QUALITY ASSURANCE / QUALITY CONTROL

1 Proficiency Testing

1.1 Proficiency testing will be conducted as detailed in the *Department of Forensic Biology's Administrative Manual*.

1.2 Proficiency test documentation will be maintained as required by the *NDIS Operational Procedures Manual*. Documentation is available from a database maintained by the QA group within the lab.

1.3 Issues related to proficiency testing will be addressed as detailed in the *Department of Forensic Biology's Administrative Manual*.

2 Audits

2.1 Audits of the laboratory will be conducted as detailed in the Department of Forensic Biology's Administrative Manual.

2.2 Audit documentation will be maintained and provided annually to NDIS as required by the NDIS Operational Procedures Manual. Audit documentation will be provided yearly to the SDIS custodian for submission to the NDIS custodian in the form of a Laboratory Audit Certification accompanied by a letter signed by the Laboratory Director.

2.3 The Department of Forensic Biology and its CODIS program will be audited as required by "The Quality Assurance Standards for DNA Testing Laboratories and Convicted Offender DNA Databasing Laboratories", the national standards issued by the Director of the FBI.

3 Positive and Negative Control Monitoring

3.1 Positive control STR profiles will be compared to the appropriate positive control profile(s) at the time the data is analyzed.

3.2 Negative controls will be examined at the time the data is analyzed.

3.3 A Positive Control Certification letter will be sent to the SDIS custodian annually as required by the *New York State COmbined DNA Index System Procedures*.

4 Monthly Database QA/QC Checks

4.1 Each month, a series of checks are performed as a quality measure. The checks are designed to ensure that the profiles in LDIS are eligible and properly entered. The checks include the use of queries ("views" in CODIS language).

4.2 Profiles that need fixes may be referred to the interpreting analyst or supervisor, or may be dealt with by the CODIS group.

4.3 The list of checks includes the following; documentation will be maintained in the CODIS area.

4.3.1 Specimen Manager views covering the entire database:

4.3.1.1 At a minimum, run the following views, evaluate the results, and take appropriate actions:

- Forensic Unknown with obligates
- Mixtures in Forensic Unknown Category
- Incomplete profiles
- LLL specimen ID with wrong category
- Specimens Unmarked for Upload (disregarding suspects and patterns; investigate and fix any others)
- SDIS only specimens eligible for NDIS

4.3.2 Match/Rank Manager views covering the entire database:

4.3.2.1 At a minimum, run the following views, evaluate the results, and take appropriate actions:

- Matches with Disposition Discrepancies
- Ranks with Discrepant Dispositions
- Ranks with Disposition Failures
- Overdue Dispositions

4.3.3 Spot check of profiles entered during a month:

4.3.3.1 Navigate to Specimen Manager. Use the yellow wrench to filter for specimens in the desired time frame via the Audit Trail tab and set the 'Assigned To' date to either a date range (i.e., 1/1/26 to 1/31/26) or use "Last Month" selection.

4.3.3.2 In the 'General Criteria' tab, select the following Indexes: Forensic, LDIS only, Forensic Mixture, Forensic Partial, Forensic SDIS Only, Forensic Targeted, Missing Person, SDIS Gun Mixture, SDIS Gun Partial, SDIS Gun Unknown, and Unidentified Human (Remains).

4.3.3.3 Document total number of specimens imported for the date range. A minimum of 5% of the total number of imported specimens will be audited.

4.3.3.4 Click the yellow wrench again and select the Advanced tab. Select "No" for Source ID. This will remove some of the specimens that have matches.

4.3.3.5 Scroll through and select a random set of specimens. Ensure the subset spans the entire list.

4.3.3.6 Only specimens that have no SDIS or NDIS matches (both true and 'no matches') are suitable for the monthly audit; LDIS matches alone (true or otherwise) do not disqualify a specimen. Right-click each candidate specimen and select View Matches to quickly determine if a specimen has previously matched.

4.3.3.7 Print an inventory of the qualifying specimens selected.

4.3.3.8 Examine the selected CODIS profiles for eligibility, correctness, and Match Estimation compliance; complete the LDIS Audit Form designed for this process. If a selected specimen requires modification, review all database specimens in the case.

4.3.3.9 Fix problems found, as needed. The nature of any modification should be documented on the LDIS Audit Form.

4.3.3.10 A CODIS Administrator will put an audit note into the comment box within Specimen Manager of all specimens examined that the profile was inspected during a database QA/QC check on (date) and that the profile is eligible for the database at this time, then sign off on the LDIS Audit Form. The form is added to the case record.

4.3.4 Spot check for modifications done during a month:

4.3.4.1 This is performed by the QA/QC group on behalf of CODIS, as an external check to ensure that modifications to profiles are done in accordance with protocols of the lab. A minimum of 10% of the modifications for each month will be checked.

4.3.4.2 Documentation of these checks will be kept by the CODIS group and added to the respective case files.

- The case record should contain documentation of the reason(s) the profile was changed (reinterpretation, correction of a discovered error, changed specimen ID, etc.)
- CODIS' audit trail for the sample should reflect the same change(s)
- CODIS group's modifications binder should contain documentation of the change(s) made

4.3.5 Spot check for expungements done during a month:

4.3.5.1 This is performed by the QA/QC group on behalf of CODIS, as an external check to ensure that removals of profiles are done in accordance with protocols of lab. A minimum of 10% of the expungements for each month will be checked.

4.3.5.2 Documentation of these checks will be kept by the CODIS group and added to the respective case files.

- The case record should contain documentation of the reason(s) the profile was removed (matches a victim, body was identified, etc.)
- CODIS deletion report (because there is no CODIS audit trail once the sample is removed).