NEW YORK STATE | DNA Subcommittee

February 7, 2020

Empire State Development Corporation (ESDC)
633 3rd Avenue
37th Floor
New York, NY
9:01 AM – 11:47 AM

DRAFT MEETING MINUTES

DNA Subcommittee Members in Attendance:
Frederick Bieber, Ph.D.
Allison Eastman, Ph.D.
Katherine Gettings, Ph.D.
Kenneth Kidd, Ph.D.
Jenifer Smith, Ph.D
Amanda Sozer, Ph.D.
Bruce Weir, Ph.D.

DCJS Staff in Attendance:
Jill Dooley
Michael Flaherty
Natasha Harvin-Locklear
Janine Kava
Shelley Palmer
Jackalynne Vimislik

Other Attendees:
Neha Desai - NYC OCME Department of Forensic Biology
Mark Desire - NYC OCME Department of Forensic Biology
Karen Dooling - Nassau County Division of Forensic Services
Matthew Fontanez – New York County District Attorney's Office
Jessica Goldthwaite – The Legal Aid Society
Susan Horan – Kings County District Attorney's Office
Chris Kamnik – New York County District Attorney's Office
Maksudul Khan – NYS ITS
Kyra McKay - NYC OCME Department of Forensic Biology
Melissa Mourges - New York County District Attorney's Office
Meredith Rosenberg – NYC OCME Department of Forensic Biology
Diane Shkoditch – Suffolk County Crime Laboratory
Raymond Valerio – Bronx District Attorney's Office
Helen Wong – Suffolk County Crime Laboratory

	Approximate video times
OFS Director Dr. Jill Dooley opened the meeting with an introduction of new members, Dr. Bruce Weir as Chair, and Dr. Jenifer Smith. Dr. Dooley also introduced Ms. Natasha Harvin-Locklear, who has replaced Mr. Brett Knowles, as special counsel for both the DNA Subcommittee and the Commission on Forensic Science.	00:00:00 – 00:01:06
Dr. Weir addressed the Subcommittee and noted that all members are present including Drs. Bieber, Eastman, Gettings, Kidd, Smith, and Sozer. He then asked for a motion to approve the agenda which was made by Dr. Gettings, seconded by Dr. Eastman and approved unanimously.	00:01:06 – 00:02:28
The Chair then asked Subcommittee members for questions or comments on the minutes from the November 8, 2019 Subcommittee meeting. Dr. Kidd made a motion to accept the minutes with an amendment of an additional statement of appreciation for the work of previous Chairman Dr. Dwight Adams. Dr. Sozer seconded this motion and approved with six votes for, zero against, and one abstention [Dr. Smith].	00:02:28 – 00:03:55
The Subcommittee reviewed updates from the Erie County Central Police Services Forensic Laboratory, Monroe County Crime Laboratory, Nassau County Division of Forensic Services, New York City OCME Department of Forensic Biology, Onondaga County Center for Forensic Sciences Laboratory, Suffolk County Crime Laboratory, and Westchester County Division of Forensic Sciences.	00:03:55– 00:47:10
During this portion of the meeting, Dr. Eastman made a motion to issue guidance that whether, or not, there were any findings in Appendix A, there must be a statement present under the findings section. The motion was seconded by Dr. Kidd and approved unanimously. Upon further discussion, Dr. Kidd made an additional motion to send letters to Laboratory Directors and Quality Assurance Managers regarding internal FBI Quality Assurance Standards (QAS) audits and additional letters to ANAB and the FBI SWGDAM Chair regarding external FBI QAS audits. It was determined that when there are no findings, the internal auditors must not leave Appendix A blank. Further, external auditors should state whether, or not, there were any findings in Appendix A under the findings section. This motion was seconded by Dr. Sozer and approved unanimously. Additionally, Subcommittee members request that the QAS be filled out in its entirety as per the instructions.	00:05:00 - 00:19:29
The Subcommittee reviewed documents related to the renewal of accreditation of the New York City OCME Department of Forensic Biology. The Chair requested a motion to issue a binding recommendation to the Commission on Forensic Science to renew the New York State accreditation in the discipline of Biology for the period concurrent with their ANAB accreditation. Dr. Smith made the motion, it was seconded by Dr. Eastman, and approved unanimously.	00:25:30 – 00:28:35
The Chair then moved to Old Business. A verbal update was provided on the partial match program, familial search program, and CODIS Bulletins.	00:47:10 – 01:12:15

Approximate video times

Under New Business, Subcommittee members reviewed the Annual Laboratory Summaries from each of the labs. Additionally, under New Business, Subcommittee members discussed the review of Partial Match and Familial Search policies. 01:12:15 – 01:35:19:

The Subcommittee then moved on to laboratory disclosures from the Onondaga County Center for Forensic Services and the Suffolk County Crime Laboratory. 01:35;19 – 01:56:38

The Chair called for a motion to enter executive session to discuss Familial Search and the potential impact on public safety. Dr. Kidd made the motion, Dr. Bieber seconded, and it was approved unanimously. 01:56:38 – 01:58:00

The Chair stated that no action was taken in executive session. Dr. Bieber made a motion to invite Dr. Anne Walsh of the New York State Department of Health and Mr. Ted Hunt of the United States Department of Justice to discuss the topic of Genetic Genealogy. Dr. Kidd seconded the motion and it was approved unanimously. 01:58:00 – 01:59:11

The Chair stated that the next meeting of the Subcommittee will be May 1, 2020. A motion to adjourn was made by Dr. Gettings, seconded by Dr. Eastman, and approved unanimously. 01:59:11 – 01:59:52

Note: Video of the meeting is available at https://www.youtube.com/user/nyspublicsafety

ANAB
ANSI National Accreditation Board

February 10, 2020

NEW YORK STATE | Division of Criminal Justice Services
RECEIVED Feb 10, 2020 Office of Forensic Services

Pasquale Buffolino, Ph.D.
Nassau County Office of the Medical Examiner
Division of Forensic Services
1194 Prospect Avenue
Westbury, NY 11590

Dear Dr. Buffolino,

Congratulations, ANAB has approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements.

As an accredited forensic service provider, the applicable accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

Enclosed is the surveillance report and the appropriate ANAB accreditation symbol in multiple file formats.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

[redacted]

Accreditation Manager
ANSI National Accreditation Board

cc: Karen Dooling, Assistant Director
ANAB Office

Nassau County Office of the Medical Examiner - Division of Forensic Services

2019 - 17025T - Offsite Review

Prepared by Jan Girten

Contract LA

Data collected on 2019-10-01

ANSI National Accreditation Board

United States

Signature

Completed by Jan Girten on 2019-12-11

Audit Objective Evidence

4.1 Impartiality

4.1.4 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory identify risks to its impartiality on an on-going basis? Does this include those risks that arise from its activities, or from its relationships, or from the relationships of its personnel? However, such relationships do not necessarily present a laboratory with a risk to impartiality.

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

Objective Evidence

Quality Assurance Manual 4.1.4

5. Structural requirements

5.4.2 ANAB Accreditation Requirement — Conforming

Requirement

If a laboratory performs testing or calibration under the authority of a statute, regulation or other legal requirement, does the laboratory make this readily available?

ANAB NOTE A legal requirement is created, imposed and enforced by a third-party external to the laboratory.

Objective Evidence

Quality Assurance Manual 5.4.2
New York State Executive Law-Article 49-B

6.2 Personnel

6.2.6 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory authorize personnel to perform specific laboratory activities, including but not limited to, the following:
a) development, modification, verification and validation of methods?
b) analysis of results, including statements of conformity or opinions and interpretations?
c) report, review and authorization of results?

ANAB NOTE Authorization of personnel includes all aspects of testing or calibration including, as applicable, the use of equipment.

Objective Evidence

Quality Assurance Manual 6.2.6
Reviewed Authorizations of staff

6.5 Metrological traceability

6.5.1.3 ANAB Accreditation Requirement — Not Applicable

Requirement

For the purpose of establishing traceability of a measurement, did an accredited laboratory that may calibrate its own equipment that supports an accredited parameter on the scope meet the related requirements in ISO/IEC 17025 and this document:
a) was the calibration and any check of the calibration status carried out by appropriately trained, competency tested, and authorized personnel?
b) was the calibration method validated or verified prior to use?
c) were certified reference materials or measuring instruments used in the calibration method traceable with appropriate measurement

uncertainties?
d) was the calibration carried out in an appropriate environment?
e) were technical records of the calibration established and maintained?
f) did the laboratory have and apply a procedure for calculating the measurement uncertainty for each equipment calibration it conducts? and
g) was a technical review of the technical records including any data transfers and calculations completed by an individual other than the person(s) who performed the work?

Objective Evidence

Quality Assurance Manual 6.5.1.3
Nassau County Office of the Medical Examiner does not perform any calibrations.
This requirement is not applicable.

7.1 Review of requests, tenders and contracts

7.1.9 ANAB Accreditation Requirement — Conforming

Requirement

Is the extent of database (e.g., DNA profiles, friction ridge, ballistics, biometrics) searches communicated to customers and updated as needed?

ANAB NOTE 1 "extent" will be specific to the database but may include aspects of the scope or range of the search (e.g., local, state, national, international), the frequency of the search or if the customer is required to make a request to elevate the scope of the search or to have a search performed.

ANAB NOTE 2 This may be communicated on a case-by-case basis, in the report, or in a general customer communication.

Objective Evidence

Quality Assurance Manual 7.1.9
Laboratory website (https://www.nassaucountyny.gov/1687/Division-of-Forensic-Services)

7.2.1 Selection and verification of methods

7.2.1.1.2 ANAB Accreditation Requirement — Conforming

Requirement

Do all test methods that involve the comparison of an unknown to a known require the evaluation of the unknown item(s) to identify characteristics suitable for comparison and, if applicable, characteristics suitable for statistical rarity calculations, prior to comparison to one or more known item(s)?

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

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

Objective Evidence

Quality Assurance Manual 7.2.1.1.2
Section Technical Procedure Manuals

7.2.2 Validation of methods

7.2.2.1.1 ANAB Accreditation Requirement — Conforming

Requirement

Does the laboratory have a procedure for method validation that:
a) includes the associated data analysis and interpretation?
b) establishes the data required to report a result, opinion, or interpretation? and
c) identifies limitations of the method, reported results, opinions, and interpretations?

Objective Evidence

Quality Assurance Manual 7.2.2.1.1
Validation Checklist

7.3 Sampling

7.3.2.b).1 ANAB Accreditation Requirement — Conforming

Requirement

Is statistical sampling at a stated level of confidence used if an inference will be made to report on the whole population?

Objective Evidence

Quality Assurance Manual 7.3.2
Chemistry Procedure Manual (Probability Sampling)

7.4 Handling of test or calibration items

7.4.1.1 ANAB Accreditation Requirement — Conforming

Requirement

For all test items received except known origin individual characteristic database samples, does the procedure:
a) address requirements for storage, packaging, and sealing of items to:
1) protect the integrity of all items? and
2) require items to be re-sealed as soon as practicable?
b) address measures to be taken to secure unattended items?
c) require chain-of-custody for:
1) all items received? and
2) items that are collected or created and preserved for future testing (e.g., ESDA lifts, test-fired ammunition, latent print lifts, trace evidence, DNA extracts)?
d) require chain-of-custody to securely and accurately identify:
1) the individual(s) or location(s) receiving or transferring the item(s)? and
2) the item(s) being transferred? and
3) the chronological order of all transfers, minimally including the date?
e) require communication to the customer regarding the disposition of all items received; and
h) address communication to the customer regarding items collected or created and preserved for future testing?

ANAB NOTE 1 c) An item being tracked could contain multiple components and be tracked as one item.

ANAB NOTE 2 d).1) Documentation of internal transfers does not need to include use of personal storage locations.

Objective Evidence

Quality Assurance Manual 7.4.1.1
Customer Agreements

7.6 Evaluation of measurement uncertainty

7.6.1.1 ANAB Accreditation Requirement — Conforming

Requirement

Does the method of analysis for evaluation of measurement uncertainty:
a) require the specific measuring device or instrument used for a reported result to have been included in or evaluated against the estimation of measurement uncertainty for that method?
b) include the process of rounding the expanded uncertainty?
c) require the coverage probability of the expanded uncertainty to be a minimum of 95.45% (often referred to as approximately 95%)? and
d) specify the schedule to review and/or recalculate the measurement uncertainty?

Objective Evidence

Quality Assurance Manual 7.6.1.1
Measurement Assurance Program

7.6.3.1 ANAB Accreditation Requirement — Conforming

Requirement

Was the measurement uncertainty evaluated, or estimated when applicable, for all reported quantitative results?

ANAB NOTE An item descriptor that includes a number is not considered a result. This difference should be clear to the reader of the report.

Objective Evidence

Quality Assurance Manual 7.6.3.1
Measurement Assurance Program
Chemistry Laboratory Reports

7.7 Ensuring the validity of results

7.7.1 ANAB Accreditation Requirement — Conforming

Requirement

g).1 When a verification of a result is carried out:
a) was it conducted by an individual who is currently authorized to perform the testing?
b) was a record of the verification made and did the record identify who performed the verification, when it was performed, and the result of the verification? and
c) was the resolution of any discrepancy recorded?

ANAB NOTE 1 a) See requirements of 6.2.6 in ISO/IEC 17025:2017.

ANAB NOTE 2 b) Verification may be recorded for each result verified or as a summary for all results verified.

l) Is there a procedure for the technical review of technical records, including reports, and testimony? Does the procedure:
1. require that a technical review be performed by an individual that has been competency tested to perform the testing or calibration work that is being reviewed?
2. preclude an individual from technically reviewing their own work?
3. define the method to be used to ensure a representative sample of technical records and reports in each discipline are subjected to technical review?
4. define the method to be used to ensure testimony in each discipline is reviewed?
5. define the method to be used to conduct and record the review?
6. ensure that the results, opinions and interpretations are accurate, properly qualified and supported by the technical record?
7. ensure conformance with methods and applicable management system documents? and
8. describe a course of action to be taken if a discrepancy is found?

ANAB NOTE 1 An individual conducting the technical review need not be an employee of the forensic service provider, currently proficiency tested or currently performing the work.

ANAB NOTE 2 An individual who performs a verification can also perform a technical review.

ANAB NOTE 3 The frequency may vary for different disciplines.

Objective Evidence

Quality Assurance Manual 7.7.1
Latent Print Verification Worksheet
Technical Review Sheet in case file
Testimony Evaluation

7.7.6 ANAB Accreditation Requirement — Conforming

Requirement

Is there a plan that will:
a) demonstrate conformance with the requirements stated in clause 7.7.2.1.b) and 7.7.4? and
b) ensure inclusion of a representative sample of the components/parameters and equipment/technologies within each discipline listed on the scope of accreditation?

Objective Evidence

Quality Assurance Manual 7.7.6
Proficiency Test Review Form
Proficiency Test Database – 4 year plan, supplement

7.8.1 General

7.8.1.2.2 ANAB Accreditation Requirement — Conforming

Requirement

Is there a procedure for reporting of results that:
a) identifies what will be reported for all items received, including items on which no work was performed, items collected or created and preserved for future testing, and for partial work performed?
b) requires qualifying the significance of associations in the report whether by a statistic or a qualitative statement?
c) requires communicating the reason(s) in the report when the reported results are inconclusive? and
d) requires reporting of the initial database entry (e.g., DNA profiles, friction ridge, ballistics, biometrics)?

ANAB NOTE b) Associations for multiple results may be qualified by a single statistic or qualitative statement if the statistics are identical or, where applicable, meet or exceed a defined minimum threshold.

Objective Evidence

Quality Assurance Manual 7.8.1.2.2
Laboratory Reports
Laboratory Notification Form

7.8.2 Common requirements for reports (test, calibration or sampling)

7.8.2.1 ISO/IEC 17025:2017 — Conforming

Requirement

Does each report include at least the following information, unless the laboratory has valid reasons for not doing so, thereby minimizing any possibility of misunderstanding or misuse:
a) a title (e.g. "Test Report", "Calibration Certificate" or "Report of Sampling")?
b) the name and address of the laboratory?
c) the location of performance of the laboratory activities, including when performed at a customer facility or at sites away from the laboratory's permanent facilities, or in associated temporary or mobile facilities?
d) unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end?
e) the name and contact information of the customer?
f) identification of the method used?
g) a description, unambiguous identification, and, when necessary, the condition of the item?
h) the date of receipt of the test or calibration item(s), and the date of sampling, where this is critical to the validity and application of the results?
i) the date(s) of performance of the laboratory activity?
j) the date of issue of the report?
k) reference to the sampling plan and sampling method used by the laboratory or other bodies where these are relevant to the validity or application of the results?
l) a statement to the effect that the results relate only to the items tested, calibrated or sampled?
m) the results with, where appropriate, the units of measurement?
n) additions to, deviations, or exclusions from the method?
o) identification of the person(s) authorizing the report?
p) clear identification when results are from external providers?

NOTE Including a statement specifying that the report shall not be reproduced except in full without approval of the laboratory can provide assurance that parts of a report are not taken out of context.

ANAB NOTE 2 A legal requirement that dictates the information to be included in a report is a valid reason to not include one or more listed report elements.

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

ANAB NOTE 4 o) Authorization of the report does not have to be performed by the same person(s) who authorized the results. (see ISO/IEC 17025:2017 7.8.1.1).

Objective Evidence

Quality Assurance Manual 7.8.2.1
Laboratory Reports
Customer Agreement

7.8.5 Reporting sampling - specific requirements

7.8.5.d).1 ANAB Accreditation Requirement — Conforming

Requirement

If statistical sampling is used, does the report contain the confidence level and corresponding inference regarding the population?

Objective Evidence

Quality Assurance Manual 7.8.5

7.9 Complaints

7.9.1 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory have a documented process to receive, evaluate and make decisions on complaints?

Objective Evidence

Quality Assurance Manual 7.9.1

7.10 Nonconforming work

7.10.2 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory retain records of nonconforming work and actions as specified in 7.10.1, bullets b) to f)?

Objective Evidence

Quality Assurance Manual 7.10.2
Corrective Actions from 2018

7.10.3 ISO/IEC 17025:2017 — Conforming

Requirement

Where the evaluation indicates that the nonconforming work could recur, or that there is doubt about the conformity of the laboratory's operations with its own management system, does the laboratory implement corrective action?

Objective Evidence

Quality Assurance Manual 7.10.3
Quality Issues Reporting Form
Corrective Action Form

8.5 Actions to address risks and opportunities (Option A)

8.5.2 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory plan:
a) actions to address these risks and opportunities?
b) how to:
- integrate and implement these actions into its management system?
- evaluate the effectiveness of these actions?

NOTE Although this document specifies that the laboratory plans actions to address risks, there is no requirement for formal methods for risk management or a documented risk management process. Laboratories can decide whether or not to develop a more extensive risk management methodology than is required by this document, e.g. through the application of other guidance or standards.

Objective Evidence

Quality Assurance Manual 8.5.2
Non-Technical Complaint Form
Quality Issues Reporting Form
Corrective Action Form
Management Review

8.7 Corrective actions (Option A)

8.7.1.g) ANAB Accreditation Requirement — Conforming

Requirement

g) Does the process for corrective action establish a reasonable timeframe for completion for each corrective action?

Objective Evidence

Quality Assurance Manual 8.7.1
Quality Issues Reporting Form
Corrective Action Form

8.7.3 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory retain records as evidence of:
a) the nature of the nonconformities, cause(s) and any subsequent actions taken?
b) the results of any corrective action?

Objective Evidence

Quality Assurance Manual 8.7.3
Quality Incident Reviews from 2018 and early 2019.

8.8 Internal audits (Option A)

8.8.2 ISO/IEC 17025:2017 — Conforming

Requirement

Does the laboratory:
a) plan, establish, implement and maintain an audit programme including the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the laboratory activities concerned, changes affecting the laboratory, and the results of previous audits?
b) define the audit criteria and scope for each audit?
c) ensure that the results of the audits are reported to relevant management?
d) implement appropriate correction and corrective actions without undue delay?
e) retain records as evidence of the implementation of the audit programme and the audit results?

NOTE ISO 19011 provides guidance for internal audits.

Objective Evidence

Quality Assurance Manual 8.8.2
Reviewed 2018 Management Review
2018 Internal Quality Review Documentation

8.8.2.b).1 ANAB Accreditation Requirement — Conforming

Requirement

b).1 Do internal audits include direct observation of a sample of accredited services within each discipline?

Objective Evidence

Quality Assurance Manual 8.8.2

8.9 Management reviews (Option A)

8.9.3 ISO/IEC 17025:2017 — Conforming

Requirement

Do the outputs from the management review record all decisions and actions related to at least:
a) the effectiveness of the management system and its processes?
b) improvement of the laboratory activities related to the fulfilment of the requirements of this document?
c) provision of required resources?
d) any need for change?

Objective Evidence

Quality Assurance Manual 8.9.3
2018 Management review summary

CERTIFICATE OF ACCREDITATION

ANSI National Accreditation Board

2000 Regency Parkway, Suite 430, Cary, NC 27518

This is to certify that

Nassau County Office of the Medical Examiner
Division of Forensic Services

has been assessed by ANAB
and meets the requirements of

ISO/IEC 17025:2017

ANAB 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements

FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2011

while demonstrating technical competence in the field of

FORENSIC TESTING

Refer to the accompanying Scope of Accreditation for information regarding the types of tests to which this accreditation applies

Certificate Number: FT-0243

Valid to: 02/28/2023

[redacted]

Pamela L. Sale
Vice President, Forensics

ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017

ANAB 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements

FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2011

Nassau County Office of the Medical Examiner
Division of Forensic Services

1194 Prospect Avenue
Westbury, New York 11590

FORENSIC TESTING

Valid to: February 28, 2023 Certificate Number: FT-0243

Discipline: Biology			
Component/Parameter or Characteristic Tested	**Test Method**	**Items Tested**	**Key Equipment or Technology**
Body Fluid Identification	Forensic Serology Manual	Blood, Saliva, Semen	Refer to Test Method
DNA-STR[1]	Flexible Scope	Blood, Saliva, Hair, Bone, Fingernails, Teeth, Semen, Epithelial Cells, Tissue	Capillary Electrophoresis
DNA-YSTR[1]	Flexible Scope	Blood, Saliva, Hair, Bone, Fingernails, Teeth, Semen, Epithelial Cells, Tissue	Capillary Electrophoresis
Individual Characteristic Database	CODIS Manual	DNA Profiles	Combined DNA Index System (CODIS)
Relationship Testing[1]	Flexible Scope	Blood, Saliva, Hair, Bone, Teeth, Semen	Capillary Electrophoresis

Discipline: Fire Debris and Explosives			
Component/Parameter or Characteristic Tested	**Test Method**	**Items Tested**	**Key Equipment or Technology**
Qualitative Determination	Fire Debris Technical Test Methods	Ignitable Liquids, Fire Debris	Gas Chromatography, Mass Spectrometry

2000 Regency Parkway, Suite 430, Cary, NC 27518
414-501-5494 www.anab.org

Discipline: Friction Ridge			
Component/Parameter or Characteristic Tested	**Test Method**	**Items Tested**	**Key Equipment or Technology**
Enhancement	Latent Prints Technical Test Methods	Patent, Latent, Plastic	Visual, Digital, Physical, Chemical
Physical Comparison	Latent Prints Technical Test Methods	Developed Patent, Latent, or Plastic to a Known, Known to Known, Unknown to Unknown	Visual, Digital
Individual Characteristic Database	Latent Prints Technical Test Methods	Developed Patent, Latent, Plastic or a Known	Statewide Automated Biometric Identification System (SABIS), Next Generation Identification (NGI), Automated Fingerprint Indentation System (AFIS)

Discipline: Seized Drugs			
Component/Parameter or Characteristic Tested	**Test Method**	**Items Tested**	**Key Equipment or Technology**
Qualitative Identification[1]	Flexible Scope	Solid, Liquid, Botanical	Macroscopic and Microscopic Exam, Color Spot Test, Chromatography Gas and Thin Layer, Mass Spectrometry, Infrared Spectroscopy
Quantitative Measurement[1]	Flexible Scope	Solid	Gas Chromatography, Mass Spectrometry
Weight Measurement	Chemistry Technical Test Methods (Analytical Guidelines and Sample Preparation)	Solid, Liquid, Botanical	Balance

Note 1: A flexible scope has been granted for this component/parameter or characteristic tested. ANAB has assessed the competence required to develop, validate, and perform quality assurance within this provided service. New or modified methods for the item(s) and equipment/technology(ies) listed in this row on the Scope of Accreditation may be introduced. New measurement principles, item(s), and technology(ies) will require evaluation by ANAB prior to granting a scope extension. Contact the forensic service provider for information on the specific test method in use at any point in time and utilized for accredited testing work.

[redacted]

Pamela L. Sale
Vice President, Forensics

2000 Regency Parkway, Suite 430, Cary, NC 27518
414-501-5494 www.anab.org

Asst. Chief

[redacted]

Good morning, On Friday March 27th, Assistant Chief Daniel Burhans retired from the lab after 30+ years. As of yesterday, Donald Doller will be the acting assistant chief. Please let me know if you have any questions. Thank you

Constance Dinkel
Forensic Scientist
Quality Assurance Manager
Suffolk County Crime Laboratory
[redacted]

SCIENTIFIC WORKING GROUP — SWGDAM — DNA ANALYSIS METHODS

Received by OFS
04/09/2020

April 9, 2020

Dr. Bruce S. Weir
Chair
New York State DNA Subcommittee
80 Swan Street
Albany, NY 12210

Dear Dr. Weir:

This is in response to your request on behalf of the New York State DNA Subcommittee (Subcommittee) recommending inclusion of a "No Findings" statement in Appendix A of the Quality Assurance Standards for Forensic DNA Testing and DNA Databasing Laboratories' Audit Documents.

At the SWGDAM Executive Board's April meeting, it was determined to add a question to the cover page of the 2020 Databasing and Forensic Audit Documents inquiring if there are findings associated with the audit. This should provide a flag for those reviewing internal and external Audit Documents whether there were any findings for that audit. The 2020 Audit Documents, available at www.swgdam.org will take effect with the July 1, 2020 revisions to the Quality Assurance Standards.

I hope this information is of assistance.

Sincerely,

[redacted]

Anthony J. Onorato
SWGDAM Chairman

Chair Anthony Onorato | Phone 703-632-7489 | ajonorato@fbi.gov

NEW YORK STATE | Division of Criminal Justice Services

MEMORANDUM

TO: Members
New York State DNA Subcommittee

FROM: Jill Dooley [redacted]
Director, Office of Forensic Services

DATE: March 2, 2020

SUBJECT: 2019 DNA Laboratory Security Audit

In accordance with section 6192.6 of the New York Codes, Rules and Regulations (NYCRR), the Division of Criminal Justice Services (DCJS) Office of Forensic Services (OFS) conducts annual audits of public forensic DNA laboratories in New York State to assure that no illegal disclosures of DNA records have taken place.

Please be advised that no findings or areas of concern were discovered during this audit cycle. Attached, for your convenience, is a template of the audit checklist used throughout this cycle.