LOM01 – Procedures for the Examination of Evidence

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1. Background

1.1. To establish the procedures for documenting the examination of evidence to conform to the requirements of the Department of Forensic Sciences (DFS) *Forensic Science Laboratory (FSL) Quality Assurance Manual(QAM)*, the accreditation standards under ISO/IEC 17025 (current revision), and any applicable supplemental standards.

2. Definitions

Not applicable

3. Scope

3.1. These procedures apply to the FSL personnel who are involved in the examination of evidence and/or case exhibits.

4. Responsibilities

4.1. An **Analyst** will:

4.1.1 Ensure the appropriate examinations, as designated by the Unit Manager or designee, are conducted.

4.1.2 When necessary, communicate with the other analysts, Unit Manager or designee to determine if additional examinations need to be performed.

4.1.3 Ensure the report and bench notes are accurate and inclusive of all pertinent information to support a conclusion. For example, this can be achieved by recording observations and/or data collected from evidence during examinations.

4.1.4 Record information to ensure that sufficient information is available to the reviewer to conduct a thorough technical review of the case. For example, record the weight or length of the item or record the overall condition of evidence as received by digital copy, scanning, diagram or sketch.

4.1.5 Ensure the supporting documentation is accounted for in its totality and properly labeled with case number and item number. Orientation (e.g., interior, top left) or other helpful information can be added, when applicable.

4.1.6 Initial and date examination documentation.

4.1.7 Prepare a *Report of Examination* as to the results of the examinations.

4.1.8 Ensure the integrity of the evidence is maintained.

4.2. The **Unit Manager** or designee will:

4.2.1. Review contributor's requests upon receipt of the necessary case information, which includes the case submission information or case details, customer contact information, and list of evidence and/or case exhibits.

4.2.2. Ensure the case submission information contains necessary information, including customer contact information, list of evidence items submitted, and case details (as necessary).

4.2.3. Initiate contact with the customer to obtain pertinent information if the submitted information is incomplete.

4.2.4. Ensure the laboratory has the capabilities and resources to meet the requirements and requests of the customer while operating within the bounds of accreditation standards.

4.2.5. Confer with the customer if the requested examinations differ from the laboratory's capabilities and resolve the discrepancy.

4.2.6. Assign cases to analysts and designate the appropriate examinations.

5. Procedures

5.1. Examination Process

5.1.1. The analyst assigned to the case will conduct the appropriate examinations, as designated by the Request Form or standard workflow process/procedure, and will follow the applicable SOPs. If an analyst identifies an additional examination(s) that may be probative, the analyst will notify the Unit Manager, or designee. Any significant deviations from the contributor's request will be communicated to the contributor by the Unit Manager or designee. This will be documented in the *LIMS Case Activities* to reflect the change.

5.1.2. Any new methods or procedures applied to the examination of evidence will be validated according to the *DOM04 – Procedures for Validating Technical Procedures.*

5.1.3. FSL practices, policies and procedures will be followed to preserve the integrity of the evidence. Analysts are responsible for maintaining effective separation between incompatible activities to prevent cross-contamination.

5.1.4. Upon completion of the examinations, results will be communicated in a *Report of Examination* according to the *LOM02 – Procedures for Case Documentation and Report Writing.*

5.2. Re-Examination Process

5.2.1. A re-examination is defined as conducting the same requested analysis on the same item of evidence, case exhibit and/or evidence sample previously worked by a laboratory. For example, requesting DNA analysis using Globalfiler technology on an evidence sample previously analyzed with Globalfiler technology.

5.2.2. DFS does not conduct re-examinations or honor re-examination requests. This includes re-examination of evidence previously tested by DFS or an outside vendor and/or agency.

5.3. Discontinuing/Cancellation of Examinations

5.3.1. If an analyst is instructed to discontinue examinations after they have been initiated, the affected analyst will determine the appropriate stopping point in the testing process. All results will be furnished to the contributor in a *Report of Examination* prepared by the analyst.

5.3.2. If examinations have not commenced on additional items that were submitted prior to the cancellation request, the additional items of

evidence will not be examined. All results will be furnished to the contributor in a *Report of Examination* or *Discontinuation of Analysis* prepared by the analyst.

5.3.3. If no examinations have been initiated, all cancellation instructions and the name of the person who requested the cancellation will be documented in the LIMS Case Activities.

5.4. Itemization of Evidence

5.4.1. There may be times during the examination process that an item of evidence needs to be sub-itemized. An analyst may sub-itemize a uniquely identified item as necessary.

5.4.2. When an evidence item is sub-itemized, the analyst will use the following format for sub-items to be uniquely identified:

5.4.2.1. Item number, decimal point, new sequential number.

5.4.2.1.1. Example: for an evidence item identified as item 1, the sub-item number is item 1.1

5.4.2.1.2. Additional sub-itemization may be necessary and will follow the same format. Example: an evidence item identified as 1.1 would produce a sub-item numbered as 1.1.1 (and so on)

5.4.3. If an analyst needs to identify different components of one item and sub-itemization is not appropriate, the analyst may identify those components as necessary.

5.4.3.1. For example, when compositing drug evidence, it may be necessary to identify each source item with A, B, C, etc. before combining the contents for processing.

5.5. Secondary Evidence

5.5.1. Refer to the Division-specific/Unit-specific Operations Manuals and SOPs to determine how to handle secondary evidence.

5.6. Initialing and Labeling Evidence

5.6.1. Each item, where practicable, will be labeled with the item identifier.

5.6.2. Persons directly examining and/or processing an item of evidence

will place their initials and the current date directly on the evidence, and all levels of packaging where practicable.

5.7. Case File Documentation

5.7.1. All case-related work will be documented at the time of testing and retained in the case file. Refer to *LOM02 – Procedures for Case Documentation and Report Writing* for specifics.

5.7.2. In the event a request for examination is canceled, all case-related documentation completed up to that point will be retained in the case file.

5.7.3. Handwritten administrative and examination documents will be prepared in ink, not pencil. Computer generated notes are acceptable.

5.7.4. Examination documentation will be generated in accordance with the accepted policies and procedures of the laboratory. Examination notes will include observations, data and calculations as applicable to the item being examined. These notes will be identifiable to the specific examination performed.

5.7.5. Abbreviations and notations are acceptable if they are readily comprehensible to a technical or administrative reviewer and clearly documented. A list of common abbreviations and/or symbols used will be found in relevant Casework Unit's SOP's or Manuals.

5.7.6. The case number for which data was generated shall be appropriately recorded when data from multiple cases is recorded on a single printout.

5.7.7. Every effort will be made to avoid having information printed on the back of documents in the case file. However, when information is recorded on the front and back of an examination document, each side will be numbered as an individual page and initialed and labeled with the case number (and date if technical documentation).

5.7.8. When standards and controls are specified in a procedure, the examination documentation will reflect the unique identifier(s).

5.7.9. The *LOM02 – Procedures for Case Documentation and Report Writing* defines administrative and examination documentation.

5.7.10. Casework documentation will be filed according to the *LOM02 - Procedures for Case Documentation and Report Writing*.

5.8. Evidence Storage

5.8.1. It is the responsibility of the analyst who has custody of the evidence to ensure the integrity of each item is maintained by protecting it from loss, cross-transfer, contamination, or deleterious change.

5.8.2. Evidence will be properly sealed in a container and labeled with at least the case/item number(s) prior to storage.

5.8.3. Evidence not being examined will be stored in a secured, controlled access area.

5.9. Applying a Proper Seal

5.9.1. Refer to *DOM10 - Procedures for Handling Evidence and Clinical Specimens* and unit specific SOPs. A proper seal prevents loss, cross-transfer, or contamination while ensuring attempted entry into the container is detectable. A proper seal may include a heat seal, tamper evident tape seal, or a lock with, at a minimum, the date the seal was applied and the initials of the person creating the seal written so both are spanning the seal and the container. See Figure 1.

5.9.1.1. For heat seal applications, the applied initials and date are writing inside the container and a complete heat seal is applied over this information, whenever possible.

5.9.2. Prior to repacking and resealing evidence an assessment has to be made to determine whether or not the original packaging/container is reusable. Labels, seals, initials and dates must be taken into consideration and should not be covered during repacking or resealing process. *If item packaging (such as with boxed items) prohibits the covering of previously identified labels, seals, initials and dates, the scientist must defer to instructions in unit specific protocols.*

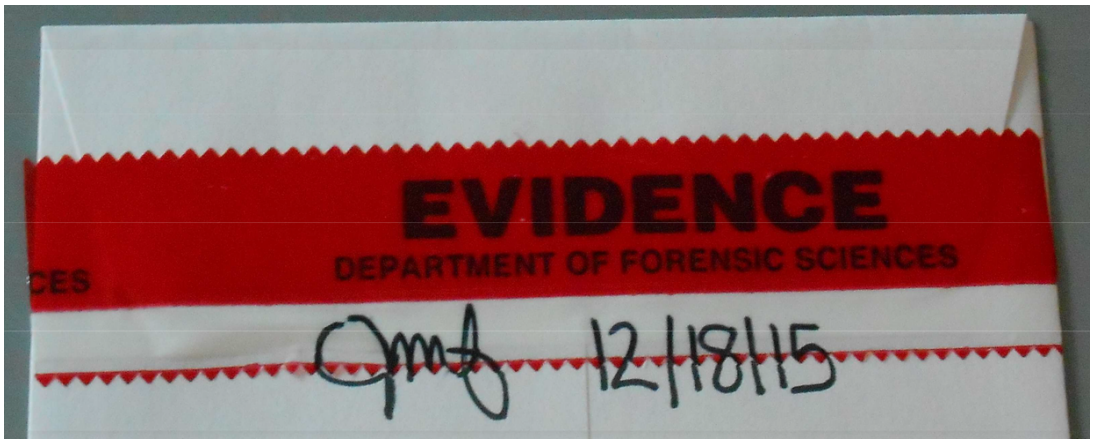
5.9.3. If no space is available on the original container, the evidence must be repacked into a new container and labeled sealed, initials and date the seal applied.

5.9.3.1. There is an exception to the above for Forensic Biology Unit evidence. If a package cannot be accessed without damaging a previous seal (such as a sexual assault kit, swab box or cardboard box) then the item notes must clearly state which seal has been cut through to access said

evidence for testing. Any subsequent repackaging or resealing must be such that previous markings on the seal are still visible.

5.9.4. A container with multiple openings (e.g., a box) must have a proper seal at each opening. If more than one piece of tape was used by the submitting agency to seal the container (e.g., multiple tapes overlapping), at a minimum, the outer most piece tape must have the individual's unique identifier.

Figure 1



6. Documentation

6.6. Not Applicable

7. References

7.1. ISO/IEC 17025 – General Requirements for the Competence of Testing and Calibration Laboratories, International Organization for Standardization, Geneva, Switzerland, (current revision)

7.2. ANAB Supplemental Requirements for Forensic Testing, ANSI-ASQ National Accreditation Board, Milwaukee, WI, (current revision)

7.3. Quality Assurance Standards for Forensic DNA Testing Laboratories, Federal Bureau of Investigation, (current revision)

7.4. DOM04 – Procedures for Validating Technical Procedures

7.5. DOM10 – Procedures for Handling Evidence and Clinical Specimens

7.6. LOM02 – Procedures for Case Documentation and Report Writing

7.7. Forensic Science Laboratory Quality Assurance Manual

7.8. Unit Standard Operating Procedures

7.9. DFS Policy for the Investigation of Credible Errors (Document ID: 1949)