intends to perform at the external provider’s premises. (Standard 6.6.3d – 17025)
7 Process Requirements (Standard 7 – 17025)

7.1 Review of Requests, Tenders, and Contracts

A. The laboratory has a procedure for the review of requests, tenders, and contracts. The procedure ensures that (refer to Chapter 41): (Standard 7.1.1 – 17025)

1. The requirements are adequately defined, documented, and understood; (Standard 7.1.1a – 17025)

2. The laboratory has the capability and resources to meet the requirements; (Standard 7.1.1b – 17025)

3. Where external providers are used, the requirements of Standard 6.6 are applied and the laboratory advises the customer of the specific laboratory activities to be performed by the external provider and gains the customer’s approval; and (Standard 7.1.1c – 17025)

   a) It is recognized that externally provided laboratory activities can occur when: (Standard 7.1.1c NOTE 1 – 17025)

      i. The laboratory has the resources and competence to perform the activities, however for unforeseen reasons is unable to undertake these in part or full;

      ii. The laboratory does not have the resources or competence to perform the activities.

   b) The customer accepts and approves the use of external providers when determined necessary by the Laboratory as provided in the Laboratory Terms of Service (refer to Chapter 12).

4. The appropriate methods or procedures are selected and are capable of meeting the customers’ requirements. (Standard 7.1.1d – 17025)

5. For internal or routine customers, reviews of requests, tenders, and contracts can be performed in a simplified way. (Standard 7.1.1d NOTE 2 – 17025)

   a) The Laboratory does not perform simplified reviews of requests, tenders, and contracts.

B. The laboratory informs the customer when the testing method requested is considered to be inappropriate or out of date. (Standard 7.1.2 – 17025)

C. When the customer requests a statement of conformity to a specification or standard for the test or calibration (e.g., pass/fail, in-tolerance/out-of-tolerance), the specification or standard and the decision rule are clearly defined. Unless inherent in the requested specification or standard the decision rule selected is communicated to, and agreed with, the customer. (Standard 7.1.3 – 17025)

   Note: This applies to Breath Alcohol calibration only.

D. Any differences between the request or tender and the contract are resolved before laboratory activities commence. Each contract is determined to be acceptable both to the laboratory and the customer. Deviations requested by the customer do not impact the integrity of the laboratory or the validity of the results. (Standard 7.1.4 – 17025)

E. The customer is informed of any deviation from the contract. (Standard 7.1.5 – 17025)

F. If a contract is amended after work has commenced, the contract review is repeated and any amendments are communicated to all affected personnel. (Standard 7.1.6 – 17025)
G. The laboratory cooperates with customers or their representatives in clarifying the customer’s request and in monitoring the laboratory’s performance in relation to the work performed. (Standard 7.1.7 – 17025)

H. Records of reviews, including any significant changes, are retained. Records are also retained of pertinent discussions with a customer relating to the customer’s requirements or the results of laboratory activities. (Standard 7.1.8 – 17025)

I. The extent of database (e.g., DNA profiles, friction ridge, ballistics, biometrics) searches are communicated to customers and updated as needed. (Standard 7.1.9 – ANAB AR 3125)

   1. “Extent” is specific to the database but may include aspects of the scope or range of the search (e.g., local, state, national, international), the frequency of the search or if the customer is required to make a request to elevate the scope of the search or to have a search performed. (Standard 7.1.9 NOTE 1 – ANAB AR 3125)

   2. This may be communicated on a case-by-case basis, in the report, or in a general customer communication. (Standard 7.1.9 NOTE 2 – ANAB AR 3125)

   3. This applies to CODIS and AFIS database searches performed in Laboratory testing activities.

7.2 Selection, Verification, and Validation of Methods

A. Selection and Verification of Methods

   1. The laboratory uses appropriate methods and procedures for all laboratory activities and, where appropriate, for evaluation of the measurement uncertainty as well as statistical techniques for analysis of data. (Standard 7.2.1.1 – 17025)

      a) Methods and procedures are evaluated, including their impact on measurement uncertainty, through validation (refer to Chapter 50).

      b) Measurement uncertainty is periodically reviewed (refer to Chapter 51).

   2. The laboratory uses appropriate methods and procedures for all associated data analysis and interpretation. (Standard 7.2.1.1.1 – ANAB AR 3125)

   3. All test methods that involve the comparison of an unknown to a known require the evaluation of the unknown item(s) to identify characteristics suitable for comparison and, if applicable, characteristics suitable for statistical rarity calculations, prior to comparison to one or more known item(s). (Standard 7.2.1.1.2 – ANAB AR 3125)

      a) Characteristics include, but are not limited to, alleles in a DNA profile, friction ridge detail in a latent print, striation detail on a bullet, features of handwriting, or criteria for evaluation of mass spectrometry fragments and ratios in a seized drug sample or a toxicology sample extract. (Standard 7.2.1.1.2 NOTE 1 – ANAB AR 3125)

      b) This requirement is not focused on the process of assessing an unknown in order to identify the test item that will be the subject of further comparison. In these circumstances, it may be appropriate to perform a preliminary characterization of the known prior to the assessment of the unknown. (Standard 7.2.1.1.2 NOTE 2 – ANAB AR 3125)

      c) Where appropriate, examine the unknown item(s) prior to the known item(s) to reduce potential cognitive bias.

      d) The evaluation of the unknown item characteristics for suitability and the known item(s) in a given order is documented in the Laboratory case record.
4. For laboratories whose scope of accreditation includes calibration: (Standard 7.2.1.1.3 – ANAB AR 3125)
   a) Measuring instrument calibration methods assess accuracy (bias and precision) of the instrument across a range of values that meets the needs of the customer; and (Standard 7.2.1.1.2a – ANAB AR 3125)
   b) The source of material(s) used to calibrate a measuring instrument are different from that used to adjust a measuring instrument and that used to verify calibration status; (Standard 7.2.1.1.2b – ANAB AR 3125)
   c) The Texas Breath Alcohol Testing Program Standard Operating Procedures addresses the calibration method accuracy assessment, the range of ethanol values assessed, and source requirements of materials used to calibrate a breath alcohol measuring instrument.

5. All methods, procedures, and supporting documentation, such as instructions, standards, manuals, and reference data relevant to the laboratory activities, are kept up to date and are made readily available to personnel. (Standard 7.2.1.2 – 17025)
   a) Controlled documents are readily available to personnel via Qualtrax or in the regional laboratory (refer to Chapter 58).
   b) Standards and reference data are readily available electronically or in the regional laboratory.

6. The laboratory ensures that it uses the latest valid version of a method unless it is not appropriate or possible to do so. When necessary, the application of the method is supplemented with additional details to ensure consistent application. (Standard 7.2.1.3 – 17025)
   a) The latest valid versions of methods are published in discipline procedures, regional laboratory instructions and/or in approved deviations to ensure consistent application (refer to Chapter 58).

7. When the customer does not specify the method to be used, the laboratory selects an appropriate method and informs the customer of the method chosen. Methods published either in international, regional or national standards, or by reputable technical organizations, or in relevant scientific texts or journals, or as specified by the manufacturer of equipment, are recommended. Laboratory-developed or modified methods can also be used. (Standard 7.2.1.4 – 17025)
   a) All methods are published on the DPS website.

8. The laboratory verifies that it can properly perform methods before introducing them by ensuring that it can achieve the required performance. Records of the verification are retained. If the method is revised by the issuing body, verification is repeated to the extent necessary. (Standard 7.2.1.5 – 17025)
   a) Method validations and performance verifications are performed by the Laboratory prior to use on test or calibration items (refer to Chapter 50).
   b) Discipline procedure manuals further supplement validation and performance verification requirements, where applicable.

9. When method development is required, this is a planned activity and is assigned to competent personnel equipped with adequate resources. As method development proceeds, periodic review is carried out to confirm that the needs of the customer are
still being fulfilled. Any modifications to the development plan are approved and authorized. (Standard 7.2.1.6 – 17025)

a) Validation plans are created for method development and modifications to the plan are approved and authorized (refer to Chapter 50).

b) Personnel are authorized to conduct validations via the Work Authorization process (refer to Chapter 35).

10. Deviations from methods for all laboratory activities occurs only if the deviation has been documented, technically justified, authorized, and accepted by the customer. (Standard 7.2.1.7 – 17025)

a) Customer acceptance of deviations can be agreed in advance in the contract. (Standard 7.2.1.7 NOTE – 17025)

b) Justification, authorization, and documentation of deviations occurs as defined in Documentation Management and Deviations (refer to Chapter 58).

c) Customer acceptance of deviations is captured via the Laboratory submission form, which serves as the contract for service.

d) Additionally, customers are notified via the Customer Handbook in Laboratory Terms of Service that they acknowledge and permit the laboratory to deviate from methods when necessary (refer to Chapter 12).

e) When deviations occur to a technical method performed, the customer is notified on the [Discipline / Relevant Test] Laboratory Report (refer to Chapter 53).

B. Validation of Methods

1. The laboratory validates non-standard methods, laboratory-developed methods and standard methods used outside their intended scope or otherwise modified. Validations are as extensive as is necessary to meet the needs of the given application or field of application. (Standard 7.2.2.1 – 17025)

a) The laboratory has a procedure for method validation that (refer to Chapter 50): (Standard 7.2.2.1.1 – ANAB AR 3125)

i. Includes the associated data analysis and interpretation; (Standard 7.2.2.1.1a – ANAB AR 3125)

ii. Establishes the data required to report a result, opinion, or interpretation; and (Standard 7.2.2.1.1b – ANAB AR 3125)

iii. Identifies limitations of the method, reported results, opinions, and interpretations. (Standard 7.2.2.1.1c – ANAB AR 3125)

2. When changes are made to a validated method, the influence of such changes is determined and where they are found to affect the original validation, a new method validation is performed. (Standard 7.2.2.2 – 17025)

a) Changes to associated data analysis and interpretation are considered changes to a validated method. (Standard 7.2.2.2 NOTE– ANAB AR 3125)

b) Method modification validations are performed (refer to Chapter 50).

3. The performance characteristics of validated methods, as assessed for the intended use, are relevant to the customers’ needs and consistent with specified requirements. (Standard 7.2.2.3 – 17025)
4. The laboratory retains the following records of validation: (Standard 7.2.2.4 – 17025)
   a) The validation procedure used; (Standard 7.2.2.4a – 17025)
   b) Specifications of the requirements; (Standard 7.2.2.4b – 17025)
   c) Determination of the performance characteristics of the method; (Standard 7.2.2.4c – 17025)
   d) Results obtained; and (Standard 7.2.2.4d – 17025)
   e) A statement on the validity of the method, detailing its fitness for the intended use. (Standard 7.2.2.4e – 17025)
   f) Records of the validation are captured on the Validation Plan Form (LAB-407), as appropriate, the Validation form (LAB-408a), and in the validation supporting documentation (refer to Chapter 50).

7.3 Sampling

A. The laboratory utilizes a sampling plan and method when it carries out sampling of substances, materials or products for subsequent testing or calibration. The sampling method addresses the factors to be controlled to ensure the validity of subsequent testing or calibration results. The sampling plan and method is available at the site where sampling is undertaken. Sampling plans are based on appropriate statistical methods (refer to the Seized Drugs Procedure Manual). (Standard 7.3.1 – 17025)

B. The sampling method describes: (Standard 7.3.2 – 17025)
   1. The selection of samples or sites; (Standard 7.3.2a – 17025)
   2. The sampling plan; and (Standard 7.3.2b – 17025)
   3. The preparation and treatment of sample(s) from a substance, material or product to yield the required item for subsequent testing or calibration. (Standard 7.3.2c – 17025)

4. The intent of ISO/IEC 17025 is that the activity of sampling occurs prior to the item being submitted to the laboratory. A laboratory can choose to perform further sampling after receipt of the item, in which case the requirements for sampling are applicable. (Standard 7.3.2 – Note ANAB AR 3125)

5. Statistical sampling at a stated level of confidence is used if an inference is made to report on the whole population. (Standard 7.3.2.b).1 - ANAB AR 3125)

C. The laboratory retains records of sampling data that forms part of the testing or calibration that is undertaken. These records include, where relevant: (Standard 7.3.3 – 17025)
   1. Reference to the sampling method used; (Standard 7.3.3a – 17025)
   2. Date and time of sampling; (Standard 7.3.3b – 17025)
   3. Data to identify and describe the sample; (Standard 7.3.3c – 17025)
   4. Identification of the personnel performing sampling; (Standard 7.3.3d – 17025)
   5. Identification of the equipment used; (Standard 7.3.3e – 17025)
   6. Environmental or transport conditions; (Standard 7.3.3f – 17025)
   7. Diagrams or other equivalent means to identify the sampling location when appropriate; and (Standard 7.3.3g – 17025)
8. Deviations, additions to, or exclusions from the sampling method and sampling plan. (Standard 7.3.3h – 17025)

### 7.4 Handling of Test or Calibration Items

#### A. The laboratory has a procedure for the transportation, receipt, handling, protection, storage, retention, and disposal or return of test or calibration items, including all provisions necessary to protect the integrity of the test or calibration item, and to protect the interest of the laboratory and the customer. Precautions are taken to avoid deterioration, contamination, loss or damage to the item during handling, transporting, storing/waiting, and preparation for, testing or calibration. Handling instructions provided with the item are followed (refer to Chapters 42 – 46, discipline procedure manuals, and regional laboratory manuals). (Standard 7.4.1 – 17025)

#### B. For all test items received except known origin individual characteristic database samples, the procedure: (Standard 7.4.1.1 – ANAB AR 3125)

1. Addresses requirements for storage, packaging, and sealing of items to: (Standard 7.4.1.1a – ANAB AR 3125)
   a) Protect the integrity of all items; and (Standard 7.4.1.1a 1 – ANAB AR 3125)
   b) Require items to be re-sealed as soon as practicable. (Standard 7.4.1.1a 2 – ANAB AR 3125)

2. Addresses measures to be taken to secure unattended items; (Standard 7.4.1.1b – ANAB AR 3125)

3. Requires chain-of-custody for: (Standard 7.4.1.1c – ANAB AR 3125)
   a) All items received; and (Standard 7.4.1.1c 1 – ANAB AR 3125)
   b) Items that are collected or created and preserved for future testing (e.g., ESDA lifts, test-fired ammunition, latent print lifts, photos, trace evidence, DNA extracts). (Standard 7.4.1.1c 2 – ANAB AR 3125)
   c) An item being tracked could contain multiple components and be tracked as one item. (Standard 7.4.1.1c 1 NOTE – ANAB AR 3125)

4. Requires chain-of-custody to securely and accurately identify: (Standard 7.4.1.1d – ANAB AR 3125)
   a) The individual(s) or location(s) receiving or transferring the item(s); (Standard 7.4.1.1d 1 – ANAB AR 3125)
   b) The item(s) being transferred; and (Standard 7.4.1.1d 2 – ANAB AR 3125)
   c) The chronological order of all transfers, minimally including the date. (Standard 7.4.1.1d 3 – ANAB AR 3125)
   d) Documentation of internal transfers does not need to include use of personal storage locations. (Standard 7.4.1.1 NOTE 2 d 1 – ANAB AR 3125)

5. Requires communication to the customer regarding the disposition of all items received; and (Standard 7.4.1.1e – ANAB AR 3125)

6. Addresses communication to the customer regarding items collected or created and preserved for future testing. (Standard 7.4.1.1h – ANAB AR 3125)

#### C. The laboratory has a system for the unambiguous identification of test or calibration items. The identification is retained while the item is under the responsibility of the laboratory. The
system ensures that items will not be confused physically or when referred to in records or other documents. The system, if appropriate, accommodates a sub-division of an item or groups of items and the transfer of items. (Standard 7.4.2 – 17025)

D. The system used to identify items covers all items received. (Standard 7.4.2.1 – ANAB AR 3125)

E. Upon receipt of the test or calibration item, deviations from specified conditions are recorded. When there is doubt about the suitability of an item for test or calibration, or when an item does not conform to the description provided, the laboratory consults the customer for further instructions before proceeding and records the results of this consultation. When the customer requires the item to be tested or calibrated acknowledging a deviation from specified conditions, the laboratory includes a disclaimer in the report indicating which results may be affected by the deviation. (Standard 7.4.3 – 17025)

F. When items have to be stored or conditioned under specified environmental conditions, these conditions are maintained, monitored and recorded. (Standard 7.4.4 – 17025)

7.5 Technical Records

A. The laboratory ensures that technical records for each laboratory activity contain the results, report and sufficient information to facilitate, if possible, identification of factors affecting the measurement result and its associated measurement uncertainty and enable the repetition of the laboratory activity under conditions as close as possible to the original. The technical records include the date and the identity of personnel responsible for each laboratory activity and for checking data and results. Original observations, data and calculations are recorded at the time they are made and are identifiable with the specific task (refer to Chapter 52). (Standard 7.5.1 – 17025)

1. Options for recording observations include, but are not limited to: written notes, photography, drawing, photocopying, or scanning. (Standard 7.5.1 NOTE – ANAB AR 3125)

2. [The laboratory] defines the technical record(s) to be retained if all related technical records are not maintained. (Standard 7.5.1.1 – ANAB AR 3125)

a) The Laboratory retains all technical records.

3. Where abbreviations or symbols specific to the [laboratory] are used, the meaning of the abbreviations or symbols is defined. (Standard 7.5.1.2 – ANAB AR 3125)

a) Abbreviations and symbols are defined in this document (i.e., Crime Laboratory Service Manual), discipline procedure manuals, and regional laboratory manuals.

4. Technical records to support a report (including results, opinions, and interpretations) are such that, another reviewer possessing the relevant knowledge, skills, and abilities could evaluate what was done and interpret the data. (Standard 7.5.1.3 – ANAB AR 3125)

5. Records are created and/or maintained in a permanent manner. (Standard 7.5.1.4 – ANAB AR 3125)

6. If an observation, data, or calculation is rejected, the reason, the identity of the individual(s) taking the action and the date are recorded in the technical record. (Standard 7.5.1.5 – ANAB AR 3125)
7. If an adjustment or repair is performed due to a calibration that does not meet specifications, pre and post adjustment/repair data are retained. (Standard 7.5.1.6 – ANAB AR 3125)

B. The laboratory ensures that amendments to technical records can be tracked to previous versions or to original observations. Both the original and amended data and files are kept, including the date of alteration, an indication of the altered aspects and the personnel responsible for the alterations. (Standard 7.5.2 – 17025)

1. Contemporaneous revisions are not considered amendments. (Standard 7.5.2 NOTE – ANAB AR 3125)

7.6 Evaluation of Measurement Uncertainty

A. Laboratories identify the contributions to measurement uncertainty. When evaluating measurement uncertainty all contributions which are of significance, including those arising from sampling, are taken into account using appropriate methods of analysis. (Standard 7.6.1 – 17025)

B. The method of analysis for evaluation of measurement uncertainty (refer to Chapter 51): (Standard 7.6.1.1 – ANAB AR 3125)

1. Requires the specific measuring device or instrument used for a reported result to have been included in or evaluated against the estimation of measurement uncertainty for that method; (Standard 7.6.1.1a – ANAB AR 3125)

2. Includes the process of rounding the expanded uncertainty; (Standard 7.6.1.1b – ANAB AR 3125)

3. Requires the coverage probability of the expanded uncertainty to be a minimum of 95.45% (often referred to as approximately 95%); and (Standard 7.6.1.1c – ANAB AR 3125)

4. Specifies the schedule to review and/or recalculate the measurement uncertainty. (Standard 7.6.1.1d – ANAB AR 3125)

C. A laboratory performing calibrations, including of its own equipment, evaluates the measurement uncertainty for all calibrations. (Standard 7.6.2 – 17025)

D. A laboratory performing testing evaluates measurement uncertainty. Where the test method precludes rigorous evaluation of measurement uncertainty, an estimation is made based on an understanding of the theoretical principles or practical experience of the performance of the method. (Standard 7.6.3 – 17025)

1. In those cases where a well-recognized test method specifies limits to the values of the major sources of measurement uncertainty and specifies the form of presentation of the calculated results, the laboratory is considered to have satisfied 7.6.3 by following the test method and reporting instructions. (Standard 7.6.3 NOTE 1 – 17025)

2. For a particular method where the measurement uncertainty of the results have been established and verified, there is no need to evaluate measurement uncertainty for each result if the laboratory can demonstrate that the identified critical influencing factors are under control. (Standard 7.6.3 NOTE 2 – 17025)
E. Measurement uncertainty is evaluated, or estimated when applicable, for all reported quantitative results. (Standard 7.6.3.1 – ANAB AR 3125)
   1. An item descriptor that includes a number is not considered a result. This difference should be clear to the reader of the report. (Standard 7.6.3.1 NOTE – ANAB AR 3125)

F. The following records are maintained for each evaluation and estimation of measurement uncertainty: (Standard 7.6.4 – ANAB AR 3125)
   1. Statement defining the measurand; (Standard 7.6.4a – ANAB AR 3125)
   2. Statement of how traceability is established for the measurement; (Standard 7.6.4b – ANAB AR 3125)
   3. The equipment (e.g., measuring device[s] or instrument[s]) used; (Standard 7.6.4c – ANAB AR 3125)
   4. All uncertainty components considered; (Standard 7.6.4d) – ANAB AR 3125
   5. All uncertainty components of significance and how they were evaluated; (Standard 7.6.4e – ANAB AR 3125)
   6. Data used to estimate repeatability, intermediate precision, and/or reproducibility; (Standard 7.6.4f – ANAB AR 3125)
   7. All calculations performed; and (Standard 7.6.4g – ANAB AR 3125)
   8. The combined standard uncertainty, the coverage factor, the coverage probability, and the resulting expanded uncertainty. (Standard 7.6.4h – ANAB AR 3125)

7.7 Assuring the Quality of Results
A. The laboratory has a procedure for monitoring the validity of results. The resulting data is recorded in such a way that trends are detectable and, where practicable, statistical techniques are applied to review the results. This monitoring is planned and reviewed and includes where appropriate, but not be limited to (refer to Chapter 36): (Standard 7.7.1 – 17025)
   1. Use of reference materials or quality control materials; (Standard 7.7.1a – 17025)
   2. Use of alternative instrumentation that has been calibrated to provide traceable results; (Standard 7.7.1b – 17025)
   3. Functional checks of measuring and testing equipment; (Standard 7.7.1c – 17025)
   4. Use of check or working standards with control charts, where applicable; (Standard 7.7.1d – 17025)
   5. Intermediate checks on measuring equipment; (Standard 7.7.1e – 17025)
   6. Replicate tests or calibrations using the same or different methods; (Standard 7.7.1f – 17025)
   7. Retesting or recalibration of retained items; (Standard 7.7.1g – 17025)
      a) When a verification of a result is carried out: (Standard 7.7.1.g 1 – ANAB AR 3125)
         i. It is conducted by an individual who is currently authorized to perform the testing; (Standard 7.7.1.g 1a – ANAB AR 3125)
ii. A record of the verification is made and the record identifies who performed the verification, when it was performed, and the result of the verification; and (Standard 7.7.1.g.1 b – ANAB AR 3125)

iii. The resolution of any discrepancy is recorded. (Standard 7.7.1.g 1c – ANAB AR 3125)

b) Verification may be recorded for each result verified or as a summary for all results verified. (Standard 7.7.1.g 1 NOTE 2 b – ANAB AR 3125)

8. Correlation of results for different characteristics of an item; (Standard 7.7.1h – 17025)

9. Review of reported results (refer to Chapter 54); (Standard 7.7.1i – 17025)

a) There is a procedure for the technical review of technical records, including reports, and testimony. The procedure: (Standard 7.7.1.l – ANAB AR 3125)

i. Requires the individual performing the technical review to have been competency tested to perform the testing or calibration work that is being reviewed; (Standard 7.7.1.l 1 – ANAB AR 3125)

ii. Precludes an individual from technically reviewing their own work; (Standard 7.7.1.l)2. – ANAB AR 3125)

iii. Defines the method to be used to ensure a representative sample of technical records and reports in each discipline are subjected to technical review; (Standard 7.7.1.l 3. – ANAB AR 3125)

iv. Defines the method to be used to ensure testimony in each discipline is reviewed; (Standard 7.7.1.l 4. – ANAB AR 3125)

v. Defines the method to be used to conduct and record the review; (Standard 7.7.1.l 5. – ANAB AR 3125)

vi. Ensures that the results, opinions and interpretations are accurate, properly qualified and supported by the technical record; (Standard 7.7.1.l 6. – ANAB AR 3125)

vii. Ensures conformance with methods and applicable management system documents; and (Standard 7.7.1.l 7. – ANAB AR 3125)

viii. Describes a course of action to be taken if a discrepancy is found. (Standard 7.7.1.l 8. – ANAB AR 3125)

b) An individual conducting the technical review need not be an employee of the laboratory, currently proficiency tested or currently performing the work. (Standard 7.7.1.l NOTE 1 – ANAB AR 3125)

c) An individual who performs a verification can also perform a technical review. (Standard 7.7.1.l NOTE 2 – ANAB AR 3125)

d) The frequency may vary for different disciplines. (Standard 7.7.1.l NOTE 3 – ANAB AR 3125)

10. Intralaboratory comparisons; and (Standard 7.7.1j – 17025)

11. Testing of blind samples. (Standard 7.7.1k – 17025)

   Note: The Laboratory does not perform testing of blind samples.

12. Discipline procedure manuals may provide further details on how each assures the quality of test results.
B. The laboratory monitors its performance by comparison with results of other laboratories, where available and appropriate. This monitoring is planned and reviewed and includes, but is not limited to, either or both of the following: (refer to Chapter 36) (Standard 7.7 – 17025)

1. Participation in proficiency testing; or (Standard 7.7.2 – 17025)
2. Participation in interlaboratory comparisons other than proficiency testing. (Standard 7.7.2b – 17025)

C. The process for monitoring performance by comparison with results of other forensic service providers, at a minimum: (Standard 7.7.2.1 – ANAB AR 3125)

1. Ensures successful completion of at least one proficiency test for each discipline prior to accreditation being granted in that discipline; and (Standard 7.7.2.1a – ANAB AR 3125)
2. Ensures each location on the scope of accreditation successfully completes, per calendar year, at least one proficiency test for each discipline in which accredited services are provided, with authorized release of the test results to ANAB from the test provider. (Standard 7.7.2.1b – ANAB AR 3125)
3. For proficiency tests taken at the end of one calendar year, evaluation of successful completion can occur in the subsequent calendar year. (Standard 7.7.2.1 NOTE 2 – ANAB AR 3125)

D. Data from monitoring activities are analyzed and used to control, and if applicable, improve the laboratory’s activities. If the results of the analysis of data from monitoring activities are found to be outside pre-defined criteria, appropriate action is taken to prevent incorrect results from being reported. (Standard 7.7.3 – 17025)

1. Data is analyzed upon receipt of examiner assessment results by System QA and reviewed by testing participants and the Quality Manager.
2. Examiner assessment results are additionally reviewed quarterly as part of the management system survey process.
3. If actions are taken to improve the Laboratory’s activity based on data from monitoring, a preventive action process is followed (refer to Chapter 62).
4. If actions are taken to correct the Laboratory’s activity based on data from monitoring, a corrective action process is followed (refer to Chapter 63).

E. The performance of personnel is monitored. This monitoring ensures that all personnel who perform testing or calibration successfully complete at least one intralaboratory comparison, interlaboratory comparison or proficiency test per calendar year in each discipline on the scope of accreditation in which the individual conducts work. In the event that the preceding options are not available or appropriate, observation-based performance monitoring is acceptable. (Standard 7.7.4 – ANAB AR 3125)

1. The monitoring should be varied over time to cover all aspects of assigned job functions but does not have to include all aspects of the work performed each time. (Standard 7.7.4 NOTE 1 – ANAB AR 3125)
2. Solely performing verifications (Standard 7.7.1.g1 – ANAB AR 3125) or solely reviewing and authorizing results (Standard 7.8.1.1 – 17025) are considered to be testing or calibration and are subject to these requirements. (Standard 7.7.4 NOTE 2 – ANAB AR 3125)
3. For performance monitoring conducted at the end of one calendar year, evaluation of successful completion can occur in the subsequent year. (Standard 7.7.4 NOTE 4 – ANAB AR 3125)

F. The process for monitoring of performance by intralaboratory comparison, interlaboratory comparison, proficiency testing or observation-based testing at a minimum: (Standard 7.7.5 – ANAB AR 3125)

1. Ensures that results are not known or readily available to the participant being monitored; (Standard 7.7.5a – ANAB AR 3125)
2. Ensures use of approved methods; (Standard 7.7.5b – ANAB AR 3125)
3. Establishes criteria for determining successful completion prior to the monitoring activity; (Standard 7.7.5c – ANAB AR 3125)
4. Requires a mechanism to ensure the quality of intralaboratory comparisons, interlaboratory comparisons and observation-based monitoring prior to the monitoring activity; and (Standard 7.7.5d – ANAB AR 3125)
5. For calibration laboratories, requires intralaboratory comparisons, interlaboratory comparisons and proficiency tests to be performed using an item that was calibrated by the person performing the comparison or test. (Standard 7.7.5e – ANAB AR 3125)

G. There is a plan that: (Standard 7.7.6 – ANAB AR 3125)

1. Demonstrates conformance with the requirements stated in 7.7.C.2 and 7.7.E; and (Standard 7.7.6a – ANAB AR 3125)
2. Ensures inclusion of a representative sample of the components/parameters, and equipment/technologies within each discipline listed on the scope of accreditation. (Standard 7.7.6b – ANAB AR 3125)

H. To satisfy the proficiency test requirements in clauses 7.7.2.C.1-2, the [laboratory]: (Standard 7.7.7 – ANAB AR 3125)

1. Where available and appropriate for the work conducted, uses a proficiency test provider that is accredited to ISO/IEC 17043 by an accreditation body that is a signatory to the APAC MRA or IAAC MLA and has the applicable proficiency test(s) on its scope of accreditation, or (Standard 7.7.7a – ANAB AR 3125)
2. Where not available or not appropriate for the work conducted, gains approval from ANAB for alternative means by which the laboratory’s performance can be assessed; and (Standard 7.7.7b – ANAB AR 3125)
3. Submits results to the proficiency test provider, if applicable, on or before the agreed upon due date. (Standard 7.7.7c – ANAB AR 3125)

I. The following records are maintained for all intralaboratory comparisons, interlaboratory comparisons, proficiency tests and observation-based monitoring: (Standard 7.7.8 – ANAB AR 3125)

1. Discipline(s) monitored; (Standard 7.7.8a – ANAB AR 3125)
2. Design of the monitoring activity; (Standard 7.7.8b – ANAB AR 3125)
3. Expected results; (Standard 7.7.8c – ANAB AR 3125)
4. Location, when more than one location is associated with a single accreditation certificate; (Standard 7.7.8d – ANAB AR 3125)
5. Records submitted to a proficiency test provider, when applicable; (Standard 7.7.8e – ANAB AR 3125)

6. Appropriate technical records; (Standard 7.7.8f – ANAB AR 3125)

7. Evaluation of results and action taken for unexpected results; and (Standard 7.7.8g – ANAB AR 3125)

8. Feedback on individual performance provided to the participant. (Standard 7.7.8h – ANAB AR 3125)

7.8 Reporting of Results

A. General

1. The results are reviewed and authorized prior to release (refer to Chapter 54). (Standard 7.8.1.1 – 17025)
   a) Results are technically reviewed prior to release of a report.
   b) The signature, or electronic equivalent, of the individual on the [Discipline / Relevant Test] Laboratory Report represents the author’s authorization to release the report following both technical and administrative review.
   c) The signature, or electronic equivalent, of the calibration analyst (forensic scientist) on the calibration certificate represents the author’s authorization to release the certificate following technical and administrative review.
   d) The CODIS Laboratory does not issue testing reports.
   e) The Laboratory Director authorizes individuals to issue and review results through the Work Authorization process.

2. The authorizer of results reviews the technical record and documents the review. (Standard 7.8.1.1.1 – ANAB AR 3125)
   a) The draft complete milestone in LIMS is the documentation that the authorizer of results reviewed the technical records. The authorizer is the name captured in the “assigned to” column of the request.
   b) For Toxicology (Drugs) analysis, the “completed on” date in the LIMS drug screen window and the “assigned on” date for confirmation data is the documentation that the authorizer of results reviewed his/her portion of the technical records. The name of the authorizer of results is captured in the “assigned to” field.
   c) The attachment of the Breath Alcohol calibration analyst’s (forensic scientist) signature, or electronic equivalent, to the calibration certificate is the documentation that the author reviewed the calibration record.

3. The results are provided accurately, clearly, unambiguously, and objectively, issued in a written report provided as a hard copy or by electronic means. The results include all the information agreed with the customer and necessary for the interpretation of the results and all information required by the method used. All issued reports are retained as technical records. (Standard 7.8.1.2 – 17025; Standard 7.8.1.2.1 – ANAB AR 3125)
   a) The reporting of results does not include testing of known origin samples for the purpose of constructing an individual characteristic database or maintaining the quality and/or effectiveness of information in such a database. (Standard 7.8.1.2.1 NOTE – ANAB AR 3125)
4. There is a procedure for reporting of results that (refer to Chapter 53): (Standard 7.8.1.2.2 – ANAB AR 3125)
   a) Identifies what will be reported for all items received, including items on which no work was performed, items collected or created and preserved for future testing, and for partial work performed; (Standard 7.8.1.2.2a – ANAB AR 3125)
   b) Requires qualifying the significance of associations in the report whether by a statistic or a qualitative statement; (Standard 7.8.1.2.2b – ANAB AR 3125)
      i. Associations for multiple results may be qualified by a single statistic or qualitative statement if the statistics are identical or, where applicable, meet or exceed a defined minimum threshold. (Standard 7.8.1.2.2 NOTE b – ANAB AR 3125)
   c) Requires communicating the reason(s) in the report when the reported results are inconclusive; and (Standard 7.8.1.2.2c – ANAB AR 3125)
   d) Requires reporting of the initial database entry (e.g., DNA profiles, friction ridge, ballistics, biometrics). (Standard 7.8.1.2.2d – ANAB AR 3125)

5. The documented process for reporting of results of calibration: (Standard 7.8.1.2.3 – ANAB AR 3125)
   a) Identifies what information is reported in the calibration certificate; and (Standard 7.8.1.2.3a – ANAB AR 3125)
   b) Requires the issuance of an endorsed calibration certificate if requested by the customer. (Standard 7.8.1.2.3b – ANAB AR 3125)

6. When agreed with the customer, the results may be reported in a simplified way. Any information listed in 7.8.2 – 7.8.7 which is not reported to the customer is readily available. (Standard 7.8.1.3 – 17025)
   a) When results are reported in a simplified way, the agreement with the customer specifies which information in 7.8.2 – 7.8.7 of ISO/IEC 17025:2017 will not be included in a written report or through electronic access. The requirements 7.8.2 through 7.8.7 in AR 3125 are applicable even if the forensic science provider reports results in a simplified way. (Standard 7.8.1.3.1 – ANAB AR 3125)

B. Reports (Test, Calibration, or Sampling) – Common Requirements

1. Each report includes at least the following information, unless the laboratory has valid reasons for not doing so, thereby minimizing any possibility of misunderstanding or misuse (refer to Chapter 53): (Standard 7.8.2.1 – 17025)
   a) A title (e.g., “Test Report”, “Calibration Certificate” or “Report of Sampling”) (Standard 7.8.2.1a – 17025)
   b) The name and address of the laboratory; (Standard 7.8.2.1b – 17025)
   c) The location of performance of the laboratory activities, including when performed at a customer facility or at sites away from the laboratory’s permanent facilities, or in associated temporary or mobile facilities; (Standard 7.8.2.1c – 17025)
   d) Unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end; (Standard 7.8.2.1d – 17025)
   e) The name and contact information of the customer; (Standard 7.8.2.1e – 17025)
   f) Identification of the method used; (Standard 7.8.2.1f – 17025)
g) A description, unambiguous identification, and, when necessary, the condition of the item; (Standard 7.8.2.1g – 17025)

h) The date of receipt of the test or calibration item(s), and the date of sampling, where this is critical to the validity and application of the results; (Standard 7.8.2.1h – 17025)

i) The date(s) of performance of the laboratory activity; (Standard 7.8.2.1i – 17025)

   i. Date(s) may be reflected as a range of dates or the date of each test or calibration. (Standard 7.8.2.1 NOTE 3 i – ANAB AR 3125)

   ii. The audit trail in LIMS is not sufficient to document the dates or range of dates of performance of the laboratory activity.

j) The date of issue of the report; (Standard 7.8.2.1j – 17025)

k) Reference to the sampling plan and sampling method used by the laboratory or other bodies where these are relevant to the validity or application of the results; (Standard 7.8.2.1k – 17025)

l) A statement to the effect that the results relate only to the items tested, calibrated, or sampled; (Standard 7.8.2.1l – 17025)

m) The results with, where appropriate, the units of measurement; (Standard 7.8.2.1m – 17025)

n) Additions to, deviations, or exclusions from the method; (Standard 7.8.2.1n – 17025)

o) Identification of the person(s) authorizing the report; and (Standard 7.8.2.1o – 17025)

   i. Authorization of the report does not have to be performed by the same person(s) who authorized the results. (Standard 7.8.2.1 NOTE 4 o – ANAB AR 3125)

p) Clear identification when results are from external providers. (Standard 7.8.2.1p – 17025)

2. The laboratory is responsible for all the information provided in the report, except when information is provided by the customer. Data provided by a customer is clearly identified. In addition, a disclaimer is put on the report when the information is supplied by the customer and can affect the validity of results. Where the laboratory has not been responsible for the sampling stage, it states in the report that the results apply to the sample as received (refer to Chapter 53). (Standard 7.8.2.2 – 17025)

a) Laboratory Reports do not contain names of any individual other than:

   i. Names provided by the customer, such as the names of the submitting officer, victim/survivor, suspect, or provider of an elimination sample;

   ii. Names identified as the result of an AFIS database search or CODIS match verification request as reportable by applicable discipline procedures;

   iii. Names listed on toxicology samples or friction ridge exemplars;

   iv. Names provided for additional report distribution; or

   v. Author(s) of the report.
C. Specific Requirements for Test Reports

1. In addition to the requirements listed in 7.8.2, test reports, where necessary for the interpretation of the test results, include the following (refer to Chapter 53): (Standard 7.8.3.1 – 17025)
   a) Information on specific test conditions, such as environmental conditions; (Standard 7.8.3.1a – 17025)
   b) Where relevant, a statement of conformity with requirements or specifications; (Standard 7.8.3.1b – 17025)
   c) Where applicable, the measurement uncertainty presented in the same unit as that of the measurand or in a term relative to the measurand (e.g., percent) when:
      i. It is relevant to the validity or application of the test results;
      ii. A customer’s instruction so requires, or
      iii. The measurement uncertainty affects conformity to a specification limit.
   iv. The measurement uncertainty: (Standard 7.8.3.1.c1 – ANAB AR 3125)
      • Is included in the report or an annex to the report when it impacts the evaluation of a specification limit stated by a regulatory body, a statute, case law, or other legal requirement; (Standard 7.8.3.1.c 1a) – ANAB AR 3125
      • Includes the measured quantity value, y, along with the associated expanded uncertainty, U, and the coverage probability; (Standard 7.8.3.1.c 1b) – ANAB AR 3125
      • Is in the format of y ± U; (Standard 7.8.3.1.c 1c) – ANAB AR 3125
      • Is limited to at most two significant digits, unless there is a documented rationale for reporting additional significant digits; and (Standard 7.8.3.1.c 1d) – ANAB AR 3125
      • Is reported to the same level of significance (i.e., same number of decimal places or digits) as the measurement result. (Standard 7.8.3.1.c 1e) – ANAB AR 3125
   d) Where appropriate, opinions and interpretations; and (Standard 7.8.3.1d – 17025)
   e) Additional information that may be required by specific methods, authorities, customers or groups of customers. (Standard 7.8.3.1e – 17025)

2. If a regulatory body, statute, case law or other legal requirement specifies the format for the reporting of a result or prohibits including measurement uncertainty in the report, the [laboratory]: (Standard 7.8.3.1.1 – ANAB AR 3125)
   a) Has objective evidence of the regulation, statute, case law or other legal requirement; and (Standard 7.8.3.1.1a – ANAB AR 3125)
   b) Has a process for applying the measurement uncertainty at the established level of confidence prior to reporting the result. (Standard 7.8.3.1.1b – ANAB AR 3125)
   c) In Texas, there is no regulation that specifies the format for the reporting of a result or prohibits including measurement uncertainty in the report.

3. Where the laboratory is responsible for the sampling activity, test reports meet the requirements listed in 7.8.5 where necessary for the interpretation of test results. (Standard 7.8.3.2 – 17025)
D. Specific Requirements for Calibration Certificates

1. In addition to the requirements listed in 7.8.2, calibration certificates include the following (refer to Chapter 53): (Standard 7.8.4.1 – 17025)
   a) The measurement uncertainty of the measurement result presented in the same unit as that of the measurand or in a term relative to the measurand (e.g., percent); (Standard 7.8.4.1a – 17025)
      i. Includes the measured quantity value, $y$, along with the associated expanded uncertainty, $U$, the coverage factor, and the coverage probability; (Standard 7.8.4.1.a.1 – ANAB AR 3125)
      ii. Is in the format of $y + U$; (Standard 7.8.4.1.a.1b – ANAB AR 3125)
      iii. Is limited to at most two significant digits, unless there is a documented rationale for reporting additional significant digits; and (Standard 7.8.4.1.a.1c – ANAB AR 3125)
      iv. Is reported to the same level of significance (i.e., same number of decimal places or digits) as the measurement result. (Standard 7.8.4.1.a.1d – ANAB AR 3125)
   b) The conditions (e.g., environmental) under which the calibrations were made that have an influence on the measurement results; (Standard 7.8.4.1b – 17025)
   c) A statement identifying how the measurements are metrologically traceable; (Standard 7.8.4.1c – 17025)
   d) The results before and after any adjustment or repair, if available; (Standard 7.8.4.1d – 17025)
   e) Where relevant, a statement of conformity with requirements or specifications; and (Standard 7.8.4.1e – 17025)
   f) Where appropriate, opinions and interpretations. (Standard 7.8.4.1f – 17025)

2. If a regulatory body, statute, case law or other legal requirement specifies the format for the reporting of a calibration result or prohibits including measurement uncertainty in the calibration certificate, the [laboratory]: (Standard 7.8.4.1.1 – ANAB AR 3125)
   a) Has objective evidence of the regulation, statute, case law or other legal requirement; and (Standard 7.8.4.1.1a – ANAB AR 3125)
   b) Has a process for applying the measurement uncertainty at the established level of confidence prior to reporting the calibration result. (Standard 7.8.4.1.1b – ANAB AR 3125)
   c) In Texas, there is no regulation that specifies the format for the reporting of a calibration result or prohibits including measurement uncertainty in the calibration certificate.

3. Where the laboratory is responsible for the sampling activity, calibration certificates meet the requirements listed in 7.8.5 where necessary for the interpretation of calibration results. (Standard 7.8.4.2 – 17025)

4. A calibration certificate or calibration label does not contain any recommendation on the calibration interval except where this has been agreed with the customer. (Standard 7.8.4.3 – 17025)
5. If applicable, a label (in addition to the calibration certificate) attached to a calibrated item does not give the impression that the item itself is approved and includes:
   (Standard 7.8.4.4 – ANAB AR 3125)
   a) The name of the accredited calibration laboratory or its accreditation certificate number; (Standard 7.8.4.4a – ANAB AR 3125)
   b) The unambiguous identification of the item calibrated; (Standard 7.8.4.4b – ANAB AR 3125)
   c) The date of the current calibration; and (Standard 7.8.4.4c – ANAB AR 3125)
   d) Cross reference to the calibration certificate issued in respect to the calibration. (Standard 7.8.4.4d) – ANAB AR 3125

E. Reporting Sampling – Specific Requirements

1. Where the laboratory is responsible for the sampling activity, in addition to the requirements listed in 7.8.2, reports include the following, where necessary for the interpretation of results (refer to Chapter 53): (Standard 7.8.5 – 17025)
   a) The date of sampling; (Standard 7.8.5a – 17025)
   b) Unique identification of the item or material sampled (including the name of the manufacturer, the model or type of designation and serial numbers, as appropriate); (Standard 7.8.5b – 17025)
   c) The location of sampling, including any diagrams, sketches or photographs; (Standard 7.8.5c – 17025)
   d) A reference to the sampling plan and sampling method; (Standard 7.8.5d – 17025)
      i. If statistical sampling is used, the report contains the confidence level and corresponding inference(s) regarding the population. (Standard 7.8.5.d1 – ANAB AR 3125)
   e) Details of any environmental conditions during sampling that affect the interpretation of the results; and (Standard 7.8.5e – 17025)
   f) Information required to evaluate measurement uncertainty for subsequent testing or calibration. (Standard 7.8.5f – 17025)

F. Reporting Statements of Conformity

1. When a statement of conformity to a specification or standard is provided, the laboratory documents the decision rule employed, taking into account the level of risk associated with the decision rule employed and applies the decision rule. (Standard 7.8.6.1 – 17025)
   **Note:** This applies to Breath Alcohol calibration only.

2. The laboratory reports on the statement of conformity such that the statement clearly identifies: (Standard 7.8.6.2 – 17025)
   a) To which results the statement of conformity applies; (Standard 7.8.6.2 a – 17025)
   b) Which specifications, standards or parts thereof are met or not met; and (Standard 7.8.6.2b – 17025)
   c) The decision rule applied (unless it is inherent in the requested specification or standard). (Standard 7.8.6.2c – 17025)
   d) This applies to Breath Alcohol calibration only.
G. Reporting Opinions and Interpretations

1. When opinions and interpretations are expressed, the laboratory ensures that only personnel authorized for the expression of opinions and interpretations releases the respective statement. The laboratory documents the basis upon which the opinions and interpretations have been made. (Standard 7.8.7.1 – 17025)

2. The opinions and interpretations expressed in reports are based on the results obtained from the tested or calibrated item and are clearly identified as such. (Standard 7.8.7.2 – 17025)

3. When opinions and interpretations are directly communicated by dialogue with the customer, a record of the dialogue is retained. (Standard 7.8.7.3 – 17025)

H. Amendments to Reports

1. When an issued report needs to be changed, amended or re-issued, any change of information is clearly identified and, where appropriate, the reason for the change included in the report (refer to Chapter 53). (Standard 7.8.8.1 – 17025)

2. Amendments to a report after issue are made only in the form of a further document, or data transfer, which includes the statement “Amendment to Report, serial number… [or as otherwise identified],” or an equivalent form of wording. (Standard 7.8.8.2 – 17025)
   a) An Amended Report header is included on relevant testing reports. Changes are tracked and are visible to the customer, and the date of original report is included.
   b) A corrected calibration certificate includes the word “amended” and the reason is included.

3. When it is necessary to issue a complete new report, the report is uniquely identified and contains a reference to the original that it replaces. (Standard 7.8.8.3 – 17025)

7.9 Complaints

A. The laboratory has a documented process to receive, evaluate and make decisions on the complaints (refer to Chapter 57). (Standard 7.9.1 – 17025)

B. A description of the handling process for complaints is available to any interested party on request. Upon receipt of a complaint, the laboratory confirms whether the complaint relates to laboratory activities that it is responsible for and, if so, will deal with it. The laboratory is responsible for all decisions at all levels of the handling process for complaints. (Standard 7.9.2 – 17025)

1. This manual is available on the DPS website and therefore a description of the handling process for complaints is available publicly and not only upon request.

C. The process for handling complaints includes at least the following elements and methods: (Standard 7.9.3 – 17025)

1. Description of the process for receiving, validating, investigating the complaint, and deciding what actions are to be taken in response to it; (Standard 7.9.3a – 17025)

2. Tracking and recording complaints, including actions undertaken to resolve them; and (Standard 7.9.3b – 17025)

3. Ensuring that any appropriate action is taken. (Standard 7.9.3c – 17025)
D. The laboratory receiving the complaint is responsible for gathering and verifying all necessary information to validate the complaint. (Standard 7.9.4 – 17025)

E. Whenever possible, the laboratory acknowledges receipt of the complaint, and provides the complainant with progress reports and the outcome. (Standard 7.9.5 – 17025)

F. The outcomes to be communicated to the complainant are made by, or reviewed and approved by, individual(s) not involved in the original laboratory activities in question. (Standard 7.9.6 – 17025)

G. Whenever possible, the laboratory gives formal notice of the end of the complaint handling to the complainant. (Standard 7.9.7 – 17025)

7.10 Management of Nonconforming Work

A. The laboratory has a procedure that is implemented when any aspect of its laboratory activities or results of this work do not conform to its own procedures or the agreed requirements of the customer (e.g., equipment or environmental conditions are out of specified limits, results of monitoring fail to meet specified criteria). The procedure ensures (refer to Chapter 63): (Standard 7.10.1 – 17025)

1. The responsibilities and authorities for the management of nonconforming work are defined; (Standard 7.10.1a – 17025)

2. Actions (including halting work, repeating work and/or withholding of reports, as necessary) are based upon the risk levels established by the laboratory; (Standard 7.10.1b – 17025)

3. An evaluation is made of the significance of the nonconforming work, including an impact analysis on previous results; (Standard 7.10.1c – 17025)

4. A decision is taken on the acceptability of the nonconforming work; (Standard 7.10.1d – 17025)
   a) Acceptable – root cause analysis is optional;
   b) Moderately acceptable – root cause analysis is recommended; and
   c) Not acceptable – root cause analysis is required; disclosure to accrediting bodies may be required (refer to Chapter 33).

5. Where necessary, the customer is notified and work is recalled; and (Standard 7.10.1e – 17025)

6. The responsibility for authorizing the resumption of work is defined. (Standard 7.10.1f – 17025)

B. The laboratory retains records of nonconforming work and actions as specified in 7.10.1. (Standard 7.10.2 – 17025)

C. Where the evaluation indicates that the nonconforming work could recur or that there is doubt about the conformity of the laboratory’s operations with its own management system, the laboratory implements a corrective action (refer to Chapter 63). (Standard 7.10.3 – 17025)

7.11 Control of Data and Information Management

A. The laboratory has access to the data and information needed to perform laboratory activities. (Standard 7.11.1 – 17025)
B. The laboratory information management system(s) (LIMS) used for the collection, processing, recording, reporting, storage or retrieval of data is validated for functionality, including the proper functioning of interfaces within the LIMS by the laboratory before introduction. Whenever there are any changes, including laboratory software configuration or modifications to commercial off the shelf software, they are authorized, documented and validated before implementation. (Standard 7.11.2 – 17025)

1. Current LIMS include JusticeTrax (testing – Laboratory), STaCS (testing – CODIS Laboratory), and COBRA (testing – Breath Alcohol Laboratory). These are managed on-site.

2. Current DIMS include FORAY’s Authenticated Digital Asset Management System (testing – Laboratory). This is managed on-site.

3. Archived LIMS include DRAGNet (testing – Laboratory), and Black Mamba (testing – Breath Alcohol Laboratory). DRAGNet has been retired and data has been migrated into JusticeTrax. Black Mamba data has been migrated to Excel and the archived data is managed on-site.

4. The legislatively-mandated sexual assault kit tracking software program, Track-Kit, is not a LIMS; it is used for survivor visibility on the status of the kit from collection to destruction.

5. There is a plan for validation of computer software developed by the user and records of the validation are maintained (refer to Chapter 50). (Standard 7.11.2.1 – ANAB AR 3125)

C. The laboratory information management system(s) is: (Standard 7.11.3 – 17025)

1. Protected from unauthorized access; (Standard 7.11.3a – 17025)
   a) Unique user identification and secure passwords are used.

2. Safeguarded against tampering and loss; (Standard 7.11.3b – 17025)
   a) Secure login information is required;
   b) Quarterly user audits are performed and documented; and
   c) Department (Laboratory and BAL testing) or FBI/CJIS (CODIS testing) network security requirements and rules are followed.

3. Operated in an environment that complies with provider or laboratory specifications or, in the case of non-computerized systems, provides conditions which safeguard the accuracy of manual recording and transcription; (Standard 7.11.3c – 17025)
   a) There are no environment-based provider or Laboratory specifications associated with operating LIMS.

4. Maintained in a manner that ensures the integrity of the data and information; and (Standard 7.11.3d – 17025)

5. Written to ensure system failures and the appropriate immediate and corrective actions are recorded. (Standard 7.11.3e – 17025)
   a) System failure is when the application or any component of the application results in suspension of its use.
   b) System failures and appropriate immediate and corrective action are documented via the QI/QAP process (refer to Chapter 63).
c) **Examples of events that are not considered system failures:**

   i. **Scheduled suspensions for upgrades or maintenance;**
   
   ii. **Server reboots; and**
   
   iii. **Failed back-up processes which are immediately resolved.**

D. When a LIMS is managed and maintained off site or through an external provider, the laboratory ensures that the provider or operator of the system complies with all applicable requirements of this document. *(Standard 7.11.4 – 17025)*

   **Note:** Currently all LIMS are managed and maintained onsite.

E. The laboratory ensures that instructions, manuals and reference data relevant to the LIMS are made readily available to personnel. *(Standard 7.11.5 – 17025)*

   1. A LIMS Manual is available as a controlled document for casework.
   
   2. STaCS instructions are included within the CODIS procedure manual.
   
   3. Case-specific Foray instructions are included within the Friction Ridge procedure manual.
   
   4. A user guide is available in the software for casework and breath test.
   
   5. A help function is available in STaCS, JusticeTrax, Foray, and COBRA within the application.
   
   6. The vendor controls and maintains help and/or user guide information within the application.

F. Calculations and data transfers are checked in an appropriate and systematic manner. *(Standard 7.11.6 – 17025)*

   1. This requirement does not apply if the calculation or data transfer is secure and not subject to human error. *(Standard 7.11.6 NOTE – ANAB AR 3125)*
   
   2. The technical record indicates the check was performed and who performed the check. When possible, this check is not conducted by the person who performed the calculation(s) or the data transfers. *(Standard 7.11.6.1 – ANAB AR 3125)*

      a) **This check may be part of a technical review.** *(Standard 7.11.6.1 NOTE – ANAB AR 3125)*

   3. Secure calculations and data transfers are initially checked in accordance with the validation process (refer to Chapter 50).

      a) **Non-secure calculations and data transfer checks are performed by the technical reviewer in casework and CODIS.**

      b) **There are no non-secure calculations and data transfers performed in the Breath Alcohol calibration laboratory.**
8 Management System Requirements (Standard 8 – 17025)

8.1 Option A

A. The laboratory establishes, documents, implements, and maintains a management system in accordance with Option A of ISO/IEC 17025 that is capable of supporting and demonstrating the consistent achievement of the requirements of ISO/IEC 17025 and assuring the quality of laboratory results. (Standard 8.1.1 – 17025)

B. At a minimum, the management system of the laboratory addresses the following: (Standard 8.1.2 – 17025)

1. Management system documentation (refer to 8.2 and Chapter 58);
2. Control of management system documents (refer to 8.3 and Chapter 58);
3. Control of records (refer to 8.4 and Chapters 52 – 56);
4. Actions to address risks and opportunities (refer to 8.5 and Chapter 64);
5. Improvement (refer to 8.6 and Chapter 64);
6. Corrective actions (refer to 8.7 and Chapter 63);
7. Internal audits (refer to 8.8 and Chapter 66); and
8. Management reviews (refer to 8.9 and Chapter 65).

8.2 Management System Documentation

A. Laboratory management establishes, documents, and maintains policies and objectives for the fulfilment of the purposes of ISO/IEC 17025 and ensures that the policies and objectives are acknowledged and implemented at all levels of the laboratory organization. (Standard 8.2.1 – 17025)

1. The following words (to include forms of the same word) used in ISO/IEC 17025 or in ANAB AR 3125 require addressing the requirement in writing (Standard 8.2.1.1 – ANAB AR 3125):
   a) agreed,
   b) appoint,
   c) authorize,
   d) define,
   e) instructions,
   f) method,
   g) plan,
   h) procedure,
   i) program,
   j) record,
   k) schedule, and
   l) specify.

B. The policies and objectives address the competence, impartiality and consistent operation of the laboratory. (Standard 8.2.2 – 17025)
C. Laboratory management provides evidence of commitment to the development and implementation of the management system and to continually improving its effectiveness. (Standard 8.2.3 – 17025)

D. All documentation, processes, systems, records, related to the fulfilment of the requirements of ISO/IEC 17025 are included in, referenced from, or linked to the management system. (Standard 8.2.4 – 17025)

E. All personnel involved in laboratory activities have access to the parts of the management system documentation and related information that are applicable to their responsibilities. (Standard 8.2.5 – 17025)

8.3 Control of Management System Documents

A. The laboratory controls the documents (internal and external) that relate to the fulfilment of ISO/IEC 17025. (Standard 8.3.1 – 17025)

1. In this context, “documents” can be policy statements, procedures, specifications, manufacturer’s instructions, calibration tables, charts, text books, posters, notices, memoranda, drawings, plans, etc. They can be on various media, such as hard copy or digital. (Standard 8.3.1 NOTE – 17025)

B. The laboratory ensures that (refer to Chapter 58): (Standard 8.3.2 – 17025)

1. Documents are approved for adequacy prior to issue by authorized personnel; (Standard 8.3.2a – 17025)

2. Documents are periodically reviewed, and updated as necessary; (Standard 8.3.2b – 17025)

3. Changes and the current revision status of documents are identified; (Standard 8.3.2c – 17025)

4. Relevant versions of applicable documents are available at points of use and, where necessary, their distribution is controlled; (Standard 8.3.2d – 17025)

5. Documents are uniquely identified; and (Standard 8.3.2e – 17025)

6. The unintended use of obsolete documents is prevented, and suitable identification is applied to them if they are retained for any purpose. (Standard 8.3.2f – 17025)

8.4 Control of Records

A. The laboratory establishes and retains legible records to demonstrate fulfillment of the requirements in ISO/IEC 17025. (Standard 8.4.1 – 17025)

B. The laboratory implements the controls needed for the identification, storage, protection, back-up, archive, retrieval, retention time, and disposal of its records. The laboratory retains records for a period consistent with its contractual obligations. Access to these records is consistent with the confidentiality commitments, and records are readily available (refer to Chapters 52, 56, and 60). (Standard 8.4.2 – 17025)

1. Contractual obligations for records retention include legal requirements and customer expectations. (Standard 8.4.2 NOTE 2 – ANAB AR 3125)

8.5 Actions to Address Risks and Opportunities

A. The laboratory considers the risks and opportunities associated with laboratory activities in order to: (Standard 8.5.1 – 17025)
1. Give assurance that the management system achieves its intended results; (Standard 8.5.1a – 17025)

2. Enhance opportunities to achieve the purpose and objectives of the laboratory; (Standard 8.5.1b – 17025)

3. Prevent, or reduce, undesired impacts and potential failures in the laboratory activities; and (Standard 8.5.1c – 17025)

4. Achieve improvement. (Standard 8.5.1d – 17025)

B. Risks and opportunities related to health and safety are considered. (Standard 8.5.1.1 – ANAB AR 3125)

C. The laboratory plans: (Standard 8.5.2 – 17025)

1. Actions to address risks and opportunities; and (Standard 8.5.2a – 17025)

2. How to integrate and implement the actions into the management system and evaluate the effectiveness of the actions. (Standard 8.5.2b – 17025)

   a) Any Laboratory employee may identify and document possible opportunities for improvement or potential nonconformance issues through the preventive action process (refer to Chapter 62).

   b) If a nonconformance is identified, it is processed as a Quality Incident and may proceed through corrective action, with the exception of resolved DNA contamination (refer to Chapter 63).

   c) Corrective and preventive actions are reviewed and improvements are recommended for consideration during quarterly management system surveys.

D. Actions taken to address risks and opportunities are proportional to the potential impact on the validity of laboratory results. (Standard 8.5.3 – 17025)

8.6 Improvement

A. The laboratory identifies and selects opportunities for improvement and implements any necessary actions (refer to Chapter 64). (Standard 8.6.1 – 17025)

B. The laboratory seeks feedback, both positive and negative, from its customers. The feedback is analyzed and used to improve the management system, laboratory activities and customer service. (Standard 8.6.2 – 17025)

8.7 Corrective Actions

A. When a nonconformity occurs, the laboratory (refer to Chapter 63): (Standard 8.7.1 – 17025)

   1. Reacts to the nonconformity and, as applicable: (Standard 8.7.1a – 17025)

      a) Takes action to control and correct it; and

      b) Addresses the consequences.

   2. Evaluates the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by: (Standard 8.7.1b – 17025)

      a) Reviewing and analyzing the nonconformity;

      b) Determining the causes of the nonconformity; and

      c) Determining if similar nonconformities exist, or could potentially occur.
3. Implements any action needed; (Standard 8.7.1c – 17025)
4. Reviews the effectiveness of any corrective action taken; (Standard 8.7.1d – 17025)
5. Updates risks and opportunities determined during planning, if necessary; and (Standard 8.7.1e – 17025)
6. Makes changes to the management system, if necessary. (Standard 8.7.1f – 17025)

B. The process for corrective action establishes a reasonable timeframe for completion for each corrective action. (Standard 8.7.1.g – ANAB AR 3125)

C. Corrective actions are appropriate to the effects of the nonconformities encountered. (Standard 8.7.2 – 17025)

D. The laboratory retains records as evidence of: (Standard 8.7.3 – 17025)
   1. The nature of the nonconformities, cause(s) and any subsequent actions taken; and (Standard 8.7.3a – 17025)
   2. The results of any corrective action. (Standard 8.7.3b – 17025)

8.8 Internal Audits

A. The laboratory conducts internal audits at planned intervals to provide information on whether the management system: (Standard 8.8.1 – 17025)
   1. Conforms to: (Standard 8.8.1a – 17025)
      a) The laboratory’s own requirements for its management system, including the laboratory activities; and
      b) The requirements of ISO/IEC 17025.
   2. Is effectively implemented and maintained. (Standard 8.8.1b – 17025)

B. Internal audits provide information on whether the management system conforms to the requirements of ANAB AR 3125. (Standard 8.8.1.a1 – ANAB AR 3125)

C. Internal audits are conducted at least annually, as well as prior to the initial accreditation assessment. (Standard 8.8.1.1 – ANAB AR 3125)
   1. All regional laboratories are internally audited at least once a year by an Audit Team.
   2. The Audit Team is comprised of qualified and trained auditors with sufficient technical knowledge to audit to the applicable standards.

D. The laboratory: (Standard 8.8.2 – 17025)
   1. Plans, establishes, implements, and maintains an audit program including the frequency, methods, responsibilities, planning requirements and reporting, which takes into consideration the importance of the laboratory activities concerned, changes affecting the laboratory, and the results of previous audits (refer to Chapter 66); (Standard 8.8.2a – 17025)
      a) The System Quality Manager, in consultation with the Compliance Auditor and Top Management, defines the audit plan(s) and schedule. The Laboratory Director approves the audit plan(s).
   2. Defines the audit criteria and scope for each audit; (Standard 8.8.2b – 17025)
      a) Internal audits include direct observation of a sample of accredited services within each discipline. (Standard 8.8.2.b1 – ANAB AR 3125)
Management System Requirements (Standard 8 – 17025) (8.9)

8.9 Management Reviews

A. The laboratory management reviews its management system at planned intervals, in order to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfillment of ISO/IEC 17025 (refer to Chapter 65). (Standard 8.9.1 – 17025)

B. Management reviews are conducted at least annually, as well as prior to the initial accreditation assessment. (Standard 8.9.1.1 – ANAB AR 3125)

C. The inputs to management review are recorded and include information related to the following: (Standard 8.9.2 – 17025)

1. Changes in internal and external issues that are relevant to the laboratory; (Standard 8.9.2a – 17025)
2. Fulfillment of objectives; (Standard 8.9.2b – 17025)
3. Suitability of policies and procedures; (Standard 8.9.2c – 17025)
4. Status of actions from previous management reviews; (Standard 8.9.2d – 17025)
5. Outcome of recent internal audits; (Standard 8.9.2e – 17025)
6. Corrective actions; (Standard 8.9.2f – 17025)
7. Preventive actions;
8. Assessments by external bodies; (Standard 8.9.2g – 17025)
9. Changes in the volume and type of the work or in the range of laboratory activities; (Standard 8.9.2h – 17025)
10. Customer and personnel feedback; (Standard 8.9.2i – 17025)
11. Complaints; (Standard 8.9.2j – 17025)
12. Effectiveness of any implemented improvements; (Standard 8.9.2k – 17025)
13. Adequacy of resources; (Standard 8.9.2l – 17025)
14. Results of risk identification; (Standard 8.9.2m – 17025)
15. Outcomes of the assurance of the validity of results; and (Standard 8.9.2n – 17025)
16. Other relevant factors such as monitoring activities and training. (Standard 8.9.2o – 17025)

i. A sample can be one or more.

3. Ensures that the results of the audits are reported to relevant management; (Standard 8.8.2c – 17025)
4. Implements appropriate correction and corrective actions without undue delay; and (Standard 8.8.2d – 17025)
5. Retains records as evidence of the implementation of the audit program and the audit results. (Standard 8.8.2e – 17025)
D. The outputs from the management review record all decisions and actions related to at least: (Standard 8.9.3 – 17025)

1. The effectiveness of the management system and its processes; (Standard 8.9.3a – 17025)

2. Improvement of the laboratory activities related to the fulfilment of the requirements of ISO/IEC 17025; (Standard 8.9.3b – 17025)

3. Provision of required resources; and (Standard 8.9.3c – 17025)

4. Any need for change. (Standard 8.9.3d – 17025)
Part II: Laboratory Customer Handbook

9 Introduction

The Texas Department of Public Safety Crime Laboratory Service, hereafter referred to as the Laboratory, is committed to providing expert forensic laboratory services within our scope of accreditation to our customers within Texas. We continuously strive to exceed our customers' expectations of quality, accuracy, timeliness, professional standards, and customer service. For the purposes of this handbook, “customer” primarily refers to law enforcement agencies (e.g., submitting officer or submitting agency) and secondarily refers to other criminal justice entities (e.g., prosecuting attorneys and courts).

The Laboratory Customer Handbook is provided to law enforcement personnel and members of the legal community in order to communicate laboratory policies and requirements regarding the scientific examination and analysis of evidentiary material, scientific assistance in criminal investigations, expert testimony, the collection of DNA samples for submission to the CODIS Laboratory, and other related forensic services and activities.

This handbook also serves as a guide to assist law enforcement personnel in the safe and efficient methods of evidence collection, packaging, and submission for the most common types of physical evidence amenable to forensic testing. Our goal is to collaborate with our customers to prevent evidence loss, damage, and contamination while maintaining a proper chain of custody in order to protect the integrity of the evidence and investigation.

The Laboratory Customer Handbook is excerpted in full from the Texas Department of Public Safety Crime Laboratory Service Manual. The most current version of laboratory policies and procedures, including the Laboratory Customer Handbook, are available online at http://www.dps.texas.gov/CrimeLaboratory/Pubs.htm.

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10 General Laboratory Information

10.1 Statement of Services

A. The Laboratory offers forensic testing, calibration, and related services in numerous locations throughout the state of Texas.

1. Available forensic services / types of analysis:
   a) AFIS (Automated Fingerprint Identification System);
   b) Biology/DNA;
   c) CODIS (COmbined DNA Index System);
   d) Digital/Multimedia;
   e) Firearms & Toolmarks;
   f) Forensic Document Examination;
   g) Friction Ridge;
   h) Seized Drugs (including remote consultation only for the collection of evidence from clandestine laboratories);
   i) Toxicology (Alcohol/Volatiles and/or Drugs); and
   j) Trace Evidence.

2. A listing of Laboratory testing services and the regional laboratories that provide those services is located in Appendix 1 – Laboratory Services.

   a) The Laboratory does not perform external calibration services.

   b) The specific Laboratory service sections included in this handbook outline guidance, additional policies, and limitations on the scope of testing offered by the Laboratory.

3. The mailing and physical addresses, phone numbers, and email addresses for all regional laboratories may be found in Appendix 2 – Laboratory Contact Information.

4. Submission of evidence to the Laboratory for testing services regarding Biology/DNA, Firearms & Toolmarks, Friction Ridge, Seized Drugs, Toxicology (Alcohol/Volatiles), and Trace Evidence is based on the geographic area of the state and the county of offense (due to proximity to the relevant court).

   a) Refer to the service area maps located on the DPS website for a visual representation of the distribution of regional laboratories and testing services offered throughout the state.

   b) Evidence submitted to the incorrect service area regional laboratory may cause delays in testing and completion of analysis.

B. The State CODIS Laboratory is located in Austin and is responsible for:

1. Receiving, analyzing, and verifying acceptability of subject samples, including AFIS verification of fingerprints on the DNA database cards;

2. Entering and storing DNA types into a database;

3. Monitoring and enabling access to the database; and

4. Managing the Statewide CODIS Program.
C. The Breath Alcohol Laboratory (BAL) and its Office of the Scientific Director (OSD) are located in Austin and are responsible for:
   1. Administering a statewide judicially acceptable forensic breath alcohol test program;
   2. Calibration and certification of evidential breath alcohol test instruments performed at 21 (twenty-one) calibration sites strategically located across the State; and
   3. Production of certified reference materials used in calibration activities.

10.2 Laboratory Accreditation

A. The Texas Code of Criminal Procedure Article 38.35 requires forensic analysis to be conducted by an accredited laboratory in order for the analysis and the related expert testimony to be admissible in a criminal proceeding in Texas.
   1. The statute further requires a laboratory to be accredited specifically by the Texas Forensic Science Commission (effective 9/1/2015). Further information about the Commission’s accreditation program, including a list of accredited laboratories, can be found on the Texas Forensic Science Commission website: http://www.txcourts.gov/fsc/accreditation/.

B. The Laboratory is accredited by the Texas Forensic Science Commission and the ANSI-National Accreditation Board (ANAB) to the ISO/IEC 17025 Standard, supplemental requirements of the accrediting body (ANAB AR 3125), and the Quality Assurance Standards for DNA Databasing and Forensic DNA Testing Laboratories.

C. In order for the Laboratory to maintain accreditation and provide the most efficient, impartial, and effective testing, the policies set forth herein regarding customer communication and case acceptance and analysis must be followed.

10.3 Hours of Operation

A. Typical hours of operation are between 8 a.m. and 5 p.m. on weekdays. Regional laboratories may be contacted directly for specific hours during which they receive evidence and to inquire about making an appointment for evidence submission (refer to Appendix 2 – Laboratory Contact Information).

B. For evidence submissions, laboratories may elect to close over the lunch hour, but are required to address any emergencies that may arise during this time.

C. For assistance during non-business hours, contact DPS Communications (refer to Appendix 2 – Laboratory Contact Information for Regional Communication Office phone numbers).

D. The Laboratory observes the State of Texas holiday schedule which is published by the Texas State Auditor’s Office. On occasion, offices may be closed without public notice due to inclement weather conditions or the discretion of the Department Director.

10.4 General Evidence Submission

A. Evidence may be submitted in person, via postal or commercial shipping service, via electronic submission such as email (e.g., evidentiary images or other digital media for analysis), or via Laboratory Drop Box.
   1. Please ensure all aspects of chain of custody are considered when choosing the shipment parameters.
B. In order to more conveniently and effectively serve our customers, the Laboratory offers and encourages the use of scheduled evidence submission and return appointments.

1. Appointments ensure that evidence receiving staff have sufficient resources to receive and return evidence in a timely manner. While scheduling is not required, it is particularly important when submitting multiple cases or a significant number of evidence items that an appointment is scheduled.

2. Scheduled appointments are prioritized, but walk-ins are accommodated as time allows.

3. Please contact the regional laboratory in the applicable service area to inquire about evidence submission and return appointments (refer to Appendix 2 – Laboratory Contact Information).

C. Evidence under the control of the Laboratory will not be released for defense examinations without a valid court order.

1. Evidence that is sent for defense testing must be directly sent to an accredited laboratory.

2. If specifically ordered by the court, evidence may be forwarded to an unaccredited laboratory. The Laboratory will attempt to communicate the need to send evidence to an accredited laboratory to attorneys involved and document the communication attempts in the case record.

10.5 Laboratory Reports, Letters, and Certificates

A. The Laboratory issues written reports, letters, and calibration certificates to communicate the results of Laboratory activities. Laboratory reports and letters are primarily distributed electronically to governmental or customer business email address domains (including, but not limited to, .us, .gov, .mil, .org, and .edu). Calibration certificates are distributed electronically via the DPS website at https://www.dps.texas.gov/BalLab.

1. If an acceptable customer email address is not available, Laboratory reports and letters are distributed via mail, fax, or in person.

B. Results stated within a report only apply to the items sampled and/or tested by the Laboratory. If the customer samples evidence prior to submission for testing, the reported results only apply to the sample as received by the Laboratory.

C. Reports, letters, and calibration certificates may not be reproduced by the customer except in full.

D. All reports contain conclusions, opinions, and interpretations based on and supported by data obtained from using appropriate and validated scientific methods and procedures. The Laboratory's current methods and procedures are available online at http://www.dps.texas.gov/CrimeLaboratory/Pubs.htm.

E. In addition to the report, the Laboratory maintains a complete case record which is discoverable under Texas Code of Criminal Procedure Article 39.14.

10.6 Confidentiality and Release of Laboratory Information and Records

A. Laboratory information and records are kept confidential as a normal business practice.
B. Upon being presented with a valid public information request, valid subpoena duces tecum, valid court order, or discovery request (Michael Morton Act) for records, the Laboratory makes every effort to comply while taking precautions to ensure that only authorized persons receive the information.

1. Because the Laboratory is typically unaware of the customer and/or legal status of the case, laboratory records and information may be provided upon receipt of a public information request for cases which are currently active, have ongoing investigations, or are pending criminal charges or litigation.
   a) The Laboratory will contact the customer to provide notification that a public information request has been received for Laboratory cases involving crimes against persons (e.g., homicide, assault, sexual assault, kidnapping). At that time, the customer may request that the Laboratory withhold the requested records due to the case’s active status, ongoing investigations, or pending criminal charges or litigation.
   b) If a customer requests that the case-related Laboratory records are withheld from public disclosure, the Department will take the appropriate steps to seek a decision from the Texas Attorney General. The Laboratory makes no guarantee of the Attorney General’s ultimate decision regarding if the requested records may be withheld from public disclosure.

2. Laboratory records and information are routinely released to designated court officials for legal purposes. The records and information released are not considered confidential for the purposes of prosecution. Defendants are entitled to discovery in state prosecutions pursuant to Texas Code of Criminal Procedure Article 39.14 which contemplates discovery being handled through the prosecutors’ office.

3. Laboratory records and information may additionally be released to applicable accrediting bodies or other entities for the purposes of maintaining accreditation.

C. Confidential information which may be in the Laboratory's possession is not routinely released pursuant to public information requests.

1. Confidential information includes, but is not limited to:
   a) Dates of birth;
   b) Driver license numbers or identification card numbers;
   c) License plate numbers and vehicle identification numbers;
   d) FBI number and criminal history records (TLETS/TCIC/NCIC);
   e) Social security numbers;
   f) Financial account numbers (e.g., credit card, debit card, insurance policy, bank account, bank routing number, or any portion of the number);
   g) DNA, CODIS, or fingerprint records;
   h) Autopsy photographs; and
   i) Department employee’s personal information (e.g., home address, home/cellular telephone number, social security number, date of birth, emergency contact information, and family information) if the employee elected to restrict the information.
D. Laboratory quality incidents and action plans, breath alcohol-related quality and technical records, laboratory manuals, policies, procedures, and forms are available on the public domain at the DPS website. A DNA Contamination Log and Quality Incident Search list are additionally available.

1. No customer-specific or confidential information is placed in the public domain at the DPS website.

E. Information about the customer obtained from sources other than the customer (e.g., complainant, regulators) is confidential between the customer and the Laboratory. The source of this information is confidential to the Laboratory and is not shared with the customer, unless agreed upon by the source.

F. Only individuals employed by the Department may observe laboratory activities in laboratory areas to ensure confidentiality of active investigations, except in the following instances:

1. Customers who are escorted at all times when working directly with Digital/Multimedia personnel when a need to collaborate has been identified based on the nature of the evidence;
2. Assessors who are escorted by Laboratory personnel at all times when performing direct observation of laboratory activities for accreditation purposes; or
3. With documented approval of the Laboratory Director.

10.7 Laboratory Visitation and Tours

A. When circumstances permit, open houses are scheduled at least annually, during which testing is halted in order to provide access to Laboratory areas. Interested parties should contact the nearest Laboratory facility for more information on open house events.

B. Outside of the open house, the Laboratory may provide approved video tours or tours limited to non-working Laboratory areas (hallways or meeting rooms).

C. In order to preserve the confidentiality of all cases and maintain a safe and secure working environment, customers are not permitted to be present during the examination of evidence for the following reasons:

1. Safety Risk;
   a) Access to the bench area of the Laboratory means high risk exposure to biological, chemical, and fire hazards, and exposure to use of weapons.
   b) Personnel who work within these secure areas of the Laboratory are required to have considerable training in safety awareness such as routes of exposure, chemical properties impacting spill and fire response, use of safety equipment, sharps protocol to prevent bloodborne pathogen exposure, prevention of lead exposure, weapon safety, and much more.
   c) It is a Department liability to allow an untrained and unvaccinated visitor in such a high risk area.

2. Contamination Risk to Evidence;
   a) Evidence open for examination is at risk for contamination, which diminishes its integrity, quality, and usefulness as evidence.
   b) In certain areas, contamination prevention requires a full face mask and protective clothing to be worn by anyone entering the room, and in all areas, the knowledge of how to prevent contamination is critical.
c) Contamination can occur in a variety of ways depending on the type of evidence.
   i. DNA contamination can occur from coughing, talking, sneezing, shedding a hair or
dandruff, or touching a surface. A DNA contamination event may occur days
before detection. The slightest amount of DNA can now be detected with the very
sensitive technologies in use.
   ii. Trace evidence contamination can occur from the shedding of hairs or fibers.
   iii. Friction ridge contamination can occur from a touch.
   iv. Forensic Document Examination evidence can be altered by touch, pressure,
impressions, and liquid.
   v. Digital/Multimedia contamination can occur from a magnet, a touch, pressure, and
liquids.

d) In order to prevent contamination when a visitor is present, the Laboratory must
remove all other evidence from the area.

e) The analyst must prevent access to the evidence by others while simultaneously
accessing the evidence themselves for careful testing, all while overcoming the
added distraction of an audience.

f) Once a visitor departs, the Laboratory must decontaminate the testing area.
   i. Decontamination may involve wiping down an entire room with bleach or flooding
an area with ultraviolet light.

3. Security Risk to Laboratory; and

a) While unintentional contamination can easily occur, deliberate actions are also a
threat. It is Department policy to perform a background check on employees and
contractors before they are allowed into the secure areas of the Laboratory.

b) The Laboratory is entrusted to protect confidential information and handles
valuable evidence including money, jewelry, and seized drugs.

4. Expense to Laboratory, Customers, and Other Stakeholders.

a) The presence of visitors inside the secure area is a costly disruption of efficient
workload processes in the Laboratory. With an observer, time and space must be
dedicated to a single case, where, for example, instead of testing one blood tube
for one Toxicology (Alcohol/Volatiles and/or Drugs) case, the usual Laboratory
procedure is to run a batch of multiple cases.

b) During a visit, no other Laboratory equipment within the room can be used nor may
another analyst perform work on other cases within the room to avoid unnecessary
contamination or security risk to other evidence. One single observed case can
limit access to most of the Laboratory equipment for all other cases of the same
type, resulting in lost productivity for many analysts.

c) Reagents, particularly those associated with DNA analysis, are costly and all
normal quality controls must be run regardless of how few samples are run.

d) Decontamination of a workspace is time consuming and labor intensive and may
also require the workspace to be vacated for a time, such as for decontamination
by ultraviolet light.

e) Visitor DNA may need to be analyzed and compared if contamination does occur,
using reagents and analysts’ time to search for the source of contamination.
f) Additional costs are incurred by the Laboratory in purchasing personal protective gear for an observer and cleaning costs for non-disposable items.

g) A Laboratory visitor must be observed at all times by a staff member for security reasons, further decreasing productivity for the Laboratory.

10.8 Customer Feedback, Complaints, and Communications

A. The Laboratory values and encourages feedback and communication from customers and other stakeholders to ensure the laboratory’s continuing suitability, adequacy and effectiveness.

1. Feedback may be provided via forms available at regional laboratories or electronically.

B. Complaints should be communicated directly to the applicable Laboratory Manager for efficient resolution. Alternatively, complaints may be submitted via the same survey link above.

1. For complaints regarding a Texas Department of Public Safety Crime Laboratory in regards to professional negligence or professional misconduct that would substantially affect the integrity of the results of a forensic analysis, please contact the Texas Forensic Science Commission via their website at http://www.fsc.texas.gov/submitcomplaint.

C. As a result of compliance with accreditation standards and other best customer service practices, there are communication policies regarding case acceptance, service requests, and submitted cases that are upheld by the Laboratory.

1. The Laboratory will contact the customer as necessary to discuss the following topics including, but not limited to:

   a) The customer’s request for Laboratory services;

   b) The Laboratory response to a request for expedited analysis or reanalysis;

   c) Additional testing services/types of analysis offered by the Laboratory which may be beneficial to the customer or investigation;

   d) The preliminary or reported results and conclusions of testing;

   e) Significant delays in analysis or case turn-around time;

   f) Approval for the Laboratory to deplete all submitted unfired ammunition in the generation of test fires during Firearms & Toolmarks analysis (with the exception of distance determination and ejection pattern testing);

   g) The requirement to issue a subpoena duces tecum in order to obtain the contact information of former Laboratory personnel for testimony; and

   h) The receipt of a public information request for case-related Laboratory records and information.

2. Upon attempted contact by the Laboratory, the customer has 5 (five) full business days in order to respond. If the customer does not respond within the allotted time, the Laboratory reserves the right to proceed with, amend, or withdraw any service request. The Laboratory additionally reserves the right to release any case-related information or records in response to a public information request.

   a) Business days do not include weekends and holidays as defined in the State of Texas Holiday Schedule published by the Texas State Auditor’s Office (http://www.hr.sao.texas.gov/Holidays).
b) For instances in which there is the possibility of evidence degradation or when the condition of the evidence poses an immediate safety concern, the Laboratory may proceed at its discretion without waiting the 5 (five) full business days for customer response.

3. The Laboratory retains all communications regarding service requests, submitted evidence, or Laboratory cases.

D. For questions regarding Laboratory services and policies, please contact the regional laboratory in the applicable service area (refer to Appendix 2 – Laboratory Contact Information).
11 Expert Witness Testimony Guidance

A. The Laboratory services agencies in all 254 counties in the State of Texas. Personnel testify hundreds of times and travel thousands of miles each year.

B. In order to ensure that the Laboratory is able to provide the best expert witness experience possible while maintaining regular laboratory requirements and managing case workloads, it is requested that the following guidelines are followed:

1. Notification for Court Appearances or Cancellations
   a) Every effort should be made to give at least 48 hours’ notice when an analyst is needed for court. The expert plays a significant role in the judicial system and often there is a need to present results and interpretations in court. The Laboratory makes every effort to accommodate the requests received.
      i. It is disruptive to laboratory workflow when last minute testimony requests are received. Laboratory analyses can be very involved, requiring coordination and precise timing for sample preparation, use of equipment, instrumental analysis, and review. Unscheduled court appearances can create significant delays in casework due to the inability to appropriately schedule laboratory time.
      ii. Due to other court obligations or scheduled time off, personnel may not be able to accommodate requests received with short notice.
      iii. Please consider the use of real-time video technology in place of in-person testimony to reduce the budgetary and time impact to the Laboratory and individual testifying. Statutory authority for video testimony by a forensic analyst can be found in Texas Code of Criminal Procedure Article 38.076.
   b) It is requested that as much advance notice as possible be given for court cancellations. The court process can be unpredictable and witnesses may be en route to court before it is determined their testimony is not needed. Personnel may not have email or phone access while they are on the road.
   c) Requestors should call the Laboratory during normal business hours or the relevant DPS Regional Communications Offices after hours to expedite notifications to the analyst (refer to Appendix 2 – Laboratory Contact Information).

2. Subpoenas for Current or Former Personnel
   a) If an analyst is needed for court as a witness for the prosecution, a subpoena should be issued in order to ensure proper notification and scheduling.
      i. Subpoenas allow staff to update their calendars and immediately notify the issuer of the subpoena of any scheduling conflicts.
   b) If an analyst is needed for court and is a witness for the defense, a subpoena is required by Agency policy and the prosecutor is notified
   c) A Laboratory case number should be included on the subpoena, as there may be multiple defendants with the same name in the Laboratory's Information Management System.
   d) Subpoenas are generally marked with the date they are received. Personnel may receive multiple subpoenas for the same date, in particular for the Seized Drugs and Toxicology (Alcohol/Volatiles and/or Drugs) disciplines.
      i. Court requests are first prioritized based on the date received to mitigate scheduling conflicts between courts.
ii. Subpoenas for federal and district court cases are further prioritized over county court cases if multiple requests are received for the same date of testimony.

e) Subpoenas for the testimony of former personnel will not routinely be forwarded by the Laboratory. The Laboratory makes no guarantees of appearance or testimony on behalf of former personnel.

i. In order to obtain the contact information for former laboratory personnel, a subpoena duces tecum should be issued to the Texas Department of Public Safety Human Resource Operations Division requesting the individual’s mailing address, physical address, and phone number(s).

Attn: Assistant Chief, Human Resources
Texas Department of Public Safety Human Resource Operations Division
PO Box 4087, Austin, TX 78773-0251
Email: Human.Resources@dps.texas.gov
Phone: (512) 424-5900
Fax: (512) 424-2338

ii. If a subpoena is received for former personnel, the Laboratory will contact the issuer of the subpoena and provide the guidance above.

3. Communication and Pre-Trial Conferences

a) Staff is generally accessible via phone and email during regular work hours. After hours, or while on the road traveling to court, analysts will have limited or no access to work phones and emails.

   i. Requestors should call the Laboratory during normal business hours or the relevant DPS Regional Communications Offices after hours to expedite notifications to the analyst (refer to Appendix 2 – Laboratory Contact Information).

b) It is very important that analysts have an opportunity to discuss their testimony prior to the actual court appearance. This communication, no matter how brief, can add great value to the testimony process.

c) Please consider the use of a pre-trial conference to better understand testimony scope, limitations, and disclosure requirements. These meetings can be accomplished in person, over the telephone, or through video teleconference.

d) If a request for a pre-trial conference is received from the defense, the prosecutor associated with the case is notified.

4. Travel

a) Travel to and from court consumes a great deal of time. Because the state is so large, it is not uncommon for analysts to be needed for testimony in a jurisdiction that is hours away from the laboratory.

   b) In the interest of employee safety, driving is generally limited to between 6 am and 7 pm.

5. Video or Remote Testimony

a) Consideration should be given to allow analysts to present testimony through a video service such as Cisco’s WebEx, Skype, or Zoom.
b) A WebEx session can be established by the Laboratory and generally only a computer with internet access, video capabilities, and a microphone or telephone is required on the receiving end. This option enables the laboratory personnel to utilize their time more efficiently.

6. Transportation of Evidence to Court
   a) Evidence not in the care, custody, or control of the Laboratory is not retrieved or transported for court purposes.
   b) If evidence is needed in court, the requestor must notify the Laboratory as soon as possible.
   c) Laboratory personnel are not commissioned officers and at times use their personal vehicles to travel to and from court. For these reasons, Laboratory personnel are not permitted to transport seized drug evidence to and from court.

C. In the event the original analyst is unavailable for testimony, reanalysis of evidence may occur only by receipt of a valid court order or with the documented approval of the Laboratory.
   1. Reanalysis may be dependent on the circumstances of the case and condition of evidence.
   2. Certificates of Analysis and Peer Review Affidavits are available upon request and their use is encouraged to reduce the need for reanalysis in the event the original forensic scientist is not available for testimony.

D. Testimony for non-DPS cases
   1. DPS analysts are sometimes asked to provide testimony on non-DPS cases such as serum conversions, toxicology extrapolations, and hypothetical cases.
   2. While DPS analysts may be able to provide this type of testimony, due to the lack of personal knowledge of the circumstances of the case the analyst's testimony may be limited.
12 Laboratory Terms of Service

Under the contract for services, the customer acknowledges and permits the Laboratory to:

A. Choose the appropriate testing methods to fulfill the customer’s request based on the information provided;
   1. When the Laboratory has the capability to complete the requested services, appropriate methods of analyses and examinations that have been validated and recognized by the forensic community are used.
   2. The customer is not explicitly informed prior to testing of the specific methods used to conduct the analyses or examinations on the submitted evidence.
   3. Methods approved and available for use are available for review on the DPS website.
   4. If the testing methods utilized are not provided via laboratory report, they can be provided upon request.

B. Choose the testing method determined to have the most probative or relative value to the submitted evidence;

C. Prioritize analysis requests utilizing a testing sequence that will allow for optimal results (e.g., DNA collection prior to friction ridge processing or trace evidence collection) for requests that involve multiple types of analysis;
   1. In the event multiple types of analysis are requested but only one can be performed, the customer is consulted to determine the best course of action.

D. Deviate from published and current methods of analysis or examination, when necessary;

E. Use discretion when determining to not complete a requested service, to halt testing, or to not perform an otherwise routine test (refer to Chapter 15 – Case Acceptance and Analysis Policies);
   1. Determinations made due to specified case acceptance and analysis policies are not considered a change in contract and do not require explicit communication to the customer prior to the performance of Laboratory activities.
   2. Determinations of this type may routinely be due to submitted evidence which is determined to be of insufficient quantity, insufficient quality, or of limited investigative or probative value.
   3. The customer is informed when a requested service has not been performed or when an evidentiary item was not analyzed or examined due to the above determinations via the [Discipline / Relevant Test] Laboratory Report.

F. Issue simplified reports;
   1. Agreement to receive simplified reports means that the following information will be retained and can be provided upon request, but may not be provided on a standard Laboratory report:
      a) The identification of the methods used; and
      b) The date(s) of performance of the Laboratory activities.

G. Deplete evidentiary items where there is a limited amount of sample in order to perform or complete the requested testing service/type of analysis;
H. Use a sampling plan during Seized Drugs analysis to analyze a portion of the submitted evidentiary items when a large number of homogenous items are submitted as one exhibit (e.g., pharmaceutical tablets and edibles);
   1. A scientifically valid method of selection and analysis is used on the samples if the reported results are intended to be representative of the whole exhibit.
   2. The customer is informed when a sampling plan has been used via the Seized Drugs Laboratory Report.

I. Subdivide an evidence item for analysis or collect a sample from the evidence item in order to properly preserve or analyze the evidence (e.g., cuttings, tape lifts, extractions, and segregation of samples); and
   1. Subdivided items may be retained by the Laboratory for possible future examination or retrieval. The Laboratory maintains an internal chain of custody for the subdivided items while in the care of the Laboratory.
   2. The customer is notified of the disposition of all submitted evidence items in the [Discipline / Relevant Test] Laboratory Report.

J. Forward submitted evidence to another regional laboratory (i.e., insource) or another accredited laboratory (i.e., outsource) for the completion of the requested service.
   1. Evidence is routinely forwarded in instances where the evidence is submitted to a regional laboratory which does not support the requested service (refer to Appendix 1 – Laboratory Services).
   2. Evidence may be insourced or outsourced for purposes of efficiency and effectiveness at the Laboratory’s discretion.
   3. When insourcing occurs, the physical testing location is communicated via the [Discipline / Relevant Test] Laboratory Report.
   4. The customer is informed, as appropriate, when evidence has been outsourced to another accredited laboratory.
   5. If, for any reason, the customer does not agree to automatic outsourcing to another accredited laboratory, the customer must communicate this to the Laboratory via the submitted Laboratory submission form.
13 Laboratory Service Requests

13.1 Requests for Service

A. A completed Laboratory submission form is required and serves as a proposed contract for services between the customer and the Laboratory (refer to Chapter 14 – Required Forms and Evidence Collection Kits).

B. The completed submission form and any other request-related documentation should accompany the evidence when it is submitted. Submission forms and other required documentation may vary based on the type of evidence to be submitted or the request for service.

C. Upon the issuance of a Laboratory case number and the placement of the case label information on the submission form, the Laboratory accepts the request for analysis.
   1. The accepted request is considered to be a contract between the customer and the Laboratory and may be subject to additional review and/or deviation.

D. If a case receives a legal disposition any time after submission and there is no statutory requirement to perform the testing, notify the Laboratory as soon as possible so Laboratory resources may be redirected to active cases.

E. Internal DPS customers for whom the Laboratory is storing seized drug evidence are required to notify the Laboratory of the disposition of the case within 30 (thirty) days from date of legal disposition.

F. The Laboratory has established general request acceptance and analysis policies (also referred to as case acceptance and analysis policies) to maximize efficiency for all stakeholders. Additionally, specific policies have been established for the following testing services/types of analysis:
   1. Biology/DNA;
   2. Digital/Multimedia;
   3. Friction Ridge;
   4. Seized Drugs;
   5. Toxicology (Alcohol/Volatiles and/or Drugs); and
   6. Trace Evidence.
   7. For cases where evidence is submitted for multiple services, multiple types of analysis, or in the event of special circumstances, the Laboratory will consider the acceptance of additional evidence beyond the limitations communicated in these policies.
   8. For additional information, please refer to Chapter 15 – Case Acceptance and Analysis Policies.

G. For DNA, Forensic Document Examination, Friction Ridge, and Trace Evidence service requests, the Laboratory requires the submission of known reference or exemplar samples from victim(s), suspect(s), and elimination subjects for comparison purposes.
   1. Elimination subjects are persons who had legitimate access to a crime scene or item of evidence and may be detected during forensic analysis but are not the victim or considered a suspect.
a) An example of a person listed for elimination purposes is a consensual partner of a victim of a sexual assault or individuals other than the victim residing in a residence that was burglarized.

2. It is the responsibility of the customer to collect reference or exemplar samples prior to submission of the evidence, if possible.
   a) Samples should be collected during the initial investigation, packaged separately from the evidence, and submitted at the same time as the evidence.
   b) Lack of submitted reference or exemplar samples may limit or delay analysis.

3. The Laboratory may be consulted on a case-by-case basis prior to the submission of evidence for guidance on the recommended standards to submit.
   a) Recommendations to submit reference or exemplar samples may also be communicated in a [Discipline / Relevant Test] Laboratory Report, where applicable.

H. Customers should contact their local Texas Ranger for assistance with crime scene response.

13.2 Expedited Requests

A. For special service requests or requests involving time constraints, it is the responsibility of the customer to effectively communicate those needs to the Laboratory.
   1. The Laboratory discourages frequent non-routine or expedited service requests as they negatively impact quality and the timely and accurate completion of other requests.
   2. Requests are typically worked chronologically based on submission date (those that have been in the queue the longest).
      a) Delays in routine casework will usually not result in direct communication with the customer.
      b) Approximate casework turn-around times are posted on the DPS website.

B. A case may be expedited if it involves any of the following circumstances:
   1. A threat to public safety (e.g., an unidentified serial rapist);
   2. An impact to court trials;
   3. An impact to jails (e.g., subject is confined for an extended period pending Laboratory results);
   4. A high profile incident that draws national media attention; or
   5. Other circumstance(s) which dictate the need for expedited analysis.

C. The customer is informed by Laboratory management as to whether the request has accepted or denied. Requests may typically be denied if the Laboratory is unable to fulfill the expedited request within the requested time constraints.

D. Service-Level Notice Requirements
   1. Evidence must be submitted prior to, or at the time the expedited request is received.
2. Expedited requests may additionally be prioritized based upon the evidence submission date, offense type, statute of limitations, court date, or any exigent circumstances.

3. While the Laboratory makes every effort to meet requested timelines, acceptance of an expedited request is not a guarantee that testing will be complete prior to the requested completion date. It is imperative that as much advanced notification is provided to the Laboratory as possible.

4. Seized Drugs
   a) Notice must be provided to the Laboratory at least **30 (thirty) business days** prior to the date results are needed for court purposes.

5. Biology/DNA, Digital/Multimedia, and Trace Evidence (including GSR analysis)
   a) Notice must be provided to the Laboratory at least **60 (sixty) business days** prior to the date results are needed for court purposes.

### 13.3 Requests for Storage and Destruction of Evidence

A. The Laboratory examines evidence from over 2,000 law enforcement agencies across Texas. Due to the volume of evidence submitted to the Laboratory, only evidence submitted by internal DPS customers may be stored or submitted for storage.

B. All evidence submitted by non-DPS entities is returned to the submitting agency with the exception of the following:
   1. All Laboratory-generated lifted friction ridge impressions and photographs are retained by the Laboratory for future reference.
   2. Submitted friction ridge exemplars are retained by the Laboratory if comparisons were performed by the Laboratory.

C. The Laboratory does not take custody of evidence for destruction from non-DPS entities.

D. Per Texas Code of Criminal Procedure Article 38.43, non-DPS law enforcement agencies and other criminal justice entities from counties with a population less than 100,000 may submit biological evidence for long-term storage.
   1. Agencies are encouraged to store this evidence locally until conclusion of trial.
   2. All submissions for long-term storage must be made to the DPS Bio-Warehouse located in Houston (refer to Appendix 2 – Laboratory Contact Information).

### 13.4 Requests for Reanalysis of Evidence

A. Reanalysis of evidence which has previously been tested only occurs by receipt of a valid court order, or with the documented approval of the Laboratory under the following circumstances:
   1. Cases affected by a warrantless blood draw;
   2. For administrative or quality assurance purposes;
   3. The original forensic scientist is not available for testimony;
      a) Certificates of Analysis and Peer Review Affidavits are available upon request and their use is encouraged to reduce the need for reanalysis in the event the original forensic scientist is not available for testimony.
4. New technology or procedures become available; or
5. A change in legal statutes or requirements.

B. Resubmission of evidence may be considered for the purposes of additional testing not previously performed and/or processing of additional evidence.

13.5 Evaluation of Service Requests

A. Following submission, the Laboratory evaluates the evidence and the requested testing services/types of analysis to ensure that the needs of the customer can be met by the Laboratory. A case synopsis or offense report can assist in evaluating the requested services.

1. If the submission form requires significant amendment, the Laboratory contacts the customer regarding the changes.
   a) Customers may be asked to submit a corrected Laboratory submission form and/or provide additional information pertaining to the request.
   b) Administrative changes may be made by the Laboratory without explicit contact to the customer.

2. The Laboratory contacts the customer when circumstances of the submission require clarification prior to the commencement of testing or analysis.

3. The Laboratory contacts the customer when the method requested by the customer is considered to be inappropriate or out of date.

4. The Laboratory contacts the customer to clarify any significant discrepancies with the submission form, description or condition of the item(s) of evidence, and whether to proceed with testing.
   a) Significant discrepancies include, but are not limited to:
      i. Evidence indicated on the submission form but not located upon evidence intake or during analysis (e.g., missing evidence);
      ii. A discrepancy in the provided count of seized drug evidence or items of monetary value for which the submission form indicates a greater count than observed upon evidence intake or during analysis AND the discrepancy cannot be reasonably accounted for;
      iii. A ≥10% discrepancy in the provided weight of seized drug evidence for which the submission form indicates a greater weight than observed upon evidence intake or during analysis AND the discrepancy cannot be reasonably accounted for; and
         Note: Some examples may include fresh plant material or cocaine base that has been stored for an extended period of time or in extreme temperature conditions.
      iv. Evidence received in a condition unsuitable to testing (e.g., moldy evidence, broken blood tube, improperly sealed container of liquid, etc.).

5. Minor discrepancies which may be resolved prior to testing or a statement may be added to the test report include, but are not limited to:
   a) Evidence submitted but not indicated on the submission form; and
   b) Number of items received is greater than the number listed on the submission form.
B. If it is determined that the Laboratory cannot comply with the requested examination or is unable to meet the customer’s needs prior to, or during analysis, the customer is contacted to either:

1. Discuss potential modifications to the request; or
2. Arrange for the subsequent return of the evidence.

C. Upon attempted contact by the Laboratory, the customer has 5 (five) full business days in order to respond. If the customer does not respond within the allotted time, the Laboratory reserves the right to proceed with, amend, or withdraw any service request. The Laboratory additionally reserves the right to release any case-related information or records in response to a public information request.

1. Business days do not include weekends and holidays as defined in the State of Texas Holiday Schedule published by the Texas State Auditor’s Office (http://www.hr.sao.texas.gov/Holidays).

2. For example, if the Laboratory leaves a message on the Monday of a regular business week and the customer is non-responsive, the Laboratory may proceed appropriately no earlier than the Tuesday of the following week.

3. For instances in which there is the possibility of evidence degradation or when the condition of the evidence poses an immediate safety concern, the Laboratory may proceed at its discretion without waiting the 5 (five) full business days for customer response.
14 Required Forms and Evidence Collection Kits

14.1 Submission Forms

A. Submission forms are considered a proposed contract for services and are designed to ensure the Laboratory has all of the necessary information about the case to reduce the need to follow up with each customer.

B. Submission forms are available within specific evidence collection kits, at any Laboratory facility, or can be downloaded from the DPS website (http://www.dps.texas.gov/CrimeLaboratory/Pubs.htm).

C. Submit all evidence with a thoroughly completed and legible submission form (typed submission form preferred). Please ensure driver’s license numbers and/or ID card numbers and names are documented accurately.

D. If aliases are used and names are identified later during the course of the investigation, the completion of a corrected submission form is required in order to request an amended report be issued.

E. A Laboratory Submission Form (LAB-201) is required for all service requests and submissions with the exception of the submission of evidence for:
   1. Toxicology (Alcohol/Volatiles and/or Drugs) analysis; and
   2. Destruction of seized drug evidence submitted by internal DPS customers.
   3. For sexual assault evidence submission, the Sexual Assault Evidence Submission Certification Form (LAB-206) is required in addition to the LAB-201 in order for the customer to meet statutory requirements in Government Code §420.042.

F. Rapid DNA Searching
   1. As a CODIS participating lab, the DPS Crime Laboratory is able to upload DNA profile information from crimes of special concern into the DISC (DNA Index of Special Concern) within CODIS so that once Rapid DNA Technology is in place, these profiles will be searched immediately.
   2. The goal of the FBI’s Rapid DNA initiative is to search unsolved crimes of special concern while a qualifying arrestee is in police custody during the booking process.
   3. For consideration to search using Rapid DNA within the CODIS database, cases submitted involving sexual assault, homicide, kidnapping, or terrorism should include the Rapid DNA/Crimes of Special Concern Certification Form (LAB-214) in addition to the LAB-201 to assist the laboratory in collecting information needed to meet FBI requirements.

G. The Seized Drugs Destruction Only Submission Form (LAB-202) is required for evidence submissions in which:
   1. Laboratory analysis is not requested and/or necessary; and
   2. The evidence is submitted for destruction by internal DPS customers.

H. A Toxicology Request Submission Form (LAB-203) is required for the submission of specimens for the determination of alcohol/volatiles and/or drug content.
   1. This form is included in the required blood and urine specimen collection kits available from the DPS General Stores or WorkQuest (formerly TIBH).
2. If the specimen is collected and submitted as part of a sexual assault investigation, a LAB-201 is acceptable but the requested toxicology testing (alcohol/volatiles, drugs, or both) should be clearly communicated on the form.

I. A Biological Evidence Storage Form (LAB-204) is required for the submission of biological evidence for long-term storage from non-DPS law enforcement agencies and other criminal justice entities from counties with a population less than 100,000.

14.2 Other Service Request Forms

A. Expedited analysis requests and requests for reanalysis of evidence without a valid court order require the submission of the Expedited Analysis / Reanalysis Request Form (LAB-213) for Laboratory consideration.

B. Requests for Digital/Multimedia analysis require the submission of detailed case-specific information and a completed Digital/Multimedia Information Form (LAB-210).

1. The customer is notified if the information provided is insufficient for analysis to be performed.
   a) After this notification, the customer has **30 (thirty) business days** to respond and provide the needed information before a Closed Without Analysis Laboratory Report is issued and the evidence returned to the customer. Evidence may be resubmitted at a later date with the required documentation.

C. Requests for Trace Evidence – Gunshot Residue analysis require the submission of a case scenario or offense report and a completed Gunshot Residue Kit Information Form (LAB-211).

1. The Gunshot Residue Kit Information Form must contain the subject’s name, date and time of incident, and date and time of sample collection.
   a) In order to avoid processing delays, the Laboratory requests that a copy of the Gunshot Residue Kit Information Form (LAB-211) be included with the Laboratory Submission Form (LAB-201) outside of the evidence packaging.

2. The customer is notified if the information provided is insufficient for analysis to be performed.
   a) After this notification, the customer has **30 (thirty) business days** to respond and provide the needed information before a Closed Without Analysis Laboratory Report is issued and the evidence returned to the customer. Evidence may be resubmitted at a later date with the required documentation.

14.3 Required Evidence Collection Kits

A. Effective February 1, 2019, Toxicology blood evidence collection kits must be purchased from DPS General Stores or WorkQuest (formerly TIBH). These kits have been prepared according to strict specifications under DPS authority and knowledge of component preservatives and anti-coagulants.

Call (512) 424-5424 for current cost and ordering information

<table>
<thead>
<tr>
<th>Item</th>
<th>Stock Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood/Alcohol Collection Kit</td>
<td>680-88-8050</td>
</tr>
<tr>
<td>Urine Specimen Collection Kit</td>
<td>680-88-8060</td>
</tr>
<tr>
<td>Syringe Transport Tube</td>
<td>475-34-7920</td>
</tr>
</tbody>
</table>
B. Sexual assault evidence collection kits must be barcoded and the location updated in Track-Kit, the statewide sexual assault evidence tracking system, prior to submission to the Laboratory. For assistance with Track-Kit, please email kittracking@dps.texas.gov.

14.4 Required Seized Drugs Destruction Only Evidence Packaging

A. Effective January 1, 2021, packaging for seized drugs submitted by internal customers for destruction only must be purchased from DPS General Stores. These bags are made of clear plastic and allow for an inventory to be conducted without directly accessing the contents of the bags.

Call (512) 424-5424 for current cost and ordering information

B. These bags should NOT be used for the submission of evidence for testing.
15 Case Acceptance and Analysis Policies

15.1 Analysis of Explosives or Possible Incendiary Devices

A. The Laboratory does not accept explosive materials or test for the presence of explosives.

B. For explosives analysis, please contact the Bureau of Alcohol, Tobacco and Firearms.

C. If other types of forensic testing are requested on possible incendiary devices, such as Biology/DNA or Friction Ridge examination, they must be sufficiently deactivated prior to submission. Documentation from the customer confirming deactivation is required.

15.2 Receipt of Threatening Communication

A. Evidence that is accompanied by threatening communication and/or an unknown powder-like substance is treated as a possible biological threat and is not be accepted until there is documented assurance that the substance has been tested and does not pose a biological threat.

1. If the evidence enters the Laboratory without a reliable negative report, the item is sealed in an airtight container and the following entities are notified immediately (in the order listed):
   a) Laboratory Manager;
   b) Local Fire Department Special Operations Hazardous Materials;
   c) FBI;
   d) Texas Department of State Health Services – Biological Threats;
   e) 24/7 Emergency Phone: (512) 689-5537;
   f) Direct Laboratory Phone: (512) 458-7185; and
   g) Submitting agency (if unaware prior to submission).

2. The FBI directs the subsequent handling of the sample. If further testing is necessary, the FBI directs the transportation of the sample to a Laboratory Resource Network-certified laboratory.

15.3 Biology/DNA Analysis

A. For all case submissions, the number of items or samples that are tested is limited to the minimum number necessary to answer the relevant questions in the case.

B. The Laboratory does not accept and/or perform DNA testing on:
   1. Paternity cases, including criminal paternity;
   2. Seized drugs or drug paraphernalia; or
   3. Items submitted in possession offense cases involving firearms.

C. Touch DNA is DNA from items which are suspected to not have biological fluids, but are collected in an effort to obtain DNA from skin cells.
   1. Requests for touch DNA analysis on items recovered from property crimes (e.g. burglary) will not generally be accepted by the laboratory.
   2. Requests for touch DNA analysis on items recovered from violent crimes (e.g. sexual assault, homicide, physical assault) may be accepted on a case-by-case basis. Consultation with the laboratory prior to submission is recommended.
3. In general, the Laboratory does not analyze items where there has been a minimal amount of contact involved (e.g. contact with steering wheels, shift knobs, door handles, switches, countertops, keys, locks, ammunition, cartridge cases, friction ridge impressions, etc.).

D. Hair evidence submitted to the Laboratory for DNA analysis is examined by, or in consultation with, a Trace Evidence analyst prior to DNA processing.

E. Any negative sexual assault kit (i.e., no DNA profiles obtained and no further DNA analysis to be performed) with preserved trace evidence (e.g., tapelift of panties, debris from swabs, etc.) may be forwarded to the Trace Evidence section for analysis.

F. Known reference samples from suspects are not processed for entry into CODIS if:
   1. Reference samples were submitted without any associated evidence; or
   2. Reference samples were submitted after screening analysis is complete and screening results were negative.

G. The type and number of items or samples that are accepted for analysis is based on the type of offense as provided below:
   1. Please note, known standards from suspects, victims/survivors, or elimination individuals (including consensual sex partners) do not count against the number of items that may be submitted.
   2. Burglary or Property Crime Related Offenses
      a) Submission is limited to 2 (two) items. Items must be:
         i. Swabs of blood from the crime scene;
         ii. Items left at the scene (e.g., cigarette butts, clothing, gloves, drink containers, etc.); or
         iii. Swabs of items from the crime scene.
      b) Requests for Touch DNA analysis are not accepted.
      c) More than two items may be accepted if the circumstances (such as multiple perpetrators) dictate the need for additional analysis.
   3. Sexual Assault Related Offenses
      a) Initial submission is limited to the sexual assault evidence collection kit, 1 (one) pair of underwear, and 1 (one) condom, if applicable.
         i. If analysis of the sexual assault evidence collection kit produces informative results, no additional items may be submitted unless circumstances (such as multiple perpetrators) dictate the need for additional analysis.
      b) If analysis of the sexual assault evidence collection kit is negative, a second submission of up to 5 (five) items, such as clothing or bedding, may be accepted.
      c) Requests for Touch DNA analysis may be accepted on a case-by-case basis as a second submission. Consultation with the Laboratory prior to submission is recommended.
      d) If no sexual assault evidence collection kit was collected, submission of items such as clothing, bedding, or requests for Touch DNA analysis may be accepted during the first submission. Consultation with the Laboratory prior to submission is recommended.
4. **Homicide Related Offenses**
   
   a) *Initial submission is limited to 10 (ten) items for which the customer believes analysis will be the most informative.*
      
      i. It is recommended that the customer contact the Laboratory prior to evidence submission in order to determine which items will be most informative to the case.
   
   b) Biology screening and/or testing may be performed on the 10 (ten) items in the first submission. Of the screening results, in general the 5 (five) samples which indicate the highest chance for success are forwarded for subsequent DNA testing.
      
      i. If informative results are obtained, additional items are not examined unless circumstances (such as multiple perpetrators) dictate the need for additional analysis.
      
      ii. If informative results are not obtained from the initial DNA analysis, any remaining samples from the first submission are tested.
   
   c) If no informative results are obtained from the analysis of items in the first submission, a second submission of 10 (ten) additional items may be accepted and processed as above.
   
   d) Touch DNA to determine a user or handler may be accepted on a case-by-case basis. Consultation with the Laboratory prior to submission is recommended. The type of evidence, how the evidence may have been used/handled, and the duration of the use/handling is considered when determining if the evidence will be processed for DNA analysis.
   
   e) A written request from the Prosecutor, including sufficient justification, must be received by the Laboratory before any decisions on performing additional testing are considered once informative results have been obtained.
   
   f) Additional samples are not tested to merely disprove all possible scenarios.

5. **Crimes Against Persons Related Offenses**
   
   a) Submission is limited to 5 (five) items. Submission/analysis of additional items is determined on a case by case basis with the respective laboratory.
   
   b) Touch DNA to determine a user or handler may be accepted on a case-by-case basis. Consultation with the Laboratory prior to submission is recommended.
   
   c) The type of evidence, how the evidence may have been used/handled, and the duration of the use/handling is considered when determining if the evidence will be processed for DNA analysis.

H. **Genealogical Testing and Database Searches**

1. **Background**
   
   a) Phenotyping is the use of DNA to develop a “snapshot” of the physical characteristics of an individual in order to give an idea of what that person might look like.
   
   b) Genealogy analysis involves use of DNA to develop family trees/pedigrees to determine relatedness of individuals. Genealogical analysis often involves searching DNA profiles in several privately held databases. Some of these databases give participants the option to allow their profiles to be searched by law enforcement in order to develop possible leads that could potentially solve crimes.
c) The technology used to perform phenotyping and to develop DNA profiles suitable for searching information contained in genealogical DNA databases is different from the technology used by the Laboratory.

i. Because a different process and different genetic markers are used, it is not possible to use DNA profile information developed by the Laboratory for phenotyping or searching a genealogical database.

d) DNA data obtained by the Laboratory does not contain or reveal any information regarding the appearance of an individual other than gender.

2. Requests for Laboratory Samples

a) The Laboratory may provide a portion of retained DNA extract(s) developed from evidentiary samples to a private laboratory in order for the private laboratory to develop a DNA profile using appropriate and validated technology for phenotyping and genealogical analysis.

b) DNA profiles developed by the private laboratory may then be used for searching databases containing genealogical data.

c) Customers wishing to pursue phenotyping or genealogical analysis and database searching, must provide the Laboratory with:

i. A written request specifying which private laboratory (i.e., genealogical service provider) will perform the testing;

ii. A prepaid, addressed mailing and tracking media for use by the Laboratory to facilitate the shipping of DNA extracts to the private laboratory;

iii. Written acknowledgement of Texas Code of Criminal Procedure Article 38.35 requirements;

iv. A list of Laboratory evidentiary DNA extracts needed for testing; and

v. A written statement giving the Laboratory permission to release a portion of the Laboratory evidentiary DNA extracts to the private laboratory.

d) Upon receipt of the requested information, the Laboratory will release a portion of the requested evidentiary DNA extracts directly to the specified private laboratory. The Laboratory will also comply with any requests for technical information from the private laboratory concerning the provided DNA extract.

i. Technical information that may be provided by the Laboratory includes the type of DNA extraction technique used, the concentration of DNA in the extract, and whether the DNA profile developed by the Laboratory was a mixed sample or an incomplete profile. No other case-specific information is released.

e) Requests from defense attorneys are not considered without a court order; such requests are directed to the prosecuting attorney who, in turn, should work with the customer.

3. Fees for Testing and Database Searches

a) The customer is responsible for all costs associated with the testing and database searching by the private laboratory and should carefully consider all aspects of analysis including the legality of information obtained and potential for presentation of the information in court proceedings by the private laboratory.
I. Review of DNA Profiles Developed by Private Laboratories for CODIS Entry and Search

1. Private laboratories do not meet the requirements set by the FBI for participation in CODIS and are unable to participate in the CODIS program.

2. The Laboratory may review DNA data generated by a private laboratory and upload any eligible data to CODIS only under the following conditions and with the approval of a Laboratory DNA Technical Leader:
   a) Documentation of a fully executed memorandum of understanding between the Laboratory and the customer;
   b) Documentation from the private laboratory showing they are in compliance with the Quality Assurance Standards for Forensic DNA Testing Laboratories and the accreditation requirements of state law;
   c) Documentation of the technical specifications of the agreement between the private laboratory and the customer; and
   d) The Laboratory or the FBI must perform an on-site visit of the private laboratory to evaluate conformance with Quality Assurance Standards.

3. It is required that the customer provide the documentation listed above to the Laboratory for review and approval before the private laboratory performs testing of any DNA samples in order to avoid potential issues with data eligibility.

4. Any questions should be directed to a Laboratory DNA Technical Leader (refer to Appendix 1 – Laboratory Services to determine the nearest regional laboratory performing Biology/DNA services).

15.4 Digital/Multimedia Analysis

A. A valid search warrant and/or consent to search form is required for all Digital/Multimedia (DM) requests, without exception.

1. Because digital evidence examination is a more intrusive search than a “plain sight” search, it is not acceptable for a search warrant to simply give the authority for an officer to seize the devices in a specified location.
   a) The wording on the search warrant or consent form must specifically state that the data which resides on the seized digital media will be forensically examined (recovered and searched) by the Laboratory.
   b) The search warrant or consent to search form should specifically contain the terminology requesting a “forensic examination” of the submitted evidence by the Laboratory.
   c) Refer to Appendix 12 – Computer Search, Seizure, and Analysis Warrant Template for the proper terminology for search/seizure warrants.

2. Customers are notified if the search warrant or the consent to search form is inadequate to initiate examination of the evidence.
   a) After this notification, the customer has 30 (thirty) business days to respond and provide the needed documentation before a Closed Without Analysis Laboratory Report is issued and the evidence returned to the customer.
   b) Evidence may be resubmitted at a later date with the required documentation.
B. Examinations for Possession of Child Pornography/Sexual Assault Offenses
   1. For straight-forward cases involving the sexual assault of a child or possession of child pornography, all data that can be attributed to a username account is examined.
   2. If notable data is recovered, an archived copy is saved and a report is issued. If notable data is not recovered in these areas, a further search of Unallocated Space (UA) is conducted. If more evidentiary data is needed at the time of trial, a search for this data can be conducted from the archived evidence files if proper notification is provided to the Laboratory.

C. Examinations for All Other Offenses
   1. For cases which have the potential for the examination to extend to all areas of the digital media, specific information and search terms should be included with the request. Examples of ways to detail a request include:
      a) Providing a description of email correspondence between subject and victim (including known email addresses or nicknames of the subjects involved);
      b) Specifying if pictures of a subject's family or other images are a suspected element of a case;
      c) Providing a description of suspect documents containing information such as financial information, bank accounts, credit card numbers, etc.; and
      d) Indicating a specific time frame.
   2. The more specific and unique the information provided, the more quickly the case can be examined and reported. Including agency offense reports and statements from subjects involved can be helpful in determining keywords for searches.

D. Based on the location at the crime scene and the evidence item’s proximity to the suspects involved, customers are limited to initially submitting the 2 (two) most probative items of evidence (i.e. devices) in each DM case.
   1. While it is extremely important to collect ALL of the digital media that could potentially contain evidence of a crime at the scene, customers should document the location of each piece of digital evidence and determine which 2 (two) items are most likely to contain the information. (For example, the laptop a suspect is carrying with him/her and the cellular telephone in his/her pocket at the time of the arrest may possibly contain the data officers are looking for, whereas the older desktop computer located in the closet and not attached to a keyboard or monitor is possibly less likely to contain the data.)
   2. Once the first 2 (two) items have been examined and reported on, if the examination does not produce adequate investigative information, the next 2 (two) items may then be submitted for examination. This policy will prevent an analyst from spending potentially many months on one case while other priority cases stay in the backlog awaiting examination.
   3. Regarding the types of crimes involving digital evidence that are accepted by the Laboratory, priority is given to those types of crimes in which a person is in immediate danger or in harm’s way. Those types of crimes which are accepted and given priority are homicide, suicide, questioned death, sexual assault/violent crimes,
child pornography or crimes against children, persons in harm’s way, improper photography/video, officer-involved, and internal investigations.

4. Cases involving offenses not listed above generally are not accepted or are returned without analysis. These cases, however, may be evaluated and accepted on a case by case basis.

15.5 Friction Ridge Examination

A. Visual examination of evidence for latent, patent, or plastic prints will precede any development techniques applied.

B. The forensic scientist has the discretion to choose and apply the appropriate processing techniques or combination of techniques and preservation methods or combination of methods that are available, approved for use, and included in the Friction Ridge Standard Operating Procedures.

C. Fired projectiles will not be examined for prints.

D. A print is analyzed to determine suitability. A suitable print possesses sufficient friction ridge detail and clarity for a conclusion to be reached.

E. Suitable prints are compared to exemplars submitted and/or on file with DPS, FBI, and/or DHS.

F. Conclusions that may be reached and reported for prints determined suitable include: Identification, Exclusion, or Inconclusive.

G. Unidentified prints will be forwarded to the AFIS Section for an AFIS Search request.

H. AFIS Searches

1. At the completion of Friction Ridge examination, if suitable friction ridge impressions are not identified, the preserved friction ridge impressions are retained by the Laboratory, and the case is forwarded to the AFIS (Automated Fingerprint Identification System) section for a database search.

2. If friction ridge impressions are determined to be not suitable by the reporting forensic scientist, they are considered not suitable to initiate a search in AFIS. The case will not be forwarded to the AFIS Section even when requested on the submission form.

I. Analysis of Seized Drug-Related Evidence

1. Evidence in misdemeanor seized drug offense cases are not examined for friction ridge impressions without a written request from the prosecuting attorney, including justification for the analysis.

2. Evidence not requested for Friction Ridge examination prior to Seized Drug analysis is not examined for friction ridge impressions without a written request from the prosecuting attorney, including justification for the analysis.

3. If more than 10 (ten) bundles of evidence, or the packaging from more than 10 (ten) bundles of evidence, are submitted, the customer is required to select up to 10 (ten) items for testing.

   a) This includes, but is not limited to, bundles of suspected seized drugs, seized drug-related currency, and applicable packaging.
J. Analysis of Syringes

1. Syringes submitted under drug-related offenses are not examined for friction ridge impressions without a written request from the prosecuting attorney, including justification for the analysis.

2. Syringes submitted under any other offense are not examined for friction ridge impressions without a written request from the customer, including justification for the analysis.

15.6 Seized Drug Analysis

A. The Laboratory does not provide services for destruction of hazardous materials.

B. The Laboratory limits the number of items or samples in a case that can be accepted, based on their assignment in the Texas Health and Safety Code Chapter 481.

C. The number of items that are tested in each case is limited to the minimum number necessary to reach the Texas Health and Safety Code weight requirement of either:

1. The highest penalty group; or

2. The highest felony.

3. At times, the customer may request that testing be performed to meet a different penalty group or lower felony. This testing may be performed in lieu of testing to reach the highest penalty group or highest felony.

4. Internal DPS customers may submit bulk and/or excess evidence. The evidence is processed in accordance with Texas Health and Safety Code Chapter 481 and Texas Administrative Code Title 37 Part 1 Chapter 13.

D. Requests for the analysis of evidence in misdemeanor drug offense cases require a written request from the prosecuting attorney in addition to the Laboratory Submission Form. Standard form letters and/or blanket requests for analysis will not be accepted unless approved by the Laboratory Director.

Note: this section does not apply to agencies with an interlocal agreement in place for testing services.

1. Evidence submitted in person without the required documentation will not be accepted.

2. Evidence submitted via mail or Laboratory Drop Box without the required documentation is returned to the customer with a Closed Without Analysis Laboratory Report.

3. Internal DPS customers who are required to submit evidence for storage purposes may submit evidence regardless of offense or associated weight.

   a) If a submission contains both felony and misdemeanor items, they should be packaged in separate containers to expedite analysis.

4. Misdemeanor offenses and associated weights that occur in a drug free zone or a correctional facility may be submitted for analysis as the offense elevates to a felony.
5. Examples of misdemeanor offenses and associated weights which will not be analyzed include:

a) **Possession of Marihuana (less than 100 grams or 4 ounces)**;
   i. DPS will no longer test misdemeanor plant cases, even if a prosecutor’s letter is provided.

b) **Possession of Penalty Group 2A (less than 100 grams or 10 packages)**;
   i. Synthetic marihuana / cannabinoids other than ADB-FUBINACA, AMB-FUBINACA, and MDMB-CHMICA (e.g., Kush, K2, etc.)

c) **Possession of Penalty Group 3 or 4 (less than 28 grams)**; and
   i. Alprazolam (e.g., Xanax, G3720, G3722, GG258, XANAX/2, etc.)
   ii. Clonazepam (e.g., Klonopin, M/C14, 93 832, TEVA/833, etc.)
   iii. Diazepam (e.g., Valium, 10 DAN 5620, MYLAN 477, etc.)
   iv. Hydrocodone (e.g., Dihydrocodeinone, Vicodin, M357, M358, M360, M367, WATSON 349, WATSON 503, WATSON 540, WATSON 853, etc.)
   v. Lorazepam (e.g., Ativan)
   vi. Steroids (e.g., Boldenone, Mestanolone, Nandrolone, Testosterone, Stanozolol, etc.)

d) **Possession of Dangerous Drug or Miscellaneous Substances (any amount or weight)**
   i. Tadalafil (e.g., Cialis, C5, C10, and C20)
   ii. Sildenafil (e.g., Viagra, VGR 25/Pfizer, etc.)
   iii. Ibuprofen (e.g., Advil)
   iv. Acetaminophen (e.g., Tylenol)
   v. Naproxen (e.g., Aleve)

E. Requests for Testing of Additional Items

1. Requests for the testing of additional items after the release of results require a written request from the prosecutor, including sufficient justification for the additional analysis. Once documentation has been received, the Laboratory reserves the right to decline testing on additional items.

2. Additional items will not be tested in order to report a heavier weight or to add additional charges that are less than or equal to the penalty for a substance previously identified.

F. Requests for the Testing of Syringes or Syringe Contents

1. Syringes, including any liquid from syringes which may have been packaged separately, will not be examined by the Laboratory for Seized Drug analysis without a written request from the prosecuting attorney, including justification for the analysis.

G. Quantitative Analysis Requests

1. Quantitative analysis is not performed for prosecution in state court.
2. DPS-sponsored cases with item(s) greater than 5 (five) grams may be quantitated upon written request by a federal prosecutor or DPS Criminal Investigation Division Captain when the request is made with the initial evidence submission.
   a) **Quantitation requests should include contact information from the case agent, requestor and/or the United States Attorney’s Office, as well as a due date or court date if available.**

3. Quantitative analysis is conducted in the Austin and Garland Regional Laboratories only.
   a) **The evidence submission process follows routine submission procedures; identification that quantitative analysis is requested is made at the regional laboratory in the applicable service area and if quantitation is needed, the evidence is forwarded accordingly. The evidence is returned to the originating regional laboratory for storage purposes.**
   b) **If quantitative analysis is requested after qualitative analysis has been completed and the evidence returned, the evidence should be re-submitted in the original packaging in which it was previously submitted to the laboratory.**

4. In Laboratory reports containing seized drug quantitation results (i.e., purity), the substance is reported in its salt form.

5. Quantitative analysis is not performed on liquids or tablets.

6. Contact the Austin or Garland Regional Laboratories to inquire about quantitation capabilities prior to submitting evidence for analysis (refer to **Appendix 2 – Laboratory Contact Information**).

15.7 **Toxicology (Alcohol/Volatiles and/or Drugs) Analysis**

A. Effective February 1, 2019, blood and urine evidence collection kits must be purchased from DPS General Stores or WorkQuest (formerly TIBH). These kits have been prepared according to strict specifications under DPS authority and knowledge of component preservatives and anti-coagulants (refer to **Chapter 14 – Required Forms and Evidence Collection Kits**).

1. The Laboratory will not proceed with analysis of contents of alternate kits except in rare, pre-approved circumstances.

2. In the event that blood is collected using an alternate kit, transfer the blood tubes from that kit to a DPS kit prior to submission.

B. **Only 1 (one) alcohol analysis is performed per subject, per incident, for any traffic case.**

1. Toxicology (alcohol/volatiles) analysis will not be routinely performed on a specimen collected from a subject on whom a complete breath alcohol test was obtained.

2. If multiple blood samples are submitted, the sample collected closest in time to the incident is analyzed for alcohol/volatiles, unless the customer specifically requests the analysis of a particular sample.

3. If a gray-top tube is submitted with other types of blood tubes, only the gray-top tube is analyzed for alcohol/volatiles regardless of the collection time, unless the customer specifically requests the analysis of a particular sample.

4. If both blood and urine samples are submitted, only the blood is analyzed for alcohol/volatiles.
C. If the Laboratory receives a withdrawal of consent on a driving case, a notification to the customer is not necessary. The Laboratory will continue testing per routine procedures.

D. If a defendant withdraws consent on a driving case, a notification to the laboratory is not necessary. The Laboratory will continue testing per routine procedures.

15.8 Trace Evidence Analysis

A. The initial submission of Trace Evidence is limited to 10 (ten) items which the customer believes will be the most informative or probative.
   1. It is recommended that the customer contact the Laboratory prior to evidence submission to determine which items may be most probative to the case.

B. If informative results are obtained during the analysis of the items in the initial submission, additional items are not examined unless circumstances (such as multiple perpetrators) indicate the need for additional analysis.
   1. A written request from the prosecuting attorney, including sufficient justification, is required before any decisions on performing additional testing are considered once informative results have been obtained.
   2. Additional samples are not tested to merely disprove all possible case scenarios.

C. If no informative results are obtained during the analysis of the items in the initial submission, a second submission of up to 10 (ten) additional items may be considered.

D. In order to provide our customers with the highest level of service, the Laboratory reserves the right to limit the amount of testing on Trace Evidence submissions based on case circumstances and analysis results.

15.9 Trace Evidence Analysis – Fire Debris

A. Fire Debris analysis is only performed in cases associated with criminal offenses for law enforcement and fire services investigations in order to identify the presence of ignitable liquids.
   1. Since the Laboratory does not perform comparisons, items submitted as “comparison”, “exemplar”, or “control” will be analyzed similarly to other evidentiary samples.

B. The submission of samples for fire debris analysis is limited to:
   1. Up to 3 (three) samples per vehicle fire;
   2. Up to 8 (eight) samples per homicide or fatality, unless there are multiple victims and/or multiple locations; and
      a) In these circumstances, an additional 2 (two) samples per victim or location are permissible to submit.
   3. Up to 4 (four) samples in any other type of offense.

15.10 Trace Evidence Analysis – Gunshot Residue (GSR)

A. Analysis for gunshot residue is performed on SEM stubs only. Gunshot primer residue analysis does not give an indication of the distance from which a firearm is fired (i.e., distance determination)
   1. Refer to Chapter 21 – Firearms & Toolmarks Analysis for information and evidence required to determine an approximate distance between clothing and a fired weapon.
2. Atomic Absorption (AA) Kits are returned without analysis. The Laboratory no longer has the proper instrumentation to analyze AA Kits.

3. Instant Shooter Identification (ISid) Kits are returned without analysis. The Laboratory has not validated the ISld Kit or a method of analysis for it.

4. The ISId-2 Instant Shooter Identification Kits contain SEM stubs and a presumptive test for nitrocellulose which utilizes a strong acid. The components of the test that have the acid on them should be handled according to the supplied instructions.
   a) *Do not submit the acid components of the kit to the Laboratory. Such components are a chemical hazard and will cause deterioration of the packaging material if exposed to the acid.*
   b) *The SEM stubs and information sheet may be submitted to the Laboratory using the kit-supplied envelope.*
   c) *The cardboard box and field test items should be handled by the customer in accordance with the kit’s instructions.*

B. Gunshot residue (GSR) analysis is limited to cases involving crimes against persons including the following offenses:
   1. Homicide;
   2. Attempted homicide;
   3. Aggravated assault;
   4. Aggravated robbery; and
   5. Questioned death or death investigation cases.
   6. Cases involving deadly conduct are assessed on a case-by-case basis.

C. The following types of cases are generally returned without analysis unless there are documented extenuating circumstances:
   1. Suicide cases (victim or suspect kits);
   2. Cases involving the discharge of a firearm in certain municipalities; and
   3. Cases involving a felon in possession of a firearm.

D. The submitted case scenario, offense report, or police report will assist the Laboratory in accurately assessing each case when determining the availability of testing.

E. The submission of 2 (two) stub kits is preferred for the efficiency of the analysis.

F. In some instances, analysis of inanimate objects (e.g., clothing, vehicles, etc.) can yield investigative information. Upon customer request, items being processed by other sections of the laboratory may be processed in order to preserve samples for GSR analysis. The collected stubs will be assessed for analysis on a case-by-case basis.

G. Policies Regarding Interpretation of Results
   1. Analysis for gunshot residue is performed on GSR stubs collected from an individual’s hands within 4 (four) hours of the incident in question.
      a) *Any gunshot residue deposited on a living person is reduced by normal activity so that after four hours, no meaningful interpretation can be obtained from the analysis of the samples.*
b) Additionally, GSR samples should be taken before the subject’s hands are bagged or before the subject is placed into a law enforcement vehicle. If hand bags are used prior to stubbing, the date and time of bagging and removal must be recorded on the Gunshot Residue Kit Information Form (LAB-211).

   **Note:** Hand bags are treated as a barrier to the outside environment and are not processed for the presence of GSR.

c) In some instances, analysis of inanimate objects (e.g., clothing, vehicles, etc.) can yield investigative information. Upon customer request, items being processed by other sections of the Laboratory may be processed in order to preserve samples for GSR analysis. The collected stubs will be assessed for analysis on a case-by-case basis. If there is a need for analysis of an inanimate object, please contact the Laboratory to discuss options prior to the submission of evidence.

2. The Laboratory does not analyze items collected from a victim of a gunshot wound, regardless of their involvement in an incident.

   a) The strength of a GSR test is to associate an individual with a firearm discharge who has not already otherwise been so associated. A shooting victim clearly has been associated with a firearm discharge, and the results of a GSR test usually cannot offer any more information than what is already known.

   b) Since more gunshot residue particles escape from the barrel of a firearm than from near the grip, the majority of both homicide and suicide victims have gunshot residue on their hands. Conversely, a small percentage of both homicide and suicide victims have no gunshot residue on their hands. Therefore, neither the presence nor the absence of gunshot residue on a victim’s hands would provide definitive interpretation of either homicide or suicide.

3. Since the strength of a GSR test is in associating an individual with a firearm discharge when they have not already otherwise been associated, GSR analysis is particularly useful as an investigative tool in the following scenarios:

   a) To support or refute a statement or witness information;

      i. Suspect claims he/she did not shoot a gun and/or was not near a shooting; suspect does not have gun on person at the time of arrest.

      ii. Witness claims he/she saw suspect shoot a gun but suspect has not provided any additional information; suspect does not have gun on person at the time of arrest.

   b) To answer lingering questions after other laboratory analyses have been performed;

   c) When DNA, friction ridge examination, or firearms analyses have not indicated one suspect over another; and

   d) When firearms analysis has identified which gun was used to shoot the victim, but no friction ridge impressions were recovered from the gun.

4. The Laboratory will evaluate all information provided by the customer. If the Laboratory determines that GSR analysis will not yield results with useful interpretations, the evidence is returned to the customer and a Closed Without Analysis Laboratory Report issued explaining the Laboratory’s decision.

   a) The customer may resubmit the evidence for testing if they provide further case information that justifies the need for analysis.
5. If a submission falls outside of the acceptance and analysis policies listed above, the Laboratory requires a valid court order or a written request from the prosecuting attorney in order for testing to be performed.
   
a) Once the written request is received, analysis of the case is left up to the discretion of the Laboratory.
   
b) If analysis is performed, the Laboratory report will specify Laboratory policy, where applicable, and state that the analysis was performed due to a court order or at the written request of the prosecuting attorney.
   
c) If the presence of GSR is confirmed, the report will state that no interpretation can be provided by the Laboratory.

15.11 Trace Evidence Analysis - Unknown Substances

A. The Laboratory does not analyze the following types of items:
   
1. Solid food products
2. Biological or chemical toxins.
16 General Evidence Collection Guidelines and Packaging Requirements

16.1 Guidelines for Maintaining Evidence Integrity

A. Safety Considerations

1. Appropriate safety apparel or personal protective equipment (PPE) should be used during collection and handling of evidence. It is extremely important to follow your own department’s safety procedures for collecting and handling evidence.

2. Biological fluids and materials on syringes, razors, and broken glass present a serious health safety risk due to potential bloodborne pathogens. Universal Bloodborne Pathogen Precautions should be observed.

3. Fentanyl, a powerful opioid, poses a significant threat to officer and Laboratory personnel safety. If an unknown substance is suspected to contain fentanyl, proceed with extreme caution and notify the Laboratory upon submission.

4. All lithium-ion batteries must be removed from items (e.g., e-cigarettes) prior to submission.
   a) If unable to be removed, lithium batteries are treated as a flammable hazard, labeled, and isolated when encountered due to safety, explosion, and fire concerns.

5. Firearms should be unloaded at all times, if possible. Package and submit an unloaded firearm.
   a) Keep the action closed. Insertion of a plastic zip tie through the magazine well and the ejection port will allow the action to close while ensuring that the weapon is not loaded.
   b) If loaded firearms must be submitted, the Laboratory personnel accepting the evidence must be notified of the loaded state of the weapon at the time of submission.
   c) Under no circumstances should a loaded firearm be submitted via mail or other shipping mechanism.

B. Minimizing Evidence Contamination

1. Every action taken at the crime scene has some level of destructive effect on the scene. Any processing of the scene should be performed in a manner in which the damage to the scene and evidence is minimized.

2. Prior to entering any crime scene, ensure that its original condition has been documented, preferably by photography.

3. In order to prevent or limit contamination of the evidence or the crime scene:
   a) All individuals at a crime scene should wear personal protective equipment such as gloves, disposable shoe covers, and face masks;
   b) Face masks should be in place prior to donning gloves in order to avoid any contact with the body prior to collecting evidence;
   c) Personal protective equipment should be routinely checked for any damage (e.g., holes, tears, etc.) and changed frequently;
   d) Each piece of evidence must be collected and preserved as a separate sample; and
e) All items (e.g., bottles, test tubes, envelopes, and other containers) used to package evidentiary items must be clean and not previously used.

4. Physical evidence should be handled as little as possible. Too much handling may obliterate friction ridge impressions (e.g., fingerprints), dislodge minute trace evidence (e.g., hairs, fibers, and debris), break apart brittle evidence, or contaminate evidence.

C. Preservation of Chain of Custody

1. To preserve the identity and chain of custody of each item of evidence containers must be properly labeled or tagged. Documentation should be maintained which shows who had contact with the evidence, at what time, under what circumstances, and what changes, if any, were made to the evidence.

2. Labeling should not occur on the item itself; rather it should be on a tag attached to the item in an area not to be tested or on its individual container.

3. It is recommended that at a minimum, evidence containers be labeled with:
   a) An agency case number;
   b) An agency item number;
   c) Location of collection;
   d) Date and time of collection;
   e) Initials or signature of the individual who collected the item; and
   f) Brief description of the collected evidence.
   g) Other pertinent information may also be included depending on local agency policy.

4. It is highly recommended that a numbering system be used when referring to item numbers on the submission form for evidence that is submitted to the Laboratory. The Laboratory utilizes a Laboratory Information Management System (LIMS) that will assign the evidence a laboratory item number. The Laboratory will correlate the agency’s item number to the laboratory item number to ensure that the evidence is properly reported.

D. Evidence Collection Considerations

1. Sample Sufficiency
   a) Insufficient amounts of collected evidence are routinely submitted for analysis. This is particularly true in cases involving trace evidence.
   b) As a general rule, collect as much material as is reasonably possible. When collecting samples, it is far better to collect and submit more material than less.

2. Collection of Comparison Standards
   a) Known or control exemplars are needed for comparative laboratory analyses. Known and control exemplars should be packaged separately from any questioned materials for comparison.
   b) Blank samples may be important in certain analyses. Blank samples are used to verify that the uncontaminated samples do not interfere with the analysis methods or results.
16.2 Evidence Packaging Requirements

A. All items must be packaged in an appropriate manner which limits deterioration, loss, contamination, or damage and does not impede analysis.

1. Small items should be placed in appropriately-sized containers.

2. Fragile items should be packaged in containers using protective materials such as bubble wrap or packing peanuts.

3. Firearms must be secured and should be submitted in a gun box, unloaded.
   a) *If the firearm is loaded, this MUST be indicated on the packaging and the Laboratory notified upon submission.*
   b) *Firearms and unfired cartridges should be packaged separately whenever possible.*

4. Seized drug evidence should be packaged separately from other types of evidence.

5. Liquids in unsealed evidence containers should be carefully removed prior to submission if there is no request or need for the liquid to be tested by the Laboratory.
   a) *If liquid remains, the container must be sealed to prevent contamination of other surrounding items and to minimize or eliminate any accidental spillage that may occur.*

6. Liquid evidence must be packaged in a leak-proof secondary container and packaged separately from non-liquid evidence in order to prevent damage in the event of a leak.
   a) *All outer containers in which liquid samples have been placed should be labeled to clearly indicate which end is the top.*

7. Volatile materials must be packaged in airtight containers in order to ensure appropriate analysis may be performed.

8. Moist or wet evidence and evidence containing biological materials should be packaged in paper containers.
   a) *For evidence which cannot be dried prior to submission, plastic containers may be used in limited circumstances and for short periods.*
   b) *Upon submission of the evidence, notify the Laboratory regarding any potential evidence condition issues.*

9. The Laboratory requires the submission of capped syringes in an appropriate safety container (refer to *Image 16-1*). Uncapped syringes will not be examined by the Laboratory.

10. Caution: Packaging evidence in multiple layers which do not serve to protect the integrity of the evidence or the safety of the customer and Laboratory personnel may result in longer request processing times. Evidence which has been significantly over-packaged is subject to return without analysis.
B. All evidence containers must be labeled and properly sealed.

1. Containers for items suspected of containing blood or other biological materials must be either labeled with a biohazard symbol or submitted in a red container, except as it pertains to an external shipping container (refer to Image 16-2).
   a) External shipping containers for items suspected of containing blood or other biological materials must be labeled with the proper shipping name “Biological Substance, Category B” and have the UN3373 symbol (refer to Image 16-3).
   b) Additional biohazardous items may include syringes and evidence confiscated from a body cavity or orifice, toilet, or other infectious environment.
      i. Leave all liquid contents in the syringe. Do not attempt to transfer the contents of the syringe to another container.
      ii. If the contents of a syringe have been transferred to another container, consider the secondary container to contain a biohazard and treat it with the same precautions.
2. All containers of glass, syringes, sharp objects, and/or liquids must be identified as such on the container to maintain the safety of the customer and Laboratory personnel.
   a) Packaging for these items may additionally require a biohazard label or submission in a red container if a biological material is suspected to be present.

3. External shipping containers for live ammunition must be labeled CARTRIDGES, SMALL ARMS ORM-D.
   a) To qualify as "Cartridges, small arms ORM-D" or limited quantity, ammunition must be:
      i. Ammunition that does not exceed 12.7 mm (50 caliber or 0.5 inch) for rifle or pistol cartridges or 8 gauge for shotgun shells; or
      ii. Ammunition with inert projectiles or blank ammunition.
   b) Note: only ground courier service may be used. US Postal Service methods are NOT allowed. It is against federal regulations to ship ammunition via the US Postal Service or via air freight.
   c) It is recommended that the carrier be contacted to determine if they have additional regulations that must be followed.
   d) Internal DPS customers should submit evidence in accordance with the DPS General Manual Chapter 24.

4. It is recommended that packaged evidence which has potentially been exposed to the opioid fentanyl be placed within an additional plastic bag prior to submission. All packaging must be clearly marked “Suspected Fentanyl.”

5. A proper seal is one which prevents loss, cross-transfer, or contamination while ensuring that attempted entry into the container is detectable. A proper seal may include the use of a heat seal, tamper-evident tape, or a lock (refer to Image 16-4).
   a) For a seal to be considered proper, the date and handwritten initials or other identification of the person who created the seal must be visible on, or across, the seal.
   b) All container edges, corners, manufactured seals, and other openings should be reinforced with tape in order to prevent loss of contents. Application of a proper seal further supports the integrity of the container, but is not required.
   c) Staples may not be used as they do not constitute a proper seal and may present a safety hazard.
   d) Exceptions may be made on a case-by-case basis for large or bulky items that do not easily lend themselves to sealing. Consult the Laboratory for guidance on the submission of large or bulky items prior to submitting a request for services.
C. Packaged evidence from multiple cases may not be placed in the same external container unless that container is used only for the convenience of transport and does not have any case information on it.

D. When submitting evidence via mail, complete and attach the appropriate Laboratory submission form to the outside of the container in a pouch or envelope. Do not label the container with the identity of the contents within.

E. Conveyance (Convenience) Containers

1. Conveyance containers are outer shipping containers and/or packaging material used to facilitate the secure transfer or transit of evidence. Evidence is separately packaged and properly sealed inside of a conveyance container.

   a) If the inner container is not properly sealed by the customer, a proper seal may be applied by the laboratory.

   b) Conveyance containers may NOT be used for the submission of Trace Evidence fire debris evidence due to possible contamination.
2. The conveyance container may be discarded by the Laboratory without prior customer notification.

3. The mailing information, invoice, shipping or billing label, or package barcode is documented in sufficient detail when establishing evidence chain of custody while in the possession of the Laboratory.

4. The containers and/or shipping documentation may be imaged or photographed and retained with the remainder of the case documentation.

F. Special Requirements for Packaging and Submission of Evidence for Trace Evidence – Fire Debris Analysis

1. Use plain, previously unused cardboard boxes with:
   a) No labels which could imply positive results or contamination; and
   b) No writing which is not specific to the request (e.g., case numbers).
   c) If more than one box is needed for the submission of evidence in the same request (e.g., case), label boxes 1/2, 2/2, etc.

2. Evidence can be submitted either in person to the DPS Austin Crime Laboratory or by an approved courier with tracking capabilities. The accepted couriers are LoneStar Overnight (ground only), UPS Ground, and FEDEX Ground.
   a) Note: Only ground courier service may be used. US Postal Service methods are NOT allowed. It is against federal regulations to ship possible ignitable/flammable liquids via the US Postal Service or via air freight.
   b) When shipping evidence to the DPS Austin Crime Laboratory, address the package to the attention of Fire Debris. The contact phone number required by the courier is 512-424-2105.

3. DO NOT package evidence for multiple requests into 1 (one) container. Evidence for each submitted request (e.g., case) must be submitted individually due to possible contamination issues.

4. An evidence label should be attached to the evidence item immediately after collection by the submitting agent (or written directly on the evidence container with a permanent marker) and should include the following information:
   a) Agency case number
   b) Item number
   c) Submitter
   d) Date collected
   e) Description of evidence
17 AFIS

17.1 Scope of Services

A. The Automated Fingerprint Identification System (AFIS) is a computerized system capable of reading, classifying, matching, and storing friction ridge impressions. The database contains both criminal and applicant records.

B. An AFIS request is typically made for the searching of a print in the available biometric databases. This process includes:
   1. Analysis of prints to determine their suitability for an AFIS search;
   2. Entry into AFIS of prints with sufficient clarity and sufficient number of friction ridge characteristics in the proper location on the print;
   3. Comparison of candidate prints returned by AFIS to the search print in an attempt to make an identification;
   4. Storage of prints, if they are not identified, in the available biometric databases to be searched against incoming exemplars generated by new arrests or applications; and
   5. Production of a report regarding the results of the examination.

C. The biometric databases available for searches include:
   1. State of Texas (AFIS);
   2. Federal Bureau of Investigation (NGI, formerly IAFIS);
   3. Department of Homeland Security (IDENT); and

D. Cases with unidentified prints that meet the criteria for AFIS entry are searched in the system.
   1. Prints searched in AFIS may also be stored in the Unsolved Latent Database (ULDB) for subsequent searching against incoming tenprint records. Prints may be deleted from the ULDB upon identification or expiration of the statute of limitations in a case.

E. Depending on the offense in the case, searches of the FBI database, which consists of fingerprints and palm prints of criminals and applicants on file with the FBI, may be conducted.
   1. Prints searched in the FBI database may remain in the Unsolved Latent File (ULF) for subsequent searching against incoming tenprint records. Searches of other databases are done on a case-by-case basis.

17.2 Service Limitations

A. Prints that do not meet the criteria for an AFIS search may be suitable for identification.

B. A print searched through AFIS will have the possibility of being identified only if there is a matching print of good quality in the AFIS database.

C. Prints that appear to have come from a young child will not be searched.

D. Duplicate lifts and prints that appear to be the same print of equal or lesser quality may not be searched.
E. The AFIS section, at the discretion of the AFIS Forensic Scientist, may not enter more than twenty latent prints except in homicide, sexual assault, kidnapping, human trafficking, and child pornography offenses.

17.3 Submission Instructions

A. Submission of actual questioned prints is preferred, however, if this is not possible, digital images of the prints may be submitted provided they are captured at a sufficient resolution, are in focus, and contain a scale.

1. Photographs may also be submitted to the Laboratory electronically. Refer to Chapter 23 – Friction Ridge Examination (Special Considerations for the Collection and Submission of Digital Images section) or contact the Laboratory for additional instructions.

B. Evidence that has been chemically processed with Ninhydrin or checks that contain an inked impression should be submitted to the AFIS section of the DPS Austin Crime Laboratory, provided there is no suspect in the case.

1. Notations about the type of processing or the presence of an inked impression should be indicated on the submission form.

2. Any suitable prints are digitally preserved, and the submitted evidence is returned.

3. Fingerprint and palm print exemplars of individuals listed on the submission form should be submitted whenever possible.

4. Cases with lift cards and/or photographs/images submitted for an AFIS search are retained if there are suitable friction ridge impressions present.

5. Cases with lift cards and/or photographs/images submitted for an AFIS search are returned if there are no suitable friction ridge impressions present.

C. Requests which involve no suspects in a case and no evidence to be processed should be submitted to the AFIS section of the DPS Austin Crime Laboratory.

1. Alternatively, requests which involve known suspects in a case or evidence for processing should be submitted for Friction Ridge examination to the regional laboratory in the applicable service area. Indicate "FR" in the "Request Code" column of the Laboratory Submission Form (LAB-201).

D. Requests involving identity theft or passport fraud should be submitted directly to the AFIS section of the DPS Austin Crime Laboratory due to database search and specific reporting requirements.

17.4 Post Submission

A. Reverse hits in AFIS will prompt a reexamination of preserved friction ridge evidence as well as the issuance of a new report.

B. The AFIS Section must be notified when an agency closes a case so that stored prints may be removed from any unsolved databases in which they are stored.

C. Prints will be deleted from any unsolved databases in which they are stored upon expiration of the statute of limitations for the offense listed on the submission form. If an agency wishes for the prints to remain stored indefinitely, the AFIS Section must be notified.
18 Biology/DNA Analysis

18.1 Scope of Services

A. The Laboratory provides biological screening for the presence of blood and/or body fluids, screening for the presence of male DNA, and STR (short tandem repeat) nuclear-based DNA testing on evidence from criminal investigations.

1. Examinations performed are based on the type of case submitted and the quality and quantity of biological material present.

B. The following determinations may be requested when submitting evidence for biology/DNA examinations:

1. Presence of biological material (e.g. blood, semen, or other DNA-yielding stains);
2. Presence of human DNA;
3. Comparison of DNA profiles obtained from questioned or crime scene samples to DNA profiles from known or reference samples; and
4. Preservation of trace evidence.

C. DNA profiles may be entered into the Combined DNA Index System (CODIS) database which contains DNA profiles from known individuals and forensic case samples. Profiles can be searched against other profiles for the purpose of helping to generate investigative leads.

1. The submission of elimination samples, such as reference samples from a consensual partner in the case of a sexual assault, is requested prior to the entry of unknown samples into CODIS.

   a) These standards should be collected during the initial investigation and packaged separately from the evidence.

   b) These standards should be submitted at the same time as the evidence if possible in order to facilitate timely laboratory response.

2. In order to have an unsolved sexual assault, homicide, kidnapping, or terrorism case searched using Rapid DNA within CODIS, DPS requires additional information about the case. This information should be provided at the time of submission in order to facilitate timely laboratory response and should include the following:

   a) Statute of limitations for the case;

   b) Investigator contact information (email, phone number) that provides a means of 24 hour/7 days a week contact for the investigator responsible for the case.

   c) Agreement that the agency will be responsible for extradition of any suspects that are developed for the purposes of prosecution.

18.2 Service Limitations

A. Successful DNA results are dependent on the amount and condition of the evidentiary material.

1. Factors such as extreme or environmental conditions to which the material has been exposed, substrate on which the material is found, and the exposure of the sample area to multiple individuals may affect DNA results and should be considered prior to submitting evidence for processing.
2. For example, it is highly unlikely to obtain a DNA profile from the individual who originally loaded fired ammunition components (bullets or cartridge cases).

18.3 Specific Collection and Packaging Requirements

A. The Department has adopted standards and rules, consistent with best practices that specify the manner of collection, storage, preservation, and retrieval of biological evidence in accordance with the Code of Criminal Procedure (refer to Appendix 5 – Best Practices for Collection, Storage, Preservation, and Retrieval of Biological Evidence).

1. Because of the nature of biological evidence, it is important to consider best practices for collection, storage, preservation, and retrieval of this type of evidence.

B. It is imperative that DNA evidence is submitted as soon as possible after it has been collected so that the Laboratory can provide timely service.

C. Collection of Evidentiary Samples

1. Use sterile swabs to absorb wet stains from non-absorptive surfaces.

2. Do not scrape dried stains to collect them. Scraping can cause the stain to flake and turn to dust; stains may become statically charged and difficult to handle.

3. If items are large or are not able to be removed from the scene, consider the following:

   a) For non-porous items: moisten a sterile swab using a source of water that does not contain human DNA such as sterile water, distilled water, saline solution or tap water. Collect the dried stain using the moistened swab or swabs.

   b) For porous items: cut the stain out of the item.

4. The collection of control swabs from the scene is not required. If submitted, these samples will not be processed during DNA analysis.

D. Collection of Known Reference Samples

1. Standards should be collected during the initial investigation, packaged separately from any other evidence, and be submitted at the same time as the evidence, if possible.

2. Collect blood standards in purple top blood tubes labeled with the individual’s name. Purple top blood tubes contain the chemical preservative, EDTA. Verify that the collection is prior to the expiration date on the tube.

3. Collect buccal samples (swabbings of the inner cheeks of the mouth) onto at least two sterile cotton swabs and air dry prior to packaging. Label the packaging with the individual’s name.

   a) Buccal swabs from one individual do not need to be labeled as to the side from which they were collected and may be packaged together.

   b) To avoid possible contamination, allow the individual to collect the sample him/herself in the presence of a witness.

   c) Buccal samples are the preferred reference material for safety and storage considerations.

4. Information of suspected blood transfusions of the victim and/or suspect should be provided to the laboratory.
18.4 Submission of Biological Evidence to the Laboratory

A. General Biological Evidence Submission Considerations

1. Generally, for bulky items such as bedding, mattresses, car seats, etc., please contact the applicable regional laboratory based on service area prior to submission to determine relative importance, facilitate processing, and reduce storage space requirements.

2. If the submission contains perishable items that must be stored refrigerated or frozen such as tissue, liquid blood, or food, please notify the laboratory of the contents and their required storage conditions at the time of submission.

3. Submit applicable supporting documentation:
   a) Offense reports and witness statements with the evidence, specifically information detailing how the evidence submitted relates to the crime being investigated is requested.
   b) Autopsy reports or medical records from the victim, when available and where applicable.
   c) Photographs and sketches of the crime scene, as necessary.
   d) NOTE: If the investigation and medical records and photographs are not submitted with the evidence, the examination of the case may be delayed while the analyst waits to receive these items from the submitting agency.

B. Submission of Evidence from Sexual Assaults

1. In the state of Texas, licensed physicians and Sexual Assault Nurse Examiners (SANE personnel) are authorized to collect samples from sexual assault victims/survivors.

2. Typical sexual assault kits may include the following:
   a) Vaginal, oral, and/or anal swabs (i.e., orifice swabs) from victim, air dried at room temperature;
      i. Each orifice swab collection should be performed with multiple swabs simultaneously, unless conditions warrant otherwise.
      ii. If the swabs are not collected simultaneously, they should be marked as to the order of collection.
   b) Vaginal, oral, and/or anal smears from victim;
   c) Penile swabs from victim, if the victim is male;
      i. This consists of rubbing the outside of the penis with the swabs and is not the same method as collection of swabs for testing for STDs.
   d) Blood specimen from victim (one purple top [EDTA] tube or a one inch spot on FTA paper);
   e) Buccal specimen from victim (two swabs), air dried at room temperature;
   f) Swabbings of areas of the victim’s body which were either licked or bitten by the suspect during the assault (note location and supply the reasoning for their collection);
   g) Pubic hair combings from victim (note reason if not collected);
h) Head hair combings from victim (note reason if not collected);
i) Pulled pubic hair standard from victim (note reason if not collected);
j) Pulled head hair standard from victim (note reason if not collected);
k) Fingernail clippings or swabs from victim;
l) Undergarments from victim (especially underwear immediately worn after the assault); and
m) Sanitary napkins or tampons from victim.

3. Other evidence associated with sexual assault cases may include:

a) Blood specimen from suspect (one purple top [EDTA] tube or a one inch spot on FTA paper);
b) Buccal specimen from suspect (four swabs), air dried at room temperature;
c) Penile swabs from suspect, if the suspect is male (only if apprehended a short time after the assault occurred);
d) Pubic hair combings from suspect (only if apprehended a short time after assault has occurred);
e) Pulled pubic hair from suspect;
f) Pulled head hair from suspect, when applicable;
g) Clothing from suspect, when applicable;
h) Fingernail clippings or swabs of the suspect's fingers/hands, if victim was injured; and
i) Swabs of the suspect's fingers (only if apprehended a short time after assault has occurred);
j) If consensual sex occurred within 96 hours of the assault, blood specimen from any consensual partners (one purple top [EDTA] tube or a one inch spot on FTA paper); and
k) If consensual sex occurred within 96 hours of the assault, buccal specimen from any consensual partners (four swabs), air dried at room temperature.

4. Additional samples that may be collected from the victim if it is suspected that the victim may have been drugged: blood sample collected in a gray top tube and a urine specimen.

a) These samples should be packaged separately from the sexual assault kit and preferably in the DPS-required blood and urine collection kits respectively.
b) If Toxicology (Alcohol/Volatiles and/or Drugs) analysis is requested on the blood specimen within the kit, the request must be noted on the submission form. Refer to Chapter 25 – Toxicology (Alcohol/Volatiles and/or Drug) Analysis for handling and submission information.

5. Include the information listed on the Sexual Assault Information Form (LAB-208) with the submission of the sexual assault evidence.

a) Note: The Sexual Assault Information Form (LAB-208) is an aid for Laboratory personnel to interpret items of evidence submitted by police officers or medical
personnel. This may be completed or a similar form may be provided in the sexual assault evidence collection kit.

b) Specific information on sexual assault forensic medical assessment documentation may be found in the Texas Evidence Collection protocol published by the Office of Attorney General’s Sexual Assault Prevention and Crisis Services Program.
19 CODIS DNA Procedural Guidelines

19.1 Training

A. Initial training for the collection of DNA samples will consist of the viewing of a training video and reading these DNA Procedural Guidelines.
   1. The training video demonstrates the use of the DNA collection kits.
   2. The video is available online at the Texas Department of Public Safety CODIS Program website.

B. All State of Texas DNA Database Cards contain a statement that the collector has taken the specimen in accordance with state regulations / current DPS guidelines.
   1. When the collector signs the card, they are certifying they have viewed the training video, read the instructions in the collection kit, and/or followed the instructions for the collection of the specimen set forth by the CODIS DNA Procedural Guidelines.

C. Any agency may request training from the Texas Department of Public Safety CODIS program.
   1. If an agency continuously submits unsuitable specimens, the CODIS program may determine that one-on-one training is necessary for that agency.

19.2 Obtaining Kits

A. The DNA sample collection kits can be obtained through the Texas Department of Public Safety CODIS Laboratory. The CODIS Buccal Swab Collection Kit Order Form can be found on our website at http://www.dps.texas.gov/InternetForms/. The order may be placed by:
   1. Faxing the completed order form to the CODIS Laboratory at (512) 424-2386;
   2. Emailing the completed order form to CODISLAB@dps.texas.gov; or
   3. Mailing the completed order form to:

      Texas Department of Public Safety
      Crime Laboratory Service – CODIS MSC 0461
      PO Box 4143
      Austin TX 78765-4143

B. Kits may also be ordered by contacting the CODIS Interagency Liaison at (512) 424-2387.

19.3 Determination of Applicability

A. Agencies with access to the Computerized Criminal History (CCH) and Rap Sheet can check to see if a DNA sample has already been successfully submitted to the Texas State CODIS Program and uploaded to CODIS. The DNA field will be populated with one of the following:
   1. “Y” – Yes, a DNA sample has been successfully submitted. No additional sample collection is necessary.
   2. “N” – No, a DNA sample has either not been collected or has not been successfully submitted to the Texas State CODIS Program.
3. “C” – Collect. A DNA sample has either not been collected or has not been successfully submitted to the Texas State CODIS Program. It can be treated the same as “N”.

4. (Field is blank) – A DNA sample has either not been collected or has not been successfully submitted.

B. Additionally, the CODIS Interagency Liaison can be contacted to check to see if a DNA sample has been successfully submitted for any individual.

C. The described determination of applicability applies to offenses occurring on or after September 1, 2019. For assistance with offenses prior to September 1, 2019, please contact the CODIS Interagency Liaison. It is advised that agencies reference Government Code Chapter 411, Subchapter G and other applicable law when making these determinations.

D. DNA Blood Samples
An eligible individual is an individual who is:

1. Confined in a penal institution operated by or under contract with the Texas Department of Criminal Justice (TDCJ);
2. A juvenile who is, after adjudication for conduct constituting a felony, confined in a facility operated by or under contract with the Texas Juvenile Justice Department (TJJD);
3. Ordered as a condition of community supervision under Article 42.12, Code of Criminal Procedure.

E. DNA Buccal Swab Samples
An eligible individual is an individual who is:

1. Arrested or convicted of one of the following felonies if the offense occurred on or after September 1, 2019:
   a) Murder (Penal Code 19.02);
   b) Capital Murder (Penal Code 19.03);
   c) Kidnapping (Penal Code 20.03);
   d) Aggravated kidnapping (Penal Code 20.04);
   e) Smuggling of persons (Penal Code 20.05);
   f) Continuous smuggling of persons (Penal Code 20.06);
   g) Trafficking of persons (Penal Code 20A.02);
   h) Continuous trafficking of persons (Penal Code 20A.03);
   i) Continuous sexual abuse of young child or children (Penal Code 21.02);
   j) Indecency with a child (Penal Code 21.11);
   k) Assault (Penal Code 22.01);
   l) Sexual assault (Penal Code 22.011);
   m) Aggravated assault (Penal Code 22.02);
   n) Aggravated sexual assault (Penal Code 22.021);
   o) Prohibited sexual conduct (Penal Code 25.02);
p) Robbery (Penal Code 29.02);
q) Aggravated Robbery (Penal Code 29.03);
r) Burglary (Penal Code 30.02);
s) Theft (Penal Code 31.03);
t) Aggravated promotion of prostitution (Penal Code 43.04);
u) Compelling prostitution (Penal Code 43.05);
v) Sexual performance by child (Penal Code 43.25);
w) Possession or promotion of child pornography (Penal Code 43.26);

2. Convicted of any felony and placed on community supervision; not to include deferred adjudications.
   a) If a subject is granted deferred adjudication but court ordered to provide a DNA sample, submit a copy of the court order or subject’s supervision conditions with the collection kit.

3. Convicted of one of the following offenses, whether granted community supervision or not:
   a) Indecent Exposure (Penal Code 21.08);
   b) Enticing a Child (Penal Code 25.04);
   c) Solicitation of Prostitution (Penal Code 43.02(b));
   d) Promotion of Prostitution (Penal Code 43.03);
   e) Sale, Distribution, or Display of Harmful Material to a Child (Penal Code 43.24)

4. Convicted of one of the following offenses if the charge is a Class A Misdemeanor or higher, whether granted community supervision or not:
   a) Manslaughter (Penal Code 19.04);
   b) Criminally Negligent Homicide (Penal Code 19.05);
   c) Unlawful Restraint (Penal Code 20.02);
   d) Operation of a Stash House (Penal Code 20.07);
   e) Public lewdness (Penal Code 21.07);
   f) Bestiality (Penal Code 21.09);
   g) Improper Relationship between Educator and Student (Penal Code 21.12);
   h) Invasive Video Recording (Penal Code 21.15);
   i) Unlawful Disclosure or Promotion of Intimate Visual Material (Penal Code 21.16);
   j) Voyeurism (Penal Code 21.17);
   k) Sexual Coercion (Penal Code 21.18);
   l) Assault (Penal Code 22.01);
   m) Indecent Assault (Penal Code 22.012);
   n) Injury to a Child, Elderly Individual, or Disabled Individual (Penal Code 22.04);
   o) Abandoning or Endangering Child (Penal Code 22.041);
p) Terroristic Threat (Penal Code 22.07);
q) Aiding Suicide (Penal Code 22.08);
r) Tampering with Consumer Product (Penal Code 22.09);
s) Harassment by Persons in Certain Facilities; Harassment of Public Servant (Penal Code 22.11).

5. Juveniles placed on probation after being convicted of one of the following felonies:
   a) 1st Degree Felony Criminal Solicitation (Penal Code 15.03);
   b) Murder (Penal Code 19.02);
   c) Capital Murder (Penal Code 19.03);
   d) Aggravated Kidnapping (Penal Code 20.04);
   e) Trafficking of Persons (Penal Code 20A.02);
   f) Continuous Trafficking of Persons (Penal Code 20.A.03);
   g) Indecency with a Child (Penal Code 21.11);
   h) Sexual Assault (Penal Code 22.011);
   i) Aggravated Sexual Assault (Penal Code 22.021);
   j) 1st Degree Felony Injury to a Child (Penal Code 22.04(a)(1));
   k) Aggravated Robbery (Penal Code 29.03);
   l) Burglary of a Habitation w/ Intention to Commit Sexual Offense (Penal Code 30.02(d));
   m) Compelling Prostitution (Penal Code 43.05);
   n) Sexual Performance by a Child (Penal Code 43.25);
   o) Controlled Substances Offenses Involving Use of Child in Commission of Offense, or Controlled Substances Offenses in Drug-free Zone w/ Previous Conviction (Health and Safety Code 481);
   p) Any felony offense involving use or exhibition of deadly weapon.

6. Additional situations:
   a) As a condition of release on bail or bond. A copy of the court order must be submitted with the collection kit;
   b) Required to register as a sex offender;
   c) Voluntary sample.

19.4 Sample Collection Procedure

A. Blood Sample Collection
   1. Fill out the State of Texas DNA Database Card with the subject’s identifying information on lines 1 through 5.
   2. Offer the subject an opportunity to sign on line 6 (a signature is not required).
   3. Leave line 8 blank.
4. Fill out the information requested on lines 9 and 10 (line 10 is the name of the clinical person conducting the blood draw).

5. Fill out information requested on lines 11 and 12 (the agency name should NOT be the name of a health clinic, hospital, or contract company; good examples would be “County Name” CSCD, “County Name” Sheriff’s Office, “City Name” Police Department, etc.).

6. Using normal fingerprint procedures, roll subject’s left and right thumb where indicated on card (line 7).

7. Turn the card over and print all of the subject’s fingers on the back of the card.

8. Blood collection must be performed only by a physician, nurse, or qualified phlebotomist.

9. Perform the following collection procedure on ONE subject at a time.
   a) Cleanse the blood collection site with the prep pad provided.
   b) Following normal medical procedures and using the needle and blood tube provided (if necessary, a smaller gage needle may be substituted), withdraw the blood specimen from subject, allowing the tube to fill to maximum volume.

10. Print the subject’s name and SID number on the blood tube label.

11. Immediately after blood collection, assure proper mixing of anticoagulant by slowly and completely inverting the blood tube at least five times. **DO NOT SHAKE VIGOROUSLY.**
   a) **DO NOT** return the used needle, holder, or used prep pad to the kit box. Discard using the recommended OSHA procedures.
   b) **DO NOT** remove the liquid absorbing sheet from the ziplock bag.

12. Check the identifying information on the blood tube label and compare it with the information on the State of Texas DNA Database Card to see that the information matches.

13. Insert the filled blood collection tube into the bubble wrap (with white absorbency paper inside) and then seal it using the self-stick adhesive strip.

14. Insert the bubble wrapped tube into the ziplock bag and close it.

15. Place blood specimen and completed State of Texas DNA Database Card in kit box and close kit box lid.

16. Date and sign the Kit Box Shipping Seal, then remove back and affix seal to kit box as indicated.

17. Mail the sealed kit to the Laboratory for analysis as soon as possible.

B. Buccal Swab Collection

1. Perform the following collection procedure on ONE subject at a time.

2. The subject should have no food or drink for 20 minutes prior to having the sample taken.

3. The person taking the sample must put on gloves.
4. Remove one swab from the sterile sleeve. **DO NOT** touch or eject the swab tip. Place the swab into the subject’s mouth and vigorously rub it on the inside of one cheek at least six times. Remove the swab from the subject’s mouth and place it on top of the opened sterile sleeve packaging. Allow to air dry.

5. Repeat the previous step on the opposite side of the subject’s mouth with the remaining swab.

6. **DO NOT** touch the swab tip with any object including ungloved hands.

7. After collection, the swabs must air-dry.

8. Fill out the green State of Texas DNA Database Card with the subject’s identifying information on lines 1 through 5.

9. Offer the subject an opportunity to sign on line 6 (a signature is not required).

10. Fill out line 8 with the offense for which this sample is being collected.

11. Fill out the information requested on lines 9 and 10 (line 10 is the name of the person collecting the buccal swab sample).

12. Fill out information requested on lines 11 and 12 (good examples for the agency name would be “County Name” CSCD, “County Name” Sheriff’s Office, “City Name” Police Department, etc.).

13. Using normal fingerprint procedures, roll subject’s left and right thumb where indicated on the card (line 7).

14. Turn the card over and print all of the subject’s fingers on the back of the card.

15. Fill out the subject’s name and SID number on the swab storage envelope; if the SID number is not available, use the subject’s DOB. **DO NOT** leave the envelope blank.

16. Once dried, place both swabs inside the swab storage envelope, peel the protective paper from the flap, and seal the flap of the envelope.

17. Check the information on the front of the swab storage envelope and compare it with the information on the State of Texas DNA Database Card to see that the information matches.

18. Place the swab storage envelope and the State of Texas DNA Database Card inside the shipping envelope.

19. Peel the backing from the shipping seal, place it on the shipping envelope as indicated, and initial and date the seal (no kit can be accepted without an intact and initialed seal).

20. Mail the sealed kit to the Laboratory for analysis as soon as possible.

21. Direct questions to the CODIS program at (512) 424-2105 ext. 3888 or email to: codislab@dps.texas.gov.

### 19.5 Reasons for Rejection

**A. Blood Samples**

Reasons that a blood sample would be rejected and would require a recollection include, include but are not limited to:

1. Kit seal on exterior of box has been tampered with or is missing;
2. Blood in collection tube is less than ¼ full;
3. The blood tube is not labeled with the subject’s FIRST and LAST name, and SID number or DOB;
4. The blood tube has expired or does not have a purple top;
5. The information on the blood tube is not consistent with the information on the database card; or
6. Fingerprints are missing, smeared, too light, or unreadable.

B. Buccal Swab Samples

Reasons that a buccal swab sample would be rejected and would require a recollection include, include but are not limited to:
1. Kit seal on exterior of shipping envelope has been tampered with or is missing;
2. Swab storage envelope is not labeled with the subject’s FIRST name, LAST name, and SID number or DOB;
3. The information on the swab storage envelope is not consistent with the information on the database card;
4. Swab storage envelope does not contain two swabs;
5. The swabs are compromised due to mold; or
6. Fingerprints are missing, smeared, too light, or unreadable.

C. NOTE: If a sample is rejected by the Laboratory for any reason, submit another collection kit in its entirety; i.e. the buccal swab samples and the State of Texas Database Card. The Laboratory does not accept incomplete kits.

19.6 Record Keeping and Retention

An agency collecting a DNA specimen from an eligible individual shall maintain a record of the collection. Unless otherwise ordered by a court, the collection agency shall retain the record for a period of three years from the date of the collection.
20 Digital/Multimedia Analysis

20.1 Scope of Services

A. Computer and Mobile Device Forensics

1. Nearly every home has multiple computers or mobile electronic devices. When discovered at a crime scene, these devices should be considered as possible evidence; they can be used to store evidence of homicide, sexual assaults, questioned death, child pornography, records of drug transactions, financial and other crimes.

2. Examples of some of the commonly submitted types of digital evidence include: computer towers and laptops, iPads or other tablets, iPods, PDAs, cellular telephones and smart phones, peripheral devices such as USB drives (or thumb drives), camera cards and Global Positioning Systems (GPS devices), gaming systems and smart watches.

   a) **Electronic devices can be used to store evidence of homicides, sexual assaults, burglaries, robberies, theft, use of force, and other crimes or incidents. Because technology advances rapidly, the seizure methods can also change.**

B. Image Enhancement

1. Image Enhancement involves the application of digital techniques to isolate, clarify, or enlarge areas of interest for further examination or presentation in court.

C. Audio Enhancement

1. Audio analysis and/or enhancement (“clarification”) is a process that is intended to improve the audible characteristics of a digital or analog signal from a videotape, CD disk, audiotape (regular or micro cassette), DVD, answering machine, or other media containing audio.

2. The Laboratory is able to enhance audio (any format) if the undesirable noise is in one particular frequency, such as an electronic hum or a frequency caused by wind noise.

D. Video Enhancement

1. Video enhancement (“clarification”), image restoration, and other image processing activities are intended to improve the visual appearance of features in images captured from video.

2. The laboratory provides the following services:

   a) **Provides enhancement frame-by-frames of subjects or license plates from videos**

   b) **Generate PowerPoint presentations for court**

   c) **Repair damaged analog videotapes and transfer any media to various formats.**

   d) **Retrieve data from Digital Video Recorders (DVRs or their hard drives)**

   e) **Digital stills or video documentation of crime scenes and court testimony**

   f) **Format photos for possible submission to the DPS Driver License (DL) Facial Recognition Database or determine whether or not they are suitable for submission.**
20.2 Service Limitations

A. The Laboratory does not have the capability to discard ambient sounds in multiple frequencies (such as pots and pans) or other background sounds that are common in recordings made in noisy locations (such as a restaurant).

B. The Laboratory does not perform audio authentications or voice comparisons.

C. The Laboratory does not provide subject identifications or comparisons from video to DL or other photos.

D. The Laboratory does not provide services for subject identifications.

20.3 Specific Collection and Packaging Requirements

A. Collection of Computer Evidence

1. When an electronic device is used to store illegal or incriminating information, some users may devise methods to destroy the data if an unauthorized person attempts to access the system. Therefore, it is essential that precautions are taken to preserve the evidence when seized.

2. When electronic devices are seized as evidence, be sure to control access to them so as not to potentially delete or alter evidence; a single key stroke could execute a program that erases information.
   a) If a computer is off, never turn it on.
   b) If a computer is on, photograph any information that may be displayed on the screen. Photograph the back to record which components and possible peripherals are attached to the computer. Once the state of the computer is determined and documented, unplug the power cord from the back of the computer, not the wall.
   c) Please note that if a computer has full disk encryption enabled, data will likely be inaccessible and unrecoverable once the system is shut down unless the associated password or encryption key is obtained. If encryption cannot be disabled in a documented and controlled manner, check the physical surroundings for possible passwords or encryption keys and submit them with the evidence.
   d) **Do not attempt to shut down a computer by using the on/off button as it may be set to damage or delete data from the hard drive or other components when activated.**
   e) If a laptop is powered “on”, photograph the screen and unplug the power source directly from the laptop. Push and hold the power button for several seconds to turn it off. Do not attempt a normal shutdown.
   f) Collect the laptop’s power adapter and supply cord and **remove the battery, if possible, at the time of the seizure** of the computer. Often the power adapter for a laptop is not interchangeable with other laptops.

3. If it appears that computers in a business location have been networked, contact the DPS Austin Crime Laboratory (refer to Appendix 2 – Laboratory Contact Information) and speak with an analyst in the Digital/Multimedia Evidence/Computer Forensics section. Do not attempt to disconnect networked computers without contacting a forensic computer examiner.
4. When conducting a search of the crime scene in which a computer is involved, be sure to look for all computer hardware, software, disks, manuals, and other pieces of paper near the computer.

   a) Confiscate any and all of these types of items as they may contain information valuable to the case. Upon submission of these items to the Laboratory, please identify where each item was found at the scene and more importantly, which items have the most probative value.

B. Collection of Mobile Device Evidence

1. Apple iOS Devices

   a) If an iOS mobile device is on and the device’s display is in a viewable state, any changes should be photographed and documented until the device is powered-off or in an unresponsive state.

      i. If possible, place the mobile device in Airplane Mode. For iPhones, if accessible, go to Settings – Airplane Mode and toggle the switch to “on”.

      ii. Submit iPhones to the laboratory for examination as soon as possible as some data can be automatically deleted from the device after 30 days even if the device has been powered-off.

      iii. If the passcode is known, please provide the information upon submission, or it can be entered to disable the passcode (Settings – Face ID & Passcode on most iOS devices).

   b) iPhones ONLY may be submitted to the laboratory in a powered-on state as long as an appointment has been made with the Evidence Coordination Section and a Digital Forensic Examiner. Please note that powered-on evidence submissions will only be accepted as space permits.

      i. The iPhone must be isolated from cellular, Bluetooth, and Wi-Fi networks either by placing the device in Airplane Mode or into a Faraday container. If a device is not isolated from all networks then data could be remotely deleted from the device. If the device cannot be completely isolated then it should be powered-off.

      ii. The iPhone must have enough battery power to remain powered-on during transportation to the laboratory and throughout the submission process. This may be done by charging the device in the vehicle while enroute or by using a battery pack.

      iii. Upon submission, the device must be properly sealed to maintain the chain-of-custody but can immediately be transferred to the Digital Forensic Examiner who is present.

      iv. If the iPhone cannot be submitted in an unlocked state, then whenever possible, submit the device in an After First Unlock (AFU) state, which means that the phone is in a powered-on state and has previously had the passcode entered. More user data may be extracted from devices in an AFU state.

      v. Potentially far less data can be extracted from iPhones that are in a Before First Unlock (BFU) state, which means that the device has been off, then powered-on, and no passcode has been entered. iPhones in a BFU state may still be submitted for analysis.

2. Android Devices

   a) If an Android mobile device is on and the device’s display is in a viewable state, any changes should be photographed and documented until the device is powered-off.
i. If possible, place the mobile device into Airplane Mode. Swipe down from the top of the screen to pull up the Notification Pane and select Airplane Mode/Flight Mode. Or press and hold the power button to select Airplane Mode on some Android Devices.

ii. If the System settings are accessible, enable USB Debugging mode, if possible, if not already set.

iii. Power off the Android device and remove the battery whenever possible.

3. Non-iOS Mobile Devices
   a) When all other mobile devices (non-iOS) are submitted, they should be powered-off and the battery should be removed if easily accessible at the time of seizure.
   b) If a mobile device is left powered-on, it is possible that data can be remotely accessed and deleted if the device is not completely isolated from cellular, Bluetooth, and Wi-Fi networks.
   c) Additionally, if a battery dies while a powered-on mobile device is stored in the laboratory, it is possible that a passcode and/or encryption will be enabled once the device is powered-on again. Care should be taken so that the power button on mobile devices cannot be inadvertently bumped and turned on.
   d) Mobile devices almost always provide added security using a passcode, pattern/gesture lock, or Face ID setting. For this reason, it is extremely important upon collection of the device, to ask the user to unlock the device or provide the passcode or pattern lock immediately.

4. It may be possible to bypass the passcode on some mobile devices, therefore even if the device is locked it may be submitted for analysis.

C. Collection of Image / Audio / Video Evidence

1. If it appears that DVRs in a business location need to be removed from the location, remove and submit the power cord, operations manual, technical support information, software, and any other peripherals that may be necessary for the analyst to view and perform analysis of the evidence.
   a) If a password is required to access the footage, submit the password.
   b) Do not attempt to disconnect networked computers without contacting a computer forensic examiner.

2. For analog and digital evidence, always collect and submit the original if possible, as copies will be degraded. Often copies can produce compression artifacts resulting in degradation of quality of the enhancement.

3. Ensure that if there is a time/date stamp on the footage, the correct information is submitted as to when the subject or vehicle shows up on the footage for forensic examination.

D. Packaging

1. Computers and other digital or mobile devices are sensitive to a variety of environmental conditions such as temperature, physical shock, static electricity, and magnetic fields. These devices should be protected from extreme environmental conditions when transported. A box containing antistatic packing material to cushion the device is the preferred method of packaging.
a) This could also include, if available, the original box and packaging material in which the device was brought home from the store. Once the container is properly sealed (either with tape or heat sealed), any attempts to access the computer will be evident.

2. The preferred method of packaging digital media and other mobile devices is:
   a) Ensure device is OFF (unless an iOS device is scheduled to be submitted powered-on);
   b) Remove the battery if easily accessible (no need to disassemble the device, such as unscrewing the back of the device);
   c) Place into a protective, non-static wrapping such as the antistatic bubble wrap bags (refer to Image 20-1); and
      i. Antistatic packaging can be provided by our laboratory upon submission.

d) Place into a properly sealed envelope or box for submission.

3. Consider the following when transporting digital evidence to the Laboratory:
   a) Always protect evidence against excessive heat or moisture. Do not store evidence in the trunk of a car;
   b) The radio in the trunk of most patrol vehicles produces a strong magnetic field which has the potential to destroy evidence; and
   c) Be sure to protect computers from any and all environmental threats.
21 Firearms & Toolmarks Analysis

21.1 Scope of Services

A. Firearms Analysis

1. A request for firearms analysis is for the examination of any fired evidence and/or any firearm that exceeds the basic determination of its capability to discharge.

2. The items most commonly submitted for analyses include projectiles, cartridge cases, cartridges, firearms, pellets, shotgun shells, wads, and victim’s clothing (refer to Image 21-1).

3. Unfired ammunition submitted to the Laboratory may be used to produce test fires when other means of obtaining like ammunition are not feasible.

   a) When this occurs annotation in the Firearms & Toolmarks or Firearms & Toolmarks (Distance Determination) Laboratory Report will denote how many of the cartridges were fired during analysis.

   b) In general, these test fires are retained by the Laboratory and will not be returned to the customer.

   c) If firing the ammunition in the generation of test fires will result in depletion of all the submitted unfired ammunition, the customer is contacted in order to approve the examination prior to depletion (with the exception of distance determination and ejection pattern testing).

      i. Note: use of unfired ammunition submitted in reference to distance determination or ejection pattern testing is considered a necessary component of that analysis, and contacting the submitting agency is not required when depleting ammunition under these circumstances.

      ii. However, the number of cartridges consumed during analysis will still be noted on the applicable Laboratory report.

B. Toolmark Analysis

1. A request for toolmarks analysis is for the examination of a tool and a surface suspected of having been contacted by the tool to determine the presence of unique microscopic characteristics on the surface imparted to it by the tool.
C. Explanation of Results, Conclusions, and Interpretations

1. The interpretation of individualization/identification is subjective in nature, founded on scientific principles and based on the examiner’s training and experience.

2. The statement that "sufficient agreement" exists between two toolmarks means that the agreement is of a quantity and quality that the likelihood another tool could have made the mark is as remote as to be considered a practical impossibility.

3. Identification: Agreement of a combination of individual characteristics and all discernible class characteristics where the extent of agreement exceeds that which can occur in the comparison of toolmarks made by different tools and is consistent with the agreement demonstrated by toolmarks known to have been produced by the same tool.

4. Inconclusive:
   a) Some agreement of individual characteristics and all discernible class characteristics, but insufficient for an identification; or
   b) Agreement of all discernible class characteristics without agreement or disagreement of individual characteristics due to an absence, insufficiency, or lack of reproducibility; or
   c) Agreement of all discernable class characteristics and disagreement of individual characteristics, but insufficient for an elimination.

5. Elimination: Significant disagreement of discernible class characteristics and/or individual characteristics.


D. Refer to Image 21-5 for a detailed explanation of available Firearms & Toolmarks Analysis services.

21.2 Service Limitations

A. Effective August 1, 2018, the Laboratory no longer accepts evidence solely for the purpose of entry into the NIBIN database.

1. The National Integrated Ballistic Information Network (NIBIN) is a national database in which digital images of cartridge cases are compared to one another. When test fired or evidence cartridge cases are entered in the database, they will correlate with previous and future evidence that has been entered, which may result in a possible link to another crime.
   a) The purpose of NIBIN is to link unrelated firearm offenses and provide actionable investigative leads for law enforcement in a timely manner.

2. The Laboratory no longer participates in the NIBIN program which is sponsored by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF).

3. Evidence that was entered into the NIBIN database by the Laboratory should be kept by the agencies for a minimum of 4 (four) years because confirmations of any hits must be made with actual evidence.
   a) Images of fired evidence from one crime may be in the system for years before the firearm is recovered from another crime and entered into the database.
b) Notify the regional laboratory that made the NIBIN entry if the firearm is returned or otherwise reintroduced to the public.

4. Customers are encouraged to submit test fired cartridge cases from firearms directly to the ATF.
   a) Refer to the ATF submission guidelines which should be available at its website (https://www.atf.gov).
   b) Types of firearms most suitable for NIBIN entry include:
      i. Pistols;
      ii. Shotguns; and
      iii. Rifles.
   c) Derringers and revolvers do not usually make viable entries for the database.
   d) Officers’ firearms are not typically entered into NIBIN.

B. Distance determination examination (i.e., range of fire determination) can only be performed when there is a suspected bullet hole in the submitted clothing.
   1. Evidence submission must include:
      a) The medical and/or autopsy report/photos (number of wounds, location of wounds, entry vs. exit, presence of stippling of gunpowder particles, etc.),
      b) Scene photos (showing how the victim was wearing the garment, presence of outer clothing, etc.),
      c) Offense report,
      d) The suspected firearm,
      e) The exact ammunition fired, and
      f) All fired ammunition components from the shooting event.
   2. If a suspected firearm has not been recovered, distance determination will not be performed.
      a) This is in order to preserve the evidentiary value of the clothing in the event that a suspect firearm is located at a later time.

C. Due to the difficulty in obtaining suitable test media for reproduction of test patterns on human skin or tissue, distance determination on skin has been determined to be an inapplicable examination by the Laboratory.
   1. It is recommended that wound pattern analysis be performed by forensic pathologists, who may lend insight into distance determination.

D. The Laboratory does not analyze BB guns or air guns, unless rifled. Additionally, the Laboratory does not analyze sound suppressors or silencers.

E. The Laboratory does not analyze biological items, such as bone, cartilage, skin, etc., for the purpose of determining if a particular sharp object, such as a knife, may have been used.
   1. If assistance is needed in locating a laboratory that does this type of examination, contact the regional laboratory in the applicable service area for a list of possible options.

F. The Laboratory does not perform analysis on toolmark evidence without the submission of a comparison standard(s).
21.3 Specific Collection and Packaging Requirements

A. Collection

1. The collection process is relatively simple and not damaging to any firearms related item.
   a) Any damage that has occurred has normally been a result of firing, impact, or accidental.

2. While marking of the actual item can be accomplished without affecting any analysis, it is strongly recommended that the evidence NOT BE marked.
   a) "Damage" can occur in the form of altering or affecting any microscopic marks or patterns that may be present and useful for analysis and comparison.

3. If it is not possible to submit the evidence containing a suspected toolmark, a cast of the mark may be submitted.
   a) It is recommended, however, that the evidence mark be submitted whenever possible.
   b) Photographs help to locate toolmarks but are of no value for identification purposes.

4. Occasionally items are submitted that may exhibit multiple marks or cuts (doorframes, doors, cut wire, etc.). In this event, it is extremely important that the evidence marks in question are properly identified.
   a) This can be done in various ways. Marks on items can be clearly photographed with the appropriate marks designated. Wires can be taped with the appropriate markings on the tapes.
   b) The important consideration is to make sure that the evidence mark in question is analyzed.

5. Evidence must be clearly identified as to the location of the actual evidence markings (refer to Image 21-2).
   a) If the evidence is to be removed (e.g., cut wire to be collected for examination), clearly identify either the evidence toolmark or the non-evidence toolmark side prior to removing the physical evidence from its origin.
   b) It is also helpful to indicate in the submission documents or on the evidence packaging how the evidence/non-evidence toolmarks are designated (e.g., "non-evidence ends of wire covered with evidence tape").

Image 21-2: Example of clearly identified areas for examination
B. Packaging

1. The purpose of correctly packaging firearms is to protect the breechface and bore from damage:
   a) Attach an evidence tag to the trigger guard.
   b) Loaded magazines and unfired cartridges should be removed from the firearm, placed in a container, and the evidence secured with the associated firearm.
   c) Firearms should be placed in a box and secured with plastic zip-ties to the bottom of the box.
      i. Boxes can be obtained through gun dealerships, various box companies, or law enforcement evidence handling suppliers such as Kinderprint or Sirchie.
   d) **DO NOT** place metal in the bore, breech, or magazine well.
   e) Legibly mark the contents of each package.
   f) Firearms recovered in water should be submitted in a container of the same water or should be immediately treated with a water displacing lubricant such as WD-40 or immersed in diesel fuel.

2. Ammunition containers can vary from empty film canisters, to coin envelopes, to plastic bags, etc. (refer to Image 21-3).
   a) The important consideration is to protect the item to be examined from loss or contamination.

   ![Image 21-3: Suitable evidence packaging containers](Image 21-3: suitable evidence packaging containers)

3. If it is absolutely necessary to mark the evidence item, it MUST be marked in a safe area. **DO NOT** mark in the following locations (refer to Image 21-4):
   a) Bearing surface (sides and/or body) of projectiles;
   b) Base of cartridge case; or
   c) Body of cartridge case.
### Possible Types of Evidence

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Possible Examinations / Determinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projectile</td>
<td>Caliber</td>
</tr>
<tr>
<td>Multiple Projectiles*</td>
<td>Possible firearm manufacturer</td>
</tr>
<tr>
<td></td>
<td>Possible manufacturer</td>
</tr>
<tr>
<td></td>
<td>*Determination if projectiles were fired from the same firearm or multiple firearms</td>
</tr>
<tr>
<td>Cartridge Case</td>
<td>Caliber</td>
</tr>
<tr>
<td>Multiple Cartridge Cases*</td>
<td>Possible firearm manufacturer</td>
</tr>
<tr>
<td></td>
<td>Possible manufacturer</td>
</tr>
<tr>
<td></td>
<td>Possible reload</td>
</tr>
<tr>
<td></td>
<td>*Determination if cartridge cases were fired in the same firearm or multiple firearms</td>
</tr>
<tr>
<td>Fired Projectile</td>
<td>Determination if fired from, or in, the submitted firearm</td>
</tr>
<tr>
<td>Fired Cartridge Case</td>
<td></td>
</tr>
<tr>
<td>Firearm</td>
<td></td>
</tr>
<tr>
<td>Shot Pellets</td>
<td>Size of shot pellets</td>
</tr>
<tr>
<td>Shot Wads</td>
<td>Gauge of wad</td>
</tr>
<tr>
<td></td>
<td>Possible wad</td>
</tr>
<tr>
<td>Clothing</td>
<td>Approximate distance firearm was from clothing when fired*</td>
</tr>
<tr>
<td>Firearm</td>
<td></td>
</tr>
</tbody>
</table>

*Continued on next page*
## Possible Types of Evidence

<table>
<thead>
<tr>
<th>Possible Types of Evidence</th>
<th>Possible Examinations / Determinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>General condition and if mechanically functional</td>
</tr>
<tr>
<td></td>
<td>Amount of pressure required to release hammer or firing pin (trigger pull)</td>
</tr>
<tr>
<td></td>
<td>Restoration of obliterated serial numbers</td>
</tr>
<tr>
<td></td>
<td>Determination of illegal modifications</td>
</tr>
<tr>
<td></td>
<td>Test firing to obtain test specimens for comparison</td>
</tr>
<tr>
<td></td>
<td><em>For internal DPS customers only: test fire for acquisition into the ATF NIBIN database</em></td>
</tr>
<tr>
<td>Toolmark</td>
<td>Determination if submitted tool produced the mark/cut</td>
</tr>
<tr>
<td>Suspected Tool</td>
<td></td>
</tr>
</tbody>
</table>

*Image 21-5: Available FTM services*
22 Forensic Document Examination

22.1 Scope of Services

A. Handwriting Identification
   1. Questioned signatures, written entries, or extended writing compared to genuine known writing of subject(s) to determine authorship, identify forgeries or demonstrate handwriting disguise or simulation.

B. Paper Batch and Edge Matching
   1. Microscopic comparison of forensic documents (especially anonymous letters and paper(s) left at a crime scene) and paper found in possession of and/or known to be used by subject(s).
   2. Microscopic comparison of torn edges of documents with paper found in possession of subject(s); perforated edges to stubs in check books, note pads, spirals, etc.
   3. Assembly of torn and machine shredded documents to reveal information on the original document(s).

C. Envelope Batch Matching
   1. Comparison of questioned envelope(s) to those found in possession of subject(s) for manufacturing batch identification.

D. Document Preparation and Sequence Determination
   1. Any various techniques to determine the sequence of events.
      a) This can include, but is not limited to, which written line or typewritten entry was applied to a document first, sequence of photocopy preparation, sequence of folding and writing, or to address any other problem in which the sequence of events in the preparation of a document is in question.

E. Examination and Preservation of Charred and Saturated Documents
   1. Separation and preservation of charred or saturated documents to reveal information contained in original documents.

F. Latent Writing Impression Restoration
   1. Detection and restoration of indented writing (i.e., indentations may be made by writing on an overlying page, especially in notepads, checkbooks, etc.).
      a) IMPORTANT: Do not "shade" the impression with a pencil, or any other material or instrument, do not label an envelope after inserting the document, and do not process for latent prints.

G. Image Enhancement
   1. Image enhancement includes procedures for the non-destructive restoration, recording and visualization of images, and any other various techniques that are computer aided to help establish the origin and authenticity of a document.

H. Identification and Analysis of Conventional and Digital Print Processes
   1. Determine the print process of a document and whether or not two or more documents were produced by the same printing unit.
I. Document Authentication
   1. Any various techniques to compare genuine known documents with suspected
      counterfeit documents especially official government licenses, certificates, etc.

J. Ink Comparison
   1. A non-destructive process for comparing parts of document entries for evidence of
      alteration or for comparison of questioned entries with writing instruments found in
      possession of subject(s). The procedure can differentiate inks which are identical to
      the unaided eye.
   2. IMPORTANT: DPS Crime Laboratory Forensic Document Examination Section
      cannot date inks. Please contact the laboratory for assistance with this type of
      examination.

K. Alteration/Obliteration/Erasure Detection and Restoration
   1. Any various techniques used to detect and demonstrate that a document was altered
      by addition, reprinting, insertion or retouching.
   2. Any various techniques used to restore ink or other obliterating material used to hide
      underlying information or features on a document.
   3. Any various techniques used to detect erasures and restore erased information or
      features on a document.

L. Typewriting/Examination of Carbon Ribbon Evidence
   1. Examination of carbon ribbon for presence of questioned text and microscopic
      confirmation that the ribbon produced the document in question.

M. Miscellaneous Document Examinations
   1. Any numerous other aspects of document examination, some of which may be
      apparent to an examiner only upon examination of the evidence in question.
      a) Examples include rubber stamps, seals, checkwriters, and other various document
         examinations.

N. Explanation of Results, Conclusions, and Interpretations
   1. Identification: This is the highest degree of confidence expressed in handwriting
      comparisons. The analyst has no reservations and is certain, based on evidence
      contained in handwriting, that the known writer actually wrote the writing in question.
   2. Strong probability: The evidence is very persuasive, yet some critical feature or
      quality is missing so that an identification is not in order. The analyst is virtually
      certain that the questioned and known writings were written by the same person.
   3. Indications: A body of writing has few features which are of significance for
      handwriting comparisons purposes, but those features are in agreement with another
      body of writing. Additional limiting wording may be added to clearly state that this
      opinion is far short of identification.
   4. Inconclusive: This is the zero point on the confidence scale. It is used when there
      are significant limiting factors or the evidence does not provide a basis for
      identification or elimination.
5. **Indications did not:** This carries the same confidence as indications, a very weak opinion. Additional limiting wording may be added to clearly state that this opinion is far short of **elimination**.

6. **Strong probability did not:** This carries the same confidence as strong probability. The analyst is virtually certain that the questioned and known writings were not written by the same person.

7. **Elimination:** This, like **identification**, is the highest degree of confidence expressed in handwriting comparisons. The analyst denotes no doubt and is certain that the questioned and known writings were not written by the same individual.

### 22.2 Specific Collection and Packaging Requirements

#### A. General Evidence Collection

1. The inherent detail available in document evidence is not readily perceived by the layman. Therefore, it is necessary for the investigator to learn what documents to collect and how to preserve them to protect the integrity of the evidence.

2. **DO NOT** process for friction ridge impressions (latent prints).
   - a) **Preserve and protect the evidence for Friction Ridge examination and advise the Laboratory of the request for friction ridge examination.**

3. Always submit evidence in the condition in which it was found.

4. **DO NOT** staple the evidence.

5. **DO NOT** shade indented writing with pencil or any other material or instrument as this may damage the evidence.

6. **DO NOT** type or write on the evidence (e.g., when addressing the evidence mailing envelope with the evidence already inside).

7. If an identification mark must be placed on evidence, be sure that it is placed in an area that doesn’t obscure the questioned portion.

8. For forensic documents, including handwriting evidence:
   - a) **Whenever possible submit originals of all evidence documents.**
     - i. An original forensic document or known handwriting standard will have microscopic detail that is not represented in a reproduction.
   - b) **Copies may be retained for reference purposes.**

9. For charred and saturated documents:
   - a) **Submit charred documents in the container in which they were found, if possible.**
   - b) **Place the evidence and/or container in which the document was found into a sturdy box with packing material to reduce movement of the charred document. DO NOT CRUSH.**
   - c) **For saturated documents, attempt to dry in a vent hood or allow to air dry away from direct sunlight or heavy air current.**

10. For typewriter devices:
    - a) **Remove the carbon ribbon from the typewriting device. Only submit the carbon ribbon and the questioned document.**
b) If applicable, remove and submit any correction ribbon (typically white) or any other visible ribbon spool contained within the typewriter.

11. For printing devices:
   a) Please consult the Laboratory for the collection and submission of evidence. Information including the device make, model, and serial number is required.

B. Collection of Known Handwriting Standards

1. Standards (including known handwriting) should be collected during the initial investigation, packaged separately from the evidence, and should be submitted at the same time as the evidence if possible.

2. Consideration for Handwriting and Hand Printing Standards:
   a) Verification – Have acknowledgment of writer or testimony of witness as to the authorship of the exemplars. These matters should be resolved before the standards are submitted to the laboratory for analysis.
   b) Admissibility – Do not submit standards which might be ruled inadmissible in court.
      i. For example, do not use standard writings that make references to extraneous offenses.
      ii. The exceptions in this case would be if it could be determined that when a trial date arrives, the standards could be admitted for reference in document examination testimony, without allowing the jury to view those standards, or if the inadmissible portions could be redacted and the standards still used for comparison purposes.

   c) Writers – Submit victim(s) and suspect(s) standards as appropriate.

   d) Same Style as Questioned – The lab must compare cursive handwriting to cursive handwriting, hand printing to hand printing, and block lettering to block lettering.
      i. A comparison of cursive writing to hand printing generally yields few results.

   3. Same Content as Questioned – Dictate or provide typed verbatim questioned text (or other combinations of same word and numerals that appear in questioned). Contact the laboratory for case specific exemplars prior to submission.

   4. Known Signatures – Obtain any suspect(s) or victim(s) signatures from normal course of business documents such as cancelled checks, employment records, fingerprint cards, etc.

   5. All Questioned Handwriting – Identification of which might be useful to the case and should be compared with the standards.

   6. Handedness – Obtain right and left hand standards, or from dominant and unaccustomed hand.

   7. Recognize Disguise – Note that if the exemplars are written more slowly and with less penmanship than other known writings, it could be an attempt at disguise.
      a) Conversely, note that if the exemplars are written hastily and with less penmanship than other known writings, it could also be an attempt at disguise.

   8. Compensate for Disguise – Do not let the suspect view the document(s). Obtain extensive exemplars (at least 20 full pages repeating the questioned items verbatim). Supplement exemplars with normal course of business handwriting standards.
9. **Duplicate Writing Conditions** – Note the type of paper and size, writing instrument, spacing, etc., that may exist in the document(s).
   a) *Replicate these conditions as much as possible when obtaining exemplars/request writing.*

10. **Contemporaneousness** – Standards should be written around the same time frame as the document(s).
    a) *This especially important in cases that involve children, adolescents, or the elderly.*

11. **Provide Information** – Be sure to include information regarding the writer's health, drug use, ambidexterity, etc., during exemplar execution and at time the document(s) was produced.

C. Packaging

1. Documents may be packaged into an appropriately sized envelope.
2. DO NOT fold document evidence to fit into a smaller envelope.
3. DO NOT try to overfill the envelope.
4. Please limit the number of internal packages. Place all the documents into one outer container for submission to the Laboratory.
5. Distinguish which documents are questioned and which are known by either binding the documents together (do not staple) or marking a post-it with “Questioned” or “Known” before placing them on the document.
7. If necessary, use protective covers and padding when packaging.
23 Friction Ridge Examination

23.1 Scope of Services

A. For friction ridge examination requests, the examiner will determine the proper scope and order of friction ridge processing and preservation techniques performed.

1. Visual examinations for latent, patent, or plastic prints will precede development techniques on all evidentiary items submitted.

2. Techniques used during analysis may include visual, physical, and chemical processes on porous, non-porous, adhesive, and bloody evidentiary items.

3. For other special requests, the customer should contact the Laboratory.

B. All suitable friction ridge impressions observed, developed, or further developed by the Laboratory are preserved via lifting, digital scanning, or digital photography.

1. For clarification, the Laboratory defines a suitable friction ridge impression as having sufficient detail and clarity for a conclusion to be reached.

C. Preserved suitable friction ridge impressions are compared to submitted exemplars and/or those obtained from the Texas DPS Crime Records Service or the FBI, as applicable, for individuals listed on the submission form or any candidates generated by an AFIS search.

1. Comparisons are limited to the requested analysis and may be affected by the quality of the available exemplars.

2. Friction ridge exemplars of individuals listed on the Laboratory Submission Form (LAB-201) should be submitted whenever possible.

3. Submitted exemplars are considered evidence and should be listed on the Laboratory Submission Form (LAB-201).

D. Explanation of Results, Conclusions, and Interpretations

1. Identification: The conclusion that two friction ridge impressions originated from the same source due to sufficient features in agreement, and the forensic scientist would not expect to see the same arrangement of details repeated in an impression that came from a different source.

2. Exclusion: The conclusion that there are sufficient features in disagreement between two areas of friction ridge impressions to conclude that the two impressions did not originate from the same source.

3. Inconclusive due to insufficient exemplars: When a print cannot be identified or excluded due to an absence of complete and legible exemplars. In this situation, the exemplars available for comparison may exhibit poor quality prints or lack specific comparable areas required for a complete examination.

4. Inconclusive due to insufficient detail in the [latent, patent, plastic] print:

   a) When corresponding features are observed but are not sufficient to identify and dissimilar features are observed but are not sufficient to exclude. In this situation, submission of additional exemplars will not assist in determining Identification or Exclusion.

   OR

   b) When the print does not meet the established Exclusion Criteria and no corresponding features are observed. In this situation, all relevant exemplars are
5. **Inconclusive due to lack of examiner consensus:** When the reporting examiner and all verifying examiners cannot reach a unanimous consensus for the final interpretation/opinion.

### 23.2 Service Limitations

A. At the completion of the examination, if suitable friction ridge impressions are not identified, the preserved friction ridge impressions are retained by the Laboratory, and the case is forwarded to the AFIS (Automated Fingerprint Identification System) section for a database search. The only exception is for inconclusive conclusions with level 2 features marked in common with a known print; these friction ridge impressions do not meet the criteria for an AFIS search.

B. If friction ridge impressions are determined to be not suitable for identification purposes, they are considered not suitable to initiate a search in AFIS. The case will not be forwarded to the AFIS Section even when requested on the submission form.

C. Special laboratory requests for additional exemplars may be made in the report. These requests must be addressed by the submitting agency for additional examinations to be performed.

### 23.3 Specific Collection and Packaging Requirements

A. General Collection of Evidence

1. Friction ridge evidence is sometimes considered the most fragile evidence which may be collected at a crime scene. Friction ridge evidence may be destroyed by excessive handling or by improper packaging of the evidence.
   a) **Special precautions and care must be taken in order to minimize the degradation of friction ridge evidence.**
   b) **Collect this evidence by handling it in a way that an individual would not normally handle.**
   c) **Handling evidence with a gloved hand on textured or grooved surfaces is good practice. Avoid excessive handling.**

2. Factors such as extreme or environmental conditions to which the evidence has been exposed, the substrate surface, and the handling of the evidence should be considered prior to submitting evidence for processing.

3. If evidence is processed for prints by the customer prior to its submission to the Laboratory, notations regarding prior processes performed should be indicated on the Laboratory Submission Form (LAB-201) to assist the Laboratory on further processing and preservation.
   a) **Oftentimes, items that are permanent such as residential doors, windows, and vehicles are processed at the scene with powder. Developed prints should be lifted with fingerprint tape and preserved on a lift card or digitally photographed with a scale included in the frame.**
   b) **Lifts made at a crime scene should be submitted for friction ridge examination.**
B. Considerations for Lifting Friction Ridge Impressions Developed with Powders

1. Documenting the lift card is absolutely necessary; see below statements and representative figures for clarification.

2. Place an arrow on the front of the lift card to show upward direction of the item from which the lift was made (refer to Image 23-1).

   Image 23-1: Lift side of lift card

3. On the back of each lift card, record the following information (refer to Image 23-2):
   
   a) Date;
   
   b) Location from which the print was lifted;
   
   c) Agency case number;
   
   d) Initials, signature, or employee number of person lifting print;
   
   e) Diagram or sketch with “X” showing the location of the lift and draw an arrow to show orientation; and
   
   f) 1st lift, 2nd lift, etc. if multiple lifts are made of the same prints.

   Image 23-2: Documentation side of lift card
4. If the collector’s fingertips accidentally show on the sticky side of the tape, place an “X” with initials over the collector’s prints (refer to Image 23-3).

5. If fingerprints and palm prints are not available, the customer should provide the name, race, sex, date of birth, and driver license or ID card number of the suspect(s), victim(s), and any elimination individual(s) so the examiner can check for exemplars on file with DPS.

![Image 23-3: Lift side of lift card](image)

C. Considerations for Collecting/Obtaining Known Exemplars

1. A fingerprint card should have all ten fingers properly inked and fully rolled nail to nail with minimal smears, along with plain impressions at the bottom. If a finger is not printed due to an injury (temporary or permanent), document “INJURY” in the corresponding box. The highlighted areas should be filled out on this card for these prints to be used in friction ridge comparison (refer to Image 23-4).

![Image 23-4: Fingerprint card](image)
2. For Major Case Prints (Complete Friction Ridge Exemplars), each finger and thumb should have the center, both sides, and the extreme tips inked as shown (refer to Image 23-5).

3. Palms should be completely rolled from the tips of the fingers to the wrist crease and also the side of the hypothenar area (known as the check writer’s palm) (refer to Image 23-6).

![Image 23-5: Example of Major Case Prints](image1)

![Image 23-6: Left palm exemplar](image2)

4. Documentation that should be present on the palm print exemplars includes:
   a) Name of person printed;
   b) Signature of person printed;
   c) Name of person obtaining prints; and
   d) Date.

D. Packaging

1. Avoid excessive handling of package containing evidence.
   a) Also, avoid packaging non-porous items in plastic bags.
   b) Be aware that any contact the evidence has with other surfaces, including the evidence container, may interfere with the recovery of friction ridge impressions.

2. Whenever possible, each item of evidence to be examined for friction ridge impressions should be stored in a separate container.
   a) Evidence should be placed in containers which will prevent the evidence from moving around freely.
   b) Porous items of evidence such as paper and cardboard may be collected and packaged together in a single container.
3. It is recommended that these items not be treated with any type of development processing technique prior to submission.
   a) These techniques may interfere with further laboratory processing, and any developed friction ridge impressions may fade prior to examination.
   b) If these items have been chemically treated and are submitted for friction ridge examination, clearly indicate what chemicals were used on the submission form so any developed friction ridge impressions can be preserved prior to possible fading.

4. Evidence should not be marked or labeled with writing, tape, or any other method that may interfere with the development of friction ridge impressions or other Laboratory analyses.

5. Initials and identifying marks should be placed on the packaging prior to placing the evidence inside.
   a) In some instances evidence tags may be carefully attached to items of evidence.
   b) If marking the evidence is required by the customer, initials or identifying marks should be carefully placed to avoid damage to any area which might contain friction ridge impressions.

6. Properly documented exemplars (inked fingerprints, palm prints, etc.) may be packaged together and submitted in flat envelopes.
   a) Allow the printers ink to dry prior to placing inside envelope.

E. Special Considerations for the Collection and Submission of Digital Images

1. The use of computers to transfer files containing images is becoming more prevalent. If sending friction ridge impressions electronically is considered, call the Laboratory for further instructions so that we may receive the best quality image with a secure chain of custody.
   a) Regardless of the method of submission, a Laboratory Submission Form (LAB-201) must be included with the submission.
   b) Department email regulations prevent large file transfers via email; therefore, original images should be submitted to the Laboratory on CD-R or DVD-R.

2. Generally, filling the frame with the friction ridge impression and including a scale when preserving through photography will render a quality image.
   a) It is important to consider the camera equipment and the ability to use the equipment properly to attain a well-focused and framed image.

3. For reference, highlights regarding Laboratory preserved digital evidence are listed below:
   a) Friction ridge impressions used for comparative analysis should be captured in the highest resolution lossless format available (i.e. RAW or TIFF) at a minimum of 1000 pixels per inch (ppi) or higher resolution when the image is sized 1:1, or by using existing film photographic techniques.
   b) Grayscale digital imaging should be at minimum of 8 bits.
   c) Color digital imaging should be at minimum of 24 bits.
   d) A scale (ruler) must be included in each image and must be on the same plane of focus as the friction ridge impression being photographed.
e) The unit of measure (inch or centimeter) must be visible on the scale within the image and one entire unit must be visible within the image.

f) The entire image must be in focus. The plane of focus of the friction ridge impression must be parallel to the plane of the camera which was used to capture the image.

4. Digital images of friction ridge impressions should be submitted for examination no matter what resolution or format was available for the customer.

a) If the digital image is of poor quality, it may be returned without analysis. If a quality digital image cannot be obtained, submission of the physical evidence is recommended.
24 Seized Drugs Analysis

24.1 Scope of Services

A. The Laboratory provides analysis of evidence for the presence of controlled substances, including pharmaceutical and illicit drugs, plant material, edibles, paraphernalia, and related liquid and powder chemicals.

B. Routine seized drug analysis may include any of the following services, at the discretion of the Laboratory:
   1. Determination of net or gross weight, chemical screening examinations, instrumental confirmation tests, and pharmaceutical identification of tablets/capsules.
   2. Some exhibits may not be analyzed depending on circumstances of the case.

C. Submissions of excess quantity cases from internal DPS customers will follow Laboratory policies for destruction.

24.2 Specific Collection and Packaging Requirements

A. Marihuana and Other Plant Substances
   1. Collection
      a) Fresh substances (marihuana, mushrooms, cacti, etc.) must be dried thoroughly before being submitted for analysis.
         i. Do not include the roots and dirt with the substance.
         ii. Leaves and stems must be stripped from large plant stalks prior to submission.
         iii. Large stalks, dirt, or roots are not included in the reported weight of the substance.
      b) Bulk or excess quantity seized drugs which may have been soaked in flammable, volatile, or other hazardous substances should be handled in an appropriate manner to ensure safety. Contact the Laboratory prior to submitting evidence in order to discuss the venting of poisonous or noxious fumes.

   2. Packaging
      a) Package freshly dried substances in paper bags or cardboard boxes to allow for continued drying before submission. Do not submit plant material in plastic packaging.
      b) Bulk or excess quantity seized drugs should be sub-divided in containers weighing no more than 30 (thirty) pounds.
         i. Individual bundles weighing more than thirty pounds do not have to be subdivided.
      c) If evidence is being submitted for Seized Drug and Friction Ridge examination, gloves should be worn and the handling of packaging minimized to preserve evidence.

B. Clandestine Laboratory Chemicals
   1. Safety Considerations
      a) The greatest safety hazard associated with clandestine laboratories is chemical exposure. The chemicals can cause severe chemical burns and/or may be toxic.
      b) Officers not trained in clandestine laboratory safety should contact the Laboratory for advice on handling chemicals.
c) The use of personal protective equipment (PPE) such as eye protection, protective clothing, SCBA (Self-Contained Breathing Apparatus) or air purifying respirators, and nitrile gloves is recommended.

2. Collection and Packaging
   a) Please contact the Laboratory for guidance on collecting, sampling, and packaging evidence from a clandestine laboratory, as well as any restrictions which may be in place regarding submission and analysis.
   b) Package liquids in a sturdy plastic bottle with secure plastic lids or a glass jar with a plastic lid. Lids may be sealed with chemical tape or duct tape.
      i. Do not use metal lids on jars or bottles.
      ii. Acidic liquids should not be placed into a plastic bottle. Verify the pH of the liquid and if acidic, use a glass container.
   c) Place solids in sturdy plastic bottles or plastic zipper bags.
   d) It is not necessary to submit large samples of iodine, lithium, or red phosphorous.
      i. Approximately 1 gram (e.g., the weight of an individual package of artificial sweetener) in a sturdy plastic bottle will suffice.
   e) The following items will not be accepted for submission:
      i. Large samples of organic solvents not believed to contain seized drugs;  
      ii. Items still in factory-sealed containers; and 
      iii. Any compressed gas tanks (e.g., propane or ammonia).
   f) Some regional laboratories have specific requirements on the outer containers for clandestine laboratory samples. Please contact the regional laboratory in the applicable service area to discuss any needs for packaging (refer to Appendix 2 – Laboratory Contact Information).

24.3 Best Practice for Handling and Field Testing Suspected Seized Drugs Packages

A. Due to health risks associated with exposure to fentanyl, personnel should follow the following practices when dealing with unknown substances in the field.
   1. Treat all unknown substances with the assumption they contain fentanyl.
   2. Verify Naloxone kits are within reach and are not expired, if available.
   3. Always uses Personal Protective Equipment (PPE) when handling unknown substances. At a minimum powder free 5-millimeter nitrile gloves should be worn. It is recommended that gloves have a high cuff length, such as 11", to protect the wrist area and be 8-millimeter thickness to minimize accidental tearing. (Note some gloves purchased from DPS General Stores may not meet these specifications.)
   4. Once gloves are on the hands, make it a habit to not touch clothing, skin, or equipment that is not being used for testing the unknown substance.
   5. If unknown substance is in transparent (clear) packaging, a portable Raman device may be used to make a preliminary identification, if available.
   6. Do not open packages unless required. If required, open suspected packages in an unpopulated area with good air circulation but without airflow that is directed toward the tester. Open the package only enough to obtain a small sample for testing.
7. Additional PPE should be worn during tasks where there exists possibility of very fine particles or splashes to the face. This includes OSHA-approved eye protection, sleeve covers, and a P100 rated particulate respirator mask.

8. Use an appropriate field test to presumptively identify the presence of fentanyl. Some examples of these kits include Sirchie’s NARK20033 Fentanyl Reagent and NIK’s (#NIK6060S) special fentanyl kit. Field tests can result in false negatives. Both negative and positive results should be treated as containing fentanyl.

9. When field-testing is complete, seal the package.

10. Decontaminate surfaces that were exposed to suspected fentanyl or other controlled substances with soap and water. Do not sweep or vacuum surfaces as this can make the unknown substance airborne.

11. Gloves and other potentially contaminated single-use PPE should be placed in labeled, durable 6 mil polyethylene bags and disposed of in the regular trash. The field test kit should also be disposed of in this manner and not submitted or packaged with the evidence.

12. Wash hands with soap and water as soon as possible after testing or potential exposure.

13. Do not use hand sanitizer or bleach to clean contaminated skin. Hand sanitizers may contain alcohol, which can increase the absorption of fentanyl through the skin.

14. Contaminated clothing should be removed, segregated from other laundry, and laundered separately.

15. Do not eat, drink, smoke, or use the bathroom before decontaminating.

16. If you experience symptoms of opioid overdose follow the directions in the Naloxone kit, notify Communications and seek further treatment at a hospital or emergency medical facility.

B. Police K-9s

1. Police K-9s performing detection activities are also at risk of exposure to fentanyl and its analogues. Working dogs should be removed from an area where suspected synthetic opioids are encountered.

2. If exposed, residual drug powder may remain on the dog’s body.

3. In the case of a suspected canine overdose, contact the canine’s treating veterinarian immediately.
25 Toxicology (Alcohol/Volatiles and/or Drugs) Analysis

25.1 Scope of Services

A. Toxicology (Alcohol/Volatiles and/or Drugs) analysis in biological specimens is performed by the Laboratory to support investigations of traffic DWI enforcement, homicide, and drug-facilitated sexual assaults. Typical evidence samples include blood collection kits and/or urine collection kits.

B. Alcohol/Volatiles Analysis

1. A Toxicology (Alcohol/Volatiles) Laboratory Report will list the alcohol concentration and/or the presence of volatile compounds. Volatiles analysis may include compounds that are abused as inhalants.

2. If continued analysis is necessary for toxicology drug analysis, the regional laboratory in the applicable service area will forward the appropriate samples to the DPS Austin Crime Laboratory and indicate its disposition on the report.
   
a) If Toxicology (Drugs) analysis was requested in addition to Toxicology (Alcohol/Volatiles) analysis and the alcohol concentration is determined to be less than 0.100 grams per 100 milliliters, it is forwarded to the DPS Austin Crime Laboratory for analysis.

b) If Toxicology (Drugs) analysis was requested in addition to Toxicology (Alcohol/Volatiles) analysis and the alcohol concentration is determined to be equal to or greater than 0.100 grams per 100 milliliters (or equivalent breath test), drug analysis will not be performed unless it is a non-traffic offense (e.g., death investigation or drug-facilitated sexual assault) or is a traffic incident that involves a deceased victim and living suspect. The request and offense must be documented on the Toxicology Request Submission Form (LAB-203).

C. Toxicology (Drugs) Analysis

1. The Laboratory measures the concentration (amount) of the common drugs in blood that can cause driving impairment. The concentration can be compared to literature values to support impairment cases.

2. Some drugs undetected in blood may be detected in urine due to higher concentrations and the presence of metabolites (the products of drug metabolism in the body). For urine specimens, the concentration (amount) of drug is not reported; only the fact that the drug has been detected is reported.

3. The Laboratory performs a screening for 10 (ten) classes of drugs to determine the presumptive presence of drugs in the sample.
   
a) Immunoassay screening does not identify any specific drug and is followed with a confirmation test(s) to identify the specific drugs present.

b) Cases which fall below screen cut-off levels are reported as “negative” for each drug class.

4. All drugs reported undergo identification by gas chromatography-mass spectrometry (GCMS) and/or liquid chromatography-mass spectrometry (LCMS).

5. A Toxicology (Drugs) Laboratory Report will list the identity of the drug(s) detected. The concentration of some drugs detected in blood samples may also be reported.
6. The report will not include the following non-prescription drugs which may be detected during analysis: vitamins, caffeine, nicotine, acetaminophen, and nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen.

7. A note is included on the report for drugs or class of drugs suspected by the initial investigation that could not be excluded by Laboratory methodology.
   a) The note is to inform the reader that a drug from this drug class may have been present but the Laboratory was unable to detect it, it was at a concentration below the reporting criteria, or it simply was not present.
   b) Further explanation can be provided by the laboratory if desired by contacting the Austin Toxicology Section.

25.2 Service Limitations

A. New designer drugs, such as bath salts and synthetic cannabinoids, are continually being produced. However, the Laboratory may not have the capability to detect and/or confirm all drugs within these categories.

B. The Laboratory cannot detect and/or confirm the following: lithium, psilocybin (mushrooms), mescaline (peyote), GHB, and LSD.

C. The Laboratory does not detect, confirm or include on a report the following: antibiotics, diabetic medications, diuretics, and heart/blood pressure medications.
   1. If a specific drug is listed as suspected and falls under one of these categories, the report may list them as a drug that the laboratory does not test for.

25.3 Submission Instructions

A. Inform the Laboratory on the Toxicology Request Submission Form (LAB-203) of any suspected substances that may have been used by the subject.
   1. For information concerning any suspected substances, refer to common reference materials (e.g., Physician’s Desk Reference (PDR) or https://www.drugs.com/).
   2. The list of suspected drugs is evaluated to employ methodology within the Laboratory’s capabilities for detection.
   3. Cases where specific drugs are listed as suspected but are not detected by immunoassay screening may undergo additional screening by GCMS or LCMS.
      a) The report will include a note if a suspected drug cannot be excluded by Laboratory methodologies. Refer to Appendix 8 – Toxicology Drugs List for list of drugs that can be detected.

B. Please note if Toxicology (Drugs) analysis is requested in addition to alcohol/volatiles analysis. This information assists the Laboratory in efficiently directing the analysis of the samples.

C. Submission of Kits or Samples
   1. If multiple kits or samples from the same individual are collected, DO NOT separate the kits/samples.
      a) Maintaining the kits/samples together ensures that the evidence maintains a proper chain of custody and there is ample evidence for testing.
      b) Submit the kits ONLY to the regional laboratory in the applicable service area to ensure the case remains under the same case number.
c) The additional kits/samples should be noted on the Toxicology Request Submission Form.

2. Mail or personally submit the blood and/or urine kit **without additional packaging** to the Laboratory as soon as possible after specimen collection.

D. Recommendations for Toxicology (Drugs) Analysis by Offense

1. Traffic Offenses
   a) For a traffic-related offense, a blood sample is preferred over any other specimen type. If only urine is submitted, it should have the support of a DRE (Drug Recognition Expert) evaluation for prosecution.
   b) Testimony from urine analysis is limited. Drugs detected in urine show **prior usage of drugs** and may not match drugs detected in the blood when the urine specimen was taken.
   c) Drug detection in blood shows the influence of the drug(s) **at the time the sample was taken**.
   d) If the presence of cocaine or flunitrazepam (rohypnol) is suspected in a blood sample, keep the sample refrigerated or submit as soon as possible. Refrigeration retards the degradation of these drugs in the sample.

2. Death Investigations
   a) In death investigations, the DPS Austin Crime Laboratory Toxicology section normally performs analysis of blood and/or urine specimens.
   b) **Blood and/or urine** is analyzed to evaluate any impact of drugs on the cause of death or to determine contributing factors for other death causes.
   c) Vitreous is analyzed for alcohol/volatiles when blood is not available. Detection of drugs will not be performed on vitreous samples.
   d) Urine may be analyzed if blood is not submitted.

3. Sexual Assault Investigations
   a) All Toxicology (Alcohol/Volatiles) requests pertaining to sexual assault offenses should be sent to the DPS Austin Crime Laboratory for analysis. The DPS Austin Crime Laboratory Toxicology section will analyze the specimens for both alcohol/volatiles and drugs, as requested.
      i. In sexual assault investigations, the DPS Austin Crime Laboratory Toxicology Section normally performs alcohol/volatiles analysis of blood and/or urine specimens and Toxicology (Drugs) analysis on urine specimens.
      ii. Toxicology (Drugs) analysis of blood may be performed if it is the only specimen submitted for a sexual assault investigation. Urine provides the longest window of detection for drug facilitated sexual assaults.
   b) Both alcohol/volatiles and drugs analyses are recommended in sexual assault investigations where victims report impairment or unconsciousness.
   c) The sooner a specimen is collected the greater the chance of detecting drugs which may have been used. Most drugs are detectable in blood collected within 12 (twelve) hours and in urine collected within 72 (seventy-two) hours, however some may be quickly eliminated.
d) The use of the Toxicology Request Submission Form (LAB-203) is preferred to request type of analysis and specify the time of incident and time of sample collection.

i. If the Laboratory Submission Form (LAB-201) is used, please indicate clearly the analysis requested.

ii. A request for “Toxicology” is interpreted as a request for both alcohol/volatiles and drug analysis.

iii. The date and time of offense and the date and time of sample collection must be added to the Laboratory Submission Form (LAB-201).

e) Important: Collect a gray-top blood tube and urine specimen separately from any DNA specimens.

4. For information regarding detection capabilities, contact the DPS Austin Crime Laboratory Toxicology section at AustinToxicology@dps.texas.gov or (512) 424-5793.

25.4 Evidence Retention and Disposition

A. Effective September 1, 2015, House Bill 1264 amended Article 38.50 of the Texas Code of Criminal Procedure, clarifying the retention period for Toxicology (Alcohol/Volatiles and/or Drugs) evidence collected under Chapter 49 of the Penal Code.

B. The Laboratory returns all Toxicology (Alcohol/Volatiles and/or Drugs) evidence from non-internal DPS customers.

C. The Laboratory retains Toxicology (Alcohol/Volatiles and/or Drugs) evidence submitted by internal DPS customers until the court-authorized disposition date.

1. Judges’ signatures are required to authorize destruction in accordance with the law and defined retention periods.

2. For evidence submitted to regional laboratories other than the DPS Austin Crime Laboratory, after alcohol/volatiles testing is completed the evidence is forwarded to the Houston Regional Laboratory.

   a) Evidence is stored refrigerated in the evidence storage facility established under Government Code 411.053, commonly referred to as the Bio-Warehouse.

3. Evidence submitted to and/or completed by the DPS Austin Crime Laboratory will remain stored refrigerated in Austin.

4. The Laboratory requires at least 2 (two) business days’ notification if evidence is needed for court. Prosecuting attorneys or internal DPS customers should contact the regional laboratory in the applicable service area to initiate the evidence transfer process from its storage location.
26 Trace Evidence Analysis

26.1 Scope of Services

A. Trace evidence consists, in most cases, of small minute material that is transferred from one source to another. This exchange of material can link a suspect, victim, crime scene, and/or object. This exchange can, therefore, become a critical piece of information during both the investigative and prosecutorial phases of a case. While it is extremely important to collect as much evidence as possible, the value of such evidence may be limited due to the facts of a particular case or the type of material collected.

B. The Trace Evidence discipline is composed of several different types of analysis including fibers, fire debris, glass, gunshot residue (GSR), hair, impressions (footwear and tire), lamp filaments, paints/polymers, physical/fracture match, pressure sensitive tapes, and unknown substances.

1. A brief description of most of the types of analysis is provided below. Please contact the regional laboratory in the applicable service area for more information regarding physical/fracture match and pressure sensitive tape analysis requests (refer to Appendix 2 – Laboratory Contact Information).

C. Fiber Analysis and Comparison

1. Fiber transfers most often occur from carpet, blankets, sweaters and damaged clothing. Fiber evidence can be recovered from such surfaces as clothing, fingernails, hair combings, weapons, bullets, bedding, seating and automobile parts. As fibers shed, they can adhere to clothing or other surfaces for a short period of time and can then be used to establish a link between a suspect, victim, and the crime scene.

2. The following determinations may be made during a fiber examination:
   a) Fiber type;
   b) Possible product uses (e.g., carpeting, clothing, etc.);
   c) Similarity between questioned fibers and known standards; and
   d) Physical/fracture match of samples back to source.

D. Fire Debris Analysis

1. Fire debris analysis is the examination of materials from a fire to determine the presence or absence of an ignitable liquid.

2. While most materials to be tested for ignitable liquids consist of debris from a fire, other items that can be tested include clothing from a victim or suspect, suspected liquids, soil or vegetation from around building exteriors, or empty containers that may have been used to carry an ignitable liquid to the scene.

3. The following determinations may be made during a fire debris examination:
   a) The presence or absence of an ignitable liquid; and
   b) If an ignitable liquid is present, the category of ignitable liquid.

   c) Laboratory identification results of ignitable liquids are based on the classification scheme outlined in the American Society for Testing And Materials (ASTM) E1618 document (refer to Figure 26-1).
4. Additionally, customers may send a clean, empty can from the stock of metal cans used for evidence collection for testing to ensure the cans are free of contaminants.
   a) The Laboratory provides a quality control check of metal cans to be used for collection of evidence.
   b) The Laboratory Submission Form (LAB-201) is required for the submission of these containers. Please indicate “Fire Debris Can QC Quality Check” in the “Brief Description of Evidence” column and provide the applicable product LOT numbers.

<table>
<thead>
<tr>
<th>Class</th>
<th>Light (C₄ – C₉)</th>
<th>Medium (C₈ – C₁₃)</th>
<th>Heavy (C₁₉ – C₂₀+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Petroleum Distillates</strong></td>
<td>Petroleum Ether, Some Cigarette Lighter Fluids, Some Camping Fuels</td>
<td>Some Charcoal Starters, Some Paint Thinners, Some Dry Cleaning Solvents</td>
<td>Kerosene, Diesel Fuel, Some Jet Fuels, Some Charcoal Starters</td>
</tr>
<tr>
<td><strong>including De-Aromatized</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Isoparaffinic Products</strong></td>
<td>Aviation Gas, Some Specialty Solvents</td>
<td>Some Charcoal Starters, Some Paint Thinners, Some Copier Toners</td>
<td>Some Commercial Specialty Solvents</td>
</tr>
<tr>
<td><strong>Aromatic Products</strong></td>
<td>Some Paint and Varnish Removers, Some Automotive Parts Cleaners, Xylenes, Toluene-Based Products</td>
<td>Some Automotive Parts Cleaners, Some Specialty Cleaning Solvents, Some Insecticide Vehicles, Fuel Additives</td>
<td>Some Insecticide Vehicles, Industrial Cleaning Solvents</td>
</tr>
<tr>
<td><strong>Naphthenic-Paraffinic</strong></td>
<td>Cyclohexane-Based Solvents / Products</td>
<td>Some Charcoal Starters, Some Insecticide Vehicles, Some Lamp Oils</td>
<td>Some Insecticide Vehicles, Some Lamp Oils, Industrial Solvents</td>
</tr>
<tr>
<td><strong>Products</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Normal-Alkanes Products</strong></td>
<td>Some Specialty Solvents, Pentane, Hexane, Heptane</td>
<td>Some Candle Oils, Some Copier Toners</td>
<td>Some Candle Oils, Some Carbonless Forms, Some Copier Toners</td>
</tr>
<tr>
<td><strong>Oxygenated Solvents</strong></td>
<td>Alcohols, Ketones, Some Lacquer Thinners, Fuel Additives, Surface Preparation Solvents</td>
<td>Some Lacquer Thinners, Some Industrial Solvents, Metal Cleaners / Gloss Removers</td>
<td>Turpentine Products, Some Blended Products, Various Specialty Products</td>
</tr>
</tbody>
</table>

**Figure 26-1: Ignitable Liquid Classification Scheme**

E. Glass Analysis and Comparison

1. Glass evidence is most often encountered in burglary and hit and run cases. Glass recovered from burglary tools or from a suspect’s clothing, shoes, and hair may be compared to known glass from the scene. Glass recovered from the clothing of a hit and run victim may be compared to the known glass from the suspect vehicle.
2. The following determinations may be made during a glass examination:
   a) Glass type (e.g., tempered glass, container glass, etc.);
   b) Direction of force used to break the glass;
   c) Order and direction of projectiles fired through the glass;
   d) Similarity between questioned glass and known standards; and
   e) Physical/fracture match of samples back to source.

3. If direction of force for glass analysis is considered:
   a) Photograph the glass before moving it; and
   b) Write “inside” and “outside” on the glass.

F. Gunshot Residue (GSR) Analysis

1. Gunshot residue (GSR) is composed of antimony, barium, and lead and may be deposited on the shooter’s hands, depending on the type, caliber, and condition of the weapon used and the environmental conditions at the time of the shooting.

2. The Laboratory conducts analysis for GSR by SEM-EDS (Scanning Electron Microscopy-Energy Dispersive Spectrometry) which allows for the identification of GSR particles based on morphology and composition.

3. Both characteristic and indicative GSR particles are produced when a firearm is discharged.
   a) Characteristic (3-component) GSR particles are composed of lead, barium, and antimony. Lead/barium/antimony containing particles have also been reported from cartridge operated stud guns/nail staplers, “crackering ball” fireworks, airbags, flare guns, starter pistols, and brake linings.
   b) Indicative (2-component) GSR particles are composed of only two of the three metals: lead and barium, lead and antimony, or barium and antimony.

4. Other sources that have been found to produce 2-component particles include:
   a) Particles containing lead/barium have been reported from stud guns, “crackering ball” fireworks, tires, disk brake hubs, brown recycled butcher paper, and the hands of mechanics, including electricians, motor repair and brake mechanics, lead acid battery assemblers, fireworks technicians, and furniture finishers;
   b) Particles containing lead/antimony have been reported from stud guns, “cracker bomb” fireworks, lead smelting, and the hands of lead acid battery assemblers, blast furnace operator foremen, fireworks technicians, car battery salesmen, car tire replacement workers, scrap iron dealers, car radio installers, automobile electricians, brake repair automotive mechanics, and gas station attendants; and
   c) Particles containing antimony/barium containing particles have been reported from stud guns, disk brake hubs, and the hands of fireworks technicians, car radio installers, automobile electricians, automotive motor and brake repair mechanics, and gas station attendants.
   d) Please note that most particles from the above sources can be distinguished from actual characteristic and indicative GSR particles based upon morphology and/or other elemental properties.
G. Hair Analysis and Comparison

1. Hair evidence can be encountered in a wide variety of crimes and can provide strong corroborative information for placing an individual at a scene.

2. The following determinations may be made during a hair examination:
   a) Human versus non-human;
   b) Animal species;
   c) Body origin (head, pubic, body, etc.);
   d) Racial characteristics;
   e) Alterations to human hair (bleached, dyed, burned, etc.);
   f) Similarity between questioned hairs and known standards; and
   g) Possible use of hair for DNA analysis.

3. Hair evidence submitted to the Laboratory for DNA analysis is examined by, or undergoes a consultation with, a Trace Evidence analyst prior to DNA processing.

H. Impressions (Footwear and Tire) Analysis and Comparison

1. Footwear and tire impressions are routinely present at crime scenes and are frequently overlooked. Examinations of impression evidence can provide valuable investigative leads and if properly documented and collected, can allow for a comparison to a suspected source.
   a) Two-dimensional impressions are those with no significant depth. A thin deposit/removal of dust, mud, blood, or other material from a shoe/tire onto/from a hard surface may create these impressions. Some two-dimensional impression will be clearly visible while others may be partially or totally latent.
   b) Three-dimensional impressions are those that have a significant depth to them, in addition to the length and width of the impression. Three-dimensional impressions are most commonly found in soil, sand, or snow and the detail within the impression may vary according to the substrate.

2. The following determinations may be made during an impression evidence examination:
   a) Type, make, and model of shoe/tire;
   b) Similarity between questioned impressions and known standards; and
   c) Possible identification of shoe/tire with randomly acquired characteristics.

I. Lamp Filaments Analysis

1. An examination of the filament(s) inside a lamp (i.e., bulb) may allow the determination of whether the lights of a vehicle were on or off at the time of an accident.

2. The following determinations may be made during a filament examination:
   a) Lamp/bulb on or off at time of damage; and
   b) Lamp/bulb burned out.
J. Paint/Polymer Analysis and Comparison

1. Paint/polymer evidence is most often encountered in burglary and hit and run cases. Paint/polymer evidence recovered from burglary tools may be compared to known paint from the scene. Paint/polymer evidence recovered from the clothing or vehicle of a hit and run victim may be used to identify the make and model of the suspect vehicle or can be compared directly to a vehicle suspected of involvement.

2. The following determinations may be made during a paint examination:
   a) Possible product uses (e.g., automotive paint, architectural paint, etc.);
   b) Possible make and model of vehicle using an automotive paint database;
   c) Similarity between questioned paint/polymer evidence and known standards; and
   d) Physical/fracture match of samples back to source.

K. Unknown Substances Analysis

1. In some instances, the identification or comparison of unknown substances and other materials may be beneficial to an investigation.
   a) The Laboratory offers limited analytical capabilities in these matters. Common substances analyzed may include white powders, liquids, pepper sprays, lubricants, and residues.
   b) In order to provide the best analysis of the sample, possible known sources of the question material should be submitted to the Laboratory.
   c) All unknown substance cases are evaluated on a case by case basis to determine if the Laboratory can provide analytical information.
   d) Please contact the Garland Regional Laboratory (refer to Appendix 2 – Laboratory Contact Information) for questions about the nature of a sample and to determine if analysis can be provided.

26.2 Service Limitations

A. Fire Debris Analysis

1. The term “arson analysis” is an archaic term no longer used by most fire debris analysts. It implies that the evidence has been submitted with the assumption that a crime has taken place, when in fact, the scientist does not make the determination as to the presence, or absence of an ignitable liquid until all data has been gathered. In addition, the field investigator determines whether a fire was arson.

2. The term “accelerant” is not used by the Laboratory. Whether or not a liquid has been used as an accelerant in a fire is a determination made by the investigator, not the scientist in the Laboratory.

3. The absence of detectable levels of ignitable liquid residues can be due to several factors, including, but not limited to, destruction by the inherent nature of fire, evaporation prior to collection and analysis, fire suppression activities, improper packaging of sample, or lack of use of ignitable liquids.

B. Hair Analysis and Comparison

1. Typically, only hairs from the head and/or pubic regions of the body are involved in microscopic comparisons made by the Laboratory.
a) There is considerably more variability in the characteristics of head and/or pubic hairs among different people than in the hairs from other body regions, resulting in stronger associations.

2. Any hairs with less than ½" of comparable characteristics may not be suitable for comparison.

3. For time spans of 5 (five) years or more between the shedding of the questioned hairs and the collection of hair standards for comparison, the value of the hair comparison involving the questioned hairs is limited to screening for DNA analysis and/or investigative leads.

4. Human hairs do not possess a sufficient number of unique individual microscopic characteristics to be positively identified as having originated from a particular person to the exclusion of all others.

C. Examples of common Trace Evidence evidentiary items which may have limited analytical value include, but are not limited to:

1. Textiles from commonly shared environments;
2. Tapelifts from locations, e.g. vehicle interiors, with which the individual is known to be associated;
3. Impressions from common residences;
4. Widely produced items with limited characteristics such as blue denim and white/colorless cotton; and
5. Evidence that is superseded by other results.

D. Gunshot residue (GSR) analysis **does not** give an indication of the distance from which a firearm is fired (i.e., distance determination).

1. Refer to **Chapter 21 – Firearms & Toolmarks Analysis** for information regarding the evidence required to determine an approximate distance between clothing and a fired weapon.

E. For unknown substance analysis, the Laboratory does not analyze the following types of items: solid food products or biological or chemical toxins.

### 26.3 Specific Collection and Packaging Requirements

**A. General Evidence Collection Methods and Considerations**

1. **Collection Methods**
   a) **Picking** – gloved fingers, clean forceps, or clean tweezers are used to remove evidence.
   b) **Adhesive lifting (tape lifting)** – fingerprint tape, cellophane tape, or other clear adhesive tape is patted over the item to recover surface debris.
      i. Use multiple strips of tape on larger items so tape does not become “overloaded.”
      ii. Place tape strips onto clear, colorless plastic sheets and label.
   c) **Combing** – a comb is used to thoroughly comb an individual’s hair to recover transferred evidence.
      i. Cotton can be placed in the teeth of the comb to improve recovery of small evidence.
ii. The individual should stand over a clean sheet of paper to collect the debris. The sheet of paper should be submitted with the comb and combings for examination.

d) Scrapping – clean scalpels, razor blades, and knives can be used to scrape debris and evidence from surfaces.

i. Paint samples should be collected by carving or chipping the paint instead of scraping in order to ensure all layers of paint down to the substrate are present.

e) Vacuuming – a portable vacuum equipped with special traps is used to lightly vacuum the surface of interest.

2. Submit whole, intact items for analysis. The collection and preservation of trace evidence is best performed under controlled laboratory conditions.

3. Clothing items should be handled as little as possible to avoid dislodging the any attached evidence.

4. Obtain known standards for comparison as soon as possible after the offense. Characteristics of many types of trace evidence can change over time due to age or environmental conditions. The most meaningful comparisons are those conducted close to the time of the incident in question.

5. Avoid using adhesive tapes to collect paint/polymer and glass evidence as the adhesive may interfere with analysis and comparison.

B. General Collection of Trace Evidence Standards for Comparison

1. If the source can be packaged and transported, submit the whole item for analysis.

2. If the source cannot be packaged and transported, take representative samples from various areas for submission.

   a) Sample from areas that are visually dissimilar or damaged (e.g., different colors, faded or worn areas of clothing, areas with missing or damaged paint, etc.).

   b) Sample several areas from large sources to account for variations that may exist.

   c) Samples should be at least 1 (one) square inch in size.

3. The collection of insufficient amounts of known standards for comparison may adversely affect the Laboratory’s ability to perform meaningful comparisons.

C. Collection of Fire Debris Evidence

1. Document, by photography or video recording, all items prior to removal from original location on scene.

2. Do not use gas or gas/diesel powered equipment.

3. Minimize the collection of water due to its reactivity with the collection cans (causing rust over time).

   a) This can be accomplished by placing sterile absorbent material (like gauze) on the visible surface sheen of the liquid mixture to collect target ignitable liquid residue without excessive collection of water.

4. Avoid contamination by transfer from gloves, shoes, or tools. Do not package gloves with evidence.

5. For cloth, cut a cross-section through and outside any pour pattern noted.

6. Blot a liquid surface with porous paper or gauze, and place in container.
7. Collect the sheen on a water puddle by pulling a sheet of gauze or paper towel (preferably from an unopened roll) across the surface of the puddle, and place in a suitable container.

8. Collect transferred samples onto paper or gauze from a known source only, not something found at the scene.

9. Pure liquid samples should be submitted as 2-4 drops on sterile gauze or sterile paper towels, tightly sealed in unused metal cans. Prior to transfer of the liquid on gauze for submission, take photos of the liquid sample as a whole for documentation purposes.
   a) **DO NOT** pour large (i.e., greater than ½ teaspoon) quantities of liquid into an evidence can. Such quantities can contaminate other evidence.

10. Large pieces of clothing can be cut down or separated into individual cans. Before and after altering any items, take photos of the evidence for documentation.

11. Non-liquid sample quantities (e.g., soil and mud collection) should be no more than about ½ of the can. Space at the top of the can is needed for proper analysis.

12. Refrigerating or freezing soil samples immediately after sample collection may be effective to slow down bacterial degradation of petroleum-based products.

13. For unsealed concrete:
   a) Collect chunks next to cracks or spall in suspected area.
   b) Spread clean, non-self-rising flour (40-60 mesh ASTM) or calcium carbonate (i.e., lime, 40-60 mesh ASTM) over the suspected area, let it stand for about 30 minutes, then collect and seal the flour or lime in an appropriate container.
   c) Submit an additional unused flour (or lime) sample as a control in a similar container.
   d) Sweeping compound is not recommended.

14. Distilled water or isopropyl alcohol (if the suspected ignitable is not alcohol) may be used as a solvent. Dampen gauze with one of these liquids and swab the suspected area. Document which solvent is used.

D. Collection of GSR Evidence

1. GSR samples should be taken before the subject’s hands are bagged or before the subject is placed into a police vehicle.
   a) If hand bags are used before stubbing, the date and time of bagging and removal must be recorded on the GSR Kit Information Form (LAB-211).
   b) Please note, hand bags are treated as a barrier to the outside environment and will not be processed for GSR.

2. Refer to **Appendix 7 – Instructions for Gunshot Residue (GSR) Kit Collection** for additional information.

E. Collection of Hair Standards for Comparison

1. Obtain known standards from all possible sources (suspect(s), victim(s), and other individuals common to an environment).
2. Obtain a representative hair standard by pulling and combing hairs from different areas of the head and/or pubic region.
   a) A representative hair standard consists of at least 25 (twenty-five) hairs, with roots, that represent the variation of all hairs in the region.
   b) It is strongly recommended that greater than 25 (twenty-five) hairs be collected.
   c) Please note that collecting more hairs, up to 100 (one hundred), will ensure all variation is represented.

3. Consideration should also be made to obtain known reference standards for possible DNA analysis.

F. Collection of Impression (Footwear & Tire) Evidence

1. Photography Methods and Guidelines
   a) Always photograph the impression evidence prior to any processing or removal from the scene.
   b) Take overall photographs to document location of impression.
   c) Camera should be placed on a tripod directly over and perpendicular to the impression (refer to Figure 26-2).
   d) A flat, rigid ruler should be placed alongside and at the same depth as the impression. If a scale is not included in the photograph, a size comparison cannot be performed by the Laboratory.
   e) Camera height should be adjusted so that the impression and scale fill the frame.
   f) Elongated impression such as tire treads should be photographed using overlapping exposures.
   g) Side lighting at various angles and directions can illuminate an impression more clearly. A shade may need to be used to block sunlight.
   h) Take several photographs to ensure quality images are obtained.

   ![Figure 26-2: Example of camera setup for impression photography]

   i) Impressions captured with digital cameras should be taken and stored in the highest resolution lossless format that is available (i.e. RAW or TIFF). Failure to do so can result in poor quality images that are unsuitable for comparisons.
Digital images of impression evidence should be submitted for examination regardless of the resolution or format available to the agency. If the digital image is of poor quality, it is returned without analysis.

2. Two-Dimensional (2D) Impressions
   a) Photograph the impression.
   b) If the item containing the impression can be removed and transported, submit the whole item for analysis. Care should be taken to not disturb the impression during the removal process.
   c) Locate latent impressions with oblique lighting. This can be accomplished by shining a flashlight across the surface at a low angle and viewing any dust impressions that appear.
   d) Attempt to enhance or lift the impression only if the item cannot be retrieved from the scene and submitted to the Laboratory.
   e) Dust and residue impressions may be lifted with an electrostatic lifting device or gelatin lifter. Contact the regional laboratory in the applicable service area for more information.
   f) Trained personnel can use chemical enhancement techniques to detect and improve prints made in blood or other substances. Contact the regional laboratory in the applicable service area for more information.

3. Three-Dimensional (3D) Impressions
   a) Photograph the impression.
   b) Use casting material (e.g., dental stone or die stone) to cast the impression. Plaster of Paris is no longer recommended as an acceptable casting material.
   c) 2 (two) pounds of casting material can be placed into a large re-sealable plastic bag for mixing and use at a scene. This amount should be sufficient for an average-sized shoe impression.
   d) Specific mixing instructions will vary based on the casting material being used. The mixture should have the consistency of pancake batter. Add more water or casting material as needed.
   e) Carefully pour the mixture into (without disturbing/distorting any features) or next to the impression and allow the casting material to gently flow into it. Fill the impression completely so that the casting material overflows.
   f) When the cast is firm but still soft, identifying marks can be scratched into the back. A permanent marker can also be used when the cast is dry.
   g) Allow the cast to dry for a minimum of 20 minutes in warm weather and longer in cold weather.
   h) Carefully lift the cast. Do not clean the cast as this will be done in the laboratory.
   i) Package the cast in a paper bag or cardboard box (never plastic) and allow it to dry for an additional 48 (forty-eight) hours before final packaging.
   j) Tire impressions should be cast to include a minimum of three feet of the impression. Mix the casting material in the same ratio as before with 2-3 times the amount of casting material. Use a bucket to accommodate the extra material for mixing and pouring.
4. Footwear Standards for Comparison
   a) Document the footwear of any medical or law enforcement personnel who have entered the scene for elimination purposes. Photographic documentation with a scale is usually sufficient.
   b) Footwear from the victim, suspect, and other individuals who may have entered the scene should be collected and submitted to the Laboratory.

5. Tire Standards for Comparison
   a) Tires should remain mounted on a vehicle so that position, wear and load can be duplicated. The vehicle may be towed to a regional laboratory based on applicable service area for processing or can be done on-site by trained Laboratory personnel.
   b) Use a smooth, clean, flat surface such as a board or concrete floor.
   c) Tape butcher paper to the board or floor that is a wider width than the tires. The paper should be long enough to document one revolution of the tire.
   d) Apply a thin film of silicone spray or petroleum jelly over the tread of the tire.
   e) Roll the tire, still mounted to the vehicle, along the paper. Mark where one revolution begins and ends, inside/outside of tire, position of tire, and direction of travel.
   f) Apply magnetic powder to the paper and shake the paper to remove the excess.
   g) Spray the powdered tread pattern with a light coat of hairspray (or other appropriate fixer) from a height of about 12 (twelve) inches to prevent smudging and loss of detail.
   h) Roll all four tires and consider the need to roll the spare tire.
   i) It may be helpful to photograph the tread pattern of each tire with a scale.
   j) Be sure to document the tire’s manufacturer, size, Department of Transportation (DOT) number, and any other pertinent information located on the tire.
   k) Consideration should be given to retaining and/or submitting the actual tires for further examinations, if needed by the Laboratory.

G. Collection of Lamp Filaments Evidence
   1. Document the lamp switch position (“on” or “off”). Never turn the switch on to see if the lights work. Never attempt to start the vehicle prior to collecting the lamps.
   2. Check for blown fuses or broken wiring in the light circuit. Notify the Laboratory of these occurrences.
   3. Mark each lamp as to its location, function, and orientation.
   4. Lamps located within and closest to the damage should be collected, when possible.
   5. When possible, collect the entire lamp assembly. Cut the wiring and submit the entire assembly intact.
   6. If the lamp is broken, search the assembly area to ensure that all filaments, filament posts and glass pieces are present.
   7. If the assembly cannot be removed, either cut the wiring and submit the bulb and socket, or remove each bulb from its socket.
H. Packaging Requirements

1. Single items or small amounts of material for examination should be placed into paper folds or small metal tins and sealed.

2. Place adhesive lifts on clear plastic or acetate sheets.

3. Paper folds, tins, and adhesive lifts should be packaged into envelopes with sealed corners (refer to Chapter 16 – General Evidence Collection Guidelines and Packaging Requirements).

4. Large glass pieces should be packaged in containers such as boxes and padded envelopes to protect broken and fractured edges from additional breakage.

5. Known standards collected from different areas of an item (e.g., subject, car, shirt, window, etc.) must be packaged separately. Multiple packages of standards collected from the same item may collectively be placed into a single envelope for convenience.

6. Lamp filament evidence should be packaged carefully and separately from any additional evidence in order to protect the integrity of the evidence. If the lamp is broken and the filaments are exposed, use extreme caution in packaging and submission to the Laboratory. Disposable foam cups or small boxes are acceptable packaging with the use of sufficient packing material to prevent the evidence as necessary.

7. Ensure that impression evidence is protected from loss, contamination, and deterioration. Securing the item containing the impression inside the packaging can help protect the impression.

8. Ensure that impression casts have been fully dried for at least 48 (forty-eight) hours prior to packaging. Casts should be packaged in paper or plastic with sufficient packing material to prevent breakage.

9. **DO NOT** store or package Trace Evidence items in paper composed of recycled material.
   a) *This type of paper can contain particles of paint, heavy metals, and other debris that can interfere with and prolong our analysis.*
   b) *Prior studies have indicated that packaging materials such as boxes and paper bags are suitable packaging and do not contain such particles.*

10. Fire Debris Evidence
    a) *Unused, airtight, clean, and inert (i.e., will not react to solvents) containers must be used to package fire debris evidence; metal cans with epoxy lining are preferred.*
    b) *If utilizing a metal can for collection of fire debris evidence,*
        i. *Remove any debris from the sealing groove of the can to ensure a good, airtight seal;*
        ii. *Properly clean/wipe down outside of can if excess dirt/grime present to avoid cross-contamination issues*
        iii. *Place the lid on the can and use a hammer to tap around the entire circumference;*
        iv. *Properly seal the can by placing tape across the center of the lid, making sure that the tape covers at least two points on the can’s seal;*
v. Leave adequate space on the can for Laboratory use when writing on the can; and
vi. Submit an unused can to be used as a control when submitted an untested lined can.

**Note:** Unused cans can be submitted separately to be quality control checked prior to evidence submission.

c) KAPAC® polyester bags are not recommended. Care must be taken to avoid puncture. Due to a reformulation by the manufacturer, KAPAC® bags manufactured prior to 2010 should not be used. If used, submit unused control KAPAC® bag with sample.
i. If used, seal with an electric heat sealer and initial and date the seal.

d) Unsuitable containers include previously used containers, nylon bags such as SOPLARIL® or Grand River Products, paper bags, glass jars or vials, plastic containers including plastic cans, cans with plastic lids or gaskets, and plastic bags.

e) Refer to Chapter 16 – General Evidence Collection Guidelines and Packaging Requirements for information pertaining to the packaging and submission of evidence for fire debris analysis.

11. Unknown Substances Evidence

a) Liquid samples must be sealed in a leak proof container such as glass jar or screw top vial and packaged in order to avoid spills or container breakage.

b) Dry powder samples should be packaged in a paper fold, ziplock bag, or other fully sealed container. Samples should not be placed loose in an envelope, as the sample can be lost or contaminate other items.

c) Volatile samples must be packaged in a manner which prevents evaporation. Paper packaging and ziplock bags are not appropriate for such samples.

d) Perishable items should be refrigerated or frozen and submitted to the Laboratory as soon as possible.

e) If a sample must be transferred from its original container for submission to the Laboratory, please submit the original container in a separate sealed package in addition to its contents.
27 Non-Reported Sexual Assault Evidence Program

27.1 Purpose

A. Created in House Bill 2626 by the 81st Legislature in 2009, the Non-Reported Sexual Assault Evidence Program allows survivors of sexual assault to obtain a forensic medical exam and have evidence collected, without cost to the survivor, even if they have no wish to involve law enforcement. This allows for the securing of evidence while giving the survivor time to consider if they want to report the assault.

B. Texas Code of Criminal Procedure Article 56.065 was created to enumerate the rules and responsibilities for providing forensic medical exams to sexual assault survivors that do not want to report the assault to law enforcement. The law:

1. Defines the applicable health care facilities that are affected by the program;
2. Directs a health care facility to perform the appropriate exam;
3. Allows the health care facility to apply for reimbursement from the Texas Attorney General’s Office
   a) Prior to September 1, 2019, the Department of Public Safety was directed to pay the appropriate health care facility fees for the forensic portion of the exam and the Texas Attorney General’s Office was directed to reimburse the Department of Public Safety
4. Requires the Department of Public Safety to transfer and preserve the evidence for either five years after the date of collection or until the survivor releases the evidence, whichever comes first.
   a) Prior to September 1, 2019, the Department was required to transfer and preserve the evidence for either two years after the receipt of evidence or until the survivor released the evidence, whichever came first.

27.2 Submission of Non-Reported Sexual Assault Evidence

A. The Department of Public Safety only stores evidence in non-reported sexual assault instances. Evidence is not opened and will remain in storage for a period defined by the statute.

1. Evidence is stored for a maximum of five years. Following the fifth-year anniversary of the date of collection, written notification to the survivor is provided and a response period of three months is granted before the evidence is destroyed.
2. Prior to the five-year deadline, a survivor may choose to either:
   a) Release the evidence to the applicable law enforcement agency (based on where the offense occurred); or
   b) Release the evidence for destruction if choosing not to pursue investigation of the offense.

B. Package all collected evidence in a box that is completely sealed with heavy tape. The box must be able to withstand standard shipping without undue damage.

1. Initial and date the seal such that a portion of the initials and date are on both the box and the tape.
2. Contents of the box may include:
   a) A sealed sexual assault evidence collection kit;
b) A survivor reference DNA sample in the form of a dried buccal swab;
   i. The sample may be in its own packaging or may be enclosed in the sexual assault evidence collection kit.

c) Sealed paper bags containing survivor’s clothing.
   i. Submitted clothing should be limited to the survivor’s underwear unless there is a compelling reason to believe that any other item contains biological evidence from the suspect.

3. The box may not include blood, urine, or any other liquid samples.

C. For exams conducted prior to September 1, 2019, complete the Non-Reported Sexual Assault Evidence Laboratory Submission Form (LAB-205) and the Non-Reported Sexual Assault Evidence List of Services Provided Form (LAB-209). Place the forms in a sealed envelope and secure to the outside of the box.

D. For exams conducted on or after September 1, 2019, complete the Non-Reported Sexual Assault Evidence Laboratory Submission Form (LAB-205). Place the form in a sealed envelope and secure to the outside of the box.

E. Ensure the survivor’s unique identifier is clearly marked on all evidence packages, forms, and submitted invoices and supporting documentation.

F. Ship the evidence box with the attached envelope of forms to the following address:

   Texas DPS Bio-Warehouse  
   12230 West Rd., Building C  
   Houston, TX 77065

G. For exams conducted prior to September 1, 2019, mail all medical invoices and supporting documentation to the following address:

   Texas Department of Public Safety  
   Accounts Payable  
   PO Box 4087 MSC 130  
   Austin, TX 78773-0001

   1. Invoices and supporting documentation may alternatively be emailed to apinvoices@dps.texas.gov.

   2. The Non-Reported Sexual Assault Evidence List of Services Provided Form (LAB-209) is not intended to substitute for an invoice(s) and is for internal DPS use only.

H. For exams conducted on or after September 1, 2019, please consult the Texas Attorney General’s website for reimbursement information (https://www.texasattorneygeneral.gov/crime-victims/services-crime-victims/sexual-assault-exam-reimbursement).

I. Provide the survivor with information on how to contact the Department of Public Safety if they decide to take further action.

   1. Survivors should consult the DPS website for additional information (http://www.dps.texas.gov/CrimeLaboratory/NRSA.htm).
J. For questions regarding the submission of non-reported sexual assault evidence, please contact the DPS Houston Regional Laboratory.

27.3 Survivor Instructions for the Release of Stored Sexual Assault Evidence

A. While the evidence is in storage, a survivor or their authorized representative may choose to either:
   1. Release the evidence to the applicable law enforcement agency (based on where the offense occurred); or
   2. Release the evidence for destruction if choosing not to pursue investigation of the offense.

B. If consenting to the destruction of the evidence, the survivor or authorized representative should complete the Consent for Release of Sexual Assault Evidence Form (LAB-207).

C. If requesting the release of the evidence to law enforcement in order to pursue an investigation, the survivor or authorized representative should:
   1. Contact the applicable law enforcement agency, based on where the offense occurred;
   2. Inform the agency that they are a survivor a sexual assault, that evidence was previously collected, and is currently being stored at the Department of Public Safety; and
   3. Complete the Consent for Release of Sexual Assault Evidence Form (LAB-207) including the name of the applicable law enforcement agency, agency contact information, and criminal incident report number.

D. Completed forms must be signed and submitted to the Department of Public Safety via email or mail:

   Texas DPS Bio-Warehouse
   12230 West Rd., Building C
   Houston, TX 77065
   Email: HoustonCrimeLab@dps.texas.gov

E. Forms and additional information regarding the release of evidence stored by the Department of Public Safety under the Non-Reported Sexual Assault Evidence Program may be located at http://www.dps.texas.gov/CrimeLaboratory/NRSA.htm.
# Appendix 1 – Laboratory Services

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1 Consultation only; the Laboratory will not respond to the scene
2 Digital/Multimedia includes computer forensic, video, and audio examinations
## Appendix 2 – Laboratory Contact Information

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<th>Contact Numbers</th>
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<tr>
<td>Abilene</td>
<td>2720 Industrial Blvd. Abilene, TX 79605</td>
<td>325-795-4040 Fax 325-795-4134</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Amarillo</td>
<td>4200 Canyon Dr. Amarillo, TX 79109</td>
<td>806-468-1430 Fax 806-468-1442</td>
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<tr>
<td>Austin</td>
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<td>512-424-2105 Fax 512-424-2869</td>
</tr>
<tr>
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<tr>
<td>Breath Alcohol</td>
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<td>512-424-5238 Fax 512-424-2869</td>
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<td>CODIS</td>
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<td>512-424-2385 Fax 512-424-2386</td>
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<td>Corpus Christi</td>
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<td>915-849-4120 Fax 915-849-4113</td>
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Effective Date: 9/29/2020
Issued by: System Quality Manager
Printed copy is uncontrolled. Refer to electronic copy for current version.
## Appendix 2 – Laboratory Contact Information (Continued)

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<td>432-498-2193&lt;br&gt;Fax 432-498-2358</td>
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<td>254-759-7180&lt;br&gt;Fax 254-759-7185</td>
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<td>Weslaco</td>
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Appendix 3 – Laboratory Submission Form Instructions

A. Laboratory Submission Forms (LAB-201 through LAB-205) serve as a contract between the customer (e.g., submitting agency) and the Laboratory. Forms must be filled out as thoroughly as possible to document the request for Laboratory services.

B. General Instructions

1. Do not write or type inside the box marked “DPS Laboratory Use Only.”

2. The form should be completed by typing if possible. Illegible handwriting may cause delays in the processing the request.

3. Attach a brief synopsis or offense report for all requests except for Seized Drug or Toxicology (Alcohol/Volatiles and/or Drugs) requests.

4. If Toxicology (Alcohol/Volatiles and/or Drugs) analysis is requested, collect evidence using the required collection kit (refer to Chapter 14 – Required Forms and Evidence Collection Kits) and submit a Toxicology Request Submission Form (LAB-203) in place of the LAB-201.

5. Sexual assault evidence must be submitted with both a LAB-201 and LAB-206 (as required by Government Code §420.042).

6. The victim/survivor name(s) must be provided for all DNA requests.

7. A new submission form (LAB-201) is required for the resubmission of all evidence to the Laboratory. The resubmission should be clearly indicated on the submission form.

8. For the resubmission of evidence for Toxicology (Alcohol/Volatiles and/or Drugs) analysis, submit a Toxicology Request Submission Form (LAB-203) in place of the LAB-201.

C. Submission Type

1. Check only one of the three submission types:
   a) New Service Request: The first submission request for a case. There should not be a preexisting Laboratory case number associated with the request.
   b) Additional Evidence: A subsequent submission request for a previously submitted case (i.e., other evidence had been previously submitted to the Laboratory).
   c) Resubmission: Evidence had been previously submitted to the Laboratory for analysis, returned to the customer, and is being resubmitted for additional testing.

2. Please check Corrected Copy if the submission information has been corrected and the listed evidence has already been submitted to the Laboratory.

3. For all submissions marked Additional Evidence or Resubmission, provide the Laboratory case number in the DPS Lab Case # field.

D. Submission Information

1. Agency: The name of the submitting agency
   a) Please indicate if multiple agencies are associated with the case and which agency is the primary.
2. **Agency Case #:** The complete agency case number
   a) Please do not include any punctuation, including dashes.
   b) Please indicate if multiple agency case numbers are associated with this case.

3. **Offense:** The type of offense
   a) Please indicate if multiple offenses are associated with this case.

4. **Offense Date:** The date of offense

5. **Offense County:** The county of offense
   a) Please indicate if multiple offense counties are associated with this case.

E. **Agency Contact Information**

1. **Title / Badge #:** The title and badge or ID number of the individual requesting the analysis

2. **Full Name:** Full name of the individual requesting the analysis
   a) Please do not use abbreviations.
   b) Please note, the agency contact individual may be different than the agency individual who submits the evidence.

3. **Agency Address, City, State, Zip:** The mailing address of the agency

4. **Business Email:** The business email address of the individual requesting the analysis
   a) Only secure and valid governmental or customer business email address domains (e.g., .us, .gov, .mil, .org, and .edu) may be used for communications regarding the requested analysis and results.
   b) If an acceptable customer email address is not available, Laboratory reports and letters are distributed via mail, fax, or in person.

5. **Phone:** The phone number of the individual requesting the analysis

6. **Fax:** The fax number of the individual requesting the analysis

7. **Contact Info for Additional Report Distribution:** Provide information, preferably email address(es), if copies of the report should be disseminated to other individuals.

F. **Individual (S = Suspect, V = Victim, E = Elimination)**

1. **S/V/E:** Indicate whether the individual is a suspect, victim/survivor, or an elimination individual
   a) Elimination refers to persons who had legitimate access to a crime scene or item of evidence and may be detected during forensic analysis but is not the victim or considered a suspect (e.g., a consensual partner of a victim of a sexual assault or individuals other than the victim residing in a residence that was burglarized.

2. **Name (Last, First, Middle, Suffix):** The individual’s name, if known.
   a) Indicate if the name provided is a pseudonym or alias.
   b) For all submissions marked Additional Evidence or Resubmission, please indicate any new individuals (i.e., not included on the original submission form) with an asterisk (*).
3. **Race**: The race of the individual (W – White/Caucasian; A – Asian/Pacific Islander; B – Black/African American; H – Hispanic; O – Other)

4. **Sex**: The sex of the individual (M – Male; F – Female; U – Unknown)

5. **DOB**: The individual’s date of birth, if known

6. **State**: The state that issued the individual’s driver license and/or ID

7. **Driver License #**: The driver license number issued by the state

8. **ID Card #**: The ID number issued by the state

G. Description of Evidence Submitted

1. **Agency Item #**: The agency item number associated with the evidence

2. **Brief Description of Evidence**: Brief description of the evidence (e.g., white round tablets, swab of blood, latent print from window, etc.)
   a) *Include any additional information which is relevant to the request or analysis.*
   b) *Indicate if the item contains a potential biohazard, sharps, or lithium batteries.*

3. **Quantity**: The total number of evidence items that comprise that single agency item (e.g., number of pills, bundles, cartridge cases, swabs, etc.)

4. **Source**: The source from where the evidence was collected (e.g., suspect’s pocket, broken window at point of entry, victim’s living room, etc.)

5. **Request Code**: The type of analysis or analyses requested.
   a) *List all requested codes from the table of Laboratory Service Request Codes.*

6. Additional Laboratory requests may be considered and should be clearly communicated and agreed to with the Laboratory prior to the submission of evidence.
# Appendix 4 – Quick Reference for Evidence Collection & Packaging

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<tbody>
<tr>
<td>Audio / Video</td>
<td>Audio / Video Enhancement</td>
<td>All</td>
<td>Carefully packed in box or envelope</td>
</tr>
<tr>
<td>Ammunition (e.g., bullets, cartridge cases, and shot shells)</td>
<td>Identification / Characterization / Comparison</td>
<td>All</td>
<td>Clean, well-packed box, envelope, or bag; not airtight</td>
</tr>
<tr>
<td>Automobile / Automotive Parts</td>
<td>General Examination (for collection of evidence)</td>
<td>Entire vehicle if possible</td>
<td>Vehicles should be kept protected until laboratory personnel can examine the vehicle. If vehicle is being transported to the laboratory, precaution should be taken to protect any evidence on the outside of the vehicle during transport. Clean, well-packed boxes.</td>
</tr>
<tr>
<td>Biological Tissue</td>
<td>DNA Analysis</td>
<td>All</td>
<td>Refer to Biological Screening/DNA Evidence Collection section</td>
</tr>
<tr>
<td>Blood</td>
<td>Alcohol / Drugs</td>
<td>10 mL</td>
<td>Use DPS approved blood collection kits. Blood must be taken by qualified medical personnel. Best practice is to use a non-alcoholic prep pad to sterilize the site. Refrigerate sample whenever practical.</td>
</tr>
<tr>
<td>Blood / Bloodstains</td>
<td>DNA Analysis</td>
<td>Variable and depending on pattern</td>
<td>Refer to Biological Screening/DNA Evidence Collection section.</td>
</tr>
<tr>
<td>Bones</td>
<td>DNA Analysis</td>
<td>All</td>
<td>Clean, well-packed box. Bones with tissue or blood present should be kept frozen. Best practice is to freeze them until the laboratory determines they are dry and can be kept at room temperature.</td>
</tr>
<tr>
<td>Bullet Holes</td>
<td>Entrance/Exit Determination / Distance Determination</td>
<td>Entire garment or substance</td>
<td>Air-dry away from heat or sun. Handle as little as possible. Clean, well-packed box, so that bullet hole is protected from rubbing or shaking</td>
</tr>
<tr>
<td>Clothes</td>
<td>General Examination (for collection of evidence)</td>
<td>All</td>
<td>Carefully packed in box, envelope, bag</td>
</tr>
<tr>
<td>Computer / Digital / Mobile Devices</td>
<td>Data Recovery / Extraction</td>
<td>All</td>
<td>Carefully packed in a box or envelope using antistatic packaging materials</td>
</tr>
</tbody>
</table>

Effective Date: 9/29/2020
Issued by: System Quality Manager

Printed copy is uncontrolled. Refer to electronic copy for current version.
<table>
<thead>
<tr>
<th>TYPE OF EVIDENCE</th>
<th>EXAMINATION REQUEST</th>
<th>RECOMMENDED COLLECTION AMOUNT</th>
<th>RECOMMENDED OR REQUIRED PACKAGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>Seized Drugs Analysis</td>
<td>All</td>
<td>Original containers, plastic bags, heat sealed plastic bags, envelopes, boxes, or bottles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*See Chapter 15 for specific guidance about evidence suspected of containing fentanyl</td>
</tr>
<tr>
<td>Fibers</td>
<td>Characterization / Comparison</td>
<td>All, plus a large amount of known if comparison is to be made</td>
<td>Carefully package using folded paper. Place paper in well-sealed envelope or box.</td>
</tr>
<tr>
<td>Fingernail Specimens / Scrapings / Deposits</td>
<td>DNA Analysis / Trace Evidence Analysis</td>
<td>All</td>
<td>Use clean nail clippers. Separate left and right hands. Gently use a separate toothpick (or similar item) for each finger. Place each in a separate, well-sealed container.</td>
</tr>
<tr>
<td>Fire Debris</td>
<td>Identification of ignitable liquid residue</td>
<td>2-4 drops pure liquid, liquid residue collected on sterile material, non-liquid material</td>
<td>Sealed epoxy-lined metal cans</td>
</tr>
<tr>
<td>Firearms</td>
<td>Comparison with evidence bullets or cartridge cases, Serial number restoration, Trace Evidence, DNA, Friction ridge impressions</td>
<td>Evidence projectiles and fragments, cartridge cases, weapon</td>
<td>Be sure all weapons are unloaded. Label and package all items individually.</td>
</tr>
<tr>
<td>Glass</td>
<td>Characterization / Comparison / Physical Match Examination</td>
<td>All</td>
<td>Clean cardboard boxes, well-packed and sealed to prevent sifting and contamination. Samples to be compared to be packaged separately.</td>
</tr>
<tr>
<td>GSR Kits</td>
<td>Gunshot Residue</td>
<td>Palm and back both hands</td>
<td>Commercial SEM-EDS kits only</td>
</tr>
<tr>
<td>Hair</td>
<td>Characterization / Comparison / DNA Analysis</td>
<td>All of questioned. Known to be a minimum of 25 hairs from area in question.</td>
<td>Tape lifts placed on plastic or acetate sheets, sealed in an envelope. Keep known and unknown separate.</td>
</tr>
<tr>
<td>Handwriting</td>
<td>Characterization / Comparison</td>
<td>All of questioned. Known to be a minimum of 25 pages including normal course of business</td>
<td>Documents may be packaged into an appropriately sized envelope. Do not address with document in envelope.</td>
</tr>
<tr>
<td>TYPE OF EVIDENCE</td>
<td>EXAMINATION REQUEST</td>
<td>RECOMMENDED COLLECTION AMOUNT</td>
<td>RECOMMENDED OR REQUIRED PACKAGING</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Ink</td>
<td>Characterization / Comparison</td>
<td>All including suspect writing instrument</td>
<td>Original container. If on paper, package carefully in box/envelope.</td>
</tr>
<tr>
<td>Knives</td>
<td>Trace Evidence, DNA, Friction ridge impressions, Toolmarks</td>
<td>All</td>
<td>Packaged so as to prevent injury to handlers and to preserve materials present</td>
</tr>
<tr>
<td>Paint</td>
<td>Characterization / Comparison / Physical Match Examination / Paint Data Query Database Search</td>
<td>Area collected should be one square inch. Need control samples from both suspect and victim cars at impact sites. Collect down to metal or wood surface. Collect flaked paint from scene. Hit and run - victim’s clothing should be submitted.</td>
<td>Small, clean, non-metallic containers. Paint may be packaged in folded paper. It may then be placed in well-sealed envelope. Clothing should be placed in well-sealed paper bags and well-packaged box.</td>
</tr>
<tr>
<td>Paper</td>
<td>Characterization / Comparison</td>
<td>All</td>
<td>Cardboard carton and well-sealed envelopes</td>
</tr>
<tr>
<td>Rope</td>
<td>Characterization / Comparison</td>
<td>All</td>
<td>Clean cardboard box or bag</td>
</tr>
<tr>
<td>Semen stains</td>
<td>Biology / DNA Analysis</td>
<td>All</td>
<td>All articles to air-dry away from heat or sun. Pack carefully in paper bags or boxes.</td>
</tr>
<tr>
<td>Shoes / Shoeprints / Tires / Tire prints</td>
<td>Identification / Comparison</td>
<td>All</td>
<td>Clean, well-cushioned containers (shoes, photos, casts)</td>
</tr>
<tr>
<td>Stains (other)</td>
<td>Characterization / Comparison / Biology / DNA Analysis</td>
<td>All</td>
<td>Same as bloodstains</td>
</tr>
<tr>
<td>Tools</td>
<td>Toolmark Comparison / Serial Number Restoration / Trace Evidence</td>
<td>All</td>
<td>Cardboard carton, well-packed with protective covering on suspect area of tool</td>
</tr>
<tr>
<td>Urine</td>
<td>Alcohol / Drugs</td>
<td>10 mL</td>
<td>Use commercial urine collection test kits. Collection should be observed to maintain chain of custody. Refrigerate sample if submission is delayed.</td>
</tr>
<tr>
<td>Vehicle Bulbs / Lamps</td>
<td>On/Off Determination</td>
<td>All bulbs from damaged area(s)</td>
<td>Well-cushioned packaging in a box or other rigid container. Hand-deliver.</td>
</tr>
<tr>
<td>TYPE OF EVIDENCE</td>
<td>EXAMINATION REQUEST</td>
<td>RECOMMENDED COLLECTION AMOUNT</td>
<td>RECOMMENDED OR REQUIRED PACKAGING</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Vitreous Fluid</td>
<td>Alcohol</td>
<td>All</td>
<td>Use small container to minimize headspace. Refrigerate sample if submission is delayed.</td>
</tr>
</tbody>
</table>
Appendix 5 – Best Practices for Collection, Storage, Preservation, & Retrieval of Biological Evidence

The Department of Public Safety, in collaboration with other criminal justice stakeholders, has established “Best Practices for Collection, Storage, Preservation, and Retrieval of Biological Evidence.” These best practices relate to the statutory requirements provided under Article 38.43 Code of Criminal Procedure for the storage of biological evidence and illustrate types of biological evidence, manner of collection, and considerations for preservation, and disposition.

A. Types of Biological Evidence

1. Biological evidence is defined in Texas Code of Criminal Procedure Article 38.43 as follows:
   a) The contents of a sexual assault examination kit; or
   b) Any item that contains blood, semen, hair, saliva, skin tissue, fingernail scrapings, bone, bodily fluids, or any other identifiable biological material that was collected as part of an investigation of an alleged felony offense or conduct constituting a felony offense that might reasonably be used to:
      i. Establish the identity of the person committing the offense or engaging in the conduct constituting the offense; or
      ii. Exclude a person from the group of persons who could have committed the offense or engaged in the conduct constituting the offense.

2. A sample of whole blood from a DWI suspect is not considered biological evidence for the purpose of this statute.

B. Considerations for Collection of Evidence

1. Biological evidence and materials should be collected in a manner that prevents contamination and degradation and ensures integrity during all phases of investigation and litigation.
   a) The use of proper collection and evidence handling procedures reduces the possibility of evidence contamination and DNA degradation.
   b) Document stains prior to removal. This may be accomplished through photography or sketching.
      i. Detailed notes that include the description of the item, location where it was collected, name of person who collected it, and the date of collection are another effective way of documentation.
   c) If evidence must be field tested, collect a small portion of the stain on a swab and test this swab instead of directly testing the entire stain.
      i. If the stain is small, it should be tested in the laboratory rather than in the field.

2. Wear disposable gloves (nitrile or other non-porous polymer) to handle evidence rather than reusable uniform/tactical gloves.
   a) Do not touch the outside of gloves to face or hands or use personal items such as cell phones or radios while wearing the gloves.
   b) Change gloves after contact with potential biological evidence.

3. Avoid talking, coughing, sneezing, or perspiring over the unpackaged evidence. Consider wearing a surgical style disposable face mask during evidence collection.
4. Additional personal protective equipment such as eye protection, face masks, head/hair covering, and laboratory coats may be beneficial for personal safety and to avoid contamination of the evidence.
   a) Consider the use of disposable personal protective equipment such as shoe covers, coveralls, and hair covers for convenience.

5. Do not eat, drink, chew gum, or use tobacco around biological evidence.

6. Do not participate in evidence collection if injured until any blood loss has been stopped, wounds have been covered, and clothing has been cleaned.

7. Because not all germicidal treatments destroy DNA, consider using sterile, disposable collection equipment (e.g., scalpels, scissors, forceps, etc.) to collect evidence.

8. If disposable collection equipment is not feasible, collection tools should be properly cleaned between collections.
   a) An effective way to clean collection equipment is to dip tools in or wipe tools with a fresh solution of 10% bleach and allow them to dry prior to reuse.
   b) A 10% bleach solution may be prepared using 10 parts water to 1 part bleach; any commercially available bleach is adequate for this purpose.
   c) UV sterilization is another effective way to clean collection tools.

9. Fingerprint powder and brushes may carry biological material from one item to the next. Consider collecting DNA samples before friction ridge processing or use single use brushes and sterile powder.

C. Considerations for Preservation of Evidence

1. Questioned stains and known reference samples naturally degrade. However, the degradation process may by be slowed through proper preservation and collection.

2. Thoroughly dry any wet or moist items, such as clothing or swabs, before packaging.
   a) Items should be kept separate from one another during drying.
   b) Items should be stored in a temperature and humidity controlled environment out of direct sunlight during the drying process.
   c) The area used for drying items should be made of materials that enable decontamination after every use of the area.
   d) Consider using a drying cabinet for this purpose.
      i. Clean the cabinet to decontaminate it and place clean white paper under the item prior to placing it in the cabinet.
      ii. If used, the paper should be submitted with the item.
   e) If a drying cabinet is not available, items can be dried in an isolated, secure area designated as a drying area.
      i. Use clean white paper underneath and between items to minimize contamination while drying.
      ii. If used, the paper should be submitted with the item.
   f) Wet or moist items may require temporary storage prior to drying.
i. If this is the case, the items may be placed in separate impermeable, nonporous containers (plastic bags, metal cans, glass jars) and stored refrigerated or frozen.

g) It may not be possible to completely dry some items.

i. If this is the case, contact the regional laboratory in the applicable service area for instructions on preservation of these items.

3. If the exact location of evidentiary DNA on an item is important, wrap the item in clean white paper and roll it up on itself prior to placing in a bag in order to prevent transfer of evidence from one location on the item to another location.

4. Use breathable packaging and containers such as paper bags, envelopes, and boxes for biological evidence.

   a) Avoid using plastic packaging as an inner or outer package.

   b) Do not reuse packaging.

5. Seal the packaging with tape. Do not use staples. All seals must be marked to identify the person making the seal. Mark through the seal with name or initials and the date.

6. The integrity of the item is often maintained through the documentation on the packaging.

   a) The documentation includes all markings, seals, tags and labels used by all of the involved agencies. Therefore, it is critical to preserve or document all packaging and labels received by or returned to the submitting agency.

7. Whenever possible, all evidence from the same case should be stored by a single agency.

8. All packages should be stored in a sealed condition that does not allow for cross contamination, loss, or deleterious change.

   a) Package each item separately to prevent cross contamination between items.

      i. Swabs that are collected from a single stain may be packaged together in the same container.

   b) Do not package known reference samples in the same packaging as questioned samples.

   c) Do not package evidence collected from one individual with evidence collected from a second individual.

   d) Refrigerate liquid blood samples. Liquid blood samples should never be frozen.

   e) Wet, bloody items that cannot be dried should be stored frozen or refrigerated until submission to a laboratory.

   f) Freeze tissue samples.

   g) Refrigerate sexual assault kits containing liquid samples until submission to a laboratory. If uncertain, the kits should be refrigerated. Do not freeze the kits. Do not store the kit in hot conditions, such as the trunk of a car. The heat may cause any blood tubes within the kit to explode.

   h) Dried items with biological stains (including swabs), hair, and bones may be stored in a temperature controlled environment that limits heat, humidity, and exposure to sunlight.
9. Do not package items requiring different storage conditions together in the same outer packaging. For instance, do not package a liquid blood sample in the same box as clothing containing dried biological stains.

10. A container such as a box or bag containing multiple items or packages must only be used to store evidence from a single case and should be marked to reflect the contents of that container.

11. Packages from the same case should be stored in the fewest number of containers possible, such as boxes or large bags, with care taken to avoid contamination of evidence.
   a) For both storage and retention, boxes provide the most efficient use of space.

12. Packages containing biological evidence must be marked with biological hazard stickers.

13. Agency case numbers and identifiers must never be removed by another agency unless documented.

14. Any agency retaining biological evidence must be able to produce an inventory of the evidence.
   a) It is best to maintain an evidence inventory in a computer management system that can be backed up.
   b) The inventory must list the item and its current location as well as chain-of-custody information.
   c) It is recommended that the original investigating agency maintain the inventory for each case.

15. Per Texas Code of Criminal Procedure Article 38.43, non-DPS law enforcement agencies and other criminal justice entities from counties with a population less than 100,000 may submit biological evidence for long-term storage.
   a) Agencies are encouraged to store this evidence locally until conclusion of trial.
   b) All submissions for long-term storage must be made to the DPS Bio-Warehouse located in Houston (refer to Appendix 2 – Laboratory Contact Information).

D. Considerations for Disposition of Evidence

1. Disposition of biological evidence includes proper tracking and retention of the evidence until the evidence is eligible for destruction.

2. Tracking Retained Biological Evidence
   a) Any agency that retains evidence must have a system to catalog/track evidence in such a way that it is possible to locate any retained biological evidence.
   b) The tracking system should use a unique case numbering system that includes unique case identifiers with unique property identifiers.
   c) The tracking system should include a documented procedure for property room organization that is determined by the agency’s ability to locate evidence through either a computerized barcode system or a hand written record.

3. Destruction of Biological Evidence
   a) It is recommended that agencies that retain evidence routinely inventory their property rooms for evidence that could possibly be destroyed.
i. This will help create and maintain available storage space for any retained biological or other evidence as required by statute.

ii. Felony crimes are the only crimes requiring adherence to the biological evidence retention standards outlined in Texas Code of Criminal Procedure Article 38.43.

b) The Texas Code of Criminal Procedure Article 38.43 (d) contains the provisions for destruction of biological evidence in cases resulting in the conviction of a person for a felony offense, as follows:

i. The attorney representing the state, clerk, or other officer in possession of biological evidence described by Subsection (a) may destroy the evidence, but only if the attorney, clerk, or officer by mail notifies the defendant, the last attorney of record for the defendant, and the convicting court of the decision to destroy the evidence and a written objection is not received by the attorney, clerk, or officer from the defendant, attorney of record, or court before the 91st day after the later of the following dates:

   - The date on which the attorney representing the state, clerk, or other officer receives proof that the defendant received notice of the planned destruction of evidence; or
   - The date on which notice of the planned destruction of evidence is mailed to the last attorney of record for the defendant.

c) Questions regarding cases that are on appeal or open/unsolved should be referred to the prosecuting attorney to determine status and the possibility of seeking a destruction order.

d) Appendix 6 contains a sample letter that can be used to give notice of intent to destroy biological evidence.

E. Retention Schedules for Biological Evidence

1. The retention schedule for biological evidence is described in Texas Code of Criminal Procedure Article 38.43.

   a) This article applies to a governmental or public entity or an individual, including a law enforcement agency, prosecutor’s office, court, public hospital, or crime laboratory, that is charged with the collection, storage, preservation, analysis, or retrieval of biological evidence.

   b) An entity or individual described above shall ensure that biological evidence collected pursuant to an investigation or prosecution of a felony offense or conduct constituting a felony offense is retained and preserved.

2. The retention schedules for biological evidence and materials are as follows:

   a) Unsolved: for not less than 40 years, or until any applicable statute of limitations has expired, if there is an un-apprehended actor associated with the offense.

   b) Convictions: in a case in which a defendant has been convicted, placed on deferred adjudication, community supervision, or adjudicated as having engaged in delinquent conduct and there are no additional un-apprehended actors associated with the offense:

      i. Until the inmate is executed, dies, or is released on parole, if the defendant is convicted of a capital felony.

      ii. Until the defendant dies, completes the defendant’s sentence, or is released on parole or mandatory supervision, if the defendant is sentenced to a term of confinement or imprisonment in the Texas Department of Criminal Justice.
iii. Until the defendant completes the defendant’s term of community supervision, including deferred adjudication community supervision, if the defendant is placed on community supervision.

iv. Until the defendant dies, completes the defendant’s sentence, or is released on parole, mandatory supervision, or juvenile probation, if the defendant is committed to the Texas Juvenile Justice Department; or

v. Until the defendant completes the defendant’s term of juvenile probation, including a term of community supervision upon transfer of supervision to a criminal court, if the defendant is placed on juvenile probation.

c) Contents of sexual assault examination kits: for not less than 40 years, or until any applicable statute of limitations has expired, whichever period is longer and regardless of whether a person has been apprehended for or charged with committing the offense.
Appendix 6 – Notice of Intent to Destroy Biological Evidence Template

RE: NOTICE OF INTENT TO DESTROY BIOLOGICAL EVIDENCE

[Date]

To Whom It May Concern:

Pursuant to Article 38.43 of the Texas Code of Criminal Procedure, I am hereby providing notification that [name of governmental evidence retention agency] intends to destroy the biological evidence listed below.

This evidence will be destroyed on or about 91 (ninety-one) days from the date of receipt of this letter unless written objection is received. A written request for retention of the evidence listed below should be provided to [name of governmental evidence retention agency] at the address listed below.

Defendant’s name: ________________________________

Victim’s name: ________________________________

Evidence items: [List or include attachment] ________________________________

________________________________________________________________________

________________________________________________________________________

Conviction offense(s): ________________________________

Conviction date: ________________________________

Court: ________________________________

Case number: ________________________________

Sincerely,

[Governmental Evidence Retention Agency]

[Address]

[City, State, Zip Code]

[Phone Number]
Appendix 7 – Instructions for Gunshot Residue (GSR) Kit Collection

PLEASE READ PRIOR TO USING KIT

A. When the cap is removed from the clear plastic vials containing the SEM stubs, the adhesive collecting surface is exposed and care must be taken to not drop the stub or contaminate the collection surface by allowing the surface to come in contact with an object other than the area that is to be sampled (refer to Figure 1).

B. Heavily soiled or bloody areas should be avoided if possible.

C. When pressing the stubs on the questioned areas, use enough pressure to cause a mild indentation on the surface of the subject's hand.

STEP 1: Complete the Gunshot Residue Kit Information Form (LAB-211) and the information requested on the front of the kit.

STEP 2: Put on the barrier gloves provided in this kit. Do not substitute with other gloves!

NOTE: If there is blood on the subject's hands or clothing, the barrier gloves provided in this kit will protect the investigating officer from bloodborne pathogens.

STEP 3: RIGHT HAND

A. Carefully remove the cap from the vial labeled RIGHT HAND.

B. While holding the vial cap, press the collecting surface of the stub on to the subject’s right hand until the area shown below in Figure 2 has been covered.

C. After sampling the subject's right hand, return the cap, with metal stub, to the RIGHT HAND vial.

STEP 4: LEFT HAND

A. For collection from the left hand, repeat Step 3 using the vials labeled LEFT HAND until the area shown below in Figure 3 has been covered.

STEP 5: After sampling both hands, return capped vials to kit.

FINAL INSTRUCTIONS

A. Place yellow copy of the Gunshot Residue Kit Information Form (LAB-211) in the kit (the white copy is submitted with LAB-201 and the pink copy is retained by the collecting officer).

B. Close kit and affix Police Evidence Seal where indicated, then initial seal.

C. Mail or submit the sealed kit in person to the DPS Austin Crime Laboratory for analysis. (If mailed, package kit in a cardboard box to prevent damage in transit.)
### Appendix 8 – Toxicology Drugs List

<table>
<thead>
<tr>
<th>Amphetamines</th>
<th>Barbiturates</th>
<th>THC</th>
<th>Benzodiazepines Mix</th>
<th>Cocaine-Opiate</th>
<th>Target Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,4-Methylenedioxyamphetamine (MDA)</td>
<td>Butalbital</td>
<td>δ9-THC</td>
<td>δ9-Carboxy-THC</td>
<td>7-Aminoflunitrazepam</td>
<td>6-Acetylmorphine</td>
</tr>
<tr>
<td>3,4-Methylenedioxymethamphetamine (MDMA)</td>
<td>Phenobarbital</td>
<td>δ9-Carboxy-THC</td>
<td>Carisoprodol</td>
<td>Alprazolam</td>
<td>7-Aminoflunitrazepam</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>Phenytoin</td>
<td>11-Hydroxy-THC</td>
<td>Carisoprodol</td>
<td>Alprazolam</td>
<td>∆9-Carboxy-THC</td>
</tr>
<tr>
<td>Ephedrine</td>
<td>Secobarbital</td>
<td>∆8-THC</td>
<td>Chlor Diazepoxide</td>
<td>Diazepam</td>
<td>∆9-Carboxy-THC</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td>Diazepam</td>
<td>Diazepam</td>
<td></td>
</tr>
<tr>
<td>Phenmetamphetamine</td>
<td></td>
<td></td>
<td>Diazepam</td>
<td>Diazepam</td>
<td></td>
</tr>
<tr>
<td>Phenobarbital</td>
<td></td>
<td></td>
<td>Diazepam</td>
<td>Diazepam</td>
<td></td>
</tr>
<tr>
<td>Phenylpropanolamine</td>
<td></td>
<td></td>
<td>Diazepam</td>
<td>Diazepam</td>
<td></td>
</tr>
<tr>
<td>Pseudoephedrine</td>
<td></td>
<td></td>
<td>Diazepam</td>
<td>Diazepam</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LCMS Screen*</th>
<th>GCMS Screen*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Blood/Urine</td>
</tr>
<tr>
<td>Elizolam</td>
<td>Carbamazepine</td>
</tr>
<tr>
<td>Gabapentin</td>
<td>Ketamine</td>
</tr>
<tr>
<td>Phensetamine</td>
<td>Levetiracetam</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>Lidocaine</td>
</tr>
<tr>
<td>Zaleplon</td>
<td>Propofol</td>
</tr>
<tr>
<td>Zopiclone</td>
<td>Topiramate</td>
</tr>
<tr>
<td>Valproic Acid</td>
<td>Zolpidem</td>
</tr>
</tbody>
</table>

*LCMS and GCMS Screen is not a complete list of drugs tested.
Appendix 9 – Instructions for the Collection and Submission of Blood Specimens for Toxicology (Alcohol/Volatiles and/or Drugs) Analysis

A. General Information on Specimen Collection

1. Only qualified medical personnel should collect blood samples from a person.
   a) Refer to the Texas Transportation Code §724.017 for a listing of qualified personnel.

2. It is recommended to cleanse the blood withdrawal site with a non-alcoholic prep pad.

3. Collect the blood in 10 mL gray top tubes containing a preservative and an anticoagulant.
   a) The DPS Blood Alcohol Specimen Kit contains two (2) gray top tubes and protective materials for safe shipping and handling.
   b) The evidence should be refrigerated until transported to the laboratory.

4. Provide a full gray top tube of blood, if possible.
   a) A full tube is about ¾ full.
   b) The DPS Blood Alcohol Specimen Kit contains two (2) gray top blood tubes; both tubes should be filled during the collection.

5. The two (2) gray top tubes provided in the DPS Blood Alcohol Specimen Kit have an expiration date for the vacuum of the tube noted on the outside of the kit.
   a) If a tube is expired, that tube may not be able to fill to the expected 10 mL. This will limit the amount of sample for toxicology (alcohol/volatiles and/or drugs) testing.
   b) Qualified medical personnel may replace the two tubes with two other, non-expired gray top tubes.
      i. Note the replacement tube expiration date in the “Case Synopsis” section of the LAB-203 and near the vacuum expiration date printed on the box seal.
   c) If replacement tubes are unavailable, and blood is able to be collected in at least ½ of the expired tube(s), the tube(s) may still be submitted for testing.
   d) All other items provided in the kit may still be used for submission.

6. In the absence of a DPS Blood Alcohol Specimen Kit:
   a) Have the medical personnel use unexpired gray top tubes; and
   b) Submit evidence with a Toxicology Request Submission Form (LAB-203).
      i. The package must comply with all postal regulations for shipping biological specimens including protective containers, absorbent material, and biohazard warning labels.
      ii. To maintain the integrity of the sample, a tamper evident seal and proper labeling must also be used.

B. Contents of the DPS Blood Alcohol Specimen Kit:

1. Pre-sealed Blood Kit;
2. Kit instructions
3. Toxicology Request Submission Form (LAB-203);
4. Two 10 mL gray top collection tubes each containing 100 mg of Sodium Fluoride and 20 mg of Potassium Oxalate;
5. Two absorbent pouches to cushion the blood collection tubes and to absorb the specimen if breakage should occur;
6. Two plastic screw-cap containers to hold blood collection tubes in the absorbent pouches;
7. Foam padding with enough space to hold plastic screw cap tubes;
8. Tube seals (tamper-evident) for each collection tube;
9. Integrity seal (tamper-evident) to reseal box;
10. Mailing label; and
11. Plastic sleeve on the outside of the specimen mailer box to hold Laboratory submission form.

Image A9-1: Contents of DPS Blood Alcohol Specimen Kit
C. Kit Preparation and Submission Instructions

**STEP 1:** Complete the Subject Consent Form (Appendix 11), if applicable, and ensure that both the subject and witness sign the form where indicated. This form should be retained for law enforcement records.

**STEP 2:** Complete the Toxicology Request Submission Form (LAB-203) and the tube seal(s).

**STEP 3:** After the specimen(s) has been collected by a qualified professional as described by the Texas Transportation Code, verify the information on the collection tube seal(s), especially the subject’s name. Remove the backing from the seal(s), affix the circle on the seal to the rubber stopper, and press the ends of the seal down the sides of each collection tube.

*Note:* The second collection tube is a precautionary measure to provide an additional evidence sample for testing. The Laboratory typically processes the earliest collected sample. Tubes documented as collected within 30 minutes of one another may be used interchangeably based on volume or other factors at the discretion of the laboratory.

**STEP 4:** Insert each collection tube into an absorbent pouch.

**STEP 5:** Place each absorbent pouch containing a collection tube into a plastic screw-cap container and close the lid.

*Image 9A-2: Step 3*

*Image 9A-3: Steps 4 – 5*
STEP 6: Place both plastic screw-cap containers in the foam holder inside the box.

STEP 7: Close the box lid and seal the box with the enclosed integrity seal. Initial and date the seal so that the writing goes across the seal and the box.

STEP 8: Completely fill out the self-adhesive mailing label (refer to Appendix 2 – Laboratory Contact Information). For the mailing of biological specimens, it is very important that the officer’s name and phone number are included in the return address. Affix this label to the top of the sealed box. Postage is necessary if the box is mailed to the laboratory.
STEP 9: Check the submission form for completeness, refold, and insert the submission form into the plastic sleeve attached to the outside of the box and seal. **No paperwork should be placed inside the box.**

![Image 9A-6: Step 9](image)

STEP 10: Protect the specimen kit from extreme temperatures. If submission is delayed, it is recommended to refrigerate the sample. Submit the kit to the appropriate regional laboratory as soon as possible for analysis.
Appendix 10 – Instructions for the Collection and Submission of Urine Specimens for Toxicology (Drugs) Analysis

A. General Information on Specimen Collection

1. The urine collection must be witnessed by the arresting officer or their representative. The observation is documented on the paperwork that accompanies the specimen kit.

2. If the specimen is collected in a urine collection cup, transfer to a leak proof bottle.
   a) The DPS Urine Specimen Kit contains a secure bottle and protective materials for safe shipping and handling.

B. Contents of a Urine Specimen Kit:

1. Pre-sealed Urine Kit;
2. Kit instructions;
3. Foam padding with space to hold specimen bottle;
4. 100 mL urine specimen bottle;
5. Plastic specimen bag containing a liquid adsorbent pad;
6. Investigating Officer’s Report (with Chain of Custody) Label for plastic bag;
7. Specimen Security Seal (tamper-evident) for specimen bottle; and
8. Kit Box Shipping Seal (tamper-evident) to reseal box.

Image 10A-1: Contents of Urine Specimen Kit
C. Kit Preparation and Submission Instructions

STEP 1: Complete the Subject Consent Form and ensure that both the subject and witness sign the form where indicated. This form should be retained for law enforcement records.

STEP 2: Complete the Toxicology Request Submission Form (LAB-203), Investigating Officer’s Report (with Chain of Custody) Label, and Specimen Security Seal.

STEP 3: The urine collection must be witnessed by the arresting officer or their representative.

STEP 4: Give the subject the specimen bottle and instruct subject to remove bottle cap and then partially peel back or remove the bottle integrity seal.

STEP 5: Instruct subject to fill the bottle at least half-full by voiding directly into the bottle and then return the specimen bottle directly to the arresting officer or representative.

*Note*: Subject may urinate into a non-waxed paper or plastic cup, and the specimen can then be poured into the specimen bottle by the collection witness.

STEP 6: Immediately after receiving the specimen bottle, replace bottle cap and tighten to prevent leakage.

STEP 7: Verify the information on the Specimen Security Seal, remove backing from the seal, affix center of seal on the bottle cap, and press ends of seal down both sides of the bottle. The collection witness should initial the specimen seal.

STEP 8: Affix the Investigating Officer’s Report (with Chain of Custody) Label to the plastic bag.

STEP 9: In order to comply with US Postal regulations, place the specimen bottle into the foam holder, insert into the ziplock bag provided with the liquid absorbing sheet, and press the ziplock seal closed to prevent any leakage.

*Note*: Do not remove the liquid absorbing sheet.

STEP 10: Insert the ziplock bag containing the urine specimen into the mailing box and close the lid. Secure the lid of the box with the Kit Box Shipping Seal where indicated, initial and date so that the writing goes across the seal and the box.

STEP 11: Check the submission form for completeness, fold, insert the submission form into an envelope, attach to the outside of the box, and seal. No paperwork should be placed inside the box.

*Note*: The kit instructions describe placing the completed submission form on top of the ziplock bag.

STEP 12: Completely fill out the mailing information on top of the box (refer to Appendix 2 – Laboratory Contact Information). For the mailing of biological specimens, it is very important that the officer’s name and phone number are included in the return address. Postage is necessary if the box is mailed to the laboratory.

STEP 13: Protect the specimen kit from extreme temperatures. If submission is delayed, it is recommended to refrigerate the sample. Submit the kit to the appropriate regional laboratory as soon as possible for analysis.
Appendix 11 – Toxicology Specimen Subject Consent Form

SUBJECT CONSENT FORM

THE STATE OF TEXAS VS. ____________________________________________

(Subject Name)

Be it remembered that on this ____ day of ________, 20____, I

__________________________, having been placed under arrest on a
charge of driving a motor vehicle on a public highway while intoxicated, do voluntarily
give a specimen of my blood to _________________________________.

(Arresting Officer)

Subject’s Signature: ____________________________________________

Subject Address:

__________________________

__________________________

Collection Witness: ________________________________

(Print Name and Signature)

Retain for Customer Record. Do Not Send to Laboratory.
Appendix 12 – Computer Search, Seizure, and Analysis Warrant Template

The following language is used to describe computer system and related equipment to be seized and analyzed:

Digital media consists of computer hardware, computer software, computer data, and computer related documentation which can collect, analyze, create, display, convert, store, conceal, or transmit electronic, magnetic, optical, or similar digital impulses or data.

Computer hardware includes, but is not limited to, all data processing devices such as central processing units, memory typewriters, and self-contained “laptop” or “notebook” computers; internal and external storage devices and media such as hard disk drives, magnetic media disks and drives, magneto-optical disks and drives, tape cartridges and drives, optical disks and drives such as CD-ROM, CD-WORM, CD-R, CD-RW, and DVD, optical disks and drives such as Zip, Jazz, Sparq, Syjet, and Bernoulli, transistor-like binary devices, and any external input/output devices such as mice, keyboards, monitors, scanners, printers, modems, cables, connections, recording equipment, microphones, RAM or ROM units, acoustic couplers, automatic dialers, speed dialers, programmable telephone dialing or signaling devices, cellular telephones, iPads, iPods, and electronic tone-generating devices; as well as any devices, mechanisms, or parts that can be used to restrict access to computer hardware (such as physical keys and locks).

Computer software includes, but is not limited to, digital information which can be interpreted by a computer and any of its related components, which may be stored in electronic, magnetic, optical or other digital form. It commonly includes programs such as operating systems, applications, utilities, compilers, interpreters, and communications programs.

Computer data, which is digital information, is created with the use of computer software and stored electronically and/or magnetically in computer hardware. This computer system(s) may contain files with records; namely, correspondences, notes, papers, ledgers, personal telephone, address books, memoranda, telexes, facsimiles, and documents. It may also contain graphical images and photographs.

Computer related documentation that is written, recorded, printed, or electronically stored material which explains or illustrates how to configure or use computer hardware, software, or other related items.

Based upon affiant’s knowledge, training, and experience, and consultations with ____________________________, who is trained and experienced in the search, seizure, and analysis of computer related evidence, affiant knows that it is necessary to seize most or all electronic and electro-magnetic storage devices (along with related peripherals) to be searched later by a person(s) trained to conduct computer evidence analysis. It may also be necessary to transport the actual computer hardware, software, and documentation, or duplicate copies of the data contained in each of these items, out of this county for complete and thorough examination by trained personnel in a laboratory or other controlled environment. This is true based on the following:
The volume of evidence. Computer storage devices (like hard disks, diskettes, tapes, and compact disks) can store the equivalent of thousands of pages of criminal evidence; he or she might store it in random order with deceptive file names. This may require searching which particular files are evidence or instrumentality of crime. This sorting process can take weeks or months, depending on the volume of data stored, and it would be impractical to attempt this kind of data search on site.

Technical requirements. Searching computer system(s) for criminal evidence is a highly technical process requiring expert skill and a properly controlled environment. The vast array of computer hardware and software available requires even computer experts to specialize in some computer system(s) and applications, so it is difficult to know before a search which expert is qualified to analyze the system(s) and its data. In any event, however, data search protocols are exacting scientific procedures designed to protect the integrity of the evidence and to recover even “hidden”, erased, compressed, password-protected, or encrypted files. Since computer evidence is extremely vulnerable to inadvertent or intentional modification or destruction (both from external sources and from destructive code imbedded in the system(s) as a “booby trap”), a controlled environment is essential to the complete and accurate analysis.

Based on the above mentioned facts, the affiant has probable cause to believe that the personal computer system(s) of [name of the suspect, witness, victim] may contain files and/or data with records – namely, correspondence, notes, papers, ledgers, personal telephone and address books, telephone toll records, telephone message slips, memoranda, telexes, facsimiles, documents, and photographs relevant to or which describe criminal conduct and suspected criminal activity, specifically, [describe offense(s) being investigated].

Wherefore, affiant asks for the issuance of a warrant that will authorize affiant to search for and seize said computer system(s), computer hardware and media, computer software, and computer documentation. Furthermore, said items are to be analyzed by a trained computer evidence recovery specialist in order to retrieve, restore, and/or reproduce any or all information believed to be evidence of said offense(s).

(OPTIONAL if return of computer system(s) is essential, e.g., business environments, etc.)

If after examining the computer hardware, software, and documentation, investigators determine that any or all of these items are no longer necessary to retrieve, analyze, and preserve the data evidence, they will be returned to [individual, e.g., suspect, witness, or victim] within a reasonable time.
PART III: PERSONNEL

28 Laboratory System Roles and Responsibilities

28.1 Organization and Management Structure

A. The crime laboratory system is a service of the Law Enforcement Support Division (LES) of the Department.
   1. The position of the LES within the Department is depicted on the Agency organizational chart located on the DPS website.
   2. The policies and procedures governing the Department are published in the General Manual.

B. The Crime Laboratory Service consists of thirteen permanent forensic testing laboratories, one laboratory operated within a customer facility, one CODIS database laboratory, and one Breath Alcohol Office of the Scientific Director which oversees 21 satellite calibration laboratory facilities, one reference material production laboratory, and Service-level support.

C. Each regional laboratory has a designated Quality Manager and Laboratory Manager.

D. The Breath Alcohol calibration and reference material production programs have one designated Quality Manager.

E. The organization and management structure of the Crime Laboratory Service includes one Laboratory Director and four Assistant Laboratory Directors leading:
   1. Administration and Finance;
      a) Budgets;
      b) Grants; and
      c) Sexual Assault Evidence (SAE) Tracking Program.
   2. Operations;
      a) Personnel;
      b) Facilities; and
      c) Health and Safety.
   3. Technical Services; and
      a) Capitol Area Regional Laboratory (operating in a customer facility);
      b) CODIS Program;
      c) LIMS (for testing laboratories);
      d) Quality Assurance;
      e) Records Program;
      f) Technology Integration; and
      g) Discipline Programs.
   4. Scientific Director of Breath Alcohol Program.
      a) Calibration Laboratory;
      b) Certified Reference Material Production Laboratory; and
      c) Statewide Breath Alcohol support and regulation.
F. Management is further divided into Top Management and Key Management.

1. Top Management
   a) Laboratory Director;
   b) Assistant Laboratory Directors;
   c) System Quality Manager.

2. Key Management
   a) Assistant System Quality Managers;
   b) Regional Laboratory Managers;
   c) Quality Managers;
   d) Breath Alcohol Laboratory Deputy Scientific Directors;
   e) LIMS Manager;
   f) CODIS Program Manager;
   g) Health and Safety Manager;
   h) Records Program Manager;
   i) Program Coordinators (including Biology, CODIS, Chemistry, Comparative Disciplines, Process Improvement);
   j) Sexual Assault Evidence (SAE) Tracking Program Specialist;
   k) Section Supervisors;
   l) Breath Alcohol Regional Managers; and
   m) Technical Leaders.

28.2 Personnel Responsibilities

A. The Laboratory management system requires the complete support and participation of all personnel. The following sections outline the responsibilities of management and other Laboratory personnel in implementing the management system of the Laboratory.

B. All personnel:
   1. Ensure that Laboratory procedures are performed in a safe and responsible manner in accordance with approved procedures;
   2. Identify any problems or questionable results;
   3. Document and make recommendations for improvements to the system;
   4. Ensure completeness of Laboratory notes and essential documentation;
   5. Make recommendations for improvements to general laboratory training, discipline procedure, and discipline training manuals as appropriate; and
   6. Follow the Health and Safety Program.

28.3 System Personnel Responsibilities

A. Laboratory Director (also Assistant Chief)
   1. Administers the administrative and technical direction of the programs and services;
2. Develops, implements, and enforces policies;
3. Develops and manages the Laboratory budget;
4. Oversees personnel issues including recruitment, selection, hiring, and disciplinary action;
5. Reviews job requirements and descriptions to recommend updates;
6. Approves the design and selection of Laboratory facilities;
7. Supports and promotes the management system and ensures that the policies and objectives are documented, communicated to, understood, and implemented by Laboratory personnel;
8. Grants examiner approval to perform testing, calibration, or reference material production work;
9. Controls expenditure of federal project funds in connection with the Laboratory;
10. Ensures that effective communications processes are established within the Laboratory system;
11. Represents the Laboratory, if necessary, during the legislative session; and
12. Approves Laboratory policies and analytical procedures.

B. Assistant Laboratory Director / Breath Alcohol Scientific Director
1. Administers the administrative and technical direction, evaluation, and coordination of the work of the regional laboratories;
2. Oversees fiscal, physical plant, and personnel management; and
3. Supports and promotes the management system and ensures that the policies and objectives are documented, communicated to, understood, and implemented by Laboratory personnel.

C. System Quality Manager
1. Coordinates with management regarding the development, implementation, maintenance, and improvement of the management system;
2. Coordinates periodic audits of the Laboratory;
3. Coordinates programs and procedures with consideration to requirements for laboratory accreditation;
4. Investigates quality issues, proposes corrective actions, and verifies their implementation;
5. Advises management on issues relating to laboratory quality and good laboratory practice;
6. Provides reports on quality assurance activities;
7. Coordinates and assists with the review of training materials, testing procedures, and competency testing; and
8. Makes recommendations for examiner approval to perform testing or calibration work.
9. May act in the capacity of Laboratory Quality Manager, where necessary.
D. Assistant System Quality Manager
   1. Manage personnel in the QA program regarding work assignments, priorities, and
      expectations.
   2. Participate in personnel decisions, train and develop employees, and monitor
      employee performance.
   3. Provide input to System Quality Manager for long range planning, including internal
      audits, corrective actions, deviation/document authorization process, proficiency
      scheduling, examiner approvals, workflows, and policies.
   4. May act in the capacity of Laboratory Quality Manager, where necessary.

E. System QA Specialist
   1. Administers proficiency tests and evaluate results;
   2. Maintains and updates controlled documents;
   3. Maintains the Laboratory approved supplier list
   4. Reviews training records;
   5. Reviews validation studies;
   6. Assists in all aspects of the implementation of the quality system including the
      documentation of quality incidents and implementation of action plans; and
   7. Assists with Records Program activities.

F. Crime Laboratory Compliance Auditor
   1. Responsible for scheduling, coordinating, and facilitating logistics for large scale
      audit activities.
   2. Oversees audit team to collect and verify objective evidence.
   3. Prepares audit reports, compiles supporting documentation, manages feedback and
      audit program records.

G. LIMS Manager
   1. Oversees the planning, design, modification, implementation, support, and
      maintenance of the LIMS software used in casework, including adding new purposes
      or improvements.

H. LIMS Specialist
   1. Supports administration of the LIMS software, either in CODIS or forensic testing.

I. Records Program Manager
   1. Oversees and directs the performance of a variety of technical, training, research,
      planning, policy, and administrative activities related to the Laboratory Records
      Program;
   2. Develops and implements plans and policies related to the Laboratory Records
      Program to improve functionality and comply with state laws, Department policies,
      and accreditation standards;
   3. Oversees activities and revises program policies and practices related to the release,
      storage, retention, organization, and disposition of Laboratory records;
4. Directs regular monitoring and auditing activities to include analysis of data and program revisions to address trends, deficiencies, and opportunities for improvement; and

5. Directs and coordinates training for internal and external stakeholders, and liaises with the Laboratory Quality Assurance Program.

J. Records Program Specialist
   1. Oversees the implementation of filing systems and filing procedures to include classification, archival, storage, access, retrieval, and disposition of Laboratory records and information;
   2. Reviews the effectiveness of Laboratory records and information management policies and systems, and makes recommendations for improvement;
   3. Assists with and conducts audits of program-related activities and requirements; and
   4. May receive, evaluate, compile, and release Service-level requests for Laboratory records and information.

K. Discipline Program Coordinator
   1. Develops, reviews, and revises policies and projects relevant to the discipline;
   2. Reviews and researches new equipment and techniques to evaluate new methods of productivity and efficiency;
   3. May lead an Advisory Board to provide technical input or participate on an Advisory Board in a facilitative capacity;
   4. Directs, coordinates, and reviews discipline training and system validations; and
   5. Participates in internal and external auditing activities.

L. Discipline System Trainer
   1. Conducts discipline training and reviews related training records including the evaluation of trainee progress and remediation when needed;
   2. Oversees the development and revision of training manuals and educational/training materials in conjunction with feedback from the relevant technical advisory board and program coordinator;
   3. Manages training activities and training schedules of employees;
   4. Provides management/productivity reports and direct feedback to supervisors on the progress/evaluation of employees training;
   5. Evaluates effectiveness of training through review of training surveys; and
   6. Participates in internal and external auditing, proficiency, and casework activities.

M. Technology Integration Analyst
   1. Oversees and implements projects that have an information technology component for the Laboratory; and
   2. Designs, modifies, and implements new or revised systems to serve new purposes or improve workflows.
N. Process Improvement Coordinator
1. Manages approved improvement projects, identifies process improvement opportunities, and provides advisory and consultative support to laboratory staff in all testing, calibration, and support disciplines.
2. Utilizes Six Sigma and/or lean methodologies as part of a continuous improvement strategy to identify, recommend, and facilitate improvement opportunities.

O. Sexual Assault Evidence (SAE) Tracking Program Specialist
1. Plans and develops program policies, procedures, manuals, standards, and training materials.
2. Oversees the training and outreach regarding installation and implementation of the SAE tracking system; and
3. Acts as a liaison with external entities regarding implementation and monitoring of the statewide SAE Tracking Program;

P. Administrative Personnel
1. Facilitates the purchase of items for the Laboratory through entry and approvals into the purchasing software.
2. Coordinates the dissemination of information, develops filing systems, maintains Laboratory records, and coordinates internal administrative support.
3. Coordinates staff services functions such as human resources, accounting, and budgeting.

Q. Health and Safety Manager
1. Coordinates the System-wide Health and Safety Program which is defined in the Safety Manual;
2. Ensures that the Health and Safety Program is implemented and followed at all times; and
3. Reviews and reports the status of the following to management:
   a) Health and Safety Program;
   b) Laboratory safety inspections;
   c) Chemical and hazardous waste program (e.g., incinerator, autoclave, chemical waste, and biohazard waste records); and
   d) Laboratory incident reports or action plans that are safety-related.

28.4 Laboratory Personnel Responsibilities
A. Regional Laboratory Manager / Breath Alcohol Laboratory Deputy Scientific Director / CODIS Program Manager
1. Supports and promotes the management system;
2. Communicates the management system and related policies to all employees within their laboratory;
3. Documents the implementation of the management system;
4. Ensures laboratory access is controlled;
5. Appoints Laboratory Safety Advisors(s);
6. Facilitates chemical and hazardous waste disposal with external service providers;
7. Ensures evacuation plan/map is available and fire drills are conducted;
8. Ensures annual and new employee safety training is completed by all Laboratory personnel;
9. Ensures the appropriate personal protective equipment is available;
10. Ensures the completion of an annual review of the Laboratory Health and Safety Program (e.g., manual, training, and records); and
11. Communicates and investigates conditions or situations in the Laboratory that may lead to non-compliance with policy or procedure, and ensures appropriate preventive action in order to address risks and opportunities.

B. Quality Manager

1. Implements the quality system in the designated laboratory;
2. Assists with maintaining and updating this document (i.e. Crime Laboratory Service Manual) and regional laboratory documents;
3. Monitors laboratory practices to verify continuing compliance with policies and procedures related to quality;
4. Suspends work in the laboratory until resolution of technical problems with a procedure, equipment item, or quality control that may affect results;
5. Participates in the resolution of suspended operations and technical problems;
6. Evaluates equipment calibration and maintenance records;
7. Periodically assesses the adequacy of test report review activities;
8. Ensures validation of new significant equipment and technical procedures;
9. Investigates technical problems, proposes corrective actions, and verifies their implementation;
10. Ensures proper administration of examiner assessments and evaluation of results;
11. Assists with the selection, training, and evaluation of internal auditors;
12. Assists with scheduling and coordination of management system audits;
13. Evaluates results of management system audits;
14. Ensures that personnel are adequately trained and qualified for assigned duties, to include continuing education opportunities;
15. Maintains training records of laboratory personnel;
16. Makes recommendations for examiner approval to perform testing and calibration work;
17. Recommends training to improve the quality of Laboratory personnel;
18. Proposes corrections and improvements in the management system; and
19. Communicates and investigates conditions or situations in the laboratory that may lead to non-compliance with policy or procedure and ensures appropriate preventive action in order to address risks and opportunities.

C. Records Analyst
   1. Receives, evaluates, compiles, and releases requests for laboratory records and information under the Public Information Act, subpoenas, court orders, and criminal discovery requirements;
   2. Assists with the management of Laboratory records and information, including maintenance, filing, storage, retention, and disposition;
   3. Prepares and maintains documentation of records release activities and communications; and
   4. May receive, evaluate, and complete court-ordered expunction requests for Laboratory records and information.

D. Laboratory QA Specialist
   1. Advises laboratory management on issues relating to laboratory quality and good laboratory practice;
   2. Assists with maintaining and updating regional laboratory documents;
   3. Monitors laboratory practices to verify continuing compliance with policies and procedures related to quality;
   4. Assists in the implementation of the quality system, including the implementation and documentation of quality incidents and corrective actions;
   5. Assesses the effectiveness of quality assurance activities in the laboratory;
   6. Evaluates and investigates corrective and preventive actions; and
   7. Assists with Records Program activities.

E. Section Supervisor / Breath Alcohol Regional Manager
   1. Supports and promotes the management system;
   2. Communicates the management system and related policies to all employees within their discipline;
   3. Ensures that personnel are adequately trained and qualified for assigned duties, to include continuing education opportunities;
   4. Assists in the implementation and documentation of quality incidents and corrective actions for nonconforming work events;
   5. Suspends testing in the laboratory for their respective discipline in conjunction with the Technical Leader, as appropriate, until resolution of technical problems with a procedure, equipment item, or quality control that may affect the outcome of testing;
   6. Participates in the resolution of suspended operations and technical problems; and
   7. Communicates and investigates conditions or situations in the laboratory that may lead to non-compliance with policy or procedure, and ensures appropriate preventive action in order to address risks and opportunities.
F. Technical Leader
   1. Assists Quality Managers in the implementation of uniform methodology and satisfactory training/competency;
   2. Serves as a technical consultant in the respective discipline;
   3. Ensures that appropriate quality control measures are performed;
   4. Ensures that appropriate validations are conducted and documented in the discipline;
   5. Assists in the investigation of quality incidents and development of corrective actions for nonconforming work events;
   6. Makes recommendations for examiner approval to perform testing and calibration work;
   7. Suspends testing in the laboratory for their respective discipline in conjunction with the Section Supervisor or Laboratory Manager and Quality Manager until resolution of technical problems with a procedure, equipment item, or quality control that may affect the outcome of testing; and
   8. Participates in the resolution of suspended operations and technical problems.
   9. NOTE – The specific duties and responsibilities of a DNA/CODIS Technical Leader are outlined in the FBI Quality Assurance Standards and further outlined in the CODIS or DNA procedure manuals.

G. Team Leader / Forensic Scientist / Technician
   1. Participates in and promotes the management system;
   2. Carries out the duties of the profession with integrity and attention to accuracy in an unbiased manner;
   3. Conducts quality examinations, calibrations, or produces certified reference materials;
   4. Issues Laboratory reports, letters, or calibration certificates;
   5. Accurately represents qualifications, evidence, opinions, conclusions, and testimony;
   6. Treats all information from any agency, customer, or fellow employee with the required confidentiality; and
   7. Makes recommendations for improvements to Laboratory procedures.

28.5 Additional Laboratory Roles and Responsibilities

A. Laboratory Safety Advisor
   1. Ensures completion of at least two safety inspections of the applicable regional laboratory per year;
   2. Makes recommendations to Laboratory management and the Health and Safety Manager for improvements to Laboratory safety and chemical hygiene;
   3. Provides assistance with safety issues;
   4. Monitors the collection and disposal of chemical and biological waste;
   5. Ensures the Laboratory chemical lists and safety data sheets are up-to-date; and
6. Assists with the completion of an annual review of the Laboratory Health and Safety Program (e.g., manual, training, and records).

B. Technical Advisory Board Member / Chairperson
   1. Serves by appointment as a resource expert for the disciplines in the system;
   2. Proposes relevant System-wide procedures and training programs;
   3. Makes recommendations regarding validations, training, local policies, deviations, and competency/proficiency testing;
   4. Advises management and Quality Assurance regarding technical matters; and
   5. Acts as an alternate Technical Point of Contact as necessary.

C. Technical Point of Contact (TPOC)
   1. Serves by appointment as a regional expert for disciplines;
   2. Assists Quality Managers in the implementation of uniform methodology and satisfactory training;
   3. Ensures appropriate quality control measures are performed;
   4. Ensures that appropriate validations are conducted and documented in the discipline;
   5. Assists in the investigation of quality incidents and development of action plans for nonconforming work events; and
   6. Serves as a technical consultant in the respective discipline.

D. Advisory Board Member
   1. Serves by appointment and responsible for the timely completion of the duties for which they are tasked; and
   2. Advises management on issues related to the discipline and/or subject matter.

28.6 Temporary (or Short-term) Laboratory Personnel

A. Contract Employee
   1. Participates in and promotes the management system;
   2. Carries out the duties of the profession with integrity and attention to accuracy in an unbiased manner;
   3. Accurately represents qualifications, evidence, opinions, conclusions, and testimony;
   4. Treats all information from any agency, customer, or fellow employee with the required confidentiality; and
   5. Completes all training requirements in the discipline in which they are working prior to being approved for work.

B. Intern (or non-paid Department employees)
   1. Maintains enrollment in a degree program through an institute of higher education;
   2. Provides services to the Laboratory in exchange for an “on-the-job” learning experience;
3. Completes required training to the extent of their involvement with the laboratory; and

4. Follows and conducts work in accordance with Department policies.
29 Conditions of Employment

29.1 Laboratory Hours of Operation
A. Hours of operation are communicated to customers through the Customer Handbook.
B. Normal business hours are generally from 8:00 am to 5:00 pm Monday through Friday of each week, except holidays.
C. Regional laboratories with only one full-time evidence technician (i.e., laboratory specialist) may close for a one-hour lunch break. Regional laboratories with two or more full-time evidence technicians may close for lunch as long as customers are notified of the practice.
   1. Laboratories are required to address any emergencies that may arise during this time.

29.2 Work Schedule
A. Work Schedules are addressed in General Manual Chapter 7.
B. General Manual Chapter 7 allows for modified work schedules to achieve a 40-hour work week with supervisory approval. In order to approve a modified schedule, the Laboratory ensures that it has the ability to meet the needs of the customer during the hours from 8:00 am to 5:00 pm Monday through Friday.
C. A one-hour lunch break is provided approximately midway through the workday. The employee may take a 30-minute lunch break if approved.
D. Overtime work is time on duty greater than 40 hours (unless the position is designated as “exempt” by Fair Labor Standards Act classification).
   1. Overtime should be pre-approved by the supervisor.
   2. An employee may be compensated with overtime paid or overtime earned. Compensation for pay versus time is based on the task performed while on overtime and funding availability.

29.3 Transfer Policy
A. Provisions for transfers within the Department are found in the General Manual Chapter 7.
B. When a position is vacant in the Laboratory, it will be filled following current hiring guidance and processes.

29.4 Attire and Appearance
A. Employee appearance is addressed in the General Manual Chapter 5 which additionally addresses piercings and tattoos.
B. Testifying individuals wear executive attire while in the courtroom. Examples include:
   1. For all female employees:
      a) A business suit (skirt or pants) or dress;
      b) Blouse; and
      c) Dress shoes.
   2. For all male employees:
      a) A suit or dress slacks and a sport coat;
      b) A dress shirt and tie;
c) Socks; and

d) Dress shoes/boots.

C. All members of management and administrative staff (e.g., Administrative or Executive Assistants) wear standard business attire for routine business.

D. All personnel wear standard business attire if on training or teaching assignments.

E. Examples of standard business attire include:

1. For all female employees:
   a) A dress or a blouse-skirt ensemble or a blouse-slacks ensemble; and
   b) Dress or casual shoes/sandals.

2. For all male employees:
   a) A dress shirt, sport shirt with a collar, or sweater;
   b) Dress or casual slacks;
   c) Tie (optional);
   d) Socks; and
   e) Dress or casual shoes/boots.

3. Casual clothing is permitted on Fridays.

F. Evidence Receiving personnel wear a shirt with the DPS Crime Laboratory logo due to interaction with customers.

G. While working in the Laboratory, employees may wear casual business clothing. Examples of acceptable casual business clothing include:

1. Casual slacks/Capri pants;
2. Skirts (unless impractical due to chemical and/or pathogen exposure);
3. Jeans (neat and clean);
4. Blouses;
5. Sweaters;
6. Polo or sport shirts;
7. Sweatshirts;
8. Collarless shirts; and

10. Comfortable shoes may be worn with casual clothing if they fall within the guidelines set forth in the Laboratory’s Safety Manual.

H. No employee may wear the following examples of prohibited clothing:

1. Jeans with holes, patches, or frayed;
2. Sweat pants;
3. Bare midriff pants, tops, or dresses;
4. Tank tops, strapless tops, spaghetti strap tops, or dresses that expose a majority of the shoulder, unless worn with a jacket, sweater, or other cover up;

5. Shorts (gym or walking) or cutoffs;

6. Tights/leggings as pants (however may be acceptable with a covering such as a skirt or dress);

7. Dresses or skirts that are too short for a professional environment;

8. Exposed undergarments, pajamas, or other clothing not designed to be worn as an outer garment;

9. Clothing items made of sheer or see-through material if they cause undergarments to be visible or are otherwise offensive;

10. Attire that is perceived as openly offensive or confrontational, displaying graphic or profane language, offensive logos, or depictions of drug or alcohol use;

11. Shoes not designed to be worn in the workplace, such as flip-flops meant to be worn at the beach or pool, house slippers, or gardening shoes; and

12. Sandals or shoes that may be considered hazardous to wear.

29.5 Mandated Collection of Biometrics and Biological Samples

A. Mandatory Drug Testing Program is addressed in General Manual Chapter 8.

B. Details on the Drug-Free Workplace Policy are also found in General Manual Chapter 8.


D. DNA Sampling

1. The Laboratory is responsible for examining physical evidence and for determining DNA profiles in biological material. Because DNA contamination can occur, it is necessary for the laboratory to retain the DNA profile of each employee who may come into contact with the laboratory and evidence.

2. Each Laboratory employee or other persons with access to the Laboratory provides a DNA sample to the Laboratory Manager upon request and complete a CODIS Entry Acknowledgement Form (LAB-317).

3. The DNA profile (STR profile) is entered into the CODIS Staff Elimination database at all applicable regional laboratories performing Biology/DNA analysis for quality control purposes. DNA profiles maintained in this database are subject to search in the local CODIS database (LDIS) but are not uploaded to the state or national databases.

4. Staff DNA profiles are maintained according to the current DPS Records Retention Schedule.

29.6 Separation of Employment

A. Separation from the Department is addressed in General Manual Chapter 7.

B. Refer to the Employee Separation Checklist (LAB-316) for items that must be collected prior to separation.

C. This checklist facilitates the separation process and is considered transitory once complete.
30 Employee Career and Leadership Development

30.1 Career Development

A. Training and Career Development is addressed in General Manual Chapter 18.
B. Promotions are defined in General Manual Chapter 7.
C. Employee Recognition and Awards are addressed in General Manual Chapter 23.
   1. All award nominations including those offered by external agencies are reviewed and
      approved by the chain of command.
D. This career development program exists within the Laboratory for advancement and
   recognition of satisfactory performance of employees.
E. Merit Salary Increase
   1. Provisions for merit salary increase are found in General Manual Chapter 7.
   2. The supervisor, manager, and/or Laboratory Director may make a written
      recommendation of an employee for a merit salary increase.
   3. Merit increases are subject to budgetary constraints and final approval of funding is
      left up to the Department’s Chiefs and Deputy Directors.
F. One-time Merit Increase (payment)
   1. Provisions for one time merits are found in the General Manual Chapter 7.

30.2 Career Progression

A. A Laboratory employee may advance within their position through one or more of the
   following actions:
   1. Career progression merit increases, or
   2. Through a level change in the State of Texas Job Classification Schedule.
   3. All Laboratory positions currently fall within Schedule A or B.
B. Specialists, scientists, analysts, and examiners in the Laboratory become eligible for career
   progression merit increases by years in the respective position and satisfactory
   performance. The current salary chart is maintained on the Grants & Finance SharePoint
   page.
C. Brief overviews of positions are provided below:
   1. Forensic Scientist I to Forensic Scientist III
      Forensic Scientists (examiners) are employed initially at the entry level position for their
      respective discipline. In this position they undergo an on-the-job training program to
      acquaint them with both the Laboratory methods used to examine criminal evidence and
      other policies of the Department. Typically after the completion of training, good
      performance, and time with the department, the employee is eligible for career progression.
   2. Forensic Scientist IV to Forensic Scientist VI
      Forensic Scientist IV to VI are the highest non-supervisory levels and require additional
      responsibilities, including performing training, performing Laboratory audits, service on
      advisory boards, and acting as supervisor when needed.
a) The promotion process for FSIV usually takes place annually, when announced by the Laboratory Director. It is not a competitive process, however, the applicant must submit an in-depth resume of their training and experience, be recommended by their supervisor, and satisfactorily complete a knowledge and skills examination and oral board. A selection board, usually comprised of the Laboratory Director and Assistant Laboratory Directors, evaluates the candidates.

3. Forensic Scientist Team Lead
The Forensic Scientist Team Lead is a full-time trainer or team leader position. This position follows the normal hiring process.

4. Supervisory Positions
The experience requirements for supervisory positions are listed in the respective job descriptions. These positions follow the normal hiring process.

30.3 Leadership Development
A. This guidance is an extension of the Progressive Leadership Model developed by the Training Operations Division.

B. Progressive Leadership Model
1. The Department has adopted a Progressive Leadership Model to assist each member of the Department in their ongoing leadership and professional development.

2. The DPS Progressive Leadership Model Course Catalog is available to assist each division with developing their own Leadership Pathway for personnel under their chain of command.
   a) The catalog provides course names, level designations, contact hours, and course descriptions for courses routinely offered by the Department.
   b) The current Law Enforcement Support Division Leadership Pathway is maintained on the Technical Services SharePoint page.
   c) Employees are encouraged to review the Leadership Pathway with their supervisor on an annual basis to determine their leadership training goals.
31 Employee Wellness Program

31.1 General
A. This policy supplements the Department-wide program which is addressed in the General Manual Chapter 8.
B. The Laboratory is committed to improving the health and wellbeing of its most valuable asset – its employees.

31.2 Practice
A. Volunteers in each regional laboratory are sought to act as liaisons, commonly referred to as Wellness Champions, to disseminate information and encourage participation in the Wellness Program.
B. Once approved through the chain of command, each volunteer becomes certified fitness testers for the rower version of the Physical Fitness Test (PFT).
   1. Rower certification is obtained from the Fitness Unit within the Training Operations Division (TOD).
   2. CPR/AED training is obtained and documentation submitted to the Fitness Unit accordingly. The Texas Division of Emergency Management is available to provide the training if needed.
C. The volunteers coordinate with the Health and Safety Manager.
D. The volunteers may work together to create newsletters or coordinate other activities to encourage overall fitness and wellness.
E. Any Laboratory employee can participate in any aspect of the Wellness Program.
F. The employees who participate in the 30 minutes 3 times per week option of on duty exercise document participation with their supervisor to ensure continuity of operations.
   1. Employees who participate in the on duty exercise time participate in one of the approved Department PFTs.
   2. Employees should coordinate with the applicable Wellness Champion to identify which PFT the Champion is certified to administer.
   3. The Preventative General Health Screening Form (TOD-162) is required to be signed annually by a physician in order to take the test.
   4. Examples of on duty exercise include rowing, jogging, continuous walking, weight lifting, other cardiovascular exercise, etc.
   5. Bowling, golf, and yard work do not qualify.
   6. Any questions associated with what qualifies should be directed to the applicable Wellness Champion.
G. Exercise leave is considered administrative leave; if an employee is planning to work overtime, the individual must be on duty for 40 hours before beginning to earn overtime.
H. All PFT results should be recorded electronically for review by the Health and Safety Manager to identify if awards are available.
   1. Individuals scoring ≥90% receive an award as defined by General Manual Chapter 8 (08.14.05).
2. Individuals scoring ≥70% may receive additional awards as approved by the Laboratory Director.

3. Participation awards may additionally be provided as approved by the Laboratory Director.
32 Laboratory Code of Ethics

32.1 General
A. Texas Administrative Code §651.219 Code of Professional Responsibility for forensic scientists, examiners, analysts, and laboratory management defines a framework for promoting integrity and respect for the scientific process and encouraging transparency in forensic analysis in Texas.


C. This policy supplements the Department's Code of Ethics as communicated in the Professional Conduct chapter of the General Manual.

D. The Laboratory Code of Ethics is reviewed annually by all Laboratory personnel at the direction of System QA and documentation is retained of the review.

E. Newly hired employees are introduced to the Laboratory Code of Ethics during Service new employee orientation.

32.2 Code of Professional Responsibility
A. Each forensic scientist/examiner/analyst:
   1. Accurately represents his/her education, training, experience, and areas of expertise;
   2. Commits to continuous learning in the forensic disciplines and stays abreast of new findings, equipment and techniques to maintain professional competency;
   3. Promotes validation and incorporation of new technologies, guarding against the use of non-valid methods in casework and the misapplication of validated methods;
   4. Avoids tampering, adulteration, loss, or unnecessary consumption of evidentiary materials;
   5. Avoids participation in any case where there are personal, financial, employment-related or other conflicts of interest;
   6. Conducts thorough, fair and unbiased examinations, leading to independent, impartial, and objective opinions and conclusions;
   7. Makes and retains full, contemporaneous, clear and accurate written records of all examinations and tests conducted and conclusions drawn, in sufficient detail to allow meaningful review and assessment by an independent person competent in the field;
   8. Bases conclusions on procedures supported by sufficient data, standards and controls, not on political pressure or other outside influence;
   9. Does not offer opinions or conclusions that are outside one's expertise;
   10. Prepares reports in clear terms, distinguishing data from interpretations and opinions, and discloses any relevant limitations to guard against making invalid inferences or misleading the judge or jury;
   11. Does not issue reports or other records, or withhold information from reports, for strategic or tactical litigation advantage;
12. Presents accurate and complete data in reports, oral and written presentations and testimony based on good scientific practices and valid methods;

13. Testifies in a manner which is clear, straightforward and objective, and avoids phrasing testimony in an ambiguous, biased or misleading manner;

14. Retains any record, item or object related to a case, such as work notes, data, and peer or technical review information due to potential evidentiary value and pursuant to the laboratory's retention policy;

15. Communicates honestly and fully with all parties (investigators, prosecutors, defense attorneys, and other expert witnesses), unless prohibited by law;

16. Documents and notifies management or quality assurance personnel of adverse events, such as an unintended mistake or a breach of ethical, legal, scientific standards, or questionable conduct; and

17. Ensures reporting, through proper management channels, to all impacted scientific and legal parties of any adverse event that affects a previously issued report or testimony.

B. Members of Laboratory management:

1. Encourage a quality-focused culture that embraces transparency, accountability and continuing education while resisting individual blame or scapegoating;

2. Provide opportunities for forensic analysts to stay abreast of new scientific findings, technology and techniques while guarding against the use of non-valid methods in casework, the misapplication of validated methods or improper testimony regarding a particular analytical method or result;

3. Maintain case retention and management policies and systems based on the presumption that there is potential evidentiary value for any information related to a case, including work notes, analytical and validation data, and peer or technical review;

4. Provide clear communication and reporting systems through which forensic analysts may report to management non-conformities in the quality system and other adverse events, such as an unintended mistake or a breach of ethical, legal, scientific standards, or questionable conduct;

5. Make timely and full disclosure to the Texas Forensic Science Commission and other accrediting bodies of any non-conformance that may rise to the level of professional negligence or professional misconduct;

6. Provide copies of all substantive communications with the Laboratory's national accrediting body to the Commission;

7. Develop and follow a written forensic disclosure compliance policy for the purpose of ensuring the Laboratory's compliance with Texas Code of Criminal Procedure Article 39.14 (refer to Chapter 33);

8. Ensure the Laboratory's forensic disclosure policy provides clear instructions for identifying and disclosing any exculpatory, impeachment, or mitigating document, item, or information in the possession, custody, or control of the Laboratory. The policy explicitly addresses how to inform potentially affected recipients of any non-conformances or breaches of law or ethical standards that may adversely affect either a current case or a previously issued report or testimony; and
9. Inform all forensic scientists/examiners/analysts working on behalf of the Laboratory that they may report allegations of professional negligence or professional misconduct to the Texas Forensic Science Commission without fear of adverse employment consequences.

32.3 ANAB Guiding Principles of Professional Responsibility for Forensic Service Providers and Forensic Personnel

A. Professionalism

1. Ethical and professionally responsible forensic personnel:
   a) Are independent, impartial, detached, and objective, approaching all examinations with due diligence and an open mind;
   b) Conduct full and fair examinations where conclusions are based on the evidence and reference material relevant to the evidence, not on extraneous information, political pressure, or other outside influences;
   c) Are aware of their limitations and only render conclusions that are within their area of expertise and about matters which they have given formal consideration;
   d) Honestly communicate with all parties (the investigator, prosecutor, defense, and other expert witnesses) about all information relating to their analyses, when communications are permitted by law and agency practice;
   e) Report unethical, illegal, or scientifically questionable conduct of other forensic employees or managers to the appropriate legal or administrative authorities;
      i. Forensic management will take appropriate action if there is potential for, or there has been, a miscarriage of justice due to circumstances that have come to light, incompetent practice or malpractice.
   f) Report conflicts between their ethical/professional responsibilities and applicable agency policy, law, regulation, or other legal authority, and attempt to resolve them; and
   g) Do not accept or participate in any case on a contingency fee basis or in which they have any other personal or financial conflict of interest or an appearance of such a conflict.

B. Competency and Proficiency

1. Ethical and professionally responsible forensic personnel:
   a) Are committed to career-long learning in the forensic disciplines which they practice and stay abreast of new equipment and techniques while guarding against the misuse of methods that have not been validated;
   b) Issue conclusions and opinions based on generally accepted tests and procedures;
   c) Are properly trained and determined to be competent through testing prior to undertaking the examination of the evidence;
   d) Honestly, fairly, and objectively administer and complete regularly scheduled relevant proficiency tests, comprehensive technical reviews of examiners’ work, and verifications of conclusions;
   e) Give utmost care to the treatment of any samples or items of potential evidentiary value to avoid tampering, adulteration, loss or unnecessary consumption; and
   f) Use appropriate controls and standards when conducting examinations and analyses.
C. Clear Communications

1. Ethical and professionally responsible forensic personnel:
   a) Accurately represent their education, training, experience, and area of expertise;
   b) Present accurate and complete data in reports, testimony, publications and oral presentations;
   c) Make and retain full, contemporaneous, clear and accurate records of all examinations and tests conducted, and conclusions drawn, in sufficient detail to allow meaningful review and assessment of the conclusions by an independent person competent in the field. Reports are prepared in which facts, opinions and interpretations are clearly distinguishable, and which clearly describe limitations on the methods, interpretations and opinions presented;
   d) Do not alter reports or other records or withhold information from reports for strategic or tactical litigation advantage;
   e) Support sound scientific techniques and practices and do not use their positions to pressure an examiner or technician to arrive at conclusions or results that are not supported by data;
   f) Testify to results obtained and conclusions reached only when they have confidence that the opinions are based on good scientific principles and methods. Opinions are to be stated so as to be clear in their meaning. Wording should not be such that inferences may be drawn which are not valid, or that slant the opinion to a particular direction; and
   g) Attempt to qualify their responses while testifying when asked a question with the requirement that a simple “yes” or “no” answer be given, if answering “yes” or “no” would be misleading to the judge or the jury.

32.4 The Department of Justice Code of Professional Responsibility for the Practice of Forensic Science

The following Code of Professional Responsibility for the Practice of Forensic Science (Code) defines a framework for promoting integrity and respect for the scientific process. Forensic science providers, both practitioners and agencies, including its managers, must meet requirements 1-15 enumerated below. Requirement 16 specifically refers to the responsibility of forensic science management rather than individual practitioners.

1. Accurately represent relevant education, training, experience, and areas of expertise.
2. Be honest and truthful in all professional affairs including not representing the work of others as one’s own.
3. Foster and pursue professional competency through such activities as training, proficiency testing, certification, and presentation and publication of research findings.
4. Commit to continuous learning in relevant forensic disciplines and stay abreast of new findings, equipment, and techniques.
5. Conduct research and forensic casework using the scientific method or agency best practices. Where validation tools are not known to exist or cannot be obtained, conduct internal or interlaboratory validation tests in accordance with the quality management system in place.
6. Handle evidentiary materials to prevent tampering, adulteration, loss, or nonessential consumption of evidentiary materials.

7. Avoid participation in any case in which there is a conflict of interest.

8. Conduct examinations that are fair, unbiased, and fit-for-purpose.

9. Make and retain contemporaneous, clear, complete, and accurate records of all examinations, tests, measurements, and conclusions, in sufficient detail to allow meaningful review and assessment by an independent professional proficient in the discipline.

10. Ensure interpretations, opinions, and conclusions are supported by sufficient data and minimize influences and biases for or against any party.

11. Render interpretations, opinions, or conclusions only when within the practitioner’s proficiency or expertise.

12. Prepare reports and testify using clear and straightforward terminology, clearly distinguishing data from interpretations, opinions, and conclusions. Reports should disclose known limitations that are necessary to understand the significance of the findings.

13. Do not alter reports and other records or withhold information for strategic or tactical advantage.

14. Document and, if appropriate, inform management or quality assurance personnel of nonconformities and breaches of law or professional standards.

15. Honestly communicate with all parties (the investigator, prosecutor, defense, and other expert witnesses) about all information relating to their analyses when communications are permitted by law and agency practice.

16. Inform the prosecutors involved through proper laboratory management channels of material nonconformities or breaches of law or professional standards that adversely affect a previously issued report or testimony.
33 Forensic Disclosure and Compliance Policy

33.1 General Requirements

A. Laboratory personnel comply with General Manual Chapter 5 (05.20.00) Documentation, Preservation and Disclosure of Evidence, related legal cases, and state laws including the Michael Morton Act (Texas Code of Criminal Procedure Article 39.14).

B. The information disclosed is provided in accordance with Brady, Giglio, and Michael Morton requirements and is intended for prosecutor evaluation.

33.2 Personnel-Specific Disclosure

A. Personnel-specific disclosure reporting responsibility falls entirely on the employee. The employee discloses items concerning the employee that relate to the employee’s credibility as a witness in the proceeding.

B. In accordance with General Manual Chapter 5 Laboratory personnel distribute the Statement of Qualifications (SOQ) and Disclosure Form (DF) in lieu of the Biographical Datasheet maintained by the Human Resource Operations Division.

C. Because the majority of work performed by the Crime Laboratory Service occurs without Laboratory interaction with a prosecutor’s office, the SOQ and DF are disseminated to the law enforcement representative as follows:
   1. For forensic testing reports, the SOQ and DF or equivalent electronic version for the reporting scientist are automatically attached to each testing report.
   2. For Breath Alcohol, the SOQ and DF are posted on the DPS website.
   3. In addition, the employee discloses copies of the SOQ and DF to prosecutors during pre-trial meetings and court appearances when they occur.

D. A Statement of Qualifications is completed by all Laboratory personnel, regardless of position.
   1. For current Laboratory personnel, the SOQ is reviewed and updated by the employee at least on an annual basis or if there is a significant change in job duties, education, or training.
   2. The SOQ is reviewed and updated by the employee prior to separation from the Laboratory.

E. A Disclosure Form (formerly Disciplinary History Form) is completed for all Laboratory personnel by the employee, regardless of position.
   1. The DF is reviewed and updated by the employee prior to separation from the Laboratory.

F. The main purpose of the DF is to communicate potential impeachment material including but not limited to significant non-conformances, breaches of law, or ethical standards as these may adversely affect a current case or a previously issued report or testimony.

G. Employees are required to disclose any qualifying incident that occurred while working for a previous employer.
The following is listed on an employee’s DF, and thereby disclosed, regardless of the timeframe of the event:

1. Sustained disciplinary actions while employed with the Department to include the date of the disciplinary action and a brief description of the incident;
2. Sustained complaints against Laboratory personnel, sustained allegations of misconduct, or sustained violations of Department policy (General Manual Chapter 7A);
3. Violations of the Discrimination, Sexual Harassment and Unprofessional Conduct Policy (General Manual Chapter 18.25.00);
4. Founded allegations of falsification of government records;
5. Breaches of ethical standards;
6. Crimes involving lack of integrity or truthfulness including misdemeanor offenses whether or not they led to conviction if the incident occurred within the last ten (10) years;
7. Other crimes, including those older than ten (10) years, which may affect witness credibility and thus require disclosure;
   a) Such incidents are communicated by the employee to the supervisor for review and interpretation by the Office of the Director and Office of General Counsel.
8. Quality incidents and corrective actions that are determined to be significant quality events if the incident occurred following implementation of the Quality Action Plan process in 2005 and while employed with the Department; and
9. Additional incidents, if related to the individual’s technical ability:
   a) Performance improvement plans;
   b) Unsatisfactory proficiency test, interlaboratory comparison, or intralaboratory comparison with a Class I or II error inconsistency (refer to Chapter 36);
   c) Unsatisfactory completion of a competency test by a qualified employee following an extended absence or in an effort to remain authorized to conduct work;
   d) Testing conclusion reported to the customer found to be incorrect upon subsequent testing or mandatory retesting;
   e) Sample switch, if discovered after results are reported to the customer;
   f) Suspension of work for cause; and
   g) Founded complaints of negligence or misconduct investigated by the Texas Forensic Science Commission.

I. If an expunction order has been granted, the DF is updated accordingly.

1. The DF is updated to remove wording associated with the arrest, charges, details of the charges, or other related legal information. However, the associated sustained disciplinary action listed on the form remains with revision to align with the letter of reprimand, while meeting the terms of the expunction order.
2. A person who acquires knowledge of an arrest while an officer or employee of the state or of any agency or other entity of the state or any political subdivision of the state and who knows of an order expunging the records and files relating to that
arrest commits an offense if they knowingly release, disseminate, or otherwise use the records or files (Texas Code of Criminal Procedure Article 55.04).

3. The person arrested or any other person, when questioned under oath in a criminal proceeding about an arrest for which the records have been expunged, may state only that the matter in question has been expunged (Texas Code of Criminal Procedure Article 55.03).

J. If there are no incidents to disclose, the employee will indicate “None” on the DF.

K. The employee ensures the DF contains current and accurate information.

L. The DF is reviewed by the Laboratory Manager, Assistant Laboratory Director, or the Laboratory Director and is maintained electronically. The Chief of the LES Division reviews and approves the DF for the Laboratory Director.

M. If an employee has separated service, a form may be prepared or updated utilizing information available to the Laboratory on a case by case basis. The DF is reviewed by the Laboratory Manager and maintained electronically.

1. The Department has no obligation to inform a former employee of updates made to the DF on their behalf following separation from service. If the contact information of the former employee is known to the Laboratory Manager, they may forward the information as a courtesy.

N. If an event is added to the DF, a good faith effort is employed to disseminate the updated document to all relevant District and County Attorneys’ Offices accomplished by:

1. Reviewing the counties of offense in the LIMS record for all reports released by the individual for casework;

2. Reviewing investigating agencies in the CODIS LIMS; and

3. Identifying the counties which are assigned to the technical supervisor in Breath Alcohol.

4. It is the Laboratory Manager’s responsibility to disseminate the information.

5. If the DF is associated with a Laboratory Manager, it is handled by the office of the Laboratory Director.

33.3 Disclosure Required by Code of Criminal Procedure Article 39.14

A. The purpose of discovery is to release and disclose all records related to a criminal action which includes relevant Laboratory case records, CODIS records, and/or calibration records.

1. Examples include:

   a) Contents of applicable Laboratory record, including images;

   b) All case-related communications;

   c) Chain of custody information, if applicable;

   d) Batch records, if applicable;

   e) QI/QAPs; and

   f) Deviations.

B. Discovery includes any exculpatory information in the possession, custody, or control of the Laboratory.
C. Due to the potential of attorney work product being captured in records of communication, discovery materials are only released to the office of the prosecuting attorney (refer to Chapter 55).

33.4 Disclosure of Laboratory Non-Conformances

A. All non-conformances associated with the quality system are captured through the QI/QAP process and those records are posted publically on the Department website.

B. Case related non-conformances associated directly with a case are additionally disclosed during the discovery process.

33.5 Disclosure of Significant Events and Nonconformances to Accrediting Bodies

A. According to the Texas Forensic Science Commission, a significant irregularity involves “facts that if true, would indicate the existence of negligence or misconduct such that the integrity of the forensic examination, the individual forensic examiner, or the laboratory as a whole would be called into question.”

B. Examples of significant events requiring disclosure to the accrediting bodies include:

1. Sustained allegations of misconduct;
2. Missing submitted or recovered test items (examples include, but are not limited to, submitted evidence, any trace evidence recovered, and retained stains);
   a) *Items submitted for destruction only are not considered test items.*
3. Missing individual characteristic database samples that were not able to be recollected and/or entered into CODIS;
4. Evidence or individual characteristic database samples destroyed without authorization which impacted the CODIS entry or adjudication process;
5. Incorrect results reported to the customer which impacted the adjudication process;
6. Unsatisfactory proficiency test, interlaboratory comparison, or intralaboratory comparison with a Class I or II error inconsistency;
7. Complaint received by an accrediting body (must notify the other accrediting bodies) that results in establishment of an investigative panel; and
8. Other items at the discretion of the Laboratory Director.

C. A significant event is disclosed to the relevant accrediting body within 30 (thirty) calendar days from when it has been determined to be significant. Disclosure occurs through direct communication to accrediting bodies from the office of the Laboratory Director.

D. Communication to the customer including the prosecutor’s offices for significant events happens in the following ways:

1. DF process for:
   a) *Sustained allegations of misconduct; and*
   b) *Unsatisfactory proficiency test, interlaboratory comparison, or intralaboratory comparison results.*
2. Direct communication with the customer and/or prosecutor’s office, QI/QAP records posted publically, and QI/QAP records provided in records requested via subpoena, court order, or discovery request for:
a) Missing submitted test items;
b) Evidence or individual characteristic database samples destroyed without authorization which impacted the adjudication process; and
c) Incorrect results reported to the customer (along with an amended report).

E. The System Quality Manager, or designee, drafts a letter which includes:
   1. A summary with relevant details about the quality incident and date when the incident was identified as significant;
   2. Cause Analysis;
   3. Customer communication/affected stakeholders;
   4. Immediate correction(s) taken and corrective actions performed or planned to prevent recurrence; and
   5. If associated with a criminal case, known details such as case/cause number, court, and adjudication status.
      a) If the disclosure involves a pending criminal matter(s), certain Public Information Act exceptions may apply.

F. All of the above listed elements may not be available or completed at the time of the initial disclosure; ongoing disclosure may be necessary as information becomes available.

G. The Laboratory Director or designee reviews and approves the letters for release to the accrediting bodies.

H. The distribution of disclosure letters and/or records is made by the Laboratory Director, or designee, to the following parties:
   1. ANAB;
   2. Texas Forensic Science Commission;
   3. System Quality Manager;
   4. Quality Manager; and
   5. Assistant Laboratory Director(s).

I. If follow-up communication is necessary, it is provided by the Laboratory Director or designee.

J. System QA reconciles appropriate attached documentation with the QI/QAP workflow and archives the records.

33.6 Disclosure of Significant Laboratory Changes

A. As a condition of accreditation, the Laboratory notifies its accrediting bodies of significant changes as defined below:
   1. A change in legal, commercial, ownership or organizational status;
   2. A change in its placement within the organization structure of the parent agency;
   3. A change in laboratory director or quality manager;
   4. A change in the main policies impacting accredited testing, calibration, or inspection activities;
5. A change in the physical addresses of locations where accredited testing, calibration or inspection activities occur;

6. A change (temporary or permanent) in capability to provide accredited services listed on the scope for each location;
   a) This includes, but is not limited to:
      i. the inability to provide a service due to the lack of personnel,
      ii. the temporary shut-down of a service for quality reasons,
      iii. the inability to release a case report for an accredited service in over 30 days,
      iv. and the decision to stop providing a service due to lack of customer requests.
   b) This must be reported to the accrediting bodies within thirty calendar days of that change.

7. Significant changes to resources (e.g. staffing levels, equipment, facilities) supporting accredited testing, calibration, or inspection activities; and

8. Other such matters that may affect the ability of the Laboratory to fulfill requirements of accreditation.

B. System QA is responsible for making the notification and includes the Laboratory Director on all correspondence.
34 Employee Training Program

34.1 General Requirements

A. This chapter applies to individuals who are undergoing a training program for the first time and those who are currently qualified to conduct work, but are training on a new test or calibration method, relevant test procedure, or technology.

B. Additional information on the training program is contained in the General Laboratory Training Manual and each discipline procedure and/or discipline training manual.

C. Physical evidence submitted to the Laboratory is not analyzed for training or research purposes unless the Laboratory receives a valid court order which specifically allows for these activities.
   1. Individual characteristic database samples may be used for research purposes.
   2. Submitted Toxicology evidence that is authorized for destruction by a judge may be utilized for research purposes without a court order as long as all personal identifiers are removed from the evidence.

D. Information and material derived from evidence during laboratory analysis such as data, photographs, and digital copies may be used for training purposes.
   1. Fabricated (non-case) material is used whenever possible.
   2. PII and case identifiers are removed prior to inclusion in the final training notebook.

E. If case material or physical evidence is used for training purposes and the results of analysis achieved during training are confirmed to be different from the original reported results, a quality incident is initiated.

F. Each trainee has a training notebook(s) that documents completion of training requirements. Once the training program is complete, the notebook is submitted along with relevant documentation (LAB-308 and/or LAB-309) to System QA for review.
   1. For employees who separate prior to the completion of training and/or receipt of the relevant documentation (LAB-308 and/or LAB-309), the incomplete notebook is archived along with a dated memo issued by the Quality Manager which sufficiently documents the status of training prior to separation.

G. A training manual, training checklist(s), and the training notebook are sufficiently detailed to provide objective evidence that staff performing particular tasks have been properly trained and that their subsequent ability to perform these tasks has been formally assessed.

H. Personnel responsible for the opinions and interpretation included in test and calibration reports have the appropriate qualifications, training, experience, and satisfactory knowledge of the material.

I. Completion of the general laboratory training is documented via the Certificate of Completion (LAB-308) with recognition by the Laboratory Director. The LAB-308 is also used to document completion of other types of training, such as introduction modules and training areas which do not require supervised casework.

J. The training program may be adjusted on a case-by-case basis to accommodate employees that have prior experience, skills, and knowledge. Following a gap analysis, any adjustments to the training program (i.e., program content or requirements) are justified in writing, either through memo or the Training Modification Request form (LAB-318), and are approved by the
System Quality Manager and relevant Technical Leader prior to the start of training, as applicable.

1. If additional modifications are requested after the start of training, a new memo or LAB-318 is submitted for approval.
2. The approved training modification documentation is retained in the training notebook.
3. Specific modifications to the training program should be indicated on the applicable training checklist.

K. Participation in a validation may substitute for a competency test with System Quality Manager and relevant Technical Leader approval, as applicable. Justification in writing must be included with the training notebook to describe the extent of the individual’s participation in the validation.

L. When changes are made to the general laboratory training or discipline training program through the document management and/or deviation process, a gap analysis is conducted for current trainees who began, but did not complete, training under a now superseded program.

1. The trainee should transition to any updated training checklists, if applicable, and all gaps should be documented and resolved.
2. Gaps which are not resolved must be justified in writing in the trainee’s notebook and approved by the System Quality Manager and relevant Technical Leader, as applicable.

34.2 On-the-Job Training

A. A trainer or a coordinator of training activities is assigned by the respective Laboratory Manager to oversee and direct the training in the specific work area. The trainer is authorized and proficiency tested in the category of work/relevant testing procedure for which they provide training.

B. The Laboratory Manager or designee will also monitor the trainee’s progress over the duration of the training program.

1. Based on the QAS, the Technical Leader is responsible for overseeing all training in the CODIS and Biology/DNA disciplines.

C. The employee is provided a period of initial training, which will include reading assignments and demonstration of competency in Laboratory procedures.

D. Each trainee creates a notebook that records completion of training requirements (including testimony where applicable), required exercise/practical result summaries, competency testing (including report writing wherever it is a job responsibility), and other records as required by the respective work area.

E. The trainer initials and dates relevant records in the training notebook indicating their review and concurrence.

F. For any Laboratory personnel whose job responsibility includes testing and/or calibration activities, testing includes, at a minimum:

1. Assessment of Knowledge – A written or oral examination to assess the analyst’s knowledge of the category of testing;
2. Practical application – Analytical skills measured by competency testing of samples unknown to the employee; and

3. Report writing (if applicable) – A written report to demonstrate the employee’s ability to properly convey results and/or conclusions and the significance of those results/conclusions.

G. If a trainee does not successfully complete competency testing, the Quality Manager and Laboratory Manager are notified. The deficiency is evaluated and training remediated.

H. Prior to beginning work in the respective discipline area/relevant testing procedure, the completed training checklist, training notebook, and Work Authorization Form (LAB-309) is forwarded to System QA for a review of training documentation.

I. After successful completion of a training program and competency testing for a discipline area/relevant testing procedure, the employee is authorized to perform supervised work, if applicable, and independent work (refer to Chapter 35).

J. Supervised work is defined as the direct observation of the work being performed by an individual currently or previously authorized in the same method.

34.3 Acceptable Performance

A. A record of intended results is maintained for all practical competency tests issued.


1. The reason for the highest grade expectation is that testing or calibration samples may be limited with no opportunity for correction.

2. All results must be correct to be considered passing.

3. If initial grade is Fail:
   a) The deficiency is evaluated;
   b) Root cause is identified and documented in the training record;
   c) Additional instruction is provided;
   d) An additional practice examination may be provided and results evaluated; and
   e) A second competency test is given.

4. If unable to pass the second practical exercise competency test, the Quality Manager and Laboratory Manager are notified and an HR process begins in accordance with Department policy.
   a) The HR process determines the timeline for remediation and may allow for one retest.

C. Criteria for acceptable performance on a testimony competency test through a mock trial: Pass/Fail

1. A Testimony Technical Review Form (LAB-313) is used to document performance regarding the technical aspects of the testimony.
   a) All results must be Yes or N/A to be considered passing.
2. A Testimony Survey Form (LAB-314) is used to document performance regarding the examiner’s behavior, demeanor, manner, etiquette, delivery, and professionalism.
   a) All ratings must be average or above to be considered passing.

3. If initial grade is Fail:
   a) The deficiency is evaluated;
   b) Root cause is identified and documented in the training record;
   c) Additional instruction is provided; and
   d) A second mock trial is given.

4. If unable to pass the second testimony competency test, the Quality Manager and Laboratory Manager are notified and an HR process begins in accordance with Department policy.
   a) The HR process determines the timeline for remediation and may allow for one retest.

D. Criteria for acceptable performance on any type of written or oral competency test including the Breath Alcohol Technical Supervisor exam:
   1. Initial grade 75% or greater: Any incorrect answers are discussed with trainer. Result = Pass.
   2. Initial grade <75%:
      a) The deficiency is evaluated;
      b) Root cause is identified and documented in the training record;
      c) Additional instruction is provided; and
      d) A second test is given.
   3. Retest grade 75% or greater: Result = Pass.
   4. Retest grade <75%: An HR process begins in accordance with Department policy.
      a) The HR process determines the timeline for remediation and may allow for one retest.

34.4 Maintenance of Skills and Expertise
A. Proficiency tests, interlaboratory comparisons, and intralaboratory comparisons are conducted in accordance with Chapter 36 to the extent necessary based on work authorization.
B. Intralaboratory comparisons may additionally occur as outlined in discipline procedure manuals, where applicable.
C. Employees participate in continuing education or training at least once every three years.
   1. Additionally, analysts must meet continuing education requirements set forth by the TFSC in order to maintain their license, as applicable.
D. Biology/DNA and CODIS employees obtain continuing education annually in accordance with QAS requirements.
E. Each employee is responsible for keeping current with information and developments in their respective discipline by reading periodicals, journals, articles, and books.
   1. At a minimum, the Advisory Board approves reading lists which are distributed electronically and analysts complete an annual literature review.

F. Each regional laboratory has available a library of current books, journals, reference materials, and/or access to general and discipline-specific materials.

G. Performance reviews are conducted as outlined in General Manual Chapter 7 (07.62.00) and the Department defines general criteria for acceptable performance.

34.5 Retraining

A. Numerous circumstances may identify a need for retraining after initial work authorization, such as, but not limited to, observation from technical review, proficiency test, interlaboratory comparison, intralaboratory comparison, testimony review, audit, QI/QAP, or customer notification.

B. Once a need is identified, evaluation occurs to identify the area and scope of deficiency. Areas typically fall into a technical (practical) deficiency or a knowledge-based (including communication) deficiency or a combination of the two.

C. Evaluation of potential deficiency begins with initial in-depth conversations with the employee. Based on the information provided, the evaluation continues with assessments:
   1. Knowledge deficiency
      a) A written assessment is given which includes material applicable to the deficiency identified and/or that incorporates material with a level of complexity equivalent to the expectation given the years of experience.
      b) A verbal assessment may also be given in the form of a mock trial and/or a question and answer session with a trainer, Technical Leader, Technical Point of Contact, Laboratory Manager, and/or Quality Manager.
   2. Technical deficiency
      a) Practice samples are provided based on the nature of the deficiency.
   3. Deficiency other than knowledge or technical
      a) An assessment is given based on the nature of the deficiency.

D. Following the initial assessments, the need for initiation of performance counseling or Performance Improvement Plan (PIP) is reviewed with the Quality Manager, Laboratory Manager, and/or Assistant Laboratory Director. Appropriate documentation is initiated if warranted and an entry is made by the employee on their DF if required by policy (refer to Chapter 33).

E. During the retraining activities, the employee may conduct work but only in authorized areas not related to the potential deficiency.

F. Based on results of the assessment, the designated trainer compiles the necessary training materials and practical exercises needed for remediation.

G. A plan and timeline is developed and communicated with the employee in a collaborative fashion.

H. Written tests and competency tests are used to determine if the remediation is successful.
I. If the deficiency does not fall into the technical or knowledge based category, other means may be used to determine if the remediation is successful. The methods are recorded in the training record along with pass/fail criteria.

J. If remediation is not successful, the employee is suspended from conducting the relevant work. A Work Suspension Form (LAB-310) is completed accordingly and an entry is made by the employee in the DF. The PIP is closed out as appropriate.
35 Work Authorization

35.1 General
A. The work authorization process captures authorization for work, technical reviews, validation, and use of significant equipment for test or calibration items. Provisions are also included for suspending such authorization.

1. Use of non-significant equipment in the Evidence Coordination discipline for the purposes of processing requests for the destruction of seized drug evidence is also captured through this process.

B. The Laboratory Director provides authorization for an employee to conduct supervised work using a Work Authorization Form (LAB-309). This allows the individual to work in any of the regional laboratories.

1. Prior to 4/15/2019, previous provisions allowed for Laboratory Director Authorization following supervised work.

C. Upon authorization to conduct supervised work by the Laboratory Director, the employee is considered a qualified analyst in the relevant testing and/or calibration procedure.

35.2 New Authorization and Supervised Work
A. Before an employee receives authorization to conduct supervised work in a discipline area/relevant testing procedure and/or calibration, the Supervisor or Quality Assurance Specialist reviews the qualifications and training of the employee to ensure that the individual is capable to begin work. The credential review includes:

1. Completed relevant training program and required competency testing, including report writing wherever it is a job responsibility, in the discipline area/relevant testing procedure and/or calibration;
2. Completed documentation by the trainer and supervisor where the training was completed;
3. Review relevant authorizations by the Laboratory Director in the specified work area or relevant testing procedure as applicable;
4. Review of interlaboratory comparisons, as applicable;
5. Review of supplemental training, as applicable; and
6. License issued by the Texas Forensic Science Commission as required.

B. The completed Work Authorization Form (LAB-309) is forwarded to System QA, who ensures that the training and authorization documentation is complete before forwarding to the Laboratory Director.

C. The Laboratory Director authorizes the employee to begin a period of supervised work in a discipline area/relevant testing procedure and/or calibration using the Work Authorization Form (LAB-309) following documented approval by the Quality Manager, Laboratory Manager, the Technical Leader (if applicable), and the System Quality Manager. The employee takes responsibility for the work performed and any related testimony.

D. For authorizations which do not require the completion of supervised work, the Quality Manager and Laboratory Manager may grant independent approval directly following documented approval by the Laboratory Director and the System Quality Manager as described above.
E. During the period of supervised work, a mentor(s) is selected to interact closely with the employee and ensure that proper handling, testing and/or calibration procedures are performed, appropriate judgments and opinions are made, and documentation is complete.

1. The mentor must be onsite during the performance of supervised work which pertains to sample and/or evidence handling tasks, including analysis.
   a) Review of records and data may be performed offsite when necessary.

2. The mentor reviews the physical evidence of the case or sample information to determine that appropriate sampling and evidence marking has occurred, to confirm observations, and to ensure accuracy of the documentation. The level of scrutiny of supervised work is intended to be direct observation and more in depth than that of a technical review.

3. The mentor(s) initial the supervised work documentation (LAB-307, or electronic equivalent) which represents their concurrence with the work performed.

4. The mentor may not serve as the technical reviewer of the work.

5. The minimum number of evidence packages, test samples, cases, or calibrations supervised is defined by discipline training manuals.

F. Upon satisfactory completion of the supervised work, the Quality Manager, Laboratory Manager, and Technical Leader, if applicable to the discipline, approves an employee to conduct independent work using a Work Authorization Form (LAB-309).

35.3 Continued Authorization

A. Continued authorization for work is necessary under the following circumstances:

1. A lapse in service, an extended leave of absence, following a work suspension;

2. When significantly different technologies or procedures in the respective discipline require supplemental training; or

3. Completion of legacy amplification kit data training review (DNA only).

B. The Supervisor, Quality Manager, or Quality Assurance Specialist reviews the qualifications and training of the employee.

C. Once continued authorization is approved by the Quality Manager, Laboratory Manager, and Technical Leader (DNA/CODIS required) the employee is considered a qualified analyst in the discipline area/relevant test procedure and/or calibration procedure.

   1. If the Laboratory Manager is the person seeking continued work authorization, the approval is granted by that individual’s direct supervisor.

D. For continued authorizations, the completed Work Authorization Form (LAB-309) and associated documentation of the required supplemental training/qualifying tests and a list of supervised casework, as applicable, is reviewed and archived by a System QA Specialist or laboratory Quality Manager. The qualifications and training of the employee are reviewed and documented on theLAB-309.

E. Qualified employees who transfer to another laboratory may be subject to additional training and supervised work, if applicable, due to local laboratory and/or discipline-specific requirements.
35.4 Authorization of Contract Employees

A. All contract employees meet relevant qualifications for the equivalent laboratory position as listed in the job description.

B. DNA contract employees do not serve as a CODIS Administrator or Technical Leader. Their authorization to perform work includes approval by the relevant Technical Leader.

C. The Laboratory confirms that the contract employee meets the minimum education and experience requirements. Contract employees successfully complete a laboratory training program to include competency testing, where applicable, and receive authorization to conduct work and a forensic analyst license, where applicable.

D. DPS employees who have separated service and returned as a contract employee receive a new work authorization.

35.5 Suspension or Withdrawal of Authorization

A. Work authorization may be suspended voluntarily or for cause and is approved by the Quality Manager, Laboratory Manager, and Technical Leader (DNA/CODIS required) using a Work Suspension Form (LAB-310).

1. For Biology/DNA and CODIS, this happens only in conjunction with the approval by the DNA/CODIS Technical Leader to suspend as appropriate.

B. The authorization to perform independent work is withdrawn if:

1. For testing or databasing activities:
   a) Work and/or technical review has not been performed in a given test method or relevant test procedure during a period of either January – June OR July – December within a calendar year for Laboratory testing or databasing; and/or

2. For calibration activities, including reference material production:
   a) Work and/or technical review has not been performed for a period greater than eighteen months.

C. Individuals authorized to perform work AND technical review in a test/calibration method or relevant test/calibration procedure must complete both a work activity and a technical review within the applicable time period in order to remain authorized.

D. Examples of work which meet the requirement include testing, calibration, reference material production, examiner assessments (refer to Chapter 36), verifications, and validation work associated with the relevant test method.

E. The Quality Manager notifies System QA if a change to the examiner assessment schedule is necessary due to the relevant work suspension.

F. The reestablishment of work authorization involves appropriate competency testing in the discipline area/relevant test procedure and/or calibration and the completion of a continued work authorization.

G. The Quality Manager, Laboratory Manager, and Technical Leader (DNA/CODIS required) authorizes resumption of continued independent work in the discipline area/relevant test procedure following successful competency testing and reviews the examiner assessment schedule accordingly.
36 Monitoring the Validity of Results

36.1 General

A. The Laboratory monitors the validity of results in a number of ways including, but not limited to, the use of reference materials, quality control materials, check standards, function checks, intermediate checks on equipment (i.e., performance checks), and review of reported results (refer to Chapters 48, 49, and 54).

B. This chapter specifically addresses monitoring Laboratory performance by comparison of results with other laboratories (proficiency tests and interlaboratory comparisons) and by comparison of results internally (intralaboratory comparisons).

36.2 General Requirements

A. Each regional laboratory seeking an extension of scope for a new discipline successfully completes at least one proficiency test in the new discipline prior to the accreditation process.

B. Each regional laboratory and Breath Alcohol calibration laboratory successfully completes at least one proficiency test during the calendar year for each discipline as defined by the OSAC Organizational Structure with authorized release of the test results to ANAB from the test provider.

C. The reference material production laboratory successfully completes at least one proficiency test, interlaboratory comparison, or intralaboratory comparison representing the parameters, ranges, measurements, test technologies, methods, and uncertainty of measurement described on the scope of accreditation.

D. Proficiency tests are supplied by an approved test provider, where available.

E. Each examiner engaged in testing and/or calibration activities successfully completes:
   1. At least one proficiency test, interlaboratory comparison, or intralaboratory comparison per calendar year in each discipline in which the individual conducts work; and
   2. At least one proficiency test, interlaboratory comparison, or intralaboratory comparison during each accreditation cycle in each relevant testing procedure as defined on the work authorization(s) in which the individual conducts work.

F. One test may cover both a discipline and a relevant testing procedure requirement.

G. Each Biology/DNA and CODIS examiner successfully completes a proficiency test twice each year from an accredited or approved test provider with authorized release of the test results to ANAB from the test provider in accordance with QAS requirements. Examiners authorized in only biology screening need to complete a proficiency test once per year.

H. The comparison may be done on one or more samples.

36.3 Proficiency Testing

A. A proficiency test evaluates participant performance against pre-established criteria by means of interlaboratory comparisons. Additionally, to qualify as a proficiency test, the results are submitted to the test provider by the deadline in order to be included in provider summary results and for authorized release to the accrediting body.
B. An examiner assessment schedule is updated and maintained by System QA and published on SharePoint.
   1. An individual is added to the examiner assessment schedule by System QA prior to or upon qualification or authorization to perform work in testing or calibration.
   2. The Quality Manager is responsible for notifying System QA regarding continued work authorizations to ensure the schedule is updated and relevant tests are distributed.
   3. The examiner assessment schedule is reviewed as part of the quarterly management system surveys by relevant supervisors. Any necessary revisions noted as part of the quarterly review are communicated directly to System QA by the Quality Manager or their designee for immediate resolution.
   4. Modifications to the examiner assessment schedule are allowed without the requirement to initiate the deviation process.

C. System QA is responsible for procurement, assignment, distribution, and assessment of proficiency tests.

36.4 Interlaboratory Comparisons

A. An interlaboratory comparison is the performance and evaluation of measurements or tests on the same or similar items by two or more laboratories in accordance with predetermined conditions.

B. Interlaboratory comparisons include the re-analysis of proficiency tests for which expected results are available.

C. When proficiency tests are procured and the results are not submitted to the provider by the test provider’s deadline, the proficiency test is reclassified as an interlaboratory comparison.
   1. When a proficiency test is reclassified as an interlaboratory comparison, System QA updates the examiner assessment schedule accordingly.

D. System QA is responsible for assignment, distribution, and assessment of interlaboratory comparisons when the comparison is assigned for the purposes of conforming to the accreditation standards.

E. Quality Managers or their designees are responsible for assignment, distribution, and assessment of an interlaboratory comparison when the assignment is to meet the requirements of Chapter 35.

36.5 Intralaboratory Comparisons

A. An intralaboratory comparison is the performance and evaluation of measurements or tests on the same or similar items within the same laboratory, in accordance with predetermined conditions.

B. Examples of intralaboratory comparisons include:
   1. Re-examinations of evidence;
   2. Re-analysis of individual characteristic database samples;
   3. In-house created samples for which expected results are available; and
   4. Observation-based performance monitoring of a reference material provider.
C. The circumstances in which intralaboratory comparison may be performed include, but are not limited to:

1. Re-examination is required by the discipline;
2. No approved proficiency tests exist; or
3. An examiner infrequently performs casework in a non-routine relevant test procedure.

D. System QA is responsible for assignment, distribution, and assessment of intralaboratory comparisons when the comparison is assigned for the purposes of conforming to the accreditation standards.

E. Quality Managers or their designees are responsible for assignment, distribution, and assessment of an intralaboratory comparison when the assignment is for re-examinations of evidence or to meet the requirements of Chapter 35.

36.6 Method of Analysis for Comparisons

A. Participants follow the regular handling, storage, testing, or calibration process in accordance with this document (i.e., Crime Laboratory Service Manual) and discipline and/or regional laboratory procedures.

B. Technical discussion of the test or comparison, test methods, or results is not permitted until the initiation of the technical review process.

C. Administrative discussion regarding the test is permitted with a Quality Manager.

36.7 Review

A. An individual performing any part of the verification and/or review process may only do so after they conclude testing, if assigned the same test, in order to preserve the integrity of process.

B. The same technical review requirements apply as during regular testing or calibration work.

C. Technical review documentation is maintained in the same manner as during regular testing or calibration work. In the event this is not possible, an Examiner Assessment Review Summary Form (LAB-311, or electronic equivalent) is used.

D. Verifications are conducted and documented to the same extent and in the same manner as during routine work.

E. Administrative reviews are conducted and documented to the same extent as during routine work. In the event this is not possible, an Examiner Assessment Review Summary Form (LAB-311, or electronic equivalent) is used.

F. A Technical Leader, Laboratory QA Specialist, and/or Quality Manager may perform a cursory review of a proficiency test, interlaboratory, or intralaboratory comparison file at the discretion of the regional laboratory prior to submission to System QA. Such reviews, if they occur, are documented in the assessment test file.

36.8 Completion and Submission

A. The Laboratory strives to complete proficiency test records at least 3 (three) business days prior to the provider’s due date in order to allow adequate time for the submission of results to the provider by SystemQA.
B. Interlaboratory and intralaboratory comparisons have no due date but are completed and submitted to System QA before the end of the calendar year in order to continue testing or calibration work.

C. For tests in which electronic submission to the proficiency provider is available, results are entered electronically by the analyst, technically and administratively reviewed, and approved electronically by the Quality Manager or designee, with final test submission made at the relevant portal by System QA.

D. A complete proficiency test record is submitted to System QA for archival.

E. If a team approach is used to conduct analysis, a single proficiency file is created that clearly documents the role of each examiner in the analysis of the test materials.

36.9 Assessment of Results

A. For proficiency tests, interlaboratory comparisons, and/or intralaboratory comparisons required to meet accreditation requirements:

1. System QA performs the records review and assessment of results based on consensus results, expected results, and manufacturer’s information sheets. Assessment may begin as soon as results are provided to System QA.

2. When potential inconsistencies are identified, the Quality Manager(s) are notified as soon as possible.
   a) If there is sufficient time before the provider’s due date to evaluate and correct inconsistent results, they may be corrected by the examiner before submission to the provider;
   b) A Quality Incident is initiated for technical issues; and
   c) Any corrections are documented in the record.

3. Based on review and in consultation with Program Coordinators or Advisory Boards if needed, an initial assessment is issued by the System QA using the Examiner Assessment Report Form (LAB-312, or electronic equivalent).

B. Re-examinations as Intralaboratory Comparisons

1. The Quality Manager coordinates the assessment of results for intralaboratory comparisons and documents the review of the assessment results with the participating examiner(s).

2. An Examiner Assessment Report Form (LAB-312, or electronic equivalent) is used to document the assessment and capture acknowledgement of participants of the outcome.

3. Both the original analyst and the re-examining analyst may receive credit for a successful comparison if the second examiner is unfamiliar with the results of the original analysis and was not the technical reviewer of the first analysis. If familiar with the results or initial technical review, then only the original analyst receives credit for the successful completion.

4. The completed assessment form is archived by the Quality Manager or designee.

5. If a report has already been issued on the evidence and the conclusions of the evidence re-examination are consistent with the original reported conclusions, the
examiner conducting the re-examination issues a quality assurance or supplemental report to the customer.

6. If the conclusions differ from the original report, the QI/QAP process is initiated to evaluate the inconsistency.
   a) In the event that the original report is incorrect, an amended report is issued.
   b) In the event the secondary testing results are incorrect, an amended report (to the original correct results) is not issued. Corrective action is taken to ensure the original results are reproducible and a report is issued to communicate that the evidence was retested for quality assurance purposes and the results are consistent with the original conclusions. The QI/QAP process is initiated regarding the secondary testing.

36.10 Communication of Results

A. An Examiner Assessment Report Form (LAB-312, or electronic equivalent) is used to document the assessment and capture the participant’s acknowledgment of the outcome. It is issued to the analyst(s), Quality Manager, and Technical Leader (DNA/CODIS required) or Section Supervisor, who review, document a response if needed, and return the acknowledged assessment form to the issuer or is archived by the laboratory.

B. Results are designated as “Satisfactory” on the assessment report if the expected results have been obtained.

C. Potential inconsistencies are assigned a preliminary classification as follows:
   1. **Class I** - The nature and cause of the inconsistency raises immediate concern regarding the quality of the Laboratory’s or examiner’s work product. This may include an erroneous identification, false identification, or false positive.
   2. **Class II** - The inconsistency noted is due to a problem which may affect the quality of the work, but is not serious enough to cause immediate concern for the overall quality of the Laboratory’s or examiner’s work product. This may include a missed identification or false negative.
   3. **Class III** - The inconsistency noted is determined to have only minimal effect or significance, be unlikely to recur, is not systemic, and does not significantly affect the fundamental reliability of the Laboratory’s or examiner’s work. This may include an administrative or transcription mistake.
   4. If the Quality Manager disagrees with the classification of the inconsistency, the System Quality Manager is consulted.

D. For Class III inconsistencies, “Explanation/Action Requested” is indicated on the assessment and additional information is requested.
   1. A written response is required from the participating examiner to a Quality Assurance Specialist for review.
   2. The regional laboratory may supplement the examiner’s response and investigate the possible root cause of the inconsistency.
   3. The Quality Manager is required to submit the response, explanations, and/or plans for corrective action to the System QA Specialist for further evaluation of the test.
   4. When successful resolution is demonstrated, a final assessment is issued as “Satisfactory.”
E. Inconsistencies identified as a Class I or Class II require the initiation of a QI/QAP and Significant Event Disclosure (refer to Chapters 33 and 63) that includes at least the following actions:

1. Class I requires that the examiner refrain from further analysis of similar case evidence until resolution of the test has been achieved and a satisfactory completion of a second proficiency test which consists of new sets of comparable samples by the person responsible for the inconsistency;
   a) The suspension of work for cause process is also initiated (refer to Chapter 35).
2. Both Class I and II require a review of a sampling of comparable casework completed since the last demonstration of proficiency or competency; and
3. If related to the individual’s technical ability, Class I and II require an entry on the Disclosure Form (refer to Chapter 33).
4. A final assessment of “Unsatisfactory” remains despite correction or corrective action.

36.11 Record of the Assessment

A. Completed Examiner Assessment Report Forms (LAB-312, or electronic equivalent) are archived by the Quality Manager, or designee. In the absence of a Quality Manager, the SharePoint QA Drop-Off Library may be used to submit the record to System QA for archival.

B. All correspondence with the Proficiency Review Committee (PRC) and/or accrediting body concerning proficiency test issues is reviewed by System QA for evaluation prior to distribution.

C. All Class I and II inconsistencies are disclosed in writing to the relevant accrediting body withing 30 calendar days from when it was discovered.

D. The proficiency test, interlaboratory, or intralaboratory comparison record includes:
   1. All analytical documentation required by discipline procedure as part of the test or calibration record;
   2. Any discipline-specific proficiency supplemental results forms;
   3. The provider’s data sheets completed by the test taker, for proficiency tests;
   4. Any correspondence with the ANAB Proficiency Review Committee, for proficiency tests; and
   5. The examiner assessment review summary (LAB-311, or electronic equivalent), which also includes documentation of technical and administrative review.

E. The record copy of the proficiency test, interlaboratory, or intralaboratory comparison file is archived by System QA as an assessment test record.

F. When a test is distributed by System QA, the SharePoint Examiner Assessment Log is updated by System QA.

G. When a test is distributed by the laboratory Quality Manager, the SharePoint Examiner Assessment Log is updated by the Quality Manager, or designee.

H. The intralaboratory comparison documentation is retained in the relevant case or sample record if re-examination was performed.
   1. The applicable assessment report documentation is not retained in the case or sample record.
36.12 Missed Tests

A. If a scheduled proficiency test, interlaboratory comparison, or intralaboratory comparison is not distributed to, or completed by, the examiner, an alternate examiner assessment and/or revision to the examiner assessment schedule are considered by System QA and the relevant Quality Manager.

B. Initiation of the QI/QAP process occurs if it is too late to take the scheduled examiner assessment and alternatives for the missed examiner assessment are not available.

C. It is too late to take a scheduled examiner assessment when:
   1. It is no longer the calendar year in which the examiner assessment was distributed (unless the provider’s due date extends into the following calendar year); and
   2. The discipline has indicated that the proficiency test must be completed annually.

D. If a missed examiner assessment results in an examiner being removed from work due to a lapse in proficiency, the Work Suspension process is initiated (refer to Chapter 35).
37 Court Testimony and Monitoring

37.1 General Requirements

A. All testifying personnel are responsible for:
   1. Accurately and completely disclosing their involvement in the legal proceeding;
   2. Testifying in a manner which is clear, straightforward, and objective;
   3. Limiting discussion of case results to reliable, accurate, and factual information supported by the case record;
   4. Avoiding phrasing testimony in an ambiguous, biased, or misleading manner;
   5. Respectfully declining to answer questions outside their discipline or area of expertise;
   6. Notifying supervisors when testimony is expected to ensure the proper monitoring method can be addressed; and
   7. If testifying on a forensic case, documenting the court testimony information into LIMS.

B. All testimony subpoenas are honored when possible. If the employee is unavailable for the requested dates and/or times, the employee works with the requestor to provide alternate options.

C. If an employee is still employed by the Department but has changed premises or job roles, the employee is still required to respond to subpoenas. Testimony should be given as priority over re-analysis of the evidence.

D. If testimony is provided on another individual’s work, the person testifying completes a review of that work prior to testimony when possible and documents the review in the record.

E. Testimony in civil suits and depositions fall under the requirements of this policy.

37.2 Monitoring Methods – Technical Review

A. Testimony is technically reviewed annually for each discipline in which an individual is qualified by another individual competent in the discipline and test methods when delivered. Some reviewers must have a relevant license issued to perform technical review (refer to Texas Administrative Code §651.203). For DNA testimony, the individual must additionally be proficient.

B. If an individual is no longer qualified to perform work in a specific discipline, but has been called to provide testimony in that discipline, the testimony is technically reviewed at least once annually.

C. Acceptable methods of testimony observation include in person, videotape, audiotape, or transcript review.

D. The technical reviewer will complete a Testimony Technical Review Form (LAB-313) and discuss the observations directly with the witness.

E. Following discussion:
   1. For testimony associated with a Laboratory case, the form is attached to the testimony request in LIMS and appropriate milestones are completed.
2. For testimony associated with a CODIS sample, the form is attached to the LIMS record associated with the sample.

3. For testimony associated with a Breath Alcohol calibration, the form is posted on the DPS website and organized by Technical Supervisor.

4. Any other testimony that is not directly linked to a case, sample, or calibration is evaluated using the survey process below.

### 37.3 Monitoring Methods – Survey

A. Testimony is surveyed annually in addition to the technical review annual requirement.

1. The methods listed above may be used to evaluate testimony by an internal individual not competent or currently proficient in the relevant testing procedure.

2. The Quality Manager, Laboratory Manager, or designated monitor should observe the first testimony of any examiner testifying in a discipline or relevant testing procedure. If the monitor is qualified to do so, he/she may complete both the technical review of testimony form and the survey form.

3. It is recommended that the survey monitor be a current Quality Manager, Laboratory Manager, Supervisor, Program Coordinator, Technical Lead, Forensic DNA Specialist (Training Coordinator), Team Lead, or Quality Assurance Specialist.

4. The monitor will complete a Testimony Survey Form (LAB-314) and discuss observations directly with the witness.

5. All testimony surveys are not considered part of the case record and are retained in accordance with the DPS Records Retention Schedule. Following completion, they are posted in SharePoint by the Quality Manager or designee.

6. The testifying witness or supervisor may also provide a court official with a Testimony Survey Form (LAB-314) and request that they complete and return the form after hearing the testimony. Surveys completed by non-Laboratory personnel do not meet the Laboratory annual survey requirement.

B. If a current employee is requested to testify to work previously performed while employed with an outside agency, it is recommended that a testimony survey is completed as defined above. If testimony is performed out of state, the survey may be completed by an outside entity.

### 37.4 Testimony Monitoring Documentation

A. Testimony technical review and testimony survey may be done concurrently. Additionally, the same individual may conduct both reviews (see recommendations for survey monitor above) but separate records are required.

B. In the event that an examiner does not testify during the calendar year, an entry is made in SharePoint by the Quality Manager or designee.

C. At the end of the calendar year, all testifying scientists will have:

1. An entry in the SharePoint list indicating they did not testify; or

2. An entry in the SharePoint list with an attached Testimony Survey Form (LAB-314); and

3. A Testimony Technical Review Form (LAB-313) archived as defined above.
D. If the laboratory has knowledge that a former employee is requested to testify to work performed while employed with the Department, it is recommended both a testimony technical review and a testimony survey are completed as defined above.

37.5 Corrective Action

A. If the Quality Manager determines, after consultation with both parties, that the overall witness testimony is less than satisfactory, they initiate the QI/QAP process (refer to Chapter 63) in order to evaluate the need for retraining (refer to Chapter 34).

B. Corrective action may include additional mock trial training and court testimony monitoring of the witness.
PART IV: LABORATORY OPERATIONS

38 Facilities and Environmental Conditions

38.1 Laboratory Design Considerations

A. Laboratories are designed and equipped to ensure proper safekeeping of evidence, test, and calibration items.

B. All general laboratory working areas have sufficient space for proper storage and handling of individual and general laboratory supplies, equipment, and tools necessary to carry out assigned duties.

C. Adequate space is available to employees for writing reports and other official communications.

D. All laboratory working areas have adequate and proper lighting to enable personnel to perform their assigned duties safely and efficiently.
   1. In the event of a power outage, lighting is available to ensure a safe environment. It is not the expectation that personnel continue all aspects of calibration and testing during a power failure.

E. The laboratory has space, electronic or physical, designated for the safekeeping of official laboratory records, as well as space for reference material, books, and other documents necessary for carrying out the functions of the laboratory.

F. Sufficient space is available for each equipment item (with its accessories stored near the equipment item) to facilitate its proper use and operation.

G. Space is available for evidence storage in a secured evidence locker or vault for long-term storage and each examiner has access to a secure, short-term storage area for evidence material.

H. All disciplines have designated testing space as indicated on floorplans.

I. Proper and sufficient space is provided for long-term storage of volatile, flammable, explosive, or otherwise hazardous materials.

J. The laboratories have proper general ventilation, with fume hoods and/or biological hoods available to remove potentially toxic and noxious fumes.

K. The Infrastructure Operations Division maintains the record copies of up-to-date dimensional floor plans. Laboratory Managers maintain convenience copies of the current floor plan of laboratory space.

L. Facilities meet current safety, fire, and building code requirements.
   1. The Infrastructure Operations Division of the Department are responsible for inspection and maintenance to ensure compliance with state and local codes.

M. Quarterly review of all building-related issues and their status is captured in the quarterly management system survey.

N. Semi-annual safety inspections of facilities are conducted by laboratory personnel and documented as part of the Health and Safety Program.
38.2 Prevention of Contamination, Interference, or Adverse Influences

A. Laboratory tours are not allowed access to the working area of the Laboratory due to potential risks (e.g., safety, contamination, and security) and expense to the laboratory as explained in the Part II: Laboratory Customer Handbook.
   1. The laboratory may provide approved video tours or tours limited to non-working laboratory areas (hallways or meeting rooms).
   2. A scheduled open house may be conducted with the approval of an Assistant Laboratory Director or Laboratory Director.

B. Each employee has enough working space to efficiently accomplish assigned duties.

C. Quality Managers in conjunction with Laboratory Managers recommend laboratory improvements as necessary and coordinate laboratory space and design needs.

D. Recommendations concerning physical laboratory improvements of space and/or design are submitted to the Laboratory Director for approval.

38.3 Power Failures

A. Equipment associated with life safety, evidence storage and security generally is connected to a generator for continuity of operations. Additional laboratory equipment may also be connected to a generator.

B. Generators are maintained by the Infrastructure Operations Division (IOD) of the Department and are designed to power up automatically when an electrical failure is sensed.
   1. Exceptions due to local facilities limitations are documented in the relevant local policy.

C. If a power failure occurs, the Laboratory Manager or designee works with IOD who in turn works with power providers to restore electricity as soon as possible.

D. The impact to laboratory work is evaluated and action is taken to remediate any impact the power outage caused.

E. Any negative impacts to significant equipment are logged in the Equipment Log (LAB-405).

F. Electronically secured doors are designed to automatically lock in the event of a power outage but will allow exit (not entry) from the building.
   1. An exception to this is for locations which have a battery back-up which allows for the doors to operate normally for short term power outages.
   2. Access keys are available through the Laboratory Manager, Public Safety Communication Service onsite, or a lock box if the doors need to be opened from the exterior during a power outage.

38.4 Elevator Malfunctions

A. Texas Department of Licensing and Regulation Inspection Services oversees all elevators in Texas. Regulations are published in the Health and Safety Code Title 9 Chapter 754.

B. The IOD of the Department coordinates the annual inspection of elevators and any other maintenance required.
C. In the event of a malfunction without individuals remaining in the elevator, the Laboratory Manager or designee contacts the local Facilities resource in IOD to resolve via a work order.
   1. A sign is posted to indicate the elevator is out of service.

D. If a malfunction occurs and individuals are present in the elevator, a phone or similar communication device is present for occupants to seek assistance.
   1. The Laboratory Manager or designee immediately contacts the local Facilities resource for immediate resolution and assistance.
39 Laboratory Security and Access

39.1 Authorized Laboratory Access

A. Only individuals employed by the Service conduct laboratory activities in the laboratory facilities.

B. Access to the building, testing areas, calibration areas, and evidence or sample storage areas of the laboratory are controlled and limited.
   1. Only laboratory personnel and approved non-laboratory personnel have unescorted access to designated laboratory areas.
   2. Visitors sign an entry log (SEC-1) as required by General Manual Chapter 22.
   3. Visitors are escorted by laboratory personnel at all times.
      a) Building regulations may require that visitors are escorted out of the building or to a main common reception area.
   4. Emergency access is available for first-responders in the event of an emergency.

39.2 Access Control

A. All exterior doors, interior doors to work areas, evidence, and individual characteristic database sample storage areas remain locked when facilities are unoccupied.

B. The laboratory is monitored by any combination of door alarms.

C. Video cameras with recording devices are used to monitor access, including evidence vaults containing seized drugs.
   1. Recorded data is maintained for 180 days or until storage limitations are reached, whichever occurs first.
   2. DPS Security Programs/Physical Security is responsible for configuring the recording devices.
   3. Documentation of the security camera function is performed on the quarterly management system survey form.

D. Devices that grant access include either card key readers for the electronic employee access card keys, manual locks, or a combination of both.
   1. General Manual Chapter 22 outlines the use of electronic employee access card keys which control access to agency doors through security software.
      a) Employees do not follow someone else through a door without scanning their assigned access card.
      b) Employees do not loan their card to another individual.
      c) Employees report lost, stolen, or inoperable cards immediately to their supervisor.
         i. Lost or stolen cards are inactivated to prevent unauthorized entry.
         ii. Inoperable cards are replaced following Department policy.
   2. The Laboratory Manager or designee is responsible for issuing and monitoring keys.
      a) Keys that allow access to facilities and evidence storage areas are uniquely identified.
b) Whenever keys are lost or misplaced, documentation of the corrective action is maintained to prevent unauthorized access to laboratory areas.

c) An inventory of all issued keys and electronic employee access/ID card keys is documented in a key log and is audited annually by the Laboratory Manager or designee.

3. Individuals with authorized access to all facilities are listed in the security software and/or access control log.

   a) Annual review of individuals with access is conducted by the Laboratory Manager.

   b) The access report (if electronic access control) and/or access control log (if manual access control) is approved by the Laboratory Manager and archived by the laboratory Quality Manager or Quality Assurance Specialist.

   c) When a person separates from service, the exit process includes issued key and electronic employee access/ID cards collection and/or invalidation.

      i. The Laboratory Manager may require that all combinations and locks be changed.

E. Security of Evidence Storage Areas

1. Evidence vaults are named consistently within the electronic security system software and the casework LIMS for those vaults with electronic access.

2. Evidence vaults containing seized drugs are secured such that two authorized individuals are required to enter. No single employee has unescorted access to the laboratory evidence vaults containing seized drugs.

   a) Individuals entering a seized drug vault, other than those officially authorized by the Laboratory Director to enter, must be escorted by an authorized individual at all times while in the drug vault.

3. Evidence vaults containing seized drugs substances are not accessed at times other than laboratory business hours (6 am to 7 pm).

4. Evidence vaults are purposefully constructed to prevent unauthorized entry.

39.3 Inter-service Security Parameters

A. Public Safety Communications Service (PSCS or Comms) provides after-hours building monitoring for most laboratory facilities.

1. Exceptions to this monitoring are Austin, Capitol Area Regional, and CODIS Laboratories.

   a) DPS Security Programs in Austin provides after-hours monitoring for DPS Austin Crime Laboratory and the CODIS Laboratory.

   b) After-hours monitoring is provided by the Austin Police Department for the Capitol Area Regional Laboratory.

B. Monitoring includes intrusion detection, response to alarms, and access to security camera views.

C. PSCS does not routinely monitor laboratory cameras views.

1. In case of an alarm notification, PSCS may access the laboratory security camera views for information gathering and situational awareness.
D. In some locations PSCS has the ability to remotely lock and unlock doors including facility doors and laboratory doors.

1. PSCS does not have the ability to lock or unlock evidence vault doors containing seized drugs. Such evidence vault doors require two-person entry and only by the individuals designated by the Laboratory Manager.

2. PSCS does not routinely open any laboratory door.

3. In case of emergency and at the discretion of the PSCS Operator, entry may be gained by contacting either the Laboratory Manager or designee, or by using emergency override procedures.

4. There is an emergency override key option that can be used as a last resort. If time allows, the Laboratory Manager or designee is notified before entry is made with the key.

   a) Anytime the emergency override key is used, its use is communicated to the Laboratory Manager and the PSCS Supervisor immediately.

   b) Any override is logged by the Operator in the station’s daily activity log.

      i. The override details include reason for entry, time entered, time exited, and notification details.
40 Emergency Preparedness

40.1 General Requirements

A. Preparations and time frames may be modified according to the nature and severity of the expected threat. Coordination with the Infrastructure Operations Division and the relevant Department Regional Director is expected.

B. Laboratory Manager or designee ensures the following supplies are available:
   1. Extension cords;
   2. Plastic sheeting and/or bags and tarps;
   3. Water tight containers;
   4. Sandbags;
   5. Duct tape;
   6. Flashlights;
   7. Batteries;
   8. Potable water; and
   9. Generator and fuel.

C. Outlets which function with generator back-up are identified and labeled appropriately.
   1. If each outlet is not individually labeled, they are defined in a local policy.
   2. Generator function and testing is handled by the Infrastructure Operations Division.

40.2 Notification of Pending Severe Weather Event

Upon notification of a pending severe weather threat, or 48 hours prior to the expected occurrence, whichever is sooner, the Laboratory Manager instructs personnel to take appropriate action to:

A. Protect evidence and vulnerable reagents;
   1. Remove all evidence from temporary storage lockers, verify seal, and return to the appropriate vaults.
   2. Protect stored evidence from water damage if possible.
      a) *Examples may include covering in plastic sheeting or placing in water tight containers.*
   3. Raise as much evidence as possible from the floor of the vaults.
   4. Store temperature sensitive chemical reagents in a central refrigerator unit connected to an outlet powered by the emergency generator, if available.
   5. Connect evidence-containing refrigerators to outlets powered by the emergency generator, if available.
   6. Store DNA amplification reagents in a central refrigerator/freezer unit connected to an outlet powered by the emergency generator, if available.
      a) *Amplification reagents should be placed in a protective container such as double bagging to prevent possible contamination.*
   7. Protect outside storage vaults from water intrusion if expected.
      a) *Work with the local Facilities resource to coordinate.*
B. Protect paper records;

1. Paper records including, but not limited to, notebooks, manuals, documents, and case records may be protected by placing in water tight containers and/or covered with plastic sheeting.

C. Ensure backup of applicable servers / computers have been completed for offsite storage;

1. Contact the Crime Lab Network Specialists or the IT Service Desk to schedule the laboratory server and FORAY (for FR labs) backups.
2. Ask the Network Specialist to power down the servers following backup.
3. Contact the local CODIS Administrator to perform a CODIS server backup (for DNA labs).
   a) Notify the State CODIS Program Manager of the situation.
   b) Determine if a full data upload is needed.
   c) Ensure the local CODIS Administrator powers down the CODIS Server and workstations.
4. Individual section disciplines should back up analysis computers as necessary for offsite storage if they are not connected to the TLE network.
5. The completed regional laboratory server, FORAY, CODIS, and applicable analysis computer backups are packed in a manner to prevent damage in order to preserve the saved information.
6. These backups may be stored at a temporary offsite location or mailed to Austin when necessary at the discretion of the Laboratory Manager.

D. Fill the gas tanks in all laboratory vehicles and relocate them to a higher ground or covered parking if available depending on the incident forecasted; and

E. Protect electrical equipment.

1. Shut down computers, servers, and equipment, as applicable.
2. Unplug power cords from the outlets not associated with the backup generator.
3. Raise computers and equipment from the floor when possible. Cover with plastic if possible and relocate them away from any windows.
4. Refrigerators and freezers in use will remain on and plugged into the outlet.

40.3 Return After Severe Weather Event and Damage Assessment

Once approved to return by the relevant Department Regional Director or Infrastructure Operations personnel, the Laboratory Manager takes action to:

A. Check building for structural damage;

1. Remind individuals not to take open flame into the building as flammable materials may be present.

B. Prevent loss, damage, or deterioration of evidence as soon as possible;

C. Photograph all damage;

D. Initiate repairs;

E. Ensure electrical outlets are dry before restoring electricity; and
F. Prepare a damage report for Assistant Laboratory Director of Operations within 48 hours.

40.4 Additional Regional Emergency Operations

A. A Laboratory designee may be assigned to the emergency operations center to monitor the event.

B. A Laboratory response to the event is coordinated with the Emergency Management and the relevant Department Regional Director.
41 Receipt and Review of Laboratory Requests for Service

A. The completed Laboratory submission form received from the customer serves as the proposed contract for services.

B. For customers submitting evidence in person, the customer’s printed name and signature on the submission form are required.

C. If a submission form did not accompany the evidence, or has insufficient information to properly process the request for service, the Laboratory proceeds with receipt of the evidence for the purposes of maintaining an accurate chain of custody.
   1. Laboratory testing activities do not proceed until the submission form is received, reviewed, and the request is accepted.

D. Upon issuance of an assigned Laboratory case number and placement of the case label information on the submission form, the Laboratory acknowledges receipt or acceptance of the request.
   1. The accepted request is considered to be a contract between the customer and the Laboratory and may be subject to additional review and/or deviation.

E. Following submission, the Laboratory specialist evaluates the evidence and the requested testing services/types of analysis to ensure that the needs of the customer can be met by the Laboratory.
   1. The receiving Laboratory specialist reviews the submission form and any additional documentation provided by the customer and preliminarily determines the analyses needed based on the service request.
      a) The Laboratory specialist consults with additional Laboratory personnel (e.g., analyst, Supervisor, Laboratory or Quality Manager) as necessary.
      b) The review of the request is documented by placement of the assigned Laboratory case number on the submission form.
      c) For resubmission of previously submitted evidence or submission of additional evidence for a case, the originally assigned Laboratory case number is used whenever possible and a new submission form is required.
   2. If the submission form requires significant amendment, the Laboratory contacts the customer regarding the changes.
      a) Customers may be asked to submit a corrected Laboratory submission form and/or provide additional information pertaining to the request.
      b) Administrative changes may be made by the Laboratory without explicit contact to the customer.
   3. The Laboratory contacts the customer when circumstances of the submission require clarification prior to the commencement of testing or analysis.
   4. The Laboratory contacts the customer when the method requested by the customer is considered to be inappropriate or out of date.
5. The Laboratory contacts the customer to clarify any significant discrepancies with the submission form, description or condition of the item(s) of evidence, and whether to proceed with testing.

   a) Significant discrepancies include, but are not limited to:
      i. Evidence indicated on the submission form but not located upon evidence intake or during analysis (e.g., missing evidence);
      ii. A discrepancy in the provided count of seized drug evidence or items of monetary value for which the submission form indicates a greater count than observed upon evidence intake or during analysis AND the discrepancy cannot be reasonably accounted for;
      iii. A ≥10% discrepancy in the provided weight of seized drug evidence for which the submission form indicates a greater weight than observed upon evidence intake or during analysis AND the discrepancy cannot be reasonably accounted for;
      iv. Evidence received in a condition unsuitable to testing (e.g., moldy evidence, broken blood tube, improperly sealed container of liquid, etc.).

   b) Minor discrepancies which may be resolved prior to testing or a statement may be added to the test report include, but are not limited to:
      i. Evidence submitted but not indicated on the submission form; and
      ii. Number of items received is greater than the number listed on the submission form.

F. If it is determined that the Laboratory cannot comply with the requested service or is unable to meet the customer's needs prior to, or during analysis, the customer is contacted to either:
   1. Discuss potential modifications to the request; or
   2. Arrange for the subsequent return of the evidence.

G. Requests for the analysis of sexual assault evidence additionally require the customer to submit a completed Sexual Assault Evidence Submission Certification Form (LAB-206) in order to verify the evidence is associated with an active criminal case as per Government Code §420.042.
   1. If the form is not included with the submission form, this does not preclude the Laboratory from proceeding with receipt and analysis but documented outreach to the customer is required until the form has been collected.
   2. This requirement only applies to Biology/DNA requests.

H. Requests for the destruction of seized drugs evidence are only accepted for internal DPS customers (e.g., Texas Highway Patrol, Texas Rangers, and Criminal Investigation Division).
   1. A completed Seized Drugs Destruction Only Submission Form (LAB-202) provided by the customer is required.
   2. If the submission form is missing item information (e.g., type, description, source, weight, and/or quantity), the Laboratory contacts the customer to obtain the missing information.
   3. The Laboratory evaluates the quantity and gross weight of the item(s) submitted and documents the information on the submission form. Significant discrepancies
between the customer inventory and the Laboratory inventory are reported through the Laboratory chain of command to the Laboratory Director.

I. Requests for the analysis of evidence in misdemeanor drug offense cases require a letter from the prosecuting attorney in addition to the Laboratory Submission Form. Standard form letters and/or blanket requests for analysis will not be accepted unless approved by the Laboratory Director.

1. A letter from a prosecuting attorney is not required for misdemeanor cases submitted by internal customers if outsourced testing is required by the agency director.

2. Evidence submitted in person without the required documentation will not be accepted.

3. Evidence submitted via mail or Laboratory Drop Box without the required documentation is returned to the customer with a Closed Without Analysis Laboratory Report.

4. Internal DPS customers who are required to submit evidence for storage purposes may submit evidence regardless of offense or associated weight.
   a) If a submission contains both felony and misdemeanor items, they should be packaged in separate containers to expedite analysis.

5. Misdemeanor offenses and associated weights that occur in a drug free zone or a correctional facility may be submitted for analysis as the offense elevates to a felony.

6. The following offenses and associated weights are examples of misdemeanor offenses:
   a) Possession of Marihuana (less than 100 grams or 4 ounces)
      i. DPS will no longer test misdemeanor plant cases, even if a prosecutor’s letter is provided.
   b) Possession of Penalty Group 2-A (less than 100 grams or 10 packages)
      i. Synthetic marihuana / cannabinoids other than ADB-FUBINACA, AMB-FUBINACA, and MDMB-CHMICA (e.g. Kush, K2, etc.)
   c) Possession of Penalty Group 3 or 4 (less than 28 grams or 28 pills)
      i. Alprazolam (e.g. Xanax, G3720, G3722, GG258, XANAX/2, etc.)
      ii. Clonazepam (e.g. Klonopin, M/C14, 93 832, TEVA/833, etc.)
      iii. Diazepam (e.g. Valium, 10 DAN 5620, MYLAN 477, etc.)
      iv. Hydrocodone (e.g. Dihydrocodeinone, Vicodin, M357, M358, M360, M367, WATSON 349, WATSON 503, WATSON 540, WATSON 853, etc.)
      v. Lorazepam (Ativan)
      vi. Steroids (e.g. Boldenone, Mestanolone, Nandrolone, Testosterone, Stanozolol, etc.)
   d) Possession of Dangerous Drug or Miscellaneous Substances (any amount or weight)
      i. Tadalafil (e.g. Cialis, C5, C10, C20)
      ii. Sildenafil (e.g. Viagra, VGR 25/Pfizer, etc.)
      iii. Ibuprofen (e.g. Advil)
iv. Acetaminophen (e.g. Tylenol)

v. Naproxen (e.g. Aleve)

J. Forwarding of Evidence for Completion of a Service Request

1. If the requested service is beyond the scope of examination for the receiving regional laboratory, the evidence is forwarded to another regional laboratory without express notification to the customer.

2. If the evidence has been submitted to a regional laboratory out of its normal service area, the receiving regional laboratory may either:
   a) **Perform the service**; or
   b) **Forward the evidence to the correct service area regional laboratory without express notification to the customer.**

K. Upon attempted contact by the Laboratory, the customer has 5 (five) full business days in order to respond. If the customer does not respond within the allotted time, the Laboratory may determine the need to proceed with, amend, or withdraw any service request.

1. Business days do not include weekends and holidays as defined in the State of Texas Holiday Schedule published by the Texas State Auditor’s Office (http://www.hr.sao.texas.gov/Holidays).

2. For example, if the Laboratory leaves a message on the Monday of a regular business week and the customer is non-responsive, the Laboratory may proceed appropriately no earlier than the Tuesday of the following week.

L. In instances in which the condition of the evidence poses an immediate safety concern, the Laboratory may proceed at its discretion without waiting the 5 (five) full business days for customer response.

M. All records of the request review, including any changes to the submission form and/or pertinent discussions with the customer relating to their request or requirements, are documented in the case record.
42 Submission and Receipt of Evidence

42.1 General Requirements

A. Each new case submission is assigned a unique case number by LIMS.
   
   1. A new case is one in which the provided offense and individual information are not present in the LIMS records at the time of submission.
   
   2. All submission information is recorded in LIMS in accordance with the LIMS Manual procedures.

B. Evidence is only received in a properly sealed condition.
   
   1. A proper seal (e.g., use of a heat seal, tamper-evidence tape, or lock) prevents loss, cross transfer, or contamination while ensuring that attempted entry into the container is detectable.
      
      a) The handwritten initials or other identification of the person who created the seal and date are visible on the seal.
      
      b) Properly sealing the evidence container into another container is an acceptable method for establishing a proper seal.

   2. Evidence which is in an unsealed or improperly sealed condition is acceptable for receipt when:
      
      a) The customer applies a proper seal at the time of submission; or
      
      b) Laboratory personnel apply a proper seal at the time of submission in the event the customer is not available.

   3. In the event that a submitted evidence container is unsealed, it is opened in such a manner as to:
      
      a) Compromise as few existing seals as possible;
      
      b) Protect evidentiary material from loss, deterioration, and contamination;
      
      c) Ensure that sufficient documentation is maintained in the case record pertaining to the person(s) who accessed the container, including the reason for opening the container; and
      
      d) Perform an inventory.

42.2 Receipt Procedure – General

A. Each submitted evidence container is entered and itemized in LIMS in accordance with the LIMS Manual procedures.
   
   1. Submitted blood kits, urine kits, sexual assault kits, and fire debris collection cans are entered in LIMS as a LIMS kit.
   
   2. A Laboratory barcode unique to the applicable LIMS item number is affixed to each submitted evidence container.
      
      a) Duplicate barcodes are not used on multiple submitted evidence containers.
      
      b) If the submitted evidence container has a readable Laboratory-provided barcode from a previous submission, a new barcode is not necessary.

B. Each submitted evidence container is marked and/or labeled with the related Laboratory case number.
C. In the event that evidence is removed from the submitted evidence container during submission, the container which encloses the evidence is sub-itemized in LIMS.
   1. Containers sub-itemized from a submitted evidence container are marked and/or labeled with the related Laboratory case number.
   2. A Laboratory barcode unique to the applicable LIMS sub-item number is affixed to the evidence container.

D. For evidence received from a customer via email (e.g., evidentiary images or other digital media for analysis):
   1. The entire email message, including the image or media file(s), are written to an external media (e.g., CD, DVD, flash drive); and
   2. The external media item is properly sealed in a Laboratory-provided container and handled like all other submitted evidence containers.

E. When receiving a sexual assault evidence collection kit, the location of the kit is updated in Track-Kit.
   1. The kit should have a Track-Kit barcode label when received from the customer.
      a) If the kit does not have a Track-Kit barcode, a Track-Kit barcode is affixed to the kit by Laboratory personnel.
   2. After receipt of a sexual assault evidence collection kit into LIMS, the location of the kit is updated in Track-Kit by scanning the Track-Kit barcode.
   3. In Track-Kit, the LIMS barcode is scanned into the lab case number field and the kit received in lab date field is completed. Selecting confirm receipt completes the location update in Track-Kit.

42.3 Receipt of Biologicals
A. Submitted evidence containers received indicating a biological sample or the potential of containing biological material are additionally marked and/or labeled with a universal biohazard symbol.
B. If there is a need to contain or correct a situation where there is leakage of a biological material, Laboratory personnel use adequate personal protective equipment (PPE) to shield themselves from potential bloodborne pathogens. This may include gloves, eye protection, laboratory coat, laminar flow hood, and/or biological hood.

42.4 Receipt of Sharps
A. Evidence received indicating the presence of sharps are labeled accordingly unless appropriately packaged in puncture proof containers.
B. If it cannot be determined whether sharps are packaged appropriately, the evidence package is placed inside a puncture proof conveyance container labeled to indicate the presence of sharps until the evidence package can be opened to assess packaging and resolve any improper packaging as necessary.

42.5 Receipt of Firearms
A. Evidence received containing firearms is marked with an indication of whether the firearm is loaded or unloaded, whether that condition was verified by Laboratory personnel (date and initials), and whether live ammunition is contained within the package. If the package is not marked, the unloaded condition is considered undetermined.
B. Evidentiary firearms are carefully inspected upon opening the package. If the firearm cannot be easily and positively determined to be unloaded, then a qualified person assigned to the Firearm & Toolmarks section will render the firearm safe.

C. Every reasonable effort to preserve the integrity of the evidentiary value of the firearm is made; however the safe handling of the firearm is the first priority.

42.6 Receipt of Threatening Communication
Evidence that is accompanied by threatening communication and/or an unknown powder-like substance is treated as a possible biological threat and is not accepted until there is documented assurance that the substance has been tested and does not pose a biological threat.

A. If the evidence enters the Laboratory without verifiable documentation that the substance does not pose a biological threat, the item is sealed in an airtight container and the following entities are notified immediately (in the order listed):
   1. Laboratory Manager;
   2. Local Fire Department Special Operations Hazardous Materials;
   3. FBI;
   4. Texas Department of State Health Services – Biological Threats; and
      a) 24/7 Emergency Phone: (512) 689-5537
      b) Direct Laboratory Phone (8 AM – 5 PM): (512) 776-7318
   5. Submitting agency (if unaware prior to submission).

B. The FBI will direct the subsequent handling of the sample. If further testing is necessary, the FBI will direct the transportation of the sample to a Laboratory Resource Network-certified laboratory.

42.7 Receipt of Possible Explosive(s) or Incendiary Device(s)
A. Known live explosive devices are not accepted. Devices must be disarmed prior to submission with sufficient documentation from the customer.

B. However, should receipt occur without sufficient documentation, the regional laboratory chain of command, Headquarters Security, or the Building Adjutant is contacted to determine the appropriate course of action.

C. The evidence is not handled during the interim and the building may be evacuated.

42.8 Receipt of Digital/Multimedia Evidence
A. Avoid touching the surfaces of glass screens.

B. Ensure device is powered down.

C. Ensure battery is removed.

D. Electronic devices are placed into protective anti-static bubble wrap sleeves.

42.9 Receipt of Forensic Document Evidence
A. Evidence is distinguished from submission forms, narratives, arrest reports, and other supporting documents.

B. Markings or stamps are not applied to submitted forensic document evidence.
C. Best practice is to write information on an adhesive label and apply to the outer container. Soft-sided containers are written on using broad porous tip permanent markers if labels are not available. This practice prevents ink bleed through onto the evidence.

D. The submission form should clearly indicate which forensic documents are questioned and which are known for reference.

42.10 Receipt of Friction Ridge Evidence

A. Submitted exemplars are considered evidence.

B. When submitted via email, exemplars and friction ridge impression images are burned to a CD or DVD.

C. If not packaged (e.g., attached to the submission form), submitted exemplars should be placed in an appropriate container.

42.11 Evidence Inventory – Routine

A. Exterior containers are not opened by Evidence Coordination personnel unless:
   1. It is necessary to remove the submission form, subdivide, and/or repackage evidence;
   2. It is necessary to obtain information required for Track-Kit entry;
   3. Items with monetary value are listed on the submission form (see below).

B. When the exterior container is opened, proper personal protective equipment (PPE) is used and an inventory is completed to compare the submitted evidence items to the submission form.
   1. The number of tablets, capsules, triangle squares, swabs, etc., in an individual item are counted and compared with the stated number on the submission form, if reasonably possible, without opening interior container(s). Non-transparent interior containers are not breeched to count the number of items inside or to confirm the correct item is inside.
   2. Evidence submitted for Friction Ridge examination (Friction Ridge Examination or AFIS request) is not inventoried unless an analyst from one of these disciplines directs it in order to preserve the integrity of the evidence.
   3. Inventory of digital/multimedia evidence (e.g., computers, mobile devices, audio/video evidence, and image enhancement submissions) require a Search Warrant or Consent to Search, which authorizes forensic examination of data contained within the media submitted. If neither is submitted, the customer is notified by either Evidence Coordination or a member of the Digital/Multimedia discipline that work on the case cannot begin.
      a) Exceptions are evaluated on a case by case basis.
      b) Examples of exceptions include, but are not limited to, if the property is abandoned or voluntarily released to law enforcement. This communication is documented in the case record.

C. If the evidence is submitted in person, all noted discrepancies are resolved before the evidence is accepted.
D. If evidence is submitted by mail or Drop Box, the Laboratory proceeds with receipt of the evidence for the purposes of maintaining an accurate chain of custody and all differences identified between the submission form and the evidence received are noted in the case record.

1. For noted differences which may impact the requested service, the customer is notified and the communication is documented in the case record.

   a) Upon attempted contact by the Laboratory, the customer has 5 (five) full business days in order to respond. If the customer does not respond within the allotted time, the Laboratory may determine the need to proceed with, amend, or withdraw the service request.

E. When an inventory is completed by Evidence Coordination, notes are entered in the evidence notes field in LIMS to document:

1. Inner containers are inventoried and correspond to the submission form or;
2. Inner containers are inventoried and unable to determine if correspond to submission form.

42.12 Evidence Inventory – Items with Monetary Value

A. For purposes of this procedure, items with monetary value are those items valued at $200.00 or more and defined as American or International currency including coins, banknotes, certificates of deposit, securities, stocks, bonds, money orders, and casino chips/markers. (Items of monetary value that are noted as suspected counterfeit on the submission form do not apply to this procedure.)

B. An inventory is documented as above using the submission form.

C. Additionally, currency is tallied and totaled using the Currency Receipt (LAB-212) independently by two Laboratory employees.

D. Both witness signatures are required to complete the documentation.

E. Documentation is retained in the case record.

F. Items are stored in a properly sealed condition in a high security evidence or seized drugs evidence storage location.

G. Any discrepancies between the submitter’s information and the Laboratory inventory is brought to the attention of the Laboratory Manager and customer immediately.

42.13 Conveyance Containers

A. Conveyance containers may be used by customers to facilitate the secure submission of evidence containers.

1. Shipping containers for evidence pertaining to multiple individual Laboratory cases are considered to be conveyance containers.

2. The Laboratory or Quality Manager maintains the discretion to return evidence submitted in a conveyance container to the customer.

   a) Customers are contacted to request the submission of evidence for multiple cases in separate containers.

   b) A proper chain of custody is maintained for the return of all containers.
B. Conveyance containers may also be used by laboratory personnel to facilitate the secure transfer or transit of evidence containers during interlaboratory transfers or the return of evidence to the customer.

C. Conveyance containers may be discarded or destroyed by the laboratory under the following circumstances:

1. The submitted evidence is enclosed in a separate properly sealed container inside the conveyance container; and

2. The receiving information (e.g., mailing information, shipping slip, invoice, billing label, package barcode) is sufficiently documented.

   a) Documentation may include photograph(s) or image(s).

D. Conveyance containers are treated as submitted evidence containers when they have not been discarded or destroyed.

42.14 Entry of Case Information into LIMS

Sufficient case information provided on the submission form is entered at the time of receipt to ensure effective and timely case information searches.
43 Evidence and Database Sample Integrity

43.1 Chain of Custody

A. A chain of custody record is maintained for each item of evidence. The chain of custody includes the date of receipt or transfer, the LIMS item number, and storage location or individual taking possession of the evidence.

   1. The chain of custody in LIMS is updated to reflect the actual date of receipt if the item is received, but not processed and entered into LIMS until a later date.

B. When there is a change in custody or location of evidence, a corresponding action is tracked in LIMS.

   1. It is not necessary to make an entry when a submitted evidence container or laboratory container is being observed for an immediate purpose to examine markings, labels, and seals or to reinforce seals on the packaging.

   2. When a submitted evidence container is placed inside of another submitted evidence container, the container is updated in LIMS.

C. Only the LIMS Manager and their designees have the authority to edit the chain of custody.

D. Database samples submitted to the CODIS Laboratory are not considered evidence and are not required to maintain a chain of custody.

43.2 Proper Seal

A. Laboratory personnel taking possession of evidence inspect the evidence container for a proper seal and any indications of tampering.

B. All abnormalities not otherwise noted are documented and a proper seal is established if necessary.

C. Database samples are rejected upon receipt if the kit seal on the exterior box/envelope is missing or damaged.

43.3 Repackaging

A. An evidence container is repackaged under the following conditions:

   1. The submitted evidence container can no longer preserve the integrity of the evidence; or

      a) The submitted evidence container is retained.

      b) It is independently tracked or placed within a laboratory container with the evidence.

   2. The submitted evidence container is deemed hazardous.

      a) The submitted evidence container is discarded/destroyed.

      b) The evidence is re-packaged into a new laboratory container.

      c) The reason for the destruction of the submitted evidence container is documented in the case record.

   3. When repackaging evidence for transfer, liquid and non-liquid evidence should not be packaged in the same container.
43.4 Intralaboratory Evidence Transfer

A. Each person acknowledges at the time of transfer, by a secure password/PIN in LIMS, handwritten signature, or initials, when they take possession of evidence.

B. When evidence is transferred from a person who has possession of the evidence to a storage location, it is not necessary to enter a secure PIN in LIMS. The LIMS automatically enters this activity into the chain of custody.

C. When evidence is transferred from a person who has possession of the evidence to another person, the person who is receiving the evidence acknowledges receipt with a secure PIN in LIMS. The LIMS automatically enters this activity into the chain of custody. It is not necessary for a person who is relinquishing the evidence to enter a secure PIN in LIMS.
   1. While in the custody of an examiner, evidence stored in secure short term storage areas assigned to the examiner is not considered a change in location.

D. When transferring and independently tracking evidence exhibits and/or sub-evidence exhibits separate from the submitted evidence container, the transferred evidence exhibits are either:
   1. In a previously itemized intermediate container which has been described as a container in LIMS; or
   2. Placed inside of a laboratory container which has been assigned its own LIMS item number.
      a) An intermediate container cannot be added in LIMS as either a submitted evidence container or laboratory container.

E. The processes of verification or case review of evidence do not necessarily require documentation of evidence transfer if the examiner continues to maintain integrity of the evidence.
   1. If it is necessary for the reviewer to enter a properly sealed container or unseal the evidence container to accomplish review, change of custody is documented and a transaction in LIMS is made.

43.5 Interlaboratory Evidence Transfer

A. The Laboratory may transfer evidence from one laboratory to another laboratory within the system.
   1. Authority to transfer evidence for analysis is a condition placed on acceptance of the customer’s evidence, and is communicated to the customer via the agency’s website and in the Customer Handbook.

B. The transfer of evidence from one DPS laboratory to another occurs when complete control and responsibility for the requested service has been relinquished by the original laboratory.

C. The forwarding laboratory makes available for the other laboratory:
   1. The original submission form with clear communication on the services requested from the destination laboratory;
   2. Relevant case documentation; and
   3. Pertinent correspondence.
D. Following guidance in the LIMS Manual, testing request(s) are created by the forwarding laboratory for the relevant testing to be conducted at the destination laboratory, and the request is assigned to the destination laboratory.

E. The forwarding laboratory ensures the appropriate evidence is related to the request(s).

F. Evidence is shipped priority or standard overnight via commercial carrier to maintain chain of custody.
   1. The exception to this priority or standard overnight practice is for the shipment of live ammunition; anytime live ammunition is included in the evidence, it is shipped via ground transportation due to shipment safety regulations.
   2. All sides of a conveyance container are sealed with a commercial grade packaging tape to maintain integrity of the evidence.
   3. When shipping evidence, a second person from the forwarding laboratory confirms the listed items on the Evidence Transfer Receipt are transferred and the review is documented.

G. Upon receipt of the evidence in the destination laboratory, the evidence is scanned into the appropriate destination laboratory location.

H. Following transfer and subsequent testing, the evidence may be retained for internal DPS customers, returned to the forwarding laboratory for retention or return, or returned directly to the customer.

I. When sexual assault evidence collection kits are transferred between labs, the transfer is additionally captured in Track-Kit.
   1. The transferring laboratory initiates the transfer, scans the bar code, and completes the form in Track-Kit.
   2. The receiving laboratory will locate the kit(s) in Track-Kit and accept the transfer.

43.6 Security and Storage of Evidence and Database Samples

A. The Laboratory takes measures to protect evidence and database samples under its control from deterioration, loss, damage, cross-transfer, or contamination.

B. Each regional laboratory identifies evidence and database sample storage locations, designations, and individuals who have access to those locations.

C. Evidence is either stored in a secure evidence storage area or returned to the submitting official, a representative of the submitting agency, or an officer of the court.

D. Database samples are stored in a secure storage area.

E. The evidence storage areas are locked when unattended.

F. A secure storage area for overnight or short term storage of evidence is available to examiners.

G. Evidence and database samples are stored in a manner to avoid deterioration, loss, contamination, or damage. The storage conditions used will depend on the type of evidence and/or the nature of the item or database sample.
   1. Dry items may be stored in room temperature storage.
2. Wet or moist items (e.g., fresh plants, blood soaked clothing, some perishable items, etc.) are to be air-dried, preferably packaged in paper containers and placed under the appropriate storage condition.

3. Perishable items (i.e., likely to perish, decay, spoil, or mold rapidly) are to be appropriately stored under refrigerated or frozen condition to preserve the evidence item for analysis. The Laboratory makes every effort to expeditiously analyze perishable items or preserve a sample as appropriate.
   a) After analysis, the item is either returned or destroyed as it may present a potential health and safety risk to the Laboratory.

4. All liquid whole blood specimens and any other liquid body fluids are stored refrigerated.

5. Sexual assault kits are stored refrigerated upon receipt by the Laboratory until all examinations are completed unless the following conditions are met:
   a) All liquid specimens have been removed and/or appropriately processed (i.e., blood tube into dried stains and/or evidence transfer for toxicological screening); and
   b) Swabs are packaged in non-airtight containers.
   c) After analysis, sexual assault kits may be stored at room temperature.

6. Any evidence submitted with a description of bone, tissue, or anthropological samples are separated and stored in a frozen condition upon receipt.
   a) After analysis, this evidence may be stored under different conditions depending upon the condition of the evidence.

7. Specific evidence storage conditions may be further defined by the respective discipline procedure manual.

H. When evidence or database samples are required to be stored under refrigerated or frozen conditions, these conditions are maintained, monitored, and recorded.

I. During processing or examination, evidence and database samples are kept in a manner to protect it from loss, deterioration, and contamination.
   1. In the event of temporary interruptions or extended examinations, unsealed evidence containers may be left unattended in a secure examination area, however, diligent efforts are made to minimize this need.
   2. Unsealed evidence containers, evidence extracts, or evidence exhibits may be stored in a secure short term storage area while the examination is ongoing, however, they are handled in such a manner to preserve their integrity.
   3. Analysts make a diligent effort to complete examinations within a reasonable amount of time.
   4. When evidence exhibits are simultaneously examined by multiple examiners, there is sufficient documentation of activities/observations of the individuals involved.

J. Evidence does not remain in the reporting scientist’s possession longer than 14 calendar days after completion of the associated administrative review (i.e. release of the report) unless appropriate justification is provided in the case record.
43.7 Observation of Possible Fungal Growth

A. Fungal growth may be observed on the outer container of refrigerated sexual assault kits or other exterior containers. If this occurs, immediately:
   1. Notify the DNA Technical Leader or Quality Manager as appropriate;
   2. Photograph the exterior container and add the photographs to the case record;
   3. Wipe down the outer container and shelving with a 10% bleach solution or appropriate alternative;
   4. Allow the container to dry and repack in a breathable secondary container, such as a cardboard box or paper bag;
   5. Add a generic label to the secondary container to identify the contents as having been treated for possible fungal growth;
   6. Follow LIMS guidelines to add the secondary container in LIMS and add a barcode label;
   7. If possible, continue to isolate the evidence after treatment;
   8. Document the occurrence as a case activity;
   9. Examine additional containers in the storage area and repeat steps 2-7 as needed; and
   10. Document the incident following the QI/QAP process.
      a) Evaluate storage conditions and take appropriate action with the approval of the DNA Technical Leader or Quality Manager in collaboration with the Laboratory Manager.
         i. Overcrowding in a refrigerator may be a factor leading to condensation on the outer container.
      b) A refrigeration unit may need to be serviced by a vendor if high humidity is suspected. The vendor may recommend additional actions.

B. Fungal growth may be observed on inner containers and/or on items of evidence. If this occurs, immediately:
   1. Photograph the affected items of evidence and/or containers and attach photos to the case record;
   2. If necessary, allow the evidence and/or containers to dry in a fume hood or drying chamber for isolation if possible;
   3. Ensure the evidence is dry and repack in a new container;
   4. Treat the affected container with 10% bleach solution or appropriate alternative and allow to dry;
   5. Package the treated container in a breathable secondary container, such as a cardboard box or paper bag;
   6. Add a generic label to identify the inner container as having been treated for fungal growth;
   7. Document the occurrence as a case activity; and
   8. Proceed with analysis, if possible.
43.8 Transportation of Evidence by Laboratory Personnel

A. Laboratory personnel are not permitted to physically transport seized drugs evidence outside of the immediate regional laboratory controlled areas. Seized drugs evidence may be transported when accompanied by on duty commissioned law enforcement escort.

B. Physical transportation of non-seized drugs evidence by Laboratory personnel in personal vehicles is prohibited.

C. Physical transportation of non-seized drugs evidence by Laboratory personnel in Department vehicles is discouraged although at times it may be needed for interlaboratory transfer of cases.

43.9 Handling of Evidence for Customer-Related Activities

A. If the evidence is still present in the Laboratory, the evidentiary material may be inspected according to a special request in the Laboratory while adhering to all relevant Laboratory policies regarding evidence handling and control. Precautions to ensure protection against biohazards and contamination are taken when applicable. Documentation of the inspection (individuals present and a synopsis of the activity) are kept with the case record.

B. If any of the evidence has previously been returned to the customer, it is the responsibility of the customer to coordinate the inspection of the evidence in their possession.

C. Evidence under the control of the Laboratory will not be released for defense examinations without a valid court order.
   1. Evidence that is sent for defense testing is directly sent to an accredited laboratory.
   2. If specifically ordered by the court, evidence may be forwarded to an unaccredited laboratory. The Laboratory will attempt to communicate the need to send evidence to an accredited laboratory to both the defense and prosecuting attorney involved, and will document the communication attempts in the case record.

D. Evidence exhibits in the custody of the Laboratory which have been requested for re-examination outside of the Laboratory are evaluated for availability of sample and suitability for testing. Where possible, the Laboratory retains a representative portion of the sample. If the sample will be consumed by the re-examination, the defense and prosecuting attorneys are advised.

E. Evidence that is transferred out of the Laboratory is documented with a corresponding transaction in LIMS.

43.10 Storage Location Inventory

A. 100% evidence inventory is required for storage locations containing seized drugs including all temporary seized drugs storage locations on an annual basis.
   1. If a vault contains other evidence types in addition to seized drugs, only the designated seized drugs storage locations require 100% inventory.
   2. At least ten randomly selected seized drugs cases that contained 5 (five) or more pounds of plant material or 1 (one) or more kilograms of powder are weighed and compared to the previously documented gross inventory weight.
      a) If 10 (ten) cases meeting the weight criteria are not currently in the regional laboratory’s possession, this is documented on the inventory forms and an exemption to the weighing requirement is allowed.
b) If an excess quantity seized drugs case is selected for reweighing and the excess has been destroyed, the retained amount is weighed and compared to the original documented gross inventory weight.

c) If any weights do not agree by ±10%, the QI/QAP process is initiated.

B. For storage locations containing non-seized drugs evidence or individual characteristic database samples:

1. A statistical sampling plan is followed to inventory the appropriate number of non-seized drugs evidence storage locations.
   a) Storage locations are defined in the relevant LIMS.

2. The statistical sampling plan is based on a hypergeometric distribution that is used to determine the minimum number of locations to be inspected and inventoried in order to infer that 90% of the total number of locations has a correct inventory with proper seals with a 95% confidence level.

<table>
<thead>
<tr>
<th>Number of Evidence Storage Locations (Based on LIMS Inventory)</th>
<th>Minimum Number of Locations to be Inventoried</th>
<th>Number of Evidence Storage Locations (Based on LIMS Inventory)</th>
<th>Minimum Number of Locations to be Inventoried</th>
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<tbody>
<tr>
<td>5</td>
<td>All</td>
<td>30 – 31</td>
<td>19</td>
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<tr>
<td>6 – 7</td>
<td>All</td>
<td>32 – 37</td>
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<td>49 – 58</td>
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<td>28 – 29</td>
<td>18</td>
<td>940+</td>
<td>29</td>
</tr>
</tbody>
</table>

C. For every storage location inventoried, a physical inspection of packaging and seals is conducted on 100% of the evidence or database samples in the storage location and the results are documented on the inspection report.

1. If there are discrepancies in the evidence inventory within any of the selected locations and a correction cannot be readily performed, the statistical sampling plan
is no longer relevant and a 100% audit of all non-seized drugs evidence storage locations is conducted.

2. If there are discrepancies in the database sample inventory within any of the selected locations and a correction cannot be readily performed, a request is made to recollect the sample. If the sample cannot be recollected, a QI/QAP process is initiated.

D. When the sampling plan is used, documentation from previous inspections is used to ensure different storage locations are audited from the previous 3 (three) years when there are a sufficient number of locations.

E. Discrepancies are evaluated and documented on the Evidence and Database Sample Inspection Form (LAB-402).
   1. The QI/QAP process may be initiated depending on the risk assessment (refer to Chapter 63).
   2. If the QI/QAP process is initiated as a result of the inspection, the QI tracking number is included on the inventory documentation.

43.11 Inspection Report

A. A written reconciliation report of the inspection is completed within 10 (ten) business days of the completion of inspection on the Evidence and Database Sample Inspection Form (LAB-402).

B. The form is required for all storage location inventories, however, the required content may be provided in attachments (e.g., LIMS report).

C. A copy of the report is forwarded through the chain of command to the Laboratory Director for review.

D. Following documented approval by the Laboratory Director, the record is archived by the laboratory Quality Manager or QA Specialist as an evidence vault inspection record on Sharepoint.
44 Evidence Processing

44.1 Evidence Itemization

A. LIMS item numbers are assigned and used to ensure that evidence is uniquely identified, such that a description of, the condition of, and identification of evidence tested can be accurately, clearly, and objectively reported to the customer.

1. All containers encountered during processing are documented in the case record. The descriptions of containers and evidence exhibits clearly represent the evidence and its condition as appropriate.

2. If an intermediate container is itemized, the LIMS item number is inherited from its parent container.

3. Each evidence exhibit is itemized and the LIMS item number is inherited from its parent container. This may include further itemization of an evidence exhibit.

B. Each sub-evidence exhibit is itemized and the LIMS item number is inherited from the evidence exhibit from which it came. The containers and/or evidence exhibit(s) are described in the evidence description field in LIMS.

1. If an evidence description needs to be clarified and it has not been reported, the evidence description field may be changed as needed using appropriate terminology.

2. If multiple examiners are reporting on the same evidence at the same time, they confer with each other to ensure that the evidence description is accurately reported.

3. If an evidence description has been previously reported and needs to be clarified, information cannot be removed, but can be supplemented or corrected using appropriate terminology.

   a) Examiners ensure that a revised description does not affect results previously reported and notify the original examiner and Supervisor or Quality Manager if an amended report is necessary.

4. If an evidence description has been previously reported and is discovered to be incorrect, the description may be modified and/or deleted to make it accurate.

   a) Previous descriptions are noted in the evidence notes field indicating the correction.

   b) Examiners notify any previous reporting examiners and Supervisor or Quality Manager in order to issue an amended report.

C. A caret (^) is used at the beginning of an evidence description to keep it related to the request, but suppressed from the report. If a caret has been previously used and the report has been issued, the caret may be removed.

D. If evidence is inadvertently added or itemized, the evidence description is changed to indicate that the item does not exist. The item will either be:

1. Barcoded to the storage location “This item does not exist”; or

2. Placed inside of a container.

E. If the evidence description field does not describe a container, the container cannot be transferred independently.
F. When the LIMS item number is used, either the entire LIMS item number or a truncation of the LIMS item number is acceptable for use in the case record or on the evidence.

G. If a truncation of the LIMS item number is used, the following rules apply:
   1. For legacy LIMS cases, the first leading zero in the LIMS item number(s) is not to be omitted as the legacy LIMS item number(s) have already been truncated (e.g., Legacy EX: 1-01-AA and LIMS Ex: 01-01-AA);
   2. For LIMS cases, the first leading zeros and subsequent leading zeros may be omitted;
   3. A leading alpha character may be omitted unless there are more than 26 items at the same level; and
   4. The first number separator is present. Number separators are used after the fifth level.
      a) Ex: 01-01-AA-01 may be truncated to 1-1A1 or 1.1A1;
      b) Ex: 01-01-AA-01-AA-AA-AA may be truncated to 1-1A1A-A-A; and
      c) Legacy Ex: 1-01-AA may be truncated to 1-1A.

44.2 Evidence Exhibit Examination

A. Evidence Exhibit:
   1. Each evidence exhibit examined is marked, labeled, or tagged with a unique case number, evidence exhibit identifier, and analyst handwritten initials, except as applies to excess quantity seized drugs.
      a) All markings or identifiers are made in such a manner that the evidentiary value of the item is not compromised;
      b) The identifying markings may be placed on the proximal container under the following circumstances:
         i. If the evidence is too small for an identifying mark;
         ii. Marking the item may significantly destroy, damage, deface, or interfere with forensically significant areas of the evidence;
         iii. The nature or texture of the item prevents it from being marked;
         iv. When markings on the exhibit may significantly compromise the monetary or intrinsic value of the article, such as with rare artifacts or jewelry;
         v. When the exhibit may be returned to the owner, such as with jewelry or firearms; or
         vi. When numerous small bags/packages from one evidence exhibit are present, they may be placed in a single container that is labeled and sealed.
      c) Single evidence cases only require marking with initials and the case number representing the evidence exhibit identifier; no additional item correlation is necessary in LIMS.
   2. Each evidence exhibit examined is documented in the case record.
   3. If an evidence exhibit identifier differs from the LIMS item number, it is clearly documented and correlated to the LIMS item number.
B. Sub-evidence Exhibit

1. When evidentiary material is collected from an evidence exhibit (e.g., cutting, tape lift, scraping, ESDA lift), the new sub-evidence exhibit is traceable to the original evidence exhibit(s) from which it was collected.

2. Each sub-evidence exhibit is:
   a) Packaged and handled in such a manner to minimize or prevent loss, deterioration, and contamination;
   b) Marked, labeled, or tagged with the unique case number, sub-evidence exhibit identifier, and analyst handwritten initials;
      i. The identifying markings may be placed on the proximal container of the sub-evidence under the circumstances listed in 45.2.A.1.b).
   c) Clearly documented and correlated to the evidence exhibit LIMS item number in the case record; and
   d) Either returned to the submitted evidence container or placed into a laboratory container. Multiple sub-evidence exhibits may be identified and packaged together in a laboratory container.

C. When the entire evidence exhibit and/or sub-evidence exhibit is consumed during analysis, any remaining analytical sample is considered evidence.

D. Evidentiary images (digital files) are securely uploaded and tracked as an asset in DIMS.

   1. Alternatively, the evidentiary images (digital files) may be written to CD or DVD and tracked in LIMS.
   2. If evidentiary image(s) have been printed to hardcopy, they are considered case documentation.

E. Under no circumstances is evidence permanently stored in a case folder. This includes latent lifts, ESDA lifts, electronic files, and evidentiary photographs.
45 Return of Evidence

45.1 General Requirements

A. The Laboratory returns evidence to external customers as a routine practice upon request or at the convenience of the laboratory.

B. Returns are also provided to internal DPS customers who need evidence for court purposes.

C. Returns may be done in person, via commercial carrier, or through the postal service as long as the package is tracked with a unique tracking identifier.

D. Typically, the Laboratory will retain internal DPS customer evidence until authority to destroy, transfer, return, or forward the evidence is received.

E. When the Laboratory has been authorized to destroy evidence, the destruction of the evidence and corresponding outermost evidence container including representative cards/tags/envelopes follows policy in Chapter 46 and the transaction is documented.

F. Chain of custody is maintained in the same manner as other evidence transactions in the LIMS application.

G. If circumstances do not allow for immediate entry of an evidence return into LIMS, then the transfer is documented when it occurs.

45.2 Return of Evidence – Process

A. The evidence is pulled, the outer containers are inventoried, and the seal integrity is verified.

B. When items of monetary value are returned, they are additionally inventoried.
   1. An inventory is documented as defined in the submission process (refer to Chapter 42).
   2. Additionally, currency is again tallied and totaled using the Currency Receipt (LAB-212) independently by two Laboratory employees.
   3. Both witness signatures are required to complete the documentation and authorize the return.
   4. Documentation is retained in the case record.
   5. Any discrepancies between the submitter's information and the Laboratory inventory are brought to the immediate attention of the Laboratory Manager.

C. When the return occurs, the evidence transfer barcode transaction is made appropriately.
   1. If the return occurs in person:
      a) The customer confirms the listed items are transferred on the Evidence Return Receipt and;
      b) The customer’s signature is captured.
   2. If the return occurs via shipment:
      a) A second person confirms the listed items on the Evidence Return Receipt are transferred and the review is documented.
   3. If there are discrepancies between the LIMS record (as reflected on the Evidence Return Receipt) and the physical transaction, they are resolved immediately.
      a) Possible solutions for resolution include customer verification, LIMS Support evaluation and/or supervisor notification.
45.3 Return of Evidence – Documentation

The completed Evidence Return Receipt with documentation of concurrence or correction is retained in the case record.
46 Destruction of Evidence

46.1 Evidence Destruction – Overview and Timeline

A. The authorized timely destruction of evidentiary materials submitted by internal DPS customers and stored in the custody of the Laboratory is essential:

1. Due to space limitations; and
2. In order to reduce health and security risks.

B. The Texas Administrative Code requires a laboratory to establish and maintain effective controls specifically against diversion of seized drugs. As such, the following control measures have been established by the Laboratory to address this requirement. The following measures apply to all evidence:

1. The Laboratory returns all evidence to the customer as soon after analysis is completed in order to minimize storage time.
2. Destruction of evidence is performed only for evidence submitted by internal DPS customers.
3. All evidence identified and scheduled for destruction is securely stored in a vault which requires two person access until it is destroyed.
4. Items scheduled for destruction may be moved in their original sealed containers to a secure location or vault that has been specifically designated for destruction cases.
   a) These items may remain in designated bins until reviewed and inventoried, if necessary, at the time of destruction.
5. Small items may be sealed into a “burn bag” or equivalent container for eventual destruction following an inventory and verification by two individuals.
   a) For evidence removed from a container that is marked with the case and exhibit numbers, destruction occurs within 30 days.
   b) Alternatively, small items labeled with case numbers and properly sealed can be combined into a “burn bag” or equivalent container that can be inventoried prior to destruction with no 30 day restriction for destruction.
6. Items still identifiable by their case and exhibit numbers in their original container are destroyed within one year of:
   a) Either the valid destruction date authorized by the court or the date of the judge’s signature, whichever date occurs last, for Toxicological evidence;
   b) Receipt date of the destruction authorization, for non-Toxicological evidence; or
   c) Issuance date of the Seized Drugs Laboratory Report, for excess quantities of seized drugs.

C. Destruction is performed in a safe and responsible manner in compliance with all local, state, and federal regulations.

D. Seized drugs evidence is destroyed by incineration or other acceptable method as long as the destruction is performed safely, in compliance with all applicable laws, and with all requirements of the TCEQ and the EPA.

1. If a private contractor is used for the destruction and seized drugs are transferred to the vendor, they hold a current and valid Controlled Substances Registration from
the DEA and are fully permitted by EPA to be a hazardous waste transportation, storage, or disposal facility.

E. Human biological evidence is autoclaved or otherwise decontaminated prior to disposal, after proper authorization for destruction has been received.

F. If the evidence to be destroyed has been determined to be of value for training or any other purpose, a court order for its use is obtained.
   1. No court order is required for use of Toxicology specimens as long as a judge has authorized the destruction on the appropriate form.
   2. Case identifiers must be removed from evidentiary materials used for research or training.

46.2 Evidence Destruction Authorization – Seized Drugs

A. Destruction of seized drugs evidence is performed in accordance with the Texas Health and Safety Code Chapter 481 – Texas Controlled Substances Act and the Texas Administrative Code Title 37 Part 1 Chapter 13 Subchapter G – Controlled Substances Forfeiture and Destruction.

B. The Laboratory Manager or designee ensures that the customer has granted proper written authorization prior to destruction.
   1. Proper authorization includes the customer’s name, title/position, agency, and reason given by the individual authorizing destruction.
   2. Non-evidentiary seized drugs and drug-related items voluntarily surrendered to the Laboratory expressly for the purpose of destruction or for which no lawful owner can be determined may be destroyed with the customer’s written authorization.
      a) The use of the Seized Drugs Destruction Only Laboratory Submission Form (LAB-202) meets this requirement as it serves as the contract for destruction.
   3. If the evidence meets the excess quantity definitions as published in the Texas Administrative Code, the excess evidence may be destroyed.

C. According to Office of General Counsel guidance, it is permissible for the Laboratory to destroy the applicable seized drugs evidence when the subject name has been expunged from the case record without the need for destruction authorization.

D. If destruction is authorized by court order, the Laboratory complies with the order utilizing applicable provisions. If destruction of seized drugs evidence involves evidence that additionally was analyzed for friction ridge impressions, destruction may proceed with authorization as defined above.
   1. Any relevant friction ridge evidence was preserved as part of the analysis. No preserved friction ridge evidence is destroyed.

E. If authorized destruction includes currency, the currency is removed from the container, inventoried using the Currency Receipt Form (LAB-212) and verified by two separate individuals. The currency is then submitted to the Laboratory Director’s Executive Assistant for deposit into the General Revenue Fund account.
   1. When there is reasonable suspicion that currency is contaminated with a controlled substance, the currency is cleaned and dried before submitting it to the Laboratory Director’s Executive Assistant.
2. If the currency has been significantly degraded or poses a significant safety hazard, guidance is sought from the chain of command on how to proceed.

F. If authorized destruction includes other items of intrinsic value other than currency, guidance is sought from the chain of command on how to proceed.

46.3 Evidence Destruction Authorization – Toxicological Evidence

A. Destruction of toxicological evidence is performed in accordance with the Code of Criminal Procedure Article 38.50 – Retention and Preservation of Toxicological Evidence of Certain Intoxication Offenses.

B. The law defines the retention period for Toxicology (Alcohol/Volatiles and/or Drugs) evidence collected under Penal Code Chapter 49 as:

1. For the greater of two years or the period of the statute of limitations for the offense, if the indictment or information charging the defendant, or the petition in a juvenile proceeding, has not been presented;

2. For the duration of a defendant's sentence or term of community supervision, as applicable, if the defendant is convicted or placed on community supervision, or for the duration of the commitment or supervision period applicable to the disposition of a juvenile adjudicated as having engaged in delinquent conduct or conduct indicating a need for supervision; or

3. Until the defendant is acquitted or the indictment or information is dismissed with prejudice, or, in a juvenile proceeding, until a hearing is held and the court does not find the child engaged in delinquent conduct or conduct indicating a need for supervision.

C. Toxicology (Alcohol/Volatiles and/or Drugs) evidence collected under Penal Code Chapter 49 requires court authorization for destruction.

D. According to Office of General Counsel guidance, it is permissible for the Laboratory to destroy the applicable toxicological evidence when the subject name has been expunged from the case record without the need for destruction authorization.

46.4 Evidence Destruction Authorization – Biological Evidence

A. Destruction of biological evidence is performed in accordance with the Code of Criminal Procedure Article 38.43 – Evidence Containing Biological Material.

B. The law defines the retention period for biological evidence collected as part of an alleged felony offense:

1. For not less than 40 years, or until any applicable statute of limitations has expired, if there is an unapprehended actor associated with the offense; or

2. In a case in which a defendant has been convicted, placed on deferred adjudication community supervision, or adjudicated as having engaged in delinquent conduct and there are no additional unapprehended actors associated with the offense:

   a) Until the inmate is executed, dies, or is released on parole, if the defendant is convicted of a capital felony;

   b) Until the defendant dies, completes the defendant's sentence, or is released on parole or mandatory supervision, if the defendant is sentenced to a term of confinement or imprisonment in the Texas Department of Criminal Justice;
c) Until the defendant completes the defendant's term of community supervision, including deferred adjudication community supervision, if the defendant is placed on community supervision;

d) Until the defendant dies, completes the defendant's sentence, or is released on parole, mandatory supervision, or juvenile probation, if the defendant is committed to the Texas Juvenile Justice Department; or

e) Until the defendant completes the defendant's term of juvenile probation, including a term of community supervision upon transfer of supervision to a criminal court, if the defendant is placed on juvenile probation.

C. For items in the custody of the Laboratory as evidence:

1. If information has been received that indicates that the evidence has no continuing evidentiary value to any pending or contemplated criminal cases, the evidence may be destroyed. The Laboratory Manager or designee ensures that the prosecutor's office, court, or submitting officer or agency has granted proper written authorization, including person's name and agency.

2. If destruction is authorized by court order, the Laboratory complies with the order utilizing applicable provisions.

46.5 Evidence Destruction Authorization - Non-reported Sexual Assault Evidence

A. Destruction of non-reported sexual assault evidence is performed in accordance with the Code of Criminal Procedure Article 56.065 – Medical Examination for Sexual Assault Victim Who Has Not Reported Assault.

B. The law defines the retention period for non-reported sexual assault evidence:

1. Until the fifth anniversary of the date on which the evidence was collected; or

2. The date on which written consent to release the evidence is obtained.

C. Destruction may only occur after the fifth year anniversary of the date of collection if written notification of the intent to destroy the evidence is provided to the survivor.

1. A response period of three (3) months is granted before the evidence is destroyed.

46.6 Destruction – Process Instructions

A. The witnesses for a destruction event are designated by the Laboratory Manager. The Laboratory Manager may serve as one of the witnesses.

B. A minimum of two witnesses is required for destruction of all evidence. The use of the same two witnesses for seized drugs on consecutive destruction incidents is discouraged.

C. At least two witnesses each perform the destruction steps as follows:

1. Review each authorization form to ensure appropriate authorizations have been received as defined above;

   a) This is documented in LIMS or on the record in the case of Toxicology (Alcohol/Volatiles and/or Drugs) evidence.

2. Review the associated evidence containers to identify potential tampering, loss, or alteration;

   a) Items remaining in their intact sealed containers following Laboratory analysis satisfy this requirement.
b) Seized drug destruction only items not following a Laboratory analysis which have not received an inventory, items not remaining in their intact sealed container, or items in a previously sealed container that have become exposed are given a thorough inventory for nature, weight, count, and type of items.

3. Review the associated evidence to ensure it aligns with the authorization;

4. Verify case number and each item against a destruction inventory report;

5. Refuse to destroy any item that appears suspicious with respect to packaging or variance in purported count or weight and report it to the Laboratory Manager;
   a) Questioned integrity of evidence packaging is reported and investigated to identify possible discrepancies, loss, or suspicious incidents.
   b) Such evidence may not be destroyed until the investigation is completed and any issues are resolved.
   c) Any incident suggesting possible tampering or breach of security is immediately reported to both the Laboratory Manager and Assistant Laboratory Director. A QI/QAP Process is initiated to document the investigation, including reanalysis of the evidence if necessary.

6. Physically witness the destruction; and
   a) At times, the witnesses who review the authorizations for destruction and inventory the containers may be different than those who perform the physical destruction. This is allowable as long as:
      i. The chain of custody remains accurate;
      ii. The individuals transporting the evidence verify the container inventory and status of seals before taking custody; and
      iii. Documentation of each individual’s role is clear in the case record.

7. Complete and review the documentation associated with the destruction event.

46.7 Destruction of Evidence – Documentation

A. The destruction event is documented in LIMS by defined sequences of evidence transfers and other applicable records.

B. Valid authorizations for the destruction are included in the relevant case records.

C. LIMS inventory is updated as instructed by the LIMS Manual:
   1. The sequences of evidence transfer are two-fold;
      a) The first evidence transfer documents one of the witnesses;
      b) The second evidence transfer documents the other witness and the circumstances of the destruction event; and
   2. Both transactions require a secure PIN which is an electronic signature.

D. The destruction documentation includes:
   1. Date and location of destruction;
   2. Manner of destruction;
   3. Inventory of items destroyed;
4. Name, title, agency, and signature of each witness at the destruction event;

5. Name of individuals reviewing the authorizations for destruction (if not captured on the individual case record);

6. Description of any unusual or suspicious events that occurred during the destruction;

7. If evidence is transported to a non-DPS destruction site, the manner of transportation to the destruction site and names of the individuals transporting the items; and

8. If evidence is destroyed by a licensed contractor, a receipt showing description and approximate weight destroyed. The documentation is retained as a procurement record associated with the contract for destruction.

46.8 Destruction of Hazardous Chemical Substances

A. Hazardous substances are retained infrequently in the Laboratory as a result of a seizure of a clandestine laboratory or as part of the Laboratory chemical supply.

B. These hazardous materials require special care and are destroyed by appropriate methods.

C. Laboratory chemicals and waste are destroyed expeditiously.
   1. Frequency is usually based on when a minimum weight or volume threshold is met as defined by the vendor.

D. The Laboratory does not accept or store hazardous substances other than seized drugs and small quantities of precursor or reaction mixture materials seized as samples from clandestine laboratories.

E. The Laboratory Safety Advisor is responsible for ensuring the amount of chemicals and chemical waste stored in the Laboratory areas is safe based on the unique characteristics of the storage space, overall space, or nature of the waste.

F. LIMS is updated accordingly when case-related items are destroyed using this method.

G. An inventory record is retained of all hazardous substances associated with a destruction event. The documentation is retained as a procurement record associated with the contract for hazardous destruction services.
47 Laboratory Equipment

47.1 General Requirements

A. All equipment is in proper working order for the function in which they are being used.

B. Equipment which can influence results of Laboratory activities is referred to as significant equipment.

C. Laboratory discipline procedure manuals identify significant equipment required for the correct performance of Laboratory activities.

D. Non-significant equipment may be used and maintained without documentation of unique identity, use instructions, maintenance, validation, performance checks and/or verification, or calibration.

47.2 Significant Equipment

A. Significant equipment is uniquely identified by the individual regional laboratory, where practicable.

B. Up-to-date and suitable operating or work instructions with acceptable performance criteria are available for significant equipment to address the safe handling, transport, storage, use, and planned maintenance as it applies to the specific discipline and/or regional laboratory procedure(s).

C. Each discipline and/or regional laboratory develops a maintenance schedule for significant equipment where appropriate, which may include cleaning and/or preventive maintenance. The schedule defines an interval for activity.

1. Maintenance is documented on an Equipment Log (LAB-405) identifying the individual/company who performed the maintenance, date performed, and the nature of the maintenance.

2. Routine cleaning and maintenance does not require performance verification unless it may have altered the ability of significant equipment to perform as expected.

3. In the event that major repairs or maintenance is performed, the Laboratory documents that the significant equipment meets or exceeds its expected performance specification prior to being reauthorized for use (refer to Chapter 50).

D. An inventory of significant equipment including attached computers is maintained by the Laboratory on SharePoint. The SharePoint list is used to document when significant equipment is in-service for the first time and out of service permanently (at end of life). Intermediate service updates are documented on the Equipment Log (LAB-405).

1. An inventory of Laboratory equipment qualified as a Capital Asset is maintained by the Department in accordance with Department requirements as prescribed in the General Manual.

E. Prior to the initial use of significant equipment and software a validation or performance verification is completed and documented (refer to Chapter 50).

F. The Quality Manager ensures that individuals are authorized by the Laboratory Director to use significant equipment through the work authorization process.

G. In the event that the Laboratory needs to use significant equipment outside its permanent control for casework, the Quality Manager reviews and approves the significant equipment as being in compliance with Laboratory requirements prior to use.
H. In the event that Laboratory significant equipment goes outside the control of the Laboratory for repair, calibration, maintenance, or modification, a performance verification is performed before it is reauthorized for use (refer to Chapter 50).

1. Discipline procedure manuals may provide supplemental requirements when performance verifications are required following repair, calibration, or maintenance.

I. When intermediate checks are necessary to maintain confidence in the performance of significant equipment, those checks are carried out according to a defined procedure in discipline and/or regional laboratory manuals.

1. A record is maintained using the Equipment Log (LAB-405) of performance check results including: performance evaluation (pass/fail), date performed, and individual conducting the test.
   a) The Equipment Log (LAB-405) is not required for performance checks of reagents.

2. The performance of significant equipment is checked, verified, and/or calibrated at regular intervals as defined by this document (i.e., Crime Laboratory Service Manual) and respective discipline procedure and/or regional laboratory manuals.

J. Significant equipment that has been subjected to overloading or mishandling, gives questionable results, or has been shown to be defective or outside of specified requirements, is taken out of service.

1. This requirement does not apply to significant equipment if:
   a) Temporarily unavailable for routine or preventive maintenance;
   b) Equipment passes performance and quality control checks after troubleshooting or correction has been performed; or
   c) Permanently removed from service.

2. An out of service event occurs when significant equipment:
   a) Fails a performance or quality control check after troubleshooting or correction has been performed;
   b) Is observed to be out of calibration;
   c) Is non-functional; or
   d) Gives questionable results.

3. The immediate supervisor is notified if acceptable performance cannot be obtained after any applicable troubleshooting and appropriate corrections. If a passing performance check is not obtained, the significant equipment item is taken out of service, labeled accordingly, and an Equipment Out of Service Incident Form (LAB-410) is completed.

4. Significant equipment taken out of service is isolated to prevent its use or clearly labelled or marked as being out of service.

5. An Equipment Out of Service Incident Form (LAB-410) is completed and provided to the Quality Assurance Specialist or Quality Manager to initiate the QI process.
   a) As part of the QI process, a determination is made and documented whether an unacceptable service condition may have affected testing or calibration work.
6. Significant equipment remains out of service until an acceptable performance verification is obtained (refer to Chapter 50).
   
a) After notification of the approval of the performance verification, the Section Supervisor, Technical Leader, and/or Technical Point of Contact reauthorizes its use on the Equipment Log (LAB-405).

47.3 Laboratory Software
A. Current Laboratory System software is authorized by an Assistant Laboratory Director.
B. Current regional laboratory software is authorized by the Quality Manager.
C. A list of current Laboratory software and their authorizations is maintained in SharePoint on the Software List.
   1. Laboratory developed software (Excel workbooks) is authorized through the document control process and is not required to be maintained in SharePoint on the Software List.
D. Performance of versions or builds is verified in accordance with the Validations and Performance Verifications chapter (refer to Chapter 50).
E. The SharePoint software list includes software installed on computers used to control analytical equipment and stand-alone analytical software.
F. The list does not include software that is not subject to performance verification by the Laboratory including, but not limited to:
   1. Dynamic reference databases such as GC/MS libraries;
   2. Operating system software; and
   3. Database, word processing, spreadsheet, or browser software.
G. Changes to Laboratory LIMS (excluding Breath Alcohol)
   1. Any personnel may recommend changes to the software configuration and report formats.
      a) Recommendations are submitted in writing to the respective discipline advisory board if the changes are associated with casework.
      b) Recommendations include the details of what should be changed, the need or reason for the proposed change, and how it will better serve the mission of the Laboratory.
      c) The proposed recommendations are evaluated on their merits and feasibility.
   2. Approved recommendations are implemented and distributed quarterly, if possible, or with the next scheduled build.
      a) A LIMS Specialist may implement changes to improve efficiency after identifying stakeholder impact.
      b) A performance verification is performed for updated versions or builds of the application and Laboratory-developed changes which are significant to case processing and functionality of the software (refer to Chapter 50).
H. Changes to Laboratory LIMS (Breath Alcohol)
   1. Any personnel may recommend changes to the software configuration and report formats.
   2. Any recommended changes are submitted in writing to the Office of the Scientific Director.
   3. Authorized users are able to create their own reports to meet their needs.

47.4 Laboratory-Prepared Reagents
A. Prepared reagents are labeled with, at a minimum, the identity of the reagent and the date of preparation or lot number.
B. Records are maintained in a reagent log identifying who made the reagent and the components used in preparation.
   1. The use of the Equipment Log (LAB-405) is not required for reagent preparation.
   2. If prepared for one time use, the preparation details may instead be recorded in the relevant test or calibration record.
C. Reliability Testing
   1. If required by discipline or regional laboratory procedure, reliability testing of a reagent is conducted and records are maintained of such testing. The records may be maintained in the reagent log, or Laboratory case record, CODIS record, or calibration record.
   2. If reliability testing is done more frequently than required by the applicable procedure, the results of the testing are documented in the same manner as when required by the procedure.
   3. Any reagent which does not pass quality control testing is immediately discarded or labeled appropriately as not suitable for use.
      a) The reagent is prepared again and reliability tested.
      b) If after troubleshooting and correction, it continues to fail reliability testing, the QI/QAP process is initiated (refer to Chapter 63).
D. Discipline procedure manuals define expiration dates for Laboratory-prepared reagents and such reagents are not used beyond their expiration dates.
   Note: An exception to this requirement may be allowable if a performance verification has been completed supporting the use of reagents beyond their expiration date (refer to Chapter 50).

47.5 Commercially-Prepared Reagents
A. Commercially-prepared reagent containers are labeled with the identity of the reagent, lot number, expiration date, and date of receipt and/or date initially opened.
   1. Expiration dates not defined by the manufacturer are defined by discipline procedure manuals.
   2. If the commercially-prepared reagent is transferred to a secondary container(s), the identity of the reagent, lot number, and expiration date are provided on the secondary container or proximal packaging for secondary containers which are too small to label.
B. Commercially-prepared reagents are not used beyond their expiration dates.
   1. An exception to this requirement may be allowable if a performance verification has been completed supporting the use of reagents beyond their expiration date (refer to Chapter 50) or based on documentation from the manufacturer.
   2. Manufacturer documentation or information that a performance verification was completed is retained in the relevant prepared reagent logbook(s).
   3. The reagent container (manufacturer or secondary container) is updated with the new approved expiration date.

C. Reliability Testing
   1. If required by discipline or regional laboratory procedure, reliability testing of a commercially prepared reagent is conducted and records are maintained of such testing. The records may be maintained in the reagent log, Laboratory case record, CODIS record, or calibration record.
   2. If reliability testing is done more frequently than required by the applicable procedure, the results of the testing are documented in the same manner as when required by the procedure.
   3. Any reagent which does not pass quality control testing is immediately discarded or labeled appropriately as not suitable for use. If after troubleshooting and correction it continues to fail reliability testing, the QI/QAP process is initiated (refer to Chapter 63).

47.6 Calibration Program
A. The following is documented for the routine calibration of an equipment item, as prescribed by the calibration interval:
   1. Performance check after calibration;
   2. Date performed; and
   3. Individual conducting the test.

B. A calibration certificate from the service technician is appropriate documentation of the performance check only when the calibration activity occurs on-site in the control of the Laboratory.

C. Whenever practical, equipment that requires calibration is labeled or otherwise identified to indicate the status of calibration, including the date when last calibrated and the date or expiration criteria when recalibration is due.

D. The calibration program is reviewed annually by respective Advisory Boards during their scheduled document review in order to maintain confidence in the status of the calibration of equipment.
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<td>BAL</td>
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<tr>
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<td>FTM</td>
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<td>Determined by calibration service provider – may vary by model</td>
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<td>FTM</td>
<td>Gauge blocks</td>
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2 Not expired; prior to any due date listed
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</tr>
<tr>
<td>SD</td>
<td>Mechanical Pipettes</td>
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<td>Annual</td>
</tr>
<tr>
<td>SD</td>
<td>Volumetric Flasks used for quantitation</td>
<td>Determined by calibration service provider – may vary by model</td>
<td>Borosilicate – ten years; Soda-lime – five years⁴</td>
</tr>
<tr>
<td>SD</td>
<td>Weight Reference Standards</td>
<td>Determined by calibration service provider</td>
<td>Three years³</td>
</tr>
<tr>
<td>TE</td>
<td>Balances</td>
<td>Determined by calibration service provider – may vary by model</td>
<td>Annual</td>
</tr>
<tr>
<td>TE</td>
<td>Thermometers used for critical measurements (Fire Debris)</td>
<td>Determined by calibration service provider</td>
<td>Current⁵ certificate</td>
</tr>
<tr>
<td>TE</td>
<td>Weight Reference Standards</td>
<td>Determined by calibration service provider</td>
<td>Three years³</td>
</tr>
<tr>
<td>TOX</td>
<td>Balances</td>
<td>Determined by calibration service provider – may vary by model</td>
<td>Annual</td>
</tr>
<tr>
<td>TOX</td>
<td>Mechanical Pipettes</td>
<td>Determined by calibration service provider</td>
<td>Annual</td>
</tr>
<tr>
<td>TOX</td>
<td>pH meter</td>
<td>±0.10 at completion of standardization</td>
<td>Day of use</td>
</tr>
<tr>
<td>TOX</td>
<td>Thermometers used for critical measurements</td>
<td>Determined by calibration service provider</td>
<td>Current⁶ certificate</td>
</tr>
<tr>
<td>TOX</td>
<td>Weight Reference Standards</td>
<td>Determined by calibration service provider</td>
<td>Three years</td>
</tr>
</tbody>
</table>

³ Internal or external as long as NIST traceable  
⁴ Recommendations of ASTM 542 and ISO 4787  
⁵ Not expired; prior to any due date listed
48 Externally Provided Products and Services

48.1 General

A. Agency contracts and procurements are governed by General Manual Chapter 28 which is written in compliance with procurement rules defined in statute.

B. The Laboratory does not provide products and services in part or in full directly to the customer as received from an external vendor.

C. Products include:
   1. Measurement standards and equipment;
   2. Auxiliary equipment;
   3. Consumable materials; and
   4. Reference materials.

D. Services include:
   1. Calibration;
   2. Sampling;
   3. Testing;
   4. Facility and equipment maintenance;
   5. Proficiency testing; and
   6. Assessment and auditing services.

E. The Laboratory defines and communicates its requirements to external providers on the purchase order/contract for:
   1. The products and services to be provided;
   2. The acceptance criteria such as accuracy or validity of product or service and uncertainty or calibration result as applicable;
   3. Competence, including any required qualification of personnel; and
   4. Activities that the Laboratory, or its customer, intends to perform at the external provider’s premises.
      a) The Laboratory or its customers do not perform activities at an external provider’s premises.

F. Products and services, acceptance criteria and competence are defined in the technical specifications as appropriate.

G. For blanket contracts:
   1. The subject matter experts provide requirements (technical specifications) to the Assistant Laboratory Director, Grants and Finance.
   2. Specifications are reviewed, compiled and provided to the Finance Division who coordinates a Request for Offers (RFO) from vendors.
   3. The Assistant Laboratory Director reviews the technical specifications of the products offered by vendors and compares them to those provided by the subject matter experts. If the specifications are consistent, the blanket contract is approved.
4. Records associated with blanket purchase contracts and orders are maintained by the electronic DPS procurement system which is maintained and controlled by the Finance Division.

5. Examples of blanket contracts include those for planned maintenance services, consumables products, critical reagents and products, proficiency testing products, and inventory release requisitions.

H. For spot purchases and open market procurement requisitions:
   1. The subject matter expert provides requirements (technical specifications) to the purchaser who may be a procurement card holder or the individual who completes the purchase order request.

48.2 Selection and Purchasing

A. Externally provided products and services used to establish and/or maintain measurement traceability are defined as critical.
   1. Discipline procedure manuals have additional products or reagents that are defined as critical.

B. An approved supplier is required for purchase of critical/significant products and services.

C. The subject matter expert who provides the technical specifications and/or request for purchase is responsible for using an approved supplier.
   1. Approved Suppliers
      a) A current list of approved suppliers for products or services which affect the quality of tests and/or calibration is maintained by a member of System Quality Assurance on SharePoint.
      b) Initial evaluation and approval of a supplier is based on its accreditation to ISO/IEC 17025, 17043, 17034, 18385, or approval by ANAB if not accredited by aforementioned standards, and the scope of its accreditation.
      c) Requests to add, modify, or remove suppliers from the list are submitted to the System Quality Manager on the Supplier Approval Form (LAB-409, or electronic equivalent).
      d) The external provider’s accreditation status is re-evaluated annually by a member of Quality Assurance and updated as necessary.
      e) For non-accredited suppliers, a waiver may be requested on the Supplier Approval Form (LAB-409, or electronic equivalent) and submitted to the System Quality Manager with appropriate justification to support the waiver.
      f) Waiver requests are evaluated on the following criteria to meet the requirements of the products or services:
         i. Limited availability of accredited suppliers;
         ii. Prior performance; and
         iii. Measurement capabilities and traceability.
      g) Waiver requests are approved by the Laboratory Director and re-evaluated annually by the original requestor and renewed as needed.
      h) Concerns regarding a current approved supplier are submitted to the System Quality Manager for review.
i) Quality Managers are notified when a supplier is removed from the list.

j) Suppliers approved for subcontracting are laboratories accredited by the Texas Forensic Science Commission.
   
i. A list of competent subcontractors is available from the Texas Forensic Science Commission.

k) Accredited laboratories used for outsourcing or subcontracting are not required to be listed on the Approved Supplier List.

D. Purchasing for any product or service conducted through the Department’s electronic purchasing software is approved at various levels as defined in the software based on the type of product or service requested in accordance with Department procedures and regulations.

E. Purchasing for any product or service conducted using a procurement card or spot purchase has no approval mechanism; these procurement methods are used for emergency purposes only.

F. The supplier and requirements are listed within:
   1. The relevant contract;
   2. Purchase order;
   3. Records supporting the contract or purchase order (such as a statement of work or bid specifications);
   4. Invoice;
   5. Receipt.

G. Purchasing records are maintained in accordance with Department procedures.

48.3 Receipt

A. Upon delivery, the receipt date and name initials of the receiving party are documented on the packing slip and/or in the purchasing software.

B. The receipt date and name/initials of the receiving party are documented physically on the item or the parent container for bulk items.

C. Records of receipt are maintained in accordance with Department procedures.

D. The Finance Division is responsible for all records contained within the purchasing software.

48.4 Handling, Transportation, and Storage of Products

A. Manufacturer’s recommendations or guidelines are followed, as applicable, in order to prevent contamination and/or deterioration unless other approved criteria are specified by discipline and/or regional laboratory procedures.

B. Deviations to manufacturer recommendations for critical products follow the Deviation process (refer to Chapter 58).

48.5 Verification

A. The Laboratory ensures purchased products meet the requirements of the Laboratory and are not used until inspected or otherwise verified by appropriate testing and/or review.

   1. Supplies or services received from suppliers accredited to ISO 17025, ISO 17043, and ISO 18385 are acceptable with a review of the supplies or services provided.
2. Appropriate verification for critical products or service includes quality control checks prior to use. The criteria for evaluation, required documentation of verification, and frequency of ongoing monitoring are defined in the discipline procedure manuals.

3. Appropriate reviews at times include completion of the Vendor Performance Report (PPP-6) and/or contract monitoring process(es) when purchasing thresholds are met as defined in Department policy.

4. If the products or services do not meet Laboratory specifications, the requestor or purchaser contacts the supplier to resolve the issue. A Vendor Performance Report (PPP-6) is completed to ensure appropriate actions are taken and records of the performance are maintained and considered in future contracts.
Standards, Reference Materials/Collections, Databases, and Controls (49.1)

49 Standards, Reference Materials/Collections, Databases, and Controls

49.1 General

A. Standards, reference materials/collections, individual characteristic databases, and controls used in the laboratory are of sufficient quality for their intended use to ensure quality results.

B. Standards and reference materials are handled, transported, and stored in accordance with their discipline specific requirements in order to prevent contamination and/or deterioration.

49.2 Certified Reference Materials and Measurement Standards

A. Certified reference materials are NIST-traceable and intended for use in a measurement process.

B. The Laboratory maintains certificates of analysis of certified reference materials, applicable to their discipline(s).

C. Certified reference materials may be used to performance check and/or verify equipment as required by this document (i.e., Crime Laboratory Service Manual) and the discipline and/or regional laboratory procedures.

D. Working Measurement Standards are standards that are used to check or verify the performance of equipment. Examples include, but are not limited to, thermometers and weights.

E. Any weights used in the routine performance check and/or verification of balances that do not have a current certificate of analysis or calibration certificate are checked annually using appropriate certified weight standards and/or calibrated balance.

F. Performance for any thermometer used for critical measurements is checked annually using a NIST-traceable thermometer, and the checks are documented.

G. Any adjustments to working measurement standards are documented.

49.3 Use of Measurement Standards in Routine Laboratory Activities

A. The use of NIST-traceable (certified) reference standards in routine work is not recommended unless it has been demonstrated that their performance as standards would not be invalidated.

B. The use of NIST-traceable reference standard rulers and thermometers in routine work does not invalidate their use as reference standards, and this practice is permitted when necessary.

49.4 Reagent Standards

A. Appropriate controls and standards are specified in the discipline procedure manuals and their use is recorded in the technical records.

B. All purchased standards are verified using literature references or other applicable methods and the verification is documented and retained.

C. Internally-developed standards are verified using published references or certified reference material data. Documentation of traceability is maintained by the Laboratory.

D. Reagent standards are generally intended for use in quantitative practices including, but not limited to:

   1. Ethanol standard(s) used for calibration in Toxicology (Alcohol/Volatiles) analysis;
2. Drug standard(s) prepared for calibration in quantitation of controlled substances in Toxicology (Drugs) analysis; and

3. Drug standard(s) prepared for calibration in quantitation of seized drugs.

E. Purchased standards are not used beyond the expiration date established by the vendor. Internally-developed standards have expiration dates established by the Laboratory and are not used beyond their expiration date.

1. An exception to this requirement may be allowable if a performance verification has been completed supporting the use of reagents beyond their expiration date. These performance verifications are submitted according to Validations and Performance Verifications (refer to Chapter 50).

49.5 Reference Materials/Collections

A. Reference collections of items/materials typically encountered in casework which are maintained for identification, comparison, or interpretation purposes (e.g., mass spectra, motor vehicle paints or headlamp lenses, drug samples, typewriter print styles, firearms, bullets, cartridges, DNA profiles, laboratory-developed population databases) are determined by the respective discipline advisory board.

B. Reference materials may be used for performance checks and/or verification of equipment, as appropriate.

C. Examples of reference materials include:

1. Polystyrene for FTIR;
2. Polyethylene for Pyrolysis-GCMS;
3. Holmium oxide for UV;
4. Calibration filter set for MSP;
5. Drug material used for identification purposes; and
6. NIST-traceable samples for DNA analysis.

D. All purchased reference materials are verified using literature references or other applicable methods and documentation retained.

E. Internally developed reference materials are checked as far is technically and economically practicable for its intended use. Documentation of traceability is maintained in the laboratory.

F. Where possible, selection of reference material is based on traceability to SI units of measurement or to certified reference materials.

G. Reference materials are uniquely identified, handled, properly controlled, inventoried, transported, and stored in order to prevent contamination and/or deterioration.

H. If accuracy of any reference standard, reagent standard, or reference material is brought into question, it is taken out of service and/or discarded, and the QI/QAP process is initiated.

49.6 Individual Characteristic Database Samples

A. Individual characteristic database samples are documented, uniquely identified, properly controlled, handled, and stored in accordance with their specific requirements in order to prevent contamination and/or deterioration.
B. Individual characteristic database samples under the control of the Laboratory include known biological samples from convicted offenders and arrestees for CODIS (treated as reference material).

49.7 Controls

A. Controls are used to ensure the quality of test results in accordance with the discipline standard operating procedures. Where possible, controls are prepared in the same matrix as test samples.

B. Records of checks and/or verification of standards and/or controls are retained and retrievable.

C. Positive Controls
   1. Positive controls demonstrate that the procedure will produce the expected result and are prepared from reference material or other known source.
   2. The quality of positive controls is checked and/or verified and may require replacement.

D. Negative Controls
   1. Negative controls demonstrate that the procedure does not produce an unexpected or false positive result and are prepared from a test substrate or matrix depending on the nature of the test.
50 Validations and Performance Verifications

50.1 General Requirements

A. Validation is the process of establishing documentation and objective evidence to demonstrate that the Laboratory is operating competently and is able to generate valid results. Validation provides a degree of assurance that a specific process, procedure, or method will consistently produce a result which meets its predetermined specifications and quality attributes.

1. A validation is required prior to use on test or calibration items for:
   a) Implementation of a new procedure, new method, or new significant equipment item including any associated software;
      i. Includes significant equipment items not previously validated (e.g., new or alternative types or models of significant equipment items).
   b) Implementation of a modified or revised procedure or method (i.e., modifications or revisions to a previously approved procedure or method);
   c) New analytical (commercial) software, new LIMS software, or new laboratory-developed software or software solutions (e.g., Excel workbooks);
   d) All software version updates to software used in conjunction with associated significant equipment; and
   e) Software version updates that involve major software modifications for all software not associated with significant equipment (not applicable to non-analytical (commercial) software).

2. The validity of a specific method is demonstrated in a validation using samples or standards that are similar to the anticipated unknown samples to be routinely analyzed.

3. Any reagents and/or reference standards used to determine critical validation parameters are (refer to Chapters 47 – 49):
   a) Readily available in sufficient quantities;
   b) Accurately identified;
   c) Sufficiently stable; and
   d) Verified for exact composition and purity.

4. System-wide measurement uncertainty evaluations follow the requirements for initial (System) validations (for unestablished uncertainty estimates) or modification/revision validations (for previously established uncertainty estimates) (refer to Chapter 51).

B. Performance verification is an evaluation against a previous validation to ensure the procedure, method, significant equipment, or software conforms to the previously established specifications and remains fit for its intended use.

1. A performance verification is required prior to use on test or calibration items for:
   a) Significant equipment items;
      i. Being returned to service after an out of service event (refer to Chapter 47);
      ii. After a major repair or maintenance event (refer to Chapter 47);
iii. Which have gone outside the control of the laboratory for repair, calibration, maintenance, or modification; or

iv. Being implemented in a laboratory which are the same type and model of a significant equipment item previously validated by that laboratory.

b) Expired purchased reagent standards or laboratory-prepared reagents to determine suitability for continued use;

c) Previously validated analytical (commercial) software, LIMS software, or laboratory-developed software;

d) Software version updates that involve minor software modifications for all software not associated with significant equipment (not applicable to non-analytical (commercial) software).

C. Validations and performance verifications are conducted by assigned competent and authorized personnel in order to avoid errors due to inexperience. Assigned personnel are sufficiently familiar with the method and equipment.

D. Software Modifications

1. For software modifications involving analytical (commercial) software not used in conjunction with associated significant equipment, the modifications are evaluated to determine if they are major or minor.

   a) Major modifications include algorithm modification, statistical or calculation equation modification, a major functionality addition or removal, and/or inclusion of a new module.

      i. Major modifications require a performance verification.

   b) Minor modifications include administrative changes such as color changes, formatting, improved printing features, and spelling error correction. These changes do not impact the analytical process, interpretation, or statistical calculation function of the software.

      i. Minor modifications require a performance check to be carried out as defined in the discipline procedure manual.

      ii. Due to the nature of Digital/Multimedia software (e.g., numerous applications with highly frequent updates), minor software modifications to Digital/Multimedia software do not require a performance check. In such instances, minor modifications to Digital/Multimedia software follow applicable requirements provided in the discipline procedure manual.

2. Updated versions of software are sufficiently tested in order to demonstrate they do not adversely affect results.

3. The list of current authorized software is maintained in SharePoint.

E. For Breath Alcohol calibration methods:

1. At a minimum, accuracy, bias, and precision are assessed across a range of values that meet the needs of the customer; and

2. The source of material(s) used to calibrate a measuring instrument are different from those used to adjust a measuring instrument and those used to verify calibration status. Preference is given to material(s) from different manufacturers, followed by different lot numbers of material from the same manufacturer.
50.2 Types

A. Developmental Validation
   1. Developmental validations precede the use of a novel methodology in the testing or calibration community.
   2. Developmental validations are not performed by the Laboratory.

B. Initial (System) Validation
   1. An initial (System) validation is required to implement a new method, significant equipment, or new/alternative model of significant equipment, a new analytical (commercial) software, new LIMS software, or new laboratory-developed software.
   2. Software that is a component of the equipment is validated with the equipment as part of the initial (System) validation.
   3. New analytical (commercial) software includes a new software package purchased from a vendor (i.e., not an upgrade of an existing version) such as, but not limited, to software that performs:
      a) Analysis and interpretation of data;
      b) Probabilistic genotyping; and
      c) Statistical calculation.
   4. For System software validations, each regional laboratory performs a performance verification in addition to the initial (System) validation in order to demonstrate the reliability of the software.

C. Implementation Validation
   1. Prior to implementation of approved procedures, applicable regional laboratories demonstrate the performance, limitations, and reproducibility of the initial (System) validation to confirm that the regional laboratory’s equipment, personnel, reagents and standards, and environment are suitable for performing the method.
   2. The reproducibility of the method in regional laboratories is demonstrated through the repetition of critical validation experiments provided in the initial (System) validation including, but not limited to:
      a) Use of quality checks of controls and standards, equipment performance checks, and/or calibration requirements;
      b) Evaluation of known samples that are anticipated to routinely be analyzed in order to demonstrate the performance, limitations, and reproducibility of the method;
      c) Any additional defined performance characteristics or parameters defined by the relevant Advisory Board, discipline procedure, or regional laboratory procedure.

D. Modification/Revision Validation
   1. Method parameters may require adjustment or change during the life of the method, particularly if the method’s performance falls outside the prescribed acceptance criteria and the source of the error cannot be traced back to the equipment or any other cause.
2. Method modification/revision is required if the scope of the method will be changed or extended. Examples include, but are not limited to:
   a) Change to the method which requires a revision to a discipline or regional laboratory procedure;
   b) The introduction of a new sample matrix;
   c) Changes to equipment operating conditions;
   d) Any change to the analytical software used in conjunction with associated significant equipment, including new versions;
   e) The introduction of equipment with different characteristics than those originally tested; and
   f) Changes in associated data interpretation.

3. For major modifications to software the validation summary includes, at a minimum:
   a) Description of specific software functions and any modifications;
   b) Software version evaluated;
   c) Manual calculation and formula verification;
   d) Accuracy of data transfers;
   e) Overall functionality and suitability for its intended use;
   f) Relevant discipline and/or regional laboratory procedure;
   g) Any checks necessary to ensure reliability of performance;
   h) Evaluation of results among different computers and/or operators (i.e., reproducibility); and
   i) Any discipline-specific requirements.

4. For System-wide measurement uncertainty evaluations, the validation summary includes, at a minimum:
   a) The specific measuring devices used for the evaluation;
   b) The method of analysis for evaluation of measurement uncertainty;
   c) The process of rounding the expanded uncertainty;
   d) The coverage probability (requiring the coverage probability of the expanded uncertainty to be a minimum of approximately 95%); and
   e) Specification of the schedule for review and/or recalculate the measurement uncertainty if it is anything other than annual.

5. Prior to using a modified/revised method on testing or calibration items, the laboratory demonstrates that the modification or revision does not negatively impact the interpretation of analytical results or the integrity of the test or calibration item.

6. For System software validations, each regional laboratory performs a performance verification in addition to the modification/revision validation in order to demonstrate the reliability of the software.
E. Performance Verification

1. Performance Verification of Previously Validated Significant Equipment
   a) The performance of significant equipment is verified and/or the significant equipment is calibrated at regular intervals and within acceptance criteria as defined in the relevant discipline and/or regional laboratory procedures.
   b) In the event that laboratory significant equipment goes outside the control of the laboratory for repair, calibration, maintenance or modification, performance is verified before it is used in casework.
   c) Examples of new previously validated significant equipment requiring performance verification include, but are not limited to:
      i. Balances used by the Seized Drugs discipline;
      ii. NIST-traceable thermometers; and
      iii. Length measuring devices used by the Firearms & Toolmarks discipline.
      iv. The previously validated significant equipment must be the same type and model. New types or models of significant equipment require a validation prior to use in testing or calibration activities.

2. Performance Verification of Expired Reagents to Determine Suitability for Continued Use
   a) The performance verification summarizes the following, at a minimum:
      i. Reagents evaluated, including manufacturer and relevant lot numbers;
      ii. Date range evaluated beyond the specified expiration date;
      iii. Concordance study with non-expired reagents or actions taken to ensure reliability; and
      iv. New proposed expiration date range.

3. Performance Verification of Previously Validated Laboratory-Developed Software, LIMS Software, and Modified Commercially Available Software
   a) Commercial off-the-shelf software, such as Microsoft Excel, is considered to be sufficiently validated if used within the designed application range.
   b) Excel workbooks that perform calculations or perform data transfer have a performance verification that summarizes the following, at a minimum:
      i. Description of specific software functions and any modifications;
      ii. Software version evaluated;
      iii. Manual calculation and formula verification;
      iv. Accuracy of data transfers;
      v. Overall functionality and suitability for its intended use;
      vi. Relevant discipline and/or regional laboratory procedure;
      vii. Any checks necessary to ensure reliability of performance;
      viii. Evaluation of results among different computers and/or operators (i.e., reproducibility); and
      ix. Any discipline-specific requirements.
4. Verification of Non-Analytical (Commercial) Software (New or Modified)
   a) A performance verification is not required for new or modified non-analytical (commercial) software which is unrelated to the equipment, test, or calibration procedure including, but not limited to:
      i. Dynamic reference databases such as GC/MS libraries;
      ii. Operating system software; and
      iii. Database, word processing, spreadsheet, or browser software.
   b) New and modified non-analytical (commercial) software is evaluated and vetted by the Information Technology Division.

50.3 Scope and Intended Use
A. The scope and intended use of the validation or performance verification is defined using the Validation form (LAB-408a) or Performance Verification form (LAB-408b), respectively, and may include the method, significant equipment item, software, and/or other components.

B. The following topics may be useful in determining the scope and intended use, as applicable:
   1. Analyte(s) to be detected;
   2. Expected concentration level(s);
   3. Sample matrices;
   4. The presence of an interfering substance(s) and whether it should be detected and quantified;
   5. Need for qualitative or quantitative measurement(s);
   6. Required detection and quantitation limit(s);
   7. Expected concentration range;
   8. Expected precision and accuracy;
   9. Expected robustness of the method;
   10. Types of equipment to be used and their location of use; and
   11. Anticipated skill needed by the users of the method.

50.4 Method Type
A. Standard
   1. Standard methods include those that have been published by reputable and peer-reviewed technical organizations in scientific texts or journals, or have been appropriately evaluated for a specific or unique application.
   2. Standard methods generally do not require an extensive validation as long as:
      a) The standard method and its performance parameters are fit for the intended use by the Laboratory; and
      b) The Laboratory is capable of matching the performance parameters specified in the standard method.
B. Non-Standard
   1. Non-standard methods are those that have not been published by reputable and peer-reviewed technical organizations or those that have not previously been appropriately evaluated for a specific or unique application.
   2. Non-standard methods can include, but are not limited to:
      a) The incorporation of a new technology into a conventional, standard process; and
      b) Specialized processes involving new technologies or an established process known, or likely, to be complex and therefore requiring particular care.

C. Laboratory-Developed
   1. Laboratory-developed methods are a subset of non-standard methods and include methods that are specifically developed by the Laboratory for use in procedures in support of, or in the use of, Laboratory equipment design, or to support research and development in a new or different technique.
   2. Laboratory-developed methods are not typically utilized by the Laboratory.

D. Modified Standard
   1. If either the scope, validation parameters, or validation results of the standard method do not meet the Laboratory’s requirements for use, a modified standard method is evaluated via validation.
   2. The extent of the modified standard validation depends on the overlap between the standard method and the Laboratory’s requirements for use.
      a) If there is no overlap, an extensive Initial (System) validation is performed.

50.5 Performance Characteristics, Criteria, Parameters, and Specifications

A. The validation performance characteristics and parameters are based on the intended use of the method and are relevant to the customers’ needs and consistent with specified requirements.
   1. It may not be necessary to validate all analytical parameters that are available for a specific technique.

B. The following performance characteristics and parameters are considered for testing during the development of the validation plan and/or validation. Additional parameters may be evaluated, including any discipline-specific requirements.
   1. Accuracy;
      a) The accuracy of a method is the extent to which test results generated by the method and the true values agree. Accuracy is a qualitative term which can also be described as the closeness of agreement between the value that is adopted, either as a conventional, true, or accepted reference value, and the value obtained during the method process.
      b) Accuracy can be assessed by, among other methods:
         i. Comparing the results of the method with results from an established reference method;
         ii. Analyzing a sample with known concentrations (e.g., a control sample or certified reference material) and comparing the measured value with the true value as supplied with the material; and/or
iii. Spiking a blank sample matrix of interest with a material of known concentration by weight or volume and comparing the response with the response of the reference material dissolved in a pure solvent. Because this accuracy assessment measures the effectiveness of sample preparation, care is taken to mimic the actual sample preparation as close as possible.

2. Bias;
   a) Bias is a quantitative term which describes the systematic error or estimate of the systematic error in the method. Systematic error can be described as a component of measurement error that, in replicate measurements, remains constant or varies in a predictable manner.
   b) Bias can be composed of sampling bias, calibration bias, recovery, and/or analytical bias. In general, bias is the difference between a laboratory’s average value over time for a test item and the average value that would be achieved by a reference laboratory if performing the same method.
      i. For inexperienced analysts, the most common source of bias is error in understanding or following a particular procedure.
      ii. For experienced analysts, the most common sources of bias are equipment that has not been calibrated or is out of calibration, impure reagent and sample preparations, and the application of a technique to a new type of sample.
   c) Bias can be eliminated or reduced by calibration of standards and/or equipment.

3. Cross-Reactivity / Interferences;
   a) The method is evaluated for compounds or analytes that cross-react or interfere with the method’s ability to perform as intended.
   b) An interfering substance is one that, at a given concentration, causes a systematic error in the method. Interferences may be physical or chemical in nature.
   c) Substances which show cross-reactivity or interference with the method may cause the method to produce a false positive or false negative result.
   d) Cross-reactivity and interferences may be eliminated by means of chemical adaptations of the method, instrumental improvement, or by correction by computational methods.

4. Limit of Detection;
   a) The limit of detection is the lowest concentration of an analyte in a sample that can be detected but not necessarily quantified.
   b) The limit of detection is often confused with the sensitivity. The sensitivity of an analytical method is the capability of the method to discriminate small differences in concentration or mass of the test analyte.
   c) The limit of detection can be determined by, among other methods:
      i. Evaluating the signal-to-noise ratio;
      ii. The analysis of samples with known concentrations of analyte and by establishing the minimum level at which the analyte can be reliably detected;
      iii. Evaluating the standard deviation of the response based on the standard deviation of the blank; and/or
      iv. Evaluating the standard deviation of the response based on the slope of the calibration curve.
5. Limit of Quantitation;
   a) The limit of quantitation is the minimum amount or concentration of an analyte that produces quantitative measurements in the target matrix with acceptable precision and accuracy under the method.
   b) Results of limits of detection and quantitation measurements are verified by tests with samples containing analytes at levels across the two regions. It is equally important to assess other validation performance characteristics and parameters, such as precision, reproducibility, and accuracy close to the limits of detection and quantitation.

6. Linearity;
   a) The linearity of an analytical method is its ability to elicit test results that are directly proportional to the concentration of analytes in a sample within a given range or proportionally by means of well-defined mathematical calculations.
   b) Linearity may be demonstrated directly on the test substance by dilution of a standard stock solution.
   c) A linear regression equation applied to the results should have an intercept not significantly different from 0 (zero). If a significant nonzero intercept is obtained, it should be demonstrated that this has no effect on the accuracy of the method.

7. Matrix / Sample Effects;
   a) Matrix or sample effects are the effect on the method caused by all other components of the matrix or sample except the specific compound or analyte to be measured or detected.
   b) Matrix and sample effects may be minimized by the use of an internal standard or applicable sample preparation techniques.

8. Measurement Range;
   a) The measurement range of a method is the interval between the upper and lower levels that have been demonstrated to be determined with precision, accuracy, and linearity using the method as written.
   b) Measurement range is usually expressed in the same units as the test results obtained by the method.

9. Measurement Uncertainty (refer to Chapter 51);
   a) Measurement uncertainty describes the confidence region (i.e., margin of doubt) or range of possible values within which the true value of measurement lies.
   b) A reasonable estimation of measurement uncertainty is based on knowledge of the performance of the method by the Laboratory and is often taken as the standard deviation.
   c) When estimating measurement uncertainty, all contributors or factors of importance are taken into account.

10. Precision;
   a) The precision of a method is the extent to which the individual test results of multiple replicate tests agree with one another. The acceptance criteria for precision depend on the type of analysis and the Laboratory’s and customer’s needs.
b) Precision is commonly assessed through the use of reproducibility and/or repeatability testing.
   
   i. Repeatability is the variation in measurements taken by a single person or instrument on the same item and under the same conditions.
   
   ii. Reproducibility is the degree of agreement between measurements or observations conducted on replicate specimens in different locations by different people, or within a single location using multiple instruments and/or personnel.

   c) A method’s precision may reflect discrepancies in results obtained:
      
      i. From different personnel with varying degrees of experience;
      
      ii. From inconsistent working practices of the same person;
      
      iii. From different equipment or equipment with different characteristics;
      
      iv. With controls, standards, reagents, and consumables from different suppliers, of varying quality, or of different ages;
      
      v. From experimental details not specified by the method; and
      
      vi. From different operational and environmental conditions, such as temperature and humidity.

11. Robustness;

   a) Robustness tests examine the effect that operational parameters have on the analysis results.

   b) To examine a method’s robustness, a number of method parameters are varied within a realistic range and the qualitative or quantitative influence of the variables is determined.

12. Ruggedness;

   a) Ruggedness is the degree of reproducibility of results obtained under a variety of conditions under normal, expected operational conditions from regional laboratory to regional laboratory, and from analyst to analyst.

13. Selectivity / Specificity; and

   a) Selectivity and specificity are often used interchangeably. Specificity generally refers to a method’s ability to produce a response for a single analyte only. In contrast, selectivity generally refers to a method’s ability to produce a response for a number of chemical entities (e.g., analytes) that may or may not be distinguished from each other. Selectivity can also be described as the method’s ability to accurately measure an analyte in the presence of interferences that may be expected to be present in a sample matrix.


   a) Many solutes and analytes readily decompose prior to analysis, for example, during sample preparation or sample storage (e.g., room temperature, refrigerated, or frozen).

   b) Stability can be examined by the use of replicate analyses over a preselected time interval or anticipated storage period.
50.6 Validation Plan

A. A validation plan is required before any validation work may begin for initial (System) validations and modification/revision validations.
   1. Due to the volume of Digital/Multimedia software and equipment utilized, the use of a standardized validation plan is permitted. The standard validation plan is re-evaluated and approved on an annual basis.

B. A Validation Plan Form (LAB-407) is submitted by the evaluator for review and approval/authorization, as appropriate, by the relevant Technical Leader or TPOC, Advisory Board Chair, Program Coordinator, and System QA.
   1. If the evaluator is the relevant Technical Leader or TPOC, Advisory Board Chair, and/or Program Coordinator, review and approval/authorization by a separate qualified individual is required.

C. The Validation Plan Form (LAB-407) addresses the following at a minimum, as applicable:
   1. Type;
   2. Scope;
   3. Method type;
   4. Intended use;
   5. Relevant method(s), procedure(s), and reference(s);
   6. Evaluator(s) and participant(s);
   7. Associated significant equipment, including any preventive maintenance, performance check, and/or calibration requirements;
   8. Associated software, including the verification of calculations, formulas, and data transfers;
   9. Control(s) and standard(s);
   10. Procedure(s) for quality checks of control(s) and standard(s);
   11. Sample(s), item(s), and matrix(ces) to be evaluated;
   12. Validation techniques to be performed;
   13. Procedure(s) for sampling, sample preparation, handling, transportation, and analysis of items;
   14. Safety precautions;
   15. Performance characteristics, criteria, parameters, and specifications to be tested;
   16. Preliminary acceptable performance requirement(s); and
   17. Any additional discipline-specific requirements.

D. The Validation Plan Form (LAB-407) may reference additional records and supporting documentation as applicable.

E. As the validation proceeds, the validation plan is periodically reviewed to confirm that the needs of the customer are still being fulfilled.
F. Any modifications to the validation plan are tracked, approved, and authorized, as appropriate, by the relevant Technical Leader or TPOC, Advisory Board Chair, Program Coordinator, and System QA prior to completion of validation.

1. If the individual making modifications is the relevant Technical Leader or TPOC, Advisory Board Chair, and/or Program Coordinator, review and approval/authorization by a separate qualified individual is required.

50.7 Submission of Validation and Performance Verification Records

A. As documented on the Validation form (LAB-408a), initial (System) validations and modification/revision validations address at a minimum, as applicable:

1. Laboratory, discipline, and evaluation period;
2. Title and type of validation;
3. Scope (select all that apply);
4. Method type;
5. Intended use;
6. Associated validation (modification/revision validations only);
7. Relevant method(s), procedure(s), and reference(s);
8. Assigned evaluator(s) and participant(s), including the Lead Evaluator;
9. Associated significant equipment, including any preventive maintenance, performance check, and/or calibration requirements;
10. Associated software, including:
    a) Description of specific software functions and any modifications;
    b) Software version evaluated;
    c) Verification of calculations, formulas, and data transfers.
    d) Macro approval by Cyber Security
11. Control(s) and standard(s);
12. Procedure(s) for quality checks of control(s) and standard(s);
13. Sample(s), item(s), and matrix(ces) evaluated;
14. Procedure(s) for sampling, sample preparation, handling, transportation, and analysis of items;
15. Applicable safety precautions;
16. Performance characteristics, criteria, parameters, and specifications;
    a) For software, an evaluation of results among different computers and/or operators (i.e., reproducibility) is required.
       i. Due to the volume of Digital/Multimedia software applications and the standard configuration of each forensic workstation, an evaluation of results among different computers and/or operators is not required to be performed.
    b) Criteria for evaluation is defined for each performance characteristic assessed.
       i. Specific results obtained from testing are recorded.
c) The specified performance characteristic, criteria, parameter, and specification values are relevant to the customers’ needs.

d) The specified values will be used as the pre-established specifications in the event implementation validations or performance verifications are performed at a later date.

e) If measurement uncertainty is included, the value obtained is evaluated against the current applicable estimated measurement uncertainty.

i. Values that are not within the current range of expected values require a subsequent System-wide evaluation to be performed prior to approval/authorization (refer to Chapter 51).

17. Limitations;

18. Summary of results, conclusions, and interpretations, including any associated data interpretation;

19. Competency requirements for continued work authorization; and

20. Certification by the lead evaluator (Items 1 – 6).

B. As documented on the Validation form (LAB-408a), implementation validations address at a minimum, as applicable:

1. Laboratory, discipline, and evaluation period;

2. Title and type;

3. Scope (select all that apply);

4. Method type;

5. Intended use;

6. Associated system validation;

7. Relevant method(s), procedure(s), and reference(s);

8. Assigned evaluator(s) and participant(s), including the Lead Evaluator;

9. Associated significant equipment, including any preventive maintenance, performance check, and/or calibration requirements;

10. Associated software, including:

   a) Description of specific software functions and any modifications;

   b) Software version evaluated;

   c) Verification of calculations, formulas, and data transfers.

   d) Macro approval by Cyber Security

11. Control(s) and standard(s);

12. Procedure(s) for quality checks of control(s) and standard(s);

13. Sample(s), item(s), and matrix(ies) evaluated;

14. Procedure(s) for sampling, sample preparation, handling, transportation, and analysis of items;

15. Applicable safety precautions;
16. Performance characteristics, criteria, parameters, and specifications;
   a) For software, an evaluation of results among different computers and/or operators (i.e., reproducibility) is required.
      i. Due to the volume of Digital/Multimedia software applications and the standard configuration of each forensic workstation, an evaluation of results among different computers and/or operators is not required to be performed.
   b) Criteria for evaluation is defined for each performance characteristic assessed.
      i. Specific results obtained from testing are recorded.
   c) The specified performance characteristic, criteria, parameter, and specification values are within range of the expected values provided in the initial (System) validation or modification/revision validation.
      i. Values that are not within the current range of expected values require a subsequent evaluation or modification/revision validation to be performed prior to approval/authorization.
   d) If measurement uncertainty is included, the value obtain is evaluated against the current applicable estimated measurement uncertainty.
      i. Values that are not within the current range of expected values require a subsequent System-wide evaluation to be performed prior to approval/authorization (refer to Chapter 51).

17. Limitations;
18. Summary of results, conclusions, and interpretations, including any associated data interpretation;
19. Competency requirements for continued work authorization; and
20. Certification by the lead evaluator (Items 4 – 6).

C. As documented on the Performance Verification form (LAB-408b), performance verifications address at a minimum, as applicable:
   1. Laboratory, discipline, and evaluation period;
   2. Title
   3. Scope (select all that apply);
   4. Intended use;
   5. Associated validation;
   6. Relevant method(s), procedure(s), and reference(s);
   7. Assigned evaluator(s) and participant(s), including the Lead Evaluator;
   8. Associated significant equipment;
   9. Associated software, including:
      a) Description of specific software functions and any modifications;
      b) Software version evaluated;
      c) Verification of calculations, formulas, and data transfers.
      d) Macro approval by Cyber Security
10. Expired reagent(s), including new expiration date;

11. Performance characteristics, criteria, parameters, and specifications;
   a) For software, an evaluation of results among different computers and/or operators (i.e., reproducibility) is required.
      i. Due to the volume of Digital/Multimedia software applications and the standard configuration of each forensic workstation, an evaluation of results among different computers and/or operators is not required to be performed.
   b) Criteria for evaluation is defined for each performance characteristic assessed.
      i. Specific results obtained from testing are recorded.
   c) The specified performance characteristic, criteria, parameter, and specification values are within range of the expected values provided in the initial (System) validation or modification/revision validation.
      i. Values that are not within the current range of expected values require a subsequent evaluation or modification/revision validation to be performed prior to approval/authorization.

12. Certification by the lead evaluator (Items 1 – 3).

D. The Validation form (LAB-408a) or Performance Verification form (LAB-408b) may reference additional records and supporting documentation as applicable.

E. A completed validation or performance verification record is compiled, including:
   1. Completed Validation Plan Form (LAB-407), if applicable;
   2. Completed Validation form (LAB-408a) or Performance Verification form (LAB-408b);
   3. Completed Equipment Out of Service Incident Form (LAB-410), if applicable; and
   4. All relevant supporting documentation.

F. As documented on the Validation form (LAB-408a), the lead evaluator determines and certifies, as appropriate:
   1. If the method has been appropriately validated for its intended use, meets laboratory and customer requirements, and is considered fit for its intended use as specified in the validation;
   2. The method is the latest version of the method unless the latest version is not appropriate for laboratory use;
   3. A Validation Plan Form (LAB-407) is included, if necessary, and that periodic review of the validation was carried out to ensure it continued to meet laboratory and customer requirements and any modifications to the validation plan were reviewed, approved, and authorized;
   4. Discipline and regional laboratory policies, procedures, forms, the Equipment Inventory List, and the Software List have been reviewed and appropriate updates were submitted as necessary;
   5. If a deviation to a current method is required for implementation and indicates whether one will be submitted following authorization; and
   6. The regional laboratory(ies), discipline(s), and other affected party(ies) to be notified upon approval of the validation.
G. As documented on the Performance Verification form (LAB-408b), the lead evaluator determines and certifies, as appropriate:

1. That the software, equipment, or reagent has been appropriately verified for its intended use, meets laboratory and customer requirements, and is considered fit for its intended use as specified in the performance verification;

2. A Quality Incident has been initiated (significant equipment out of service events only), including the Tracking ID; and

3. Discipline and regional laboratory policies, procedures, forms, the Equipment Inventory List, and the Software List have been reviewed and appropriate updates were submitted, as necessary.

H. Completed initial (System) validations, implementation validations, and modification/revision validations are technically reviewed by the relevant Technical Leader or TPOC and Advisory Board Chair.

1. Performance verifications do not require technical review of the completed record, except when performed to return significant equipment to service.

2. If the evaluator is the relevant Technical Leader or TPOC and/or Advisory Board Chair, technical review by a separate qualified individual is required.

I. Completed initial (System) validations and modification/revision validations are submitted to System QA via the SharePoint QA Drop-Off Library for administrative review, System approval, and archival.

1. The effective date is determined in conjunction with applicable parties.
   
a) It is recommended that the effective date be at least 2 (two) weeks after the approval date in order to allow the validation record to be reviewed by the affected party(ies) prior to implementation.

2. Notification of the approval and effective date is communicated by System QA to the affected party(ies) and is documented on the Validation form (LAB-408a).

3. System QA archives the approved validation record in Qualtrax.

J. Completed implementation validations and performance verifications as defined above are submitted to the relevant Quality Manager for administrative review, laboratory approval, and archival.

1. The effective date is determined in conjunction with applicable parties.

2. Notification of the approval and effective date is communicated by the Quality Manager to the affected party(ies) and documented on the Validation form (LAB-408a) or Performance Verification form (LAB-408b).

3. The Quality Manager or Quality Assurance Specialist archives the approved implementation validation or performance verification record in Qualtrax.
51 Measurement Uncertainty

51.1 General Requirements

A. System-wide uncertainty of measurement is determined for the following quantitative measurements:
   1. Weight (Seized Drugs);
   2. Concentration (Seized Drugs);
   3. Alcohol and drug content in biological samples (Toxicology);
   4. Firearm lengths near a critical cut off (barrel and overall) (Firearms & Toolmarks);
   5. Firearm trigger pull (Firearms & Toolmarks); and
   6. Distance determination (Firearms & Toolmarks).

B. Uncertainty of measurement is determined for the Breath Alcohol calibration procedure at each ethanol concentration per calibration activity and the vapor concentration of certified reference materials.

C. Expanded measurement uncertainty values are published in the relevant discipline procedure manual and are required to be reported in the testing report for the following activities:
   1. Weight (Seized Drugs);
   2. Concentration (Seized Drugs);
   3. Alcohol content in biological samples (Toxicology); and
   4. Firearm lengths near a critical cut off (barrel and overall) (Firearms & Toolmarks).

D. Current expanded measurement uncertainties which are not required to be reported in the testing report are published in the related validation records.

E. Current expanded measurement uncertainties for Breath Alcohol are required to be reported in the relevant certificate and are published in the related validation records.

F. A routine evaluation of previously established System-wide uncertainty estimates occurs at least on an annual basis and may result in a new rendering of applicable System-wide uncertainty estimates.
   1. If there has been a significant change in the procedures or budget items, which may include reference standards, equipment and/or personnel, the potential impact on the overall uncertainty value is considered and revised as necessary.

G. For System-wide evaluations of measurement uncertainty, the relevant discipline Advisory Board collects test values from appropriate uncertainty budget items for evaluation and follows the requirements for either initial (System) validation (for unestablished uncertainty estimates) or modification/revision validations (for previously established uncertainty estimates) (refer to Chapter 50).
   1. Major sources of, or contributions to, measurement uncertainty in the procedure which are of importance to the process are identified, including those arising from sampling, and are taken into account when determining the uncertainty of measurement.
52 Laboratory Records

52.1 General Requirements

A. All technical and administrative documentation concerning a laboratory service request or case, CODIS sample, Breath Alcohol calibration, or Breath Alcohol certified reference material is considered to be part of the laboratory case record, CODIS record, Breath Alcohol calibration record, or Breath Alcohol certified reference material record, respectively.

1. Raw electronic instrumental (equipment) data and non-LIMS related analytical software data is not considered part of the applicable record.

2. Records are retained in accordance with the DPS Records Retention Schedule.

B. Documentation is created in a permanent manner, may be in any format, and is retained in LIMS, in the regional laboratory, or in a secure alternative electronic location. Documentation is not located in personal locations.

C. All original observations, notes, sketches, data collections, and calculations are recorded at the time they are made, identifiable with the specific laboratory activity or task, and retained in the record.

1. If original documentation created in hardcopy form is later copied, transcribed, or recreated in electronic format by any other means, all original documentation is retained.

D. The meaning of abbreviations or symbols used in the record is defined in the record, in discipline procedure manuals, and/or regional laboratory manuals.

E. Hard copy laboratory case records are maintained in a case folder and tracked in LIMS in order to determine the current location of the records. Case folders do not require tracking comparable to evidentiary or test items.

1. It is not necessary to make an entry in LIMS when the folder is being used for an immediate purpose (e.g., to check information, return evidence, make copies, be mailed, and fax reports) and returned to its location.

2. Records maintained in case folders may be imaged and retained in LIMS. Upon verification of the imaged records, the hard copy records and folders are destroyed.

3. In the event the laboratory maintains a hard copy case folder which has also been imaged in LIMS, the records are exact duplicates in order to ensure no discrepancies in the case record. The imaged version in LIMS is considered to be the official version of the case record.

52.2 Identification of Records

A. Laboratory case records are identified using unique case numbers which are assigned upon receipt of evidence.

1. Case numbers are generated according to the following convention: [Laboratory Code]-[YYMM]-[Sequential Number].

   a) Leading zeros in the sequential number of the case number may be truncated.

   b) If further truncation to the case number is necessary due to limited character space in a computer program, the truncation used is defined as such in the case record.

2. The laboratory code is assigned based on the initial location of evidence submission, as follows:
Laboratory Records (52.3)

<table>
<thead>
<tr>
<th>Laboratory Code</th>
<th>Historical Laboratory Code(s)</th>
<th>Laboratory Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td>L4A</td>
<td>Abilene</td>
</tr>
<tr>
<td>AMA</td>
<td>L5A</td>
<td>Amarillo</td>
</tr>
<tr>
<td>AUS</td>
<td>HDQ and L</td>
<td>Austin</td>
</tr>
<tr>
<td>CAP</td>
<td>None</td>
<td>Capitol Area (Austin)</td>
</tr>
<tr>
<td>COR</td>
<td>L3C</td>
<td>Corpus Christi</td>
</tr>
<tr>
<td>ELP</td>
<td>L4E</td>
<td>El Paso</td>
</tr>
<tr>
<td>GAR</td>
<td>L1D</td>
<td>Garland</td>
</tr>
<tr>
<td>HOU</td>
<td>L2H</td>
<td>Houston</td>
</tr>
<tr>
<td>LAR</td>
<td>L3L</td>
<td>Laredo</td>
</tr>
<tr>
<td>LUB</td>
<td>L5L</td>
<td>Lubbock</td>
</tr>
<tr>
<td>MID</td>
<td>L4M</td>
<td>Midland</td>
</tr>
<tr>
<td>TYL</td>
<td>L1T</td>
<td>Tyler</td>
</tr>
<tr>
<td>WAC</td>
<td>L6W</td>
<td>Waco</td>
</tr>
<tr>
<td>WES</td>
<td>L3M</td>
<td>Weslaco (formerly McAllen)</td>
</tr>
</tbody>
</table>

B. CODIS records are identified using unique CODIS numbers (i.e., barcodes) which are assigned upon receipt of an acceptable sample from the submitting agency.

1. CODIS familial search records are primarily identified by the date the familial search is initiated.

C. Breath Alcohol calibration records are uniquely identified using a combination of instrument serial number and calibration issuance date.

D. Breath Alcohol certified reference material records are uniquely identified by the solution lot number.

52.3 General Composition

A. Laboratory case records, CODIS records, Breath Alcohol calibration records, and Breath Alcohol certified reference material records are composed of the following, where applicable:

1. Laboratory reports, letters, and/or calibration certificates (refer to Chapter 53);
2. Technical records;
3. Administrative records;
4. Documentation of technical and administrative review(s) (refer to Chapter 54); and
5. Reference to quality incidents, corrective actions, and/or deviations specific to a Laboratory case, CODIS sample, Breath Alcohol instrument, or Breath Alcohol certified reference material.

B. Each discipline may define additional required elements and records that are considered to be part of the applicable record (refer to discipline procedure manuals).
C. Information regarding the composition of CODIS records is additionally located in the CODIS procedure manual.

52.4 Technical Records

A. Technical records are composed of the following, in any format, where applicable:
   1. Analyst or examiner notes, data, calculations, and observations;
   2. Documentation photographs;
   3. Instrumental (equipment) data (e.g., sequence logs, injection lists, spectra, chromatograms, electropherograms, etc.);
   4. Standards and controls used in analysis;
   5. Worksheets, forms, diagrams, charts, and graphs;
   6. Analyst or examiner results, conclusions, and interpretations;
   7. Examination verification records;
   8. Re-examination records; and
   9. Any additional records generated by the laboratory which support the analyst conclusions.

B. Technical records contain sufficient detail and organization to:
   1. Enable another qualified analyst or technical reviewer to evaluate the work that was performed and interpret the data;
   2. Facilitate the identification of factors affecting the measurement result and its associated measurement uncertainty, if possible; and
   3. Enable the repetition of the laboratory activity under conditions as close as possible to the original.

C. Documentation in the technical record includes at a minimum, where applicable:
   1. Date and identity (e.g., signature or initials) of the person responsible for each Laboratory activity including the review of data and results;
   2. Description of, condition of, and unambiguous identification of the item(s) tested or calibrated, as applicable;
   3. Identification and documentation of the methodologies, analytical techniques, and instrumental analyses used, including specific test or calibration conditions;
      a) Instrumental information and operating parameters may be included in the record or located in the relevant procedures in the discipline procedure manuals.
      b) In the event that an instrumental analysis fails (e.g., failed run due to equipment malfunction, loss of power, failed calibration or quality control, etc.) after data has been obtained for evidentiary test items or samples or in the event data is obtained but is rejected, all data and original results are retained in the examination record.
      c) If an observation, data, result, or calculation is rejected, the identity of the individual taking the action, the reason for the rejection, and the date are recorded and the data is clearly marked.
         i. This applies to information that is rejected by the analyst during analysis of the case, technical review, or verification of results as required by certain disciplines.
4. Documentation photographs are electronically inserted into examination documentation, uploaded to LIMS, and/or contained as a hardcopy in the Laboratory case folder.
   
   a) Each hardcopy (i.e., printed) documentation photograph bears the Laboratory case number, initials of the analyst, and date the photograph was taken.
   
   b) No Laboratory case information is placed on the back of a hardcopy documentation photograph.

5. Reference to relevant batch documentation and case-specific quality control records (e.g., calibrations, standards, and controls) if maintained in a central location as specified by discipline policy or procedure;

6. For Seized Drugs, reference to the date of sampling, sampling plan, location of sampling including sketches and diagrams, and relevant environmental conditions as applicable for the interpretation of test results;

7. Reference to and/or documentation of deviations from, additions to, or exclusions from the methods; and

8. Disposition of the test item(s) or sample(s).

   a) CODIS records do not identify the disposition of samples as they are retained in accordance with the DPS Records Retention Schedule. Documentation is maintained if the sample is consumed during testing.

D. Technical records from one case which are copied and placed into multiple cases have the relevant case number on each page of the record, unless the record is bound. This does not apply to batch records.

E. For CODIS, if the record is bound the sample number and analyst initials may be on the first page only.

F. Batch records which contain information pertaining to multiple samples or cases are uniquely identifiable. The relevant case or sample record contains information traceable to the relevant batch records if the batch records are not directly maintained with the remainder of the records.

G. Pagination of the technical records is recommended in order to ensure that records are not lost or inadvertently added.

52.5 Administrative Records
A. Administrative records are composed of the following, in any format, where applicable:

   1. Communications and correspondence regarding the Laboratory case, CODIS sample, Breath Alcohol calibration, or Breath Alcohol certified reference material;
   
   2. Submission forms, service requests, and submission histories;
   
   3. Receipts of test items or samples;
   
   4. Chain of custody records;
   
   5. Agency offense or incident reports; and
   
   6. Related public information requests, subpoenas, court orders, motions, and discovery requests (refer to Chapter 55).
B. Communications and Correspondence

1. Documentation is maintained which accurately reflects all communication with customers or other Laboratory personnel about the Laboratory case, CODIS sample, Breath Alcohol calibration, or Breath Alcohol certified reference material.

2. Documentation may be in the form of phone logs, or electronic equivalent, emails, faxes, or other forms of documented communication.

3. The documentation includes, where applicable:
   a) Date of communication;
   b) Name of the person(s) contacted and their contact information (e.g., identification of their agency or organization, phone number, email address, etc.);
   c) Communication method (e.g. phone call, in-person, email, etc.); and
   d) Accurate summary of the communication if the communication or correspondence is not directly recorded.

4. Any other relevant documentation may be included in the record at the discretion of the analyst, Technical Leader, Section Supervisor, Laboratory Manager, and/or Quality Manager.

52.6 Alterations or Amendments to Records

A. Alterations or amendments to Laboratory records are made in a manner which allows the altered or amended record to be tracked back to previous or original versions.

B. Deletions to printed and/or handwritten records are made by single line strikethroughs and initialed and dated by the person making the deletion.

1. Erasures or obliterations are not permitted in the record except in sketches made in pencil or as part of an expunction order.

C. Additions (e.g., placing new information on the record) which are made to printed and/or handwritten records are initialed and dated by the person making the addition.

1. It is only acceptable to make additions without the need for the person making the change to initial and date the record if the additions are made prior to submitting the record for review of any kind.

D. When alterations or amendments involve both an addition and a deletion, the correct information is added near the deletion where possible and is initialed and dated by the person making the alterations.

E. If a label has content that must be corrected, the original label will not be obliterated or obscured using the corrected label. The incorrect label is crossed out by single line strikethrough with handwritten initials of the person making the alteration and the date. The new label is affixed in such a way so that the previous label remains legible.

F. All alterations or amendments made to completed records generated and/or maintained in an electronic form are tracked to the same extent as required for printed and/or handwritten records.

1. In the event that records generated and/or maintained in an electronic form are corrected electronically by altering the content of the record, both the original and amended records are retained.
2. The audit trail in LIMS is not sufficient to document alterations or amendments made to completed records.

3. It may be necessary to provide an additional indication of the altered aspects (e.g., highlighted changes).

52.7 Methods for Ensuring the Integrity of Records

A. All technical and administrative records contained in the Laboratory case record, CODIS record, Breath Alcohol calibration record, or Breath Alcohol certified reference material contain the unique case number, CODIS number, Breath Alcohol instrument serial number/calibration issuance date, or Breath Alcohol certified reference material solution lot number, respectively.

B. Laboratory records are protected from damage, deterioration, and loss as a routine practice.

1. In the event that a record becomes contaminated (e.g., exposure in a biological/chemical fume hood) or significantly damaged, the original record may be imaged via photocopying, scanning, or photography into a permanent record.

   a) Upon verification of the imaged record, the contaminated or damaged record is destroyed. The destruction of the contaminated or damaged record is documented in the record.

C. All handwritten notes are made in ink or other permanent manner, with the exception of sketches which may be made in pencil.

D. The analyst’s or examiner’s handwritten initials, signature, or electronic equivalent, are on all page(s) which represent their work.

1. A signature log is completed on an annual basis by each respective regional laboratory for all relevant employees. The signature log includes the employee’s signature, printed name, initials, and date signed.

2. The electronic equivalent of handwritten initials or signature is acceptable when the Laboratory can demonstrate that the electronic signature is secure and can only be applied by the individual to which the electronic initials or signature represents.

3. Individuals who intend to testify to the results of another individual or take ownership of that data for purposes of report generation initial each relevant record. Alternatively for electronic records, a note may be added in case activities which documents the pages/records reviewed.

E. Only one side of a page is used for generating or documenting technical and administrative records.

1. It is permissible to document observations on both sides of latent lifts as they are considered to be both evidence and technical documentation.

F. If a record or documentation is physically smaller than 8”x9,” it is attached to a Laboratory Information Sheet (LAB-403) or an 8.5”x11” sheet of paper and maintained with the remainder of the records unless it is imaged and maintained in LIMS.

G. If a record or documentation is physically larger than 8.5”x11,” it is placed in an appropriately labeled container and filed with a reference to its location in the record unless it is imaged and maintained in LIMS.
53 Laboratory Reports, Letters, and Certificates

53.1 General Requirements

A. Refer to Chapter 55 regarding the distribution of Laboratory records and information.

B. Laboratory reports and letters do not contain names of individuals other than:
   1. Names provided by the customer;
   2. Names identified as the result of an AFIS database search or CODIS match verification request as reportable by applicable discipline procedures;
   3. Names listed on toxicology samples or friction ridge exemplars;
   4. Names provided for additional report distribution; or
   5. Author(s) of the report.

53.2 Laboratory [Discipline / Relevant Test] Reports

A. Laboratory testing reports convey a description of the items received and tested, the results of testing, and conclusions that may contain opinions and interpretations.

B. Laboratory reports are issued on Departmental letterhead and authorized by the individual(s) performing the work. The report is brief and as clear as possible to facilitate understanding by the customer. The following information and/or sections are considered required components of all Laboratory testing reports unless otherwise indicated:

C. Components of a [Discipline / Relevant Test] Laboratory Report

1. Case Information
   a) Provided by the Laboratory
      i. Name and address of the regional laboratory where the tests were carried out, if different from the address of the reporting regional laboratory;
      ii. Case report title;
      iii. An indication that a deviation to a reported test method applies to the analysis;
      iv. An indication that the case involves a quality incident;
      v. Page number and total number of pages on all pages of the report;
      vi. Issue date of the report (defined as the date the administrative review is completed) on all pages of the report; and
      vii. Laboratory case number on all pages of the report.
   b) Provided by the Customer
      i. Name of the requesting agency representative, agency name, and agency contact information;
      ii. Submitting agency’s case number (if available);
      iii. Known subjects (suspect, victim, and elimination as appropriate); and
      iv. Offense information (county and date, if available).
2. Submission Information Section

   a) The original submitted evidence container associated with the evidence exhibit(s) tested;

   b) Date the original submitted evidence container was received into the Laboratory;

   c) Method of submission of the original submitted evidence container (not required for legacy/archived LIMS cases);

   d) Relevant tracking/reference numbers may be included on the testing report by entering into the transfer note field in LIMS, but are included in the case record;
      i. If the parent container in LIMS cannot be easily identified, it is not required to be related to the report.
      ii. If the evidence is not related to the request, submission information is communicated by typing the date and method of submission in another section of the report or by making reference to the original report if that report contains the submission information.
      iii. If evidence is not related to the request, the statement "The following are the Results of Analysis and Interpretation" is included to indicate which information is a result.

   e) Submitted evidence containers that do not contain tested items may also be related to the request, if otherwise relevant; and

   f) If evidence was not submitted and testing was performed on non-evidentiary items (e.g., driver license number for the AFIS search), the submission information section is not required.

3. Requested Analysis Section

   a) A general statement pertaining to the requested analysis is included;
      i. A detailed description of the requested analysis may also be included.

   b) Except for Seized Drugs and Toxicology (Alcohol/Volatiles and Drugs) requests, a reference to relevant previous reports or reports previously issued in the same discipline or testing method is included; and

   c) Information regarding evidence transfers between regional laboratories and/or evidence which has been resubmitted for analysis may also be included.

4. Evidence Description, Results of Analysis and Interpretation Section

   a) The evidence exhibits and/or evidence sub-exhibits examined and related to the report include the LIMS number and description of the item. List and describe all evidence examined, including the LIMS number of the evidence;
      i. Other evidence not examined may also be listed, but is not required if related to another discipline or relevant test that has been, or will be reported.

   b) For Seized Drugs requests include the sampling plan (to include deviations from the method).

   c) Results of testing are reported accurately, clearly, unambiguously, and objectively;

   d) Opinions rendered are clearly indicated as such. Assumptions used in reaching an interpretation, conclusion, or opinion are also included;

   e) The approved report writing terminology for the relevant discipline is used as applicable. Results that include a measurement include the appropriate units;
f) A statement on the estimated uncertainty for reported measurements, as outlined in relevant discipline procedures, is included on the report;

g) When associations are made, the significance of the association is communicated clearly and qualified properly;

h) When comparative examinations result in the elimination of an individual or object, the report clearly communicates the elimination;

i) When no definitive conclusions can be reached, the report clearly communicates the reason(s);

j) If testing was initiated and not completed at the time that the work was discontinued, a report is issued based on the work that has been performed;

k) Work is discontinued under the following circumstances unless a statutory requirement exists requiring completion of analysis:
   i. Request is canceled by the customer or prosecuting attorney and/or
   ii. The case is adjudicated prior to completion of analysis.

l) If testing was initiated and not completed due to employee separation, case analysis continues or is retested and a report is issued accordingly. If this is not possible (due to consumption or contamination), a report is issued by another individual authorized in the interpretation of the results; and

m) Results of tests performed by subcontractors are clearly indicated as such.

5. Evaluation Interpretation Section

   a) A report titled, CPI (Combined Probability of Inclusion) Evaluation Laboratory Report, is issued for DNA cases which are requested to be reevaluated to ensure appropriate CPI rules were applied; and

   b) The report contains the Requested Analysis section and the Evaluation Interpretation section.

6. Investigative Leads and Requirements for Further Analysis Section

   a) Pertinent information or observations that may assist the agency in furthering their investigation may be included; and

   b) If the Laboratory needs new or additional known standards/exemplars, evidentiary samples, or additional information in order to provide further Laboratory analysis, it is requested here.

7. Disposition Section

   a) The disposition of the listed evidence is included. Alternatively, the disposition of evidence may be listed in other sections of the report;

   b) If the evidence was forwarded to another regional laboratory for testing, it is communicated to the customer; and

   c) If some Laboratory analyses are continuing on particular items of evidence and the nature of the analyses, it is included.

8. Report Closing Section

   a) A signature block is included as name(s) and title(s) of the person(s) authorizing the report; and

   b) A secure electronic signature is acceptable.
D. Supplemental [Discipline / Relevant Test] Laboratory Reports

1. Supplemental reports are considered testing reports and are issued when there are no corrections and:
   a) Additional tests are conducted using a second, identical category of LIMS request of the same type;
   b) Additional evidence is examined using a second, identical category of LIMS request; or
   c) Additional new information is necessary to be reported.
   d) For example, a second Biology Report is considered supplemental after an initial Biology Report has been issued in the case. A Biology Report issued after a Male Screening Report is not considered a supplemental report.

2. Supplemental reports reference the date of the previous report(s) issued that contain information pertaining to the case and/or evidence on which additional tests were performed. This is indicated in the Requested Analysis section, with the exception of Seized Drugs and Toxicology Reports (Alcohol/Volatiles and Drugs).

3. The report header includes “Supplemental” in the title.

4. When a re-examination is performed, a supplemental report is issued with a note indicating the reason for re-examination, with the exception of Seized Drugs and Toxicology Reports (Alcohol/Volatiles and Drugs).

5. If the conclusion(s) of a re-examination is inconsistent with the original report, a supplemental report is issued by the re-examination analyst, noting the inconsistency. The Quality Manager will investigate the issue further.

E. Amended [Discipline / Relevant Test] Laboratory Reports

1. Reporting in LIMS
   a) Amended reports are considered testing reports.
   b) The report title includes “Amended [Discipline / Relevant Test] Report”
   c) The administrative reviewer of any amended report is the Quality Manager or the Laboratory Manager.
   d) The reason for the amended report is documented in the Additional Data option on the request in LIMS and populates in the test report.
   e) The nature of the changes may require a QI/QAP process to be initiated.
   f) The amended report contains all of the original results as well as any corrected information.
      i. Corrections to evidence descriptions are included on the report; however, they appear as original text.
      ii. An exception is in place for Amended Toxicology (Drugs) Reports due to the limitations of the LIMS software. For Amended Toxicology (Drugs) Reports, the information in the Results of Analysis section on the original report is not included on the amended report if a change in reporting was made for a particular drug.
      iii. For example, if a quantitative result on the original report is amended to qualitative, the original reported concentration does not populate on the amended report.
g) The amended report references the original report by date and title in the Requested Analysis section. The amended report is considered a replacement to the original testing report.

2. Reporting Outside of Current LIMS
   a) Legacy LIMS reports and other reports with case information that is not in the current LIMS and requires amendment are corrected using a modified reporting template.
   b) It is not possible for information from the original report to populate in the amended report for legacy LIMS cases.
   c) New information that is currently required by discipline reporting guidelines is not necessary to be included in the amended report, unless it was required when the original report was issued or has been requested by the customer.
   d) The amended report references the original report by date and title which it replaces.
   e) The process is performed by request with LIMS Support to design and release the amended report such that it can be tracked appropriately in LIMS.

F. Closed Without Analysis Laboratory Reports
   1. If the contract for services requests a test and it was not performed, a closed without analysis report is issued indicating that no analysis was performed, excluding property submitted for destruction only.
   2. Reports titled “Closed Without Analysis Laboratory Report” are not considered a testing report; any Laboratory personnel may complete the administrative review and the technical review milestones in LIMS.
   3. The report includes disposition of the evidence and the reasons for the action(s) indicated. This disposition of the evidence is considered optional for Seized Drugs and Toxicology (Alcohol/Volatiles and/or Drugs) testing reports.

G. Laboratory Report Addenda
   1. A report addendum is used only in rare occasions due to limitations of the LIMS software.
   2. It typically does not contain all of the required elements for a report, and as such is considered as a required attachment to the original [Discipline / Relevant Test] Laboratory Report.
   3. The header reads, “Report Addendum” and contains case specific information.
   4. A report with the title “Amended Statistical DNA Report” is designed for reporting a correction of calculated statistics, does not contain all of the required information, and serves as a Report Addendum.
   5. If the original analyst is no longer available to release an Amended Statistical DNA Report, the section supervisor issues the report.

H. Laboratory Report Appendices
   1. Some disciplines attach a Report Appendix to the testing report to provide generic information to the customer about the testing process and/or further information to properly interpret the results. It does not contain case-specific information.
2. Disciplines that provide report appendices include, but are not limited to, Biology/DNA, Friction Ridge, and Trace Evidence.

3. Report appendices are not considered part of the [Discipline / Relevant Test] Laboratory Report.

I. Administrative Documentation

1. Administrative communication may be distributed with or without Laboratory reports and is not considered part of the testing, supplemental, or amended report.

2. Examples of administrative documentation include, but are not limited to:
   a) Certificate of Analysis Affidavit;
   b) Chain of Custody Affidavit;
   c) Peer Review Affidavit;
   d) Administrative License Revocation (ALR) Affidavit;
   e) Business Records Affidavit;
   f) Personnel Statement of Qualifications;
   g) Personnel Disclosure Form; and
   h) Restitution Request letter.

53.3 Laboratory Case Letters

A. The Laboratory may issue a Laboratory case letter that conveys case information but does not pertain to results of testing and conclusions.

B. These letters are not considered Laboratory testing reports. Examples include:

1. Awaiting Disposition Letter
   a) The title of the letter is “Disposition of Evidence.”
   b) The letter may be issued that requests authority for destruction of evidence for internal DPS customers.

2. Destruction Notification Letter
   a) The title of the letter is “Destruction Notification.”
   b) The letter may be issued to notify the agency that evidence was destroyed.

3. Outsource Letter
   a) The title of the letter is “Outsource Notification.”
   b) The letter is used to notify the agency that evidence was outsourced. It includes the vendor name and may include additional relevant information based on the discipline and/or test method.

4. CODIS Hit Letter
   a) The title of the letter is “CODIS Hit Letter.”
   b) The letter is used by the casework laboratory (i.e., regional laboratory) to communicate a CODIS hit for positive associations (hits) of value.
5. CODIS Match Verification Letter (or CODIS Offender Letter)
   a) The title of the letter is “SDIS CODIS Offender Letter” or “NDIS CODIS Offender Letter.”
   b) The SDIS letter is used by the CODIS Laboratory to communicate information regarding an individual’s name, state identification number and date of birth for an intrastate offender hit.
   c) The NDIS letter is used by the CODIS Laboratory to communicate information regarding an individual’s name, state identification number, FBI number, date of birth, and qualifying offense for an interstate offender hit.

6. CODIS Redraw Letter
   a) Texas Administrative Code §28.126 requires the Laboratory to notify the submitting agency if a CODIS sample is rejected. A redraw letter is issued to the collector of the sample so that they may provide an additional sample for analysis.

7. CODIS Expunction Letter
   a) CODIS expunction letters notify the appropriate authorities that a sample and its corresponding data have been destroyed and/or expunged.

53.4 Laboratory Calibration Certificates
A. Laboratory calibration certificates convey a description of the items received and tested, the results of testing, and conclusions that may contain opinions and interpretations.
B. Calibration certificates are issued by the individual(s) performing the work. The following information and/or sections are considered required components of all calibration certificates unless otherwise indicated:
C. Components of a Calibration Certificate
   1. Name and address of the Calibrating Laboratory and of the customer;
   2. Make, model, and serial number of the calibration item;
   3. Reference to the calibration method used;
   4. Condition of the calibration item;
   5. Serial number and expiration date of NIST traceable thermometer;
   6. The date of the receipt of the calibration item;
   7. Date or range of dates on which calibration activities were performed;
   8. The date(s) the certificate was reviewed and issued;
   9. The name of the individual issuing/authorizing the certificate;
   10. The measurement uncertainty of the measurement result and information related to traceability; and
   11. The reason for the calibration and any adjustments or repairs that were made, if applicable.
D. The Laboratory may issue an endorsed calibration certificate at the request of the customer.
   1. Endorsed calibrate certificates communicate the accreditation status of the Breath Alcohol Laboratory for calibration activities.
54 Review of Laboratory Records

54.1 Submission Form Review

A. Prior to commencing work on an item, the submission form, existing case record, and submitted items are reviewed to ensure the employee is knowledgeable of all aspects associated with the request.

B. Additionally, the employee ensures there are no unresolved discrepancies between the submission form and items submitted and inventoried.

C. If after work commences, a need to amend the submission form is identified either by the customer or internally, the contract review is repeated and any amendments are communicated to all affected personnel.

D. The amendment may occur physically to the submission form. If so, it is reimaged into the case record.

E. The amendment may also be captured as a case activity if the original submission form remains unchanged.

F. If the amendment is significant, the customer is notified (refer to Chapter 41).

G. Affected personnel varies based on the nature of the amendment. Personnel affected might include others assigned to work on the same item(s) in the future or those who have previously done work on those items.

H. Communication may occur in person, via phone or via email. All of these communication methods require documentation in the case activities.

I. If individuals are not yet assigned to do future work, documentation of the amendment in case activities or through reimaging the submission form serves as effective communication.

54.2 General Requirements Following Completion of Work

A. All Laboratory case records, CODIS records, Breath Alcohol calibration, and Breath Alcohol certified reference material records are subject to technical and administrative review prior to the release of testing or calibration results, reports, letters, or certificates.

   1. If circumstances arise which prevent technical review of all relevant records, the Quality Manager submits a deviation request and informs the System Quality Manager of a plan of action to accomplish reviews.

B. Additional records subject to technical and/or administrative review include proficiency tests, interlaboratory tests, intralaboratory tests, and validations.

C. Technical reviews, administrative reviews, and examination verifications are conducted by individuals other than the reporting examiner(s), including co-authors of the report, and/or individual(s) who conducted the work.

   1. Administrative review may be conducted concurrently or subsequently by the technical reviewer.

   2. Technical review may be conducted concurrently or subsequently by the verifying examiner.

   3. It is recommended that separate individuals perform the examination verification, technical review, and administrative review when possible.
4. In the case of supervised work performed by a newly qualified analyst, technical reviews are conducted by an individual other than the mentor or supervisor of that work.

D. The technical and administrative reviewer documents their concurrence with the final test or calibration record, including the report, letter, or calibration certificate with their initials and date, or secure electronic equivalent, in the Laboratory case, CODIS sample, or Breath Alcohol calibration record.

E. Reporting examiners, co-authors of reports, and individuals who issue reports and/or provide testimony based on technical records generated by another examiner(s) complete and document the technical review of all relevant pages of the applicable technical record.
   1. Alternatively, a note may be added in LIMS documenting the individual(s) that performed the review and that each page of the technical record has been reviewed prior to testimony.

F. If it is necessary to release preliminary laboratory results, conclusions are technically reviewed and documented to the extent of the completion of the work prior to its release, including verifications if applicable.
   1. Communications regarding the release of information prior to the issuance of the report are documented in the record. A simplified or informal communication such as an email can suffice for this documentation.

54.3 Technical Review

A. Individuals authorized to perform technical review:
   1. Individuals issued a license by the Texas Forensic Science Commission working in the following disciplines: Biology/DNA, Firearms & Toolmarks, Seized Drugs, Toxicology (Alcohol/Volatiles and Drugs), and Trace Evidence;
   2. Individuals currently qualified to perform independent work and technical reviews in the task(s) that the review is encompassing in the disciplines not required to be licensed by the Texas Forensic Science Commission;
   3. Individuals formerly qualified to perform independent work and technical reviews in the task(s) that the review is encompassing and who:
      a) *Still participate in proficiencies as a technical reviewer;*
      b) *Are competency tested to perform technical reviews prior to continued authorization;* and
      c) *Have a license or waiver from the Texas Forensic Science Commission to perform technical reviews, if applicable.*
   4. Contract employees currently or formerly qualified to perform independent work and technical reviews in the same relevant test methods by an outside agency who are competency tested to perform technical reviews only for the Laboratory and have a technical review license or waiver from the Texas Forensic Science Commission (for those disciplines required to be licensed).

B. The technical reviewer thoroughly examines the test or calibration record, including the test report, calibration certificate, or letter, to:
   1. Assess whether proper technical procedures have been applied to the examination of test or calibration items;
2. Inspect the actual data for quality, validity, appropriately applied calculations, and successful data transfers or transcriptions where applicable;

3. Verify that sufficient documentation is in the test or calibration record, including batch records, evidence inventory, chain-of-custody, and disposition of evidence as appropriate;

4. Ensure conformance with approved methods and applicable management system documents;

5. Ensure that any discipline-specific elements have been considered with regard to criteria for technical review and report writing;
   a) Each testing discipline contains supplemental discipline-specific technical review guidelines.

6. Ensure that the test report, calibration certificate, or letter contains all required elements and accurate information;

7. Ensure that results, interpretations, opinions, and conclusions in the test report or calibration certificate are accurate, within the constraints of validated scientific knowledge, and supported by the technical records; and

8. Ensure that clearly communicated and properly qualified statements regarding significance of associations, exclusions, or reason(s) that no definitive conclusions could be reached are included in the test report.

C. For reference material production:

1. A technical evaluation of the data and documents involved in the characterization is performed to confirm adherence to the measurement plan that addresses appropriate traceability and sufficient reliability whether or not traceability and measurement uncertainty are reported on the reference material documentation.

2. In the case of deviations from the plan, assess whether the deviation necessitates exclusion of the data from characterization.

D. The technical reviewer communicates any discrepancies in, or recommended changes to, the test or calibration record directly to the reporting examiner(s) and/or individual(s) who conducted the work.

   1. The reporting examiner(s) and/or individual(s) who conducted the work may collaboratively resolve discrepancies or recommended changes identified by the technical reviewer by making corrections, amendments, or additions to the test or calibration record (refer to Chapter 52).

   2. If the reporting examiner(s) and/or individual(s) who conducted the work does not concur with the discrepancies or recommended changes, the review resolution process is followed.

   3. If at the conclusion of the review process the technical reviewer does not concur with the test or calibration record, including the Laboratory case report, calibration certificate, or letter, the review resolution process is followed.

54.4 Administrative Review

A. Individuals authorized to perform administrative review:

   1. Individuals who have completed general laboratory training and/or discipline-specific training in order to become familiar with management system documents.
2. The administrative review of amended reports is conducted by the Laboratory Manager or Quality Manager.

B. The administrative reviewer thoroughly examines the test or calibration record, including the test report, calibration certificate, or letter, to:
   1. Ensure that the administrative and test or calibration records are uniquely identified (via case number, etc.);
   2. Ensure that the test report, calibration certificate, or letter contains all required elements and accurate information; and
   3. Ensure that the text of the test report, calibration certificate, or letter contains logical/complete statements, information supported by the test or calibration record, and spelling/grammatical accuracy.

C. The administrative reviewer communicates any discrepancies in, or recommended changes to, the test or calibration record directly to the reporting examiner(s) and/or author(s) of the test report, calibration certificate, or letter.
   1. The reporting examiner(s) and/or author(s) of the test report, calibration certificate, or letter may collaboratively resolve discrepancies or recommended changes identified by the administrative reviewer by making corrections, amendments, or additions to the test or calibration record as per Chapter 52.
   2. If the reporting examiner(s) and/or author(s) of the test report, calibration certificate, or letter does not concur with the discrepancies or recommended changes, the review resolution process is followed.
   3. If at the conclusion of the review process the administrative reviewer does not concur with the test or calibration record, including the test report, calibration certificate, or letter, the review resolution process is followed.
   4. If an administrative correction to the test report, or letter requires a change to the status, the technical reviewer documents their concurrence with the revised final report with their initials and date or secure electronic equivalent in the case record.
   5. If an administrative correction to the test report, or letter does not require a change to the status, an additional technical review is not considered necessary.
   6. If an administrative correction to the calibration certificate requires a change to the status, the technical reviewer documents their concurrence with the revised final certificate with the date and secure electronic signature in the calibration record.
   7. If an administrative correction to the calibration certificate does not require a change to the status, an additional technical review is not considered necessary.

54.5 Examination Verifications
A. Examination verifications are performed in the AFIS, Firearms & Toolmarks, Friction Ridge, Forensic Document Examination, and Trace Evidence disciplines and are independent of both analysis and the technical review process. Applicable discipline procedures may further define when verifications are required.

B. When verifications are performed, the verifying examiner documents their concurrence with each final test result, interpretation, or opinion with their initials and date, or secure electronic equivalent, in the Laboratory case record.
C. Individuals authorized to perform examination verification:
   1. Individuals licensed by the Texas Forensic Science Commission for the Firearms &
      Toolmarks and Trace Evidence disciplines; and
   2. Individuals currently qualified to perform independent work in the task(s) that the
      verification is encompassing.

D. Verification of a result, interpretation, or opinion by a second examiner occurs after the initial
   result, interpretation, or opinion has been documented and initialed/dated by the reporting
   examiner.
   1. Applicable disciplines may further define the verification procedures in the relevant
      discipline procedure manuals.

E. The verifying examiner communicates any discrepancies in, or recommended changes to,
   the result, interpretation, or opinion directly to the reporting examiner.
   1. The reporting examiner may collaboratively resolve discrepancies or recommended
      changes identified by the verifying examiner by making applicable amendments to
      the case record (refer to Chapter 52).
   2. If the reporting examiner does not concur with the discrepancies or recommended
      changes, the review resolution process is followed.

54.6 Review Resolution Process

A. Differences in scientific results, interpretations, and opinions identified during technical
   review, administrative review, or examination verification may be considered Brady Material
   (exculpatory) and are required to be reported to the customer in the relevant test report or
   calibration certificate.

B. The reporting examiner(s), individual(s) who conducted the work, and/or author(s) of the test
   report, calibration certificate, or letter is responsible for initiating the review resolution
   process by notifying the immediate supervisor (including Technical Leader, as appropriate)
   who moderates resolution.
   1. The immediate supervisor and/or Technical Leader cannot act as moderator if they
      were involved in the testing, calibration, and/or review process or is unable to act
      independently and objectively.
   2. Other subject matter experts including Technical Points of Contact (TPOCs) may be
      engaged at the discretion of the supervisor and/or Technical Leader if necessary.

C. Involved parties collaborate to research and determine the best course of action depending
   on case-specific circumstances.
   1. Additional testing may be required.
   2. Discipline-specific report writing guidelines are used to ensure that reporting
      statements are consistent with the discipline requirements and to ensure clarity of
      the reported results, interpretation, or opinion as applicable.

D. The reporting examiner(s), individual(s) who conducted the work, and/or author(s) of the test
   report, calibration certificate, or letter is never pressured, forced, or directed to change their
   result, interpretation, or opinion.
   1. If at the conclusion of the review resolution process the involved parties reach a
      consensus for the final result, interpretation, or opinion and the reporting
examiner(s), individual(s) who conducted the work, and/or author(s) of the test report, calibration certificate, or letter voluntarily opts to amend the result, interpretation, or opinion following collaboration, all changes are tracked and documented as per Chapter 53 and the final result, interpretation, or opinion is reported.

2. If at the conclusion of the review resolution process the involved parties cannot reach a consensus for the final result, interpretation, or opinion, and the reporting examiner(s), individual(s) who conducted the work, and/or author(s) of the test report does not opt to amend the result, interpretation, or opinion, the relevant result, interpretation, or opinion is reported as inconclusive or unable to positively identify.

   a) If a result, interpretation, or opinion is reported as inconclusive or unable to positively identify due to the review resolution process, communication is made to the customer in the applicable test report or calibration certificate to indicate the difference of opinion.

   b) Recommended wording for the applicable test report: “The [result/conclusion/opinion] associated with [Item 1] was subjected to a review resolution process due to difference of opinion between the involved parties. Because no consensus was reached, the [result/conclusion/opinion] is reported as [inconclusive/unable to positively identify].

E. Regardless of outcome, the review resolution process is documented in the test or calibration record to explicitly indicate that the review resolution process was followed.
55 Records Requests and Release of Laboratory Records and Information

55.1 General Requirements

A. Laboratory records and information distributed over any external network are encrypted utilizing an encryption standard established by the IT Division as per General Manual Chapter 26.

1. Laboratory reports and letters electronically distributed from LIMS are unable to be encrypted prior to distribution and as such, only governmental or customer business email address domains (including, but not limited to, .us, .gov, .mil, .org, and .edu) are used for distribution of Laboratory reports and letters from LIMS and when electronically complying with a subpoena duces tecum, court order, or discovery request.
   a) If an acceptable customer email address is not available, records and information are distributed via mail, fax, or in person.

2. Laboratory calibration certificates are distributed electronically via the DPS website at https://www.dps.texas.gov/BalLab.

B. All Laboratory records and information distributed via email, regardless of the email address domain, are classified as confidential in order to minimize the risk of unintentional distribution of confidential information.

1. Laboratory records and information distributed via email to internal DPS customers is not required to be classified as confidential due to transmission over the Department network.

2. Emails are not required to be classified as confidential if the Laboratory records and information is delivered using an encrypted attachment.
   a) Attached documents are encrypted with at least a 128 bit key and the password is conveyed in a secure manner (e.g., confidential email, phone call, or in person).

   b) Passwords used to encrypt documents comply with requirements established by the IT Division as per General Manual Chapter 26.

55.2 Public Information Requests

A. Upon receipt of a written request for records under the Public Information Act delivered to the Laboratory via mail, fax, or in person, the request is dated and forwarded to the designated records release personnel, section supervisor, Laboratory Manager, or Laboratory Director for evaluation.

B. Emailed requests are not accepted and the requestor is informed that requests by email need to be made through the Office of General Counsel via the “Public Information Request” page of the Department’s website (http://www.dps.texas.gov/GeneralCounsel/contact/) or the designated email address for public information requests (OGC.Webmaster@dps.texas.gov).

C. Upon receipt of a request for non-case related records and information, the Laboratory provides a response within ten business days, when possible, in order to avoid forfeiture of the exceptions to disclosure. If the exceptions to disclosure are waived or forfeited, all information may be deemed public information and is subject to release.

D. Upon receipt of a request for case-related records and information for Laboratory cases involving crimes against persons (e.g., homicide, assault, sexual assault, kidnapping), the
Laboratory contacts the customer to provide notification that a public information request has been received. At that time, the customer may request that the Laboratory withhold the requested records due to the case’s active status, ongoing investigations, or pending criminal charges or litigation.

E. It is determined which records are responsive to the request and where the records are located. If no relevant records are identified, this is indicated in the response to the requester.

F. Under the exceptions to disclosure, the following information is considered confidential and is redacted or removed prior to the release of records unless it relates to a person who is deceased or it relates to the requestor:

1. Date of birth;
2. Driver license number or identification card number;
3. Photocopy of a license or ID card;
4. License plate number and vehicle identification number;
5. FBI number and criminal history records (TLETS/TCIC/NCIC);
6. Social security number;
7. Credit card, debit card, insurance policy, bank account, or bank routing number, or any portion of the number;
8. DNA, CODIS, or fingerprint records;
9. Autopsy photographs; and
10. Department employee’s personal information (if employee elected to restrict the information) including:
   a) Home address;
   b) Home/cellular telephone number;
   c) Social security number;
   d) Date of birth;
   e) Emergency contact information; and
   f) Family information.

G. Requests from an incarcerated individual, or an agent of that individual, are not accepted or fulfilled under the Public Information Act based on Government Code §552.028.

1. The Laboratory informs the incarcerated individual, or their agent, that they may alternatively direct their request through an applicable attorney or by providing a valid subpoena duces tecum or court order.

H. Upon customer request, public information requests relating to ongoing/active investigations, pending criminal cases or litigation, sensitive crime scene photographs, investigations involving criminal activity by a juvenile, or investigations involving sexual assault, sexual abuse, stalking, or trafficking are forwarded to the Office of General Counsel, along with all of the responsive records, for an Attorney General’s opinion.

I. Questions regarding compliance with a request or records exempt from the Public Information Act are forwarded to the Laboratory Records Program Manager.
J. The Laboratory may seek reimbursement for copies of the requested records and/or completion of the request. The fees for compiling and releasing public information requests are set by the Attorney General’s Office and are subject to change.

1. For requests where the cost is estimated to be greater than $40, the Laboratory provides the requestor with a written itemized cost estimate prior to completing the request. Requests totaling less than $40 do not require a written itemized cost estimate.

2. For requests where the cost is estimated to be greater than $100, the Laboratory requires the requestor to pay a deposit or bond equal to 50% of the estimated costs prior to completing the request.

3. The Laboratory requires payment to be rendered prior to the release of the requested records.

4. Payment is made via cash (exact amount due), check, or money order made out to the Texas Department of Public Safety. Credit card payments are not accepted.

5. The Laboratory provides the requestor with a receipt for all responsive records for which payment was received.

6. Payments received by a regional laboratory are sent to the Laboratory Director’s Executive Assistant, along with a copy of the receipt provided to the requestor.

K. A requestor may be directed to a specific internet location (URL) for access to requested information or records in lieu of the Laboratory providing a copy of the information or records.

1. The requested information or records are readily identifiable and available.

2. If the specific internet location (URL) is provided via email, include the following statement:

   a) “Per Texas Government Code §552.221, you are entitled to the access of the requested information at no cost regardless of whether it is retrieved at the provided internet location (URL). Please note, your request for information is considered withdrawn if you do not respond within 10 business days informing us of your decision to reject access of the information via the provided internet location (URL).”

3. If the requestor rejects access to the requested information or records via the provided internet location (URL), the Laboratory complies with the request using routine procedure.

L. The Laboratory is not authorized to seek reimbursement for copies of the requested information or records and/or completion of the request, or portion therein, for any information or records which are publically available at the time of the request.

55.3 Subpoena Duces Tecum and Court Order Requests

A. A subpoena duces tecum or a court order may be issued to the Laboratory or directly to an individual for records.

B. The designated records release personnel, section supervisor, Laboratory Manager, or Laboratory Director ascertains if the subpoena duces tecum or court order is valid and addresses any fulfillment issues with the respective prosecuting attorney and/or requestor. If
additional assistance is necessary, inquiry to the Laboratory Records Program Manager and/or Office of General Counsel is made.

1. A valid subpoena duces tecum requires the signature of a court official (judge, clerk, attorney, etc.).

2. A valid court order requires the signature of a judge.

C. It is determined which records are responsive to the request and where the records are located. Copies of the records are prepared for release and delivery is arranged. If no relevant records are identified, this is indicated in the response to the requestor.

1. Copies of all records released to a defense attorney are also provided to the prosecuting attorney or designee.

D. The request is released by the due date provided in the subpoena duces tecum or court order, if provided.

1. If the Laboratory determines they will be unable to release the request by the applicable due date, the Laboratory informs the requestor and makes arrangements for the delivery of the requested information.

E. The Laboratory is not authorized to seek reimbursement for copies of the requested records and/or completion of a request unless the court document(s) specifically state the Laboratory may do so.

1. If the Laboratory is seeking reimbursement, refer to 55.2.J above for instruction.

55.4 Motions and Requests for Discovery (Michael Morton Act)

A. The prosecuting attorney, defense attorney, or their designee may contact the Laboratory via verbal or written request for records or via a Motion for Discovery.

1. Records are released upon request from the prosecuting attorney regardless of how the request is made.

2. Requests for records from the defense attorney are released to the prosecutor without the need for a subpoena duces tecum or court order.

   a) A request should be made that the defense attorney direct their request through the prosecuting attorney as Texas Code of Criminal Procedure Article 39.14 contemplates.

   b) Requests are not released directly to the defense attorney due to the potential for the presence of attorney work-product or other information not subject to discovery under Texas Code of Criminal Procedure Article 39.14. The prosecuting attorney holds all responsibility for determining which records are subject to disclosure.

B. The designated records release personnel, section supervisor, Laboratory Manager, or Laboratory Director addresses any fulfillment issues with the respective prosecuting attorney and/or requestor. If additional assistance is necessary, inquiry to the Laboratory Records Program Manager and/or Office of General Counsel is made.

C. It is determined which records are responsive to the request and where the records are located. Copies of the records are prepared for release and delivery is arranged. If no relevant records are identified, this is indicated in the response to the requestor.

D. The Laboratory is not authorized to seek reimbursement for copies of the requested records and/or completion of discovery (Michael Morton Act) requests.
55.5 Release of Information Pertaining to Intoxication Offenses

A. Information specifically concerning the analysis of an individual’s blood or breath specimen given at the request of a peace officer may be released to the individual or individual’s attorney upon request without the need for a subpoena duces tecum or court order due to Texas Transportation Code §724.018.

B. It is determined which records are responsive to the request and where the records are located. Copies of the records are prepared for release and delivery is arranged. If no relevant records are identified, this is indicated in the response to the requestor.

C. If the Laboratory receives a request for the analysis results, a copy of the Breath Alcohol Analytical Report, Toxicology (Alcohol/Volatiles Content), and/or Toxicology (Drugs) Laboratory Report, as applicable, is released to the requestor without the need for release of any additional records.

D. Information requested which is not specifically concerning the analysis of an individual’s blood or breath specimen may be provided under the provisions of 56.2 (public information requests) and 56.4 (motions and requests for Discovery (Michael Morton Act)).

55.6 Release of CODIS Records and Information

A. A CODIS database sample or record is only released under the following circumstances and through the proper procedure as outlined below:

1. To a criminal justice agency for criminal justice or law enforcement identification purposes;
2. To a court for a judicial proceeding, if otherwise admissible under law;
   a) The records for a judicial proceeding pertain only to proceedings filed with the court or discovery proceedings and are not released through public information requests even if requested for a judicial proceeding.
3. To a criminal defendant for defense purposes, if related to the case in which the defendant is charged; or
4. If personally identifiable information is removed for:
   a) A population statistics database;
   b) Forensic identification research and forensic protocol development; or
   c) Quality control purposes.

B. Release of a CODIS database sample or a portion therein, is only permitted to the requesting agency’s laboratory, a laboratory used by the agency, or a laboratory directed by a valid court order.

C. Release of CODIS records, other than a database sample, is only permitted with the receipt of a valid subpoena duces tecum, court order, or discovery request (Michael Morton Act).

D. Release of information regarding an individual’s presence in CODIS is only permitted to a criminal justice or law enforcement agency for investigation purposes.

E. CODIS database records are specifically prohibited from release under the following request circumstances:

1. Arrestee/convicted offender request, including legal counsel or third party, to access all records contained in the database;
2. Arrestee/convicted offender request, including legal counsel or third party, to access records in relation to a case other than that of the requesting arrestee/convicted offender; and

3. A request for the release of CODIS candidate match information which has not been confirmed.
   
a) If a request is received for this information, the State CODIS Program Manager is immediately informed.

55.7 Release of Affidavits

A. The completion and release of executed affidavits is only permitted for affidavits whose templates exist in LIMS.

   1. The completion and release of customer-provided business records affidavits is permitted if the affidavit contains the language listed in the Texas Rules of Evidence (Rule 902) pertaining to business records accompanied by affidavit.

B. Except for business records affidavits, all affidavits presented to an employee for signature by an outside entity are forwarded through the chain of command to the Director’s Office for review. The Director’s Office may engage the Office of General Counsel prior to employee signature.

55.8 Release of Laboratory Case Record(s) to Former Employees

A. A former employee who will be testifying to the work that they conducted during their previous tenure must provide the regional laboratory where the work was conducted with a copy of the subpoena or court order which commands them to testify in order for a copy of the relevant case record to be prepared.

B. The Laboratory provides a copy of the employee’s most recent Disclosure Form.

C. The original Laboratory case record is not released to a former Laboratory and/or Department employee.

   1. All exceptions to this policy are approved by the Laboratory Director and documented in the Laboratory case record.

55.9 Requests for Contact Information of Former Employees

A. A request for the contact information of former employees is made by the requestor through the “Public Information Request” page of the Department’s website (http://www.dps.texas.gov/GeneralCounsel/contact/).

   1. The requestor should select “DPS Employee Records” from the drop-down list and provide the employee’s name in the “Description of Requested Information”.

   2. Human Resources and/or the Office of General Counsel will determine if the request can be fulfilled and will respond as appropriate.

55.10 Request for Testimony Reimbursement of Former Employees

A. The Laboratory will not reimburse former employees for any expenses incurred during testimony.

B. A request for reimbursement for travel expenses (such as per diem and mileage) is reasonable and should be directed to the issuer of the subpoena.

C. Expert witness fees sought for testimony regarding work conducted while an employee are not supported by the Laboratory.
55.11 Subpoenas for Testimony of Former Employees

A. Subpoenas for the testimony of former personnel are not routinely forwarded by the Laboratory as the Laboratory is unable to make a guarantee of appearance or testimony on behalf of former personnel.

B. Upon receipt of a subpoena for the appearance or testimony of a former employee, the Laboratory Manager, or their designee, contacts the issuer of the subpoena and/or prosecuting attorney to request a subpoena duces tecum in order to obtain the former employee’s contact information.

1. The issuer of the subpoena and/or prosecuting attorney is informed that the subpoena duces tecum should be issued to the Texas Department of Public Safety Human Resource Operations Division and request the individual’s mailing address, physical address, and phone number(s). Contact information for the Division is provided as follows:

   Attn: Assistant Chief, Human Resources
   Texas Department of Public Safety Human Resource Operations Division
   PO Box 4087, Austin, TX 78773-0251
   Email: Human.Resources@dps.texas.gov
   Phone: (512) 424-5900
   Fax: (512) 424-2338

C. Communication is provided to notify the issuer of the subpoena and/or prosecuting attorney that reanalysis of evidence may occur with Laboratory approval if the initial examiner is not available for testimony.

55.12 Documentation of Records Requests and Releases

A. All Laboratory records and information released by mail or fax require a cover letter issued on a Department letterhead which communicates:

   1. The date the request was received;
   2. A summary of the request;
   3. A list or summary of the records and information being released; and
   4. The date the response was released by the Laboratory.

B. Release of records and information that pertain to a specific case is documented in accordance with Chapter 52 and the LIMS Manual (LIMS-02-19).

   1. A LIMS case activity or other notation is made in the Laboratory case record to communicate that a discovery request has been completed and that the case is now subject to continuing discovery requirements.

C. For public information requests, all applicable correspondence including the original request, communications to and from the requestor, the Laboratory’s response, and copies of the records released are documented and retained at the regional laboratory or on the CLS SharePoint “Public Information Request Log.”

   1. Case-related public information requests and applicable correspondence are additionally documented and retained in the Laboratory case record.
D. For subpoena duces tecum, court order, motion or request for discovery (Michael Morton Act), subject-related intoxication offense records, and former employee testimony requests, all applicable correspondence including the original request, communications to and from the requestor, the Laboratory’s response, and copies of the records released are documented and retained in the Laboratory case record.

E. A detailed list of the records released may be substituted for retaining copies of the released records. It is recommended that a detailed list be used if case-related records are released or if the Laboratory response is voluminous.

55.13 Unauthorized Distribution of Records

Laboratory personnel may not sell or donate, loan, transfer, or release records without the consent of a supervisor, Laboratory Manager, or Laboratory Director, unless required as defined by this chapter.
Expunction and Destruction of Laboratory Records and Information

56.1 General Requirements

A. A court may order the expunction of Laboratory records in a criminal case. If orders are received from a non-DPS source, they are sent to Crime Records/Expunctions (Expunctions@dps.texas.gov) for processing before taking any action.

B. Notices of expunction (e.g., notification of expunction order, notice of expunction hearing, etc.) and petitions for expunction received by the Laboratory are sent to Crime Records/Expunctions (Expunctions@dps.texas.gov). Copies are not maintained by the Laboratory or in the applicable Laboratory case record, CODIS record, or Breath Alcohol calibration record.

C. The details of the expunction order are evaluated such that only the correct information is selected to be expunged. Orders that reference a corresponding case in LIMS by the subject’s name and arrest date (24 hours before or after date listed) are forwarded to LIMS Support.

D. The Laboratory performs a diligent search of its records, including those in hard copy, LIMS, or other locations in order to comply with the conditions of the expunction order.

E. The expunction process is performed in the following manner:

1. The cited name and personally identifiable information is redacted or removed from the electronic Laboratory records stored in LIMS (to include the report and other electronic documentation) by LIMS Support.

2. The cited name and personally identifiable information is redacted or removed from any additional paper or electronic files including, but not limited to, submission forms, copies of offense reports and other administrative records, case notes, data sheets, raw data, photographs, and reports.

3. Microfilm records are not physically altered as it can greatly impact the integrity of the film and other records imaged on the film. Applicable microfilm records should first be converted to PDF, redacted, and then uploaded to LIMS if performing the expunction.
   a) It may be necessary to convert the microfilm records to paper, perform the redaction by hand, and then move forward with imaging and archival.

F. An Amended [Discipline / Relevant Test] Laboratory Report is not issued as a result of expunged information.

G. A court order to expunge records does not provide any legal authority to destroy or alter evidence.

H. Once the conditions of the order are met, the expunction order and any communications directly related to the expunction order are destroyed.

56.2 Final Disposition of Records

A. A record may be destroyed if:

1. The record appears on the DPS Records Retention Schedule, whose retention period has expired, and a destruction request has been submitted and approved by the Records Management Officer;
2. A records destruction request is submitted to the state records administrator and approved by the director and librarian, or their designee, for a record that does not appear on the approved state records retention schedule; or

3. The record is exempted from the need to be listed on a records destruction request.

B. A record whose retention period expires during any litigation, claim, negotiation, audit, public information request, administrative review, or other action involving the record may not be destroyed until the completion of the action and the resolution of all issues that arise from it.

C. If a record exists whose retention period has previously expired, and any litigation, claim, negotiation, audit, public information request, administrative review, or other action involving the record is initiated, the record may not be destroyed until the completion of the action and the resolution of all issues that arise from it.

D. Electronic records are destroyed by devices or programs which disable the document from viewing and printing.
PART V: QUALITY ASSURANCE

57 Customer Feedback – Surveys and Complaints

57.1 General
A. Feedback is sought from Laboratory customers to improve the management system, testing and calibration activities, and customer service. Customer suggestions, concerns, or complaints are quickly and effectively managed with respect to the quality system. Personnel complaints unrelated to the management and quality system follow the process outlined in General Manual Chapter 7A for resolution.

57.2 Customer Surveys
A. Regular assessment of customer satisfaction is deduced from a general purpose survey of Laboratory customers (LAB-501, or electronic equivalent).
B. Focused questionnaires may be developed as point-to-point assessments of Laboratory performance designed to elicit responses to particular areas of interest about employee interaction with a customer in a regional laboratory or a particular circumstance.

57.3 Customer Survey Plan
A. General purpose surveys are readily accessible electronically on the DPS website.
   1. Links to surveys are distributed to customer or target agencies and/or investigators to assess the Laboratory’s performance.
   2. Hard copies are available and/or distributed at the Laboratory Manager’s discretion.
   3. The System Quality Manager ensures the completed individual surveys are distributed to the respective regional laboratories on a quarterly basis.
   4. System QA is responsible for archival of the completed individual surveys on an annual basis.
B. Customer-specific surveys may be initiated or distributed.
   1. Completed surveys are reviewed and summarized, if needed, by the individual who initiated or distributed the survey.
   2. Completed surveys and summary are submitted for management review and archived by the respective regional laboratory.
C. If a recommendation for quality improvement is indicated or a complaint is identified, the QI/QAP process may be initiated.
D. Complaints received via survey are addressed by the Laboratory Manager via the Complaint Process (LAB-502, or electronic equivalent) or forwarded to an Assistant Laboratory Director if related to the System.

57.4 Complaints Associated with Laboratory Operations
A. The complaint process begins when any person at the Laboratory is informed via verbal or written complaint, including but not limited to those documented in the Customer Surveys.
B. Complaints may originate from direct or indirect Laboratory customers such as survivors, defendants, attorneys, judges, or legislators.
   1. Complaints may also be received and referred from accrediting bodies, including the Texas Forensic Science Commission.
C. Complaints received by the Laboratory are logged on the Complaint Form (LAB-502) either at the System-level or at the regional laboratory-level depending on the nature and scope of the complaint.

1. Initial information logged includes, but is not limited to the:
   a) Complainant name;
   b) Complainant contact information;
   c) Nature of the complaint; and
   d) Date complaint was received.

D. The applicable Laboratory Manager is responsible for completing the complaint record for regional laboratory-level complaints. The applicable Assistant Laboratory Director is responsible for completing the complaint record for System-level complaints.

1. On the Complaint Form (LAB-502), the applicable Laboratory Manager or Assistant Laboratory Director indicates whether the complaint relates to Laboratory activities for which they are responsible.
   a) If not related to Laboratory activities, the complaint is logged on the Complaint Form (LAB-502) as appropriate and the conclusion is provided back to the complainant. The record of the communication is maintained with the complaint form.
   b) If related to Laboratory activities, the complainant receives acknowledgement of the receipt of the complaint from the applicable Laboratory Manager or Assistant Laboratory Director and the acknowledgement is documented on the Complaint Form (LAB-502).

2. The course of action resulting from the complaint is handled on a case-by-case basis based on investigation and/or root cause analysis according to the magnitude and urgency of the identified issues. All necessary information is gathered during the review and validation of the complaint to assess the level of significance.

3. Following review by an Assistant Laboratory Director uninvolved in the complaint, the necessary course of action is taken by the applicable Laboratory Manager or Assistant Laboratory Director and summarized on the complaint form.
   a) If the course of action will take longer than 30 (thirty) days, the complainant is notified at monthly intervals with reports of progress.

4. The outcome of the complaint review and actions are reviewed by an Assistant Laboratory Director uninvolved in the complaint and the review is documented on the Complaint Form (LAB-502). Upon completion, the complainant is provided with outcomes of the complaint review and formal notice of the end of the complaint handling process.
   a) Note, if the complaint is forwarded from the Texas Forensic Science Commission, the outcome is reported directly back to the TFSC with no contact to the originating complainant and the TFSC serves as the official reviewing party (but does not preclude other internal reviewers).
   b) If additional documentation is generated pursuant to the complaint, such as a QI/QAP, it is retained according to the appropriate record series to include the case record if relevant to a case.

E. The complaint record is archived upon communication of final progress to the complainant.
57.5 Complaints Associated with Personnel
A. The procedures for reporting, investigating and processing complaints of discrimination, unprofessional conduct, or sexual harassment are governed by General Manual Chapter 18 (18.25.00).
B. The procedures for reporting, investigating, and processing other types of complaints received about employee conduct are governed by General Manual Chapter 7A (07.42.00).

57.6 Complaints Associated with Customers
A. The procedures for complaints associated with customers follows the same process and documentation procedure as complaints associated with Laboratory operations.
B. However, information about the customer obtained from the complainant is confidential between the customer and the Laboratory. The source of the complaint is confidential and is not shared with the customer, unless agreed by the complainant.
58 Document Management and Deviation

58.1 General Requirements
A. Documents that specify policy or procedural requirements or that prescribe quality-affecting activities are controlled by the management system to ensure that they are adequate, approved for use, and that only the current version is available for use.

B. Any individual who uses a printed or downloaded copy of a document (uncontrolled) is responsible for ensuring that actions based on the policy/procedure/directive are in compliance with the controlled version of the document.

C. All laboratory personnel have authority to recommend a new document, revision, deviation, or withdrawal of a current controlled document.

58.2 Document Control
A. All required documents, including forms, are controlled. Electronic equivalent options for forms are allowed, if available.

B. Unauthorized modifications to the content of documents/forms or structure of forms are not allowed.

C. Requirements for naming are found in the Electronic Storage and Archival of Records (Chapter 60).

D. Preferred practices for formatting are found in the Guidelines for Writing Procedures and Training Manuals (Chapter 59).

58.3 Document Revision
A. Altered or new text is identified in the document, where possible. If software does not automatically track changes, the author clearly indicates the change such as with a different font color.

B. Pertinent background information is included on the Document Authorization Form (LAB-503) including as appropriate:
   1. Reason for revision;
   2. Validations which support the change;
   3. Cyber Security approval for macros contained in the document;
   4. Training requirements; and
   5. Recommended effective date.

C. If data transfers or calculations in an electronic form or workbook are used for the acquisition, processing, records, reporting, storage, or retrieval of test data, they are documented in sufficient detail and validated as being adequate prior to implementation or use.

D. Document Revision Schedule
   1. Documents are periodically reviewed and updated as necessary following the approved Document Revision Schedule published on SharePoint.
   2. The System Quality Manager reviews and approves the Document Revision Schedule at least annually.
3. Updates to documents identified during the review follow the Document Submission process outlined below.

4. The DNA discipline completes an annual document review as defined in the discipline SOP.

5. System document revisions should target completion and submission to System QA sixty (60) days before publication.

6. Regional laboratory document revisions should target completion and submission to System QA thirty (30) days before publication.

7. Emergency changes to address non-compliance or legislative changes may be addressed outside of the revision schedule.

E. Document Submission

1. A Document Authorization Form (LAB-503) is completed by the requestor.

2. The form is designed with drop-down selection capability to facilitate completion of some required fields. Examples include:
   a) Document type – local, SOP, training, external, OSD, form, etc.;
   b) Document series – general (applies to all disciplines), discipline-specific, etc.; and
   c) Laboratory code – System or regional laboratory location.

3. Multiple documents from the same document series may be listed on a single authorization form and each DRN must be documented in a list under the requested action (new, revision, or rescind).

4. Reason for revision is requested to communicate to Laboratory personnel the basis for the change, new document, or withdrawal.

5. Additional information is requested on the form to ensure compliance with this manual.

6. The new document, revised document, or external document and the complete Document Authorization Form (LAB-503) are submitted to System QA via the SharePoint QA Drop-Off Library to facilitate the review and approval process.
   a) System-wide procedures and documents are reviewed by the System Quality Manager.
   b) Regional laboratory documents are reviewed by the respective Quality Manager and Laboratory Manager prior to the System Quality Manager’s review for consideration/approval.
      i. If it is determined that the regional laboratory documents require Advisory Board review, SQA facilitates the review and ensures approval is captured on the Document Authorization Form.
   c) System Quality Assurance reviews documents for format and consistency with related requirements and develops the revision history.
   d) Administrative changes may be approved by the System Quality Manager without the approval of the Laboratory Director.

7. System documents are circulated for a ten (10) day minimum system comment period prior to authorization, unless the System Quality Manager approves an
abbreviated comment period, which is captured on the Document Authorization Form.

8. External documents are not subject to a comment period during the approval process.

9. The assigned QA representative coordinates the review of comments with the requestor (e.g., Advisory Board or Committee Chair) and determines whether a supplemental revision is necessary.

10. Supplemental revision(s) of proposed changes are circulated for a five (5) day minimum comment period prior to authorization, unless System Quality Manager approval is obtained for an abbreviated period. If there is no additional circulation, the approval is captured on the Document Authorization Form.

11. If macros are contained within a document, it is submitted to DPS Cyber Security for approval. The approval of macros is preferred prior to submission to System QA. Failure to obtain approval by Cyber Security results in the macros being disabled prior to authorization.

F. Document Authorization

1. The Quality Manager or designee approves all regional laboratory documents, including external documents, prior to Laboratory Director authorization.

2. The Laboratory Director or designee approves all System-wide documents, including external documents, and regional laboratory documents.

3. In addition to the Laboratory Director, the Scientific Director or designee approves all Office of Scientific Director (OSD) documents.

G. Document Issuance

1. External documents do not require an issuing authority.

2. All pages of the controlled document indicate the issuing authority.

3. The issuing authority for System-wide documents is the System Quality Manager.

4. The issuing authority for regional laboratory documents is the Quality Manager.

5. The issuing authority for OSD documents is the Scientific Director.

6. The document control process does not allow for handwritten or unauthorized amendment to controlled documents.

H. Document Implementation

1. After authorization, the laboratory-generated document or revision is issued, archived, and maintained by System QA. Laboratory-generated documents are controlled in Qualtrax.
   
   a) *External documents are readily available in the laboratory in which they are used, though not necessarily in electronic format.*

2. The System Quality Manager ensures that approved versions of documents are available to laboratory personnel and implemented by the effective date.

3. Electronic notification to affected employees is initiated by and retained in Qualtrax.
4. Each employee follows the procedures or policies no later than the effective date or approved implementation date.

5. The Quality Manager or designee ensures that either network access is available or a current printed or downloaded copy of approved controlled documents is available in relevant work areas.
   a) If in electronic format, the compiled, current version is maintained.
   b) All previous paper and electronic copies of documents are removed from the work areas and/or marked such that they preclude unintended use.

I. Regional Laboratory Documents

1. Regional laboratory documents that supplement or clarify a laboratory policy, procedure, or position do not supplant system policies and procedures.

2. Examples of regional laboratory documents include regional electronic security system procedures and after-hours evidence submission procedures.

3. Discipline-related regional laboratory policies are submitted to the relevant advisory board or committee for consideration to promote consistency between laboratories, when possible.

4. The document authorization process is initiated by the laboratory for all revisions. Administrative revisions are reviewed by System QA and are submitted to the System Quality Manager for final approval.

58.4 External Documents

A. An external document is a document (e.g., reference, manual, form, etc.) which has been adopted as a matter of policy and is subject to compliance, auditing, and routine controlled document requirements.

B. Equipment and software manuals maintained for general reference purposes and not authorized as External Documents are not subject to document control requirements. In this context, “general reference purposes” means that personnel are not required to follow specific procedures or instructions contained in the manuals.

1. The necessary verbiage may be extracted and placed within an internally generated controlled document.

2. In this circumstance, it is not necessary to use the Document Authorization Form (LAB-503) or add a reference in the External Document list.

C. Approval Process

1. The Quality Manager indicates approval on the Document Authorization Form (LAB-503) for manufacturer or equipment manuals, or other externally prepared instructions/policies adopted by the laboratory as policy.

2. The System Quality Manager or designee approves all external documents prior to Laboratory Director authorization.

D. The External Document list is updated and maintained in SharePoint by SQA.

E. External documents are electronically imaged and archived when rescinded.
58.5 **Document Archival**

A. Documents may be requested to be rescinded using the Document Authorization process.

B. Superseded controlled documents are removed from use.

C. Electronic copies of revised documents are archived in a manner that facilitates rapid retrieval.

58.6 **Deviation Requests**

A. When the need for a deviation from an approved policy, practice, procedure, or requirement is identified, the requestor initiates a deviation request using the Deviation Request Form (LAB-505) and specifies:

1. The applicable policy, procedure, or requirement;
2. The anticipated duration of the deviation;
3. The related procedure and/or method;
4. Related work, if applicable;
5. Description of the requested deviation;
6. The specific instance(s) for which the deviation is requested;
7. The justification for deviation request, including the merits and restrictions;
8. Possible impact to analytical interpretation, safety, integrity of test/calibration items, or resources;
9. Affected party(ies) to be notified upon approval and method of notification; and
10. The risks associated with the proposed deviation and the assigned risk (refer to Chapter 64) and significance level.

B. Validations are required for modification to procedures when determined to be necessary (refer to Chapter 50).

C. Where appropriate, the Quality Manager, Laboratory Manager, Technical Leader(s), and/or Section Supervisor(s) review the deviation request with respect to:

1. Technical, quality, and laboratory perspectives;
2. Necessity, scientific validity, and risks (e.g., contamination, defensibility, deleterious change and safety); and
3. Conformance to generally accepted quality assurance principles and impact on the quality of work performed.

D. The Deviation Request Form (LAB-505), along with any associated documentation, is submitted to System QA for review and evaluation.

E. The effective date of the deviation is determined in conjunction with the requestor(s) and is documented on the Deviation Request Form (LAB-505).

F. Deviations that involve a new or modified procedure are also reviewed and evaluated by the respective Advisory Board Chairperson and/or Program Coordinator, or designee, when applicable.

G. The Laboratory Director authorizes deviation requests.
H. Rejection of deviation requests may occur at any of the review steps.

I. If approved, notification of deviation effective date is communicated by System QA to affected parties based on information received from the requestor and documented on the Deviation Request Form (LAB-505).

J. System QA archives the completed deviation record.

K. The duration of the deviation is valid only for a specified period of time or circumstance as documented on the Deviation Request Form (LAB-505).

L. If a deviation is specific to a Laboratory case record, CODIS record, or Breath Alcohol calibration record, a reference to the approved deviation is documented in the applicable Laboratory record.

M. If a deviation is associated with a test or calibration method, the use of the deviation is communicated in the applicable [Discipline / Relevant Test] Laboratory Report or Calibration Certificate. Further, reference to the specific deviation is documented in the case record, CODIS record, Breath Alcohol calibration record, and Breath Alcohol certified reference material record, as applicable.

N. A Deviation Request Supplement Form (LAB-506) is submitted to System QA to seek approval for changes to an approved deviation or to initiate withdrawal of the deviation.
59  Guidelines for Writing Procedures and Training Manuals

59.1  General
These guidelines are intended to assist in the development of a uniform format for discipline procedures and training manuals.

59.2  Discipline Procedures
A. Laboratory activities that require a discipline procedure include:
   1. Test methods;
   2. Calibration methods;
   3. Reagent preparations beyond a simple dilution; and
   4. Any other processes that can influence results of Laboratory activities.

B. The following sections are considered for inclusion in discipline procedures as appropriate:
   1. Title – A brief, unique descriptive header
   2. Scope – Extent of applicability of the procedure
   3. Specifications – Applies only to reagents; the name of the reagent as it appears on documentation and containers
   4. Related Documents or Related Chapters – List of controlled documents, except forms, or chapters within a controlled manual that are directly related. If there is none, “none” is indicated.
   5. Safety – A brief description of safety precautions including personal protective equipment. Safety Data Sheets are referenced here.
   6. Equipment and Materials – Equipment and materials required. If there is none, “none” is indicated.
   7. Standards, Controls, and Calibration – All required standards, controls and calibrations, their purpose, and any required pass/fail criteria. If there is none, “none” is indicated.
   8. Procedures or Instructions – Sequential steps including use of controls, standards, and blanks, as applicable. Instructions include precautions to minimize loss, contamination and/or degradation of the sample. Reagent preparation instructions and methods for checking reliability are included if the reagent(s) does not have its own SOP. If preparation or performance checks of equipment is required each time the procedures are followed, detailed, step-by-step directions for the requirements are included. For some equipment, the performance checks are performed following a separate procedure.
   9. Interpretation – Criteria used to evaluate the results of the procedure.
   10. Precautions or Limitations – Circumstances under which the procedure should not be used and any other limitations such as sensitivity levels, false positives, false negatives, or other conditions that might affect the accuracy of the results.
   11. Literature References and Supporting Documentation – References used in developing the SOP or sources for further information. This section should not contain a list of Laboratory controlled documents.
12. **Testing, Storage, Expiration, and Disposal** – Conditions generally used with reagent preparation procedures. These elements are included along with quality control requirements.

C. The following sections may be used for additional guidance.

1. **Definitions** – Words may be defined for their specific application within the scope of the document. These words may also be included within a glossary.

2. **Practices** – Procedures or instructions related to policy.

3. **Records** – A description or listing of forms required or records generated.

D. The detail of procedures are sufficient to provide reproducible results and the procedures conform to applicable scientific standards.

E. When policies and procedures are approved by the Laboratory Director, they are required to be followed unless an approved deviation is active.

59.3 **Training Manuals**

A. Training is available for the following topics:

1. General laboratory training, including:

   a) **Fundamentals**;
   i. New Employee Orientation;
   ii. General Safety;
   iii. Forensic Science;
   iv. Forensic Testing Laboratory Information Management Systems (LIMS);
   v. Evidence Handling;
   vi. Ethics and Professionalism;
   vii. Introduction to Quality Assurance; and
   viii. Introduction to Records and Information Management.

   b) **Forensic Legal**; and
   i. Overview of Legal Processes and Testimony;
   ii. Rules of Evidence and General Legal Opinions; and
   iii. Discipline-Specific Legal Opinions.

   c) **Advanced Topics**.
   i. Measurement Uncertainty;
   ii. Advanced Quality Assurance; and
   iii. Advanced Evidence Handling.

2. Discipline specific training, including:

   a) **Discipline processes**;
   b) **Analysis procedures**;
   c) **Uncertainty, where applicable**;
   d) **Sampling and sampling plans, where applicable**;
   e) **General requirements expressed in legislation and standards; and**
   f) **Impact of deviations found with regard to the normal use of the items, materials, products, etc. concerned**.
B. Program Overview Format

1. Title – Titles used in the training manual overview are to be brief and include the word “Overview” followed by the topic for which training is indicated.

2. Introduction – Scope of training program, including target audience and general training topics.

3. Purpose – Describe the training goal(s).

4. Program Format – The training program is divided into unit(s), each consisting of a set of modules. Training is accomplished through a variety of lessons and concludes with competency testing, the details of which are found in the unit or module. However, supervised casework requirements including quantity, batch number, and sample type are stated in the Overview. Prerequisite requirements are noted, as are additional requirements which must be satisfied prior to independent casework authorization.

5. Safety – Briefly specify precautions, waste disposal, protective equipment and clothing requirements.

6. Responsibilities – Describe the responsibilities of the trainee.

7. Review and Authorization – Describe the required training review and authorization process.

C. Module Format

1. Title – Titles used in the procedure/policy are to be brief and include the topic for which training is indicated.

2. Duration - Expected total cumulative time in days anticipated for completion of training.

3. Purpose – Brief description of training topic and goals.

4. Prerequisite – Specify DRNs required to be completed prior to beginning this training module. If there are no prerequisites, state NONE.

5. Objectives
   a) Theoretical – Conceptual overview of training topic and its value; and
   b) Practical – Objective tasks and criteria for training.

6. Training Outline
   a) Lesson Plan – Logical and detailed plan for training to enable theoretical and practical objectives to be accomplished;
   b) Required Readings (other resource formats); and
   c) Suggested Readings (other resource formats).

7. Practice
   a) Safety – Briefly specify precautions, waste disposal, protective equipment and clothing. May not be applicable here as safety may be a prerequisite module/unit, or topics may be covered in Overview module;
   b) Standards, Controls, Reagent Preparation – None or list reagents, standards, and controls to be prepared as a module training exercise;
c) **Equipment** – None or list equipment, parameter settings, performance verification routines, software interface, and batch set up when done as a module training exercise;

d) **Observed Performance** – Describe what the trainee is to observe and discuss;

e) **Supervised Performance** – Describe teaching exercises with instructor interaction; and

f) **Independent Exercises** – Describe teaching exercises with no or minimum instructor interaction.

8. **Assessment**

a) **Competency and qualifying examination** – Describe competency samples and competency testing process, including

   i. Practical exercise-based examination,

   ii. Written or oral examinations, and/or

   iii. Testimony competency test through a mock trial

b) **Evaluation of training**

   i. Completion of training checklist(s) by trainee and trainer; and/or

   ii. Evaluation of program by trainee (LAB-304)

**59.4 Naming and Formatting Documents**

A. **Document Identification**

1. A document reference number (DRN) identifies the document for rapid retrieval and unique identification. The standardized document numbering scheme adopted is used in both the electronic filename of the document and the header of the document.

   NOTE: Documents effective on or after 04/15/2019 use a document reference that consists of the document name or discipline and ‘manual’. For example, “Crime Laboratory Service Manual.” Each manual will be made up of a series of units and chapters.

2. The first part of the DRN or chapter associates the document with others of similar ownership and purpose using the discipline or document series abbreviation:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Discipline / Document Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF</td>
<td>Automated Fingerprint Identification System (AFIS)</td>
</tr>
<tr>
<td>BA</td>
<td>Toxicology (Alcohol/Volatiles)</td>
</tr>
<tr>
<td>BAL</td>
<td>Breath Alcohol Laboratory</td>
</tr>
<tr>
<td>CLS</td>
<td>Crime Laboratory Service</td>
</tr>
<tr>
<td>CO</td>
<td>COCombined DNA Index System (CODIS)</td>
</tr>
<tr>
<td>CRM</td>
<td>Certified Reference Material</td>
</tr>
</tbody>
</table>
### Guidelines for Writing Procedures and Training Manuals (59.4)

3. The second set of digits or characters associates the document or chapter with a subgroup of those documents often with a specific purpose such as document category, group designation, or unit. The third set of digits or characters represents a unique assignment to each document or chapter in that subgroup, i.e. numerical.

4. The appearance of a document reference number or chapter is as follows: “[Abbreviated document type or Discipline]–[Group ID or Chapter]–[Unique assignment]”. For example, “AF-02-01.”

5. Appendices associated with the document may be identified by an upper case letter after the DRN.
   a) If an appendix exists for that document, the DRN should appear as “AF-02-01A.”
   b) Alternatively, the manual may contain a unit at the end designated for appendices. In these instances, the appendices’ second set of digits will associate them with the unit and an upper case letter will not appear at the end of the chapter number.

6. The DRN for any master documents list will appear with the abbreviated document type or discipline followed by “MDL.” For example, “AF-MDL.”

   NOTE: Documents effective on or after 4/15/2019 may contain a table of contents within the manual and will not maintain a separate master document list.

7. The DRN or chapter for training documents will appear with the abbreviated document type or discipline followed by “TM” and an additional set of digits corresponding to a unique assignment to each document. For example, “AF-TM-02.”
   a) The DRN may also appear as “[Abbreviated document type or Discipline]–TM–[Group ID or Chapter]–[Unique assignment].” For example, “TE-TM-IMP-01” or “TE-TM-01-02”.

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Issued by: System Quality Manager

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8. The appearance of the electronic filename is as follows: “[Abbreviated document type or Discipline]–[Group ID or Chapter]–[Number of document within the group]”.

9. A version number is assigned for a new document or a revision that has been authorized, except for administrative revisions. The original version number of a document is “00”.

   NOTE: Documents effective on or after 4/15/2019, may not include a version number and only reference the effective date.

10. Administrative revisions do not require a change in version number. Documents with the same version number and different alphabetical revision are accepted as a current version (e.g. Version 01a).

59.5 Controlled Document Format Requirements

A. All revisions to an existing document are done using tracked changes, when possible. Changes to forms, workbooks, or documents where the tracked changes function is not practicable or possible may be recorded in a list or on the document authorization.

B. The heading styles and overall format settings are managed by the System QA Section.

C. Each document is clearly and uniquely identified with a title, document reference or document reference number (DRN), page number, total number of pages, and version number and/or effective date.

D. Controlled documents will have a header and footer on each page that collectively contains the subject or title, document reference or document reference number (DRN), version number (if applicable), appropriate pagination, issuing authority, and the effective date.

E. Appropriate revision history may be documented for each document.

   1. The revision history reflects at least the most recent revisions (i.e. within the past two years).
   
   2. The revision history includes: effective date and brief description of changes or the revised section(s)/chapter(s).
   
   3. For purposes of standardized guidelines for reporting changes or modifications to controlled documents, the following statements may be used depending on the circumstances in which they are applied:

      a) Revision – [sections or chapters that were changed]
      b) Added – [new sections or chapters]
      c) Removed – [eliminated sections or chapters]

59.6 Controlled Forms and Format Requirements

A. A standardized numbering scheme and number assignment for forms is developed with the assistance of DPS General Services. Typically, each form reference number (FRN) begins with the letters “LAB.”

   1. For discipline forms, the abbreviation of the discipline is included. For example, “LAB-AF-01.”
   
   2. For discipline training forms, “TM” may be included with the abbreviation of the discipline. For example, “LAB-AF-TM-01.”
B. Where possible, an electronic interactive format of the form is available and labeled with the FRN and the title.

C. Unauthorized modifications to the structure of forms are not allowed.

D. The form header and margins are managed by the System QA Section.

E. A revision number, month/year of issuance, number of pages controlled, and issuing authority, are assigned by the System QA and included on the form.

F. If an electronic form is controlled as a multi-page document, then pagination is included on those pages (i.e., Page X of Y).

59.7 Regional Laboratory Document Format Requirements

A. The regional laboratory (i.e., local) document reference or document reference number (LDRN) include [Laboratory ID], document type (such as INS for instructions; MAIN for maintenance; POL for policy; FRM for form) and the associated document ID.

   1. Alternatively, the document reference or LDRN may use a combination of [Laboratory ID] and numeric designation. For example, “ABI-02-01”.

   2. Regional laboratory forms may use a combination of [Laboratory ID], “FRM”, [discipline abbreviation], and numeric designation. For example, “ABI-FRM-SD-01”.

B. Regional laboratory documents follow general System-wide formatting requirements.

59.8 Master Document Lists

A. System QA maintains master lists of authorized documents by document series, or a table of contents by manual, for the System and by regional laboratory including:

   1. Master document lists of System-wide manuals;

   2. Master document lists of regional laboratory documents;

   3. System external document list; and

   4. System software list.

B. The laboratory software list is maintained in SharePoint by the respective Quality Manager or QA Specialist.

C. The external document list is maintained in SharePoint by System Quality Assurance.
60 Electronic Storage and Archival of Records

60.1 General Requirements

A. The Department and Laboratory ensure the protection of confidential information and proprietary rights including protecting the electronic storage and transmission of Laboratory data (i.e., records and information).

1. The Cyber Security Division of the Department ensures the security of electronic data.

2. The Information Technology Division of the Department controls the access to electronic data, maintains the secure repository for electronic records stored onsite, and maintains computer hardware policies, updates, and backups.

3. For electronic records stored in a cloud-based application or location, the vendor maintains compliance with Information Technology Division requirements, controls the access to the electronic data, and maintains the secure repository.

60.2 Imaging

A. Documents are imaged by scanning or printing the original document to portable document format (PDF).

1. Documents should be captured with a minimum of 300 dpi in order to ensure proper resolution.

2. Documents should be imaged in color, where appropriate, to maintain the integrity of the original record.

B. Imaged documents files are less than 20MB in size prior to archival.

1. If necessary, the document may be split into several parts using Adobe Acrobat or other equivalent software, or undergo enhancement to optimize or file size reduction.

C. As necessary, secure electronic signature(s) may be utilized from within Adobe Acrobat Pro or other equivalent software for documentation of reviews, approvals, and authorizations.

60.3 Current Laboratory Designations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td>Abilene</td>
</tr>
<tr>
<td>AMA</td>
<td>Amarillo</td>
</tr>
<tr>
<td>AUS</td>
<td>Austin</td>
</tr>
<tr>
<td>BAL</td>
<td>Breath Alcohol</td>
</tr>
<tr>
<td>CAP</td>
<td>Capitol Area</td>
</tr>
<tr>
<td>CO</td>
<td>COBined DNA Index System (CODIS)</td>
</tr>
<tr>
<td>COR</td>
<td>Corpus Christi</td>
</tr>
<tr>
<td>ELP</td>
<td>El Paso</td>
</tr>
<tr>
<td>GAR</td>
<td>Garland</td>
</tr>
<tr>
<td>HOU</td>
<td>Houston</td>
</tr>
</tbody>
</table>
### Abbreviation

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAR</td>
<td>Laredo</td>
</tr>
<tr>
<td>LUB</td>
<td>Lubbock</td>
</tr>
<tr>
<td>MID</td>
<td>Midland</td>
</tr>
<tr>
<td>SYS</td>
<td>Multiple Laboratories</td>
</tr>
<tr>
<td>TYL</td>
<td>Tyler</td>
</tr>
<tr>
<td>WAC</td>
<td>Waco</td>
</tr>
<tr>
<td>WES</td>
<td>Weslaco</td>
</tr>
</tbody>
</table>

### 60.4 Current Discipline / Document Series Designations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Discipline / Document Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF</td>
<td>Automated Fingerprint Identification System (AFIS)</td>
</tr>
<tr>
<td>BA</td>
<td>Toxicology (Alcohol/Volatiles)</td>
</tr>
<tr>
<td>BAL</td>
<td>Breath Alcohol</td>
</tr>
<tr>
<td>CO</td>
<td>COmbined DNA Index System (CODIS)</td>
</tr>
<tr>
<td>CRM</td>
<td>Certified Reference Material</td>
</tr>
<tr>
<td>DM</td>
<td>Digital/Multimedia</td>
</tr>
<tr>
<td>DNA</td>
<td>Biology/DNA</td>
</tr>
<tr>
<td>EVID</td>
<td>Evidence Coordination</td>
</tr>
<tr>
<td>FDE</td>
<td>Forensic Document Examination</td>
</tr>
<tr>
<td>FR</td>
<td>Friction Ridge</td>
</tr>
<tr>
<td>FTM</td>
<td>Firearms &amp; Toolmarks</td>
</tr>
<tr>
<td>GEN</td>
<td>Non-Discipline Specific or Multiple Disciplines</td>
</tr>
<tr>
<td>GLT</td>
<td>General Laboratory Training</td>
</tr>
<tr>
<td>LIMS</td>
<td>Laboratory Information Management System</td>
</tr>
<tr>
<td>MGR</td>
<td>Management</td>
</tr>
<tr>
<td>OSD</td>
<td>Office of Scientific Director (Breath Alcohol Program)</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>SAF</td>
<td>Safety</td>
</tr>
<tr>
<td>SD</td>
<td>Seized Drugs</td>
</tr>
<tr>
<td>TE</td>
<td>Trace Evidence</td>
</tr>
<tr>
<td>TOX</td>
<td>Toxicology (Drugs)</td>
</tr>
</tbody>
</table>

**Effective Date:** 9/29/2020

*Printed copy is uncontrolled. Refer to electronic copy for current version.*
60.5 Historical Discipline / Document Series Designations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Discipline / Document Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSR</td>
<td>Crime Scene Response</td>
</tr>
<tr>
<td>FAL</td>
<td>Forensic Arson Laboratory</td>
</tr>
</tbody>
</table>

60.6 List of Selected Records

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Source for Imaging</th>
<th>Requires QA/MGR Approval</th>
<th>Electronic Filenma Designation (Nomenclature for Record Copies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Statement of Qualifications</td>
<td>QA/Records</td>
<td></td>
<td>[CLU-ID]-SOQ-[yyyy]-[mmdd] Where [yyyy]-[mmdd] is the date of separation</td>
</tr>
<tr>
<td>Final Disciplinary History Form / Disclosure Form</td>
<td>QA/Records</td>
<td>X</td>
<td>[CLU-ID]-DF-[yyyy]-[mmdd] Where [yyyy]-[mmdd] is the date of separation or [CLU-ID]-DHF-[yyyy]-[mmdd] Note: Nomenclature discontinued prior to June 2017</td>
</tr>
<tr>
<td>Examiner Approval</td>
<td>Lab/QA</td>
<td>X</td>
<td>[CLU-ID]-Approval-[DISC or Document Series]-[yyyy]-[mmdd]-[Alphabetical]* Where [yyyy]-[mmdd] is the date signed by the Director (for new authorizations) or Quality Manager (for continued authorizations) Note: Includes LAB-309 and historical credentialing records (e.g. LAB-QA-13, memos, letters, emails)</td>
</tr>
<tr>
<td>Examiner Suspension</td>
<td>Lab/QA</td>
<td>X</td>
<td>[CLU-ID]-Suspension-[DISC or Document Series]-[yyyy]-[mmdd]-[Alphabetical]* Where [yyyy]-[mmdd] is the effective date provided Note: Includes LAB-310 and historical credentialing records</td>
</tr>
<tr>
<td>Document Type</td>
<td>Source for Imaging</td>
<td>Requires QA/MGR Approval</td>
<td>Electronic Filename Designation (Nomenclature for Record Copies)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Internal Training Records     | Lab/QA             | X                        | [CLU-ID]-Notebook-[DISC or Document Series]-[yyyy]-[mmdd]-[Alphabetical]*-[XofY]  
Where [yyyy]-[mmdd] is the applicable work authorization date  
or  
Where [yyyy]-[mmdd] is the date of the memo issued by the Quality Manager for employees who separate prior to the completion of training  
Note: When a single large notebook is subdivided into smaller sections, append with -XofY for the individual numerical parts, e.g., “-1of5.”  
“[Alphabetical]" is used on unrelated dissimilar documents when the name would be identical, such as the General Laboratory Training units.  
Note: When a Supervised Casework List is filed, append “-list”  
Note: Includes training notebooks, training checklists, modification of training memos and LAB-318, competency tests, and supervised casework lists |
| Certification of Completion   | QA                 | X                        | [CLU-ID]-Comp-[DISC or Document Series]-[yyyy]-[mmdd]-[Alphabetical]*  
Where [yyyy]-[mmdd] is the date signed by the Director (LAB-308)  
Note: Includes training notebooks, training checklists, modification of training memos and LAB-318, competency tests, and supervised casework lists |
| Examiner Assessment Log       | Lab/QA             |                          | [CLU-ID]-Assessment-[yyyy]-mmdd  
Where [yyyy]-[mmdd] is the date of separation  
Note: Includes training notebooks, training checklists, modification of training memos and LAB-318, competency tests, and supervised casework lists |
| Training Update               | Lab/QA             |                          | [CLU-ID]-Training-[yyyy]-[mmdd]-[Alphabetical]*  
Where [yyyy]-[mmdd] is the date at the end of a date range as applicable  
Note: Includes miscellaneous training memos and LAB-QA-10 form; form discontinued after 3/11/2013 |
| Training Program Evaluation Form | Lab/QA             |                          | Training-[DISC]-Evaluation-[yyyy]-mmdd-[Alphabetical]*  
Where [yyyy]-[mmdd] is the date of the evaluation  
Note: Includes miscellaneous training memos and LAB-QA-10 form; form discontinued after 3/11/2013 |
| Training Certificate          | Lab                |                          | [CLU-ID]-Cert-[yyyy]-[mmdd]-[Alphabetical]*  
Where [yyyy]-[mmdd] is the date at the end of a date range as applicable  
Note: Includes miscellaneous training memos and LAB-QA-10 form; form discontinued after 3/11/2013 |
<table>
<thead>
<tr>
<th>Document Type</th>
<th>Source for Imaging</th>
<th>Requires QA/MGR Approval</th>
<th>Electronic Filename Designation (Nomenclature for Record Copies)</th>
</tr>
</thead>
</table>
| Testimony Technical Review    | Lab                |                          | [CLU-ID]-Court-[yyyy]-[mmdd]-[Alphabetical]  
Where [yyyy]-[mmdd] is the date of testimony or the date at the end of a date range as applicable |
|                              |                    |                          | Note: Includes LAB-313; forms are archived in LIMS with the applicable Laboratory case record, CODIS record, or Breath Alcohol calibration record |
| Testimony Survey              | Lab                |                          | [CLU-ID]-Survey-[yyyy]-[mmdd]-[Alphabetical]  
Where [yyyy]-[mmdd] is the date of testimony or the date at the end of a date range as applicable |
|                              |                    |                          | Note: Includes LAB-314; forms are archived in SharePoint  
Note: Nomenclature utilized “-Court-“ for testimony survey records prior to October 2020 |
| Hepatitis B Vaccination       | Lab                |                          | [CLU-ID]-HepB                                                                                                                   |
| Records                      |                    |                          | Note: When employee separates, append “-[yyyy]-[mmdd]”  
Where [yyyy]-[mmdd] is the date of separation |
|                              |                    |                          | Note: Includes LAB-SAF-02 declination forms and related Hepatitis B vaccination records                                      |
| Examiner Assessment          |                    |                          |                                                                                                                              |
| Assessment Report            | Lab/QA             | X                        | [CLU-ID]-Assessment-[DISC]-[yyyy]-[Test ID]  
or [CLU-ID]-Assessment-[DISC]-[yyyy]-Reexam-[Numerical]  
Where [yyyy] is the year that is credited with the test |
|                              |                    |                          | Note: Includes LAB-312, or electronic equivalent, and individual reports, if issued by test manufacturer  
Note: Previous nomenclature using Prof and LAB-QA-17 discontinued after April 2019 |
| Assessment Test File         | Lab/QA             |                          | Assessment-[LAB]-[DISC]-[yyyy]-[CLU ID]-[Test ID]  
Where [yyyy] is the year that is credited with the test |
|                              |                    |                          | Note: Previous nomenclature using Prof discontinued after April 2019 |
### Assessment Administrative Records

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Source for Imaging</th>
<th>Requires QA/MGR Approval</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Assessment Administrative</td>
<td>QA</td>
<td>X</td>
<td>Assessment-[DISC]-[yyyy]-[Test ID]-AdmDocs</td>
</tr>
<tr>
<td>Records</td>
<td></td>
<td></td>
<td>Where [yyyy] is the year that is credited with the test</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note: Includes QA assessment test distribution file, test</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>manufacturer’s information, and test manufacturer’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>summary of results, where applicable</td>
</tr>
<tr>
<td></td>
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<td>Note: Previous nomenclature using Prof discontinued after April</td>
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### Accreditation

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### Quality Processes

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<td>MSS-[LAB]-[yyyy]</td>
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<td>Survey</td>
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<td>Note: Previous nomenclature using MSR discontinued after April 2019</td>
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<tr>
<td>Quarterly Management System</td>
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<td>QMSS-[LAB]-[yyyy]</td>
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<td>Survey</td>
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<td>Audit-[LAB]-[yyyy]-Internal</td>
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<td>Audit-[LAB]-[yyyy]-InternalDNA</td>
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<td>Internal Audit Supporting Documentation</td>
<td>QA</td>
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<td>Audit-[LAB]-[yyyy]-SupportDocs or Audit-[LAB]-[yyyy]-SupportDocsDNA Where [yyyy] is the year that is credited with the audit</td>
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<td>Note: Includes LAB-516, LAB-517, LAB-518 and any other audit-related documentation created during the course of the internal audit</td>
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<td>External Audit, Final</td>
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<td>Other audit, site visit, or documented inspection</td>
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<td>Line Inspection</td>
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<td>Manager Checklist</td>
<td>Lab</td>
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<td>Inspection-[LAB]-[yyyy]-MGR Where [yyyy] is the year that is credited with the inspection</td>
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<tr>
<td>DNA Technical Leader Checklist</td>
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<td>LIMS Database Inspection</td>
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<td>Evidence Vault Inspection</td>
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<td>Security Access Inspection</td>
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<td>X</td>
<td>Inspection-[LAB]-[yyyy]-Access or Inspection-[LAB]-[yyyy]-Key Where [yyyy] is the year that is credited with the inspection</td>
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<td>Safety Inspection</td>
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<td>Inspection-[LAB]-[yyyy]-Safety-[Numerical]* Where [yyyy] is the year that is credited with the inspection</td>
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<td>Fire Drill Inspection</td>
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<td>Annual Safety Training</td>
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<td>Audit-[LAB]-[yyyy]-Safety-aware Where [yyyy] is the year that is credited with the safety training</td>
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<td>Quality Incident / Quality Action Plan</td>
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<td>QI-[LAB]-[yyyy]-[mmdd]-[DISC]-[Numerical]* or QI-[LAB]-[yyyy]-[mmdd]-[DISC]-[Numerical]*-QAP Where [yyyy]-[mmdd] is the “Date Discovered” or QAP-[LAB]-[yyyy]-[mmdd]-[DISC]-[Tracking#] Where [Tracking#] is generated by an electronic system that contributes to the uniqueness of the record Note: QAP- nomenclature discontinued prior to January 2017</td>
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<td>Preventive Action Report</td>
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<td>PA-[LAB]-[yyyy]-[mmdd]-[DISC]-[Numerical]* Where [yyyy]-[mmdd] is the “Date Initiated”</td>
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<td>[LAB]-Survey-[yyyy]</td>
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<td>Complaint</td>
<td>Lab/QA</td>
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<td>[LAB]-Complaint-[yyyy]</td>
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<td>Deviation Request</td>
<td>Lab/QA</td>
<td>X</td>
<td>Dev-[LAB]-[DRN]-[yyyy]-[mmdd]-[Numerical]* Where [yyyy]-[mmdd] is the date that the deviation is effective, as authorized by the Director Note: If multiple DRNs are affected, include -[DISC or Document series]-Series in place of [DRN] Note: Upon archival append “-[yyyy-mmdd]” to represent the date the deviation is withdrawn</td>
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<tr>
<td>Document Type</td>
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<td>Validation</td>
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<td>Valid-Equipment-[LAB]-[DISC]-[Equipment Make]-[Equipment Model]-[Serial Number or Equipment ID]-[yyy]-[mmdd] or Valid-Software-[LAB]-[DISC]-[Software ID]-[Version, if applicable]-[yyy]-[mmdd] or Valid-Method-[LAB]-[DISC]-[Procedure or Other ID]-[yyy]-[mmdd] Where [yyy]-[mmdd] is the effective date, as authorized by the Quality Manager or System Quality Manager or Valid-Instrument-[LAB]-[DISC]-[Equipment Make]-[Equipment Model]-[Serial Number or Equipment ID]-[yyy]-[mmdd] Note: Nomenclature discontinued prior to May 2019 or Valid-Method-[LAB]-[DISC]-[Procedure or Other ID]-Summary-[yyy]-[mmdd] Note: Nomenclature discontinued prior to January 2018 Note: When a large validation is subdivided into smaller sections, append with -XofY for individual numerical parts, e.g. -1of5</td>
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<tr>
<td>Performance Verification</td>
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<td>X</td>
<td>Verif-Equipment-[LAB]-[DISC]-[Equipment Make]-[Equipment Model]-[Serial Number or Equipment ID]-[yyy]-[mmdd] or Verif-Software-[LAB]-[DISC]-[Software ID]-[Version, if applicable]-[yyy]-[mmdd] or Verif-Method-[LAB]-[DISC]-[Procedure or Other ID]-[yyy]-[mmdd] Where [yyy]-[mmdd] is the effective date, as authorized by the Quality Manager</td>
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<tr>
<td>Controlled Documents</td>
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<td>[LAB, DISC, or Document Series]-[TM, if applicable]-[yyy]-[mmdd]M-[DISC for regional laboratory manuals, if applicable] Where [yyy]-[mmdd] is the date that the document is authorized to be implemented by the Director (M refers to marked up copy) Note: Includes associated controlled document change records</td>
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Effective Date: 9/29/2020
Issued by: System Quality Manager

Printed copy is uncontrolled. Refer to electronic copy for current version.
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<td>QA</td>
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<td>[LAB, DISC, or Document Series]-Manual-[yyyy]-[mmdd] or [DISC or Document Series]-Training-[yyyy]-[mmdd] Where [yyyy]-[mmdd] is the effective date Note: Upon archival, append “-[yyyy]-[mmdd]” to represent the archive date</td>
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<td>Individual Controlled Document / Form</td>
<td>Lab</td>
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<td>[LAB]-[Document Type]-[Document ID]</td>
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<td>Document Awareness / Acknowledgement</td>
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<td>Awareness-[LAB]-[yyyy] Note: When documenting accreditation guiding principles awareness, append “-GuidingPrinciples”</td>
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<td>Other Laboratory Records</td>
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<td>Organizational Chart</td>
<td>QA</td>
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<td>[LAB or DISC]-OrgChart or _Management-Support-OrgChart or _Technical-Management-OrgChart</td>
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<td>[LAB]-ChemicalList-[yyyy]</td>
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<td>Annual Property Inventory</td>
<td>Lab</td>
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<td>[LAB]-[DISC]-Inventory-[yyyy]</td>
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<td>Controlled Substances Registration</td>
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<td>[LAB]-[SD]-Registration-[yyyy]-[mmdd]</td>
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</table>
Electronic Storage and Archival of Records (60.7)

60.7 Guidelines for filing records retroactively or with missing information

A. The final date of a range is used in a filename when a date is required.
B. If a day or month is absent from a record, then “99” is used, example: “2005-0399”.
C. CLU-ID is listed in the format “aa####”, lower case alphabetic characters and four digits (include leading “0”).
D. For records not listed above use a general format addressing applicable information about the record using [CLU-ID]-[LAB]-[DISC]-[Document Type]-[yyyy]-[mmdd]
61 Advisory Boards and Laboratory Committees

61.1 General Requirements

A. Technical Advisory Boards are established for each of the disciplines.

The primary function of each board is to provide a forum for discussion of technical and reporting issues in their respective areas.

B. Other committees may be established to assist the Laboratory in strategic planning, development, implementation, and review.

61.2 Advisory Boards

A. Composition

The number and composition of members may vary according to the needs of the laboratory system. Members of the boards are knowledgeable, experienced, and skillful in the respective technical area and accreditation standards in order to provide insight into the System-wide standardization, evaluation, and recommendations of policies, procedures, and practices. Board members may serve consecutive terms.

B. Selection of Board

1. The System Quality Manager requests recommendations from management for membership of the advisory boards.
2. Top Management will review recommendations for appointment of advisory board members.
3. A chairperson and the membership of each board are appointed by the Laboratory Director.

C. Function

1. Develop, evaluate, and propose procedures to be used in testing and/or calibration.
2. Develop and propose training programs and competency requirements.
3. Plan, evaluate, and develop solutions for validation studies and technical issues.
4. Provide a forum to discuss operational and technical issues.

D. The Advisory Board Chair, or designee, serves as an alternate Technical Point of Contact for the discipline and responds to proposals and inquiries to discipline specific issues, including but not limited to:

1. Approval documentation for new or revised policies/procedures;
2. Review of validations and validation plans;
3. Review of performance verifications for significant equipment out of service events; and
4. Review of deviations.

61.3 Committees

A. Composition and Selection

The number and composition of members may vary according to the needs of the laboratory system. Some committees may have standing members who serve on a continuous basis. The chair and each member are appointed by the Laboratory Director.
B. Function
   1. Advise Top Management with strategic planning;
   2. Facilitate the development and standardization of business practices;
   3. Review and evaluate issues; and
   4. Make recommendations for improvement.

61.4 Documentation
A. The proposed meeting agenda is prepared by the Advisory Board Chair and made available to the Laboratory 5 (five) business day prior to the meeting.
   1. Meetings are usually considered “open” and can be attended by interested or affected laboratory personnel; however, meetings may be considered “closed” with authorization from the Laboratory Director.
   2. Management is expected to be informed of upcoming meetings by the Board Chair or Quality Assurance representative to maintain awareness of relevant topics and to facilitate the execution of the agenda.

B. Advisory Board/Committee meeting minutes should be prepared within 30 (thirty) business days after the meeting and are made available to all Laboratory personnel via Qualtrax.
62 Preventive Actions

62.1 Identification and Evaluation of Potential Issues or Opportunities for Improvement

A. Any employee may identify and document the opportunity for improvement on the Preventive Action Report (LAB-509, or electronic equivalent) to include:
   1. Brief description of the issue and any observations
   2. Related policy, procedure, and/or standard
   3. Cause analysis is performed to identify potential root cause(s) (refer to Chapter 63)
   4. Risk assessment
      a) Area(s) of impact;
      b) Potential risk(s) to the organization;
      c) Potential impact on customers; and
      d) Potential for nonconformance.
   5. Action plans are based on established risk levels, existing methods of detection, and impact to the stakeholder(s)

62.2 Preventive Action Plan

A. If an action(s) is necessary, a preventive action plan is developed and may include the following elements:
   1. List of action item(s);
   2. Schedule for completion of action item(s);
   3. Resources Needed;
      a) Fiscal impact
      b) Equipment
      c) Personnel
   4. Communication needed;
   5. Training needed; and/or
   6. Other implementation requirements.

B. If during the evaluation, and prior to submission, it is determined that a preventive action is unnecessary, the preventive action can be closed without subsequent documentation.

C. If a nonconformance is identified, the issue is processed as a Quality Incident (refer to Chapter 63).

D. Prior to the implementation of action items, the action plan is submitted by the Preventive Action Facilitator(s) for review and approval.
   1. Subject matter experts may be identified to assist in the review.
      a) Technical Leader/Technical Point of Contact serve as subject matter experts for preventive action requests of a technical nature.
   2. Laboratory-specific preventive actions are reviewed by the Quality Manager and/or Laboratory Manager.
3. System preventive actions are reviewed by the System Quality Manager/Laboratory Director/System QA.

4. Program Coordinators may review relevant discipline preventive actions.

5. Action plans that involve the DNA discipline or the CODIS discipline are required to be approved by the respective Technical Leader(s).

6. The approver cannot be the Preventive Action Facilitator.

E. If after review the preventive action is determined to be unnecessary or unattainable, then any reviewer can close the Preventive Action and document the reason for closure. Any additional documentation will be archived with the completed record.

62.3 Action Items

A. Action item documentation includes what was done, by whom, and when.
   1. Management will document if work authorization is intended to be suspended or limited. The preventive action process is not dependent upon the reauthorization of personnel for completion.
   2. Associated milestones for the completion of actions are documented. Supporting documentation may be attached as appropriate.

B. Action Implementation/Documentation
   1. When all action items have been completed, the Preventive Action is submitted for final review.
   2. The final review is completed by Management, System QA, and/or the Laboratory Director.
   3. The final review cannot be completed by the Preventive Action Facilitator.

62.4 Archival of Record

A. The Preventive Action Report, along with any supporting documentation, is archived by Quality Assurance.

B. Documentation does not contain confidential information as defined by this document (refer to Chapter 55) or additional confidential information including suspect, victim, or elimination names, State Identification Number, FBI number, and dates of birth.

C. Supporting records, which already have a defined record series, are not attached to Preventive Action documentation. The information from these records is referenced or summarized in sufficient detail to identify the record and its contents (refer to Chapter 63 for examples of supporting records).

D. All documentation related to a preventive action will use the Tracking ID associated with the preventive action (refer to Chapter 60).

62.5 Monitoring Effectiveness of Preventive Actions

A. Following completion of the actions taken, actions are monitored and evaluated to ensure effectiveness.

B. Monitoring may include additional audits of appropriate areas of activity to confirm their effectiveness and are documented on the Action Monitoring Report (LAB-514, or electronic equivalent).
C. The individuals responsible for monitoring effectiveness, the date planned for the initial monitoring event, and the associated criteria to be used for the evaluation are documented in the monitoring plan on the Action Monitoring Report (LAB-514, or electronic equivalent).

D. The preventive actions are evaluated to determine if they are effective. The evaluation details are documented on the Action Monitoring Report (LAB-514, or electronic equivalent).

E. Ongoing monitoring of action items is performed until actions have been determined to be effective.

F. Ongoing monitoring of action items may be necessary to address conditional action items that have not been implemented due to circumstances beyond the control of the Laboratory (e.g., legislative budget limitations or lack of necessary equipment or resources).

G. If actions are determined to be ineffective, then the initiation of a Quality Incident may be considered.

H. When all actions have been determined to be effective, the Action Monitoring Report (LAB-514, or electronic equivalent) is archived by Quality Assurance along with the related record.
63 Quality Incident (QI) and Quality Action Plan Process (QAP)

63.1 Roles

A. **Initiator** is a current Laboratory employee who begins the formal Quality Incident process.

B. **Requestor(s)/Collaborator(s)** refers to anyone who will collaborate on the documentation of the QI/QAP.

C. **Lead Collaborator** oversees completion of all steps in the QI/QAP process and may be the Technical Leader, Team Leader, QA Specialist, Advisory Board Chairperson, TPOC, or member of Key Management/Top Management.

63.2 Documentation

A. The documentation of a quality incident and associated action items/measures contain sufficient detail such that another individual who is unfamiliar with the incident can clearly understand what was done, by whom, when, and the circumstances of the incident.

B. Documentation does not contain confidential information as defined by this document (refer to Chapter 55) or additional confidential information including suspect, victim, or elimination names, State Identification Number, FBI number, and dates of birth.

C. Supporting records, which already have a defined record series, are not attached to QI/QAP documentation. The information from these records is referenced or summarized in sufficient detail to identify the record and its contents. Examples of supporting records that should not be attached include, but are not limited to, the following:

1. Laboratory reports, letters, or certificates;
2. Documents contained in Laboratory case record, CODIS record, or Breath Alcohol calibration record;
3. Communications (e.g., emails);
4. Laboratory newsletters;
5. Policies, procedures, or deviations;
6. Audit schedules;
7. Audit reports;
8. Copyrighted material;
9. DNA electropherograms;
10. Sequence logs or injection lists; and
11. LIMS query reports.

D. All documentation related to a quality incident will use the Tracking ID associated with the quality incident.

E. If a corrective action is necessary the following records are included in the QI/QAP record:

1. Action item summary report;
2. Monitoring report; and
3. Significant disclosure notification, if applicable.

F. If a quality incident is related to testing and/or calibration work, the Tracking ID number is referenced within the applicable work record(s).
G. As records that have previously been released are updated, the Laboratory makes a diligent effort to ensure the records are provided to those record recipient(s).

63.3 Identification of Nonconformance

A. A nonconformance may be identified through several different methods, including internal and external audits, reviews of the management system, customer feedback, or staff observations. All employees are authorized to report potential nonconformities and have the responsibility for doing so.

B. When a nonconformance related to current or previous work has been identified, the individual(s) responsible for the work halt the related testing and/or calibration. Associated reports are withheld until the impact of the nonconforming work has been evaluated.

C. There may be instances where a nonconformance is identified by personnel other than the laboratory personnel where the nonconforming work occurred.
   1. In these instances, the Quality Manager of the laboratory that identified the nonconforming work will discuss the occurrence with the Quality Manager or designee of the laboratory where the nonconforming work occurred.
   2. If the two Quality Managers agree that a nonconformance has occurred, the QI/QAP process is initiated by the Quality Manager or individual who identified the nonconformance.
   3. If a consensus cannot be reached, the issue may be further discussed with the System Quality Manager or Assistant Laboratory Director of Technical Services for resolution.

D. The authorization to resume work is based on the management structure for each laboratory and the following individuals are responsible as follows:
   1. Technical Leader;
   2. Section Supervisor;
   3. Laboratory Manager; or
   4. Quality Manager.

63.4 Documentation of Quality Incident

A. The QI/QAP process is initiated as soon as practicable after a nonconformance is identified.

B. Documentation is completed in the electronic workflow for the Quality Incident Report, or equivalent form.

C. The quality incident is described in sufficient detail by the requestor(s)/collaborator(s) who may have observed/identified the nonconformance. It includes an assessment of risk, a thorough cause analysis, and a description of any corrections performed to resolve the nonconforming work. If work was affected, it is documented in the quality incident description.

63.5 Assessment of Risk

A. An assessment of risk as a result of the quality incident in terms of severity, impact to stakeholders, likelihood of occurrence, and probability of detection is documented in the Quality Incident Report (refer to Chapter 64).
B. An evaluation is made of the significance of the nonconforming work, including an impact analysis on previous results.

C. The significance of the quality incident considers the following factors:
   1. Severity;
   2. Likelihood of occurrence;
   3. Impact to previous and current work results, test or calibration item(s);
   4. Impact to investigation;
   5. Impact to customer(s);
   6. Impact to safety; and
   7. Whether the nonconformance calls into question the quality of the Laboratory’s or examiner’s work or the integrity of its personnel, such as:
      a) Inquiry from the customer resulting in amended results;
      b) Erroneous identification, false identification or exclusion, or false positive results;
      c) Missed identification or false negative results; and
      d) An individual’s suspension of work authorization.

D. Supporting documentation may be attached, as appropriate.

63.6 Cause Analysis

A. Cause analysis is fundamental in adequately addressing deficiencies in process or systemic issues. It goes beyond the reason for the nonconformance and aims to improve the system and/or prevent nonconformance on a wide scale.

B. Cause analysis focuses on objective causes such as environmental, organizational, supervisory and other factors and not causation conclusions that focus solely on blaming an individual or individuals.

C. A careful analysis of potential causes of the nonconformance attempts to identify all underlying factors or issues which may have had a contribution.

   1. Creating a problem statement out of the nonconformance and then applying the "5 Whys" approach may help identify a root cause.

D. Regardless of the method used, the cause analysis is documented in such a way that another reviewer who is unfamiliar with Laboratory procedures or processes can identify the primary areas the Laboratory has chosen to be addressed and which factors did not have an impact.

E. Factors that are considered when evaluating cause(s) of issues which have a potential impact on the validity of Laboratory results include:

   1. Equipment;
   2. Method/process;
   3. Measurements;
   4. Personnel;
   5. Quality control;
   6. Products and supplies;
7. Environment or sample conditions; and
8. Other factors (i.e., external/customer).

F. The root cause is typically something that can be addressed by placing additional controls into a system or process or changing a practice.

G. The Laboratory recognizes that competent professionals make mistakes and the process of continuous improvement requires that the mistakes are documented and evaluated to improve the Laboratory and reduce the risk of occurrence.

H. Associated Individual(s) are current or former employees of the Laboratory who had a role in the quality incident due to factors such as training, qualifications, experience, work practices, scheduling, communication, or distractions.
   1. Individuals involved in the quality incident may be mentioned by job title or position. Names do not appear on the incident record but are trackable in a database and available publicly for transparency to satisfy legal obligations.
   2. At times, associated individuals cannot be identified due to process or equipment failure or the incident was beyond the control of Laboratory personnel. In these circumstances, the associated individual is listed as Not Applicable.

63.7 Corrections to Nonconformance and Nonconforming Work

A. A correction is usually an immediate remedy to the nonconformance.

B. A description of the corrections performed to resolve the nonconforming work are documented as part of the quality incident. If all corrections are not recorded in the quality incident documentation, they are documented in the Action Item Summary.

C. If an amended or supplemental report/certificate/letter is necessary to correct Laboratory results, it is referenced in the Quality Incident Report.

D. Relevant customers are notified immediately when it has been confirmed that reported results will need to be corrected.

E. The report and/or certificate are amended within 10 (ten) business days from the date the results were confirmed to be incorrect. A longer timeframe may be permitted if documentation is provided indicating relevant customers have been notified.

F. Details of the customer notification are documented (e.g., who, what, when, and how).

63.8 Quality Incident Evaluation/Approval

A. The Lead Collaborator submits the completed quality incident documentation and cause analysis for review. The documentation may be returned if revision is necessary.

B. The quality incident documentation is reviewed and approved by the Subject Matter Expert(s), Laboratory QA, Management, and System QA. The Subject Matter Expert(s) include the Technical Leader/TPOC when appropriate.

C. Some quality incidents may be general in nature or related to multiple laboratories (System-wide), where an Advisory Board Chairperson or System Quality Manager may be appropriate for the selected review and guidance.

D. Subject Matter Expert(s), Laboratory QA, Management, and System QA evaluate the quality incident and ascertain if corrective action is necessary.
E. Laboratory QA, Management, and System QA evaluate the quality incident to determine if it qualifies as a significant event requiring disclosure to the accrediting bodies as defined in the Forensic Disclosure and Compliance Policy (refer to Chapter 33).

F. System QA reconciles appropriate attached documentation with the Quality Incident Report and archives the completed record.

63.9 Quality Action Plan (QAP)

A. Action Plan
1. Where the evaluation indicates that the non-conforming work can occur, an appropriate action plan is developed to address the relevant root cause(s) of the nonconformance, prevent recurrence, and minimize risk. The action plan includes:
   a) A description of corrective actions, preventive measures, and/or associated remedial actions including whether an individual’s work has been reprioritized pending evaluation;
   b) The applicable root cause(s) being addressed; and
   c) A reasonable time frame for completion of the action(s) on the electronic workflow for the Action Item Summary.
2. Action plans are based upon established risk levels, existing methods of detection, and impact to the stakeholder.
3. Management documents if work authorization has been or will be suspended as a result of cause evaluation. The QAP process is not dependent upon the reauthorization of personnel for completion (refer to Chapter 35).

B. Action Plan Approval
1. The Action Plan is reviewed and approved by the Subject Matter Expert(s), Laboratory QA, Management, and System QA. The Subject Matter Expert(s) include the Technical Leader/TPOC when appropriate.
2. For DNA/CODIS, the Technical Leader approves the Action Plan prior to implementation.
3. The Action Plan may be returned for revision if necessary.

C. Action Implementation/Documentation
1. Action item documentation includes a description of any and all actions that were carried out, by the person who coordinated the completion of the actions (Action Individual), and when the actions were completed. Supporting documentation may be attached as appropriate.
2. The Lead Collaborator submits the Action Item Summary when the action plan has been implemented. The documentation may be returned if revision is necessary.
3. Additional preventive measures not identified in the plan may be taken by the Laboratory to minimize recurrence and are documented in sufficient detail.
4. Occasionally, action items may have extenuating circumstances beyond the control of the Laboratory (e.g., legislative budget limitations or equipment repair) that may
require deferral. These are documented such that further monitoring can continue after the closure of incident and actions.

D. Action Item Summary Approval

1. The Action Item Summary documentation is reviewed and approved by the Subject Matter Expert(s), Laboratory QA, Management, and System QA. The Subject Matter Expert(s) include the Technical Leader/TPOC when appropriate.

2. System QA reconciles appropriate attached documentation with the Action Item Summary and archives the completed record.

63.10 Monitoring Effectiveness of Corrective Actions

A. Following completion of the corrective actions, Management, Laboratory QA, or System QA monitors results to ensure that the corrective actions were effective.

B. Monitoring may include additional audits of the appropriate areas of activity to confirm their effectiveness and are documented on the Action Monitoring Report (LAB-514, or electronic equivalent).

C. The individuals responsible for monitoring effectiveness, the date planned for the initial monitoring event, and the associated criteria to be used for the initial evaluation are documented in the monitoring plan on the Action Monitoring Report (LAB-514, or electronic equivalent).

D. The corrective actions are evaluated to determine if they are effective. The evaluation details are documented on the Action Monitoring Report (LAB-514, or electronic equivalent).

E. Ongoing monitoring of action items is performed until actions have been determined to be effective.

F. Ongoing monitoring of action items may be necessary to address conditional action items that have not been implemented due to circumstances beyond the control of the Laboratory (e.g., legislative budget limitations or equipment repair).

G. If corrective actions are determined to be ineffective, an additional related quality incident may be initiated to re-evaluate the nonconforming work.

H. When all corrective actions have been determined to be effective, the Action Monitoring Report (LAB-514, or electronic equivalent) is archived by System QA with the related QI/QAP record.

I. If actions have been deemed ineffective but an additional QI has been initiated, the Action Monitoring Report is completed and records archived by System QA.
64 Risks, Opportunities, and Improvements

64.1 General Requirements

A. The Service evaluates risks and opportunities related to its activities and processes associated with testing, calibration, and reference material production.

B. Risk is considered in every aspect of the laboratory including facility planning, security, and human resources. It is evaluated in management system processes such as document revisions, deviation requests, personnel training, work authorizations, QI/QAPs, and internal audits.

C. The goal is to identify and implement measures to eliminate or mitigate risks that carry the highest likelihood of occurrence and/or consequence.

64.2 Risk Management

A. All personnel are responsible for complying with the management system and identifying and implementing measures to eliminate risks.

B. Risks to impartiality are evaluated and documented in the Laboratory Management System Surveys by Top Management and Key Management.

C. If a significant risk to impartiality is identified and agreed upon by the Laboratory Director, the following actions are taken:
   1. The risk is communicated to all personnel;
   2. The preventive action process is initiated (refer to Chapter 62); and
   3. The risk is added to the Crime Laboratory Service Manual during the next revision period along with demonstration of how it is eliminated or minimized.

D. At the discretion of the Laboratory Director, transitory or temporary risk remains documented in the Laboratory Management System Survey only.

E. Risks are carefully considered and documented as part of the management processes.
   1. Identified significant risks to impartiality include influence from vendors and law enforcement customers who fund positions or who may provide a fee for service.
      a) Influence from vendors is mitigated by statutory mandate and rules on the purchase of consumables and services by agents of the State of Texas. The Infrastructure Operations Division of the Department complies with the law through a defined procurement process to ensure impartiality. Purchases are requested by the Service, but fulfilled and approved by Procurement & Contract Services, with rare exception.
         i. Accreditation contracts and other contracts meeting a monetary threshold are granted after a competitive bid process.
      b) Vendors are not allowed to fund travel costs to allow an employee to present at a professional meeting.
      c) Personnel are not allowed to accept an expert witness fee for their testimony in court.
      d) Any externally funded position established by MOU remains under the authority and management of the Service. The entity that funds the MOU position has no authority to dictate the methods used in laboratory activities.
The collection of fees for service is authorized by statute to refund the Department for the cost of consumables. The fees have no influence on the testing results.

F. Additionally identified significant risks to impartiality include influence from personal relationships.

1. Influence from personal relationships is mitigated by not allowing personnel to work cases involving individuals (suspects/victims) that are known to them.

2. Influence from family members is mitigated by not allowing personnel to receive or perform testing work, including review, submitted or being investigated by someone who is a family member.

   a) Personnel are not excluded from receiving or performing testing work on cases from a family member's employer (e.g., law enforcement agency), but they do not divulge confidential information to any unauthorized person.

3. Influence from family members employed within the Laboratory system is mitigated by not allowing family members to perform testing work, including review, on the same case. They are not allowed to serve as the two people concurrently entering a vault or serve as the only two people performing concurrent evidence destruction.

4. Personnel, including supervisors and managers, are generally not permitted to assign cases to themselves.

   a) A member of the management team makes the assignment or is involved in the assignment decision.

   b) Personnel may routinely assign cases to themselves without the involvement of a member of the management team if a documented local practice is developed which explains the self-assignment justification and is approved by the Laboratory Manager.

   c) In the event an external requestor seeks case assignment to a particular person, or other potential opportunities for bias are identified in the case assignment decision, management is involved in the assignment decision with supporting documentation included in the case record.

   d) In the event of staffing challenges, cases may be worked by the same individual who assigned it, however, they must provide sufficient justification in the case record unless this is included in the approved local practice.

5. Nepotism is addressed in chapter 15.10.02 of the General Manual. In addition to the Department policy, no individual who has a close relative working in the laboratory (as defined by the General Manual) may serve in the capacity of an acting Laboratory Manager or acting Quality Manager of that laboratory.

G. The Laboratory takes action to eliminate risks where possible and practical. If that is not possible, action is taken to minimize risks.

H. The Laboratory reports on actions taken to eliminate or reduce risk as part of the preventive action, QI/QAP, and management system survey processes.

I. The effectiveness of actions is evaluated on the Action Monitoring Report (LAB-514).

J. Control measures are taken according to the risk level determined by key stakeholders, including one or more of the following:

   1. Eliminating a hazard(s) or obstacle(s) and therefore the associated risk;
2. Mitigating the risk by using engineering controls to change the work environment, equipment, or process; alternatively substitute a hazard with a safer alternative; and/or

3. Mitigating the risk by developing or updating procedures, providing training, using signage, and conducting preventive maintenance.

### 64.3 Risk Levels and Assessment

A. Severity Levels are as follows:

1. **Catastrophic**: Systemic error in procedure that affected several outcomes or reported results; the nature or cause of the nonconformance directly affects and has a fundamental impact on the work product of the Laboratory

2. **Major**: The nature or cause of the nonconformance may affect the fundamental reliability of the work product of the Laboratory or the integrity of evidence, but does not appear to be a persistent issue; or there is a concern that if the nonconformance continues for an extended period, the work product of the Laboratory or integrity of evidence/test item/calibration item could be negatively affected.

3. **Moderate**: Situation, condition, and/or discrepancy have minimal effect or significance and does not affect the fundamental reliability of the laboratory's work.

4. **Minor**: Does not constitute a concern to the quality system. Typically does not require either a Quality Action Plan or notification. Exception: corrective actions related to systemic, pervasive, or recurring issues.

<table>
<thead>
<tr>
<th>Likelihood of Occurrence</th>
<th>Severity</th>
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<tbody>
<tr>
<td></td>
<td>Minor</td>
</tr>
<tr>
<td>Remote</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Uncommon</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Occasional</td>
<td>Acceptable</td>
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<tr>
<td>Frequent</td>
<td>Acceptable</td>
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</tbody>
</table>

B. Following evaluation of severity and likelihood of occurrence using the table above, Risk Levels are determined as follows:

1. **High** – Not acceptable–;
2. **Medium** – Moderately acceptable; or
3. **Low** – Acceptable

C. Significance levels are as follows:

1. **Significant** – requires disclosure to accrediting bodies; refer to Forensic Disclosure and Compliance Policy ([Chapter 33](#)).
2. **Routine** – does not require disclosure to accrediting bodies.
64.4 Improvements

A. The Laboratory seeks feedback, both positive and negative, from its customers through a combination of surveys, receipt of complaints, training, emails, and personal communications (refer to Chapter 57). The feedback is analyzed and used to improve the management system, Laboratory activities, and customer service.

B. All Laboratory personnel are encouraged to identify needs and opportunities to improve technical and quality procedures and policies. All technical Laboratory personnel are encouraged to review trends and analyze data in search of preventive actions that would foster continued and improved quality.

C. Employee suggestions and/or complaints are treated in a similar manner as customer complaints in order to document the process, address the relevant issues, and provide feedback to the employee.

D. The appropriate levels of technical and quality management respond to staff suggestions by examining the opportunity or need and develop action plans to implement any changes required. Acknowledgements of receipt and appropriate actions to be taken are forwarded to employees who submit suggestions and/or complaints to management.

64.5 Employee Suggestions

A. The procedures for reporting budgetary and managerial suggestions are governed by General Manual Chapter 5 (05.06.09).

B. The Department contracts with outside vendors for Surveys of Employee Engagement on an approximate biennial schedule. All records and feedback regarding Department-wide surveys are maintained by the Human Resource Operations Division.

C. All personnel are specifically sought out annually via an annual survey from the Laboratory Director’s office for recommendations for improvements to the management system to ensure the effectiveness of Laboratory activities. Additional topics may be added at their discretion.

D. An annual Technical Services Survey is completed to evaluate Technical Services’ teams operations and internal employee customer service. Suggestions for improvement are included and the feedback is used in part to direct Technical Services’ objectives for the following calendar year.

E. The two types of Laboratory-directed surveys may be combined into one.

F. All employees are encouraged to identify needs and opportunities to improve technical and quality procedures as well as other Laboratory policies.

G. Ideas for improvements to the management system may be presented outside of the targeted surveys by the employee via the designated electronic process.

H. Additionally, employees may present needs or opportunities directly to an Advisory Board representative or any member of Top or Key Management for evaluation at any time.

I. The appropriate levels of technical and quality management respond to suggestions by reviewing the need or proposal, engaging the relevant stakeholders, and determining a course of action.

J. Acknowledgements of receipt and appropriate outcome are provided to employees who submit concerns or suggestions.
K. Feedback from the surveys and proposals is provided in a number of ways including, but not limited to:

1. Verbal or email correspondence;
2. Laboratory newsletter; and
3. Posting responses in a location readily accessible to all personnel.
65 Laboratory Management System Surveys

65.1 Process

A. Key Management completes a Quarterly Laboratory Management System Survey (LAB-521) no later than 15 (fifteen) days after a new calendar quarter begins.
   1. At least one member of Top Management responds to each survey in the body of the record.

B. At least one member of Top Management completes an Annual Laboratory Management System Survey (LAB-520) on or about September of each year to review the state of the laboratories and Laboratory system.

C. Records of the management system surveys and reviews are maintained in Qualtrax.

D. Action items that arise are carried out under the direction of Top Management in a timely manner according to an agreed upon timescale.
   1. Management ensures that action items are carried out within the assigned timeframe.
   2. If the completion date must be extended, the person assigned the action item documents the reason for the extension on a Quarterly Laboratory Management System Survey and obtains Top Management approval for the extension.

E. Meetings with Laboratory personnel are held at least on an annual basis to discuss the effectiveness of the management system.
   1. The topics discussed may include case management techniques, current/future scientific practices, quality improvements, customer requirements, budget, and safety.
   2. Meetings are documented by management with a list of attendees and topics discussed.

65.2 Scope of Review

A. At a minimum, the management system survey covers the review of the following areas, where appropriate, as well as identify areas for improvement:
   1. Adequacy and completeness of the policies, procedures and deviations to meet the objectives of the laboratory;
   2. Workload, laboratory information, and adequacy of resources (e.g., turn-around time, staffing, equipment, facility, outsource, subcontracts, quality policy statements);
   3. Managerial and supervisory reports, including budgets relating to the laboratory and note the observations (e.g., trends, strengths, weaknesses, needs);
   4. Previous management system survey, including a status of action items;
   5. Status of actions from previous management system surveys and the fulfillment of laboratory objectives;
   6. Changes in internal and external issues that are relevant to the laboratory;
   7. Outcome of internal audit and inspection activities including internal audits, safety inspections, and evidence vault inspections;
   8. Accreditation, inspection, and/or audit reports prepared by any external body;
9. Results of proficiency tests, interlaboratory comparisons, and intralaboratory comparisons, testimony monitoring, and other outcomes to assure the validity of results;

10. Corrective and preventive actions;
   
a) Includes reviewing corrective and preventive actions for continued effectiveness, compliance, results of risk identification, and applicability or necessity.

11. Laboratory surveys, complaints, and personnel feedback;

12. Other relevant factors that have impacted the management system (e.g., quality control activities, resources, and staff training);

13. Recommended Laboratory or management system improvements for consideration (e.g., trends, strengths, weaknesses); and

14. Results of risk identification.
66 Audits

66.1 Internal Audits
A. The Audit Team is comprised of qualified and trained auditors with sufficient technical knowledge to audit to the applicable standards.

B. The Audit Team Leader has auditing experience from at least three audits prior to assuming the role.

66.2 Internal Auditor Training
A. Assessor or auditor training from an accrediting body and/or DNA QAS training is recognized as a sufficient method for internal auditor training.

B. DPS Internal Auditor training consists of:
   1. Training to ensure that the particular audit procedures, audit activities, and reporting is objective, consistent, impartial and therefore reliable;
   2. Review of applicable standards and management system requirements, decision making, problem solving, communication, and auditing practices.

66.3 Internal Audit Roles and Definitions
A. All parties are responsible for conducting the audit process in a fair, honest, and open manner.

B. Compliance Auditor - Works with System Quality Manager to define the scope, objectives, and criteria for internal audits. Selects the audit methods, audit team members, and assigns audit team leader(s). Prepares audit report(s), compiles supporting documentation, manages feedback and audit program records.

C. Audit Team – A collection of one or more auditors, supported by subject matter experts if needed. The Audit Team may include auditors-in-training.

D. Audit Team Leader – One auditor from the Audit Team is appointed to this role for onsite and some offsite audits. They are responsible for working with Audit Team members on the collection of objective evidence and evaluation, verifying audit evidence, preparing audit findings and conclusions to inform management and the Compliance Auditor, assisting with audit report(s) preparation and providing supporting documentation.

E. Auditor(s) – Individual(s), including those who perform direct observations, with sufficient training and knowledge to audit to the applicable standards and management system requirements to ensure that audits are conducted in a consistent and systematic manner.

F. Audit Client – Laboratory Manager/Quality Manager or designee who assists Audit Team with logistical support and provides documents and information to auditors according to established deadlines. Responds to audit document review and develops corrections and/or corrective actions as appropriate.

G. Audit Review Panel – group may be comprised of the System Quality Manager, Assistant Lab Director of Technical Services, applicable Program Coordinator(s), Compliance Auditor, and Audit Team Leader(s) which reviews the audit reports and audit supporting documents, makes recommendation to the Audit Team Leader regarding audit conclusions and relevance of nonconformance(s) to existing policies/procedures/standards, and may assist in resolution of issues between the Audit Team and Audit Client. For some audits, alternate review panels may consist of multiple subject matter experts defined in the audit plan.
66.4 Internal Audit Process

A. All DPS laboratories are internally audited at least once a year by an Audit Team. The audit may include a review of records, direct process observation, and/or on-site review.

B. The FBI DNA Quality Assurance Standards audit for Forensic DNA and Databasing Laboratories may also be performed as part of internal laboratory audits.

C. Specifically for Biology/DNA and CODIS:
   1. For Biology/DNA, case files determined to be a representative sample of the cases worked are selected by the DNA Technical Leader and the scope of the review is approved by the Technical Leader as part of the audit planning process.
   2. For CODIS, sample processing records determined to be a representative sample of the cases worked are selected by the CODIS Technical Leader and the scope of the review is approved by the Technical Leader as part of the audit planning process.
   3. Laboratories that conduct DNA analysis require an internal audit in intervening years where an external Quality Assurance Audit was not conducted in accordance with requirements for participation with the National DNA Index System (NDIS).

D. A case review is conducted annually as part of the internal audit process in order to assess case record compliance with laboratory policy and accreditation requirements.
   1. For all testing labs, cases which have been completed within the last year are selected per discipline and assigned for peer review. Comments from the peer review are evaluated by a TPOC/TL panel to determine if there are any potential nonconformances.
   2. The panel’s final recommendations for nonconformance are evaluated by the relevant Program Coordinator.
   3. The Program Coordinator may consult the System Quality Manager and/or the Compliance Auditor as necessary during their review of potential nonconformances.

E. Method for execution of the internal audit is defined in the audit plan.

66.5 Internal Audit Plan

A. The System Quality Manager and Compliance Auditor, in consultation with Top Management, defines the audit plan(s) and schedule. The DNA Technical Leaders approve the case review portion for that discipline. The Laboratory Director approves the overall plan.

B. The steps of the audit plan are reviewed with the auditors, including workflow/process, timelines, responsibilities, standard forms and templates, and other expectations.

C. The audit plan includes information and resources necessary to organize and conduct its audits effectively and efficiently within the specified time frames and addresses the following:
   1. Objectives, scope, description of activities including direct observation and sampling, case review, and information, schedule, and duration of each audit for the onsite and desk audit;
   2. Scope limitations and objectives;
   3. Milestones;
4. Audit criteria and points of emphasis (POE), including follow-up with conclusions of previous internal and external audits;

5. Assignment of the Audit Team;

6. Assignment of review panel;

7. Travel and accommodations, other resources as needed;

8. Establish deadlines and criteria for Audit Client to complete required tasks, including direct observation;

9. Sampling plans considering the volume of work/items available and relative frequency and/or consequences of potential non-compliant work;

10. Whether recommendations will be included; and

11. Schedule of activities.

66.6 Plan Execution – On-Site Activities of the Internal Audit

A. The Audit Team Leader conducts an opening meeting with the Audit Client to review the plan, logistics, and objectives. A list of attendees is recorded.

B. The Audit Team conducts the audit, including direct observation if performed during the on-site visit, and prepares work documents in sufficient detail to support the audit objectives, findings, and conclusions such that other auditors can arrive at the same interpretation(s).

C. Any audit plan objective that is not applicable to the Audit Client is documented as to why it is not applicable.

D. Documentation of nonconformance(s) or other reportable audit issues includes:
   1. Reference to requirement (e.g., publication, section, and content); and
   2. Statement of non-conformity with sufficient detail, including the sampling performed.

E. All working documents are labeled with identifiers to the laboratory being audited, auditor initials, and date.

F. Any corrections are indicated by single line strikethrough, initials, and date.

G. A closing meeting is conducted by the Audit Team Leader to review the Audit Summation Report with the Audit Client. A list of attendees is recorded.

66.7 Record of the Internal Audit

A. At the conclusion of the audit, written report of the audit summation is discussed with the Laboratory Manager and Quality Manager, or designee.

B. A preliminary audit report (pending the regional laboratory responses, actions, and/or review) is prepared, reviewed, and distributed to the Laboratory Manager and Quality Manager.

C. The Laboratory and/or Quality Manager may petition the Laboratory Director to revise or remove an audit finding(s)/interpretation(s) rendered by the Audit Team.

D. An audit report incorporating the regional laboratory responses and/or actions is prepared, reviewed, and distributed to the Laboratory Director.

E. The final audit report is authorized for issuance by the Laboratory Director or designee.
F. Summation Report
   1. At the conclusion of the on-site audit activity, an audit summation is written, provided and discussed with the Laboratory Manager and Quality Manager, or designee, by the Audit Team Leader. This document includes as applicable: observations, conclusions, reportable issues (potential nonconformities), side issues, and opportunities for improvement.
   2. This report is required for on-site audits.
   3. The Audit Team Leader presents the Summation Report and audit supporting documents to the Audit Review Panel for discussion. The Audit Review Panel provides direction for the Audit Team Leader to refine the preliminary audit report.

G. Preliminary Audit Report
   1. A preliminary audit report is prepared by the Audit Team Leader or Compliance Auditor, reviewed by the Audit Panel, and distributed by the System Quality Manager to the Quality Manager (on-site/desk) or relevant Program Coordinator (case review) which contains:
      a) Audit client, location, and date range of audit;
      b) Names of auditors, scope/objectives of the audit;
      c) A summary of the audit process, including any limitations and sampling;
      d) Any areas within the audit scope that were not applicable;
      e) Confirmation that the audit objectives have been achieved within the audit scope in accordance with the audit plan;
      f) Identification of any reportable audit issues, noted observations, summary of nonconformance, conclusions, and opinions as appropriate;
      g) Inclusion of Audit Client responses in the audit report, where applicable or desired;
      h) Identification of good practices, examples of outstanding performance or evidence of improvement; and
      i) Expectations for corrective action and follow-up action plans, if any.
   2. If there are revisions to nonconformities or comments that were previously presented to the laboratory in the summation, the Audit Team Leader, Compliance Auditor or designee revises the summation report with track changes and provides it to the laboratory.
   3. A review of the Preliminary Audit Report by the Compliance Auditor, or designee(s), is conducted to ensure review panel directives have been incorporated into the report.
   4. The Preliminary Audit Report is delivered to the Audit Client for incorporation of laboratory responses and collaboration with the Audit Team Leader within 30 (thirty) business days of the audit.

H. Secondary Audit Report
   1. After receipt of the Preliminary Audit Report, collaboration begins between the Audit Client and Audit Team Leader, or alternate review panel, to include laboratory responses into the secondary Audit Report.
2. If agreement cannot be reached, the Appeals Process outlined in this document is initiated by the Audit Client within 10 (ten) business days of receipt of the Preliminary Audit Report.

3. The Audit Client ensures initiation of a QI/QAP process for each sustained laboratory nonconformance and documents the tracking information in the response along with the open/closed status.

4. The System Quality Manager or Assistant Laboratory Director for Technical Services ensures initiation of a Quality Incident/Quality Action Plan to address each system-related nonconformance.

5. The Quality Manager (for regional laboratory-specific issues) or System Quality Manager, Assistant Laboratory Director of Technical Services, and/or relevant Program Coordinator (for System issues) is responsible for the preparation of Quality Incident/Quality Action Plan documentation to address identified reported issues of nonconformance and ensure that the responses to any finding have been implemented and are effective.

6. The Audit Report with Audit Client responses is completed within 30 (thirty) business days of receipt of the Preliminary Audit Report.
   
   a) *If the Audit Client disagrees with the content of the report, the disagreement regarding facts is reconciled to the point of agreement.*

   b) *The Audit Review Panel may assist in mediation.*

7. The System Quality Manager, Compliance Auditor, or designee reviews and may request edits or clarification to the report. The final version of the report is signed by the Quality Manager (onsite/desk), the Audit Team Leader and Compliance Auditor.

8. The Secondary Audit Report is delivered to the Laboratory Director for review.

I. Final Audit Report

1. The Audit Report with responses is authorized by the Laboratory Director or designee resulting in the Final Audit Report which is issued by the System Quality Manager.

J. Final Records

1. The summation report and supporting documents are considered work product. As such, these are archived separate from the Final Audit Report.

2. No case numbers are included in the Final Audit Report, including archived records. Case numbers are included in the QI/QAP documentation for non-conformances.

66.8 Internal Audit Resolution Process

A. An appeal to a finding, decision, or interpretation rendered by the Audit Team may be initiated by the Audit Client within 10 (ten) business days of the receipt of the Preliminary Audit Report.

B. The Laboratory Manager, Quality Manager, or relevant Program Coordinator initiates a written request of their intent to appeal and specify:

1. The applicable policy, procedure, requirement, or document containing the original finding or request;

2. All pertinent details or information pertaining to the laboratory position or opinion; and
3. Possible impact to analytical interpretation, safety, evidence integrity, or resource issues.

C. The written request is submitted to the Compliance Auditor who will coordinate the appeals hearing(s).

D. The System Quality Manager may formulate an opinion based on information presented and present a recommendation to the Laboratory Director. The appellant may also present their opinion to the Laboratory Director.

E. The Laboratory Director or designee will determine the final resolution. The documentation is maintained as part of the audit supporting documentation.

F. The Compliance Auditor issues a written final resolution to the issue and notifies the relevant parties. A timeframe for resolution may also be communicated.

G. For appeals that are not sustained, the Audit Report, including the tracking number of Quality Action Plans and close or open status, are due within 10 (ten) business days of appeal result notice.

66.9 Internal Audit Feedback

A. A post-audit survey is conducted to gather feedback on the following:
   1. The Audit Client and Audit Team Leader evaluates the performance of the Auditors
   2. The Audit Client evaluates the performance of the Audit Team Leader.

B. The System Quality Manager reviews the survey responses for process improvement or coaching opportunities.

66.10 Other Audits

A. The System Quality Manager or designee assists the audit process by arranging for routinely scheduled external accreditation audits, including external DNA audits.

B. The process for DNA external QAS audits is addressed in the DNA procedure manual. The external QAS process in the DNA and CODIS procedure manual supplants this policy.

C. At times, unscheduled audits occur. Examples include those initiated internally by the Department such as from the Infrastructure Operations Division (safety audit), the Chief Auditor’s Office, or externally by the National DNA Index System.

D. Once notified of an unscheduled audit, the Quality Manager informs the System Quality Manager and relevant Assistant Laboratory Director of the details.

E. Any audit reports, including preliminary, are forwarded to the System Quality Manager and the Compliance Auditor.

F. All audit findings have a QI initiated for tracking and monitoring as appropriate (refer to Chapter 63). The Quality Manager initiates QIs for laboratory findings and the System Quality Manager, Compliance Auditor, or relevant Program Coordinator initiates QIs associated with system findings.

G. Responses to all audit findings are drafted by the Quality Manager and forwarded to the System Quality Manager for review. The System Quality Manager assists in the development of responses as necessary. Any recommended changes to the response are considered in collaboration with the Quality Manager.
H. The Laboratory Director or Assistant Laboratory Director conducts the final review of all audit responses and resolves any unresolved concerns.

I. When responses are approved, final drafts are communicated by the System Quality Manager to the appropriate Laboratory and/or Quality Manager.

J. Responses are submitted to the appropriate auditing authority either by the System Quality Manager, Compliance Auditor, or a mutually-agreed upon individual which may vary based on the nature of the audit.

K. Final audit records are archived by the Compliance Auditor.
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68 Crosswalk

A. This manual is compiled from historical manuals, including the Laboratory Operations Guide (LOG), QA Instructions, and Physical Evidence Handbook. As a result, there are numerous references to these manuals in various documents.

B. Following is a document crosswalk to link historical policies rescinded when this manual was implemented:

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Effective Date: 9/29/2020
Issued by: System Quality Manager

*Printed copy is uncontrolled. Refer to electronic copy for current version.*
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