



# **DNA Data Bank Buccal Sample Collection and Submission**

**Updated June 2018**



# Before Collecting Buccal Sample

- Virginia law requires you to verify that a sample has not previously been taken from the subject by accessing the “LIDS DNA sample tracking” application on the State Compensation Board website:

[www.scb.virginia.gov/DNA/dnalogin.cfm](http://www.scb.virginia.gov/DNA/dnalogin.cfm)

- **LIDS DNA Sample Tracking login credentials:**
  - User ID (agency ORI number)
  - Password (agency VCIN mnemonic)

# Checking LIDS DNA Sample Tracking Application

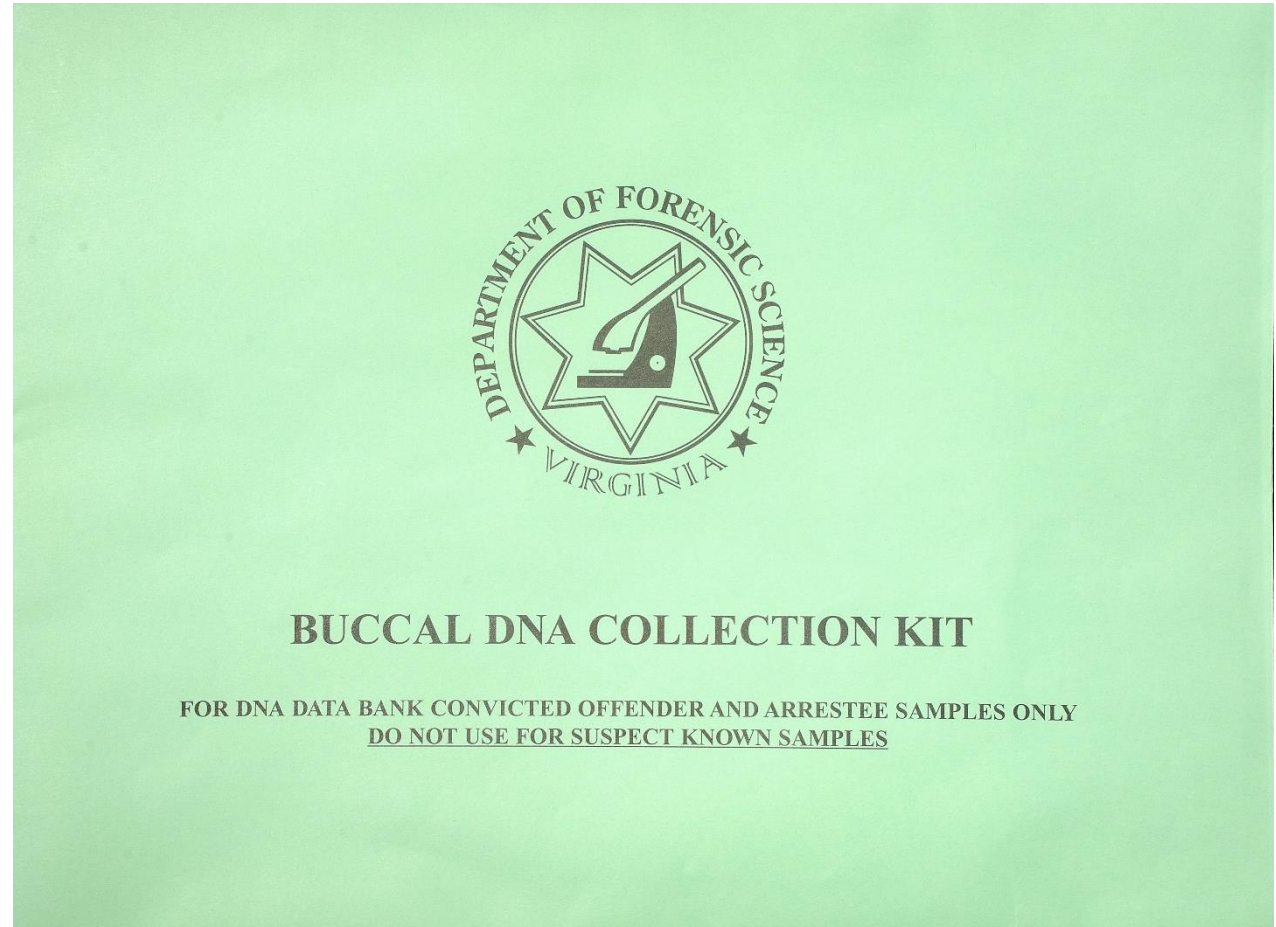


- Conduct a search using the subject's name or social security number
  - Use name, SSN and any aliases if no match is found for subject from your initial search
- If a match is made, verify that other identifying information is correct
- If a match is verified, you should NOT take an additional sample

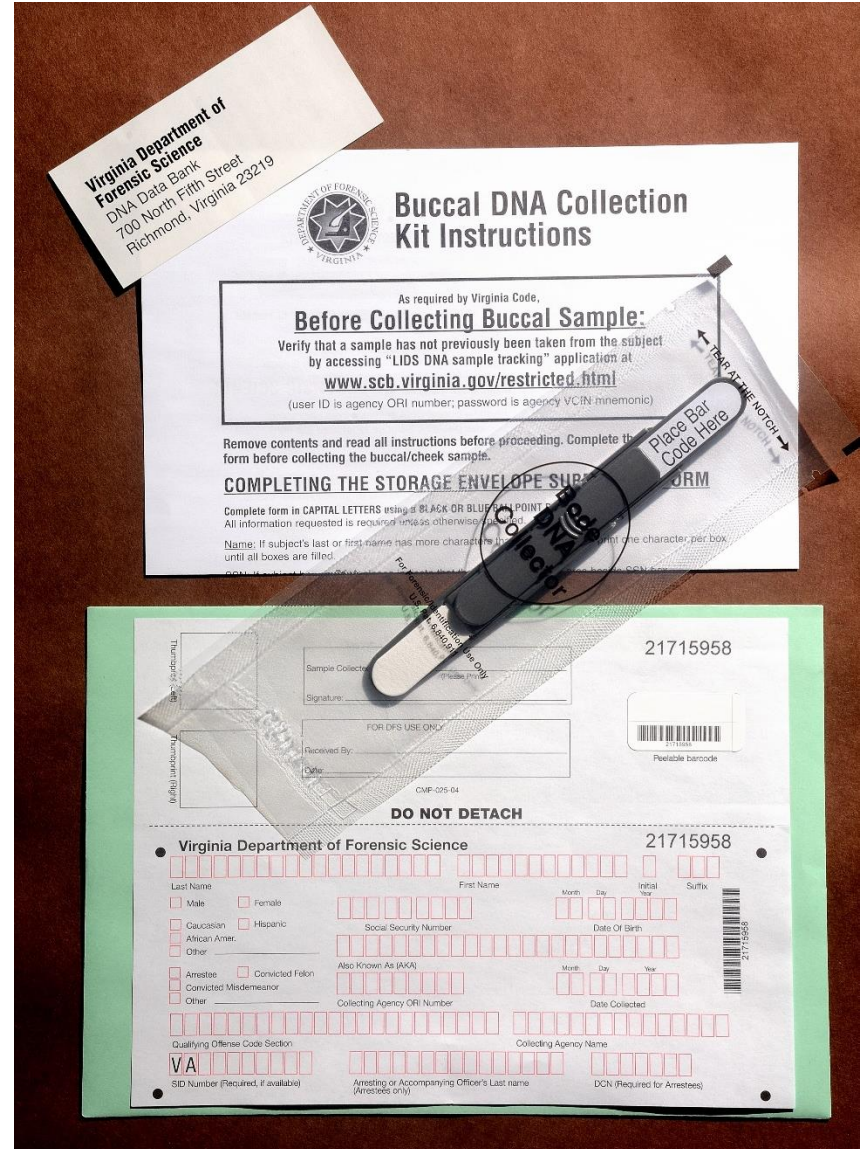
# Only DNA Data Bank Samples Should Be Collected Using This Kit



- Once you confirm a sample is required from the person after checking LIDS, you may open the kit



- Mailing label
- Instruction sheet
- Buccal collector
- Envelope with attached data form





# Completing the Storage Envelope Submission Form

- Use blue or black ink
- Use all capital letters
- Print legibly
- One character per box

21715958

Sample Collected By: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

FOR DFS USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

CMP-025-04

**DO NOT DETACH**

**Virginia Department of Forensic Science** 21715958

Last Name First Name Month Day Initial Year Suffix

☐ Male ☐ Female

☐ Caucasian ☐ Hispanic

☐ African Amer. ☐ Other

☐ Arrestee ☐ Convicted Felon

☐ Convicted Misdemeanor ☐ Other

Social Security Number Date Of Birth

Also Known As (AKA) Month Day Year

Collecting Agency ORI Number Date Collected

Qualifying Offense Code Section Collecting Agency Name

VA SID Number (Required, if available) Arresting or Accompanying Officer's Last name (Arrestees only) DCN (Required for Arrestees)



- [illegible]

# Completing the Storage Envelope Submission Form



- You must specify reason sample is being collected
- If “Other” is checked, you must specify reason (e.g., misdemeanor conviction, sex offender, plea agreement)

☐ Other \_\_\_\_\_

☐ Arrestee      ☐ Convicted Felon

☐ Convicted Misdemeanor

☐ Other \_\_\_\_\_

Also Known As (AKA) \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Collecting Agency ORI Number \_\_\_\_\_

Date Collected \_\_\_\_\_

Qualifying Offense Code Section \_\_\_\_\_

Collecting Agency Name \_\_\_\_\_

VA \_\_\_\_\_

Arresting or Accompanying Officer's Last name \_\_\_\_\_

DCN (Required for Arrestees) \_\_\_\_\_

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# Completing the Storage Envelope Submission Form



- Collecting Agency ORI number must be filled in
- Include all numbers and letters

☐ Other \_\_\_\_\_

☐ Arrestee      ☐ Convicted Felon

☐ Convicted Misdemeanor

☐ Other \_\_\_\_\_

Also Known As (AKA) \_\_\_\_\_

Collecting Agency ORI Number \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date Collected \_\_\_\_\_

Qualifying Offense Code Section \_\_\_\_\_

Collecting Agency Name \_\_\_\_\_

VA \_\_\_\_\_

Arresting or Accompanying Officer's Last name \_\_\_\_\_

DCN (Required for Arrestees) \_\_\_\_\_

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# Completing the Storage Envelope Submission Form

- Sample must be received by the Department of Forensic Science within 15 days of being collected

☐ Other \_\_\_\_\_

☐ Arrestee      ☐ Convicted Felon

☐ Convicted Misdemeanor

☐ Other \_\_\_\_\_

Also Known As (AKA) \_\_\_\_\_

Collecting Agency ORI Number \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date Collected \_\_\_\_\_

Qualifying Offense Code Section \_\_\_\_\_

Collecting Agency Name \_\_\_\_\_

VA \_\_\_\_\_

Arresting or Accompanying Officer's Last name \_\_\_\_\_


DCN (Required for Arrestee) \_\_\_\_\_

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# Completing the Storage Envelope Submission Form



- Enter one character per box in the Qualifying Offense Code Section



☐ Other \_\_\_\_\_

☐ Arrestee      ☐ Convicted Felon

☐ Convicted Misdemeanor

☐ Other \_\_\_\_\_

Known As (AKA) \_\_\_\_\_

Month      Day      Year

\_\_\_\_\_

Collecting Agency ORI Number

Date Collected

\_\_\_\_\_

Qualifying Offense Code Section

VA \_\_\_\_\_

Collecting Agency Name

\_\_\_\_\_

SID Number (Required, if available)

Arresting or Accompanying Officer's Last name

DCN (Required for Arrestee)

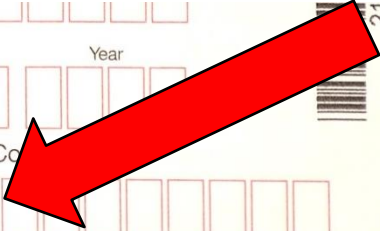
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# Completing the Storage Envelope Submission Form



- Print name or known abbreviation of collecting Agency


<input type="checkbox"/> Other _____		
<input type="checkbox"/> Arrestee <input type="checkbox"/> Convicted Felon		
<input type="checkbox"/> Convicted Misdemeanor		
<input type="checkbox"/> Other _____		
Also Known As (AKA)		Month      Day      Year
<input type="text"/>		<input type="text"/>
Collecting Agency ORI Number		Date Collected
<input type="text"/>		<input type="text"/>
Qualifying Offense Code Section	Collecting Agency Name	
VA <input type="text"/>	<input type="text"/>	
SID Number (Required, if available)	Arresting or Accompanying Officer's Last name	DCN (Required for Arrestee)
<input type="text"/>	<input type="text"/>	<input type="text"/>



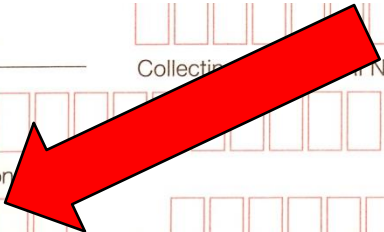
# Completing the Storage Envelope Submission Form



- If the subject has an assigned a SID number, it must be entered in this field

<input type="checkbox"/> Convicted Misdemeanor	<input type="checkbox"/> Collecting Agency Number	<input type="checkbox"/> Date Collected	
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Qualifying Offense Code Section	<input type="checkbox"/> Collecting Agency Name	<input type="checkbox"/>	
<input type="checkbox"/> SID Number (Required, if available)	<input type="checkbox"/> Arresting or Accompanying Officer's Last name (Arrestees only)	<input type="checkbox"/> DCN (Required for Arrestees)	

**VA**



# Completing the Storage Envelope Submission Form



- The Arresting Officer's last name and the DCN are both required for Arrestees
- The DCN is printed on the fingerprint card or assigned by LiveScan

The form is a yellow document with various fields for data entry. Two large red arrows point to specific fields: one to the 'Arresting or Accompanying Officer's Last name' field and another to the 'DCN' field.

Fields and labels on the form:

- ☐ Convicted Misdemeanor
- ☐ Other \_\_\_\_\_
- Collecting Agency ORI Number
- Date Collected
- Qualifying Offense Code Section
- Collecting Agency Name
- SID Number (Required, if available) - Contains 'VA' in the first two boxes.
- Arresting or Accompanying Officer's Last name (Arrestees only)
- DCN (Required for Arrestees)



# Completing the Storage Envelope Submission Form



- **REQUIRED:** Printed name and Signature of person collecting sample

The form is a light yellow rectangular card with a green header. On the left, there are two rectangular boxes for thumbprints, labeled 'Thumbprint (Left)' and 'Thumbprint (Right)' vertically. A large red arrow points from the bottom left towards the 'Signature:' line. The 'Signature:' line is part of a larger box that also contains the 'Sample Collected By:' line with '(Please Print)' written below it. Below these is a section labeled 'FOR DFS USE ONLY' containing 'Received By:' and 'Date:' lines. On the right side, the number '21715958' is printed. Below it is a 'Peelable barcode' with the number '21715958' printed below the bars. At the bottom center, the text 'CMP-025-04' is printed, followed by a bold 'DO NOT DETACH' instruction above a dashed line.

Thumbprint (Left)

Thumbprint (Right)

Sample Collected By: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

FOR DFS USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

21715958

Peelable barcode

CMP-025-04

**DO NOT DETACH**

# Completing the Storage Envelope Submission Form



## Thumbprints

- User agency must provide ink pad
- Press subject's left thumb on ink pad, then press in correct box
- DO NOT ROLL THUMB
- Repeat with right thumb

The form is a light yellow rectangular card with a green vertical bar on the left edge and a dashed vertical line on the right edge. It contains the following fields:

- Sample Collector:** A vertical text label on the left side of the top-left box.
- Signature:** A vertical text label on the right side of the top-left box, followed by a horizontal line for a signature.
- Received By:** A vertical text label on the left side of the top-right box.
- Date:** A vertical text label on the right side of the top-right box, followed by a horizontal line for a date.
- Thumbprint (Left):** A large square box for the left thumbprint, with the label centered below it.
- Thumbprint (Right):** A large square box for the right thumbprint, with the label centered below it.

# Collecting the Buccal Sample



- Before beginning to collect the swab, put on disposable gloves (not provided in kit)
- Check subject's mouth and remove any foreign material
  - Do not remove tongue/mouth piercing, false teeth, etc.

# Collecting the Buccal Sample



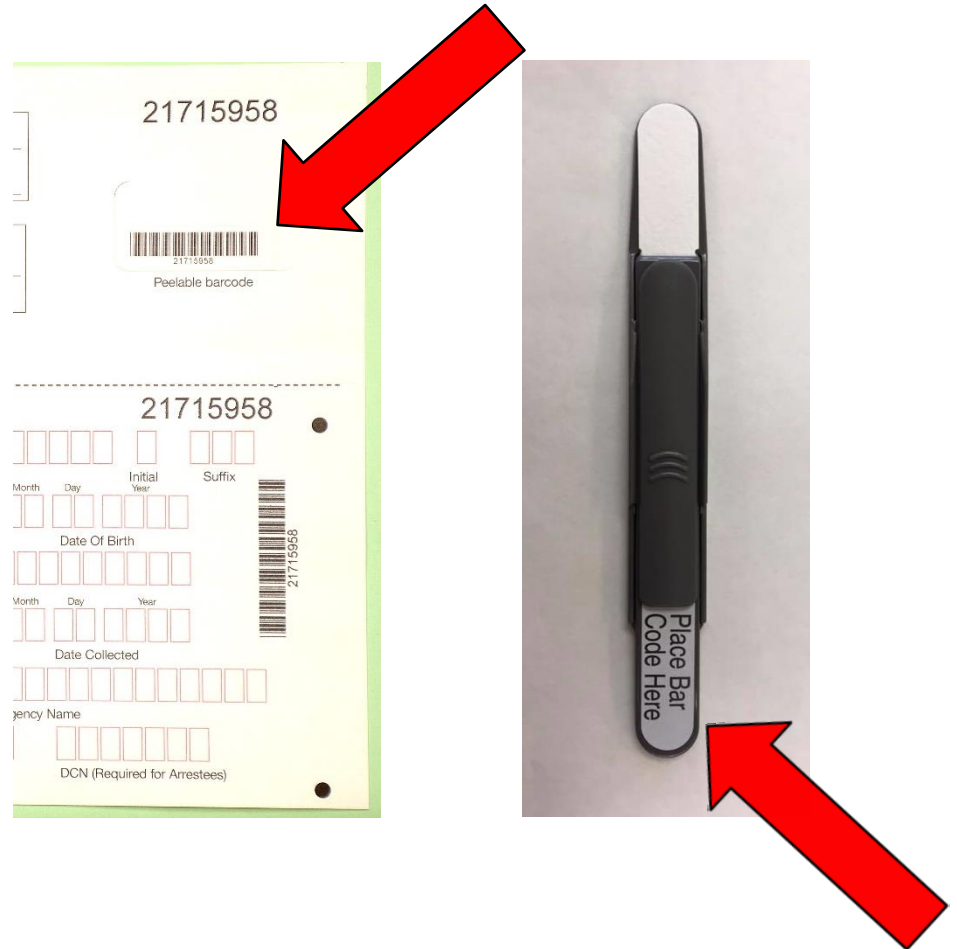
- Remove buccal collector from wrapper
- **\*\*IMPORTANT\*\*** – **Discard plastic wrapper** – do NOT use to send sample to the DNA Data Bank
- The DNA sample needs to dry after collection and will not dry if enclosed in plastic wrapper



# Collecting the Buccal Sample



- Remove peelable barcode label from top right corner of submission form/envelope
- Place barcode label on designated space on collector handle



# Collecting the Buccal Sample



- Hand DNA collector to subject
- Instruct subject to hold handle, placing thumb on area marked “thumb” on back of DNA collector





# Collecting the Buccal Sample



***\*\*IMPORTANT\*\****

Do NOT touch filter  
paper at end of  
collector as this may  
cause contamination



# Collecting the Buccal Sample



## Direct subject to:

- Place filter paper end of collector into mouth
- Use thumb on back of collector to **press filter paper side of collector against cheek**
- Pull collector forward toward lips
- Repeat 5 times



# Collecting the Buccal Sample



- Instruct subject to slide cover over filter paper end of collector





# Be Sure to Enclose . . .

## **For Arrestee samples**

- Ensure a copy of the arrest warrant for the qualifying offense is placed in envelope before sealing

## **For Plea Agreement samples (circuit court only)**

- Ensure a copy of the plea agreement is placed in envelope before sealing

# Collecting the Buccal Sample



- Retrieve DNA collector from subject
- Place into the storage envelope and seal



# Submitting Kit to the DNA Data Bank



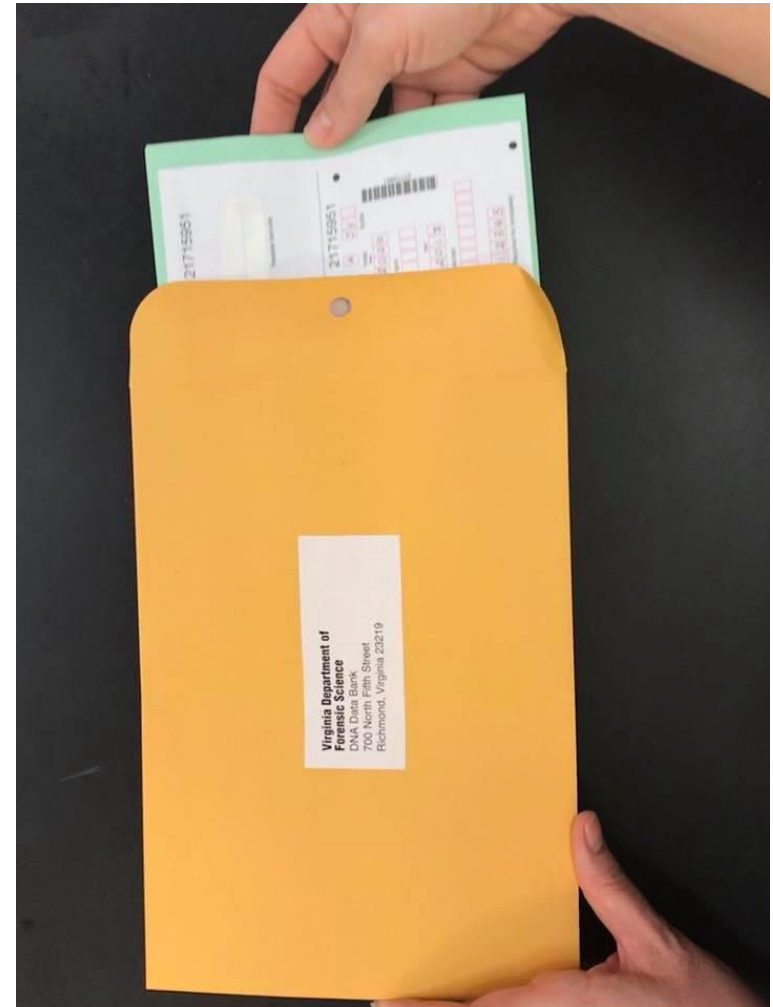
- Sealed storage envelope must be returned to the Department of Forensic Science within 15 days of collection
- **Two ways to return samples:**
  - Mail to the DNA Data Bank (using mailing label included in kit); OR
  - Hand deliver to the nearest DFS laboratory
    - Manassas, Norfolk, Richmond, Roanoke



# Returning Collected Kit Via Mail



- If mailing, place sealed kit into a mailing envelope (not provided)
- Affix self-addressed mailing label (provided)
- Multiple samples may be enclosed and returned in a single mailing envelope



# Common Errors



- **Failure to completely fill in all subject information**
  - You MUST designate “Arrestee”, “Convicted Felon”, “Convicted Misdemeanor”, or “Other”
- **Buccal collector is enclosed in plastic wrapper**
  - Discard the plastic wrapper that the collector came in – do NOT use it to return the swab to the DNA Data Bank
  - DNA swab needs to dry while in transit to the lab
  - Moisture will damage the DNA



# Common Errors

- **Failure to enclose required paperwork**
  - Arrest warrant (Arrestee samples)
  - Copy of circuit court plea agreement (Plea Agreement samples)
- **Failure of person collecting sample to print and sign name in “Sample Collected By” section**
- **Failure to return sample within 15 days of collection**
- **Failure to collect thumbprints**
- **Failure to write legibly**

# DNA Data Bank Resources



- Each kit contains an instruction sheet
- This sheet contains further information explaining the collection of buccal DNA samples for the DNA Data Bank



## Buccal DNA Collection Kit Instructions

As required by Virginia Code §§ 19.2-310.2 and 19.2-310.3:1,

### **Before Collecting Buccal Sample:**

Verify that a sample has not previously been taken from the subject by accessing "LIDS DNA sample tracking" application at

[www.scb.virginia.gov/restricted.html](http://www.scb.virginia.gov/restricted.html)

(user ID is agency ORI number; password is agency VCIN mnemonic)

Remove contents and read all instructions before proceeding. Complete the submission form before collecting the buccal/cheek sample.

### **COMPLETING THE STORAGE ENVELOPE SUBMISSION FORM**

Complete form in CAPITAL LETTERS using a BLACK OR BLUE BALLPOINT PEN. All information requested is required unless otherwise specified.

**Name:** If subject's last or first name has more characters than boxes provided, print one character per box until all boxes are filled.

**SSN:** If subject has no SSN, please indicate that there is no SSN in the area beside SSN box.

**Also Known As (A/K/A):** If subject has an alias with a first and last name, print first name in required number of boxes, leave an empty box and then print last name.

**Arrestee/Convicted Felon Box:** Must select only one box for each sample. If "Other" is selected, must specify reason for sample collection, e.g. sex offender.

**Collecting Agency ORI Number:** Assigned by the FBI for use with VCIN. Include all letters and numbers in boxes provided for agency collecting sample (i.e., VA122015Y).

**Qualifying Offense Code Section:** Located on the arrest warrant. Include periods, dashes, colons and parentheses, and use a separate box for each. Print one character per box, leaving unused boxes empty. Must provide for arrestees.

Example: 

1	8	.	2	-	5	8	.	1			
---	---	---	---	---	---	---	---	---	--	--	--

**SID Number:** Required for convicted felons. Required for arrestee and "Other" samples, if number is available.

**Arresting or Accompanying Officer:** Complete for arrestee samples only.

**DCN (document control number):** Printed on the subject's fingerprint card or assigned by Live Scan. Required for arrestee samples.

**Sample Collected By:** Person taking sample, please print and sign name.

**Received By:** For use by DFS—please leave blank.

### **TAKING THUMBPRINTS**

1. Locate individual use ink strip. Separate cellophane outside coverings so ink is exposed.
2. Press subject's left thumb on exposed ink strip, then press in box on form labeled "Thumbprint (Left)". Do not roll subject's thumb. Press subject's right thumb on ink strip, then press in box on form labeled "Thumbprint (Right)."



# **DNA Data Bank Resources**

<http://www.dfs.virginia.gov>

## **DNA Data Bank Hours:**

Monday – Friday 8:00 a.m. – 5:00 p.m.

Phone: 804-786-3789

Fax: 804-786-9985