



Quality Division Use Only

Quality Tracking #:	<input type="text" value="2023-024"/>	Classification:	<input type="text" value="Incident"/>
Non-Conformance Level:	<input type="text" value="N/A"/>	Section:	<input type="text" value="Crime Scene"/>
Date of Discovery:	<input type="text" value="06/05/23"/>	Date of Incident:	<input type="text" value="04/12/23"/>

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2023-03796	PT-23600-01

Description of Non-conformance:
A CSI did not receive consensus results during a yearly external proficiency test on item 2 in the presumptive blood test.

Additional Information/Follow-Up:
The CSI was interviewed, and it was determined that the nonconsensus result was attributed to different documentation formats between the CSU procedure and Hemastix manufacturer's instructions. The CSI observed a small speck of green that, according to the manufacturer's instructions for Hemastix, would be listed as a "trace" result however the CSU SOP only allows for positive or negative test results to be documented in the case record. The CSI did note the odd Hemastix reaction and notified the CSU Technical Lead as well as documented the observation in the notes when performing the test. The analyst chose appropriately based on the observation of the test. In casework, the sample would have been collected as evidence and been available for DNA to test if requested.

Retesting of all samples from the external proficiency test, items 1-4, was completed by the CSU Technical Lead on June 21, 2023, under the observation of a Quality Specialist. The testing was performed as per the CSU SOP. The results from the CSU Technical Lead matched the expected results of the external provider for all items.

The CSI retested item 2 on July 12, 2023, under the observation of a Quality Specialist. The testing was performed as required per the CSU SOP. The results from the CSI matched the expected results of the external provider for item 2 on this test. The CSI indicated that the result was different than the first time the test was performed.



An internal proficiency test was created by the CSU Technical Lead containing 3 items. The CSI was issued the internal proficiency test because a satisfactory proficiency test was still needed to meet the annual quality manual requirement. The CSI was assigned the internal proficiency test on June 21, 2023, with a due date of July 20, 2023. The internal proficiency test was completed by the CSI on July 13, 2023, and was technically and administratively reviewed by the technical lead on July 18, 2023. The CSI obtained expected results for all 3 items and obtained a satisfactory result for the annual proficiency test requirement.

After interview with the CSI and CSU Technical Lead, it was noted that the manufacturer's instructions indicated a 60 second window to monitor color change while the CSU SOP specified a 30 second window to monitor color change for the positive and negative control but did not note a timeframe for the observation of a sample.

Summary of Root Cause Analysis:

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

N/A

Actions Taken:

An update to the CSU SOP will incorporate a change in the procedures for Hemastix setting the window to monitor color change at 60 seconds for both samples and controls. A clarification memo was disseminated to the Unit to explain the change prior to the release of the SOP.

Section Manager: Carina Haynes

Date: 10/24/23

Division Director: Carina Haynes

Date: 10/24/23

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



Houston Forensic Science Center
Incident/Corrective Action Report
Quality Division

Technical Leader: Nicole Teele

Date: 10/23/2023

CODIS Administrator: N/A

Date: N/A

Quality Director: Jackeline Moral

Date Closed: 11/09/23