



Division of Criminal  
Justice Services

# Convicted Offender DNA Databank Specimen Collection

Office of Forensic Services

March, 2022

1



Division of Criminal  
Justice Services

## Kit Update Overview

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## Kit Updates

### Key updates:

- Pamphlet-style submission form with integrated instructions
- Designated boxes for additional fingerprints on back of submission form
- DNA sample envelope attached to submission form
- Reduced and reorganized data fields

**NEW YORK STATE**  
Division of Criminal Justice Services

**NEW YORK STATE  
CONVICTED OFFENDER  
DNA DATABANK SPECIMEN  
SUBMISSION FORM**

THIS KIT IS TO BE USED ONLY FOR NYS  
CONVICTED OFFENDERS

NOT FOR THE SUBMISSION OF EVIDENCE  
OR SUSPECT/KNOWN SAMPLES FOR  
ACTIVE INVESTIGATIONS

**EACH INDIVIDUAL KIT INCLUDES:**

- ☐ Fingerprint ink sheet
- ☐ Ink remover towelette
- ☐ Rubber gloves
- ☐ Buccal swab
- ☐ Micro card
- ☐ Sample envelope (attached to form)
- ☐ Pre-addressed return mailing envelope

*Note: Bulk kit contents differ*

Version 201

3

## Inside of Pamphlet

**NYS DNA DATABANK  
SPECIMEN SUBMISSION FORM**

11215361A

PLEASE WRITE LEGIBLY

**SPECIMEN COLLECTOR INFORMATION**

AGENCY ORI: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

**CERTIFICATION STATEMENT**  
I certify that I confirmed the identity of and obtained a biological specimen from the offender indicated on this form.

COLLECTOR NAME: \_\_\_\_\_

COLLECTOR SIGNATURE: \_\_\_\_\_

COLLECTION DATE: \_\_\_\_\_

**FOR DCJS USE ONLY  
FINGERPRINT VERIFICATION**

The fingerprints recorded on this form were compared to the fingerprint images on file at DCJS associated with the NYSID or FBI number noted on this form and:

☐ Found to be consistent.

☐ Are not those of the individual associated with the NYSID or FBI number noted on this form.

☐ Do not contain sufficient detail for comparison.

☐ Notes: \_\_\_\_\_

Initials / ID#: \_\_\_\_\_

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

Verification Method:  
☐ Manual  
☐ System ID

**Sample Envelope**

**Micro Card**

11215361A

11215361A

**OFFENDER INFORMATION**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

NYSID: \_\_\_\_\_ DOB: \_\_\_\_\_

If NYSID unknown, please provide alternate ID# above and specify below:

☐ FBI ☐ Driver's License  
☐ DIN ☐ Parole ID ☐ Other: \_\_\_\_\_

OFFENDER SIGNATURE: \_\_\_\_\_

*This specimen may be used to satisfy any legal obligation to provide DNA to the NYS DNA Databank.*

**SPECIMEN WILL NOT BE ACCEPTED WITHOUT INKED FINGERPRINTS THAT ARE CLEAR AND DETAILED - MUST USE FINGERPRINT INK**

**LEFT INDEX** **RIGHT INDEX**

**LEFT INDEX** **RIGHT INDEX**

**INSTRUCTIONS**

- ☐ Transfer biological material to micro card.
- ☐ Affix barcode sticker to micro card.
- ☐ Place micro card in sample envelope; then remove adhesive backing and seal.
- ☐ Affix barcode sticker to sample envelope.

**DNA DATABANK  
SAMPLE ENVELOPE**

**AFFIX BARCODE STICKER HERE**

Ensure barcodes match on this envelope, micro card, and submission form.  
Place only one micro card in this envelope, do not place swabs in envelope.

DO NOT TEAR OR REMOVE ENVELOPE

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## Back of Pamphlet



### DID YOU REMEMBER TO...

- ☐ Verify the offender's identity
- ☐ Fill out entire form completely, accurately and legibly
- ☐ Obtain clear, detailed fingerprints
- ☐ Wear gloves for duration of sample collection process
- ☐ Transfer biological material from buccal swab to micro card
- ☐ Affix designated barcode stickers to micro card and sample envelope
- ☐ Place micro card in sample envelope
- ☐ Seal sample envelope

Please call DCJS Office of Forensic Services if you have any questions.  
(518) 457-1901

State of New York  
Division of Criminal Justice Services  
Office of Forensic Services

<https://www.criminaljustice.ny.gov>

(518) 457-1901

[forensics@dcjs.ny.gov](mailto:forensics@dcjs.ny.gov)

### ADDITIONAL FINGERPRINTS (indicate digit if not index)


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Division of Criminal  
Justice Services

## Collection Walkthrough

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<p><b>NYS DNA DATABASE SPECIMEN SUBMISSION FORM</b></p> <p>11215361A</p> <p>PLEASE WRITE LEGIBLY</p> <p><b>SPECIMEN COLLECTOR INFORMATION</b></p> <p>AGENCY ORI: _____</p> <p>AGENCY NAME: _____</p> <p><b>CERTIFICATION STATEMENT</b> I certify that I confirmed the identity of and obtained a biological specimen from the offender indicated on this form.</p> <p>COLLECTOR NAME: _____</p> <p>COLLECTOR SIGNATURE: _____</p> <p>COLLECTION DATE: _____</p> <p><b>FOR DCJS USE ONLY FINGERPRINT VERIFICATION</b></p> <p>The fingerprints recorded on this form were compared to the fingerprint images on file at DCJS associated with the NYSID or FBI number noted on this form and:</p> <p><input type="checkbox"/> Found to be consistent.</p> <p><input type="checkbox"/> Are not those of the individual associated with the NYSID or FBI number noted on this form.</p> <p><input type="checkbox"/> Do not contain sufficient detail for comparison.</p> <p><input type="checkbox"/> Notes: _____</p> <p>Initials / ID#: _____</p> <p>Date: _____</p> <p>Verification Method: <input type="checkbox"/> Manual <input type="checkbox"/> System ID</p>	<p><b>Sample Envelope</b>      <b>Micro Card</b></p> <p>11215361A      11215361A</p> <p><b>OFFENDER INFORMATION</b></p> <p>FIRST NAME: _____</p> <p>LAST NAME: _____</p> <p>NYSID: _____ DOB: _____</p> <p><i>If NYSID unknown, please provide alternate ID# above and specify below:</i></p> <p><input type="checkbox"/> FBI      <input type="checkbox"/> Driver's License <input type="checkbox"/> DIN      <input type="checkbox"/> Parole ID      <input type="checkbox"/> Other: _____</p> <p>OFFENDER SIGNATURE: _____</p> <p><small>This specimen may be used to satisfy any legal obligation to provide DNA to the NYS DNA Database.</small></p> <p><b>SPECIMEN WILL NOT BE ACCEPTED WITHOUT INKED FINGERPRINTS THAT ARE CLEAR AND DETAILED - MUST USE FINGERPRINT INK</b></p> <table border="1"> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	LEFT INDEX	RIGHT INDEX			LEFT INDEX	RIGHT INDEX			<p><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer biological material to micro card.</li> <li><input type="checkbox"/> Affix barcode sticker to micro card.</li> <li><input type="checkbox"/> Place micro card in sample envelope; then remove adhesive backing and seal.</li> <li><input type="checkbox"/> Affix barcode sticker to sample envelope.</li> </ul> <p><b>DNA DATABASE SAMPLE ENVELOPE</b></p> <p><b>AFFIX BARCODE STICKER HERE</b></p> <p><small>Ensure barcodes match on this envelope, micro card, and submission form. Place only one micro card in this envelope, do not place inside in envelope.</small></p>
LEFT INDEX	RIGHT INDEX									
LEFT INDEX	RIGHT INDEX									

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## Specimen Collector

<p><b>SPECIMEN COLLECTOR INFORMATION</b></p> <p>AGENCY ORI: <u>NY045011Y</u></p> <p>AGENCY NAME: <u>Your Town Police Department</u></p> <p><b>CERTIFICATION STATEMENT</b> I certify that I confirmed the identity of and obtained a biological specimen from the offender indicated on this form.</p> <p>COLLECTOR NAME: <u>Officer Cathy Collector</u></p> <p>COLLECTOR SIGNATURE: <u>Cathy Collector</u></p> <p>COLLECTION DATE: <u>02/22/22</u></p>
--

- If ORI unknown, leave blank
- Include full agency name (including precinct or barracks, if applicable)
- Collector name must be legible; please include first and last name
- The individual completing the form and overseeing the collection must sign and date this section

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<p><b>NYS DNA DATABASE SPECIMEN SUBMISSION FORM</b></p> <p>11215361A</p> <p>PLEASE WRITE LEGIBLY</p> <p><b>SPECIMEN COLLECTOR INFORMATION</b></p> <p>AGENCY ORI: <u>NY045011Y</u></p> <p>AGENCY NAME: <u>Your Town Police Department</u></p> <p><b>CERTIFICATION STATEMENT</b> I certify that I confirmed the identity of and obtained a biological specimen from the offender indicated on this form.</p> <p>COLLECTOR NAME: <u>Officer Cathy Collector</u></p> <p>COLLECTOR SIGNATURE: <u>Cathy Collector</u></p> <p>COLLECTION DATE: <u>02/22/22</u></p> <p><b>FOR DCJS USE ONLY FINGERPRINT VERIFICATION</b></p> <p>The fingerprints recorded on this form were compared to the fingerprint images on file at DCJS associated with the NYSID or FBI number noted on this form and:</p> <p><input type="checkbox"/> Found to be consistent.</p> <p><input type="checkbox"/> Are not those of the individual associated with the NYSID or FBI number noted on this form.</p> <p><input type="checkbox"/> Do not contain sufficient detail for comparison.</p> <p><input type="checkbox"/> Notes: _____</p> <p>Initials / ID#: _____</p> <p>Date: _____</p> <p>Verification Method: <input type="checkbox"/> Manual <input type="checkbox"/> System ID</p>	<p><b>Sample Envelope</b> <b>Micro Card</b></p> <p>11215361A 11215361A</p> <p><b>OFFENDER INFORMATION</b></p> <p>FIRST NAME: _____</p> <p>LAST NAME: _____</p> <p>NYSID: _____ DOB: _____</p> <p>If NYSID unknown, please provide alternate ID# above and specify below:</p> <p><input type="checkbox"/> FBI <input type="checkbox"/> Driver's License <input type="checkbox"/> DIN <input type="checkbox"/> Parole ID <input type="checkbox"/> Other: _____</p> <p>OFFENDER SIGNATURE: _____</p> <p><small>This specimen may be used to satisfy any legal obligation to provide DNA to the NYS DNA Database.</small></p> <p><b>SPECIMEN WILL NOT BE ACCEPTED WITHOUT INKED FINGERPRINTS THAT ARE CLEAR AND DETAILED - MUST USE FINGERPRINT INK</b></p> <table border="1"> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	LEFT INDEX	RIGHT INDEX			LEFT INDEX	RIGHT INDEX			<p><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer biological material to micro card.</li> <li><input type="checkbox"/> Affix barcode sticker to micro card.</li> <li><input type="checkbox"/> Place micro card in sample envelope; then remove adhesive backing and seal.</li> <li><input type="checkbox"/> Affix barcode sticker to sample envelope.</li> </ul> <p><b>DO NOT TEAR OR REMOVE ENVELOPE</b></p> <p><b>DNA DATABASE SAMPLE ENVELOPE</b></p> <p><b>AFFIX BARCODE STICKER HERE</b></p> <p><small>Ensure barcodes match on this envelope, micro card, and submission form. Place only one micro card in this envelope. Do not place waste in envelope.</small></p>
LEFT INDEX	RIGHT INDEX									
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## Offender Information

OFFENDER INFORMATION	
FIRST NAME: <u>Ollly</u>	
LAST NAME: <u>Offender</u>	
NYSID: <u>12345678N</u>	DOB: <u>01/01/87</u>
If NYSID unknown, please provide alternate ID# above and specify below:	
<input type="checkbox"/> FBI	<input type="checkbox"/> Driver's License
<input type="checkbox"/> DIN	<input type="checkbox"/> Parole ID <input type="checkbox"/> Other: _____
OFFENDER SIGNATURE: <u>Ollly Offender</u>	
<small>This specimen may be used to satisfy any legal obligation to provide DNA to the NYS DNA Database.</small>	

- Be sure to check ID and confirm offender's identity
- Do not use information that is verbally provided by the offender
- Offender information must be accurate; mistakes cannot be corrected after submitted
- NYSID is preferred; if unknown, permissible to use alternate ID number listed below
- If using an ID number that is not listed, indicate ID type in the "Other" field and include documentation with submission; the number used must be unique to the offender
- Offender signature not required; note "refused" if offender refuses to sign

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<p><b>NYS DNA DATABASE SPECIMEN SUBMISSION FORM</b></p> <p style="text-align: right;">11215361A</p> <p style="text-align: center;">PLEASE WRITE LEGIBLY</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>SPECIMEN COLLECTOR INFORMATION</b></p> <p>AGENCY ORI: <u>NY045011Y</u></p> <p>AGENCY NAME: <u>Your Town Police Department</u></p> <p><b>CERTIFICATION STATEMENT</b> I certify that I confirmed the identity of and obtained a biological specimen from the offender indicated on this form.</p> <p>COLLECTOR NAME: <u>Officer Cathy Collector</u></p> <p>COLLECTOR SIGNATURE: <u>Cathy Collector</u></p> <p>COLLECTION DATE: <u>02/22/22</u></p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; background-color: #f0f0f0;"> <p style="text-align: center;"><b>FOR DCJS USE ONLY FINGERPRINT VERIFICATION</b></p> <p>The fingerprints recorded on this form were compared to the fingerprint images on file at DCJS associated with the NYSID or FBI number noted on this form and:</p> <p><input type="checkbox"/> Found to be consistent.</p> <p><input type="checkbox"/> Are not those of the individual associated with the NYSID or FBI number noted on this form.</p> <p><input type="checkbox"/> Do not contain sufficient detail for comparison.</p> <p><input type="checkbox"/> Notes: _____</p> <p style="text-align: right;">Initials / ID#: _____ Date: _____</p> <p style="text-align: right;">Verification Method: <input type="checkbox"/> Manual <input type="checkbox"/> System ID</p> </div>	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>Sample Envelope</span> <span>Micro Card</span> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;"><b>OFFENDER INFORMATION</b></p> <p>FIRST NAME: <u>Oly</u></p> <p>LAST NAME: <u>Offender</u></p> <p>NYSID: <u>12345678N</u>      DOB: <u>01/01/87</u></p> <p style="font-size: x-small;">If NYSID unknown, please provide alternate ID# above and specify below:</p> <p><input type="checkbox"/> FBI      <input type="checkbox"/> Driver's License <input type="checkbox"/> DIN      <input type="checkbox"/> Parole ID      <input type="checkbox"/> Other: _____</p> <p>OFFENDER SIGNATURE: <u>Oly Offender</u></p> <p style="font-size: x-small;">This specimen may be used to satisfy any legal obligation to provide DNA to the NYS DNA Database.</p> </div> <p style="font-size: x-small; text-align: center;">SPECIMEN WILL NOT BE ACCEPTED WITHOUT INKED FINGERPRINTS THAT ARE CLEAR AND DETAILED - MUST USE FINGERPRINT INK</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%;">LEFT INDEX</td> <td style="width: 50%;">RIGHT INDEX</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table>	LEFT INDEX	RIGHT INDEX			LEFT INDEX	RIGHT INDEX			<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-size: small;"><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer biological material to micro card.</li> <li><input type="checkbox"/> Affix barcode sticker to micro card.</li> <li><input type="checkbox"/> Place micro card in sample envelope; then remove adhesive backing and seal.</li> <li><input type="checkbox"/> Affix barcode sticker to sample envelope.</li> </ul> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p style="font-size: small;">Division of Criminal Justice Services <b>DNA DATABASE</b></p> <p style="font-size: small;">SAMPLE ENVELOPE</p> <p style="font-size: x-small;">AFFIX BARCODE STICKER HERE</p> <p style="font-size: x-small;">Ensure barcodes match on this envelope, micro card, and submission form. Place only one micro card in the envelope, do not place inside it envelope.</p> </div>
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## Inked Fingerprints

SPECIMEN WILL NOT BE ACCEPTED WITHOUT INKED FINGERPRINTS THAT ARE CLEAR AND DETAILED - MUST USE FINGERPRINT INK

LEFT INDEX	RIGHT INDEX
LEFT INDEX	

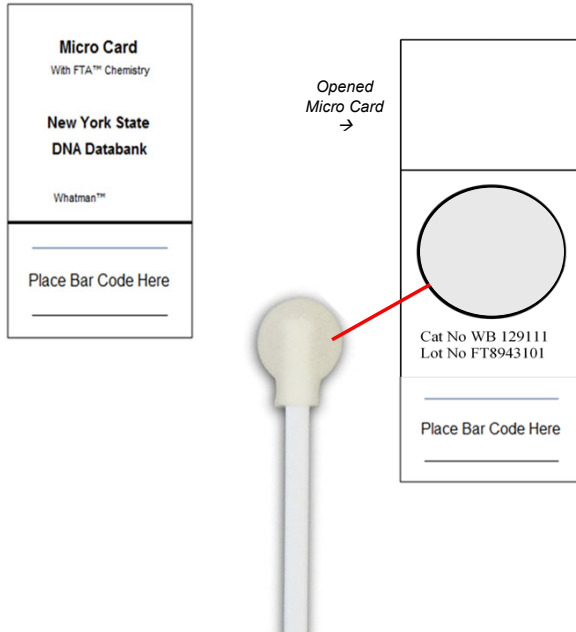
Back of form →

ADDITIONAL FINGERPRINTS (indicate digit if not index)


- If available, use fingerprint ink pad in lieu of inked sheet provided in kit for better print quality
- Roll fingerprints to obtain as much surface area and detail as possible
- If index is missing, use alternate digit and indicate which
- Provide additional reprints on back of form and indicate digit used
- Fingerprints **must** be clear and detailed; sample will be rejected if there is not sufficient detail
- If offender has a medical condition preventing inked fingerprints, please note and provide documentation with submission

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# Sample Collection



- Wear gloves for duration of the collection process
- Open buccal swab package from opposite end of the swab tip; hand stick end to offender to pull out of packaging
- Observe the offender rub the inside of each cheek for 10 seconds, then hold the swab under their tongue for an additional 10 seconds
- Retrieve buccal swab from offender; press and dab within circle on micro card, rolling outward from center; do not rub
- Hold micro card to light; circle should appear translucent once sufficient biological material is transferred

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<p><b>NYS DNA DATABANK SPECIMEN SUBMISSION FORM</b></p> <p>11215361A</p> <p>PLEASE WRITE LEGIBLY</p> <p><b>SPECIMEN COLLECTOR INFORMATION</b></p> <p>AGENCY ORI: <u>NY045011Y</u></p> <p>AGENCY NAME: <u>Your Town Police Department</u></p> <p><b>CERTIFICATION STATEMENT</b> I certify that I confirmed the identity of and obtained a biological specimen from the offender indicated on this form.</p> <p>COLLECTOR NAME: <u>Officer Cathy Collector</u></p> <p>COLLECTOR SIGNATURE: <u>Cathy Collector</u></p> <p>COLLECTION DATE: <u>02/22/22</u></p> <p><b>FOR DCJS USE ONLY FINGERPRINT VERIFICATION</b></p> <p>The fingerprints recorded on this form were compared to the fingerprint images on file at DCJS associated with the NYSID or FBI number noted on this form.</p> <p><input type="checkbox"/> Found to be consistent.</p> <p><input type="checkbox"/> Are not those of the individual associated with the NYSID or FBI number noted on this form.</p> <p><input type="checkbox"/> Do not contain sufficient detail for comparison.</p> <p><input type="checkbox"/> Notes: _____</p> <p>Initials / ID#: _____</p> <p>Date: _____</p> <p>Verification Method: <input type="checkbox"/> Manual <input type="checkbox"/> System ID</p>	<p><b>Sample Envelope</b></p> <p>11215361A</p> <p><b>Micro Card</b></p> <p>11215361A</p> <p><b>OFFENDER INFORMATION</b></p> <p>FIRST NAME: <u>Olly</u></p> <p>LAST NAME: <u>Offender</u></p> <p>NYSID: <u>12345678N</u> DOB: <u>01/01/87</u></p> <p>If NYSID unknown, please provide alternate ID# above and specify below:  <input type="checkbox"/> FBI <input type="checkbox"/> Driver's License  <input type="checkbox"/> DIN <input type="checkbox"/> Parole ID <input type="checkbox"/> Other: _____</p> <p>OFFENDER SIGNATURE: <u>Olly Offender</u></p> <p><small>This specimen may be used to satisfy any legal obligation to provide DNA to the NYS DNA Databank.</small></p> <p><b>SPECIMEN WILL NOT BE ACCEPTED WITHOUT INKED FINGERPRINTS THAT ARE CLEAR AND DETAILED - MUST USE FINGERPRINT INK</b></p> <table border="1"> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>LEFT INDEX</td> <td>RIGHT INDEX</td> </tr> <tr> <td></td> <td></td> </tr> </table>	LEFT INDEX	RIGHT INDEX			LEFT INDEX	RIGHT INDEX			<p><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer biological material to micro card.</li> <li><input type="checkbox"/> Affix barcode sticker to micro card.</li> <li><input type="checkbox"/> Place micro card in sample envelope, then remove adhesive backing and seal.</li> <li><input type="checkbox"/> Affix barcode sticker to sample envelope.</li> </ul> <p><b>DO NOT TEAR OR REMOVE ENVELOPE</b></p> <p><b>DNA DATABANK SAMPLE ENVELOPE</b></p> <p><b>AFFIX BARCODE STICKER HERE</b></p> <p><small>Division of Criminal Justice Services</small></p> <p><small>Ensure barcodes match on this envelope, micro card, and submission form.</small></p> <p><small>Please only use one micro card in this envelope, do not place more in envelope.</small></p>
LEFT INDEX	RIGHT INDEX									
LEFT INDEX	RIGHT INDEX									

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## Sample Collection

DO NOT TEAR OR REMOVE ENVELOPE

**INSTRUCTIONS**

- Transfer biological material to micro card.
- Affix barcode sticker to micro card.
- Place micro card in sample envelope, then remove adhesive backing and seal.
- Affix barcode sticker to sample envelope.

Division of Criminal Justice Services

**DNA DATABANK**

**SAMPLE ENVELOPE**

AFFIX BARCODE STICKER HERE

Ensure barcodes match on this envelope, micro card, and submission form.

Place only one micro card in this envelope; do not place more than 1 in envelope.

Sample Envelope	Micro Card
11215361A	11215361A

**Micro Card**  
With FTA™ Chemistry

**New York State  
DNA Databank**

Whatman™

Place Bar Code Here

- Ensure both barcode stickers are placed in designated areas (micro card *and* sample envelope)

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## Sample Collection

DO NOT TEAR OR REMOVE ENVELOPE

**INSTRUCTIONS**

- Transfer biological material to micro card.
- Affix barcode sticker to micro card.
- Place micro card in sample envelope, then remove adhesive backing and seal.
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Division of Criminal Justice Services

**DNA DATABANK**

**SAMPLE ENVELOPE**

AFFIX BARCODE STICKER HERE

Ensure barcodes match on this envelope, micro card, and submission form.

Place only one micro card in this envelope; do not place more than 1 in envelope.

Sample Envelope	Micro Card

**Micro Card**  
With FTA™ Chemistry

**New York State  
DNA Databank**

Whatman™

11215361A

- Ensure both barcode stickers are placed in designated areas (micro card *and* sample envelope)
- Place only one micro card in sample envelope; seal with adhesive strip
- Discard buccal swab in trash receptacle; do not place in sample envelope
- Do not remove sample envelope or tear pamphlet flap from kit

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## Checklist



### DID YOU REMEMBER TO...

- ☐ Verify the offender's identity
- ☐ Fill out entire form completely, accurately and legibly
- ☐ Obtain clear, detailed fingerprints
- ☐ Wear gloves for duration of sample collection process
- ☐ Transfer biological material from buccal swab to micro card
- ☐ Affix designated barcode stickers to micro card and sample envelope
- ☐ Place micro card in sample envelope
- ☐ Seal sample envelope

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## Collection Process Notes

- Do not share collection responsibility; one collector must perform entire process independently
- Do not perform multiple collections at once
- Complete, seal and package each collection before starting another
- Ensure each step of process completed entirely and accurately for each collection; the submission will be rejected if not

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Division of Criminal  
Justice Services

# Eligibility & Refusals

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## Who is Eligible for DNA Collection

### Designated Offender:

§995(7) of the Executive Law requires DNA specimen collection from:

- Persons convicted of and sentenced for ANY felony defined under ANY NYS law
- Persons convicted of and sentenced for ANY Penal Law misdemeanor

### Subject Offender:

9 NYCRR Part 6192.1 (y) allows for DNA specimen collection from:

- Pursuant to a plea agreement;
- As a condition for participation in a Department of Corrections and Community Supervision (DOCCS) temporary release, comprehensive alcohol and substance abuse treatment (CASAT), or shock incarceration program;
- As a condition of release on parole, post-release supervision, presumptive release, or conditional release on a definite or indeterminate sentence; or
- As a condition of probation, or interim probation supervision.

*\*The proper paperwork indicating offender's consent to DNA collection must be provided with the DNA submission in order to be eligible.*

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## Refusal Policy

### Steps to take when an offender refuses to provide a legally obligated DNA specimen:

- 1) Notify offender of obligation to submit a DNA sample
- 2) Document refusal
- 3) Notify of refusal by phone / e-mail & provide a copy of documentation to:
  - Office of Forensic Services
  - County District Attorney's Office

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Division of Criminal  
Justice Services

## Kit Inventory and Ordering

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## Kit Order Form

- Order form is available in the eJustice Portal (*Resources > Reference Library > DNA Kit Order Form*)
- If "Submit Form" button doesn't work, save form and attach to email
- New, simplified email address for kit orders and kit-related correspondence: [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov)

**NEW YORK STATE** | Division of Criminal Justice Services

**Order Form -  
New York State Convicted Offender  
DNA Databank Specimen Collection Kits**

Agency and Contact Information			
Agency Name:		ORI:	
Shipping Address:			
City:	State:	Zip:	<small>Please double check shipping address. Errors can delay or prevent delivery. Kits cannot be sent to P.O. Boxes.</small>
Contact Person Name:			
Phone Number:		Email Address:	

DNA Kit Order Information			
	Cases Requested	Kits Per Case	Total Number of Kits in Order
Small Case (12 kits per case)	<input type="text"/>	12	<input type="text"/>
Large Case (100 kits per case)	<input type="text"/>	100	<input type="text"/>

(Note: Large Cases are for higher volume collecting agencies. They do not contain rubber gloves or fingerprint ink sheets and have 25 return envelopes per case.)

**Submit Form**

- If "Submit Form" button does not work, save completed form to your computer and send to the email address below.
- DCJS may be able provide reusable fingerprint ink pads to agencies encountering difficulties with fingerprint ink sheets. Please contact the email address below.

Office of Forensic Services      [kits@dcjs.ny.gov](mailto:kits@dcjs.ny.gov)      (518) 457-1901  
Version 22.1

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# Questions?

**For more information:**

**[www.criminaljustice.ny.gov](http://www.criminaljustice.ny.gov)**  
Forensic Science/DNA

**eJusticeNY**

Resources » Reference Library » DNA

**or**

**Contact the Office of Forensic  
Services:**

(518) 457-1901  
[forensics@dcjs.ny.gov](mailto:forensics@dcjs.ny.gov)

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