NEW YORK STATE | DNA Subcommittee

# August 1, 2025

**Empire State Development**
655 Third Ave. New York, NY 10017

**Videoconference Locations:**
107 College Place, LSB 120, Syracuse, NY

**9:03 AM – 10:33 AM**

# DRAFT MEETING MINUTES

**DNA Subcommittee Members in Attendance:**
Michael Coble, Ph.D.[1]
Kathleen Corrado, Ph.D.
Katherine Gettings, Ph.D.
Jenifer Smith, Ph.D.
Amanda Sozer, Ph.D.

**DCJS Staff in Attendance:**
Taylor Aaron
Colleen Glavin, Esq.
Janine Kava
Katherine Mayberry
Shelley Palmer
Brianna Robinson
Lindsey Rockwell
Matthew Schrantz, Esq.
Elizabeth Suparmanto

**Other Attendees:**
Kyra McKay- NYC OCME Department of Forensic Biology
Craig O'Connor- NYC OCME Department of Forensic Biology
Meredith Rosenberg- NYC OCME Department of Forensic Biology
Tiffany Vasquez- NYC OCME Department of Forensic Biology

[1] In accordance with a resolution and related procedures regarding the use of videoconferencing under extraordinary circumstances, which were adopted by the DNA Subcommittee on May 12, 2023 and added to its bylaws, Michael Coble participated by videoconferencing from a private location due to extraordinary circumstances and, thus, shall not count toward quorum, but was able to participate and vote as there was a quorum of members at physical location(s) open to the public.

*Approximate Video Times*

The Chair, Dr. Coble, opened the meeting by stating that the DNA Subcommittee was conducting its meeting in hybrid with members present both in New York City and virtually. Dr. Coble then conducted a roll call to take attendance, and a quorum was established with four voting members (Corrado, Gettings, Smith, and Sozer); one member participated from a private location due to extraordinary circumstances (Coble[1]). 00:00:01 – 00:00:55

Dr. Coble then asked for a motion to approve the August 1, 2025, agenda. A motion to approve the agenda was made by Dr. Smith, seconded by Dr. Gettings, and approved with five votes (Coble, Corrado, Gettings, Smith, and Sozer). 00:00:56 – 00:01:45

The Chair then asked Subcommittee members for questions or comments on the minutes from the May 2, 2025, meeting of the Subcommittee. A motion to approve the minutes was made by Dr. Sozer, seconded by Dr. Gettings, and approved unanimously. 00:01:47 – 00:02:39

Next, the Subcommittee reviewed Accreditation/Laboratory updates from Erie County Central Police Services Forensic Laboratory, Monroe Country Crime Laboratory, New York City OCME Department of Forensic Biology, New York State Police Crime Laboratory, and Westchester County Department of Laboratories and Research Division of Forensic Science. Representatives from the laboratories were available to answer questions as needed. 00:02:41- 00:11:00

The Chair then moved to Old Business. A verbal update was provided by Ms. Palmer on the Partial Match and Familial Search programs. There were no updates regarding CODIS Bulletins. The subgroups completed their reviews of the NIST Interagency report *Forensic DNA Interpretation and Human Factors: Improving Practice Through a Systems Approach* and the *DNA Mixture Interpretation: A NIST Scientific Foundation Review* and created letters for review. 00:11:02- 01:00:06

A motion was made by Dr. Smith to approve the letter written by the subgroup regarding the NIST Interagency report *Forensic DNA Interpretation and Human Factors: Improving Practice Through a Systems Approach* and send it to the Commission on Forensic Science; pending minor non-substantive changes and edits, determination if ISO standards will remain in letter, and the addition of a statement of non-participation by Dr. Gettings. The motion was seconded by Dr. Coble and approved with 4 votes (Coble, Corrado, Smith, and Sozer) and 1 abstention (Gettings). 00:24:54- 00:26:36

A motion was made by Dr. Corrado to provide the letter on the NIST Interagency report *Forensic DNA Interpretation and Human Factors: Improving Practice Through a Systems Approach* to the Biology Technical Working Group (Bio TWG). The motion was seconded by Dr. Sozer and approved with 4 votes (Coble, Corrado, Smith, and Sozer) and 1 abstention (Gettings). 00:26:39- 00:27:27

A motion was made by Dr. Sozer to approve the letter written by the subgroup regarding the *DNA Mixture Interpretation: A NIST Scientific Foundation Review* and send it to the Commission on Forensic Science; pending the addition of a final sentence in section 4.4 that reads “As accredited proficiency test vendors provide more challenging complex mixture proficiency tests, we encourage the Biology TWG to assess and participate, as appropriate, in these tests”, minor non-substantive edits, and the addition of a statement of 00:57:20 00:58:40

non-participation by Dr. Gettings. The motion was seconded by Dr. Smith and approved with 4 votes (Coble, Corrado, Smith, and Sozer) and 1 abstention (Gettings). *Approximate Video Times*

A motion was made by Dr. Corrado to provide the letter on the *DNA Mixture Interpretation: A NIST Scientific Foundation Review* to the Bio TWG. The motion was seconded by Dr. Smith with 4 votes (Coble, Corrado, Smith, and Sozer) and 1 abstention (Gettings). 00:59:16-01:00:05

The Chair then moved to New Business. At the June 13, 2025, Commission on Forensic Science meeting, the Commission requested the Bio TWG and DNA Subcommittee review any issues regarding the Qiagen disclosure. The Biology TWG co-chair, Dr. Craig O'Connor provided additional information on the Qiagen disclosures and specified only five of the DNA laboratories are utilizing EZ1/EZ2 instrumentation. All laboratories impacted by the affected lots identified in the disclosures are actively investigating. 01:00:09-01:01:21; 01:02:34-01:16:33

A motion was made by Dr. Smith for the Subcommittee to provide a report to the Commission that initial steps taken by the affected laboratories are reasonable and request the Biology TWG provide updates regarding actual numbers of cases affected, rework needed, and additional secondary methods available for rework. Dr. Gettings seconded the motion, and it was approved unanimously. 01:15:42-01:16:31

The Subcommittee then reviewed disclosures from Monroe County Crime Laboratory, New York City OCME Department of Forensic Biology, and Suffolk County Crime Laboratory. Laboratory representatives were available to answer questions. 01:01:25-01:02:29; 01:16:36-01:27:21

The Chair then stated that the next meeting of the Subcommittee will take place on November 7, 2025, with the location to be determined. A motion to adjourn was made by Dr. Smith, seconded by Dr. Gettings, and approved unanimously. 01:27:31-01:30:14

***Note: Video of the meeting is available at https://www.youtube.com/user/nyspublicsafety***

ANSI National Accreditation Board

# SCOPE OF ACCREDITATION TO:
# ISO/IEC 17025:2017
## Accreditation Requirements for Forensic Testing and Calibration (2023)
## FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

**New York City Office of Chief Medical Examiner**
**Department of Forensic Biology**
421 East 26th Street
New York, New York 10016 USA

## FORENSIC TESTING

ISO/IEC 17025 Accreditation Granted: 06 May 2011

Certificate Number: FT-0238 Certificate Expiry Date: 28 February 2028

| **Discipline: Biology** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| DNA Profile Determination | Mitochondrial<br>Short Tandem Repeat (STR)<br>Y-Short Tandem Repeat (Y-STR) | Capillary Electrophoresis<br>Massively Parallel Sequencing |
| Individual Characteristic Database | DNA Profile | National DNA Index System (NDIS) |
| Physical Comparison | DNA Profile | Software Program |
| Qualitative Determination | Body Fluid | Chemical<br>Fluorescence Spectroscopy<br>General Microscopy<br>Immunoassay<br>Liquid Chromatography<br>Mass Spectrometry |



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ANAB ANSI National Accreditation Board ilac-MRA

| **Discipline: Rapid DNA** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| DNA Profile Development | Short Tandem Repeat (STR) | Capillary Electrophoresis |

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]

Pamela L. Sale
Vice President, Forensics



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# New York City Office of the Chief Medical Examiner - Department of Forensic Biology

2025 – 17025 – Y2 – Surveillance Assessment With Witnessing

Prepared by Jeffrey Riolo

Data collected on 2025-10-20

ANSI National Accreditation Board

United States

# Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.,* reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

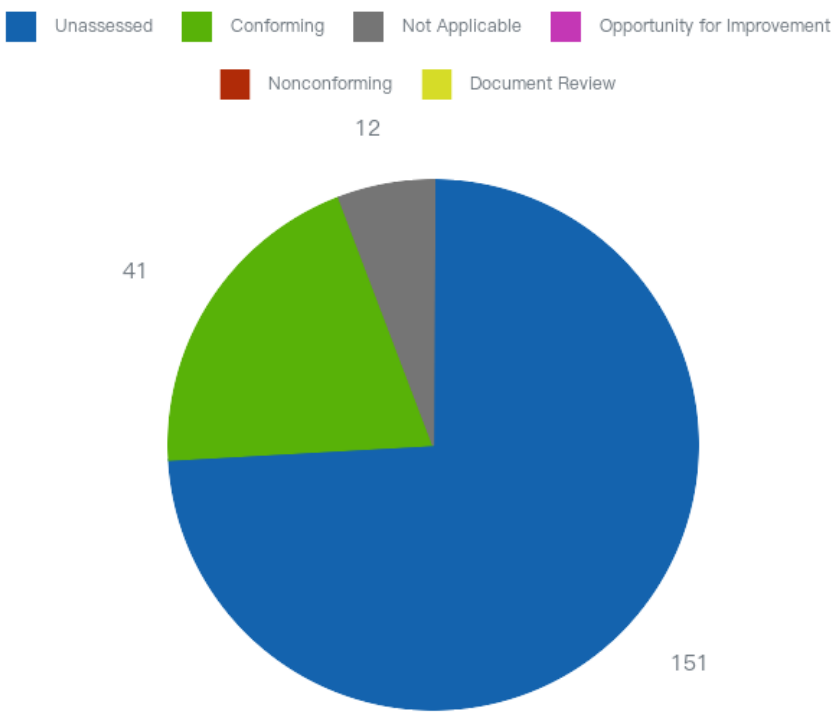
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Objective Evidence




## Audit Objective Evidence

ANSI National Accreditation Board

October 13, 2025

Ranee Ho
Onondaga County Center for
Forensic Sciences Laboratory
100 Elizabeth Blackwell Street
Syracuse, New York 13210

Dear Director Ho,

Congratulations! On October 13, 2025, ANAB made the decision to maintain your organization's accreditation in the Field of Forensic Testing. ANAB is satisfied that your organization meets or exceeds accreditation requirements, including the requirements of your own documented management system.

The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol (Testing) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is a Surveillance Assessment with Witnessing scheduled for the week of September 13, 2026.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

[redacted]

Nita J. Bolz
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Kathleen Hum, Quality Assurance Manager
ANAB Office

ANAB
ANSI National Accreditation Board

# SCOPE OF ACCREDITATION TO:
# ISO/IEC 17025:2017
## Accreditation Requirements for Forensic Testing and Calibration (2023)
## FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

## Onondaga County Center for Forensic Sciences Laboratory

100 Elizabeth Blackwell Street
Syracuse, New York 13210 USA

## FORENSIC TESTING

ISO/IEC 17025 Accreditation Granted: 04 April 2008

Certificate Number: FT-0229 Certificate Expiry Date: 31 January 2029

| **Discipline: Biology** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| DNA Profile Determination | Short Tandem Repeat (STR)<br>Y-Short Tandem Repeat (Y-STR) | Capillary Electrophoresis |
| Individual Characteristic Database | DNA Profile | National DNA Index System (NDIS) |
| Physical Comparison | DNA Profile | Software Program |
| Qualitative Determination | Body Fluid<br>Epithelial Cell | Chemical<br>General Microscopy<br>Immunoassay |

| **Discipline: Digital and Video/Imaging Technology and Analysis** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Acquisition/Extraction | Digital Data | Software Program |
| Content Analysis | Digital Data | Software Program<br>Visual |

| **Discipline: Fire Debris and Explosives** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Qualitative Determination | Fire Debris | Gas Chromatography<br>Mass Spectrometry |



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| **Discipline: Firearms and Toolmarks** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Distance Determination | Firearm<br>Physical Item | Chemical<br>General Microscopy<br>Measuring Equipment |
| Function Evaluation | Firearm | Measuring Equipment<br>Visual |
| Individual Characteristic Database | Ammunition | National Integrated Ballistic Information Network (NIBIN) |
| Physical Comparison | Ammunition | General Microscopy<br>Visual |
| Qualitative Determination | Ammunition<br>Firearm | General Microscopy<br>Measuring Equipment<br>Reference Collection |
| Serial Number Restoration | Physical Item | Chemical<br>General Microscopy<br>Magnetic<br>Visual |

| **Discipline: Friction Ridge** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Enhancement | Ridge Detail | Chemical<br>Physical<br>Software Program |
| Individual Characteristic Database | Ridge Detail | Next Generation Identification System (NGI) |
| Physical Comparison | Ridge Detail | Software Program<br>Visual |

| **Discipline: Seized Drugs** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Qualitative Determination | Botanical<br>Liquid<br>Solid | Chemical<br>Gas Chromatography<br>General Microscopy<br>Infrared Spectroscopy<br>Mass Spectrometry<br>Raman Spectroscopy<br>Visual |
| Quantitative Measurement | Solid | Gas Chromatography<br>Mass Spectrometry |
| Weight Measurement | Botanical<br>Liquid<br>Solid | Balance |



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Pamela L. Sale
Vice President, Forensics



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# Onondaga County Center for Forensic Sciences Laboratory

2025 – 17025 – Y1 - Surveillance Assessment Without Witnessing

Prepared by Natasha Wheatley

Data collected on 2025-09-01

ANSI National Accreditation Board

United States

# Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.,* reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

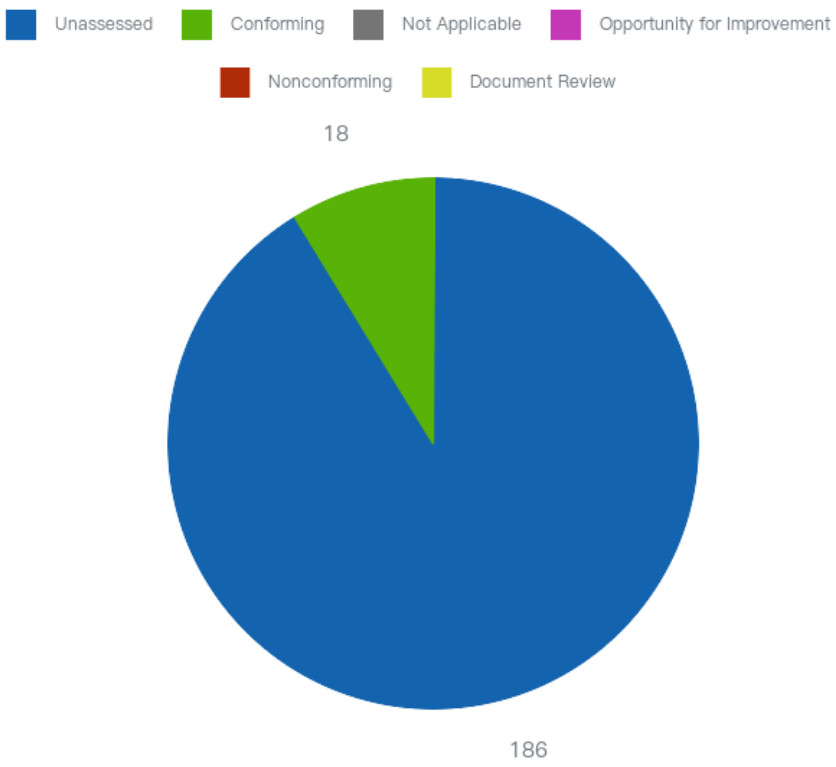
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Objective Evidence




## Audit Objective Evidence

ANSI National Accreditation Board

October 1, 2025

Dear Chief Dinkel,

Congratulations on successfully completing your assessment activity! Your certificate and scope of accreditation are available to view and download in the ANAB Accreditation Directory.

The provided ANAB accreditation symbol (Testing) may be used to convey your accredited status. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information.

Accredited entities can request permission to use the ILAC or IAF mark in combination with the ANAB accreditation symbol for applicable accreditation programs by completing the ILAC or IAF Combined Mark Request | Submission Form.

ANAB continually strives to improve the assessment process. Your input is very important to us. Please take a moment to complete a short survey at the following link: Post-Assessment Activity Survey.

Would you like to nominate your ANAB contract assessors for an award? Learn more about what the Terry Burgess Assessor of the Year award exemplifies by clicking the on-line nomination form available here.

It has been a pleasure working with your organization through the accreditation process. Please remember that we can accommodate a scope extension/location evaluation at any time, so do not hesitate to request any adjustments.

On behalf of the ANSI National Accreditation Board, we extend our heartfelt congratulations to you and your team on this significant achievement and your compliance with the accreditation standard. We look forward to continuing our partnership.

If you have any questions, please do not hesitate to contact us.

Sincerely,

[redacted]

Caprice Fowler
Manager, Operations
ANSI National Accreditation Board

ANAB
ANSI National Accreditation Board

# CERTIFICATE OF ACCREDITATION

## The ANSI National Accreditation Board

Hereby attests that

## Suffolk County Crime Laboratory

**725 Veterans Memorial Hwy, Hauppauge, New York 11788 USA**

Fulfills the requirements of

## ISO/IEC 17025:2017

**Accreditation Requirements for Forensic Testing and Calibration (2023)**

**FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2025**

In the field of

## Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 December 2029
Certificate Number: FT-0219

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ANSI National Accreditation Board

ilac-MRA

ANSI National Accreditation Board

# SCOPE OF ACCREDITATION TO:
# ISO/IEC 17025:2017
## Accreditation Requirements for Forensic Testing and Calibration (2023)
## FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2025

**Suffolk County Crime Laboratory**
725 Veterans Memorial Hwy
Hauppauge, New York 11788 USA

## FORENSIC TESTING

ISO/IEC 17025 Accreditation Granted: 10 April 2013

Certificate Number: FT-0219 Certificate Expiry Date: 31 December 2029

| **Discipline: Biology** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| DNA Profile Determination | Short Tandem Repeat (STR)<br>Y-Short Tandem Repeat (Y-STR) | Capillary Electrophoresis |
| Individual Characteristic Database | DNA Profile | National DNA Index System (NDIS) |
| Physical Comparison | DNA Profile | Software Program |
| Qualitative Determination | Body Fluid | Chemical<br>Fluorescence Spectroscopy<br>General Microscopy<br>Immunoassay |

| **Discipline: Fire Debris and Explosives** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Qualitative Determination | Fire Debris | Gas Chromatography<br>Mass Spectrometry |



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| **Discipline: Firearms and Toolmarks** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Function Evaluation | Air Gun<br>Conducted Electrical Weapon<br>Firearm<br>Silencer | Measuring Equipment<br>Visual |
| Individual Characteristic Database | Ammunition | National Integrated Ballistic Information Network (NIBIN) |
| Physical Comparison | Ammunition<br>Tool/Toolmark | General Microscopy<br>Visual |
| Qualitative Determination | Ammunition<br>Firearm<br>Tool | General Microscopy<br>Measuring Equipment<br>Reference Collection |
| Serial Number Restoration | Physical Item | Chemical<br>General Microscopy<br>Visual |

| **Discipline: Impressions** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Enhancement | Footwear<br>Tire | Chemical<br>Physical<br>Software Program |
| Physical Comparison | Footwear<br>Tire | Software Program<br>Visual |
| Qualitative Determination | Footwear<br>Tire | NA |

| **Discipline: Materials (Trace)** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Chemical/Physical Comparison | Coating<br>Fiber/Textile<br>Fractured Item<br>General Unknown<br>Glass<br>Metal<br>Polymer<br>Tape | Chemical<br>Energy Dispersive Spectroscopy<br>Gas Chromatography<br>General Microscopy<br>Infrared Spectroscopy<br>Mass Spectrometry<br>Measuring Equipment<br>Microspectrophotometry<br>Refractometry<br>Scanning Electron Microscopy<br>Ultraviolet Spectroscopy<br>Visible Spectroscopy<br>Visual<br>X-ray Fluorescence Spectroscopy |



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| | | |
|---|---|---|
| Qualitative Determination | Coating<br>Fiber/Textile<br>General Unknown<br>Glass<br>Gunshot Residue<br>Hair<br>Metal<br>Polymer<br>Tape | Chemical<br>Energy Dispersive Spectroscopy<br>Gas Chromatography<br>General Microscopy<br>Infrared Spectroscopy<br>Mass Spectrometry<br>Measuring Equipment<br>Microspectrophotometry<br>Reference Collection<br>Refractometry<br>Scanning Electron Microscopy<br>Ultraviolet Spectroscopy<br>Visible Spectroscopy<br>Visual<br>X-ray Fluorescence Spectroscopy |

| **Discipline: Scene Investigation** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Field Sampling | Physical Item | Not Applicable |
| Enhancement | Physical Item | Chemical<br>Physical |
| Qualitative Determination | Body Fluid<br>Physical Item | Chemical<br>Visual |
| Trajectory Determination | Physical Item | Imaging Equipment |

| **Discipline: Seized Drugs** | | |
|---|---|---|
| **Component/Parameter** | **Item** | **Key Equipment/Technology** |
| Qualitative Determination | Botanical<br>Liquid<br>Solid | Chemical<br>Gas Chromatography<br>General Microscopy<br>Infrared Spectroscopy<br>Liquid Chromatography<br>Mass Spectrometry<br>Microcrystalline<br>Raman Spectroscopy<br>Thin Layer Chromatography<br>Visual |
| Quantitative Measurement | Botanical<br>Liquid<br>Solid | Liquid Chromatography |
| Weight Measurement | Botanical<br>Liquid<br>Solid | Balance |

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Pamela L. Sale
Vice President, Forensics



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# Suffolk County Crime Laboratory

2025 – 17025 – Y4 – Reassessment

Prepared by David Green

Lead Assessor

Data collected on 2025-08-11

ANSI National Accreditation Board

United States

# Description

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REQUIREMENTS:

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Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

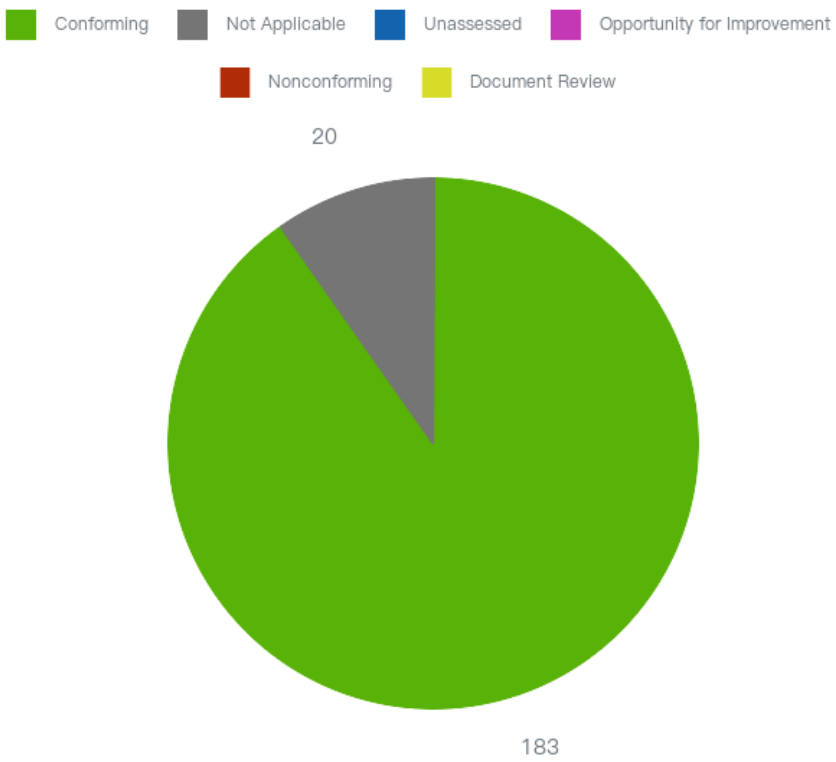
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments




## Audit Comments