



DNA Data Bank Buccal Sample Collection and Submission - New WHITE Collection Kit

Updated April 2019



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

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

Checking LIDS DNA Sample Tracking Application

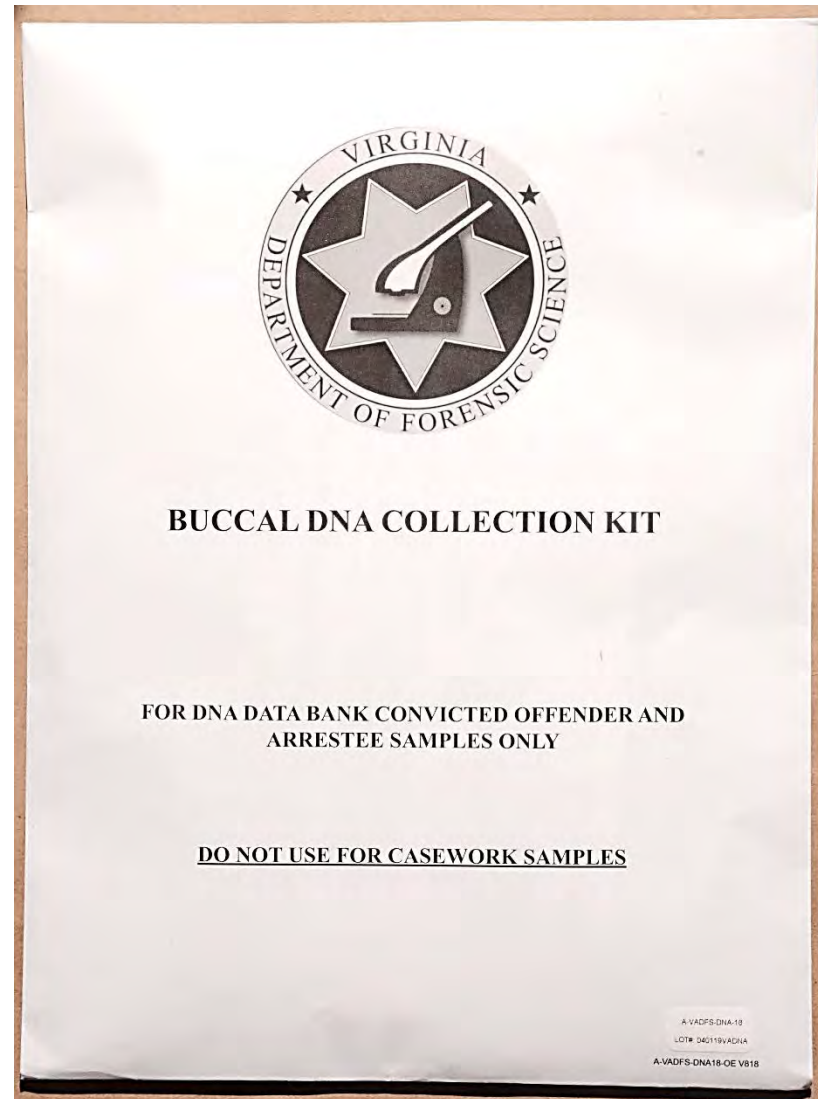


- Conduct a search using the subject's name or social security number
 - Use name, SSN and any aliases if no match is found for subject from your initial search
- If a match is made, verify that other identifying information is correct
- If a match is verified, you should NOT take an additional sample

Only DNA Data Bank Samples Should Be Collected Using This Kit

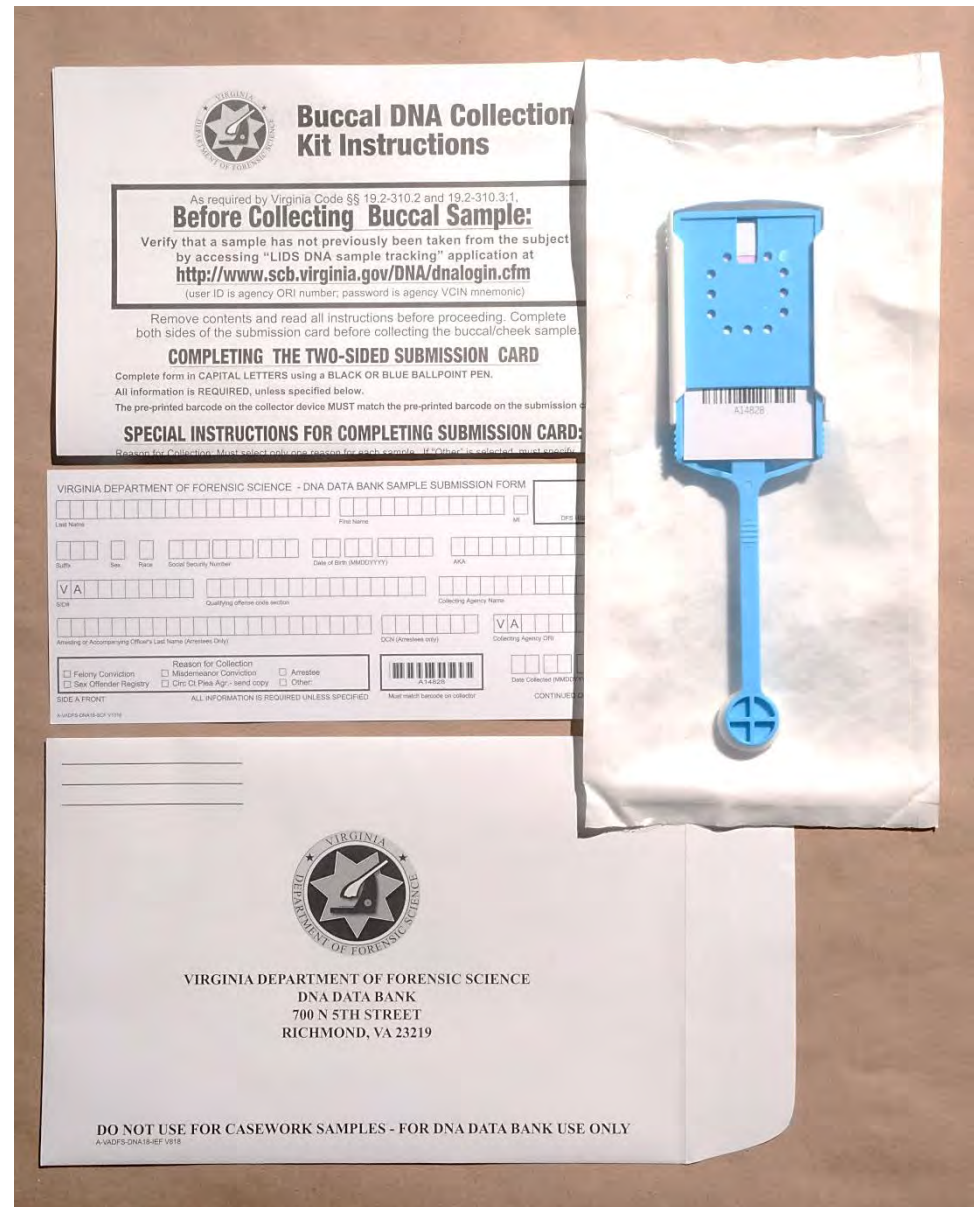


- Once you confirm a sample is required from the person after checking LIDS, you may open the kit



Contents of kit

- Instruction sheet
- 2-sided submission form
- Buccal collector
- Addressed return envelope



Completing the Submission Form – Side A Front



VIRGINIA DEPARTMENT OF FORENSIC SCIENCE - DNA DATA BANK SAMPLE SUBMISSION FORM

Last Name First Name MI

Suffix Sex Race Social Security Number Date of Birth (MMDDYYYY) AKA

SID# Qualifying offense code section Collecting Agency Name

Arresting or Accompanying Officer's Last Name (Arrestees Only) DCN (Arrestees only) Collecting Agency ORI

Reason for Collection

☐ Felony Conviction ☐ Misdemeanor Conviction ☐ Arrestee

☐ Sex Offender Registry ☐ Circ Ct Plea Agr.- send copy ☐ Other:

A14828

Date Collected (MMDDYYYY)

SIDE A FRONT ALL INFORMATION IS REQUIRED UNLESS SPECIFIED Must match barcode on collector CONTINUED ON BACK

A-VADFS-DNA18-SCF V1018

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

Completing the Submission Form – Side A Front



- Last Name, First Name, MI
- Suffix, Sex, Race, Social Security Number
- Date of Birth, AKA information

VIRGINIA DEPARTMENT OF FORENSIC SCIENCE - DNA DATA BANK SAMPLE SUBMISSION FORM

Last Name																First Name										MI	DFS USE ONLY
Suffix			Sex	Race	Social Security Number				Date of Birth (MMDDYYYY)				AKA														

Completing the Submission Form – Side A Front



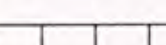
VIRGINIA DEPARTMENT OF FORENSIC

Last Name																			
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SIDE A FRONT										ALL INFORMATI									
A-VADFS-DNA18-SCF V1018																			

SID#

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

- Required for all samples
- Enter one character per box

Suffix		Sex	Race	Social Security Number				Date of Birth (MMDDYYYY)				AKA
V A		Qualifying offense code section										Collecting
Arresting or Accompanying Officer's Last Name (Arrestees Only)												DCN (Arrestees only)
<div style="border: 1px solid black; padding: 5px;"> <p>Reason for Collection</p> <p> <input type="checkbox"/> Felony Conviction <input type="checkbox"/> Misdemeanor Conviction <input type="checkbox"/> Arrestee <input type="checkbox"/> Sex Offender Registry <input type="checkbox"/> Circ Ct Plea Agr.- send copy <input type="checkbox"/> Other: </p> </div>												<div style="border: 1px solid black; padding: 5px;">  A14828 </div>

SIDE A FRONT ALL INFORMATION IS REQUIRED UNLESS SPECIFIED Must match barcode on collection

- Print name or known abbreviation for Collecting Agency

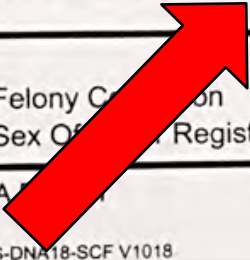
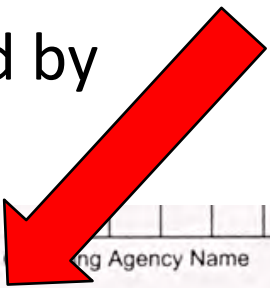
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		CONTINUED ON BACK									


Completing the Submission Form – Side A Front



Required Fields for Arrestee Samples –

- Arresting Officer's Last Name
- DCN (printed on the fingerprint card or assigned by LiveScan)




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SID#										Qualifying offense code section																				Collecting Agency Name																													
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Arresting or Accompanying Officer's Last Name (Arrestees Only)																														DCN (Arrestees only)										Collecting Agency Name																			
<div><div><input type="checkbox"/> Felony Conviction <input type="checkbox"/> Sex Offender Registry</div><div><input type="checkbox"/> Misdemeanor Conviction <input type="checkbox"/> Circ Ct Plea Agr.- send copy</div><div><input type="checkbox"/> Arrestee <input type="checkbox"/> Other:</div></div>																														<div> A14828</div> <div>Must match barcode on collector</div>										<div><input type="checkbox"/> Date</div>																			
SIDE A																														ALL INFORMATION IS REQUIRED UNLESS SPECIFIED																													
A-VADFS-DNA18-SCF V1018																																																											

- Required for All Samples

- Include all numbers and letters for ORI

AMPLE SUBMISSION FORM														
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			AKA											
			Collecting Agency Name											
					Collecting Agency ORI									
					Date Collected (MMDDYYYY)									



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CONTINUED ON BACK


Just match barcode on collector

Completing the Submission Form – Side A Front



Reason For Collection – Required for All Samples

- You must specify reason sample is being collected
- If “Other” is reason, you must explain in space provided

Arresting or Accompanying Officer's Last Name (Arrestees Only)										DCN (Arrestees only)																			
<div><div><input type="checkbox"/> Felony Conviction <input type="checkbox"/> Sex Offender Registry</div><div><input type="checkbox"/> Misdemeanor Conviction <input type="checkbox"/> Circ Ct Plea Agr.- send copy</div><div><input type="checkbox"/> Arrestee <input type="checkbox"/> Other:</div></div>																				 A14828									
SIDE A FRONT										ALL INFORMATION IS REQUIRED UNLESS SPECIFIED										Must match barcode on collector									
A-VADFS-DNA18-SCF V1018																													

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Date Collected (MMDDYYYY) | | | | | | | | | | | | | | | | | | | |
| h barcode on collector | | | | | | | | | | CONTINUED ON BACK | | | | | | | | | | | | | | | | | | | |

Completing the Submission Form – Side B Back



<hr/>		<p>For questions concerning DNA collection, please contact:</p> <p>Virginia DNA Data Bank (804) 786-3789 fax (804) 786-9985</p> <p>Additional guidance is available at www.dfs.virginia.gov</p>	<p>RIGHT THUMB</p> <div></div>
Printed name of Subject			
<hr/>			
Sample Collected by	PRINT NAME		
<hr/>			
Collector's Signature	Date		
<hr/>			
			<p>LEFT THUMB</p> <div></div>

SIDE B BACK **ALL INFORMATION IS REQUIRED**

A-VADFS-DNA18-SCB V1018

- Use blue or black ink
- Print legibly

Completing the Submission Form – Side B Back



REQUIRED:

- Printed name of subject
- Printed name and signature of person collecting sample
- Date of sample collection

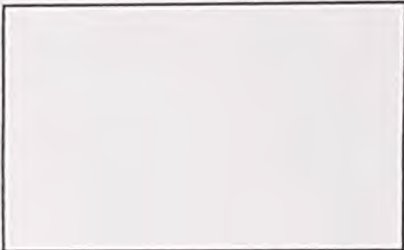

<hr/>		<p>For question collection</p> <p>Virginia (800) fax (800)</p> <p>Additional information www.</p>
Printed name of Subject		
<hr/>	<hr/>	
Sample Collected by	PRINT NAME	
<hr/>	<hr/>	
Collector's Signature	Date	
<p>SIDE B BACK A-VADFS-DNA18-SCB V1018</p>		<p>ALL INFORMATION IS REQUIRED</p>

Completing the Submission Form – Side B Back



Thumbprints of Subject

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

<p>For questions concerning DNA collection, please contact:</p> <p>Virginia DNA Data Bank (804) 786-3789 fax (804) 786-9985</p> <p>Additional guidance is available at www.dfs.virginia.gov</p>	RIGHT THUMB	
	LEFT THUMB	

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



****IMPORTANT****

- Barcode label on swab device MUST match barcode label on the Submission Form - Side A Front

VIRGINIA DEPARTMENT OF FORENSIC SCIENCE - DNA DATA BANK SAMPLE SUBMISSION FORM

Last Name First Name MI DFS USE ONLY

Suffix Sex Race Social Security Number Date of Birth (MMDDYYYY) AKA

V A SIDR Qualifying offense code section Collecting Agency Name

Arresting or Accompanying Officer's Last Name (Arrestees Only) DCN (Arrestees only)

Reason for Collection:
☐ Felony Conviction ☐ Misdemeanor Conviction ☐ Arrestee
☐ Sex Offender Registry ☐ Circ Ct Plea Agr - send copy ☐ Other:

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Date Collected (MMDDYYYY)

MUST match barcode on collector

CONTINUED ON BACK

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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



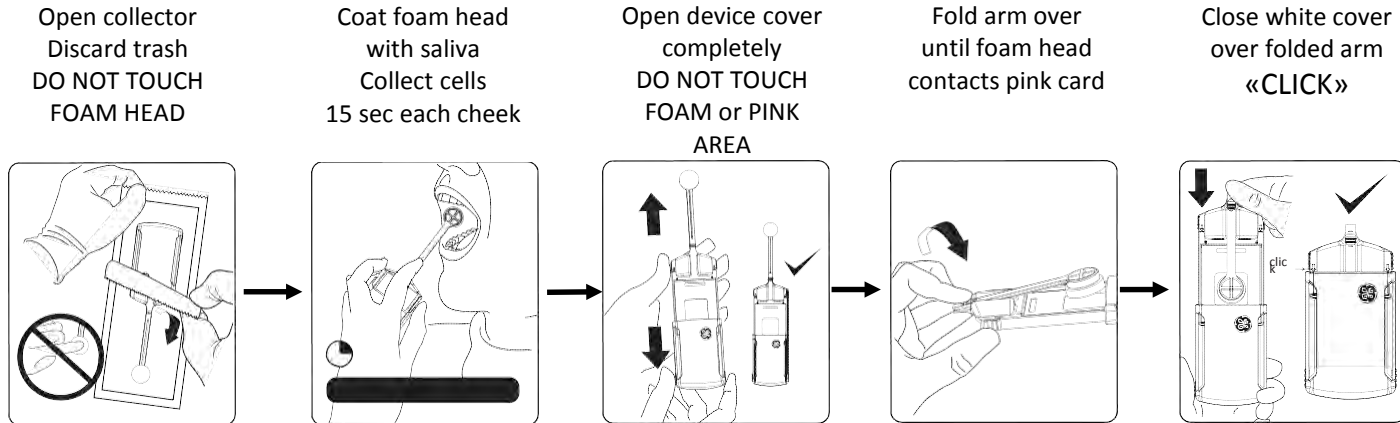
*****IMPORTANT*****

Do NOT touch foam head

This may cause contamination



Collecting the Buccal Sample



Instructional video can be found here:

<https://www.youtube.com/watch?v=xC5ibbdaqmA>

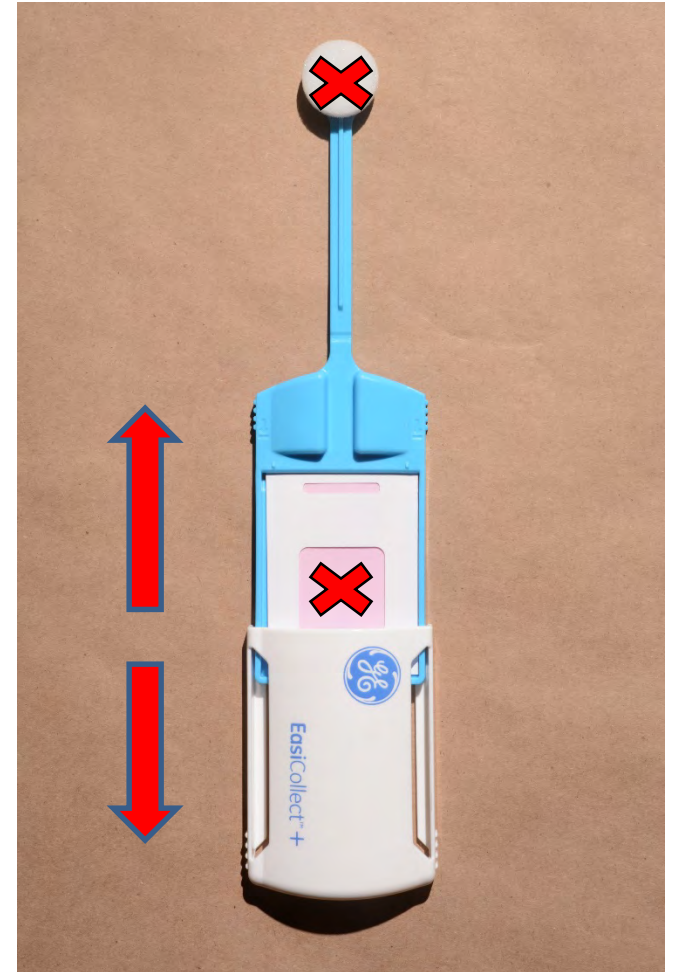
After Collecting the Buccal Sample



- Pull open the device cover completely

****IMPORTANT****

Do NOT touch foam head
or pink paper as this may
cause contamination



After Collecting the Buccal Sample



- Fold arm over until foam head contacts the pink card
- Close the white slider cover over the folded arm until it <<CLICKS>>



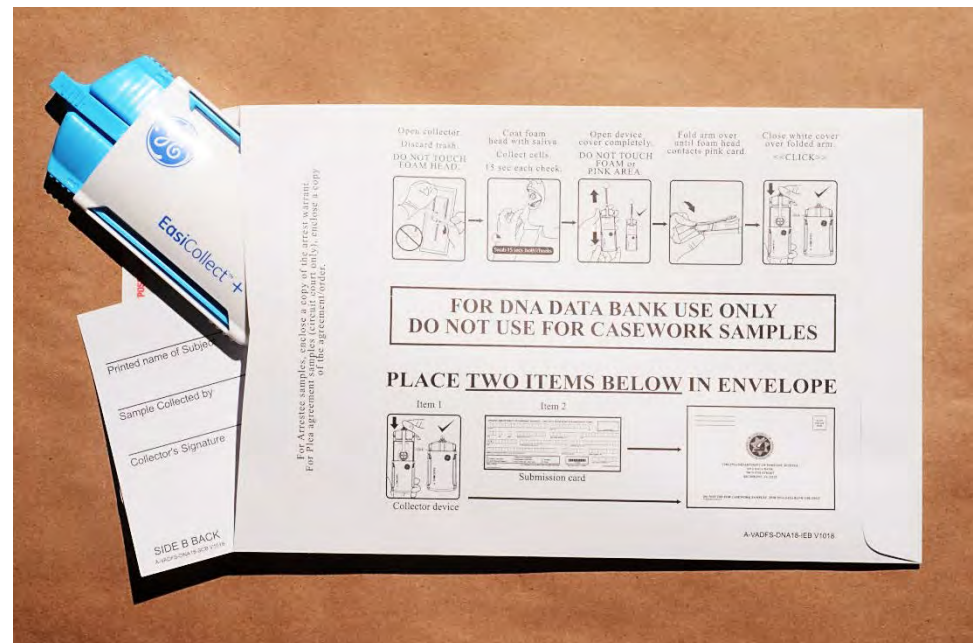
After Collecting the Buccal Sample



- Place the collector device and the submission form into the return envelope
- Place any other paperwork enclosures in the envelope and seal

****IMPORTANT****

Pre-printed barcodes
on collector device
and submission form
MUST match



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

Submitting Kit to the DNA Data Bank

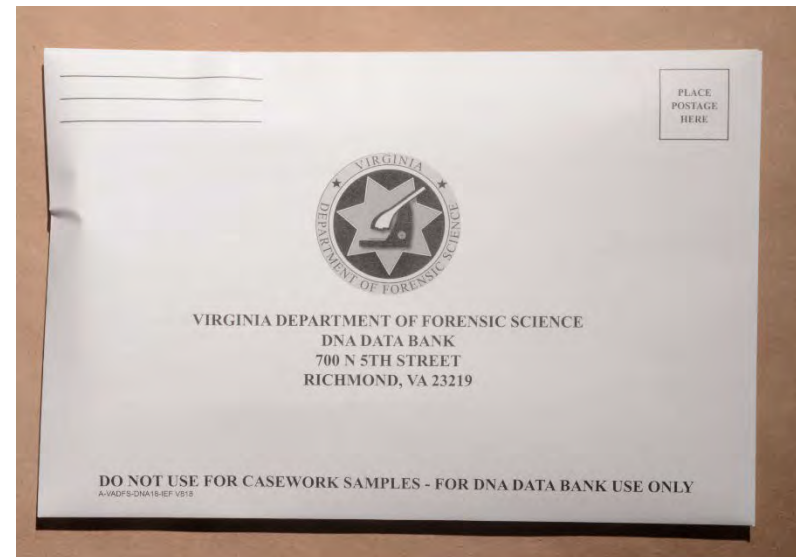


- Sealed storage envelope must be returned to the Department of Forensic Science within 15 days of collection
- **Two ways to return samples:**
 - Mail to the DNA Data Bank (using mailing label included in kit); OR
 - Hand deliver to the nearest DFS laboratory
 - Manassas, Norfolk, Richmond, Roanoke

Returning Collected Kit Via Mail



- If mailing a single sealed kit, be sure to affix proper postage and provide return address
- Multiple sealed kits may be enclosed and returned in a single mailing envelope (not provided)



Common Errors



- **Failure to completely fill in all subject information**
 - Front and Back of submission form must be completely filled in
- **Barcode on buccal collector does not match barcode on submission form**
 - Pre-printed barcodes on both items must match
- **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




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 <http://www.scb.virginia.gov/DNA/dnalogin.cfm>
(user ID is agency ORI number; password is agency VGIN mnemonic)

Remove contents and read all instructions before proceeding. Complete both sides of the submission card before collecting the buccal/cheek sample.

COMPLETING THE TWO-SIDED SUBMISSION CARD
Complete form in CAPITAL LETTERS using a BLACK OR BLUE BALLPOINT PEN.
All information is REQUIRED, unless specified below.
The pre-printed barcode on the collector device MUST match the pre-printed barcode on the submission card.

SPECIAL INSTRUCTIONS FOR COMPLETING SUBMISSION CARD:
Reason for Collection: Must select only one reason for each sample. If "Other" is selected, must specify reason for sample collection.
Qualifying Offense Code: 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.
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. Complete for arrestee samples only.

TAKING THUMBPRINTS (SIDE B OF SUBMISSION CARD)
1. User agencies must provide ink pad.
2. Press subject's left thumb on ink pad, then press in box on form labeled "LEFT THUMB".
Do not roll subject's thumb. Follow using right thumbprint in the appropriate box.

SUBMITTING KIT TO THE DEPARTMENT OF FORENSIC SCIENCE
1. Place the following TWO items into the submission envelope: the submission card (both sides completed) and the buccal collector device.
2. For arrestee samples, ensure copy of arrest warrant for the qualifying offense is placed in submission envelope before sealing. For samples ordered by a Circuit Court pursuant to a plea agreement, attach a copy of the plea agreement/order is placed in the submission envelope before sealing.
3. Do NOT enclose the DNA sample in plastic. Samples need to air dry during shipping to preserve the DNA.
4. Affix proper postage and return sealed submission envelope to the Department of Forensic Science within 15 days of collection. Multiple submission envelopes may be placed into a larger shipping envelope (if provided) and returned to the Department of Forensic Science. For hand-delivery, take to nearest Department of Forensic Science laboratory.



DNA Data Bank Resources

<https://www.dfs.virginia.gov/laboratory-forensic-services/dna-databank/resources/>

DNA Data Bank Hours:

Monday – Friday 8:00 a.m. – 5:00 p.m.

Phone: 804-786-3789

Fax: 804-786-9985