Quality Division Use Only

Quality Tracking #:	2023-030	**Classification:**	Incident
Non-Conformance Level:	N/A	**Section:**	Biology/DNA
Date of Discovery:	06/16/23	**Date of Incident:**	06/15/23

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2022-15123 **2022-14526**	**172723522** **165413722**

Description of Non-conformance:

A screening analyst inadvertently portioned a bloodstain card from a case that was not requested to be processed. The bloodstain card was not processed further, and the evidence was returned to the property room.

Additional Information/Follow-Up:

A screening analyst was portioning a bloodstain card from morgue evidence ML22-5351 from item 22 in case 2022-15123. However, while portioning she noticed by further examining the inner packaging that the bloodstain card was not from ML 22-5351 in case 2022-15123 but it was actually morgue evidence from ML22-5131 for case 2022-14526. The outer envelope of item 22 had ML22-5351 printed on a property room label.

With the help of Client Services/Client Mangement (CS/CM) staff members, it was discovered that item 22 should have been tagged as item 25 in case 2022-14526. Item 23 from case 2022-15123 was the morgue kit associated with the case the screening analyst was assigned to process, and the correct bloodstain card from ML22-5351 was inside.

Morgue evidence is typically transferred from the morgue to the Houston Police Department's (HPD) property room by CS/CM staff members. CS/CM staff members write the agency case number (ACN) and the ML number on the outer packaging of the morgue evidence before being transferred to the property room. In this incident, it was verified that the CS/CM staff member wrote the correct ML number "ML22-5131" and ACN "1654137-22" on the outer envelope of the morgue kit that was incorrectly processed, however, the item was tagged with the incorrect ACN of 172723522 and ML# "ML22-5351" on the property room label by HPD property room staff.

To determine if there was a process improvement needed to prevent this from re-occurring, the screening analyst was asked at what point in the screening process does she verify that the correct morgue kit is being processed. She indicated that she checks ML numbers on both the outer package and inner packaging of the evidence she is processing, but in this case the ML numbers were so similar (ML22-5351 and ML22-5131), she did not realize they were wrong at first. As soon as she realized that she had processed the incorrect bloodstain card she contacted forensic biology management to seek advice on how to proceed next.

The screening analyst returned the portion of the bloodstain card that was inadvertently processed to the correct morgue evidence, ML22-5131, and the evidence was sent back to the HPD property room for it to be labeled correctly. The HPD property room was notified about this discrepancy and once the evidence arrived at the property room it was labeled appropriately.

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:

The chain of custody for item 22 in case 2022-15123 was ended after the item was moved to item 25 in case 2022-14526 by HPD property room's IT staff. Item 25 was sub-itemized in case 2022-14526 to match the inventory and portioning of item 22 in case 2022-15123. The chain of custody history of item 22 in case 2022-15123 was uploaded to case 2022-14526 to keep documentation of the chain of custody while the item was item 22 for case 2022-15123.

Since bloodstain card for morgue evidence ML22-5131 for case 2022-14526 was portioned, a report was issued in case 2022-14526 with the following report statement for item 25.3: A portion of the item(s) was taken. Item was inadvertently processed. Please see quality report 2023-030 for more information.

Mislabeling of morgue kit was briefly discussed in the screening meeting on June 21, 2023. The screening supervisor urged analysts to review case documentation involving names before portioning.

Section Manager:	Courtney Head	**Date:**	10/23/23
Division Director:	Amy Castillo	**Date:**	10/31/23

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

Technical Leader:	Cheron Maxwell	**Date:**	10/18/2023
CODIS Administrator:	Jennifer Clay	**Date:**	10/22/2023

Quality Director:	Jackeline Moral	**Date Closed:**	10/31/23