



Houston Forensic Science Center

INTEROFFICE MEMO

To: HFSC clients

From: Dayong Lee, Ph.D., Manager, Toxicology Section

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cc: Irma Rios, MBA, Director, Forensic Analysis Division

8/22/16

Date: August 24, 2016

Re: Rejection Criteria for the HFSC Toxicology Collection Kits

The Houston Forensic Science Center introduced a new collection kit for toxicology evidence in May, 2016, to simplify evidence submission and handling procedures and to reduce the rate at which evidence is rejected for analysis due to discrepancies in submission information or improperly sealed evidence items. While the new kit has significantly reduced rejection rates and improved the fidelity of sample submissions, we strive to reduce the rejection rate further by refining the criteria for rejection of the new kits.

While the goal is for all the information included in the new HFSC collection kits to be complete and correct, the following MINIMUM requirements must be met:

1. An HFSC Specimen ID form (page 3) must be properly completed for all submitted evidence.
 - 1.1. The form must contain a consistent submitting agency case number.
 - 1.2. HFSC toxicology reports will reflect the information as submitted on the specimen form. An image of the submitted form will be part of the case file but we will not make any comments about any discrepancies observed between the submitted form and information in LIMS/EMS. For example, if the form is submitted with the NAME blank and a name is present in LIMS/EMS, the name in LIMS will be deleted to match the specimen form and the HFSC report would include NAME: UNKNOWN.

- 1.3. If an incomplete or missing agency case number is received on a form or the form is missing, the case will be rejected and reported with the comment “the specimen ID form missing or missing agency case number.”
2. Specimens must have properly affixed seals.
 - 2.1. The collector’s initials must be present on at least one of the specimens in a collection kit. If a sample is received without the collector’s initials, the rejected case will be reported with the comment “vials with affixed seals missing the collector’s initials.”
 - 2.2. The seal must be across the blood tube. If a sample is received without a complete seal, the case will be rejected and reported with the comment “vials missing affixed labels.”
3. Specimen ID number must be consistent with the Specimen ID form.
 - 3.1. If the ID number is inconsistent, the case will be rejected and reported with the comment “inconsistent specimen ID number.”
4. Outer-most evidence container must be properly sealed with initials.
 - 4.1. If received with an improper seal, the rejected case will be reported with the comment “outer-most evidence container not being properly sealed.”
5. Specimens must not be compromised, e.g., leaking, cracked, or in tampered container(s).
 - 5.1. If a specimen is received broken, compromised, tampered or contaminated, the case will be rejected and reported with the comment “specimens being compromised, e.g., leaking, cracked, or tampered container(s).”
6. Evidence description among evidence received, submission information, and evidence documentation must be consistent.
 - 6.1. If the evidence description is not consistent (e.g., the label states two blood vials while the collection kit contains three blood vials), the case will be rejected and reported with the comment “inconsistent evidence description.”
7. Specimens must contain sufficient sample volume for analysis. If not, a court order is required to proceed with analysis. Refer to the “Procedure for Toxicology Analysis Likely to Consume Evidence” memo issued on May 6, 2016 for more details.

Evidence not received by HFSC in an acceptable condition will be returned to the submitting agency and a rejection report will be issued.



0001006

SPECIMEN ID NO.

Place Lab Number Label Here

HOUSTON FORENSIC SCIENCE CENTER

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(PRINT ALL INFORMATION CLEARLY)

Subject Name: _____
Last Name Date of Birth (Mo/Day/Yr)

First Name MI DL or ID#

Submitting Agency:

(Do not include assisting agency information) Agency Case Number Agency Name (Do Not Abbreviate)

Submitting Officer Payroll # Work Phone Number/Email

Type of Case: Fatality Yes No

Sample Collection: _____ : _____
Date Collected (Mo/Day/Yr) Time (Military) Sample Collection Facility

Collector: _____
Signature of Collector Date (Mo/Day/Yr)

(PRINT) Collector's Name (First, MI, Last) Email Address Phone #

Notes: _____

00010D6
SPECIMEN ID NO.

A



0001006
SPECIMEN SEAL

_____/_____/_____ : ____
Date (Mo/Day/Yr) Time

Collector's Initials

0001006
SPECIMEN ID NO.

B



0001006
SPECIMEN SEAL

_____/_____/_____ : ____
Date (Mo/Day/Yr) Time

Collector's Initials

0001006
SPECIMEN ID NO.

C



0001006
SPECIMEN SEAL

_____/_____/_____ : ____
Date (Mo/Day/Yr) Time

Collector's Initials

0001006
SPECIMEN ID NO.

D



0001006
SPECIMEN SEAL

_____/_____/_____ : ____
Date (Mo/Day/Yr) Time

Collector's Initials