NEW YORK STATE | DNA Subcommittee

November 3, 2023

Empire State Development Corporation
633 3rd Ave
37th Floor
New York, NY

Videoconference Locations:
107 College Place, Life Sciences Complex, Syracuse, NY
Shapiro Bldg., Rm. 5044, 70 Francis Street, Boston, MA
9040 Town Center Parkway, Lakewood Ranch, FL

9:05 AM – 10:14 AM

DRAFT MEETING MINUTES

DNA Subcommittee Members in Attendance:

Frederick Bieber, Ph.D.
Michael Coble, Ph.D.[1]
Kathleen Corrado, Ph.D.
Katherine Gettings, Ph.D.
Kenneth Kidd, Ph.D.
Jenifer Smith, Ph.D
Amanda Sozer, Ph.D.

DCJS Staff in Attendance:
Jill Dooley
Colleen Glavin, Esq.
Natasha Harvin-Locklear, Esq.
Katherine Mayberry
Shelley Palmer
Brianna Robinson

[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, Dr. Coble participated by videoconferencing from a private location due to extraordinary circumstances and, thus, shall not count toward a quorum, but was able to participate and vote as there was a quorum of members at physical location(s) open to the public.

Lindsey Rockwell
Elizabeth Suparmanto

Other Attendees:
Geoff Crary – NYC OCME, Legal
Karen Dooling – Nassau County Division of Forensic Services
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
Raymond Valerio – Queens District Attorney

Approximate Video Times

The Chair, Dr. Coble, opened the meeting by stating that the DNA Subcommittee is conducting its meeting in a hybrid situation with members present both in NYC and virtually. Dr. Coble then conducted a roll call as members of the Subcommittee were in attendance in New York and virtually. A quorum was established with 6 members present (Bieber, Corrado, Gettings, Kidd, Smith, Sozer); one member participated from a private location due to extraordinary circumstances (Coble[2]). 00:00:00 – 00:01:10

Dr. Coble then asked for a motion to approve the November 3, 2023, agenda. A motion to approve the agenda was made by Dr. Sozer, seconded by Dr. Smith, and approved unanimously. 00:01:11 – 00:02:20

The Chair then asked Subcommittee members for questions or comments on the minutes from the August 4, 2023, meeting of the Subcommittee. Dr. Gettings made a motion to approve the minutes, seconded by Dr. Sozer, and approved with six votes (Bieber, Coble, Corrado, Gettings, Kidd, Sozer) and 1 abstention (Smith). 00:02:23 – 00:03:33

Next, the Subcommittee reviewed Accreditation/Laboratory updates from the Nassau County Office of the Medical Examiner Division of Forensic Services, New York City OCME Department of Forensic Biology, Onondaga County Center for Forensic Sciences Laboratory, Suffolk County Crime Laboratory, and the Westchester County Department of Laboratories and Research Division of Forensic Science. Representatives from the laboratories were available to answer questions as needed. 00:03:34 – 00:15:35

The Chair then moved to Old Business. A verbal update was provided by Dr. Dooley on the Partial Match program. Special Counsel, Natasha Harvin-Locklear, then provided an update regarding the Familial Search program. The Court of Appeals reversed the lower Court's decision, deciding that the Commission did have authority to promulgate the Familial search regulations and there was no abuse of discretion. The Familial Search program has resumed. Dr. Dooley then stated that DCJS has notified law enforcement agencies, district attorney's offices and laboratories of the decision. There were no updates regarding CODIS Bulletins. 00:15:37– 00:20:05

[2] See FN. 1 above.

Approximate Video Times

The Chair then moved to New Business with Dr. Dooley providing an update regarding the 2023 CODIS Audit memo. 00:20:07 – 00:21:12

The Subcommittee then reviewed disclosures from the Erie County Central Police Services Forensic Laboratory, 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 respond to members' questions. 00:21:17 – 00:30:15

Next, Dr. Coble requested a motion to enter into Executive Session to discuss matters relating to a current investigation or matters that may lead to the appointment, promotion, demotion, discipline, or suspension of a particular person. The motion was made by Dr. Sozer, seconded by Dr. Corrado. The motion was approved unanimously. 00:30:24 – 00:31:40

The Subcommittee adjourned into Executive Session with all present members in attendance. Executive Session commenced at 9:37 AM and concluded at 10:13 AM. The Subcommittee reconvened the Open Meeting and Dr. Coble stated no action was taken in Executive Session.

The Chair then stated that the next meeting of the Subcommittee will take place on February 9, 2024. A motion to adjourn was made by Dr. Kidd, seconded by Dr. Smith, and approved unanimously. 00:32:38 – 00:33:50

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

ANSI National Accreditation Board

January 31, 2024

Timothy D. Kupferschmid
New York City Office of Chief Medical Examiner
Department of Forensic Biology
421 East 26th Street
New York, NY 10016

Dear Director Kupferschmid,

Congratulations! On January 31, 2024, ANAB renewed your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to ANAB Terms and Conditions for Accreditation. The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- October 2024 — Surveillance Document Review
- October 2025 — Surveillance Assessment
- October 2026 — Surveillance Document Review
- October 2027 — Reassessment

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 report and an electronic version of accreditation documents are included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.

Sincerely,

[redacted]

Jill Spriggs
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Meredith Rosenberg, Laboratory Deputy Director
Kyra McKay, Laboratory Assistant Director/Quality Manager
ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

New York City Office of Chief Medical Examiner
Department of Forensic Biology

421 East 26th Street, New York, New York 10016 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:2020

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: 28 February 2028
Certificate Number: FT-0238

ANAB
ANSI National Accreditation Board

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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

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

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

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

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

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

2023 - 17025T - Reassessment

Prepared by Pamela Mikulcik

Data collected on 2023-10-23

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.

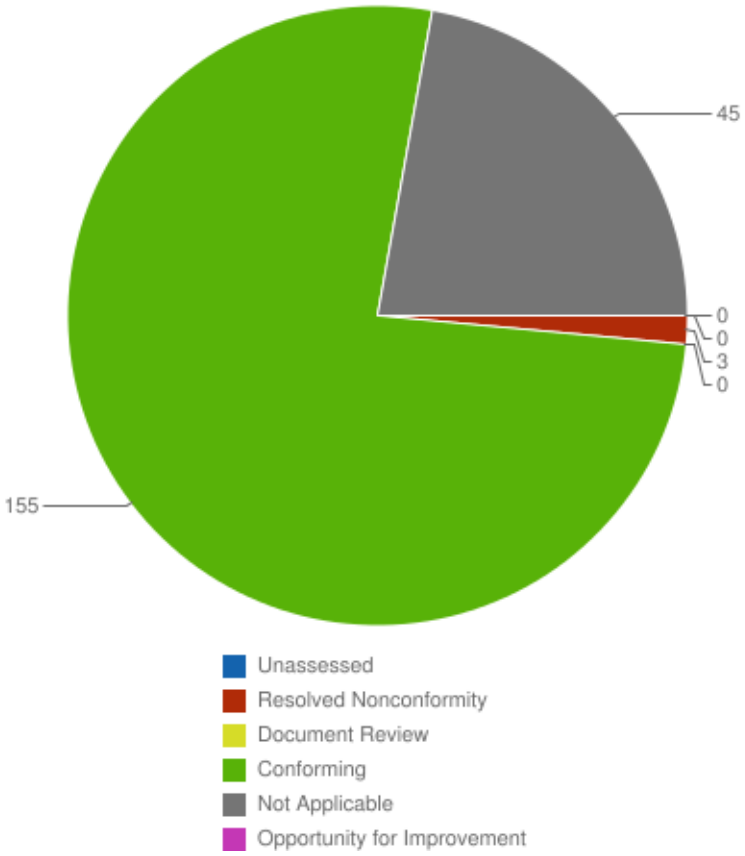
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

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 Comments



Audit Comments

6.2 Personnel

6.2.6 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory authorize personnel to perform specific laboratory activities, including but not limited to, the following:
a) development, modification, verification and validation of methods?
b) analysis of results, including statements of conformity or opinions and interpretations?
c) report, review and authorization of results?

ANAB NOTE Authorization of personnel includes all aspects of testing or calibration including, as applicable, the use of equipment.

Nonconformity Resolution Workflow

This nonconformity pertains to only letter a of this standard.

While Management appoints designated individuals to perform development, modification, verification, and validation of methods, a formal authorization process is not employed.

Corrective Action Closure Note: The root cause was determined to be that the laboratory did not understand that those who perform validations need to be authorized in writing. The lab determined there was no risk to casework due to the fact that all validation work was performed under the guidance and direct supervision of a competent Criminalist IV and competent Manager. They immediately wrote an authorization letter for all Laboratory Technicians and Interpreting Analysts. Additionally, they created a draft authorization for future Interns, which includes a space to list their relevant qualifications for performing the validation work. This nonconformity is resolved.

7.8.1 General

7.8.1.2 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Are results provided accurately, clearly, unambiguously and objectively, usually in a report (e.g. a test report or a calibration certificate or report of sampling), and include all the information agreed with the customer and necessary for the interpretation of the results and all information required by the method used? Are all issued reports retained as technical records?

NOTE 1 For the purposes of this document, test reports and calibration certificates are sometimes referred to as test certificates and calibration reports, respectively.

NOTE 2 Reports can be issued as hard copies or by electronic means, provided that the requirements of this document are met.

Nonconformity Resolution Workflow

Technical reports do not contain clear language that indicates when the method of probabilistic genotyping is, or is not used on indistinguishable mixtures.

Corrective Action Closure Note: The root cause was determined to be that the laboratory did not consider Probablistic Genotyping as a method because it does not fit the QAS definition of one. The lab determined there was no risk to casework and that it was not necessary to re-issue past reports. Report templates were updated to make it clear when STRMix is being used and staff were informed of the changes. This nonconformity is resolved.

8.7 Corrective actions (Option A)

8.7.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

When a nonconformity occurs, does the laboratory:
a) react to the nonconformity and, as applicable:
- take action to control and correct it?
- address the consequences?
b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:
- reviewing and analysing the nonconformity?
- determining the causes of the nonconformity?
- determining if similar nonconformities exist, or could potentially occur?
c) implement any action needed?
d) review the effectiveness of any corrective action taken?
e) update risks and opportunities determined during planning, if necessary?
f) make changes to the management system, if necessary?

Nonconformity Resolution Workflow

This nonconformity pertains to only letter d of this standard.

Quality incidents, that are identified as nonconforming work by the laboratory, undergo root cause analysis, corrective action, and studies

regarding their impact on casework. However, because they are not officially deemed as corrective actions by the laboratory, the effectiveness of the remediation is not reviewed.

Corrective Action Closure Note: The root cause was determined to be that the laboratory did not consider quality incidents that could recur as needing to be elevated to a corrective action due to the fact that they are not required to be reported to the New York Board for Forensic oversight. The laboratory determined that there was no impact to casework. The laboratory's Control of Non-conforming Work procedure was updated to include a monitoring assessment phase in addition to the nonconforming workflow template being updated to include a table for the monitoring process. This nonconformity is resolved.

U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535-0001

January 30, 2024

Kathleen Hum
Onondaga County Center for Forensic Sciences
100 Elizabeth Blackwell Street
Syracuse, NY 13210

Dear Kathleen:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the Onondaga County Center for Forensic Sciences in Syracuse, New York from September 6 to 8, 2023.

A review of your audit documentation found the laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,

[redacted]

Lisa L. Grossweiler
NDIS Custodian
CODIS Unit
Laboratory Division

1 – Kerri Sage (information only)