

Trainee Name: _____

Training Coordinator: _____

Y-STR ANALYSIS TRAINING DOCUMENTATION FORM

Each section in the chart below must be initialed and dated by the trainer/training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager.

MODULE	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
General DNA Analysis Knowledge			N/A	
Required Readings/SOPs		N/A		
Amplification and Y-STR Typing:		≥ 5 amps / ≥ 5 CE runs		
Dilutions of Male DNA		≥ 5		
Non-Probative Case Samples		≥ 5		
Female DNA Samples		≥ 5		
Male:Male Mixtures		≥ 5		
Environmentally Exposed Samples		≥ 5		
Male:Female Mixtures		≥ 5		
Casework Review		≥ 3		
Manual Statistical Calculations		≥ 3		
Technical Review of Casework		≥ 3		
Practical Exam				
Oral Competency Exam				