Operations Manual

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Toxicology Laboratory Division

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INTRODUCTION

This manual covers the operational responsibilities of the Washington State Patrol (WSP) Toxicology Laboratory Division (TLD) Testing and Calibration Laboratories. The TLD is part of the Forensic Laboratory Services Bureau (FLSB), which also includes the Impaired Driving Section (IDS), the Breath Test Program (BTP) and the Standards and Accountability Section (SAS). Testing Laboratory functions include toxicological testing of biological specimens and non-biological samples for the presence of alcohol and other drugs, with case submissions from law enforcement agencies, medical examiners and coroners, and other agencies, statewide. Calibration Laboratory functions include the preparation and certification of simulator solutions for use with evidential breath test instruments throughout the state of Washington.

The purpose of this manual is to provide the responsible personnel with written policies and procedures that will:

- Promote efficient and effective operation
- Assist personnel in performing assigned duties and tasks
- Ensure that the work product and services are fit-for-purpose and of the highest quality

This manual applies to all Testing and Calibration Laboratory functions within the TLD, and the policies and procedures are binding on all personnel, and shall be followed. This manual covers all work done by responsible personnel, to include but not be limited to work done within the Laboratory, in addition to duties outside the Laboratory, whether in court, training venues, or anywhere else the duties of responsible personnel might be employed. Any adjustments or deviations from the policies and procedures detailed in this manual must be approved by TLD Management, and appropriately documented.

The official version of this manual is the electronic version as it appears on the FLSB SharePoint site (FLSB Portal). Any controlled TLD or agency documents referenced in this manual refer to the current official versions posted on SharePoint.

1 SCOPE

The TLD provides toxicological testing services to law enforcement agencies, medical examiners, coroners, and other agencies, statewide. The TLD also prepares and certifies two types of simulator solutions: the Quality Assurance Procedure (QAP) solutions and the External Standard solution (ESS). These solutions are provided to the WSP Breath Test Program (BTP) for use in the Program's breath alcohol calibration activities.

1.1 MISSION STATEMENT

The TLD will provide forensic services to its customers in the discipline of toxicology, to include analysis of biological specimens for alcohol and drugs, the production and certification of certified breath alcohol reference materials, training, expert court testimony, and legal discovery. The TLD is committed to providing the highest quality forensic services which ultimately enhances public safety for the citizens of Washington State.

1.2 GOALS AND OBJECTIVES

The goals and objectives of the TLD will be reviewed annually, as part of the WSP Strategic Plan and the Management System Review (MSR), and are based upon the needs of its customers; those agencies served by the TLD and the Criminal Justice System.

1.3 LEGAL DIRECTION

The TLD is a publicly funded, legal entity that is responsible for its legislatively mandated actions. The TLD provides scientific and technical assistance for all coroners, medical examiners and prosecuting attorneys, as mandated by Revised Code of Washington (RCW) 46.61.506 and 68.50.107; and the Washington Administrative Code (WAC) 448-14, 448-15 and 448-16, and statewide criminal justice agencies.

1.4 DEFINITIONS

1.4.1 Policy: The guiding principles by which the TLD operates. Policies influence, direct and determine the decisions and actions of TLD employees.

1.4.2 Procedure: A defined and established method for implementing a policy.

1.5 SERVICES AND FUNCTIONS

The primary operational functions within the Division include:

1.5.1 Toxicological Testing of Biological Specimens or Non-biological Samples

Certified Forensic Scientists will perform toxicological examination of blood, urine and or/other biological fluids/tissues collected during a death investigation; or from living individuals who were either the victim of a crime or were suspected of committing a crime in which drugs and/or alcohol may have played a role. This includes driving under the influence (DUI) of intoxicating liquors and/or drugs, victims of suspected drug-facilitated sexual assault (DFSA), and miscellaneous drug-related incidents or crimes,

and other miscellaneous testing at the request of submitting agencies. Testing may also be performed on non-biological samples, as in the case of samples submitted by the Liquor Control Board. TLD personnel will maintain records of these activities and analytical test results.

1.5.2 Simulator Solution Preparation and Certification

Certified Forensic Scientists will prepare, certify, document, package and distribute simulator solutions to be used by BTP Technicians in the calibration and verification of evidentiary breath test instruments throughout the state. TLD personnel will maintain records of these activities and analytical test results.

1.5.3 Consultation/Interpretation

Forensic Scientists will provide consultation and interpretation for medical examiners and coroners on the results of toxicology analyses performed by the Laboratory in death investigation cases, and for law enforcement agencies and attorneys on the results of toxicology analyses in driving-related cases or other criminal investigation cases as requested (e.g. sexual assault, drug investigation).

1.5.4 Court Testimony

Forensic Scientists will provide factual and expert testimony regarding their responsibilities, results and/or records for courts and other legal proceedings.

1.5.5 Records Custodian, Discovery and Public Records Requests

TLD personnel will be considered custodians of the records for the Laboratory's testing and calibration functions. Trained TLD personnel will respond to, and provide documents for, requests pertaining to official testing and calibration documents (e.g., subpoena duces tecum, public records requests).

1.6 **ORGANIZATION AND MANAGEMENT STRUCTURE**

The TLD is part of the FLSB, and is located with the Seattle Crime Laboratory.

The TLD Commander/State Toxicologist is responsible for ensuring that all policies, rules, procedures, directives, goals and guidelines are written in a clear manner, are consistent with department policy, State and Federal Law, and are made available to all TLD personnel.

Examples of documents containing policies, procedures and guidelines include:

- WSP Regulation Manual
- Collective Bargaining Agreements
- TLD Calibration Quality Manual
- TLD Testing Quality Manual
- TLD Operations Manual
- TLD Calibration Technical Manual

- TLD Training Manuals
- Standard Operating Procedures (SOPs)
- TLD Safety Plan

TLD Management have the responsibility to ensure that policies, procedures, directives, goals and guidelines are understood and practiced by all employees. TLD Management includes the TLD Commander/State Toxicologist, Laboratory Manager, Quality Assurance (QA) Manager and Supervisors.

1.7 CHAIN OF COMMAND/PERSONNEL RESPONSIBILITIES

TLD Management shall ensure that the responsibilities and authorities of Laboratory personnel are clearly communicated. The responsibilities/authorities are listed below for each position, respectively. Additional information is also available in the position descriptions maintained by the agency human resource department. Minimum educational and/or other requirements for technical positions within the TLD are found in Appendix B.

1.7.1 TLD Commander/State Toxicologist

By statutory authority, the State Toxicologist (also known as the TLD Commander) has final operational and technical authority over the TLD (RCW 68.50.107). This position is responsible for managing and approving all operational, technical, policy and fiscal aspects of the TLD, and reports to the FLSB Director.

The TLD Commander/State Toxicologist:

- Has overall Appointing Authority within the TLD
- Approves/authorizes analytical methods and equipment
- Authorizes personnel to perform calibration and testing work and/or review associated documentation
- Directly supervises the Laboratory Manager and QA Manager
- Prepares the Legislative budget
- Promulgates revisions to the Washington Administrative Code (WAC)
- Ensures the Division's operational objectives are achieved
- Approves analytical methods and instrumentation
- Ensures resources are utilized to their maximum effectiveness
- Ensures that all programs are providing the most effective and timely services
- Ensures that all employees support the Division's QA Program
- Provides factual and expert court testimony where required

1.7.2 Laboratory Manager

The Laboratory Manager has primary responsibility for the daily operations of the Laboratory, and for supervising and monitoring the compliance with policies and procedures for all personnel within the Laboratory. This position reports to the TLD Commander/State Toxicologist.

The Laboratory Manager:

- Directly supervises the Supervisors and the Office Manager
- Assists with the preparation of the Toxicology Laboratory budget
- Assists the TLD Commander/State Toxicologist in developing and implementing program policy, procedures and practice
- Exercises control over discretionary funds for laboratory supplies, overtime, and training
- Gives input to the Division's QA Program
- Ensures the effective application of the Division's QA Program
- Assists the QA Manager with the annual review of the quality management system
- Authorizes, monitors and tracks training and professional development requests
- Monitors compliance with accreditation and audit criteria
- Provides factual and expert court testimony where required
- Reviews technical and administrative documentation for testing and calibration work prepared by Forensic Scientists

1.7.3 Quality Assurance (QA) Manager

The QA Manager implements and maintains the QA Program, and monitors the quality of the work product and the personnel of the TLD. This position reports to the TLD Commander/State Toxicologist.

The QA Manager:

- Works to maintain and improve the quality program of the TLD
- Coordinates the proficiency testing program
- Directs the technical review program
- Assists with the training (and retraining) program for the Division
- Directs annual technical and quality audits of the Laboratory
- Maintains and revises technical and training manuals for the TLD
- Organizes and schedules QA meetings
- Makes recommendations to the TLD Commander/State Toxicologist regarding issues of nonconformity
- Provides factual and expert court testimony where required

1.7.4 Forensic Scientist Supervisor

Forensic Scientist Supervisors have primary responsibility for the supervision of Forensic Scientists. This position reports to the Laboratory Manager.

The Forensic Scientist Supervisor (Forensic Scientist 5; FS5):

- Is responsible for the general supervision of Forensic Scientists assigned to them
- Is responsible for training (and retraining) of Forensic Scientists assigned to them
- Ensures their subordinates comply with program policy and procedures regarding testing and calibration work
- Reviews technical and administrative documentation for testing and calibration work prepared by Forensic Scientists
- Ensures the personnel under their supervision receive appropriate training

- Organizes and conducts periodic meetings of subordinates
- Observes subordinates periodically as they testify in court
- Observes subordinates periodically as they teach classes or give presentations
- Provides factual and expert court testimony where required

1.7.5 Forensic Technical Lead

The Forensic Technical Lead works with the QA Manager to implement and monitor the QA Program. This position reports to the QA Manager.

The Forensic Technical Lead (Forensic Scientist 4; FS4):

- Works with the QA Manager to maintain and improve the quality program of the TLD
- Performs internal audits of policies/procedures and documentation of Testing and Calibration work performed by the Laboratory
- Assists with proficiency test assignment and tracking
- Coordinates calibration of laboratory equipment
- Participates in method development and validation
- Assists with training of new scientists
- Performs review of technical and administrative documents
- Assists the QA Manager in preparation for external audits
- Provides factual and expert court testimony where required

1.7.6 Forensic Scientist

This person is trained by, and assigned to, the TLD to perform testing and calibration functions. Each Forensic Scientist is accountable to one Supervisor.

The Forensic Scientist:

- Is responsible for the testing of biological and non-biological specimens submitted to the Laboratory
- Prepares and maintains documentation for testing performed, including final toxicology reports for dissemination to submitting agencies
- Is responsible for review of their supporting documentation and data related to both calibration and testing activities
- Is responsible for the maintenance of instruments used in the Laboratory
- Is responsible for the preparation and certification of simulator solutions
- Prepares and maintains documentation regarding the preparation and certification of simulator solutions
- Completes an affidavit regarding their preparation and certification of simulator solutions
- Provides factual and expert court testimony where required
- Provides training to internal and external agencies

1.7.7 Office Manager

This person oversees the administrative, evidential and clerical functions of the TLD, and is the Supervisor for the Property and Evidence Custodians (PEC) and Office Assistant. Responsibilities include generation and maintenance of records, reports and responses to public information requests, and other requests by internal and external customers. This position reports to the Laboratory Manager.

1.7.8 Office Assistant

This person performs a variety of routine clerical duties in support of office or Division operations. This position reports to the Office Manager.

1.7.9 Property and Evidence Custodian (PEC)

The person with responsibility for the receipt, storage, transfer and disposition of evidence (see 7.1.7). Provides factual testimony where required. This position reports to the Office Manager.

1.7.10 Temporary Designation of Responsibility/Authority

In the absence of the TLD Commander/State Toxicologist, the Laboratory Manager will assume all his/her areas of responsibility and authority (ies). Whenever possible, should a supervisor or manager be unavailable, a person will be designated as the acting supervisor or manager. In the event that no one is available, or has been designated, to take this responsibility the person assuming his/her responsibilities will depend on the authority required. In general, the responsibility/authority of specific personnel will fall to those positions listed in the table below.

In the absence of:	*This position assumes his/her responsibility/authority:*
Laboratory Manager	Supervisor or TLD Commander/State Toxicologist
QA Manager	FS4 or TLD Commander/State Toxicologist
All Supervisors	FS3 or Laboratory Manager
Office Manager	OA, Supervisor or Laboratory Manager
All PECs	Supervisor

1.8 **TRAINING**

Supervisors will ensure that employee training meets or maintains competency requirements, and/or provides continuing education opportunities or career development. Training or retraining of Forensic Scientists in testing work must follow the training programs outlined in the TLD Testing Quality Manual. Training or retraining of Forensic Scientists in calibration work must follow the training programs outlined in the TLD Calibration Quality Manual and TLD Calibration Training Manual, including the timely submission of any training evaluations.

1.9 **COMMUNICATIONS**

1.9.1 Policy

TLD Management will establish a proper flow of communication internally throughout the TLD, and externally with its customers. Management will ensure that employees are well informed, and employees at each level have input into the system. In addition, management will ensure that communication with relevant customers is effective and responsive to their needs.

TLD employees will follow the chain of command for all internal written communications as required by WSP Regulation 8.00.290. The chain of command, in ascending order, will normally be the employee's Supervisor, the Laboratory Manager, the TLD Commander/State Toxicologist, the FLSB Director, the Deputy Chief and Chief of the WSP.

1.9.2 Procedures

Examples of various forms of communication to be used by the TLD include:

- Laboratory meetings
- Agency meetings
- Managers meetings
- Supervisors meeting
- Conference calls
- Written direction from Bureau Headquarters for review by all members
- Interoffice Communication (IOC) or e-mail

Examples of external communication are as follows:

- Personal contact by telephone, e-mail, letter, or in person
- Attendance at meetings of local law enforcement, attorneys, traffic safety groups, and other customer and/or community groups
- Customer newsletters
- Training provided to law enforcement, attorneys, traffic safety groups, and other customer and/or community groups
- Membership and participation in WSP or State committees
- Customer surveys

Every employee has the responsibility to safeguard all confidential information obtained in his or her official capacity from unauthorized distribution. In addition, employees will not access or disclose any confidential information except where legally authorized.

1.9.3 Service to the Customer/Customer Feedback

The Laboratory will work in cooperation with our customers to address specific customer requests and to monitor the Laboratory's overall performance, insofar as the Laboratory can ensure confidentiality to other customers.

Customer feedback, from a selection of customer agencies, will be solicited at least annually. This may be in the form of an annual customer survey submitted to customers via mail, e-mail or phone. Feedback may also be solicited through direct interaction with customers. For example, attendance at conferences, training events or annual meetings held by customer agencies, such as Washington Association of Prosecuting Attorneys (WAPA) or Washington Association of Coroners and Medical Examiners (WACME), presents opportunity for TLD Management to discuss the current needs of customers and request feedback.

Once feedback has been received, a review will be conducted by TLD Management, and issues will be identified. Laboratory-specific issues will be addressed by the Laboratory Manager, with responses to the impacted agency, the TLD Commander/State Toxicologist, and where necessary the FLSB Director and/or FIC will be informed. Systemic, division-wide issues will be addressed in management meetings, with responses prepared by TLD Management and submitted to the impacted agency and the FIC, where necessary. New feedback or survey responses will be compared to the previous year's results as a measure of how the TLD is progressing.

1.10 **COMPLAINTS**

1.10.1 Bureau Policy

A complaint is an allegation of conduct or omission that is contrary to state statute, WAC, Civil Service Rules, WSP Agency rules and regulations, and the TLD/FLSB policies and procedures. They may include an allegation that could amount to misconduct, exercise of poor judgment, or failure to meet established standards. A complaint may be made against an individual, a procedure or the TLD/FLSB.

Complaints regarding program personnel, policies or procedures may come from internal or external (e.g. officers, prosecutors, defense attorneys, the public) sources. Complaints could be written or communicated orally. Personnel that become aware of a complaint either from an internal or external source have the responsibility to communicate the complaint to their supervisor or a member of TLD Management. TLD Management has the responsibility to ensure that complaints are resolved appropriately, using one of the procedures outlined below.

1.10.2 Procedure

Non-Quality System complaints follow the WSP Agency Complaint Procedures (*see WSP Regulation Manual*). Investigation and resolution of the complaint may follow several courses of action depending upon the severity of the allegation.

Complaints regarding any aspect of forensic analysis that does not conform to quality policies and/or procedures shall be directed through the chain of command (*see TLD Calibration Quality Manual or Testing Quality Manual*). Procedures for addressing nonconforming work, as outlined in the appropriate Quality Manual, will be followed in these cases.

Any complaints regarding other areas of the employee's responsibility shall be directed to that employee's immediate supervisor.

Management may respond directly to the complainant and attempt to resolve the issue by discussing existing policies and, as necessary, corrective or preventative actions may be initiated in response. Documentation related to complaints, and any actions taken in response, will be maintained by the Laboratory Manager.

Any changes or revisions to controlled documents resulting from complaints will follow the Document Control and Document Revision policy and procedure section of the TLD Calibration Quality Manual or Testing Quality Manual.

1.11 ETHICS AND PROFESSIONAL RESPONSIBILITY

1.11.1 All Laboratory employees are required to review guidelines for ethics and professional responsibility, relevant to the field of forensic toxicology, on an annual basis. The American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/LAB) document *ASCLD/LAB Guiding Principles of Professional Responsibility for Crime Laboratories and Forensic Scientists* will be reviewed annually with all Laboratory personnel and employee review will be documented.

1.11.2 In addition, TLD Management may provide references to other guidelines or statements [e.g. Society of Forensic Toxicologists (SOFT), American Academy of Forensic Sciences (AAFS)] or, may draft internal policies/guidelines for ethics and professional responsibility, to be included in this annual review.

1.12 UNDUE INFLUENCE ON ANALYSIS

1.12.1 Division Policy

TLD management will strive to ensure there is no undue influence on the professional judgments of employees, including any undue internal and external commercial, financial or other pressures and influences that may adversely affect the quality of their work. Personnel shall not engage in activities that may diminish confidence in the Laboratory's competence, impartiality, judgment, or operational integrity. All conflict of interest concerns and situations that could cause undue pressure that adversely affect the quality of the work shall be brought to the attention of TLD Management.

TLD Management have the responsibility and authority to receive and take action on employee concerns. Serious instances of undue influence on analytical findings or conflict of interest will be reported to immediate supervisors and escalated through the chain of command.

1.12.2 External Divisions, Agencies and Entities

The TLD interacts on a regular basis with external divisions, agencies and other entities, in relation to its testing and/or calibration activities. Any requests, suggestions and/or directives given by any of these interest groups must be approved by TLD Management before being implemented.

The following summarizes the roles of several of these interest groups:

1.12.3 Forensic Investigations Council

The Forensic Investigations Council (FIC) is an oversight group, appointed by the Governor, whose purpose it is to oversee the operations and budget of the FLSB and, in consultation with the Chief of the Washington State Patrol or designee, assists the FLSB and TLD in devising policies to promote the most efficient use of laboratory services (RCW 43.43.670, 43.88.030). The FIC meets on a pre-set schedule, during which the FLSB Director, TLD Commander/State Toxicologist or designee provides policy, operational and budgetary updates.

1.12.4 Allied Law Enforcement/Other Agencies

Allied agencies include Sheriff and Police offices throughout the state, which are overseen by the Washington Association of Sheriff and Police Chiefs (WASPC). Certified breath test Operators and Solution Changers assigned to these agencies receive and use External Standard Solutions which are prepared and certified by the TLD. The TLD performs alcohol and drug testing for driving under the influence (DUI), driving under the influence of drugs (DUID) and other investigations at the request of these agencies. The Laboratory also performs alcohol and/or drug analysis on samples submitted by the Liquor Control Board (LCB).

1.12.5 Medical Examiners/Coroners

Medical examiners and coroners throughout the state submit samples from death investigations to the Laboratory for toxicological testing.

1.12.6 Office of the Attorney General

An assistant attorney general (AG) is assigned to the WSP and assists with tort claims, lawsuits and discovery requests. Changes to the RCW and WAC, pertaining to testing and calibration activities, are reviewed by the AG.

1.12.7 Prosecuting Attorneys

The TLD provide expert testimony services to prosecuting attorneys throughout the state. The Washington Association of Prosecuting Attorneys is one oversight group.

1.12.8 Councils, Commissions and Committees

Examples include the Washington Traffic Safety Commissions (WTSC) and the Washington Impaired Driving Advisory Council (WIDAC). Such groups interact with the TLD/FLSB to support their own goals and objectives of reducing the incidence of impaired driving accidents and fatalities within the state of Washington.

1.13 **PUBLICATIONS AND PRESENTATIONS**

All original research or presentations given to peers at conferences, professional meetings or for publication must receive a technical peer review and be approved through the chain of command to the Laboratory Manager or TLD Commander/State Toxicologist prior to presentation or submission for publication. Refer to the TLD Calibration Quality Manual or TLD Testing Quality Manual for review and approval procedure.

1.13.1 Publications

Final drafts of prospective publications shall be submitted to TLD Management for review, through the analyst's supervisor, approximately 14 days prior to being submitted to the journal.

1.13.2 Presentations

Presentations shall be submitted to TLD Management for review, through the analyst's supervisor, approximately five working days prior to the scheduled presentation.

Presentations to attorneys, law enforcement agencies and other personnel for training purposes must be peer reviewed, and approved through the chain of command.

Informational presentations to the public (e.g., schools, Rotary, etc.) do not need peer review, but do require supervisor notification and approval.

PowerPoint presentations which have been approved in the past will be posted on the FLSB Portal for use by TLD personnel in preparing other similar presentations.

Presentations previously reviewed and approved do not have to be reviewed again when presented in a different venue, or when they do not differ significantly in content.

Review of the publication/presentation will focus on the following topics:

- Accuracy of the conclusions. Does the data in the manuscript/presentation support the conclusions?
- Proofing of mathematics, spelling, grammar and punctuation

Feedback will be given to the author within approximately seven days from receipt of the publication, or three working days from receipt of the presentation. Differences of opinion will be resolved by consensus; however, the Laboratory Manager or TLD Commander/State Toxicologist will have the final say if not resolved.

2 LABORATORY SPACE, SECURITY AND SAFETY

The security of equipment, supplies, records and personnel are of high priority to the WSP. Effort will be made to ensure the security of all offices and facilities used by employees within the TLD. Security of facilities helps to enhance the credibility and confidence that can be placed in services provided by the TLD.

The Laboratory shall maintain secure facilities into which only authorized personnel are allowed access. The manner in which security is maintained, either by lock and key or security codes, shall be determined and ensured by the Laboratory Manager.

The safety and wellness of Laboratory personnel is also of high priority. The Laboratory will maintain a health and safety program, established to safeguard employees from service-related injury and health problems. The health and safety program is outlined in the TLD Safety Plan.

2.1 SPACE

In order for the personnel within the TLD to efficiently carry out their goals and objectives, adequate and proper space should be allocated for each laboratory activity and function.

Each employee should have enough working space to efficiently accomplish assigned tasks without the risk of mishandling or contaminating materials and/or equipment. All employee and general laboratory working areas should have sufficient storage space for proper storage and handling of individual and general laboratory supplies, equipment and tools. In addition to the space needed for technical work, there should be sufficient space for writing reports, reviewing documentation, working at the computer, filing cabinet storage, water supply, etc.

The laboratory will have space designated for the safekeeping of official records and reports as well as space for reference material, books, and other documents necessary for carrying out the functions of the laboratory. In addition, proper and sufficient space will be provided for long-term storage of any volatile and hazardous materials.

The TLD will take measures to ensure good housekeeping in the laboratory.

2.2 SAFETY

In addition to implementing a health and safety program, the TLD Commander/State Toxicologist will designate personnel, in the form of an interoffice communication (IOC), to serve as safety officer(s). The safety officer(s) will ensure compliance with chemical hygiene and workplace safety by providing current information, and monitoring the use of chemicals and other hazardous processes.

The safety officer(s) have delegated authority from the TLD Commander/State Toxicologist to carry out their duties. TLD Management has ultimate responsibility for the health and safety program and will draw upon the safety officer(s) and their designees for technical support and assistance.

2.3 SECURITY

Security at the Laboratory shall be ensured through a lock and key, proximity card or combination lock system that ensures only authorized personnel have access.

2.4 PROCEDURE

The Laboratory shall define their areas of accessibility and have guidelines that govern accessibility to those areas. TLD exterior laboratory doors will be kept secure at all times. Some areas may, out of necessity, be used for several purposes. The Laboratory's security measures must account for multi-use areas and develop procedures to ensure proper security. In general, guidelines should consider the following types of areas:

2.4.1 Public Area: An area such as a lobby, common hallway, conference room, or restroom which may be accessed by members of the public during business hours without escort.

2.4.2 Work Area: An area designated for responsible employees to perform their assigned duties.

2.4.3 Keys, Proximity Cards, and Combinations

Where applicable, the Laboratory Manager or Supervisors will issue laboratory door and alarm keys or proximity cards, and combinations or codes to employees. Key and proximity card logs will be maintained in accordance with departmental regulations by appropriate personnel, and combinations will be changed as needed to ensure that only authorized individuals have laboratory access. Keys and proximity cards may not be duplicated or loaned, and combinations or codes may not be divulged to unauthorized personnel.

The Supervisor or designee shall maintain an inventory of keys, proximity cards and combinations for the laboratory facility. Audits of these inventories will be conducted each calendar year by a supervisor or manager (not the person responsible for maintaining the inventory). The original audit documentation will be maintained by the Laboratory Manager.

Entrance/exit points and internal areas requiring additional limited/controlled access will have a separate lock system. Access to these areas will be restricted to certain employees, on a routine or limited basis, and such access will be determined and documented by the Laboratory Manager or designee.

2.4.4 Opening and Closing Procedures

The general opening/closing procedures and secured access for the Forensic Laboratory Services Bureau Headquarters facility (Crime Laboratory (CLD) – Seattle, TLD) are described below.

2.4.4.1 Exterior

The main floor exterior (2) double doors on the north side of the building require proximity card access prior to 6 am (all day on weekends and holidays).

- The City of Seattle's security computer unlocks these doors automatically at 6 am on work days. The doors are locked automatically at 6 pm, with proximity card access required after that time.

The main floor exterior (2) south double doors require a mechanical key to gain access prior to 6 am, all day on weekends and holidays). Note: WSP employees do not possess a key to these doors.

- The security company unlocks these doors 6 am on work days. The doors are locked at 6 pm, with mechanical key access required after that time.
- A single door near the south loading dock area requires proximity card access at all times.

At 6 pm (all day on weekends and holidays), all detection and alarm functions on exterior proximity card doors are unmasked.

2.4.4.2 Interior

At 5 am on work days, the City of Seattle's security computer masks motion detectors and "door held" alarms in the CLD functional area evidence vaults and firearms reference library. "Door forced" alarms are always active on all evidence vault and reference library doors.

At 5:30 am on work days, the computer masks motion detectors and "door held" alarms in the TLD evidence vault and CLD main evidence vault. "Door forced" alarms are always active on all evidence vault doors.

At 5:30 am on work days, the computer masks "door held" and "door forced" alarms on all non-vault doors not previously mentioned.

- "Door held" refers to a proximity card door held open for more than 60 seconds.
- "Door forced" refers to using a mechanical key to override the proximity card.
- When "door held" detectors, "door forced" detectors, and motion detectors are masked, the system does not activate.

At 6 pm (all day on weekends and holidays), all detection and alarm functions on interior proximity card doors are unmasked.

2.4.5 Fire Alarms

The Laboratory will have smoke and fire detection systems.

2.4.6 Visitors

All visitors (non-departmental) to the Laboratory will sign in and be escorted by authorized personnel while within secured work areas.

Approved, non-departmental janitorial personnel will not be required to sign in and will not require an escort. They will work only during normal business hours, and only in areas occupied by laboratory personnel.

2.5 **SECURITY OF VOLATILE CHEMICALS**

Responsibilities of employees within the TLD involve the use of various chemicals, including organic solvents, acids, bases and other hazardous reagents. Chemicals will be stored within the secured Laboratory, according to National Fire Protection Association (NFPA) and manufacturer recommendations.

Supervisors shall ensure that the security of all chemicals and their documentation are maintained by all subordinates.

3 RECORDS MANAGEMENT

The following procedures describe the filing, storage, retention and destruction of pertinent records within the TLD. These procedures will direct the activities of personnel within the TLD who maintain documentation relative to the TLD's testing and calibration functions, with the intent of ensuring proper documentation. Records may be kept in electronic format, capable of producing a paper copy where appropriate.

All administrative and technical documentation received or generated by the Laboratory (e.g. testing or calibration batch files or records) will be maintained. The TLD will maintain all original documentation in files or records bearing unique identifiers (e.g. case number, SIM batch number).

3.1 RETENTION TIME OF RECORDS

All records addressed in this policy are to be retained in accordance with the requirements of the Laboratory's accrediting agencies and the WSP Records Retention Schedule, posted on SharePoint.

3.2 STORAGE OF RECORDS

All quality system and technical records will be stored in a manner that is readily retrievable and protected from damage, deterioration or loss. Back-ups of documentation stored electronically will be accomplished and stored in such a manner to allow efficient access and security from unauthorized access to or amendment of these records.

All quality system and technical records will be maintained under the control of the TLD until they are archived. The Laboratory will maintain quality system and technical records for the current calendar year and, as space allows, previous years, on-site (within the Laboratory or FLSB facility records storage), with archived records readily accessible from the State Records Center, which serves as the secured, long-term storage facility for all Laboratory records.

3.3 CUSTODIAN OF RECORDS

For the TLD, the Laboratory Manager or Office Manager will be the official custodian of Division records. Individual TLD personnel will be considered custodians of records for any calibration/testing documentation and/or regular business records at the Laboratory.

3.4 WEB BASED ACCESS TO RECORDS

The FLSB maintains the WSP BTP Discovery Material Website (WebDMS, http://breathtest.wsp.wa.gov/), where calibration work-related records, and select testing work-related records, generated and maintained by the TLD and IDS are available. Records are provided to ITD Web Support for installation on the web site.

3.5 **EXPUNGEMENT AND DESTRUCTION OF RECORDS**

On receipt of a court order for expungement, the TLD Commander/State Toxicologist should be contacted. TLD personnel will make any appropriate contacts with the WSP Risk Management Division and/or the Attorney General's Office, who will provide guidance to the Laboratory for compliance with the order.

Documentation will be destroyed in accordance with the WSP Records Retention Schedule.

4 DISCLOSURE AND RELEASE OF INFORMATION

4.1 POLICY

The TLD is required by law to disclose documentation and information when it is requested by the media, attorneys, insurance companies, the public or other parties designated by the Public Records Act, as allowable by State/Agency policy.

4.2 RELEASE OF RESULTS

The release of results, through Toxicology Test Reports (testing) or Test Reports (calibration), will only be authorized after completion of any mandatory reviews of technical and administrative content.

Original, printed and signed Toxicology Test Reports are considered the official issued versions. Original Reports are sent to the primary submitting agency, with a copy of the Report maintained in the case file. Secondary submitting agencies (e.g. DRE coordinator, pathologist) may receive a copy of the Report. Agencies requesting electronic dissemination of results (in lieu of the original Report by mail), may receive Reports via e-mail or secure file transfer protocol (FTP) site, with the original Report maintained in the case file.

Under certain circumstances, the results of a Toxicology Test Report may be released telephonically (e.g. subject is held by law enforcement pending test results, high-profile investigations), provided that Laboratory personnel have verified that the person making the request is legally entitled to receive the results. Should the customer request test results prior to issuance of a Toxicology Test Report, it will be clearly communicated to the customer that the results are preliminary. Any communication involving release of preliminary results or results of a Toxicology Test Report will be documented in the case file.

Original, printed and signed Test Reports are considered the official issued versions, and will be maintained in their respective batch files at the Laboratory, as well as duplicated in electronic format on the web-based legal discovery website, WebDMS. Copies of Test Reports will accompany the delivery of simulator solutions as detailed in the TLD Calibration Technical Manual. There will be no electronic issuance of Test Reports. This does not preclude the release of copies for public disclosure or legal discovery purposes.

Material amendments to reference material test reports or toxicology test reports will be made only in the form of a further document (*See TLD Calibration Quality Manual or Testing Quality Manual*). The amended document will be titled in either of the following ways:

- Amended [Quality Assurance Procedure or External Standard] Solution Test Report

  Include the statement “Supplemental to [Quality Assurance Procedure or External Standard] Solution Test Report for Batch [insert batch #]”
- Amended Toxicology Test Report for [Laboratory Case (ST) Number]

4.3 **INTERPRETATION OF RESULTS**

Interpretation of results and laboratory data, whether relayed telephonically or in-person, will be limited to the policies, procedures, results, training and expertise of the employee. Only Forensic Scientists and TLD Management shall provide interpretation of results and laboratory data.

4.4 **PROCEDURE FOR PUBLIC DISCLOSURE**

Public disclosure requests will be handled according to procedures established by WSP (*see WSP Regulation Manual and Public Disclosure Manual*).

Any request for information under Public Disclosure will be directed to the appropriate public records coordinator. Routine discovery requests or other requests for specific information can be provided directly to the requesting party by the responsible personnel handling the request.

Court orders for discovery of documentation, records and other related testing or calibration materials will typically be fulfilled by routing discovery documents through the prosecuting attorney, unless specifically ordered otherwise by the court or authorized by the prosecuting attorney.

Parties requesting information or documentation from the calibration laboratory may also be directed to the WebDMS web site (http://breathtest.wsp.wa.gov/). Materials related to the testing laboratory are posted on the FLSB website, under the toxicology laboratory section.

The prosecuting attorney and/or defense counsel may request a pre-trial conference with a scientist to discuss findings in a particular case. Scientists should participate in trial preparation with attorneys, whether in face-to-face meetings or by teleconference. The prosecuting attorney may request to be present for any interviews involving defense counsel or their representative(s). All communication regarding a particular case will be documented in the case file.

5 COURTROOM TESTIMONY

Providing testimony in a legal context is one of the most important responsibilities for TLD personnel. Employees must approach this responsibility with sincerity, honesty and diligence. Testimony is a significant part of the employee's responsibility and will be subject to the same quality assurance standards as other aspects of their work.

TLD personnel will not be advocates for either side but rather advocates for the evidence and/or scientific work. Testifying in a court, telephonically or for a deposition will be limited to the policies, procedures, results, training and expertise of the employee. Most often requests for appearance will be through a subpoena. Wherever possible, all legal subpoenas will be honored for appearance as directed, regardless of the party issuing the subpoena. Reasonable effort should be made to comply with requests for appearance regardless of whether a subpoena is received or not, as this is the legal culmination of the program responsibilities.

Subpoenas received that pose a scheduling conflict with the employee must be resolved. Resolution is generally done via conversations between the employee and the person issuing the subpoena.

5.1 COURT TESTIMONY MONITORING

The testimony of each Forensic Scientist must be monitored by their immediate Supervisor or designee at least once during the year. Documentation will be completed and maintained by the QA Manager or designee, and retained for at least one accreditation cycle, or five years.

5.2 PROCEDURE

5.2.1 Employee Requirements

Ideally, it is the responsibility of the employee to inform their Supervisor, prior to going to court to testify (when an evaluation is needed). This may be done by personal contact, phone or email.

5.2.2 Supervisor Requirements

If the employee's testimony was directly observed, the employee should be given feedback through their Supervisor on the positive aspects of the testimony as well as the areas that need improvement. If a court testimony was not directly observed, the Supervisor may consult with an officer of the court who was present for feedback on the employee's participation. Alternatively, a transcript of the employee's testimony may be obtained for review. Information received in this manner will be shared with the employee.

Written evaluations will be provided to employees and discussed and signed as soon as practical. Records of testimony monitoring shall be retained not less than one full accreditation cycle.

It is the responsibility of the Supervisors to ensure that testimony of all scientists they supervise be evaluated and documented yearly, provided that they testified during that year.

5.2.3 Evaluation Criteria

Evaluation criteria may include:

- Communication Skills
  - Maintains eye contact with the judge or jury
  - Speech is clear, concise, and understandable
  - Posture is open and approachable
- Demeanor
  - Demeanor is polite, professional, and non-argumentative
- Objectivity
  - Answers questions directly
  - Does not speculate
  - Does not show any bias
  - Impartial and not an advocate
- Appearance
  - Demonstrates a clean and well-groomed appearance
  - Clothing is appropriate for a formal appearance in court
- Technical knowledge
  - Limits answers to area of expertise
  - Demonstrates knowledge of the subject matter
  - Is able to translate complex scientific principles into lay terms
- Other relevant comments

5.3 **TESTIMONY REVIEW AND JOB PERFORMANCE**

Any problems identified from the review of testimony will be addressed by the Supervisor and documented in the employee's supervisory file.

The nature of any corrective actions taken should be consistent with the severity of the problem and aimed at the professional development of the employee. Job Performance Improvement (JPIP) plans should include remedial training, and progress must be measured at frequent intervals. Progress, as well as any continued problems, must be documented in the employee's supervisory file.

Employees experiencing significant problems in providing competent testimony based upon deficiencies in technical training, errors in testing or calibration work, or other major difficulties shall be removed from testing and/or calibration work until the matter is resolved.

5.4 **INTERVIEWING EMPLOYEES**

Interviews of employees by media, attorneys, or others as deemed appropriate, are allowed only insofar as the employee agrees to be interviewed and the interview process does not have a deleterious effect on the Laboratory's efficiency and resources. Interviews will conform to the following standards:

- Interviews of employees will be prescheduled and conducted with minimum impact to employees' work assignments.
- All interviews will be conducted in a courteous and professional manner, by all participants.
- A maximum of two hours will be allowed for any interview. If additional time is needed, a second interview may be scheduled or additional time may be arranged.
- Employees have the authority to stop or pause an interview for a rest break, or if they become uncomfortable for any other reason.
- Employees may consult with their Supervisor or Laboratory Manager at any time, and may opt to terminate an interview if appropriate.
- The employee may request that the prosecuting attorney be present.
- The employee may request legal representation (assistant AG) to be present. This must be prescheduled, and is coordinated by the Laboratory Manager.

6 ADMINISTRATIVE PROCEDURES

This chapter describes the administrative procedures for the testing laboratory, including the handling of customer requests and guidelines for testing performed. Policies and procedures specific to the breath alcohol calibration activities performed by the TLD are found in the TLD Calibration Quality Manual and TLD Calibration Technical Manual.

6.1 CUSTOMER REQUESTS FOR ANALYSIS

The Laboratory will make every effort to communicate effectively with its customers regarding requests for analysis of submitted evidence, and the test methods used in that analysis. The test methods used will be appropriate to the testing requested.

6.1.1 A description of those drugs identified in the Laboratory's testing, and those test methods used, is accessible to the customer via the WSP Forensic Laboratory Services website. The customer is also informed as to which tests the Laboratory will refer to a subcontracted laboratory.

6.1.2 The customer is directed to contact the Laboratory with any comments, questions or concerns relevant to the test methods used. Constant communication is maintained with the Laboratory's customers through training presentations, meetings and phone or e-mail contact regarding specific case submissions or types of submissions (*see 1.9.2 and 1.9.3*).

6.1.3 Evidence submitted to the laboratory, accompanied by one of the Laboratory's Request for Analysis forms (*see 6.2 below*), will be subject to analysis using the listed test methods, as determined by case submission type and/or specific testing requested by the customer.

6.1.4 Should the customer request a deviation from the normal test battery, the request should be made prior to beginning analysis (e.g. Request for Analysis form, e-mail, phone communication), whenever possible. The customer will be notified should they request use of a test method that is obsolete or inappropriate for the requested testing. If a deviation is requested by the customer once analysis has begun, this will be documented in the case file.

6.1.5 Should the Laboratory require a deviation from the normal test battery in order to fulfill the customer's request, this will be clearly indicated to the customer. Whenever possible, this will occur prior to commencing analysis. However, due to the complex nature of toxicological casework, a deviation may be required once analysis has begun (e.g. the listed test method cannot be used due to the combination of analytes present or the quality of the sample). Should this occur, the customer will be informed, with means of notification determined by the customer, evidence/request type and/or reason for the deviation.

6.1.6 The Laboratory may have the capability to implement a new test method (e.g. for an emergent or rare compound), outside the normal scope of the Laboratory's testing (those listed on the WSP Forensic Laboratory Services website). Where a novel test method is used, the customer will be notified, as described in 6.1.5 above, and this will be clearly indicated on the test report.

6.1.7 Records of communication with the customer regarding a request/deviation related to a specific case will be documented and maintained in that case record. For general requests (e.g. a medical examiner's office requests that all fire death submissions receive a STAT carbon monoxide test), the records will be maintained on file with the Laboratory Manager.

6.1.8 Where the Laboratory has entered into a written contract with the customer (e.g. testing performed for the State of Alaska), any changes to the contract proposed by either the Laboratory or the customer will be documented in the form of an amended contract. The amended contract will be subject to the same agency procedures for review and approval as the original contract.

6.2 REQUEST FOR ANALYSIS FORMS

6.2.1 Specimens submitted to the TLD for testing will include one of the following Laboratory Request for Analysis forms:

6.2.1.1 Driving under the Influence (DUI)/Drug Recognition Expert (DRE)

6.2.1.2 Death Investigation

6.2.1.3 Liquor Control Board (LCB)/Drug Investigation

6.2.1.4 Drug Facilitated Sexual Assault (DFSA)

6.3 TESTING GUIDELINES

6.3.1 DUI/DRE Requests

All DUI/DRE case sample submissions will be tested for ethanol/volatiles by headspace gas chromatography (HSGC) and will undergo drug screening by enzyme-multiplied immunoassay technique (EMIT), unless the submitting agency specifically requests ethanol/volatiles testing only on the Request for Analysis form. Additional screening or confirmation testing is performed as necessary.

NOTE: Testing performed on evidence submitted by the state of Alaska does not include ethanol/volatiles testing.

6.3.1.1 All Vehicular Homicide and Vehicular Assault case sample submissions will have the following testing performed:

- Ethanol/volatiles analysis by HSGC
- Drug screening by EMIT

- Basic drug screening by gas chromatography-mass spectrometry (GC-MS)
- Additional screening or confirmation testing performed as necessary

6.3.2 Death Investigation Requests

All Death Investigation case sample submissions will be tested for ethanol/volatiles by HSGC and will undergo drug screening by EMIT, unless the submitting agency requests ethanol/volatiles testing only or the case is a Traffic Fatality.

A basic drug screen will be performed on all case sample submissions related to police-involved fatalities, police custody/inmate fatalities and any workplace-related death.

A basic drug screen and acidic/neutral testing will be performed on all case sample submissions from children five years of age and younger, and on those submissions from subjects 6-18 years of age with no known cause of death.

Additional testing is performed based on individual case history and other information recorded on the Request for Analysis form.

6.3.2.1 Traffic Fatalities

6.3.2.1.1 All causing/unknown driver case sample submissions will have the following testing performed:

- Ethanol/volatiles analysis by HSGC
- Drug screening by EMIT
- Basic drug screening by GC-MS
- Additional screening or confirmation testing performed as necessary

NOTE: Confirmation testing must be performed on those cases that screen positive for cannabinoids by EMIT.

6.3.2.1.2 All non-causing driver and passenger case sample submissions will have the following testing performed:

- Ethanol/volatiles analysis by HSGC
- Drug screening by EMIT
- Additional screening or confirmation testing performed as necessary

6.3.2.1.3 Pedestrian fatality case sample submissions will have the following testing performed:

- Ethanol/volatiles analysis by HSGC

- Drug screening by EMIT
- Additional screening or confirmation testing performed as necessary

6.3.3 DFSA Requests

All DFSA case sample submissions will have the following testing performed:

- Ethanol/volatiles analysis by HSGC
- Drug screening by EMIT
- Basic drug screening by GC-MS
- Benzodiazepine testing by LC/MS-MS
- Additional screening performed dependent on time elapsed between the incident and specimen collection and/or case circumstances
- Confirmation testing performed as necessary

6.3.4 Drug Investigation Requests

All drug investigation cases will be tested for the following, unless the submitting agency specifically requests specific testing only on the Request for Analysis form:

- Ethanol/volatiles analysis by HSGC
- Drug screening by EMIT
- Basic drug screening by GC-MS
- Additional screening or confirmation testing performed as necessary

6.3.5 Liquor Control Board Requests

All Liquor Control Board case sample submissions will have the following testing performed:

- Ethanol/volatiles analysis by HSGC
- Additional testing performed at the request of submitting agency

6.3.6 Testing Performed by an External Laboratory

Should a customer request a specific analysis not within the scope of testing of the Laboratory (e.g., heavy metals, “spice”), or the Laboratory is capable of screening, but not confirming/quantifying a specific compound present in a case specimen, a sampling of the specimen may be sent to an external testing laboratory for analysis. (*See also section 10.8 of Testing Quality Manual*).

6.3.6.1 Supervisor approval is required prior to sending a sample to an external testing laboratory for analysis. In some cases, it may be appropriate to consult with the customer regarding testing that must be performed by an external laboratory.

6.3.6.2 All testing performed by an external testing laboratory must be documented in the case file, with the external test report included as part of the final results released to the submitting agency.

6.4 **OTHER ADMINISTRATIVE PROCEDURES**

All Laboratory personnel are responsible for following those policies and procedures described in agency-wide documents, including the WSP Regulation Manual.

7 EVIDENCE MANAGEMENT

The Laboratory employs policies and procedures for the receipt, accessioning, transfer, protection, storage, retention, and disposal of evidence items. Evidence is to be handled so as to protect the integrity of the test items, and the interests of the Laboratory and customer(s).

Any exceptions or deviations from the procedures described below must be approved by a member of TLD Management, and appropriately documented.

7.1 DEFINITIONS

7.1.1 Chain of Custody (COC): Written record of all evidence transfers, including entrance to the Laboratory, internal and external transfers, and disposition from the Laboratory. For internal transactions, the COC will include the transaction date and the unique identifier for the test item(s). All transactions require the unique, secured PIN of personnel involved in the transaction, with the exception of the initial receipt/signing of the COC on the Request for Analysis.

7.1.2 Evidence: Test items received by the Laboratory for the purpose of performing forensic toxicological testing.

7.1.3 Evidence Vault: The primary, secured, limited-access storage area for evidence.

7.1.4 Examination/Analysis: The process of performing testing of evidence items, using the Laboratory's testing procedures.

7.1.5 Laboratory Information Management System (LIMS): The evidence-management database which tracks evidence movement into, within, and out of the Laboratory.

7.1.6 Proper Seal: Prevents loss, cross transfer or contamination, and ensures the integrity of the evidence item(s), as an attempt to enter the container would be noticed. Examples include non-removable tape, evidence tape, or heat seals, with initials of the person applying the seal. All test items received by, and in custody of, the Laboratory will be properly sealed while not under examination/analysis.

7.1.7 Property & Evidence Custodian (PEC): Handles evidence entering and leaving the Laboratory, and maintains primary responsibility for the evidence vault and all evidence contained therein. Alternate PECs are granted access to the evidence vault for purposes of assisting in those responsibilities of the PECs.

7.2 EVIDENCE RESPONSIBILITIES

7.2.1 Property & Evidence Custodians (PECs)

PECs have primary responsibility for the receipt, storage, and disposition of evidence. PECs also have primary responsibility for transfers of evidence between laboratories (e.g. to a reference laboratory or return to submitting agency) and in and out of the evidence vault.

7.2.2 Forensic Scientists (also referred to as analysts) are responsible for intra-laboratory transfers and security of evidence during analysis.

7.2.2.1 Each analyst will be assigned a lock to secure evidence that is in their custody, and under examination, in a temporary refrigerator. The Laboratory Manager maintains a key-log and duplicate keys to each lock. Should access with duplicate keys be required, it will be approved by a member of TLD Management and documented in the key-log.

7.2.2.2 The analyst is responsible for securing evidence that is not actively being analyzed, but is in process of examination. The analyst will store evidence in the secured temporary refrigerator or return the evidence to the vault.

7.3 EVIDENCE VAULT ACCESS

7.3.1 Access to the evidence vault is limited to PECs, alternate PECs, and the Laboratory Manager.

7.3.2 Any other individual requiring access to the vault (including but not limited to maintenance workers, auditors, etc.) must be escorted by personnel with authorized access (as listed in 7.3.1), and signed in on the Property Room Access Record in the vault.

7.4 EVIDENCE SUBMISSION AND KITS

7.4.1 The Laboratory provides evidence collection kits to user agencies, upon request. Kit requests may be made via e-mail, fax, or telephone call.

NOTE: It is not necessary for all items provided in the collection kit(s) to be submitted to the Laboratory. Miscellaneous evidence containers may also be submitted (e.g. assorted collection tubes for hospital samples, glass or plastic containers).

NOTE: Syringes with needles will not be accepted.

7.4.1.1 DUI/DRE Kit Contents

- Two (2) gray-top vacuum-collection tubes
- Absorbent pad
- Plastic bag
- Styrofoam mailing container
- Cardboard mailing sleeve with Laboratory address label

7.4.1.2 Death Investigation Kit Contents

- Two (2) gray-top vacuum-collection tubes
- Two (2) red-top vacuum-collection tubes

- Absorbent pad
- Plastic bag
- Styrofoam mailing container
- Cardboard mailing sleeve with Laboratory address label

7.4.1.3 DFSA Kit Contents

- Two (2) gray-top vacuum-collection tubes
- Plastic urine cup
- Absorbent pad
- Plastic bag
- Styrofoam mailing container
- Cardboard mailing sleeve with Laboratory address label

7.4.2 Evidence Request for Analysis forms

All evidence must be submitted with one of the following Request for Analysis forms (available on WSP agency website).

- DUI/DRE
- Death Investigation
- DFSA
- LCB/Drug Investigation

NOTE: Request for Analysis forms may be modified by user agencies to reflect that information that is most relevant to a specific case type (or agency). These forms will be accepted (current/previous revisions) by the Laboratory with accompanying evidence, provided that the form contains at least the following information; chain of custody documentation, subject and agency information, person submitting the evidence, and type of request (from list above).

7.5 **RECEIPT OF EVIDENCE**

7.5.1 Evidence is received into the Laboratory by a PEC or alternate PEC.

7.5.2 The Laboratory directs user agencies to submit evidence that has been properly sealed. Due to the diversity of user agencies and volume of evidence submitted for analysis, the Laboratory will accept evidence that is not under proper seal at time of delivery.

7.5.2.1 If evidence submitted to the Laboratory is not properly sealed upon delivery, this will be noted on the Request for Analysis form, and the PEC/alternate PEC will place the evidence under proper seal. NOTE: This may occur at time of accessioning, if evidence is not hand-delivered (see 7.6.2).

7.5.2.2 For hand-delivered evidence that is not properly sealed, the PEC will request that the person submitting the evidence to the Laboratory places the evidence under proper seal before taking receipt of the evidence or, the PEC will properly seal the evidence (e.g. when outer packaging must be removed in order to access the evidence).

7.5.3 The chain of custody on the Request for Analysis form should be signed immediately when evidence is received by hand delivery. If the Request for Analysis form is located inside the packaging, it will be signed after the package has been opened (*see 7.6.5.2*).

7.5.4 The initials of the individual receiving the package and the date received shall be noted on the outer packaging (unless hand-delivered).

7.5.5 Evidence will be stored under refrigeration in the evidence vault upon receipt. Evidence may be removed from refrigeration for accessioning within the evidence vault, and returned to the refrigerator while awaiting assignment.

7.6 **ACCESSIONING EVIDENCE**

7.6.1 A PEC or alternate PEC will accession the evidence. If the PEC accessioning the evidence did not originally receive the evidence, he/she will note who originally received the package (based on the initials and date on the package or signature on the COC).

7.6.2 If evidence is found to be not under proper seal upon opening the packaging, this will be noted on the Request for Analysis form, and the PEC/alternate PEC will place the evidence under proper seal.

7.6.3 All evidence should be handled as bio-hazardous and Universal Precautions should be maintained.

7.6.4 Photographs are taken of all evidence items submitted, at time of accessioning, with the exception of death investigation cases and DRE certification samples. Photographs are stored in LIMS in electronic form.

7.6.5 The following information is documented on the Request for Analysis form. The PEC/alternate PEC recording the information will initial the Lab Use Only section of the form.

7.6.5.1 ST (State Toxicology) Number

- ST numbers begin with the two-digit year and are marked in succession (e.g. the first sample received in 2014 will be marked as ST-14-00001).

- The ST number serves as the Laboratory's unique identifier for the case.
- Each item of evidence attached to a particular case will be uniquely identified and traceable to the unique case identifier (ST number), with the addition of a letter suffix, in alphabetical order. For example, case ST-14-00001 has two gray top vials and one red top vial submitted as evidence, marked as ST-14-00001-A, ST-14-00001-B, and ST-14-00001-C, respectively.
- The unique identifier for each test item shall be retained throughout the life of the item in the Laboratory (*see also 7.8.2 Creation of Child Items*).

7.6.5.2 Chain of Custody

- The COC is signed and dated (date package was received in the Laboratory) by the individual who received the evidence.

7.6.5.3 Other Observations

- Observations made upon sample receipt (e.g. leaking sample, improperly completed form) are noted.
- Should the issue affect the ability of the Laboratory to perform the requested testing, the submitting agency will be notified.

7.6.5.4 Method of Shipping

- Check boxes are available in the Lab Use Only section for most methods of shipping.
- The condition of the shipping containers and any discrepancies (e.g. suggestion of damage or tampering in transit) are documented.

7.6.5.5 Seals

The presence of integrity seals on submitted test items are annotated by marking the appropriate boxes on the request form in the Lab Use Only section. Note that evidence may be sealed upon delivery, but not under "proper seal," as defined in 7.1.6. The type of seal used by the submitting agency is noted on the request form. If the evidence is not under "proper seal" when delivered, the PEC/alternate PEC will properly seal the evidence and this will be noted on the request form.

7.6.5.5.1 If the outer packaging (bag, box) containing the evidence is properly sealed, the individual evidence item(s) will then be properly sealed by the PEC/alternate PEC upon opening.

7.6.5.5.2 The type of seal is indicated using the following abbreviations (this list is not all-inclusive):

- PS – proper seal
- T – tape

- ET – evidence tape
- HS – heat seal
- G – gum seal
- P – Parafilm®

7.6.5.6 Evidence Description

A description of evidence is documented, with the following information:

- Type of evidence (e.g. blood, vitreous, liver)
- Sample container

  i. The following is a list of commonly encountered containers and the applicable abbreviations (this list is not all-inclusive):

     - V – vacuum-collection tube
     - T – Snap top tube
     - C – Cup
     - P – Plastic
     - B – Bag
     - BTL – Bottle
     - SST – Serum Separator Tube
     - Tub – Tub

  ii. The following is a list of commonly encountered vacuum-collection tubes and the applicable abbreviations (this list is not all-inclusive):

     - G – Grey top tube
     - R – Red top tube
     - Grn – Green top tube
     - Lav – Lavender top tube
     - Blu – Blue top tube
     - Ong – Orange top tube
     - Pur – Purple top tube
     - Pnk – Pink top tube
     - Yel – Yellow top tube

- Estimated amount of sample received
- Whether or not the evidence is labeled

  i. Samples are considered labeled if they include at least one of the following and is indicated by a “Y”:

     - Subject’s name
     - Agency case number

ii. If the name on the evidence does not match the name on Request for Analysis form, the samples are considered labeled. The name on the evidence is the name of the subject in LIMS.

- One exception is a death case where the subject is unidentified at the time of collection and is marked "John Doe" or equivalent. In this instance, both names provided will be recorded in the database.
- If minor differences in the subject name are identified (e.g., missing or incorrect letter, hyphenation), this may not be noted (no photograph printed). The difference is noted in the "notes" section of the "Lab Use Only" section on the Request for Analysis form.

iii. Samples are considered unlabeled if i or ii above are not met, and is indicated by an "N".

iv. In the event of ii or iii above, photographs are taken of the evidence, stored in LIMS, and two copies are printed. One copy is sent with the toxicology test report to the requesting agency and one remains as part of the physical case file.

NOTE: As described in 7.6.4, photographs of evidence submitted in death cases will not be taken automatically at time of accessioning, and will need to be taken if discrepancies are identified.

- Unique suffix

i. Each evidence item receives a unique suffix (see 7.6.5.1) that will be added to the end of the ST number assigned to the case.

ii. If hospital evidence is received, suffix assignment most often occurs in the order of sample draw (based on date and time from the hospital labels), and/or by sample volume.

7.6.6 A new case is generated in LIMS. The following information is included:

- Agency name and case number
- Subject's name and information
- Traffic or incident information
- Evidence information including lot numbers of containers (when available)

  NOTE: Lot numbers are not entered for death investigation cases, with the exception of police-submitted death-investigation cases.
- Other observations
- Evidence submission and chain of custody including shipment tracking numbers

- Additional information as needed or given (e.g. degree of decomposition, where applicable)

7.6.7 Once the data has been entered, LIMS will generate evidence labels. Labels are then affixed appropriately.

7.6.7.1 A large ST label is affixed to the case file folder (not LIMS-generated).

7.6.7.2 The request barcode label is placed vertically on the folder tab.

7.6.7.3 The appropriate labels, with suffixes, are affixed to the evidence items, as noted on the Request for Analysis form.

- A non-barcode label is affixed horizontally to the top of the tube or container.
- The barcode label is affixed vertically to the side of the tube or container, with care taken not to cover up any identifying information, wherever possible.
- A small ST label is affixed to the Request for Analysis form.

7.6.7.4 The PEC will mark the following additional information on case files, if applicable.

- A red “T” is marked on the file folder of Death Investigation cases where the cause of death is a traffic accident.
- A black “DRE” is marked on the file folder of cases in which a DRE performed an evaluation and rendered an opinion.

7.6.8 The labeled evidence is placed in accession order in a rack and is secured by the PEC until assigned to a Forensic Scientist for examination/analysis.

7.6.9 Case files are maintained by the PEC until the corresponding evidence is assigned to a Forensic Scientist.

7.6.10 When evidence is not actively being tested, it is secured in either a designated evidence vault refrigerator or the Forensic Scientists’ secured temporary refrigerators.

7.7 **SUPPLEMENTAL EVIDENCE**

When supplemental evidence is received it will be processed as outlined in 7.6. The supplemental test items will be labeled with the same ST number as the original case submission, with the appropriate suffices, and the Forensic Scientist to whom the case was assigned will be notified.

7.8 **CREATION OF CHILD ITEMS**

7.8.1 Definition of Parent/Child process

When evidence is created from an existing piece of evidence and placed into a new container (e.g., for testing purposes or shipment), a new (child) item number is created from the original (parent) item. For example, a sample from Item B (ST-14-00001-B) would become Item B-1 (ST-14-00001-B-1). The initial chain of custody is inherited from the parent item.

7.8.1.1 This creation must be recorded in LIMS using the following procedure:

- The analyst must have possession of the parent item and be logged into LIMS in order to create a child item.
- Select the applicable evidence kit.
- Select the inheritance information.
- Select the sample type.
- Indicate the volume transferred to the child item in the data extension tab.
- Generate label for the child item and affix to the container.

7.8.2 Child items shall be tracked in LIMS, with a documented chain of custody record, to the same extent that the original, parent items of evidence are tracked.

NOTE: For additional information, refer to the Help Contents file in LIMS and/or the LIMS Manual on the FLSB portal.

7.9 STORAGE OF EVIDENCE

7.9.1 Evidence will be stored appropriately in an upright position, wherever possible.

7.9.1.1 Evidence test tubes will be stored in test tube racks.

7.9.1.2 Evidence in plastic cups, paint cans, and other specimen containers unsuitable for test tube rack storage, may be stored in trays in the evidence vault refrigerators. Due to the infrequent amount received, each tray is annotated with the starting and ending ST numbers of the evidence contained within.

7.9.2 While under examination/analysis, evidence not actively being tested will be stored in the Forensic Scientists' secured temporary refrigerator(s).

7.9.2.1 Evidence under examination/analysis may be left unattended for short periods of time but must be in the secured laboratory area (stored as in 7.9.1), protected from extreme temperatures, risk of breakage and contamination, with container lids/stoppers in place and within a laboratory hood or clean benchtop.

- Examples of short periods of time may include, but are not limited to, rest breaks, meal periods, phone calls, and short conferences.

7.9.3 Evidence submitted to the Laboratory is considered under examination/analysis from the time it is assigned to the Forensic Scientist until 120 days from the date the evidence was received at the Laboratory.

7.9.4 Evidence not in the process of examination will be stored under refrigeration within the secure, limited-access evidence vault, under proper seal.

7.10 RETRIEVING/RETURNING EVIDENCE FROM THE EVIDENCE VAULT

7.10.1 Evidence is retrieved from or returned to the secured evidence vault by a PEC or alternate PEC.

7.10.2 Each individual involved in an evidence transaction shall scan the appropriate individual barcode and enter their secure PIN number.

7.10.3 Transfers between Forensic Scientists can occur without a PEC but must be recorded in LIMS using the secured PIN transaction.

7.11 TRANSFER OF EVIDENCE TO A SUBCONTRACTED OR REFERENCE LABORATORY

7.11.1 The Forensic Scientist assigned to the case, or if necessary the PEC or Supervisor, will prepare the sample for shipping to an outside laboratory.

7.11.1.1 For testing performed by an external laboratory, an aliquot of the previously opened tube/container should be transferred, creating a child-item. The original tube may be sent, as in cases with limited sample, with the appropriate documentation in LIMS. If the original tube is sent, the tube may or may not be returned to the TLD by the reference laboratory (as determined on a case-by-case basis).

7.11.1.2 For testing requested by the defense, an unopened tube should be sent, whenever possible.

7.11.2 All transfers to external laboratories, including shipment method and tracking numbers, are recorded in LIMS.

Two copies of the Toxicology Laboratory Outbound Evidence Transfer Receipt are generated and signed by the sender. One receipt accompanies the sample, and one is maintained in the case file.

7.11.3 A letter containing the following information is generated and shall accompany the sample, with a copy of the letter maintained in the case file:

- Sample type, container and amount
- Analysis requested
- Signature of the State Toxicologist or designee

7.11.4 Special Requests

7.11.4.1 Clinical Testing

Should clinical testing of evidence items be requested by the customer, the Laboratory will follow those procedures in 7.11. Copies of completed submission or request forms for evidence items transferred to a clinical laboratory will be retained in the case file.

7.11.4.2 Request to Return Evidence to the Laboratory

7.11.4.2.1 When it is requested that an item be returned to the Toxicology Laboratory, an External Chain of Custody form or external laboratory-specific paperwork (however named, if applicable) should be used to allow for additional chain of custody information.

7.11.4.2.2 Returns will be recorded in LIMS and associated paperwork shall be retained in the case file.

7.12 **RETURN OF EVIDENCE TO SUBMITTING AGENCY**

7.12.1 Evidence is retained for a minimum of three months following release of the test report. All submitted evidence shall be returned to the submitting agency, unless otherwise indicated.

7.12.2 Return Procedure

7.12.2.1 The Evidence Handling Inquiry Report in LIMS is used to generate lists of samples ready for return, based on entered parameters.

7.12.2.2 All return transfers, including shipment method and tracking numbers, are recorded in LIMS.

7.12.2.3 Two copies of the Toxicology Laboratory Outbound Evidence Transfer Receipt are generated and signed by the sender.

7.12.2.4 For evidence returns that occur in person, the agency representative shall also sign the Toxicology Laboratory Outbound Evidence Transfer Receipt, verifying the transfer.

NOTE: For batched returns to a single agency, one representative receipt is drafted for all cases returned, with one copy accompanying the returned evidence, and one maintained on file by the Office Manager. For individual case returns, one copy accompanies the returned evidence, and one is maintained in the appropriate case file.

7.12.2.5 A Chain of Custody Report is generated from LIMS and retained in the appropriate case file(s).

7.13 **EXTENDED RETENTION OF EVIDENCE**

7.13.1 The cycle for evidence retention in the laboratory is three months from date of release of the test report. The exception is evidence submitted by the WSP, which will be retained at the Laboratory until the Laboratory is notified by a WSP representative that the evidence may be disposed.

7.14 **EVIDENCE REQUESTS FOR COURT**

7.14.1 Due to the safety hazards involved with the transportation of liquid biological samples, it is not the policy of the Laboratory to transport evidence to court. Any requests of this nature will be brought to the attention of TLD Management.

7.14.1.1 Laboratory personnel will not transport evidence. Special circumstances must be authorized by TLD Management.

7.14.1.2 Whenever possible, colored photographs of evidence shall be used in lieu of physical biological evidence*.*

7.14.1.3 Should the presence of the physical evidence be warranted, the submitting agency will be notified. Wherever possible, the Laboratory will transfer evidence items to a representative of the submitting agency for transport to court.

7.14.1.3.1 The submitting agency is responsible to protect the integrity of the evidence items while in their custody.

7.14.1.3.2 The submitting agency may retain the evidence or, if the evidence is not retained, the agency representative is responsible for transport of the evidence back to the Laboratory.

7.14.1.3.3 All transactions will be documented in LIMS.

7.15 **EVIDENCE DISPOSAL**

7.15.1 Evidence disposal is ongoing and requires written authorization from the submitting agency.

7.15.2 Evidence is retained for a minimum of three months following the release of the test report. This does not preclude the disposal of evidence prior to the three month cycle, provided that written authorization from the submitting agency has been received.

7.15.3 Disposal Procedure

7.15.3.1 The Evidence Handling Inquiry Report in LIMS is used to generate a list of those samples ready for disposal, based on entered parameters.

7.15.3.2 All disposals are documented in LIMS, and must be witnessed by a Supervisor or Manager.

- A transfer shall be completed.

- The disposal shall be set using “Setting Final Disposition” as the agency.

7.15.3.3 The Toxicology Laboratory Outbound Evidence Transfer Receipt is printed and signed by both the PEC and Supervisor/Manager.

7.15.3.4 The completed Toxicology Laboratory Outbound Evidence Transfer Receipt(s) are maintained by the Office Manager.

7.15.3.5 A Chain of Custody Report is generated from LIMS and maintained on file with the Office Manager.

7.15.3.6 Discarded evidence samples will be handled in accordance with bio-hazardous material procedures detailed in the TLD Safety Plan.

7.16 **BROKEN OR CRACKED TUBES/CONTAINERS**

7.16.1 If an evidence tube or container becomes broken or cracked, it shall be disposed.

7.16.1.1 The disposal is documented in LIMS by completing a transfer and selecting “Setting Final Disposition” as the agency.

7.16.1.2 It shall be recorded in the notes section that the item is cracked or broken.

7.16.1.3 Photographs of the evidence item should be taken prior to disposal, especially if sample was broken upon receipt, only if this can be done in a safe manner.

NOTE: As described in 7.6.4, photographs of evidence submitted in death cases will not be taken automatically at time of accessioning, and will need to be taken prior to disposal, wherever possible.

7.16.1.4 The Toxicology Laboratory Outbound Evidence Transfer Receipt is printed, signed by the PEC or analyst, and retained in the case file.

7.16.1.5 A Chain of Custody Report is generated from LIMS and placed in the case file.

7.16.1.6 Discarded evidence samples will be handled in accordance with bio-hazardous material procedures detailed in the TLD Safety Plan.

7.17 **MISSING EVIDENCE CONTAINER STOPPER**

7.17.1 Occasionally, during storage, the vial stopper comes off an evidence tube. The following steps will be taken when this occurs.

- Replace the stopper with an unused snap cap and properly seal the vial.
- Discard the original stopper.
- A note should be made under the appropriate evidence item in LIMS.

7.18 **EVIDENCE AUDITS**

7.18.1 As per the Property Inventory/Audit section of the WSP Regulation Manual (21.00.020), the following evidence audits will be performed.

7.18.1.1 A joint 100% audit shall be conducted when there is a change in PEC or alternate PEC.

The audit shall be conducted jointly by the incoming custodian and a member of TLD Management (or QA designee) who does not control the property function. This includes members of the FLSB (SAS section). Any discrepancies shall be documented and reported to the Laboratory Manager, TLD Commander/State Toxicologist, Risk Management Division Commander and the agency's Evidence Control Officer.

7.18.1.2 A 100% audit shall be conducted within five business days when a property storage area has been breached and a loss of or theft of item(s) is suspected.

The audit shall be conducted jointly by a PEC and a member of TLD Management (or QA designee) who does not control the property function. Any discrepancies shall be documented and reported to the Bureau Director with a copy sent to the agency's Risk Management Division Commander and Evidence Control Officer within 30 days.

7.18.1.3 Quarterly audits will be conducted of all evidence storage areas. This will be a joint audit with a PEC or alternate PEC and a member of TLD Management (or QA designee) who does not control the property function.

7.18.1.3.1 The annual audit performed by the agency's Evidence Control Officer may be substituted for the quarterly audit normally performed in that time period.

7.18.1.3.2 The audit shall review associated paperwork, chain of custody, accountability, and/or the final disposition of all suspected evidence discrepancies. Security, orderliness, and overall cleanliness of the storage facilities will also be ensured. This audit will be a random statistical sampling of all evidence in their inventory providing for a 95% confidence level with a +/- 10% confidence interval. This does not preclude the laboratory doing a 100% audit, if desired.

7.18.1.4 Audits Performed by the WSP Evidence Control Officer

7.18.1.4.1 Annual Audit

- In addition to the required evidence audits described above, the Evidence Control Officer shall conduct an annual audit.
- This audit will provide for a 99% confidence level with a +/- 3% confidence interval of the evidence system. This shall include all evidence storage areas.

7.18.1.4.2 Spot Audit

- The Evidence Control Officer shall conduct unannounced spot inspections providing for a 95% confidence level with a +/- 5% confidence interval of randomly selected evidence.
- Occurs at least annually.

7.18.2 A summary report for all audits will be created by the Office Manager, in the form of an Intra-Office Communication (IOC). The IOC will include a description of the case selection, date(s) performed, the person(s) performing the audit, and the outcome, with all discrepancies and corrective actions noted. A copy of this report will be submitted to:

- The Risk Management Division
- Division Commander
- Laboratory Manager
- The Quality Assurance (QA) Manager
- All Laboratory Supervisors
- The PECs

7.18.3 The audit reports and the original audit documents will be filed and controlled by the QA Manager or designee.

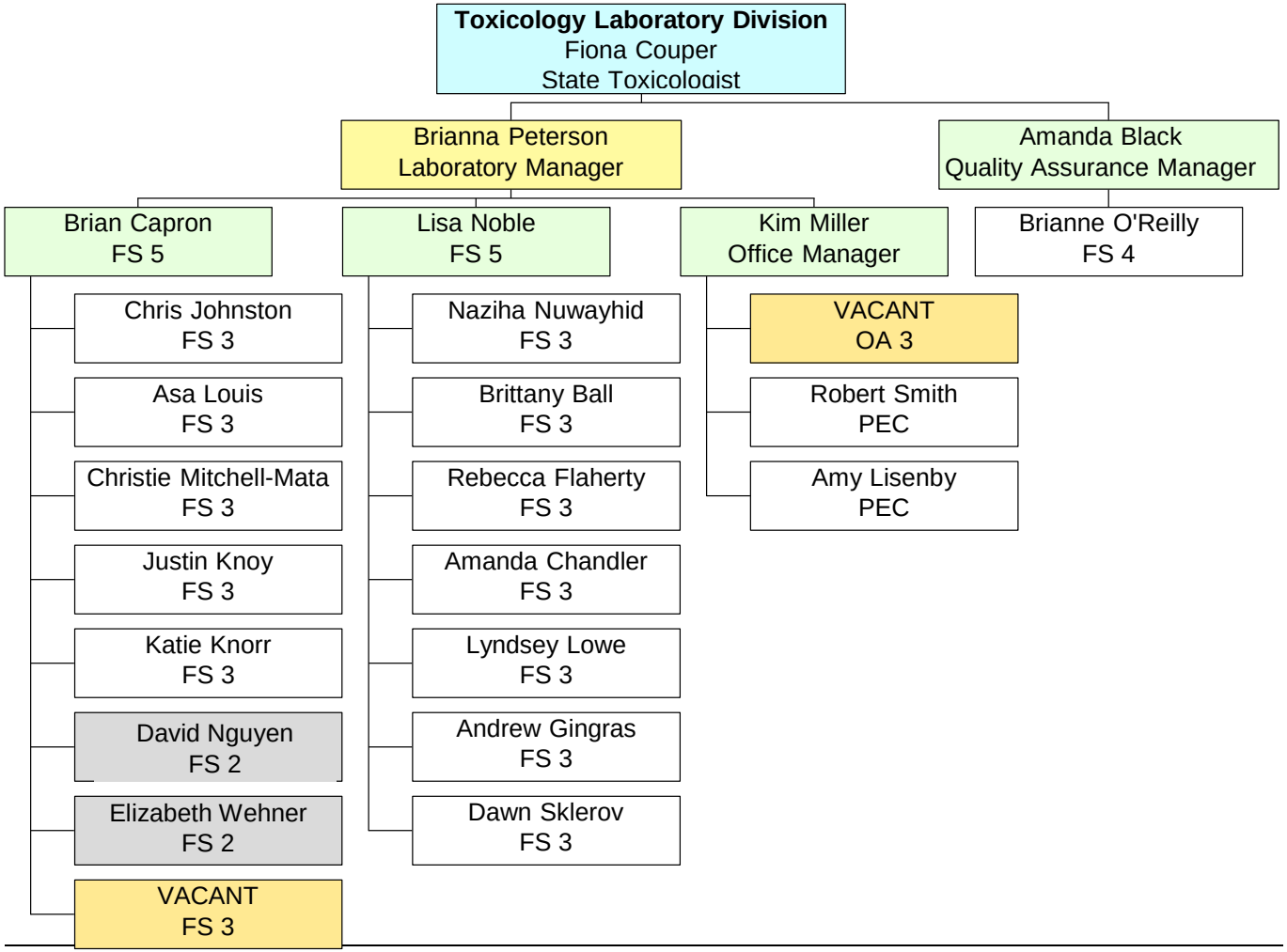
7.19 **OTHER EVIDENCE-RELATED PROCEDURES**

The following documents are utilized by the Laboratory and contain additional policies, rules, and procedures:

- WSP Regulation Manual
- Laboratory Information Management System (LIMS) Operations Manual
- TLD Safety Plan
- FLSB Forensic Services Guide
- WSP Property and Evidence Custodian Manual
- WSP Officer's Evidence Handbook

APPENDIX A – TOXICOLOGY LABORATORY DIVISION ORGANIZATIONAL CHART

Toxicology Laboratory – May 1, 2015



APPENDIX B – MINIMUM JOB REQUIREMENTS

FORENSIC SCIENTIST 1

- A Bachelor of Science degree in forensic science or a natural science, which includes a minimum of 20 semester hours or 30 quarter hours of chemistry, and 5 semester or 8 quarter hours of physics; and
- *Desirable*: One year of full-time paid technical experience in an analytical, research, or crime laboratory. Note: An advanced degree in forensic science or a natural science will substitute for one year of experience in an analytical, research, or crime laboratory.

FORENSIC SCIENTIST 2

- A Bachelor of Science degree in forensic science or a natural science, which includes a minimum of 20 semester hours or 30 quarter hours of chemistry, and 5 semester or 8 quarter hours of physics; and
- *Desirable*: Two years of full-time paid technical experience in an analytical, research, or crime laboratory; one year of which must have been in a forensic science laboratory performing analyses of physical evidence and testifying as an expert in courts of law.

FORENSIC SCIENTIST 3

- A Bachelor of Science degree in forensic science or a natural science, which includes a minimum of 20 semester hours or 30 quarter hours of chemistry, and 5 semester or 8 quarter hours of physics; and
- *Desirable*: Two years of experience as a Forensic Scientist 2 or three years full-time paid technical experience in a forensic science laboratory performing analyses of physical evidence which includes testifying as an expert witness in courts of law.

FORENSIC SCIENTIST 4

- A Bachelor of Science degree in forensic science or a natural science which includes a minimum of 20 semester hours or 30 quarter hours of chemistry and 5 semester or 8 quarter hours of physics; and
- *Desirable*: Two years of experience as a Forensic Scientist 3 or five years of full-time paid technical experience in a forensic science laboratory which includes two years performing analyses of physical evidence and testifying as an expert witness in courts of law.

FORENSIC SCIENTIST 5 (SUPERVISOR)

- A Bachelor of Science degree in forensic science or a natural science which includes a minimum of 20 semester hours or 30 quarter hours of chemistry and 5 semester or 8
- quarter hours of physics; and
- Two years of experience as a Forensic Scientist 3 or five years of full-time paid technical experience in a forensic science laboratory which includes two years performing analyses of physical evidence and testifying as an expert witness in courts of law.

LIST OF CHANGES

Revision Date	Procedure	Change	Page Number
6/1/13	Overall content	Removed wording related to work performed by the WSP Breath Test Program (BTP). Management system/organizational structure updated. Manual now covers all functions of the TLD, for both calibration and testing activities. Assigned new document ID, TLD_OP.	All
6/9/14	Overall content	Moved administrative and evidence procedures from separate documents to chapters in the operations manual. Added wording to section 1.11 for annual review of ethics guidelines for all laboratory employees. Added opening and closing procedures to section 2.35. Updated organizational chart. Additional edits throughout. Refer to DRA dated 5/29/14 for detailed changes.	All
10/1/14	Chapter 1, Appendix A, B	Added wording in 1.6 to define TLD Management. Added minimum job requirements in appendix B, as referenced in 1.7. Updated organizational chart in appendix A.	8, 47, 48
10/1/14	Chapter 2, 4	Added description of health and safety program to chapter 2. Described safety officer duties and authority in 2.2. Revised title of amended test reports in 4.2.	17, 23
10/1/14	Overall format	Changed footer format for page numbering (page x of y), and to include an effective date and document revision number. Reformatted cover page to include the document ID, revision number, effective date and approval by State Toxicologist. Other minor edits throughout.	All
6/1/15	Chapters 1, 3, 4	Edits to 1.7 to describe temporary designation of authority and to 1.10 for documentation of complaints. Title of chapter 3 changed to Records Management, with edits to 3.1 and 3.2 regarding records storage. Edits to 4.2 to include telephonic release of results and addition of 4.3 for interpretation of results.	8, 11, 13-14, 21, 23-24
6/1/15	Chapter 6	Added section 6.1 - Customer Request for Analysis. Removed section describing Administrative Review (now in Testing QA Manual).	28-29, 31

6/1/15	Chapter 7, Appendix B, overall content	Edited wording in Chapter 7 (7.1, 7.6.4, 7.9, 7.14 and throughout). Other minor edits throughout document. Updated organizational chart in Appendix A. See DRA dated 3/31/15 for details.	33-49, All