



Quality Division Use Only

Quality Tracking #:	2022-045	Classification:	Corrective Action
Non-Conformance Level:	Class III	Section:	Client Services & Case Management
Date of Discovery:	07/12/22	Date of Incident:	06/16/22

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2021-25489 2021-26379 2021-35388	064233321 073051421 166599021

Description of Non-conformance:

In July 2022, the Toxicology Manager discovered that the CS/CM Specialist that processed the toxicology evidence that was returned from the outsourcing laboratory did not take a photograph of a leaking blood tube as required by SOP.

Additional Information/Follow-Up:

The CS/CM Specialist was aware that the tube was leaking because the outsource laboratory had placed the tube in a separate container to contain the leak prior to shipping it back to HFSC. Per normal procedure the CS/CM Specialist made a note of the leaking tube in the chain of custody and repackaged the item with the parent item to return to the stakeholder. However, the CS/CM Specialist did not photograph the evidence. The lack of a photograph of the leaking evidence does not have a technical impact on the case. In addition, these samples were being returned to HFSC post-analysis by the outsourcing laboratory.



Summary of Root Cause Analysis:

Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.

After a review of approximately 280 other cases received from the outsource laboratory, two other instances where photographs were not taken of leaking evidence were discovered. One by the previously mentioned specialist and one by a different specialist. In both cases the specialists documented the condition of the evidence in the chain of custody comments. The original specialist stated that she was instructed by her supervisor that a comment in the chain of custody was sufficient documentation for this type of issue. It was determined that there was a misunderstanding of the requirement in the CS/CM SOP. Therefore, this failure to follow SOP was determined to be systemic.

Actions Taken:

The CS/CM Manager discussed this requirement at a section meeting and reminded the specialists that a photograph must be taken when evidence that is leaking is received from an outsource laboratory. A Qualtrax test was assigned to the CS/CM evidence team which required them to acknowledge that they have reviewed and understand this CS/CM SOP clause.

Section Manager: Ashley Henry Date: 09/01/22
Division Director: Amy Castillo Date: 09/06/22

Incidents or Corrective Actions that involve the Biology/DNA section are reviewed by the Technical Leader and CODIS Administrator.

Technical Leader: N/A Date: N/A
CODIS Administrator: N/A Date: N/A

Quality Director: Erika Ziemak Date Closed: 09/11/22