

**Virginia Department of Forensic Science
CE DNA Databank Technical Review Form**

Analyst: _____

Plate #: _____

ELECTRONIC DOCUMENTATION

- | | | |
|-----|--------------------------|--|
| YES | NO | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> Do all required controls (random sample, reagent blank, ladders, 9947A cell line, and negative) in the project file work correctly? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> Has the ILS for each sample been checked for accuracy, including all ILSs indicating an SQO (score quality override)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> Are all sample allele calls complete and accurate? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> Have all extraneous peaks been properly addressed? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> Have microvariant/off-ladder variant alleles been called correctly? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> Are all samples accounted for and are all excluded samples indicated? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> Is each sample designated for export properly labeled with correct CODIS headers? |

PRINTED WORKSHEETS

- | | | |
|-----|--------------------------|---|
| 8. | <input type="checkbox"/> | <input type="checkbox"/> Are all appropriate worksheets present and complete? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> Do the plate number and analyst's initials appear on all pages? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> Are all lot numbers and QC dates filled in appropriately? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> Have all "witness" blanks been filled in appropriately, if applicable? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> Are all re-injections properly documented? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> Has the random sample been searched and verified? |

REVIEWER'S COMMENTS

(All questions above marked NO will be explained)

CORRECTIVE ACTION

(Each reviewer's comment must be addressed)

Reviewer signature/date _____

Analyst signature/date _____