



Client Services and Case Management

Standard Operating Procedures

Client Services & Case Management Division



Table of Contents

- 1. Introduction and General Information4
 - 1.1. Introduction and Scope4
 - 1.2. Goals4
 - 1.3. Safety4
 - 1.4. General Evidence Handling4
 - 1.5. Performance Monitoring5
- 2. Records Requests Procedure & Subpoenas for Testimony7
 - 2.1. Records Requests7
 - 2.2. Subpoenas for Testimony9
- 3. Toxicology Procedures12
 - 3.1. Compiling Toxicology Discovery Orders (Case Specific Records)12
 - 3.2. Accessioning Toxicology Evidence12
 - 3.3. Discrepancies and Rejection14
 - 3.4. Repackaging Toxicology Evidence17
 - 3.5. Writing Toxicology Rejection Reports17
 - 3.6. Receiving Toxicology Outsource Evidence18
- 4. Evidence Handling Procedure – Houston Police Department (HPD)21
 - 4.1. HPD Property Room.....21
 - 4.2. HPD Narcotics Evidence Receiving (NER).....22
- 5. Evidence Handling Procedure – Other Outside Agencies.....24
 - 5.1. Outside Agencies24
 - 5.2. Submission Forms.....24
 - 5.3. Case Creation.....24
 - 5.4. Receiving Evidence24
 - 5.5. Returning Evidence.....25
 - 5.6. Morgue Runs25
- 6. Visitor Management System & Parking Requests26
 - 6.1. Visitors for 500 Jefferson.....26



6.2. Visitor Parking for 500 Jefferson.....26

6.3. After Hours Parking Cards – 500 Jefferson (Staff Members Only).....26

7. Audits27

7.1. Audit Schedule27

7.2. Personal Custody Audits.....27

7.3. Record Management Audits27

7.4. Evidence Storage Location Audits.....27

7.5. Case File Room Audits27

7.6. Checklist, Forms & Documentation.....28



1. Introduction and General Information

1.1. Introduction and Scope

- 1.1.1. This document is intended to outline the procedures and expectations for duties within the Client Services and Case Management Division (CS/CM).
- 1.1.2. It is not possible to account for every scenario that may arise while performing various duties. Therefore, the CS/CM Specialist shall assess each situation carefully and use sound judgment. Any deviation from the guidelines listed here shall be approved by the CS/CM Manager or Supervisor(s) and shall be properly documented.

1.2. Goals

- 1.2.1. The primary goals of the CS/CM Division are to provide support to the various sections within the Houston Forensic Science Center (HFSC) and to provide high-quality customer service to the stakeholders of HFSC.

1.3. Safety

- 1.3.1. While in the laboratory areas of HFSC, a lab coat shall be worn.
 - 1.3.1.1. For the purposes of this document, laboratory areas will be interpreted as “wet lab” space.
- 1.3.2. When handling chemical and biological evidence within the laboratory areas of HFSC, gloves shall be worn.
 - 1.3.2.1. In the event that items of evidence are unpackaged, gloves should be worn at all times when handling/transporting evidence.

1.4. General Evidence Handling

- 1.4.1. Before receiving/accepting evidence, the evidence shall be inspected to ensure it meets acceptance criteria. Inspection can include but is not limited to: proper seals, proper packaging, appropriate labels, item descriptions, interior seals (where visible), etc.
 - 1.4.1.1. When inspecting evidence for a proper seal, the CS/CM specialist has the authority to correct the seal before accepting evidence.
 - 1.4.1.1.1. For the description of a proper seal, corrective seal, and more information regarding the acceptance/rejection of evidence due to seals/packaging, please refer to HFSC’s Quality Manual.
 - 1.4.1.2. A tamper-proof seal should be placed on evidence/packaging when necessary, in order to protect the integrity of the evidence.
 - 1.4.1.3. Any items suspected of containing blood or other bodily fluids should be labeled with a “Biohazard” label.
 - 1.4.1.4. Any items suspected of containing sharp objects should be labeled with a “Sharps” label.



- 1.4.2. When handling/transporting/staging evidence, the CS/CM specialist shall update the chain of custody to reflect its movement.
 - 1.4.2.1. All evidence transfers shall be documented electronically as part of the chain of custody.
 - 1.4.2.1.1. If needed, a paper chain of custody will suffice.
 - 1.4.2.2. It is the responsibility of CS/CM specialists to maintain the integrity of evidence at all times while in their custody. All evidence must be protected from loss, cross-transfer, contamination, or deleterious change.
- 1.4.3. When transferring evidence in LIMS:
 - 1.4.3.1. A comment shall be made describing the reason for the transfer.
 - 1.4.3.2. Evidence should be transferred at the location in which the evidence is being placed.
 - 1.4.3.3. When transferring evidence via the barcode system in LIMS, the barcode on the evidence should be scanned. A receipt or an equivalent barcode shall not be scanned in lieu of evidence barcodes.
- 1.4.4. Evidence shall not remain in the custody of a Specialist outside of working hours.
 - 1.4.4.1. Case files are not considered evidence and can remain in the custody of a Specialist outside of working hours.
- 1.4.5. When a package arrives at HFSC containing outsourced evidence, a paper chain of custody form shall be completed.
 - 1.4.5.1. The chain of custody form shall include the following, at a minimum:
 - 1.4.5.1.1. Date, shipping label tracking information, from (courier), to (HFSC personnel), and time of receipt.
 - 1.4.5.2. The movement of evidence shall be maintained on the paper chain of custody form until the inner contents are processed and updated electronically.
 - 1.4.5.2.1. The evidence shall be properly stored and secured until the inner contents are processed and updated electronically.
 - 1.4.5.3. The paper chain of custody shall remain with the container until the evidence is processed and the electronic chain of custody supersedes the paper chain. The paper chain of custody shall be uploaded into the case record as soon as possible after processing.
- 1.4.6. **No equipment that can affect the integrity of evidence is maintained by CS/CM.**
- 1.4.7. For specific evidence handling procedures, refer to sectional standard operating procedures.

1.5. Performance Monitoring

- 1.5.1. **The performance of CS/CM staff conducting evidence tasks shall be monitored at least once per calendar year.**
 - 1.5.1.1. **Authorized tasks that can be monitored are listed in Part B of the training module in the CS/CM Evidence Handling Training Manual.**



- 1.5.1.2. Methods of monitoring can include review of records for accuracy and direct observation.
- 1.5.2. The process for monitoring CS/CM staff conducting evidence tasks shall:
 - 1.5.2.1. Ensure approved procedures are used for the tasks being monitored.
 - 1.5.2.2. Establish the criteria for successful completion prior to the monitoring event.
- 1.5.3. Performance monitoring records shall be retained and include the following:
 - 1.5.3.1. Staff performing the monitoring.
 - 1.5.3.2. Staff being monitored.
 - 1.5.3.3. Date.
 - 1.5.3.4. Identification of the task monitored.
 - 1.5.3.5. Case and item identifiers.
 - 1.5.3.6. Evaluation of the monitoring.
 - 1.5.3.7. Actions taken for performance that does not meet established criteria for successful completion.
 - 1.5.3.8. Feedback provided to staff monitored.



2. Records Requests Procedure & Subpoenas for Testimony

2.1. Records Requests

2.1.1. Requests for records may come in the form of:

- 2.1.1.1. Discovery Orders
- 2.1.1.2. Subpoenas for Records (Subpoena Duces Tecum)
- 2.1.1.3. Code of Criminal Procedure: Article 39.14 (Michael Morton Act)
- 2.1.1.4. Administrative License Revocation (ALR)
- 2.1.1.5. Code of Criminal Procedure: Chapter 64
- 2.1.1.6. Records requests from law enforcement officials or government agencies

2.1.2. Receiving records requests.

2.1.2.1. Requests for records are typically received through electronic means (i.e., a group email address managed by the CS/CM Division).

2.1.2.1.1. The requests may also be received through other means (i.e., fax, mail, or in-person delivery).

2.1.2.2. Only written requests will be accepted by HFSC.

2.1.2.3. If a records request is accompanied by a document, the document shall be time stamped.

2.1.2.3.1. A time stamp shall include the Forensic Case Number (FCN), if applicable, date, time, and initials of the Specialist receiving the request.

2.1.3. Responding to records requests.

2.1.3.1. A response shall be sent to the requestor stating that the request was received.

2.1.3.1.1. When responding to requestors, the Specialist should carbon copy a group email address managed by the CS/CM Division.

2.1.3.1.2. If there is an issue or discrepancy with the request, the requestor shall be informed of the issue.

2.1.3.1.2.1. If the issue causes the request to be rejected, the requestor shall be informed that no further action is being taken.

2.1.3.1.3. If applicable, a time stamped copy of the request shall be attached into the email response.

2.1.3.1.4. For efficiency, a predetermined phrase may be used as the response.

2.1.4. Informing the appropriate section(s).

2.1.4.1. If the request is not rejected, the appropriate staff member should be informed that the request was received, if applicable.

2.1.4.2. An electronic copy, the original document, or an equivalent can be made available to staff members for reference.



2.1.5. Tracking and logging records requests.

2.1.5.1. All requests for records received by the CS/CM Division shall be logged and tracked.

2.1.5.2. When using Information Requests in Office 365 (O365) to log/track requests, a new ticket shall be created for each request.

2.1.5.2.1. All **required** fields shall be filled out as completely as possible.

2.1.5.2.1.1. As the status changes, the ticket shall be edited to reflect the update.

2.1.5.3. It should be noted that ALRs are not required to be tracked using Information Requests in O365. ALRs shall be tracked using the shared ALR tracking log within the CS/CM Division.

2.1.5.3.1. The columns on the tracking log shall be filled out as completely as possible.

2.1.6. Uploading documents and correspondence.

2.1.6.1. An electronic copy or equivalent of all received documents and all correspondence shall be uploaded to the correct case in LIMS, if applicable.

2.1.7. Processing discovery orders, subpoenas for records, 39.14, and records requests.

2.1.7.1. The request shall be reviewed, and the CS/CM Division should identify what is being requested.

2.1.7.1.1. It shall be determined if the request pertains to HFSC.

2.1.7.2. At a minimum, legal documents shall be:

2.1.7.2.1. Applicable to HFSC.

2.1.7.2.2. Received in full (i.e., all pages shall be received).

2.1.7.2.3. If any issues or discrepancies are noted, refer to section 2.1.3.1.2

2.1.8. Processing ALR requests.

2.1.8.1. Requests for alcohol lab results and accompanying affidavits may be requested by the Texas Department of Public Safety as part of the Administrative License Revocation (ALR) Program.

2.1.8.1.1. Note: In alcohol reports generated by HFSC, the affidavit is included in the lab report.

2.1.8.2. If the report was not automatically distributed to DPS via LIMS, each alcohol report shall be downloaded and provided to the requestor.

2.1.8.3. If the case cannot be located in LIMS, the ALR request shall still be entered into the tracking log and a note should be made that the case does not exist.

2.1.8.4. If a report cannot be provided at the time of the request, a notation should be made in the tracking log.

2.1.8.4.1. It is acceptable to add the requestor to a case distribution list or equivalent in order for the report to be supplied electronically when it is released/issued.



2.1.9. Processing Chapter 64 requests.

2.1.9.1. When the appropriate staff member receives the request, he/she is responsible for searching the section where there is any reasonable likelihood the evidence might be located.

2.1.9.2. Once the search is complete, the appropriate staff member shall complete the approved Property Inquiry Form in Qualtrax. This form shall state whether or not evidence was found to be in the custody of HFSC, and if so, list what evidence was located.

2.1.9.3. The completed form shall be released to the requestor.

2.1.10. Processing other documents and other errors.

2.1.10.1. Requests can be labeled as Other or Error for various reasons. These include, but are not limited to:

2.1.10.1.1. Wrong Addressee.

2.1.10.1.2. Missing pages.

2.1.10.1.3. Consumption Order.

2.1.10.1.4. Does not pertain to HFSC.

2.1.10.2. While other documents or other errors may not require action from HFSC, all requests shall be logged, and a response shall be provided to the requestor.

2.1.10.2.1. If a request is accompanied by a document, the document shall be time stamped and uploaded to the case record if the case exists.

2.1.11. Releasing of records.

2.1.11.1. Records should be released through the CS/CM Division.

2.1.11.2. When releasing records in person, a Records Receipt shall be completed, and the individual receiving the records shall sign the receipt.

2.1.11.2.1. The record receipt shall be uploaded to the case in LIMS, if applicable.

2.1.11.2.2. If appropriate, a copy of the individual's photo ID shall be made and uploaded to the case in LIMS.

2.1.11.3. Records may be released through an electronic method (i.e., email).

2.1.11.3.1. The records shall be released in an encrypted format.

2.1.11.3.1.1. Exception: Records released to HPD or via email hyperlink do not have to be encrypted.

2.1.11.3.2. Correspondence shall be uploaded to LIMS, if applicable, as a receipt of release.

2.2. Subpoenas for Testimony

2.2.1. Receiving Subpoenas.



- 2.2.1.1. Subpoenas to appear in court are typically received through electronic means (i.e., a group email address managed by the CS/CM Division).
- 2.2.1.1.1. Subpoenas can also be received through other means (i.e., mail, fax, in person, or a different email address).
 - 2.2.1.1.1.1. It is not common practice for CS/CM to open mail and therefore difficult to determine whether mail addressed to an employee is a subpoena or not. Mail addressed to an individual shall be placed in the corresponding section mailbox for which they work.
 - 2.2.1.1.1.2. Subpoenas served in person should be accepted by the person to whom it is addressed.
- 2.2.1.2. Subpoenas can be sent directly to HFSC staff members from the requesting agency.
 - 2.2.1.2.1. The staff member should forward the subpoena to a group email address managed by the CS/CM Division to be logged by a CS/CM Specialist.
 - 2.2.1.2.2. Once the subpoena has been received by a CS/CM Specialist, he/she shall log the subpoena per the procedure in section 2.2.3. using the subpoena tracking log.
 - 2.2.1.2.2.1. The receiving CS/CM Specialist shall respond to the staff member and an email group managed by CS/CM that the subpoena has been logged and uploaded to the case into LIMS, if applicable. A response to the original sender is not required by the CS/CM Specialist when the subpoena was sent directly to an HFSC staff member.
- 2.2.2. Responding to Subpoenas.
 - 2.2.2.1. As soon as a subpoena has been received by the CS/CM Division from an outside agency, he/she shall verify that the staff member(s) listed on the subpoena is employed or managed by HFSC.
 - 2.2.2.2. After verification that the staff member is employed or managed by HFSC, the subpoena is forwarded to the listed staff member.
 - 2.2.2.3. A response email is sent to the requesting agency to inform the requestor that the subpoena has been received and forwarded on to the appropriate individual.
 - 2.2.2.3.1. When responding, the Specialist should carbon copy a group email address managed by the CS/CM Division.
 - 2.2.2.3.2. If a listed individual no longer works at HFSC or has no affiliation with HFSC, then the requestor is informed that the individual is not employed or managed by HFSC and the subpoena was unable to be forwarded.
 - 2.2.2.3.3. If CS/CM is aware of a staff member who is out of office, the appropriate phrasing should be included in the response.

2.2.3. Tracking and Logging Subpoenas.



- 2.2.3.1. Pertinent information from received subpoenas shall be added to the subpoena tracking log.
 - 2.2.3.1.1. Pertinent information can include:
 - 2.2.3.1.1.1. Agency
 - 2.2.3.1.1.2. Cause Number
 - 2.2.3.1.1.3. Incident Number
 - 2.2.3.1.1.4. Lab Number
 - 2.2.3.1.1.5. Defendant Name
 - 2.2.3.1.1.6. Requested Analyst
 - 2.2.3.1.1.7. Date Received
 - 2.2.3.1.1.8. Court Date
 - 2.2.3.1.1.9. Received By [CS/CM staff member]
 - 2.2.3.1.2. The columns in the tracking log shall be filled out as completely as possible.
 - 2.2.3.1.3. All subpoenas shall be entered into the tracking log, even if the individual or case is not affiliated with HFSC.
- 2.2.3.2. Each subpoena is uploaded into LIMS under the appropriate case number, if applicable.
- 2.2.3.3. If the case cannot be located in LIMS, the following action shall be taken:
 - 2.2.3.3.1. The Specialist shall try all search methods in LIMS to locate the case (i.e., search by defendant name, agency case number, offense date, etc.).
 - 2.2.3.3.2. If the Specialist is not able to locate the case, he/she shall refer to the recipient of the subpoena for more information.
 - 2.2.3.3.2.1. If the recipient is unable to provide more information, he/she is responsible for reaching out to the requestor. Any information gained from the requestor should be relayed to the CS/CM Specialist for documentation. Any updated information received from the recipient shall be respectively updated in the tracking log.



3. Toxicology Procedures

3.1. Compiling Toxicology Discovery Orders (Case Specific Records)

- 3.1.1. General information in response to a discovery order or similar request can be located on the HFSC eDiscovery website. However, case specific records shall be provided to a requestor when a proper discovery order, or similar, received.
- 3.1.2. Case specific records should be compiled and sent to the Toxicology analyst(s) for review. After review, the material should be provided to the requestor in a manner suitable to both parties.
- 3.1.3. The following information shall be included in the case specific record compilation if the information is available:
 - 3.1.3.1. Toxicology Cover Page
 - 3.1.3.2. Toxicology Discovery Order Review Checklist
 - 3.1.3.3. Case Reports
 - 3.1.3.4. Case Data Files
 - 3.1.3.5. Review Checklist(s)
 - 3.1.3.6. Accessioning Form
 - 3.1.3.7. Chain of Custody
 - 3.1.3.8. Correspondence
 - 3.1.3.9. Other Documents
 - 3.1.3.10. Evidence Pictures

3.2. Accessioning Toxicology Evidence

- 3.2.1. Before Toxicology evidence is analyzed, it shall be accessioned. Accessioning includes taking inventory of the evidence and examining the evidence for any discrepancies.
- 3.2.2. Specialists shall examine evidence container(s) to ensure that proper seals and labeling are in place.
- 3.2.3. The outer-most evidence container, e.g., a bag, envelope, or box containing specimens for a case, must be marked with a unique case identifier. This may be accomplished by adding a LIMS barcode label associated with the evidence to the container.
 - 3.2.3.1. The sub-itemized inner evidence container does not need to contain case identifiers. However, if case identifiers are present on the container, the identifiers must be consistent with other pieces of evidence.
- 3.2.4. For the evidence collected with HFSC collection kits, a HFSC Specimen ID form must be present for all submitted evidence and must contain the submitting agency case number.
 - 3.2.4.1. The information on the form will serve as the reference; the information displayed in LIMS can be changed to correspond with the information on the form.



- 3.2.4.2. When the subject information on the specimen ID form is inconclusive, other resources (such as LIMS/Portal) can be referenced to aid the accessioner in subject information interpretation.
- 3.2.4.3. Subject information included on the accessioning report serve as the accessioner's interpretation. Additional comments on the accessioning report are not required in order to explicitly state the accessioner's interpretation.
- 3.2.5. For the evidence collected with all other collection methods, the information on all evidence parts must be consistent. The information on the evidence is considered correct; therefore, if the required identifiers are not consistent between the evidence and LIMS, the information in LIMS will be changed to match the information on the evidence. A written confirmation from the submitter or relevant party can be used to remedy the identifier discrepancy between the evidence and LIMS. If the evidence has a discrepancy, the evidence will be returned to the submitting agency and a rejection report will be issued unless a deviation is approved by the manager or designee. The deviation will be noted in the accessioning report.
- 3.2.6. If the evidence has a discrepancy as described in section 3.3, it will be returned to the submitting agency and a rejection report will be issued.
- 3.2.7. A description of evidence and specimens within a case, along with the corresponding sub-item number, shall be documented in the Dynamic User Interface (DUI).
- 3.2.8. The outer evidence container shall be examined before the evidence is opened.
 - 3.2.8.1. The outer evidence shall be examined for a proper seal and identifying information shall be compared to LIMS.
 - 3.2.8.1.1. For clarification on proper seals, corrected seals, and evidence received in an unsealed or damaged condition, refer to the Quality Manual.
 - 3.2.8.2. All notes shall be made in the DUI, including any discrepancies.
 - 3.2.8.3. Prior to taking any photographs, the camera stand/mount should be checked to ensure the camera is properly affixed/mounted.
 - 3.2.8.4. At least one photo shall be taken of the evidence documenting the condition and capturing all identifying information.
- 3.2.9. All specimens related to a case shall be compared with the submission information and evidence packaging documentation for proper accessioning (inventory).
 - 3.2.9.1. All appropriate items shall be sub-itemized, and specimens shall, at least, be marked with the sub-item number and unique case identifier.
 - 3.2.9.1.1. This may be accomplished by printing LIMS barcode labels.
 - 3.2.9.1.2. All other items unrelated to toxicology analysis (e.g., hospital collection form) will be retained and photographed but will not be itemized or accessioned.
 - 3.2.9.2. The sub-itemized evidence shall be examined for discrepancies and notes shall be documented in the DUI.
 - 3.2.9.2.1. Sub-items are considered child items and can include:



- 3.2.9.2.1.1. one color top tube.
- 3.2.9.2.1.2. one color top tube with replacement top.
- 3.2.9.2.1.3. one replacement top tube.
- 3.2.9.2.1.4. one urine container.
- 3.2.9.2.1.5. one specimen ID form.
- 3.2.9.2.1.6. inner evidence container, if applicable.
- 3.2.9.2.2. For cases that have multiple color top tubes, refer to the Tube Top Color Order Guide.
 - 3.2.9.2.2.1. If the accessioner encounters a different color top tube than those listed in this document, Toxicology management may be consulted.
- 3.2.9.3. The accessioner shall take photos of the inner evidence items documenting the conditions and the required identifying information. Photos may include:
 - 3.2.9.3.1. Inner evidence container.
 - 3.2.9.3.2. Blood vial(s) capturing pertinent information and seal.
 - 3.2.9.3.3. Urine specimen container(s) capturing pertinent information and seal.
 - 3.2.9.3.4. Any other exhibit(s) including Specimen ID Form, if applicable.
- 3.2.10. After all documentation on the evidence form is complete, an accessioning report shall be generated as part of the case record.
- 3.2.11. Photos taken during accessioning shall be uploaded to the case in LIMS.
 - 3.2.11.1. Refer to the Quality Manual for information regarding photo storage and retention.
- 3.2.12. If the evidence is not rejected, it shall be transferred to the appropriate container or storage location(s).
 - 3.2.12.1. Any remaining child items shall be repackaged with the parent item, and the parent item shall be transferred into the appropriate storage location.
- 3.2.13. After accessioning is complete, the report shall be administratively reviewed.
 - 3.2.13.1. The evidence should not be analyzed by the Toxicology section prior to the administrative review.
 - 3.2.13.2. The CS/CM Toxicology Accessioning report is an administrative report that is not subject to a technical review.

3.3. Discrepancies and Rejection

- 3.3.1. Discrepancies will result in a report to the stakeholder indicating “the evidence has been rejected for analysis due to [description of the discrepancy]” or an equivalent statement, and that the evidence will be returned to the submitting agency. This information will be documented in the case record; minor discrepancies will be captured within evidence photographs or accessioning reports.
- 3.3.2. Discrepancies that will lead to rejection of the evidence collected with the HFSC collection kits include:



- 3.3.2.1. Inconsistent agency case numbers: this includes instances where the case number varies between the specimen ID form and the outer evidence container.
- 3.3.2.2. Specimens missing properly affixed seals.
 - 3.3.2.2.1. The seal shall be across the blood tube top.
- 3.3.2.3. Specimen ID Number not present on biological specimens or inconsistent with the Specimen ID Form: this includes instances where the case samples labeled with the Specimen ID Number do not match with the Specimen ID Form.
- 3.3.2.4. Specimen ID form not present or missing agency case number: the form must be present and include the agency case number.
- 3.3.2.5. Specimens are compromised, e.g., leaking (blood), cracked, or in tampered container(s), leading to an insufficient sample for analysis.
 - 3.3.2.5.1. Broken blood tubes shall be discarded for safety reasons after documentation (i.e., evidence photos and accessioning report).
- 3.3.2.6. Inconsistent evidence description among evidence received, submission information, and evidence documentation.
- 3.3.3. Discrepancies that will lead to rejection of the evidence collected with all other collection methods include:
 - 3.3.3.1. Inconsistent subject name: this includes instances in which the name is not consistent throughout all pieces of evidence.
 - 3.3.3.1.1. The critical components of the subject name will be first and last names as well as any name suffix (e.g., Jr.) if present. These critical components must be present and consistent, regardless of location.
 - 3.3.3.1.2. Middle names are encouraged but not required. However, if a middle name is included, it must be spelled consistently. If a middle name and middle initial(s) or a partial middle name are provided on the evidence and in the submission information, the middle name and middle initial(s)/partial middle name must be consistent.
 - 3.3.3.1.3. Differences in punctuation, spaces, or hyphens will not constitute a discrepancy, regardless of location. In cases in which a name is hyphenated, the full and correct hyphenated name must be provided in a consistent order.
 - 3.3.3.2. Subject date of birth varies between any pieces of evidence.
 - 3.3.3.3. Inconsistent agency case numbers: this includes instances where the case number varies between any pieces of evidence.
 - 3.3.3.4. Specimens missing affixed labels or specimens with affixed labels missing pertinent information: specimens must include at least two of the following: subject name, agency case number, or date of birth.
 - 3.3.3.5. Specimens are compromised, e.g., leaking (blood), cracked, or tampered container(s), leading to an insufficient sample for analysis.



- 3.3.3.5.1. Broken blood tubes may be discarded for safety upon documentation (i.e., evidence photos and accessioning form).
- 3.3.3.6. Inconsistent evidence descriptions between evidence received, submission information, and evidence documentation.
- 3.3.4. Discrepancies that will lead to rejection of non-biological evidence (i.e., liquid samples) include:
 - 3.3.4.1. Subject name and date of birth are not required for non-biological evidence (i.e., liquid samples). However, the outer evidence must contain consistent: agency case number and evidence description and must be properly sealed.
 - 3.3.4.2. If the agency case number is present on the non-biological evidence, it must be consistent with the submission information.
- 3.3.5. Minor discrepancies
 - 3.3.5.1. Minor discrepancies include any missing or contradicting information not pertaining to the rejected discrepancies described above.
- 3.3.6. Insufficient sample(s)
 - 3.3.6.1. Insufficient sample volume will require a court order to proceed with analysis. Specimen(s) with insufficient sample volume shall be rejected until the court order has been received and notification has been sent to both legal parties.
 - 3.3.6.2. This applies to instances where (1) evidence consists of one tube of blood containing less than 3 mL or (2) the evidence consists of two or more tubes of blood, all of which must be opened to complete the analysis.
 - 3.3.6.2.1. This includes cases with a broken tube; in order for HFSC to analyze these cases, the remaining tube must be opened and thus a court order is required.
 - 3.3.6.3. HFSC may make exceptions to this procedure if written permission from both the defense attorney of record and the assigned prosecuting attorney is received, and only if a deviation memo is approved by the Quality Division.
 - 3.3.6.4. Refer to the Quality Manual for further information regarding cases in which there is no suspect listed in the case record or when criminal charges have not been filed by the prosecuting attorney's office.
- 3.3.7. Evidence that inhibits analysis
 - 3.3.7.1. There are certain situations in which analysis cannot be performed even if corrections are made by the submitting agency.
 - 3.3.7.2. These situations include, but are not limited to:
 - 3.3.7.2.1. Evidence that only contains yellow top tube(s) and has been deemed by Toxicology management as unusable.
 - 3.3.7.2.2. Evidence that does not yield enough usable sample volume for analysis even if a court order is received.



3.3.8. If the evidence is rejected, all child items shall be repackaged with the parent, the parent item shall be sealed, and the evidence shall be transferred to the appropriate location to be returned to the submitting agency.

3.3.8.1. The seal shall include initials and the date.

3.3.8.1.1. The initials and date should be half on/half off the evidence tape.

3.3.8.2. A rejection report documenting all discrepancies shall be issued to the submitting agency and the evidence shall be returned.

3.3.8.2.1. For rejection reports, refer to section 3.5.

3.4. Repackaging Toxicology Evidence

3.4.1. After analysis has been completed and the evidence is ready to be returned to the submitting agency, the child items shall be repackaged with parent and the chain of custody shall be updated.

3.4.1.1. Parent and corresponding child items shall be placed into the custody of the Specialist for repackaging purposes.

3.4.1.2. It shall be confirmed that the child item matches the parent item.

3.4.1.2.1. The following identifiers shall match on both items, if applicable:

3.4.1.2.1.1. FCN

3.4.1.2.1.2. Subject's name

3.4.1.2.1.3. Item number

3.4.1.2.1.4. Specimen ID number

3.4.1.3. After confirmation, the child item shall be repackaged with the parent item both physically and electronically in LIMS.

3.4.1.4. The evidence shall be sealed with evidence tape.

3.4.1.4.1. The seal shall have initials and the date.

3.4.1.4.1.1. The initials and date should be half on/half off the evidence tape.

3.4.1.5. The parent item shall be transferred to the appropriate storage location to be returned to the submitting agency.

3.5. Writing Toxicology Rejection Reports

3.5.1. If evidence is rejected for analysis based on the criteria listed in section 3.3, a rejection report shall be issued to notify the submitting agency of the discrepancy.

3.5.2. Writing the rejection report.

3.5.2.1. The appropriate individuals shall be added to the LIMS distribution list to receive the final report.

3.5.2.2. Once the draft has been created, the automatic phrases shall be configured to match the item numbers and discrepancy information by filling in the blanks and adding any appropriate additional phrases.



- 3.5.3. After the report is written, it shall be administratively reviewed.
 - 3.5.3.1. All changes made shall be tracked through the approved process.
 - 3.5.3.1.1. For more information regarding tracking of changes during administrative review, refer to the Quality Manual.
 - 3.5.3.2. The CS/CM Rejection Report is an administrative report that is not subject to a technical review.
 - 3.5.3.3. Regarding LIMS, the accessioning report, and the evidence pictures, the following shall be reviewed and confirmed:
 - 3.5.3.3.1. Subject's name.
 - 3.5.3.3.2. Chain of custody for all items.
 - 3.5.3.3.2.1. The timestamp of the evidence pictures shall match when the evidence was placed in the accessions' custody.
 - 3.5.3.3.2.2. All child items shall be repackaged with parent.
 - 3.5.3.3.2.3. The parent item shall be returned to the submitting agency or in a location to be taken to the submitting agency.
 - 3.5.3.3.3. The appropriate individuals should be added to the distribution to receive the final report.
 - 3.5.3.3.4. The photos in LIMS shall be consistent to the information on the accessioning report and the discrepancy listed.
 - 3.5.3.4. Regarding the rejection report, the following shall be reviewed and confirmed:
 - 3.5.3.4.1. All discrepancies are listed, and the phrases are clear and organized.

3.6. Receiving Toxicology Outsource Evidence

- 3.6.1. When a package arrives at HFSC containing outsourced evidence, a paper chain of custody form will be completed.
 - 3.6.1.1. The chain of custody form shall include the following, at a minimum:
 - 3.6.1.1.1. Date, shipping label tracking information, from (courier), to (HFSC staff), and time of receipt.
 - 3.6.1.2. The movement of evidence shall be maintained on the paper chain of custody form until the inner contents are processed and updated electronically.
 - 3.6.1.2.1. The evidence shall be properly stored and secured until the inner contents are processed and updated electronically.
 - 3.6.1.3. The paper chain of custody shall remain with the container until it is scanned into LIMS.
- 3.6.2. In the laboratory, a CS/CM Specialist shall open the container and process the evidence.
 - 3.6.2.1. The following shall be verified for each item of evidence received:
 - 3.6.2.1.1. If the items are cracked, broken, or leaking.



- 3.6.2.1.2. If the item is packaged in an outer container that contains case identifiers, the case identifiers should be consistent between outer container and evidence item.
- 3.6.2.1.3. The outer container of each item (i.e., plastic heat seal) should be properly sealed.
- 3.6.2.1.4. Each item of evidence should have been received with corresponding forms.
- 3.6.2.1.5. If there are two or more items with the same FCN (but different items numbers), these may be on the same submission form.
 - 3.6.2.1.5.1. There should not be any items without a form nor any forms without an item.
- 3.6.2.1.6. If there is any discrepancy or issue with the evidence, it shall be noted in the case record. This can be achieved through pictures or chain of custody comments/notes (refer to section 3.6.2.2.1.2).
- 3.6.2.1.7. If items of evidence are received with an “overflow container”, the original item and the overflow container shall be photographed, and images uploaded into the case record.
- 3.6.2.2. Using LIMS, all items of evidence shall be scanned into the custody of the Specialist.
 - 3.6.2.2.1. For each case, an appropriate comment shall be made.
 - 3.6.2.2.1.1. If the packaging was opened to process the evidence, the comment shall include that the seal was broken to verify the contents.
 - 3.6.2.2.1.2. If an item has a discrepancy or issue, it shall be scanned in a separate transaction and the discrepancy shall be noted in this comment.
 - 3.6.2.2.2. The tracking number of the shipment should be captured in the tracking number field or in the comments of the transaction.
 - 3.6.2.2.3. The Specialist shall document the condition in which the container was received.
 - 3.6.2.2.4. The Specialist shall note the number of items scanned and verify that this matches the number of items received.
- 3.6.3. All paper documents (i.e., submission forms and chain of custody) shall be uploaded into a shared folder with Toxicology and into LIMS.
 - 3.6.3.1. A folder shall be created in a shared site that is accessible to CS/CM and Toxicology staff members.
 - 3.6.3.1.1. The folder shall be titled as the tracking number on the shipping label.
 - 3.6.3.2. A copy of the paper chain of custody and associated documents should be scanned and attached into the folder created in 3.6.3.1.
 - 3.6.3.3. All submission forms should be scanned as one document.
 - 3.6.3.3.1. If the pages are double sided, both sides shall be scanned.
 - 3.6.3.3.2. The document shall be uploaded into the folder created in 3.6.3.1.



- 3.6.3.4. Each submission form shall also be scanned individually and attached into the appropriate case in LIMS.
- 3.6.3.5. A copy of the paper chain of custody shall be attached into each case in LIMS.
- 3.6.4. After processing has been completed, it is ready to be repackaged with parent (refer to section 3.4).



4. Evidence Handling Procedure – Houston Police Department (HPD)

4.1. HPD Property Room

- 4.1.1. All evidence to be returned to the Property Room shall be retrieved from the section's storage location.
 - 4.1.1.1. All sections shall be checked for evidence.
 - 4.1.1.2. Evidence shall be placed in the Specialist's custody before returning to the Property Room.
 - 4.1.1.2.1. It should be noted how many items are transferred.
- 4.1.2. Before returning evidence to the Property Room, the evidence received from each section shall be returned via LIMS and EMS.
 - 4.1.2.1. In LIMS, all evidence shall be scanned to the appropriate return location.
 - 4.1.2.1.1. The number of parent items returned shall match the number of parent items scanned into the Specialist's custody.
 - 4.1.2.2. In EMS, all evidence shall be scanned to the appropriate location and/or personnel.
 - 4.1.2.2.1. The number of parent items returned in EMS shall match the number of parent items returned in LIMS.
 - 4.1.2.2.2. If an item of evidence is new to the Property Room, an EMS label shall be printed and placed on the evidence in order to be submitted to the Property Room.
 - 4.1.2.2.3. When scanning in EMS, the HPD evidence barcode shall be scanned as EMS cannot read LIMS barcodes.
 - 4.1.2.2.4. The same Specialist who returned the evidence in LIMS shall return the evidence in EMS.
- 4.1.3. Requested evidence and auto-requested evidence shall be received from the Property Room.
 - 4.1.3.1. An inventory of the pulled evidence shall be taken to ensure accurate retrieval of items.
 - 4.1.3.1.1. If a case was not pulled, HPD personnel shall be informed. The case should be pulled, or a reason should be provided by HPD personnel as to why it is not available for pick up.
 - 4.1.3.2. After verification of the pull list, the evidence shall be inspected for correct seals and proper packaging.
 - 4.1.3.3. All auto-requested evidence shall be scanned into a special location in EMS based on the evidence type.
 - 4.1.3.4. After the auto-request evidence has been scanned into the appropriate locations, the Portal Program shall be run to send the case information to LIMS.
 - 4.1.3.4.1. The specialist should verify that the program ran correctly and that the case information appeared in LIMS.



- 4.1.3.5. All evidence **inbound** to the lab shall be transferred into the Specialist's custody via EMS.
 - 4.1.3.5.1. The number of items scanned, and the number of items physically received shall match and this number should be noted.
- 4.1.3.6. After scanning all evidence in EMS, the same evidence shall be prepped to be received in LIMS.
 - 4.1.3.6.1. Auto-requested evidence shall have their cases created in LIMS through Case Imports.
 - 4.1.3.6.1.1. LIMS labels shall be affixed to the appropriate evidence.
- 4.1.3.7. After being prepped, the same evidence shall be scanned into the Specialist's custody in LIMS.
 - 4.1.3.7.1. The number of parent items scanned in LIMS shall match the number of parent items scanned in EMS.
- 4.1.4. After receiving the evidence in LIMS, the evidence shall be disseminated to the appropriate storage locations in each section.
 - 4.1.4.1. The Specialist(s) shall scan the evidence into the appropriate vault location.
- 4.1.5. As evidence is needed by analysts, a request shall be made in EMS to receive the evidence from the Property Room.
 - 4.1.5.1. Ensure proper measures have been taken to cross reference the items requested and the items received.

4.2. HPD Narcotics Evidence Receiving (NER)

- 4.2.1. Before receiving evidence from NER (formally known as Centralized Evidence Receiving, or CER), a pull list should be printed from EMS.
 - 4.2.1.1. The evidence that is received is based on the pull list.
 - 4.2.1.1.1. It is normal procedure that only the evidence listed on the pull list is received from NER.
 - 4.2.1.1.1.1. Exceptions include late requests and/or priorities in which communication from the Seized Drugs supervisor(s) should have been received.
- 4.2.2. Items of evidence shall be received from NER.
 - 4.2.2.1. It is common for NER personnel to call out the case number listed on the evidence.
 - 4.2.2.1.1. As the number is called, the case should be marked off the pull list.
 - 4.2.2.2. The Specialist shall verify that all cases listed on the pull list have been called and marked off.
 - 4.2.2.2.1. If a case was not called, NER personnel shall be informed. The case should be pulled, or a reason should be provided by NER personnel as to why it is not available for pick up.



- 4.2.2.2.2. If an extra case is called that is not listed on the pull list, an explanation should be provided by NER personnel (i.e., for a reason listed in 4.2.1.1.1.1). If one cannot be provided, the evidence should not be accepted.
- 4.2.2.3. After verification of the pull list, the evidence shall be inspected for correct seals and proper packaging.
 - 4.2.2.3.1. Refer to section 1.4 for additional information.
 - 4.2.2.3.2. If there is an issue, NER personnel shall be informed and the evidence shall not be accepted until the issue has been corrected.
- 4.2.2.4. All evidence **inbound** to the lab shall be transferred into the Specialist's custody via EMS.
 - 4.2.2.4.1. The number of items scanned should be noted.
 - 4.2.2.4.1.1. This number shall match the number on the pull list, with the exception of added or deleted items (refer to 4.2.2.2).
- 4.2.3. After scanning all evidence in EMS, the same evidence shall be prepped to be received in LIMS.
 - 4.2.3.1. LIMS barcodes shall be printed from LIMS for each item and placed on the correct piece of evidence.
 - 4.2.3.2. During this time the Specialist should review the evidence envelopes for cases that may have a Latent Print Processing request indicated in the submission information. If a case is marked for Latent Prints the Specialist should ensure that the request has been made in LIMS by a Seized Drug supervisor. If the request has not been made the Specialist shall inform a Seized Drugs supervisor.
- 4.2.4. After being prepped, the same evidence shall be scanned into the Specialist's custody in LIMS.
 - 4.2.4.1.1. The same number of parent items scanned in LIMS shall be the same number of parent items scanned in EMS.
 - 4.2.4.2. All evidence shall be scanned into the appropriate storage location and placed in that respective location.
- 4.2.5. After analysis, evidence shall be returned to NER.
 - 4.2.5.1. All items to be returned shall be placed into the Specialist's custody.
 - 4.2.5.1.1. The number of items scanned should be noted.
 - 4.2.5.2. In LIMS, all evidence shall be scanned to the appropriate return location.
 - 4.2.5.3. To return evidence to NER, the items shall be scanned in EMS.
 - 4.2.5.3.1. The CS/CM Specialist shall be signed into EMS during this process.
 - 4.2.5.3.2. The same number of parent items scanned to be returned in EMS shall be the same number of parent items scanned to be returned in LIMS.



5. Evidence Handling Procedure – Other Outside Agencies

5.1. Outside Agencies

- 5.1.1. Outside agencies include all agencies in which evidence is accepted by HFSC with the exception of the Houston Police Department.
- 5.1.2. Outside agencies should make an appointment to drop off or pick up evidence by contacting the CS/CM division through phone or email.
 - 5.1.2.1. Outside agencies may ship evidence to HFSC through any courier service. However, outside agencies should give notice to HFSC through phone or email before the evidence is shipped out.

5.2. Submission Forms

- 5.2.1. Submission forms shall be completed in order for the evidence to be accepted.
 - 5.2.1.1. The submission form shall be signed by the submitter before or at the time of submission.
- 5.2.2. Submission forms can be downloaded from the HFSC website.
- 5.2.3. For efficiency, submission forms may be sent to CS/CM prior to the appointment for drop off. This will allow for the case to be created in LIMS prior to the arrival of the submitter.

5.3. Case Creation

- 5.3.1. After a submission form has been received, the case shall be created in LIMS.
 - 5.3.1.1. At a minimum, the following information should be included when creating a case in LIMS:
 - 5.3.1.1.1. Submitting agency.
 - 5.3.1.1.2. Agency case number.
 - 5.3.1.1.3. Offense information, if provided.
 - 5.3.1.1.4. Individual's information, if provided (such as suspects, complainants, and/or involved parties).
 - 5.3.1.1.5. Items of evidence submitted with given descriptions.
 - 5.3.1.1.5.1. If the case is being created in LIMS, the evidence should not be entered into LIMS until the evidence is physically received.

5.4. Receiving Evidence

- 5.4.1. If the evidence is received at the same time as the submission form, the procedures under section 5.3. shall be followed to create the case in LIMS and shall include entering the evidence items to begin the chain of custody.
- 5.4.2. If the case was previously created in LIMS, the items of evidence shall be added to the original case.
- 5.4.3. A barcode label for each item shall be printed and placed on the outer container.
- 5.4.4. The forensic case number shall be visible on the submission form.



- 5.4.5. The submission form shall be initialed, and time stamped with the date and time of evidence submission **by the CS/CM specialist.**
- 5.4.6. A copy of the completed submission form shall be provided to the submitter.
- 5.4.7. After submission, the evidence shall be transferred to the appropriate storage location and the forms shall be given to the appropriate case manager.
 - 5.4.7.1. A copy of the transfer receipt or equivalent shall be sent to AR@houstonforensicscience.org for billing purposes.
- 5.4.8. The appropriate sections shall be notified that evidence was received and is pending analysis.

5.5. Returning Evidence

- 5.5.1. All items of evidence to be returned shall be in the custody of the CS/CM Specialist prior to return.
- 5.5.2. At the time of the appointment, each item shall be returned to the submitting agency.
 - 5.5.2.1. A comment shall be made describing the reason for the transfer.
 - 5.5.2.2. An electronic signature from the agency representative shall be captured, if applicable.
- 5.5.3. After the representative has signed, the receipt of the transaction or a chain of custody receipt shall be printed and provided to the representative along with the evidence.
- 5.5.4. If an in-person appointment cannot be made, the evidence can be returned via mail.

5.6. Morgue Runs

- 5.6.1. A morgue run is an evidence run to a county Medical Examiner's office (or equivalent) in which CS/CM receives, transports, and submits evidence into the HPD property room.
- 5.6.2. During this run, evidence is not brought to the laboratory. All chain of custody transactions occur in paper form and in HPD EMS system.
- 5.6.3. Paper chain of custody documents are tagged with corresponding property.

For guidelines regarding conducting any evidence handling task/process, refer to the CS/CM Evidence Handling Training Manual.



6. Visitor Management System & Parking Requests

6.1. Visitors for 500 Jefferson

- 6.1.1. All visitors at 500 Jefferson shall sign in using a visitor management system.
- 6.1.2. All visitors shall provide proof of identification when prompted.
- 6.1.3. Visitors that are issued an adhesive badge must have the badge visibly displayed on his/her body for the duration of the visit.
- 6.1.4. Refer to Security Manual for additional information.

6.2. Visitor Parking for 500 Jefferson

- 6.2.1. The entrance to the parking garage is located off St. Joseph Parkway.
- 6.2.2. The visitor should be instructed to enter the Jefferson Garage at the public parking entrance and obtain a ticket from the parking kiosk.
- 6.2.3. Upon arrival at HFSC, the visitor shall sign in on the 13th floor. The visitor should present the parking ticket to a CS/CM Specialist if parking validation is needed. The Specialist should confirm the following:
 - 6.2.3.1. Visitor Name.
 - 6.2.3.2. Date of Visit.
 - 6.2.3.3. Host Approval.
- 6.2.4. Upon confirmation, the CS/CM Specialist shall provide a parking validation voucher to the visitor.
- 6.2.5. The CS/CM Specialist shall keep a record of all visitors who receive a parking validation for the Jefferson Garage. This may be tracked through the Envoy Visitor Management System.
- 6.2.6. CS/CM shall send a record of provided vouchers to Accounts Payable (ap@houstonforensicscience.org).

6.3. After Hours Parking Cards – 500 Jefferson (Staff Members Only)

- 6.3.1. Staff members who need access to the after-hours parking garage at 500 Jefferson must obtain approval and check out a parking card from CS/CM.
 - 6.3.1.1. CS/CM will document, at least, the name and date of check-out and check-in.
- 6.3.2. After hours parking cards should be immediately returned to CS/CM the day after use.
 - 6.3.2.1. Failure to return parking cards to CS/CM within 30 days will result in loss of badge access.



7. Audits

7.1. Audit Schedule

- 7.1.1. Personal custody audits, record management audits, and evidence storage location audits shall be conducted monthly. It is acceptable that a designated percentage of records/evidence are audited.
- 7.1.2. An internal audit will be conducted annually to verify the fulfillment of management systems requirements.

7.2. Personal Custody Audits

- 7.2.1. A custody inquiry shall be conducted on each staff member within CS/CM.
- 7.2.2. A Custody Inquiry Review Checklist form shall be completed and signed by the staff member and their immediate supervisor or designee.

7.3. Record Management Audits

- 7.3.1. A record management audit shall be conducted on each staff member who completes record management duties within CS/CM.
- 7.3.2. A Record Management Review Checklist form shall be completed and signed by the staff member and their immediate supervisor or designee.

7.4. Evidence Storage Location Audits

- 7.4.1. Evidence storage location audits shall be conducted for each area/section in which CS/CM places/removes evidence.
 - 7.4.1.1. Specific locations and audit percentages may vary.
 - 7.4.1.2. One hundred percent audits for evidence storage locations shall be conducted at least annually.
 - 7.4.1.3. If an issue is found during the audit, a one hundred percent audit shall be conducted the following month for the affected vault.
- 7.4.2. An Evidence Storage Location Review Checklist form shall be completed and signed by the staff member conducting the audit and their immediate supervisor or designee.

7.5. Case File Room Audits

- 7.5.1. A case file room audit shall be conducted monthly
 - 7.5.1.1. Specific sections and years will vary month to month.
 - 7.5.1.2. A Case File Room Audit Checklist shall be completed and signed by the staff member conducting the audit.



7.6. Checklist, Forms & Documentation

7.6.1. Any checklist, form, or document (whether paper or electronic) created and/or used to assist in any audit listed above shall be uploaded to an appropriate and agreed upon repository, such as the CS/CM SharePoint site.