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ROBIN P. PENDERGRAFT
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ROY COOPER
ATTORNEY GENERAL

December 15, 2008

Dr. Douglas Hares
NDIS Custodian
FBI Laboratory
Room 1120
2501 Investigation Parkway
FBI Academy Complex
Quantico, VA 22135

Dear Dr. Hares:

I am writing to notify you that an internal QAS audit was conducted of the North Carolina State Bureau of Investigation on December 8-11, 2008. The audit was conducted by Mark Boodee, Chris Parker, Amanda Thompson, Amanda Fox, Suzi Barker, Kristin Hughes, and Mackenzie DeHaan.

The audit report and any clarifications, responses, and/or corrective action plan/documents shall be forwarded to you within thirty days of our receipt of such report.

If you have any questions, I can be reached at 919-662-4509 ext. 2527.

Sincerely,

SAC Michael Budzynski
North Carolina State Bureau of Investigation



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ROY COOPER
ATTORNEY GENERAL

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ROBIN P. PENDERGRAFT
DIRECTOR

January 5, 2009

Dr. Douglas Hares
NDIS Custodian
FBI Laboratory
Room 1120
2501 Investigation Parkway
FBI Academy Complex
Quantico, VA 22135

Dear Dr. Hares:

I am writing to notify you that an internal QAS audit was conducted of the N. C. State Bureau of Investigation Forensic Biology Section on December 8-10, 2008. The audit was conducted by Mark Boodee (Lead) with Chris Parker, Amanda Thompson, Kristin Hughes and Amanda Fox as Technical auditors. Suzi Barker and Mackenzie DeHaan also assisted.

The audit report and responses are attached.

If you have any questions, I can be reached at 919-662-4500 (ext.2527).

Sincerely,

Michael Budzynski

NCSBI Crime Laboratory

02-11-2009 10:00 AM



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QUALITY ASSURANCE AUDIT
FOR
FORENSIC DNA AND CONVICTED OFFENDER
DNA DATABASING LABORATORIES

IN ACCORDANCE WITH
THE QUALITY ASSURANCE STANDARDS
FOR
FORENSIC DNA TESTING LABORATORIES
AND
CONVICTED OFFENDER DNA DATABASING LABORATORIES
ISSUED BY
THE FBI DIRECTOR

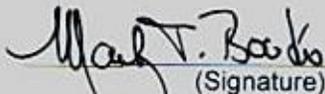
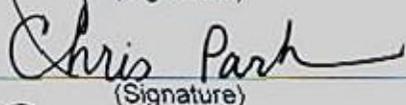
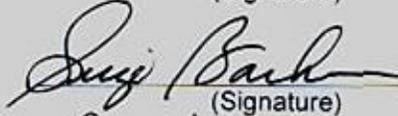
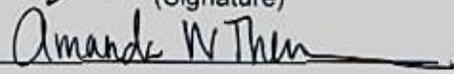
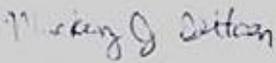
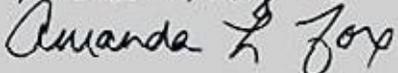
An Audit of	The Forensic Biology Section of the NCSBI Crime Laboratory
Dates of Audit	December 8-10, 2008
Auditor(s)	ASAC Mark T. Boodee (Name)  (Signature)
	ASAC Chris Parker (Name)  (Signature)
	ASAC Suzi Barker (Name)  (Signature)
	ASAC Amanda Thompson (Name)  (Signature)
	SA Mackenzie J. Dethman 
	SA Kristin Hughes 
	SA Amanda Fox 

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Introduction

The *DNA Identification Act of 1994* required the formation of a panel of distinguished professionals from the public and private sectors to address issues relevant to forensic DNA applications. This panel, titled the DNA Advisory Board, first convened in 1995. An early mission of the DNA Advisory Board was to develop and implement quality assurance standards for use by forensic DNA testing laboratories. The scope was quickly expanded to include forensic DNA databasing laboratories. The DNA Advisory Board fulfilled this role, recommending separate documents detailing quality assurance standards for both applications. The *Quality Assurance Standards for Forensic DNA Testing Laboratories* and the *Quality Assurance Standards for Convicted Offender DNA Databasing Laboratories* were issued by the Director of the Federal Bureau of Investigation in October 1998 and April 1999, respectively. Both documents have become benchmarks for assessing the quality practices and performances of DNA laboratories throughout the country.

The *DNA Identification Act of 1994* also required the FBI Laboratory to ensure that all DNA laboratories that are federally operated, receive federal funds, or employ software prepared for the Combined DNA Index System (CODIS) demonstrate compliance with the standards issued by the FBI. Additional programs, such as the National DNA Index System, added further requirements for DNA laboratories that wish to enter data into the national DNA database also demonstrate compliance with such standards. Typically, documentation of a laboratory's compliance with a stated standard has been measured through an audit process. Such audits have been performed by forensic scientists, either internal or external to the laboratory, and serve to identify compliance with established standards.

Since the issuance of both quality assurance documents, confusion regarding the intent and subsequent interpretation for various standards has existed in the forensic science community. The lack of a defined, uniform interpretation guide for such standards has presented a potential problem among laboratories and auditors attempting to determine levels of compliance. In an effort to satisfy the responsibilities assigned through the *DNA Identification Act of 1994* and attempt to minimize interpretation variability, the FBI Laboratory has developed an audit document for assessing compliance with the required standards of both documents. Recognizing the broad application of such an undertaking, the FBI Laboratory has solicited input from many forensic DNA laboratories over the past year to assist in the document's design. This has included collaborating with members from two prominent international inspection/accreditation entities, the American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/LAB) and the National Forensic Science Technology Center. To this end, the audit document has been created by the FBI Laboratory with the input, guidance, and consensus from the above-mentioned groups. The document defines and interprets each standard, with added discussion points clarifying the criteria necessary for compliance. Additionally, the document is structured such that criteria, which overlap between the FBI-issued standards and the corresponding ASCLD/LAB elements, share a consistent interpretative view.

Regarding the format of the audit document, each standard is listed numerically, combining the quality standards of the forensic DNA laboratories and the convicted offender DNA databasing laboratories into one document. Standards that apply exclusively to one application are identified as such, with the designation of either FO or CO, parenthetically adjacent to the standard. The absence of a designation identifies a shared application. Instances in which the wording of a standard is the same for both applications (FO and CO), but the corresponding number of the standard differs, the FO number will be parenthetically adjacent to the standard, and the CO designation, with its corresponding number, will follow the narrative of the standard. The rating system for assessing the laboratory with each standard is listed by the choices of Yes, No, or Not Applicable (N/A). As indicated earlier, discussion sections follow standards, as appropriate, and serve to clarify the interpretation necessary for compliance. Specific passages are bold to add emphasis to the intent associated with a standard. A comment section is also provided following the discussion areas, affording auditors the opportunity to reference information that may have value in the audit process (such as listing the reason for a Yes, No, or N/A).

Finally, in Appendix A, the findings associated with the audit will be detailed and summarized by the auditor, with an area available for response to such findings by the laboratory. Notes or comments, including observations and recommendations are better suited to be mentioned during the exit briefing with laboratory personnel or in a separate letter/memorandum to the laboratory so that these comments are not

confused with comments relating to a finding or an explanation of why a particular standard is not applicable.

The revised discussions are not to be applied retroactively and will take effect upon the approval of the FBI Director.

The following checklist should be completed and placed after the coversheet of the report:

INTRODUCTION HISTORY Revision 6 Issue Date July 1, 2004

- Added instructions regarding notes and comments
- Added sentence regarding effective date of revisions
- Added "Checklist of General Laboratory Information"
- Added instruction for checklist placement

References

American Society of Crime Laboratory Directors/Laboratory Accreditation Board, *ASCLD/LAB Accreditation Manual*. ASCLD/LAB, Garner, North Carolina, 2003.

Federal Bureau of Investigation DNA Advisory Board. Quality assurance standards for forensic DNA testing laboratories, (1998) *Forensic Science Communications* [Online]. (July 2000). Available: www.fbi.gov/hq/lab/fsc/backissu/july2000/codispre.htm.

Federal Bureau of Investigation DNA Advisory Board. Quality assurance standards for convicted offender DNA databasing laboratories, (1999) *Forensic Science Communications* [Online]. (July 2000). Available: www.fbi.gov/hq/lab/fsc/backissu/july2000/codispre.htm.

International Standards Organization/International Electrotechnical Commission. *ISO/IEC Guide 25:1990*, (1990) American National Standards Institute, New York.

Technical Working Group on DNA Analysis Methods. Guidelines for a quality assurance program for DNA analysis, *Crime Laboratory Digest* (1995) 22:(2)21-43.

42 Code of Federal Regulations, Chapter IV (10-1-95 Edition), Health Care Financing Administration, Health and Human Services.

REFERENCE HISTORY Revision 6 Issue Date July 1, 2004

- Changed version year of ASCLD/LAB Accreditation Manual

Definitions

As used in this document, the following terms have the meanings specified:

- (a) Administrative review is an evaluation of the report (if applicable) and supporting documentation for consistency with laboratory policies and for editorial correctness.
- (b) Amplification blank control consists of only amplification reagents without the addition of sample DNA. This control is used to detect DNA contamination of the amplification reagents.
- (c) Analytical procedure is an orderly step-by-step procedure designed to ensure operational uniformity and to minimize analytical drift.
- (d) Audit is an inspection used to evaluate, confirm, or verify activity related to quality.
- (e) Batch is a group of samples analyzed at the same time.
- (f) Calibration is the set of operations that establish, under specified conditions, the relationship between values indicated by a measuring instrument or measuring system or values represented by a material and the corresponding known values of a measurement.
- (g) CODIS is the Combined DNA Index System administered by the FBI. It houses DNA profiles from convicted offenders, forensic specimens, population samples, and other specimen types.
- (h) Commercial test kit is a preassembled kit that allows the user to conduct a specific DNA identification test.
- (i) Convicted offender is an individual who is required by statute to submit a standard sample for DNA databasing.
- (j) Convicted offender database (CODIS) manager or custodian (or equivalent role, position, or title as designated by the laboratory director) is the person responsible for administration and security of the laboratory's CODIS.
- (k) Convicted offender standard sample is biological material collected from an individual for DNA analysis and inclusion into CODIS. See also database sample.
- (l) Critical equipment or instruments are those requiring calibration prior to use and periodically thereafter.
- (m) Critical reagents are determined by empirical studies or routine practice to require testing on established samples before use in order to prevent unnecessary loss of sample.
- (n) Database sample is a known blood or standard sample obtained from an individual whose DNA profile will be included in a computerized database and searched against other DNA profiles.
- (o) Examiner/analyst (or equivalent role, position, or title as designated by the laboratory director) conducts and/or directs the analysis of samples, interprets data, and reaches conclusions.
- (p) Forensic DNA testing is the identification and evaluation of biological evidence in criminal matters using DNA technologies.
- (q) Known samples are biological material whose identity or type is established.
- (r) Laboratory is a facility where forensic DNA testing and/or convicted offender DNA testing is performed or a government facility that contracts with a second entity for such testing.

- (s) Laboratory support personnel (or equivalent role, position, or title as designated by the laboratory director) are individuals who perform laboratory duties and do not analyze samples.
- (t) NIST is the National Institute of Standards and Technology.
- (u) Polymerase chain reaction (PCR) is an enzymatic process by which a specific region of DNA is replicated during repetitive cycles that consist of (1) denaturation of the template, (2) annealing of primers to complementary sequences at an empirically determined temperature, and (3) extension of the bound primers by a DNA polymerase.
- (v) Proficiency test sample is biological material whose DNA type has been previously characterized and that is used to monitor the quality performance of a laboratory or an individual.
- (w) Proficiency testing is a quality assurance measure used to monitor performance and identify areas in which improvement may be needed. Proficiency tests may be classified as:
 - (1) Internal proficiency test is one prepared and administered by the laboratory.
 - (2) External proficiency test, which may be open or blind, is one that is obtained from a second agency.
- (x) A qualifying test measures proficiency in both technical skills and knowledge.
- (y) Quality assurance includes the systematic actions necessary to demonstrate that a product or service meets specified requirements for quality.
- (z) A quality manual is a document stating the quality policy, quality system, and quality practices of an organization.
- (aa) Quality system is the organizational structure, responsibilities, procedures, processes, and resources for implementing quality management.
- (bb) Reagent blank control consists of all reagents used in the test process without any sample. This is to be used to detect DNA contamination of the analytical reagents.
- (cc) Reference material (certified or standard) is a material for which values are certified by a technically valid procedure and accompanied by or traceable to a certificate or other documentation that is issued by a certifying body.
- (dd) Restriction fragment length polymorphism (RFLP) is generated by cleavage by a specific restriction enzyme, and the variation is due to restriction site polymorphism and/or the number of different repeats contained within the fragments.
- (ee) Review is an evaluation of documentation to check for consistency, accuracy, and completeness.
- (ff) Second agency is an entity or organization external to and independent of the laboratory and that performs DNA identification analysis.
- (gg) Secure area is a locked space (e.g., cabinet, vault, room) with access restricted to authorized personnel.
- (hh) Subcontractor is an individual or entity having a transactional relationship with a laboratory.
- (ii) Technical manager/leader (or equivalent position or title as designated by the laboratory director) is the individual who is accountable for the technical operations of the laboratory.

- (jj) Technical review is an evaluation of reports, notes, data, and other documents to ensure an appropriate and sufficient basis for the scientific conclusions. This review is conducted by a second qualified individual.
- (kk) Technician (or equivalent role, position, or title as designated by the laboratory director) is an individual who performs analytical techniques on samples under the supervision of a qualified examiner/analyst and/or performs DNA analysis on samples for inclusion in a database.
- (ll) Traceability is the property of a result of a measurement whereby it can be related to appropriate standards, generally international or national standards, through an unbroken chain of comparisons.
- (mm) Validation is a process by which a procedure is evaluated to determine its efficacy and reliability for DNA analysis and includes
 - (1) Developmental validation is the acquisition of test data and determination of conditions and limitations of a new or novel DNA methodology for use on samples.
 - (2) Internal validation is an accumulation of test data in the laboratory to demonstrate that established methods and procedures perform as expected in the laboratory.

Standard 3: Quality Assurance Program

	Yes	No	N/A
3.1 Does the DNA laboratory have an established and maintained documented quality system that is appropriate to the testing activities?	<u> X </u>	<u> </u>	<u> </u>

Discussion

The laboratory must have a documented (hard copy or electronic copy) quality system, typically identified as a quality manual. The laboratory must demonstrate that it has maintained its quality system by conducting an annual review of that system. An annual review of the quality system is important for ensuring that measures are being taken by the laboratory to continually provide the highest quality of service. This review must include the review of the quality manual and standard operating procedures used by the laboratory and must be independent of the required annual audit. Audit reports may identify areas in need of attention and provide the basis for changes to the quality system. Such changes may include new or improved quality control activities for monitoring the quality of the laboratory work product. Additionally, significant modifications of forensic DNA testing, such as the incorporation of a new technology, may necessitate a review or updating of the quality system. The annual review must be documented (hard copy or electronic copy).

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Replaced "generally directed" with "must"
- Added wording that the quality manual review is independent of annual audit
- Added "hard copy or electronic copy" to last sentence

Comment

	Yes	No	N/A
3.1.1 Does the quality manual address (at a minimum) the following:			
a. Goals and objectives	<u> X </u>	<u> </u>	<u> </u>
b. Organization and management structure	<u> X </u>	<u> </u>	<u> </u>
c. Personnel qualifications and training	<u> X </u>	<u> </u>	<u> </u>
d. Facilities	<u> X </u>	<u> </u>	<u> </u>
e. Evidence control	<u> X </u>	<u> </u>	<u> </u>
f. Validation	<u> X </u>	<u> </u>	<u> </u>
g. Analytical procedures	<u> X </u>	<u> </u>	<u> </u>
h. Calibration and maintenance	<u> X </u>	<u> </u>	<u> </u>
i. Proficiency testing	<u> X </u>	<u> </u>	<u> </u>
j. Corrective action	<u> X </u>	<u> </u>	<u> </u>
k. Reports	<u> X </u>	<u> </u>	<u> </u>
l. Review	<u> X </u>	<u> </u>	<u> </u>
m. Safety	<u> X </u>	<u> </u>	<u> </u>
n. Audits	<u> X </u>	<u> </u>	<u> </u>

Discussion

The DNA laboratory quality system or quality manual must contain or reference each of the above listed criteria. Individual sections that deal with subject areas that are defined through laboratory-wide policies or procedures (e.g., evidence control, safety) may be located in documents that are separate from the quality manual; however, such information should be referenced in the quality manual. If such sections have been supplemented by DNA laboratory-specific practices, the quality manual must reflect such additions.

Any document that is referenced in the laboratory's DNA quality manual must be available on-site. Documents may be in hard copy, electronic files, or a combination of both formats.

Additionally, the quality system/quality manual must contain or reference practices that address continuing education (Standard 5.1.3) and monitoring court testimony (Standard 12.2).

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added paragraph requiring on-site availability of any referenced laboratory quality manual documents
- Added "monitoring" to last sentence

Comment

Standard 4: Organization and Management

	Yes	No	N/A
4.1.a Has the managerial staff of the laboratory been provided the authority and resources needed to discharge their duties and meet the requirements of the standards in this document?	_X_	___	___

Discussion

Evidence of meeting this standard is assessed through interviews of staff and the review of laboratory documents such as job descriptions and organizational charts.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted last sentence of paragraph

Comment

	Yes	No	N/A
4.1.b Does the laboratory have a designated technical manager/leader who is accountable for the technical operations?	_X_	___	___

Discussion

The role of a technical manager/leader does not preclude, for example, the existence of additional program managers, each of whom may be assigned a subset of clearly defined duties (e.g., training program manager, quality assurance program manager). The technical manager/leader will retain, however, the ultimate responsibility for such programs.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Replaced "specific" with "clearly defined"

Comment

	Yes	No	N/A
4.1.c Does the laboratory specify and document the responsibility, authority, and interrelation of all personnel who manage, perform, or verify work affecting the validity of the DNA analysis? (CO4.1c)	_X_	___	___
4.1c(CO) Does the laboratory have a CODIS manager or custodian who is accountable for CODIS operations?	_X_	___	___

Discussion

As a tool in the evaluation of the management standards, laboratories must maintain a current organizational chart, referencing the members of the laboratory with their specific position assignments (e.g., technical manager/leader, CODIS manager). Additionally, current job descriptions must be available for all laboratory personnel, accurately defining the technical and/or administrative responsibilities associated with each position (Standard 5 - Personnel).

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted "various"

Comment

Standard 5: Personnel

Yes No N/A

5.1 Do laboratory personnel have the education, training, and experience commensurate with the examination and testimony provided? X

Discussion

To successfully satisfy Standard 5.1, compliance must be demonstrated with all of the subcategories of Standard 5. A list of the individuals in compliance with Standard 5.1 will be incorporated by the auditor into the Comment section below. The credentials for those individuals found to be in compliance with Standard 5.1 after two successive external audits do not need to be reviewed.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted reference to specific subcategories
- Added a sentence requiring a list of standard compliant individuals be placed in comment section
- Added statement that credentials of compliant listed individuals need not be reviewed after two successive external audits

Comment

•

Yes No N/A

5.1.1 Does the laboratory have written job descriptions for all personnel to include responsibilities, duties, and skills? X

Discussion

Written job descriptions that are augmented by other documentation to include responsibilities, duties, and skills are acceptable.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording

Comment

5.1

The following Casework analysts meet the education, training and experience requirements: Mike Budzynski, Mark Boodée, Karen Wunningham, David Freeman, Jenny Elwell, Sharon Hinton, Chris Parker, Amanda Fox, Amanda (Daughtry) Thompson, Christiana Fischer, Michelle Hannon, Ivy McMillan, and Timothy Baize.

The following Database analysts meet the education, training and experience requirements: Elaine Staley, Gina Autry, and Janis Matthews

The following Casework analysts meet the education, training and experience requirements and have been reviewed for the second time: Kristin Meyer Hughes

The following Database analysts meet the education, training and experience requirements and have been reviewed for the second time: Regina Hedgepeth and Tanisha Ray

The following Casework analysts meet the education, training and experience requirements and have been reviewed for the first time: Jody West, Carolyn Speas, Suzi Barker, Cortney Cowan, Zachary Kallenbach, and Sarah Johnson

The following Database analysts meet the education, training and experience requirements and have been reviewed for the first time: Tonya Rush, and Jessica Posto.

		Yes	No	N/A
5.1.2	Does the laboratory have a documented training program for qualifying all technical laboratory personnel?	<u> X </u>	<u> </u>	<u> </u>

Discussion

A laboratory's training program must teach and assess the skills and knowledge required to achieve the minimum standards of competence and good laboratory practice in a specific area of work. Training must include all methods that the analyst will use in casework and/or convicted offender analysis.

The laboratory must have a documented training program that includes a training manual and training records for each trainee available for review. Additionally, the laboratory must have documentation that provides a formal means for recognizing an individual's successful completion of the training program (e.g., certificate, letter, memorandum) and demonstration of competency, typically through a test. For further information, refer to the discussion following Standard 5.3.3.

It is management's responsibility to establish and document the adequacy of the training of any staff member who has not completed the laboratory's formal training program. Examples may include (but are not limited to) the acquisition of fully trained personnel from a separate organization or the assignment of experienced forensic DNA caseworking examiners/analysts to validate a new DNA testing procedure. All individuals, regardless of previous training and experience, must successfully complete a qualifying test for the specific DNA technology to be used at the current laboratory prior to assuming convicted offender and/or casework responsibilities. Successful completion of an individual's qualifying test must be documented by the laboratory.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording, added sentence defining training and clarified document training program
- Deleted the SWGDAM note
- Added "convicted offender and/or" to last paragraph

Comment

		Yes	No	N/A
5.1.3	Does the laboratory have a documented program to ensure that technical qualifications are maintained through continuing education?	<u>X</u>	___	___
5.1.3.1(a)	Over the last year has the technical manager/leader read current scientific literature?	<u>X</u>	___	___
5.1.3.1(b)	Over the last year has the technical manager/leader attended at least one seminar, course, professional meeting, or training session/class that addresses subject matter related to DNA analysis?	<u>X</u>	___	___
5.1.3.1(c) (CO)	Over the last year has the CODIS manager read current scientific literature?	<u>X</u>	___	___
5.1.3.1(d) (CO)	Over the last year has the CODIS manager attended at least one seminar, course, professional meeting, or training session/class that addresses subject matter related to DNA analysis?	<u>X</u>	___	___
5.1.3.1(e)	Over the last year has each examiner/analyst read current scientific literature?	<u>X</u>	___	___
5.1.3.1(f)	Over the last year has each examiner/analyst attended at least one seminar, course, professional meeting, or training session/class that addresses subject matter related to DNA analysis?	<u>X</u>	___	___

Discussion

The laboratory's continuing education program must be documented, such as in the quality manual or training manual. To comply with this standard, laboratory management must provide technical personnel with the opportunity to stay abreast of new developments and issues in the field of DNA analysis. The laboratory must provide the technical manager/leader, CODIS manager, and all examiner/analysts with continuing education in a subject area related to DNA analysis annually as defined by the laboratory (e.g., fiscal or calendar). Continuing education shall be no less than a cumulative total of eight hours on an annual basis. While such continuing education should be formalized, requirements do not necessarily include earned credit hours or grade evaluations, although this would be acceptable. Participation and completion of programs based on multimedia or internet delivery must be formally recorded and approved by the technical manager/leader. This documentation must include the time required to complete the program.

For laboratory external continuing education programs, a variety of methods may be used including attending local, national, and international meetings or symposia or external training courses. The laboratory must maintain documentation of such attendance.

For internal continuing education programs, the title, a record of the presentation, date of training, attendance list, and curriculum vitae of presenter(s) must be documented and retained by the laboratory.

The laboratory must maintain or have access (e.g., Internet) to a collection of current books, journals, or other literature applicable to DNA typing. The laboratory must have an established system that tracks reading of scientific literature.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted wording.
- Added sentence defining number of hours of continuing education
- Added clarification of use of multimedia or Internet delivery for continuing education

- Added definitions for required internal and external continuing education documentation
- Changed wording and deleted last sentence of last paragraph

Comment

		Yes	No	N/A
5.1.4	Does the laboratory maintain records on the relevant qualifications, training, skills, and experience of all technical personnel?	_X_	___	___

Discussion

The laboratory must verify the degree and course work for technical personnel. Transcripts must be available to the auditors for assessing an individual's qualifications. Technical personnel skills and experience must be documented through a curriculum vitae or other means, such as a statement of qualifications. Compliance with this standard is assessed through a review of documentation and staff interviews.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted "curriculum vitae"

Comment

		Yes	No	N/A
5.2	Does the technical manager/leader satisfy the degree/educational, experience, and duty requirements as listed in Standards 5.2.1 through 5.2.3?	_X_	___	___

		Yes	No	N/A
5.2.1	Does the technical manager/leader of the laboratory meet the following degree/educational requirements or have a waiver as stated in Standard 5.2.1.1?	_X_	___	___
	A. A graduate degree in a biology, chemistry, or forensic science-related area	_X_	___	___
	B. A minimum of 12 credit hours or its equivalent including a combination of graduate and undergraduate course work or classes covering the subject areas of			
	(a) Biochemistry	_X_	___	___
	(b) Genetics	_X_	___	___
	(c) Molecular biology	_X_	___	___
	(d) Statistics and/or population genetics	_X_	___	___

Discussion

A minimum of 12 semester or equivalent credit hours must be completed successfully (college- or

university-determined passing grade) that address the general subject areas of biochemistry, genetics, molecular biology, as well as statistics and/or population genetics, or other subjects that provide a basic understanding of the foundation of forensic DNA analysis. **The 12 semester or equivalent credit hours requirement (5.2.1 B) must include, at a minimum, one graduate level class registering three or more semester or equivalent credit hours.** A variety of college course work may apply toward satisfying this standard and is not limited exclusively to the subject categories listed. However, the specific subjects area(s) listed must constitute an integral **component** of any class or course work for compliance with this standard. Individuals who have completed course work with titles other than those listed above must demonstrate compliance with this standard through transcripts, a letter from a university professor verifying course content, a course syllabus, or other appropriate documentation. The DNA training program previously offered by the FBI Laboratory, with graduate credit hours from the University of Virginia, may be applied toward the molecular biology course work requirement associated with this standard. However, courses such as the FBI's Basic Serology course or the FBI's Biochemical Methods of Bloodstain Analysis course would not be applicable toward the 12-hour credit requirement.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Wording changes
- Added last sentence of paragraph defining courses not applicable toward 12-hour credit requirement

Comment

Yes No N/A

5.2.1.1 Does the technical manager/leader possess a waiver from the American Society of Crime Laboratory Directors or other organization designated by the Director of the FBI? X

Discussion

Compliance with Standard 5.2.1.1 is necessary only if Standard 5.2.1 has not been satisfied. Otherwise the response to 5.2.1.1 is Not Applicable (N/A). Documentation of the waiver must be available.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording to require waiver documentation

Comment

Yes No N/A

5.2.2 Does the technical manager/leader of the laboratory have a minimum of three years forensic DNA laboratory experience? X

Discussion

The technical manager/leader of the laboratory must have a minimum of three years forensic DNA laboratory experience. This experience must have been gained at a **facility** where forensic DNA testing was performed for the identification and evaluation of **biological evidence in criminal matters**. This would include agencies where research/training and caseworking laboratories are separate entities but reside under the same facility-wide organizational umbrella. It should be noted that the experience time frame is measured not by the number of years with any particular employer, but rather by the number of years in a position specific for gaining the experience necessary to satisfy this standard. Although not required, the technical manager/leader should have successfully completed the DNA Auditing Workshop

sponsored by the FBI.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added last sentence in paragraph recommending that a technical manager/leader successfully complete the FBI DNA Auditing Workshop

Comment

		Yes	No	N/A
5.2.3	Does the technical manager/leader of the laboratory meet the duty requirements of this standard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3.1	Does the technical manager/leader manage the technical operations of the laboratory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3.2 (a-1)	Is the technical manager/leader responsible for evaluating all methods used by the laboratory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3.2 (a-2)	Is the technical manager/leader responsible for proposing new or modified analytical procedures to be used by the examiners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3.2 (b-1)	Is the technical manager/leader responsible for technical problem solving of analytical methods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3.2 (b-2)	Is the technical manager/leader responsible for the oversight of training, quality assurance, safety, and proficiency testing in the laboratory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3.3	Is the technical manager/leader accessible to the laboratory to provide on-site, telephonic, or electronic consultation as needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion

Auditors may assess whether a laboratory has satisfied the requirements listed in Standard 5.2.3 through a review of laboratory documentation (e.g. protocols, quality manual), staff interviews, and/or on-site evaluations. The technical manager/leader is not required to occupy physical (on-site) facility space. However, the technical manager/leader must demonstrate knowledge and oversight of the DNA program to ensure the laboratory is following standards and written protocols. If the laboratory system contracts for an off-site technical manager/leader, the laboratory must ensure that the technical manager/leader makes an initial on-site visit. The frequency of additional visits should be regular but not less than once a year and as needed, based on quality issues, after the initial visit. This individual must be readily accessible to the laboratory (telephonically or electronically) to fulfill the responsibilities and requirements of this position in an effective manner.

For compliance with the duty requirements of Standard 5.2.3, it is not necessary for the technical manager/leader to function (or to have functioned) as a qualified examiner/analyst. For those instances in which the technical manager/leader has an experience base in a specific DNA technology, which is different from the DNA technology currently used in convicted offender or casework analysis, the laboratory must demonstrate that the technical manager/leader has fulfilled his/her defined duties and keeps abreast of technical developments.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added requirements and responsibilities of off-site managers/leaders
- Deleted second sentence of second paragraph
- Deleted reference to RFLP testing
- Deleted last two sentences of second paragraph

Comment

		Yes	No	N/A
5.3	Does each examiner/analyst satisfy the degree/educational, experience, and duty requirements as listed in Standards 5.3.1 through 5.3.3 (CO5.4)?	<u>X</u>	___	___
5.3.1	Does each examiner/analyst meet the following degree/educational requirements:	<u>X</u>	___	___
	A. B.A./B.S. degree or its equivalent in a biology, chemistry, or forensic science-related area	<u>X</u>	___	___
	B. College course work or classes covering the subject areas of			
	(a) Biochemistry	<u>X</u>	___	___
	(b) Genetics	<u>X</u>	___	___
	(c) Molecular biology	<u>X</u>	___	___
	C. College course work or training that covers the subject area of statistics and/or population genetics	<u>X</u>	___	___

Discussion

A variety of college course work may apply toward satisfying this standard and is not limited exclusively to the subject categories listed. However, the specific subjects area(s) listed must constitute an integral component of any class or course work to satisfy this standard. Analysts who become qualified after the effective date of this document must have a minimum of six cumulative semester hours or equivalent that covers the required subject areas. Individuals who have completed course work with titles other than those listed above must demonstrate compliance with this standard through transcripts, a letter from a university professor verifying course content, a course syllabus, or other appropriate documentation. The technical leader must document his/her approval of compliance.

The DNA training program previously offered by the FBI Laboratory, with graduate credit hours from the University of Virginia, may be applied toward the molecular biology course work requirement associated with this standard. However, courses such as the FBI's Basic Serology course or the FBI's Biochemical Methods of Bloodstain Analysis course would not be applicable.

Examiners/analysts may satisfy the statistics and/or population genetics course work or training requirement (5.3.1) through internal or external training.

For external statistics and/or population genetics training, a variety of methods may be used including workshops at local, national, or international meetings or symposia or external training courses. The laboratory must maintain documentation of such attendance.

For internal statistics and/or population genetics training, the title, a record of the presentation, date of training, attendance list, and curriculum vitae of presenter(s) must be documented and retained by the laboratory.

STANDARD 5.3 HISTORY Revision 6 Issue Date July 1, 2004

- Deleted "(FO)"
- Added "(CO 5.4)"

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording in first paragraph and added sentence requiring six cumulative semester hours of course work in required subject areas

- Added sentence requiring technical leader's approval of compliance
- Added sentence defining nonapplicable courses for molecular biology course requirements
- Added statements requiring documentation of external and internal statistics and/or population genetics training

Comment

		Yes	No	N/A
5.3.2(a)	Does each examiner/analyst have a minimum of six months forensic DNA laboratory experience?	<u>X</u>	___	___
5.3.2(b)	Does the experience of each examiner/analyst include the successful analysis of a range of samples typically encountered in forensic casework prior to undertaking independent casework analysis using DNA technology?	<u>X</u>	___	___

Discussion

An examiner/analyst must have a minimum of six months forensic DNA laboratory experience gained at a facility where forensic DNA testing was performed for the identification and evaluation of biological evidence in criminal matters. The experience time frame is measured not by the length of time spent with any particular employer but rather by the number of months/years in a position specific for gaining the experience necessary to satisfy this standard. The experience gained by an individual must include the successful analysis of a range of samples typically associated with forensic casework. An individual's participation in a formal forensic DNA training program is acceptable for fulfilling or being applied toward fulfilling the experience requirement of this standard.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Wording changes

Comment

		Yes	No	N/A
5.3.3	Has each examiner/analyst successfully completed a qualifying test before beginning independent casework responsibilities?	<u>X</u>	___	___

Discussion

A qualifying test or competency test serves to test an individual's knowledge, skills, and abilities as they relate to his/her individual position. A laboratory may select from a variety of approaches for administering a qualifying test, including but not limited to a written, oral, or practical examination. If a laboratory uses an internal or external proficiency test as a qualifying test, the laboratory must have phenotyping/genotyping results to assess an individual's performance. The date of qualification of an individual must be documented. The qualification date has particular relevance to proficiency testing requirements discussed in Standard 13 (Proficiency Testing), which requires newly qualified individuals to participate in an external proficiency test within six months of their initial qualification date.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Wording changes
- Replaced "180 days" with "six months"

Comment

		Yes	No	N/A
5.3(CO)	Does the CODIS manager or custodian satisfy the degree/educational, experience, and duty requirements as listed in the convicted offender Standards 5.3.1 through 5.3.3?	<u>X</u>	<u> </u>	<u> </u>
5.3.1	Does the CODIS manager or custodian possess a Bachelor's degree in a natural science or computer science?	<u>X</u>	<u> </u>	<u> </u>
5.3.2(a)	Does the CODIS manager or custodian have a working knowledge of the following:			
	(a) Computers	<u>X</u>	<u> </u>	<u> </u>
	(b) Computer networks	<u>X</u>	<u> </u>	<u> </u>
	(c) Computer database management	<u>X</u>	<u> </u>	<u> </u>
5.3.2(b)	Does the CODIS manager or custodian have an understanding of DNA profile interpretation?	<u>X</u>	<u> </u>	<u> </u>
5.3.3	Does the CODIS manager or custodian meet the duty requirements of this position?	<u>X</u>	<u> </u>	<u> </u>
5.3.3(a-1)	Does the CODIS manager or custodian function as the system administrator of the laboratory's CODIS network?	<u>X</u>	<u> </u>	<u> </u>
5.3.3(a-2)	Is the CODIS manager or custodian responsible for the security of the DNA profile data stored in CODIS?	<u>X</u>	<u> </u>	<u> </u>
5.3.3(b)	Is the CODIS manager or custodian responsible for oversight of CODIS computer training and quality assurance of data?	<u>X</u>	<u> </u>	<u> </u>
5.3.3(c-1)	Does the CODIS manager or custodian have the authority to terminate the laboratory's participation in CODIS in the event of a problem until the reliability of the computer data can be assured?	<u>X</u>	<u> </u>	<u> </u>
5.3.3(c-2)	Does the state CODIS manager or custodian have this authority over all CODIS sites under his/her jurisdiction?	<u>X</u>	<u> </u>	<u> </u>

Discussion

A qualifying test is not required for the CODIS manager unless the CODIS manager performs examiner/analyst duties such as interpretation of data. Examiner/analysts and technicians associated with the convicted offender program are required to successfully complete a qualifying test specific to their duties prior to participating in DNA typing responsibilities. The responsibilities and authority of the CODIS manager must be documented.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted first sentence of paragraph
- Wording changes

Comment

		Yes	No	N/A
5.4	Does each technician meet the training and qualification requirements as stated in Standards 5.4.1 and 5.4.2 (CO5.5)?	<u> </u>	<u> </u>	<u>X</u>

- 5.4.1 Did each technician receive on-the-job training specific to the job function?
- 5.4.2 Did each technician successfully complete a qualifying test before participating in forensic DNA typing responsibilities?
- 5.5 Do all laboratory support personnel meet the requirements as stated in Standard 5.5.1 (CO5.6)?
- 5.5.1 Do all laboratory support personnel possess the training, education, and experience commensurate with their responsibilities as outlined in their job descriptions?

Comment

Discussion

Technicians associated with the convicted offender program and/or casework are required to successfully complete a qualifying test specific to their duties prior to participating in DNA typing responsibilities.

STANDARD 5.4 HISTORY Revision 6 Issue Date July 1, 2004

- Added "(CO5.5)"

STANDARD 5.5 HISTORY Revision 6 Issue Date July 1, 2004

- Added "(CO5.6)"

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added discussion paragraph requiring a qualifying test

Standard 6: Facilities

		Yes	No	N/A
6.1	Is the laboratory designed to provide adequate security and minimize contamination?	<u> X </u>	<u> </u>	<u> </u>
6.1.1	Is access to the laboratory controlled and limited?	<u> X </u>	<u> </u>	<u> </u>

Discussion

To successfully satisfy Standard 6.1, compliance must be demonstrated with all of the subcategories of Standard 6.

Clearly written and well-understood procedures must exist for laboratory security. The laboratory's security system must control access and limit entry to the operational areas. All exterior entrance/exit points to the facility must be secured and controlled in a manner to prevent access by unauthorized personnel. Internal controlled areas should limit access to only authorized personnel. The distribution of all keys and combinations must be limited to appropriate laboratory personnel as designated by laboratory management. The distribution system must be current, accurate, clearly documented, and available for review. Many other control systems, which include card keys, surveillance cameras, and intrusion alarms, are acceptable when they complement the laboratory's security system by controlling unauthorized access and/or limiting authorized access to the operational laboratory and evidence storage areas.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Wording changes
- Replaced "should" with "must" as it applies to criteria for security access distribution systems

Comment

		Yes	No	N/A
6.1.2	Are evidence examinations, DNA extractions, and PCR setup conducted at separate times or in separate spaces?	<u> X </u>	<u> </u>	<u> </u>
6.1.2(CO)	Are evidence examinations, liquid sample examinations, DNA extractions, and PCR setup conducted at separate times or in separate spaces?	<u> X </u>	<u> </u>	<u> </u>
6.1.3	Is amplified DNA product generated, processed, and maintained in a room(s) separate from the evidence examination, DNA extractions, and PCR setup areas?	<u> X </u>	<u> </u>	<u> </u>
6.1.3(CO)	Is amplified DNA product generated, processed, and maintained in a room(s) separate from the evidence examination, liquid sample examinations, DNA extractions, and PCR setup areas?	<u> X </u>	<u> </u>	<u> </u>
6.1.4(CO)	If a robotic workstation is used to carry out DNA extraction and amplification in a single room, can it be demonstrated that contamination is minimized and equivalent to that when performed manually in separate rooms?	<u> </u>	<u> </u>	<u> X </u>

Discussion

Through a combination of clearly written technical procedures, casework notes, and/or personal observation, the laboratory's approach to sample processing for PCR-based procedures (extraction and amplification) must demonstrate a separation in time or physical space for each activity. The laboratory's design must demonstrate that evidence flow, through the various steps of DNA processing, does not compromise the integrity of the sample. The amplification room must be enclosed with walls from the floor

to the ceiling and door(s) for passage. The amplification room(s) must physically separate amplified DNA from all other areas of the laboratory by maintaining doors in the closed position.

When robotic workstations are used to carry out DNA extractions through PCR setup on casework samples (Standards 6.1.2 and 6.1.3) a single room may be used. Internal validation must show that if contamination occurs, it is minimized, addressed, and less than or equivalent to that observed when these procedures are performed manually in separate rooms.

To successfully satisfy Standard 6.1.4(CO), robotic workstations may be used to carry out DNA extraction through amplification in a single room provided that they are separated from the casework extraction and casework amplification areas and that it can be demonstrated through internal validation that if contamination occurs, it is minimized, addressed, and less than or equivalent to that observed when these procedures are performed manually in separate rooms.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added clarification to description of amplification areas
- Added clarification to use of robotic workstations as they apply to casework contamination

Comment

	Yes	No	N/A
6.1.4	<u> X </u>	<u> </u>	<u> </u>

6.1.4 Does the laboratory follow written procedures for monitoring, cleaning, and decontaminating facilities and equipment?

Discussion

A laboratory may employ a variety of methods to monitor its facilities, such as the use of appropriate controls in the analysis process. Whichever approach(es) the laboratory selects to use, the method(s) must be documented. This may be accomplished through a variety of ways at the discretion of the laboratory.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted third sentence

Comment

Standard 7: Evidence or Sample Control

		Yes	No	N/A
7.1	Does the laboratory have and follow a documented evidence control system or sample inventory control system (convicted offender) for handling and preserving the integrity of physical evidence?	_X_	___	___
7.1.1	Is each evidence sample (including convicted offender samples) labeled with a unique identifier in accordance with established agency policy?	_X_	___	___

Discussion

To successfully satisfy Standard 7.1, compliance must be demonstrated with all of the subcategories of Standard 7.

Convicted offender samples are not considered evidence for the purposes of this document.

The DNA laboratory must have clearly written, well-understood procedures that address handling and preserving of the integrity of evidence and convicted offender samples. Key components of an evidence sample control procedure include proper labeling and sealing of evidence, a documented chain-of-custody record, and a secure area designated for evidence storage. Key components of a convicted offender sample control procedure include proper labeling and sample storage. Each item of evidence and each convicted offender sample (and/or its container) must be marked with a unique identifier.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added reference to convicted offender samples

Comment

		Yes	No	N/A
7.1.2	Does the laboratory maintain a chain of custody for all evidence?	_X_	___	___

Discussion

A written chain-of-custody record must include the signature or initials (written or electronic) of each individual receiving or transferring evidence, with the corresponding date for each transfer with a corresponding identifier that specifies each evidentiary item. This record must provide a comprehensive, documented history for each evidence transfer over which the laboratory has control. Electronic tracking of evidence is an acceptable alternative to a written record if the computerized data are sufficiently secure, detailed, and accessible for review and can be converted to a hard copy when necessary.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added "(written or electronic)" to first sentence

Comment

		Yes	No	N/A
7.1.2(CO)	Does the laboratory document and maintain the identity, collection, receipt, storage, and disposition for samples?	<u>X</u>	___	___
7.1.3	Does the laboratory follow documented procedures that minimize loss, contamination, and/or deleterious change of evidence?	<u>X</u>	___	___
7.1.4	Does the laboratory have secure areas for evidence storage?	<u>X</u>	___	___
7.1.4(CO)	Does the laboratory have secure areas for sample storage including environmental controls consistent with the form or nature of the sample?	<u>X</u>	___	___

Discussion

The laboratory must ensure that evidence stored under its custody is properly sealed and protected from loss, contamination, and/or deleterious change. An evidence container is properly sealed if its contents cannot readily escape and if entering the container results in a detectable alteration to the container or seal. The seal must be labeled in a manner that identifies an individual responsible for sealing the evidence. The immediate container need not be sealed (but securely closed) if it is enclosed in a larger container that meets the requirements of a proper seal. In such instances, the container must be securely closed so that its contents are protected from loss, contamination, and/or deleterious change. Secure areas for evidence storage must exist in the laboratory. This may include the use of temporary or short-term storage, demonstrating proper security through defined, controlled access to the evidentiary storage area. Short-term storage areas may vary from a locked file cabinet to an entire secured examination room housing large or bulky items of evidence on a temporary basis.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Replaced "desirable" with "must" in third sentence
- Added "secured" to last sentence

Comment

		Yes	No	N/A
7.2(FO)	Does the laboratory retain or return a portion of the evidence sample or extract when possible?	<u>X</u>	___	___
7.2.1(FO)	Does the laboratory have a procedure requiring that evidence samples/extract(s) be stored in a manner that minimizes degradation?	<u>X</u>	___	___

Standard 8: Validation

		Yes	No	N/A
8.1	Does the laboratory use methods and procedures for forensic DNA analysis that have been validated prior to casework implementation?	_X_	___	___

Discussion

To successfully satisfy Standard 8.1, compliance must be demonstrated with all of the subcategories of Standard 8.

Validation is the process used by the scientific community to acquire the necessary information for accessing a procedure's reliability to obtain a specific, desired result. The validation process also serves to identify critical aspects of a procedure that must be controlled and monitored, while defining the limitations of the procedure.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording in first sentence of first paragraph

Comment

		Yes	No	N/A
8.1.1	Have developmental validation studies been conducted and appropriately documented?	_X_	___	___

Discussion

Developmental validation must precede the introduction of a novel methodology for forensic DNA analysis. A novel methodology may include an existing technology or testing procedure that has been developed for a specific technology (e.g., medical testing, genetic analysis) that is not currently applied to forensic DNA analysis. Citations in peer-reviewed scientific journals that provide the underlying scientific basis for a novel methodology should be available.

		Yes	No	N/A
8.1.2	Have novel forensic or database DNA methodologies used by the laboratory undergone developmental validation to ensure the accuracy, precision, and reproducibility of the procedure?	_X_	___	___
8.1.2.1	Is there documentation and is it available that defines and characterizes each locus?	_X_	___	___
8.1.2.2(FO)	Have species' specificity, sensitivity, stability, and mixture studies been conducted?	_X_	___	___
8.1.2.3(FO)	Does the laboratory have access to a population database that is documented and available for use in population statistics?	_X_	___	___
8.1.2.3.1(FO-a)	Where appropriate, has the database been tested for independence expectations?	_X_	___	___
8.1.2.3.1(FO-b)	Does the database information include allele and frequency distributions for the locus or loci obtained from relevant populations?	_X_	___	___
8.1.3	Has the laboratory completed and documented internal validation studies?	_X_	___	___

Discussion

To successfully satisfy Standards 8.1.2 and 8.1.3, compliance must be demonstrated with all of the subcategories of these standards.

Prior to implementing a new DNA analysis procedure or an existing DNA procedure developmentally validated by another laboratory, the forensic or database laboratory must first demonstrate the reliability of the procedure internally. The internal validation studies conducted by the forensic laboratory should be sufficient to document the reliability of the technology as practiced by that laboratory. Summaries must be written for all internal validation studies and approved by the technical manager/leader.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording in first paragraph
- Added sentence requiring internal validation summaries.

Comment

		Yes	No	N/A
8.1.3.1(a)	Has the procedure been tested using known and nonprobative evidence samples?	<u>X</u>	___	___
8.1.3.1 (CO-a)	Has the procedure been tested using known samples?	<u>X</u>	___	___
8.1.3.1(b)	Has the reproducibility and precision of the procedure been monitored and documented using human DNA control(s)?	<u>X</u>	___	___
8.1.3.2 (FO)	Based on empirical data, have match criteria been established and documented?	<u>X</u>	___	___
8.1.3.3	Has the analyst or examination team successfully completed a qualifying test using the DNA analysis procedure prior to its incorporation into casework or database applications? (CO8.1.3.2)	<u>X</u>	___	___
8.1.3.4	Have material modifications to analytical procedures been documented and subjected to validation testing?	<u>X</u>	___	___
8.1.4(FO)	If methods are not specified, does the laboratory, wherever possible, select methods that have been published by reputable technical organizations or in relevant scientific texts or journals or that have been appropriately evaluated for a specific or unique application?	<u>X</u>	___	___

Discussion

For laboratory systems that consist of more than one laboratory, each of the laboratories must complete and maintain performance-based validations (e.g., sensitivity and precision), while basic validation studies may be shared among all locations in a laboratory system. The internal validation materials must be documented, summarized, and approved by the technical manager/leader. Summaries of a system's internal validation studies must be available at all sites.

Each new instrument or performance-based software change (including upgrades) requires a performance check. A performance check is an evaluation of a validated procedure existing in the laboratory system to ensure that it conforms to specifications and may include such studies as reproducibility and sensitivity.

However, if acquisition of new equipment leads to a method change (e.g., DNA detection from a gel-based to capillary-based system), internal validation studies must be performed.

A list of the validation studies in compliance with Standard 8.1 will be incorporated by the auditor into the comment section below. The validation studies found to be in compliance with Standard 8.1 after one external audit do not need to be reviewed.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added clarification to validation studies
- Added paragraph requiring performance checks
- Deleted note referencing SWGDAM
- Added paragraph requiring auditors to list validation studies reviewed. When compliant with standard, validation studies need not be reviewed in future audits

Comment

Standard 9: Analytical Procedures

		Yes	No	N/A
9.1	Does the laboratory have and follow written analytical procedures approved by laboratory management/technical manager/leader?	<u>X</u>	___	___
9.1.1	Does the laboratory have a documented standard operating protocol for each analytical technique used?	<u>X</u>	___	___
9.1.2	Do the analytical procedures describe reagents, sample preparation, extraction, equipment, and controls that are standard for DNA analysis and data interpretation?	<u>X</u>	___	___
9.1.3(FO)	Does the laboratory have a procedure for the differential extraction of stains that contain semen?	<u>X</u>	___	___

Discussion

To successfully satisfy Standard 9.1, compliance must be demonstrated with all of the subcategories of Standard 9.

Technical protocols for each analytical technology must be approved by the technical manager/leader. This approval must be documented. Technical protocols must be readily available to laboratory personnel and reflect the current practices employed by the laboratory.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording

Comment

		Yes	No	N/A
9.2	Does the laboratory use reagents that are suitable for the methods employed?	<u>X</u>	___	___
9.2.1	Does the laboratory have written procedures for documenting commercial supplies and for formulating reagents?	<u>X</u>	___	___
9.2.2	Are reagents labeled with the identity of the reagent, the date of preparation or expiration, and the identity of the individual preparing the reagent?	<u>X</u>	___	___
9.2.3(a)	Has the laboratory identified and evaluated the reagents critical to the analysis process prior to use in casework ?	<u>X</u>	___	___
9.2.3(b)	Has the laboratory identified and evaluated the following critical reagents:			
(a)	Restriction enzyme	___	___	<u>X</u>
(b)	Commercial kits for performing genetic typing	<u>X</u>	___	___
(c)	Agarose for analytical RFLP gels	___	___	<u>X</u>
(d)	Membranes for Southern blotting	___	___	<u>X</u>
(e)	K562 DNA or other human DNA controls	<u>X</u>	___	___
(f)	Molecular weight markers used as RFLP sizing standards	___	___	<u>X</u>
(g)	Primer sets	<u>X</u>	___	___
(h)	Thermostable DNA polymerase	<u>X</u>	___	___

Discussion

To successfully satisfy Standard 9.2, compliance must be demonstrated with all of the subcategories of Standard 9.2.

Reagents must be labeled with the identity of the reagent and a tracking mechanism identifying preparation or expiration date and component sources. Records must be maintained that identify the preparer of the reagent and the quality control measures (if any) used to check the reliability of the reagent. The laboratory must identify the reagents critical to the analytical processes used and evaluate each, prior to their use on evidence and convicted offender samples. This list must include, at a minimum, those critical reagents listed in Standard 9.2.3(b). Laboratories must have written procedures detailing the quality control measures in place for evaluating reagents and materials, the acceptable range of results, procedures for acting upon data that are unacceptable, and the mechanisms used for documentation and the subsequent approval/rejection of quality control data. The critical reagents listed in Standard 9.2.3(b) are not applicable universally to all types of DNA methodologies.

Standard 9.2.3(b), part(a), (c), (d), and (f) refer to RFLP-based technology.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording in first paragraph
- Added reference to convicted offender samples
- Added sentence defining minimum requirements for listing critical reagents
- Replaced last sentence of paragraph with a reference to Standard 9.2.3(b)

Comment

		Yes	No	N/A
9.3(FO)	Does the laboratory have and follow a procedure for evaluating the quantity of human DNA in samples?	_X_	___	___

Discussion

When using PCR-based analysis techniques for nuclear DNA, the presence or absence of detectable human DNA must also be assessed with regard to the unknown evidentiary samples for compliance to Standard 9.3.

A less direct method for estimating or controlling the amount of recovered DNA, such as control of sample size (e.g., size of a hole punch, volume and length of a hair shaft) is an acceptable approach. These methods are suitable for use on known reference samples from casework, database samples, and evidentiary items that are subjected solely to mitochondrial DNA analysis. In such instances, the response to Standard 9.3 would be Not Applicable.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted first sentence in first paragraph
- Added reference to nuclear DNA in first paragraph
- Changed wording in second paragraph
- Deleted last paragraph

Comment

		Yes	No	N/A
9.3.1	Does the laboratory use procedures for establishing the presence of high molecular weight DNA from RFLP casework samples?	___	___	<u>X</u>
9.4	Does the laboratory monitor the analytical procedures using appropriate controls and standards? (CO9.3)	___	___	<u>X</u>
9.4.1	Does the laboratory use the following controls for RFLP casework analysis? (CO9.3.1)	___	___	<u>X</u>
9.4.1.1	Quantitation standards that estimate the amount of DNA recovered by extraction (CO9.3.1.1)	___	___	<u>X</u>
9.4.1.2	K562 as a human DNA control (CO9.3.1.2)	___	___	<u>X</u>
9.4.1.3	Molecular weight size markers at defined intervals for bracketing known and evidence samples (CO9.3.1.3)	___	___	<u>X</u>
9.4.1.4	Procedure to monitor the completeness of restriction enzyme digestion (CO9.3.1.4)	___	___	<u>X</u>

Discussion

Standards 9.4.1 through 9.4.1.4 apply to RFLP-based technology.

For database laboratories (convicted offender), pertaining to Standard 9.3.1.3, no more than five lanes may exist between marker lanes. Additionally, regarding Standard 9.3.1.4, these laboratories may monitor the completeness of a restriction enzyme digest through a test gel or other method.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added a standards reference line
- Changed wording
- Deleted reference to database laboratories and autoradiogram/lumigraph assessment methods
- Deleted last sentence of paragraph

Comment

		Yes	No	N/A
9.4.2	Does the laboratory use the following controls for PCR casework or database analysis? (CO9.3.2)	<u>X</u>	___	___
9.4.2.1	Quantitation standards that estimate the amount of human nuclear DNA recovered by extraction (CO9.3.2.1)	<u>X</u>	___	___
9.4.2.2	Positive and negative amplification controls (CO9.3.2.2)	<u>X</u>	___	___
9.4.2.3	Reagent blanks (CO9.3.2.3.1)	<u>X</u>	___	___
9.4.2.4	Allelic ladders and/or internal size markers for variable number tandem repeat sequence PCR-based systems (CO9.3.2.4)	<u>X</u>	___	___

9.5 Does the laboratory check its DNA procedures annually or whenever substantial changes are made to the protocol(s) against an appropriate and available NIST standard reference material (SRM) or standard traceable to a NIST standard? (CO9.4) X

Discussion

Standards 9.4.2 through 9.4.2.4 apply to PCR-based technology.

Laboratories have the option of using one sample from the NIST SRM or to create/purchase a NIST traceable standard for the annual check of typing results for each genetic system (e.g., STRs, Y-STRs, mtDNA) used by the laboratory. Laboratories are not required to purchase a NIST SRM kit each year to comply with Standard 9.5. Laboratories may identify controls and run these against the NIST SRM, which in turn makes these controls NIST traceable. For those laboratories that use a bloodstain control, a "lot" is identified as the bloodstain(s) that is tested against the NIST SRM, not the person from whom the blood was drawn. This lot can be used annually to verify the controls and DNA procedures in use by the laboratory.

STANDARD 9.4.2.3 HISTORY Revision 6 Issue Date July 1, 2004

- Deleted "(FO)"
- Added "(CO9.3.2.3.1)"

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added standards reference paragraph
- Deleted first two paragraphs
- Added new paragraph regarding NIST SRMs

Comment

		Yes	No	N/A
9.6	Does the laboratory have and follow written general guidelines for the interpretation of data? (CO9.5)	<u> X </u>	<u> </u>	<u> </u>
9.6.1	Does the laboratory verify that all control results are within established tolerance ranges? (CO9.5.1)	<u> X </u>	<u> </u>	<u> </u>
9.6.2	Where appropriate, are visual matches supported by a numerical match criterion?	<u> </u>	<u> </u>	<u> X </u>
9.6.3	Has the 1996 National Research Council Report and/or a court-directed method been used for the statistical interpretation of a DNA profile for a given population and/or hypothesis or relatedness and are these calculations derived from an established population database appropriate for the calculation?	<u> X </u>	<u> </u>	<u> </u>

Discussion

For Standard 9.6.1, laboratories using RFLP-based technology must verify and document that controls fall within established tolerance ranges. For PCR-based technologies, laboratories must verify and document that the types of controls are correct.

Standard 9.6.2 applies to RFLP-based technology.

Standard 9.6.3 does not apply to mitochondrial or Y-STR DNA testing.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Discussion paragraph deleted
- Added new discussion paragraph regarding verification and documentation of controls
- Added two sentences regarding application of Standards 9.6.2 and 9.6.3

Comment

Standard 10: Equipment Calibration and Maintenance

		Yes	No	N/A
10.1	Does the laboratory use equipment that is suitable for the methods employed?	<u>X</u>	___	___
10.2	Does the laboratory have a documented program for calibration of equipment and instruments?	<u>X</u>	___	___
10.2.1	When available and appropriate, are standards traceable to national or international standards used in the calibration of equipment?	<u>X</u>	___	___
10.2.1.1	Where traceability to a national standard of measurement is not applicable, does the laboratory provide satisfactory evidence of correlation of results?	<u>X</u>	___	___
10.2.2	For each instrument requiring calibration, has the frequency of calibration been documented and has such documentation been retained in accordance with applicable federal or state law?	<u>X</u>	___	___
10.3	Does the laboratory have a documented program to ensure that instruments and equipment are properly maintained?	<u>X</u>	___	___
10.3.1	Have new instruments and equipment, or instruments and equipment that have undergone repair or maintenance, been calibrated before being used in casework analysis?	<u>X</u>	___	___
10.3.2	Have written records or logs been maintained for maintenance service performed on instruments and equipment and has such documentation been retained in accordance with applicable federal or state law?	<u>X</u>	___	___

Discussion

To successfully satisfy Standards 10.2 and 10.3, compliance must be demonstrated with all of the subcategories of both standards.

To successfully satisfy the requirements listed in Standard 10.2, the laboratory's documentation must include the identification of all critical equipment and instruments that require calibration. The laboratory's documentation must include the schedules for and records of all calibrations for the critical equipment and instruments. Critical equipment or instruments are those requiring calibration prior to use and periodically thereafter when the accurate calibration of that instrument directly affects the results of the analysis. Critical equipment, calibration, and traceability are defined at the beginning of this document. Standard 10.3.1 does not apply to instruments and equipment that cannot be calibrated by laboratory personnel (e.g. fluorescence based detection instruments).

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording in first paragraph.
- Changed wording in second paragraph and defined requirements for equipment calibration.
- Added sentence regarding application of Standard 10.3.1.

Comment

Standard 11: Reports

		Yes	No	N/A
11.1(FO)	Does the laboratory have and follow written procedures for taking and maintaining case notes to support the conclusions drawn in laboratory reports?	<u>X</u>	___	___
11.1(CO)	Does the laboratory have and follow written procedures for generating and maintaining documentation for database samples?	<u>X</u>	___	___
11.1.1(FO)	Does the laboratory maintain in a case record all documentation generated by examiners related to case analyses?	<u>X</u>	___	___
11.1.1(CO)	Does the laboratory have written procedures for the release of database sample information?	<u>X</u>	___	___

Discussion

The release of database sample information in Standard 11.1.1(CO) is specifically limited to database applications and does not apply to forensic (anonymous) population databases that are used by caseworking laboratories to estimate allele frequency information.

Laboratory case records may be in hard copy, electronic files, or a combination of both formats.

Materials contained in case records must demonstrate compliance with this standard.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added sentence defining formats for case records
- Added sentence requiring materials in case records to be in compliance with standard

Comment

		Yes	No	N/A
11.1.2(FO)	Do the laboratory reports include the following criteria:			
	(a) Case identifier	<u>X</u>	___	___
	(b) Description of evidence examined	<u>X</u>	___	___
	(c) Description of methodology	<u>X</u>	___	___
	(d) Locus	<u>X</u>	___	___
	(e) Results and/or conclusions	<u>X</u>	___	___
	(f) Interpretative statement (either quantitative or qualitative)	<u>X</u>	___	___
	(g) Date issued	<u>X</u>	___	___
	(h) Disposition of evidence	<u>X</u>	___	___
	(i) Signature and title or equivalent identification of the person(s) accepting responsibility for the content of the report	<u>X</u>	___	___
11.1.3(FO)	Does the laboratory have written procedures for the release of case report information?	<u>X</u>	___	___

Discussion

The laboratory must generate sufficient documentation for each technical analysis to support the reported conclusions such that in the absence of the examiner/analyst who directed the analysis, another qualified individual could evaluate and interpret the resulting data.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Replaced "assay" with "analysis"

Comment

Standard 12: Review

		Yes	No	N/A
12.1(FO)	Does the laboratory conduct administrative and technical reviews of all case files and reports to ensure conclusions and supporting data are reasonable and in the constraints of scientific knowledge?	<u> X </u>	<u> </u>	<u> </u>
12.1(CO)	Does the laboratory have and follow written procedures for reviewing database sample information, results, and matches?	<u> X </u>	<u> </u>	<u> </u>
12.1.1	Does the laboratory have a mechanism in place to address unresolved discrepant conclusions between analysts and reviewers?	<u> X </u>	<u> </u>	<u> </u>

Discussion

The laboratory must have written procedures defining the elements associated with both administrative and technical reviews. The laboratory must define the qualifications and responsibilities of the administrative reviewer and technical reviewer. The administrative reviewer is not required to be a current or former qualified DNA examiner/analyst.

All individuals who perform technical reviews on DNA casework must have been previously qualified in the specific DNA technology that the review is encompassing. The laboratory must demonstrate that the technical reviewer has a basis of knowledge that will allow him/her to ensure the conclusions and supporting data are reasonable and within the constraints of scientific acceptance. The laboratory must describe the documentation method used for demonstrating completion of each review, as well as a procedure that defines the course of action necessary in the event of an unresolved discrepancy. This applies to both forensic casework as well as database laboratories.

To comply with Standard 12.1(CO) laboratories must demonstrate 100 percent review of database samples. A National DNA Index System-approved and internally validated expert system can be used to interpret and review.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Deleted "frequency" and "required" from first paragraph and changed wording
- Added paragraph requiring 100 percent database review for compliance with Standard 12.1(CO) and approval for use of expert systems to interpret and review

Comment

		Yes	No	N/A
12.2	Does the laboratory have and follow a written program that documents the annual monitoring of the testimony of each examiner?	<u> X </u>	<u> </u>	<u> </u>
12.2(CO)	Does the laboratory have and follow a written program that documents the annual monitoring of the testimony of laboratory personnel?	<u> X </u>	<u> </u>	<u> </u>

Discussion

In forensic DNA and convicted offender database laboratories, the testimony of individuals who provide expert witness testimony as part of their current positions must be monitored at least once annually. Several methods of monitoring are possible, and laboratories may select an appropriate approach. Laboratories must define the elements and standardize the method for capturing information necessary to review an individual's testimony. Supervisors must review the testimony monitoring results with each individual, serving to identify areas of strengths and weaknesses. The laboratory must provide clear documentation identifying individuals who did not testify over the course of the year.

Comment

Standard 13: Proficiency Testing

Yes No N/A

- 13.1 Do examiners and other personnel designated by the technical manager/leader who are actively engaged in DNA analysis undergo open external proficiency tests at regular intervals not to exceed 180 days? X

Discussion

All technical personnel who participate in DNA analysis (casework or convicted offender) must undergo two external proficiency tests per year. One test must be performed in the first six months of the calendar year and the second in the last six months of the calendar year. The interval between consecutive tests must be at least four months and not to exceed eight months. The laboratory must define and consistently use the date that the proficiency test is performed as the received date, submitted date, or the due date. An external proficiency test is defined as a test provided by a second agency. An external proficiency test provider must demonstrate compliance with the proficiency testing manufacturing guidelines established by the Technical Working Group on DNA Analysis Methods and American Society of Crime Laboratory Directors/Laboratory Accreditation Board (*Guidelines for DNA Proficiency Test Manufacturing and Reporting*, Technical Working Group on DNA Analysis Methods Quality Assurance Subcommittee and American Society of Crime Laboratory Directors/Laboratory Accreditation Board DNA Proficiency Review Committee Volume 21, Number 2, April 1994). Alternatively, the external proficiency test provider must demonstrate compliance with the International Standards Organization Guide 43.

The test results from each participant in the laboratory must be returned to the provider by the specified due date to ensure incorporation into the provider's external summary report. All external proficiency tests must have defined due dates for the return of testing information to the test provider. Regardless of whether the test provider is one who provides an external summary report or not, the laboratory must not have access to the proficiency test results until all participants have completed the test.

Newly qualified technical personnel must enter into the external proficiency testing program within six months of the date of qualification.

Technical personnel must be externally proficiency tested on an annual basis in each DNA technology (RFLP, PM/DQA1, STRs, mtDNA) to the full extent in which they perform casework examinations. Each qualified analyst must be assigned and complete his/her own proficiency test set. The laboratory must handle proficiency test samples in the same manner as their casework or database samples. Laboratories that routinely employ a team approach for conducting DNA examinations (such as several technicians, each performing a separate, dedicated aspect of the DNA process on evidentiary materials) may likewise employ a team approach for performing proficiency tests. However, all technical personnel must be proficiency tested in **each** aspect of the DNA process in which they performed DNA testing over the course of a year.

Individuals who perform both RFLP- and PCR-based analyses in casework or database applications must be externally proficiency tested for each method. One test may include only RFLP analysis with a second test that is limited to PCR analysis. This does not preclude the possibility that both technologies (RFLP and PCR) may be administered on a single proficiency test. In either case, the two external tests per year are required.

Individuals who perform multiple PCR testing methodologies (e.g., PM/DQA1, STR, mtDNA) in casework or database applications must be externally proficiency tested for each method. This does not preclude the possibility that all PCR methodologies may be administered on a single proficiency test. As stated previously, two external tests per year are required.

There are no proficiency test requirements for individuals who function solely as the technical manager/leader or the CODIS manager.

The laboratory's proficiency testing program must include testing for all genetic loci used by the laboratory in casework and database applications. For example, laboratories that conduct STR analysis at 13 genetic loci must include characterizations (or attempts at characterization) for all 13 genetic loci.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added clarification to the time interval between proficiency tests
- Added a statement requiring a defined and consistent date that a proficiency test is performed
- Changed wording that requires new technical personnel to be proficiency tested within six months after being qualified
- Changed wording that requires technical personnel to be proficiency tested annually
- Added statements that further clarify the handling of proficiency test samples in accordance with casework/database samples
- Deleted "180 day(s)"

Comment

		Yes	No	N/A
13.1.1	Does the laboratory maintain the following records for proficiency tests and is such documentation retained in accordance with applicable federal or state law?			
	(a) Test set identifier	_X_	___	___
	(b) Identity of the examiner	_X_	___	___
	(c) Date of analysis and completion	_X_	___	___
	(d) Copies of all data and notes supporting the conclusions	_X_	___	___
	(e) Proficiency test results	_X_	___	___
	(f) Any discrepancies noted	_X_	___	___
	(g) Corrective action taken	_X_	___	___
		Yes	No	N/A
13.1.2	Has the laboratory established at a minimum the following criteria for evaluating proficiency tests:			
	(a) All reported inclusions are correct or incorrect.	_X_	___	___
	(b) All reported exclusions are correct or incorrect.	_X_	___	___
	(c) All reported genotypes and/or phenotypes are correct or incorrect according to consensus genotypes/phenotypes or within established empirically determined ranges.	_X_	___	___
	(d) All results reported as inconclusive or uninterpretable are consistent with written laboratory guidelines. The basis for inconclusive interpretations in proficiency tests must be documented.	_X_	___	___
	(e) All discrepancies/errors and subsequent corrective actions must be documented.	_X_	___	___

(f) All final reports are graded as satisfactory or unsatisfactory. A satisfactory grade is attained when there are no analytical errors for the DNA profile typing data. Administrative errors shall be documented and corrective actions taken to minimize the error in the future.

 X

(g) All proficiency test participants shall be informed of the final test results.

 X

Discussion

The laboratory must have and use a documented program for evaluating proficiency testing data as listed in Standard 13. This must include documentation (such as a summary report) that addresses the evaluation of all participants. Additionally, such evaluations should identify any levels of administrative, analytical, or systemic errors and define what (if any) corresponding corrective actions are necessary. Such evaluations must be available to the participants.

Comment

Standard 14: Corrective Action

		Yes	No	N/A
14.1	Does the laboratory have and follow written procedures for taking corrective action whenever proficiency testing discrepancies and/or casework errors are detected?	<u>X</u>	___	___
14.1(CO)	Does the laboratory have and follow written procedures for taking corrective action whenever proficiency testing discrepancies and/or analytical errors are detected?	<u>X</u>	___	___
14.1.1	Does the laboratory maintain documentation for corrective actions and is such documentation retained in accordance with applicable federal or state law?	<u>X</u>	___	___

Discussion

The elements listed for Standard 14 may be assessed through a review of existing laboratory documentation.

Comment

Standard 15: Audits

		Yes	No	N/A
15.1	Are audits of the laboratory completed and documented annually?	<u>X</u>	___	___
15.1.1	Did the audit procedures address the following:			
	(a) Quality assurance program	<u>X</u>	___	___
	(b) Organization and management	<u>X</u>	___	___
	(c) Personnel	<u>X</u>	___	___
	(d) Facilities	<u>X</u>	___	___
	(e) Evidence control	<u>X</u>	___	___
	(f) Validation	<u>X</u>	___	___
	(g) Analytical procedures	<u>X</u>	___	___
	(h) Calibration and maintenance	<u>X</u>	___	___
	(i) Proficiency testing	<u>X</u>	___	___
	(j) Corrective action	<u>X</u>	___	___
	(k) Reports	<u>X</u>	___	___
	(l) Review	<u>X</u>	___	___
	(m) Safety	<u>X</u>	___	___
	(n) Previous audits	<u>X</u>	___	___
15.1.2	Has the laboratory retained all documentation pertaining to audits in accordance with relevant legal, agency, and state requirements?	<u>X</u>	___	___
15.2	Did a second agency (external) participate in an annual audit of the laboratory at least once every two years?	<u>X</u>	___	___

Discussion

The DNA laboratory must be audited annually. Every other year a qualified auditor from an external agency must conduct the audit. At least one participant of the external auditing team must be or have been a previously qualified analyst in the specific DNA technology (e.g., STRs, mtDNA) in which the external audit is encompassing. A qualified auditor is an individual who has successfully completed the DNA Auditing Workshop sponsored by the FBI. At least one participant in an internal audit must be a qualified DNA analyst or technical manager/leader. One of the individuals must be a qualified auditor.

Audits must be conducted once per calendar year, with the interval between audit dates not less than six months and not exceeding 18 months.

After the audit is completed, the auditor briefs DNA laboratory management regarding the results. This briefing should detail specific areas of findings (noncompliance), observations (general comments and/or recommendations), as well as recognitions of commendable performances.

A written report should be prepared within 30 days of an audit. The audit report consists of the completed checklist, with any areas of noncompliance listed under the findings section of Appendix A. All findings must be clearly identified and referenced to the appropriate standard. Recommendations must not be

included in the audit document. The laboratory must ensure that an adequate response has been generated with regard to all findings, detailing any incorporated corrective actions if appropriate within the response section of Appendix A. Prior audit reports must be available to auditors as a measure of the laboratory's response to previous findings. It is critical that findings identified in a previous audit report are thoroughly addressed and resolved (if possible) within the DNA laboratory's capabilities. **To fulfill the requirements associated with Standard 15.2, the laboratory must show evidence of an adequate response to all findings detailed in the previous audit.** A laboratory's written course of action or response to the findings in an audit report (document) should be maintained as part of the audit report (document).

The audit process criteria listed in Standard 15.1.1 must also include an evaluation of the laboratory's practices that relate to individual qualifications, training, continuing education, and court testimony.

Note: National DNA Index System participating laboratories must refer to the National DNA Index System - Laboratory Audits and External Proficiency Testing Operational Procedures.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Changed wording in first paragraph
- Added statements for qualification requirements of members of the external audit team
- Added wording to define a time frame of 30 days after the audit for the written report to be prepared
- Added sentence requiring that recommendations must not be included in the audit document
- Added note for National DNA Index System participating laboratories

Comment

Standard 16: Safety

Yes	No	N/A
_____	<u> X </u>	_____

16.1 Does the laboratory have and follow a documented environmental health and safety program?

Discussion

All information addressing environmental health and safety must be current and available to laboratory staff. At a minimum, the laboratory must have bloodborne pathogen and chemical hygiene plans. This information must be updated to reflect changes in a technical procedure (e.g., radioisotopes) or the remodeling of laboratory space (e.g., changed evacuation plans) that may have an effect on the laboratory's environmental health and safety program. To fulfill the requirements associated with Standard 16.1, the laboratory must provide documentation that its environmental health and safety program has been reviewed to ensure that all practices are appropriate and contemporary.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added sentence requiring bloodborne pathogen and chemical hygiene plans

Comment

See comment noted in "Appendix A: Findings and Responses" below.

Standard 17: Subcontractors of Analytical Testing for Which Validated Procedures Exist

		Yes	No	N/A
17.1	Does the laboratory require certification of compliance with these standards when a subcontractor performs forensic DNA analyses for the laboratory?	<u>X</u>	___	___
17.1.1	Has the laboratory established and does the laboratory use appropriate review procedures to verify the integrity of the data received from the subcontractor?	<u>X</u>	___	___
17.1.1(CO)	Has the laboratory established and used review procedures that include but are not limited to each of the following:			
	(a) Random reanalysis of samples	<u>X</u>	___	___
	(b) Visual inspection and evaluation of results/data	<u>X</u>	___	___
	(c) Inclusion of quality control samples	<u>X</u>	___	___
	(d) On-site visits	<u>X</u>	___	___

Discussion

A subcontractor, as a forensic DNA laboratory or a convicted offender laboratory, must demonstrate compliance with Standard 17.1 by undergoing an audit with respect to the elements listed in this document. Compliance with Standard 17 is required if the forensic or convicted offender laboratory pays for a subcontractor to perform analysis using analytical methods currently employed by the forensic or convicted offender laboratory or the laboratory enters into an agreement (direct or indirect) with another laboratory for forensic DNA testing (e.g., criminal casework, paternity testing in criminal matters, convicted offender/database testing), in which the forensic or convicted offender laboratory will maintain "ownership" of the case. The forensic or convicted offender laboratory is said to maintain "ownership" and must comply with Standard 17.1.1, if any of the following criteria are applicable:

- (a) The forensic/convicted offender laboratory will use any samples, extracts, or any materials from the subcontractor for the purposes of forensic testing (i.e., a subcontractor prepares an extract that will be analyzed by the forensic/database laboratory).
- (b) The forensic/convicted offender laboratory will interpret the data generated by the subcontractor.
- (c) The forensic/convicted offender laboratory will issue a report on the results of the analysis.
- (d) The forensic/convicted offender laboratory will enter a DNA profile into CODIS from data generated by the subcontractor.

To minimize the redundancy of multiple audits (each requiring the same quality assurance elements as listed in this document) of the same subcontractor over the course of the year, contracting laboratories may elect to accept the audit documentation generated from an external audit conducted on the subcontractor laboratory. The audit documentation must include the audit checklist, audit report, and the subcontractors' responses, and/or follow-up actions to any findings detailed in the report. Such documentation or copies must be retained by the contracting laboratory. It is noted that an on-site visit is different from an external audit.

To minimize the redundancy of multiple on-site visits to the subcontracting laboratory (CO17.1.1[d]), contracting laboratories may elect to accept information/documentation generated from an on-site visit conducted on the subcontracting laboratory by a National Institute of Justice/Federal Bureau of Investigation-sponsored laboratory assessment team or public laboratory with similar analysis/contract criteria.

On-site visits (CO17.1.1[d]), if conducted following the external audit on database laboratories or as a component of the review process on a forensic DNA laboratory (FO Standard 17.1.1), should include a reevaluation of any findings detected during the audit. A minimum of one on-site visit is required per contract period.

All reviews associated with the criteria listed in Standard 17.1.1 (a-d) must be sufficient to thoroughly assess the integrity of the subcontractor's data. A National DNA Index System-approved and internally validated expert system can be used to interpret and review data.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added statements clarifying a subcontractor's compliance with Standard 17
- Added a list of criteria that defines a forensic/convicted offender laboratory maintaining ownership of a case
- Changed wording in second paragraph
- Added paragraph giving direction on minimizing redundancy of multiple on-site visits to subcontracting laboratories
- Added a sentence requiring one on-site visit minimum per contract period
- Deleted last sentence of second paragraph
- Added sentence approving the use of expert systems for data interpretation and review

Comment

Appendix A: Findings and Responses

Note: Auditors should reference any standard found to be in noncompliance in the findings section below. Directly under the standard, describe the finding of noncompliance in terms of the standard. Recommendations must not be included in the audit document.

DISCUSSION HISTORY Revision 6 Issue Date July 1, 2004

- Added note to auditors regarding noncompliant standards

Findings

16.1 As noted in Chapter 13 Safety of the Section Quality Manual, Section 13.8.4 states, "For individuals performing DNA analysis, eye protection (to guard against splashes, standard eyeglasses are acceptable), lab coats, and gloves will be worn during all procedures performed on the bench top." From employee interviews, and from personal knowledge, the inspection team believes this procedure is not being followed.

Responses

Finding:

16.1 As noted in Chapter 13 Safety of the Section Quality manual, Section 13.8.4 states, "For individuals performing DNA analysis, eye protection (to guard against splashes, standard eyeglasses are acceptable), lab coats, and gloves will be worn during all procedures performed on the bench top." From employee interviews, and from personal knowledge, the inspection team believes this procedure is not being followed.

Responses to Finding:

16-1 It is my understanding from speaking with members of the inspection team that analysts are not wearing the required eye protection.

At the time of this inspection, Revision 11 was in effect (See Attached). In Revision 11, there are two areas where the requirement for eye protection is made. These are sections 5.4.4 and 13.8.4 (Stickies are attached).

On December 15, after the inspection, Revision 12 was completed and put into effect (See Attached). One of the changes in this document was to take out the requirement of wearing eye protection. This was addressed in section 5.5.4 (See Sticky). However, it was not taken out of section 13.8.4 and was not noticed until after we received the summary of the audit.

Rather than creating Revision 13, which would address taking out the requirement in section 13.8.4, I have created an Administrative Order (08-PRO-06; included) which will address the issue until Revision 13 will incorporate the change later this year.

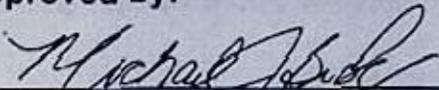
Revision 11

NCSBI Forensic Biology Section

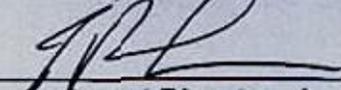
Quality Assurance Manual



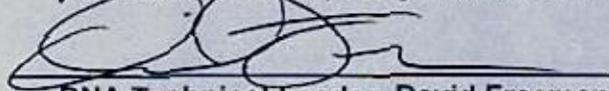
Approved by:


SAC, Michael J. Budzynski

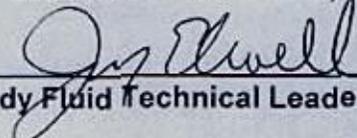
Date: 12/7/07


Assistant Director, Jerry Richardson

Date: 12/7/07


DNA Technical Leader, David Freeman

Date: 12/7/07


Body Fluid Technical Leader, Jenny Elwell

Date: 12/7/07



5 Evidence Handling Procedures

5.1 Sample Labeling and Documentation

Each sample will be labeled with a unique identifier as per the NC SBI Policy and Procedures Manual.

5.2 Storage

All evidence submitted for testing will be stored under the appropriate conditions to prevent contamination and minimize degradation of the sample.

5.3 Evidence Security

5.3.1 All evidence will remain in the possession of the individual who has signed for the evidence. Evidence will be maintained in a secure area except for when it is being analyzed. When being analyzed, it shall remain in the care and custody of the analyst.

5.3.2 Analysts will lock doors to lab rooms where evidence is examined, unless they are physically present in the room or leave for a brief period of time (i.e. to go to the stock room to get supplies). When they leave the room for a long period, the doors must be locked, or the evidence placed in a locked cabinet or drawer.

5.3.3 The Section Evidence Vault will be secured at all times, except when someone is in the vault.

5.4 General Procedures

Samples will be handled in a manner to prevent loss, alteration, contamination, or mixing. Analysts will wear gloves while handling samples both to protect the samples from contamination and for personal protection. Analysts will also discard disposable pipette tips after each use (when necessary), generally not have more than one sample open at a time, and use sterile solutions and reagents when necessary.



(Body Fluids) Benches and hoods should be cleaned with a disinfectant (i.e. ~10% bleach solution) prior to use, in between cases, and between processing items from the victim and suspect.

(DNA) Benches and hoods should be cleaned with a disinfectant (i.e. ~10% bleach solution) prior to use, in between cases (or batched cases), and between processing Known Standards and Forensic Unknowns.

- 5.4.1 Each analyst in the Body Fluid Identification Unit will process an individual item of evidence over a piece of clean paper to capture any hair, fiber, or other trace evidence which may be dislodged during analysis. Upon completion of analysis, the evidence item will be placed back into its original container along with any debris found on the paper. Evidence items like Sexual Assault and Suspect Evidence Collection Kits, and their sub-items will be analyzed over a piece of paper, but it will not be necessary to place the examination paper into the kit upon completion of analysis because no loose trace evidence would be expected from these types of evidence.
- 5.4.2 Victim and suspect hair evidence found in the Victim and Suspect kits, the panties in the Sexual Assault Evidence Collection Kits and the hair standards will be transferred to the Trace Evidence Section, regardless of whether other bulky evidence exists in the case. In the event that DNA evidence is found, hair evidence will not be transferred.
- 5.4.3 All liquid blood samples will be removed from evidence packages within 2 days of receipt by an analyst and will either be refrigerated or a blood stain will be prepared on S&S 903 paper (or equivalent) unless the analyst determines that the sample is too old or degraded to be useful as a standard. All liquid blood samples will be processed in a Biological Safety Cabinet. After preparation of the blood stain, the blood tubes will be re-capped and the tube will be placed in a heat sealed container. The blood stain will be packaged in a properly labeled and sealed coin envelope after it is dried.
- 5.4.4 Analysts will follow all approved safety precautions including wearing of nitrile gloves (or equivalent), lab coats, and safety glasses when processing evidence. Gloves will be changed when the analyst feels they have been contaminated or soiled (i.e. material spilled onto glove or a non-clean item is touched).



Additionally, for Body Fluid Identification, gloves will be changed between cases and between handling evidence items from the victim, crime scene, and suspect.

5.4.5 Labeling

- 5.4.5.1 All tubes containing extracted DNA shall contain the SBI Case Number, the Item Number, the date of extraction and the analyst's initials.
- 5.4.5.2 Amplified product shall be stored in trays labeled the SBI Case Number, the date of amplification, and the analyst's initials.
- 5.4.5.3 The sides of 96 well trays used for capillary electrophoresis shall be labeled with the analysts initials. The columns used for a particular run shall be labeled by writing the date on the side of the tray and aligned with the specific columns (example, for December 14, 2006, the number 121406 or equivalent shall be used). If subsequent runs are loaded in the tray and run on the same date, then the date followed with ascending letters shall be used to designate the other runs (example of run on the same date: 121406, 121406a, 121406b, etc.).
- 5.4.6 Protective clothing (i.e. lab coats and gloves) will not be worn outside the laboratory or into office space in the laboratory.
- 5.4.7 If samples are lost through spillage, are inadvertently mixed, or accidentally contaminated, the analyst will immediately cease all work on that sample, document the incident in the case file, and notify the Section SAC. The final lab report will indicate the reason why no results were reported for samples lost, accidentally contaminated, etc.
- 5.4.8 To ensure that results are obtained from minimal sample amounts, it is permissible to consume the entire piece of evidence during analysis. However, DNA analysts should attempt to preserve half the raw evidence if possible. Any time evidence is consumed, it must be documented in the case notes. In addition, the consumption of the evidence must be noted on the envelope and in LIMS.



- 13.6.4 If the spill is determined to be extremely dangerous, the evacuation of the rooms immediate to the spill, the section, or the entire floor, may be warranted. As a last resort, the entire building will be evacuated by pulling the Fire Alarm pull switch; when the building is evacuated, the building comes under control of Raleigh Haz*Mat and the chain of custody of evidence becomes an issue. However, this should not deter anyone from activating the alarm system. As always, employee safety comes first and one should err on the side of caution.

- 13.7 Injuries obtained while working should be reported to the Section Safety Officer and SAC.

- 13.8 Personal Protection Equipment (PPE)
 - 13.8.1 PPE such as gloves, safety glasses, lab coats, respirators, and fume hoods is provided by the SBI for each analyst's protection.

 - 13.8.2 It is the responsibility of each analyst to read the MSDS of each chemical they are using and use the appropriate PPE. If there is a question about the level of PPE needed, contact the SSO before proceeding. If the SSO is not available, contact the Laboratory Safety Officer.

 - 13.8.3 If an analyst feels additional PPE or additional training is needed for their safety, contact the SSO.

 - 13.8.4 For individuals performing DNA analysis, eye protection (to guard against splashes, standard eyeglasses are acceptable), lab coats, and gloves will be worn during all procedures performed on the bench top.

- 13.9 Emergency and Fire Evacuation Plan
 - 13.9.1 The Fire Alarm and Emergency Evacuation Plan is posted in the Forensic Biology Break Room (Room 2250D). Every employee must be familiar with the plan and how to safely leave the building in case of an emergency.

 - 13.9.2 If the Fire Alarm sounds, even for a brief period (unless otherwise instructed), the building must be evacuated. Do not go back into the laboratory until the clear signal has been given.

 - 13.9.3 If there is a visitor in the section and the alarm sounds, the section employee with the visitor is in charge of ensuring their

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5 Evidence Handling Procedures

5.1 Sample Labeling and Documentation: Each sample will be labeled with a unique identifier as per the NC SBI Policy and Procedures Manual.

5.2 Labeling

5.2.1 All tubes containing extracted DNA shall contain the SBI Case Number, the Item Number, the date of extraction and the analyst's initials.

5.2.2 Amplified product shall be stored in trays labeled the SBI Case Number, the date of amplification, and the analyst's initials

5.2.3 The sides of 96 well trays used for capillary electrophoresis shall be labeled with the analysts initials. The columns used for a particular run shall be labeled by writing the date on the side of the tray and aligned with the specific columns (example, for December 14, 2006, the number 121406 or equivalent shall be used). If subsequent runs are loaded in the tray and run on the same date, then the date followed with ascending letters shall be used to designate the other runs (example of run on the same date: 121406, 121406a, 121406b, etc.).

5.3 Storage

All evidence submitted for testing will be stored under the appropriate conditions to prevent contamination and minimize degradation of the sample.

5.4 Evidence Security

5.4.1 All evidence will remain in the possession of the individual who has signed for the evidence. Evidence will be maintained in a secure area except for when it is being analyzed. When being analyzed, it shall remain in the care and custody of the analyst or the analyst working the case under a supervised casework program.

5.4.2 Analysts will lock doors to lab rooms where evidence is examined, unless they are physically present in the room.

5.4.3 The Section Evidence Vault will be secured at all times, except

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when someone is in the vault.

5.5 General Procedures

Samples will be handled in a manner to prevent loss, alteration, contamination, or mixing. Analysts will wear gloves while handling samples both to protect the samples from contamination and for personal protection. Analysts will also discard disposable pipette tips after each use (when necessary), generally not have more than one sample open at a time, and use sterile solutions and reagents when necessary.

(Body Fluids) Benches and hoods should be cleaned with a disinfectant (i.e. ~10% bleach solution) prior to use, in between cases, and between processing items from the victim and suspect.

(DNA) Benches and hoods should be cleaned with a disinfectant (i.e. ~10% bleach solution) prior to use, in between cases (or batched cases), and between processing Known Standards and Forensic Unknowns.

- 5.5.1 Each analyst in the Body Fluid Identification Unit will process an individual item of evidence over a piece of clean paper to capture any hair, fiber, or other trace evidence which may be dislodged during analysis. Upon completion of analysis, the evidence item will be placed back into its original container along with any debris found on the paper. Evidence items like Sexual Assault and Suspect Evidence Collection Kits, and their sub-items will be analyzed over a piece of paper, but it will not be necessary to place the examination paper into the kit upon completion of analysis because no loose trace evidence would be expected from these types of evidence.
- 5.5.2 Victim and suspect hair evidence found in the Victim and Suspect kits, the panties in the Sexual Assault Evidence Collection Kits and the hair standards will be transferred to the Trace Evidence Section, regardless of whether other bulky evidence exists in the case. In the event that DNA evidence is found, hair evidence will not be transferred.
- 5.5.3 All liquid blood samples will be removed from evidence packages

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within 2 days of receipt by an analyst and will either be refrigerated or a blood stain will be prepared on S&S 903 paper (or equivalent) unless the analyst determines that the sample is too old or degraded to be useful as a standard. All liquid blood samples will be processed in a Biological Safety Cabinet. After preparation of the blood stain, the blood tubes will be re-capped and the tube will be placed in a heat sealed container. The blood stain will be packaged in a properly labeled and sealed coin envelope after it is dried.

- 5.5.4 Analysts will follow all approved safety precautions including wearing of nitrile gloves (or equivalent) and lab coats when processing evidence. Gloves will be changed when the analyst feels they have been contaminated or soiled (i.e. material spilled onto glove or a non-clean item is touched). Additionally, for Body Fluid Identification, gloves will be changed between cases and between handling evidence items from the victim, crime scene, and suspect.
- 5.5.5 Protective clothing (i.e. lab coats and gloves) will not be worn outside the laboratory or into office space in the laboratory. Lab coats worn in the PCR amp:
- 5.5.6 If samples are lost through spillage, are inadvertently mixed, or accidentally contaminated, the analyst will immediately cease all work on that sample, document the incident in the case file, and notify the Section SAC. The final lab report will indicate the reason why no results were reported for samples lost, accidentally contaminated, etc.
- 5.5.7 To ensure that results are obtained from minimal sample amounts, it is permissible to consume the entire piece of evidence during analysis. However, DNA analysts should attempt to preserve half the raw evidence if possible. Any time evidence is consumed, it must be documented in the case notes. In addition, the consumption of the evidence must be noted on the envelope. If no envelope is created it must be documented in FLAIRS.
- 5.5.8 In the case of STR analysis, the known standards will be extracted separately from the questioned samples.

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clean up.

13.6.4 If the spill is determined to be extremely dangerous, the evacuation of the rooms immediate to the spill, the section, or the entire floor, may be warranted. As a last resort, the entire building will be evacuated by pulling the Fire Alarm pull switch; when the building is evacuated, the building comes under control of Raleigh Haz*Mat and the chain of custody of evidence becomes an issue. However, this should not deter anyone from activating the alarm system. As always, employee safety comes first and one should err on the side of caution.

13.7 Injuries obtained while working shall be reported to the Section Safety Officer and SAC.

13.8 Personal Protection Equipment (PPE)

13.8.1 PPE such as gloves, safety glasses, lab coats, respirators, and fume hoods is provided by the SBI for each analyst's protection.

13.8.2 It is the responsibility of each analyst to read the MSDS of each chemical they are using and use the appropriate PPE. If there is a question about the level of PPE needed, contact the SSO before proceeding. If the SSO is not available, contact the Laboratory Safety Officer.

13.8.3 If an analyst feels additional PPE or additional training is needed for their safety, contact the SSO.

13.8.4 For individuals performing DNA analysis, eye protection (to guard against splashes, standard eyeglasses are acceptable), lab coats, and gloves will be worn during all procedures performed on the bench top.

13.9 Emergency and Fire Evacuation Plan

13.9.1 The Fire Alarm and Emergency Evacuation Plan is posted in the Forensic Biology Break Room (Room 2250D). Every employee must be familiar with the plan and how to safely leave the building in case of an emergency.

13.9.2 If the Fire Alarm sounds, even for a brief period (unless otherwise

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Revision History		
Effective Date	Revision Number	Reason
Unknown	00	Original Document
April, 26, 1999	01	Manual Update
October 10, 2000	02	Manual Update
December 4, 2002	03	Procedure Update
March 1, 2003	04	Update to clarify Technicians training and responsibilities.
August 7, 2003	05	1) Update Evidence Handling Procedure to clarify when a) gloves should be changed during Body Fluid Identification and b) lab coats should or should not be worn; 2) Procedure change in the transfer of evidence to Trace Evidence; 3) Directions for Technical and Administrative Reviews added
November 17, 2003	06	1) Addition of Balance Limits and clarification of Placing Uncalibrated pipets out of service. 2) Replace "Molecular Genetics" with "Forensic Biology" due to Section name change. 3) Remove requirements for advanced course work for DNA Caseworking Analyst.
May 6, 2004	07	Addendum to STR Interpretation Guidelines to include Capillary Electrophoresis data.
December 23, 2004	08	1) Creation of Technical Leader for Body Fluids Section; 2) Change Molecular Genetics to Forensic Biology; 3) Incorporation of capillary electrophoresis and RT-PCR; 4) Taking out some duplicated policies; 5) Take out commentary portions of the manual; 6) Revising proficiency testing section so that it refers to the federal standards; 7) Procedure change in hair transfer to Trace evidence; 8) Take out prohibition statement on outsourcing of casework; 9) change educational requirements of database analysts 10) Added "Procedure for Completion of Quality System Documents" and "Document Control Procedure in Appendices; 11) Updated Section 15

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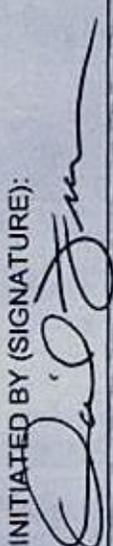
December 09, 2005	09	1) Added statement about labeling equipment that is not in use Section 8.9 2) Added statement in Section 12 that the Technical Reviewer could not be signed off until substantial changes were made and that the Administrative Reviewer could not approve case in LIMS unless personally observed that all changes had been made and that the Administrative Reviewer could not be same individual that performed the Technical Review.
January 30, 2007	10	Section 2: Rearranged Sections pertaining to specific duties; Section 2: Updated Technical Leader duties for DNA and Body Fluid; Section 3.4.8: removed large section regarding Interns; Section 5.4.2: Added statement clarifying procedure with cases containing hair evidence; Section 7.3: Updated Section on DNA controls; Section 7.4.11: Addition of QC Requirements for TE and Stain Extraction Buffer; Section 12: Added requirement for Technical Reviewer and Administrative Reviewers.
December 7, 2007	11	Section 8.9.4: Removed requirements for biannual external vendor testing.
December 12, 2008	12	General clarifications throughout document with no substantive changes; Rename "Quality Assurance Manual" to "Policy Manual"; Deletion of 2.1.4; Change LIMS references to FLAIR and procedures to reflect changes due to FLAIR system; reference to Y-STR testing; moved labeling requirements to Section 5; Section 5.5.4 Removal of requirement wearing safety glasses when processing evidence; Section 6.2.1- Added requirement for approved protocol before beginning a validation; Section 7.2.1- Removal of reference to Takayama and species antiserum and added reference to RSID for blood, saliva, and semen; Section 7.2.2 and 7.3.1 - Added criteria for sexual assault cases to be screened before DNA testing and when differential extractions shall be performed; Section 7.3.2- Added requirement to run full controls with every case; Section 7.3.8- Reference to Y-STR procedure; Section 7.4.5.4- Added requirement to put preparation date on prepared buffers and solutions; Section 7.4.8- Added QC Measures for RSID Blood and Saliva; Section 10.1.1- Added procedure for corrective action; Section 11- Added requirements for FLAIRS; Section 11.2.1- Clarified that documentation must be understandable and easily

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		followed by a 2 nd qualified analyst; Section 12- Defined Technical and Administrative Reviews; Section 12.1.1- Clarified that profiles must be Technically Reviewed before upload into CODIS; Section 12.1.3- Added criteria for CODIS Manager to review all mixtures prior to entry into CODIS. Section 14- Added policy allowing internal DNA Audit if necessary; Section 15.5.1- Clarified 100% of contractor data.
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DOCUMENT APPROVAL REQUEST (DAR) FORM
COMPLETE BOTH SIDES - THIS IS A TWO-SIDED FORM
NOTE: Attach or Reference any necessary
supporting documentation

Page 1 of 2

I. INITIATOR INFORMATION	
INITIATED BY (SIGNATURE): 	PRINT INITIATORS NAME: David Freeman
DATE: 12/4/08	
II. SCOPE OF CHANGE	
DOCUMENTATION TO BE CREATED OR CHANGED (Title): NCSBI Forensic Biology Section Policy and Procedure Manual	
<input type="checkbox"/> SOP <input checked="" type="checkbox"/> Procedure	
III. REASON FOR CHANGE (Summarize why document was created or changed): Changes resulting from annual document review	
IV. DESCRIPTION OF CHANGE (Describe the type of change - i.e., "From...To") - Attach additional pages if necessary. See "Revision History" in Document	

V. IMPACT OF CHANGE

OTHER DOCUMENTS AFFECTED?

NO
 YES (list):

VALIDATION TESTING REQUIRED?

N/A
 YES (Validation Documentation Reference number)
 NO

Justification for NOT requiring validation testing (attach additional pages if necessary):

SAFETY IMPACT?

N/A
 No
 Yes (attach additional information)

COMMENTS:

TRAINING REQUIRED? YES NO

To be completed by (date): Prior to use by analyst
 Person responsible for training (name): David Freeman
 Personnel to be trained (function or names): All Forensic Biology Analysts and Trainees
 Type of training: Routing Meeting

VI. APPROVALS Minimum of two signatures required for all documents. A Quality Assurance/Quality Control representative's signature is needed on all DARs. Enter "NA" for spaces not used.

Michael D. Buckley / SAC
 NAME/TITLE

12/8/08
 DATE

David Freeman
 NAME/TITLE

12/12/08
 DATE

NAME/TITLE

DATE

NAME/TITLE

DATE



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO Box 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



ROBIN P. PENDERGRAFT
DIRECTOR

ADMINISTRATIVE ORDER

EFFECTIVE DATE: DECEMBER 31, 2008

08-PRO-06

TO: Forensic Biology Section

FROM: Special Agent in Charge Michael J. Budzynski *MJB*

SUBJECT: Modification of Forensic Biology Policy and Procedure Manual (Section 13.8.4)

The requirement of wearing eye protection during all procedures performed at the bench top has been omitted. Section 13.8.4 will now read:

13.8.4 For individuals performing DNA analysis, lab coats, and gloves will be worn during all procedures performed on the benchtop.



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Federal Bureau of Investigation

Washington, D. C. 20535-0001

January 8, 2009

Michael J. Budzynski
NCSBI Crime Laboratory
3320 Garner Road
Raleigh, North Carolina 27626-0500

Dear Mr. Budzynski:

This is in response to your January 5, 2009 letter in which you submitted the internal audit conducted on the N.C. State Bureau of Investigation Forensic Biology Section in Raleigh, North Carolina dated December 8 to 10, 2008.

I am returning the Quality Assurance Standards Audit you submitted since it is not necessary for internal audits to be reviewed by an NDIS Review Panel.

Thank you for your assistance in this matter.

Sincerely,

Douglas R. Hares, PhD
NDIS Custodian
CODIS Unit
Laboratory Division

Enclosure

1- Ms. Amanda Fox (information only)