

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
DNA Investigative Support Database
Oral Swab Collection Kit Instructions

Use the FALCON Rapid-ID device for DNA collection whenever possible.

- DNA Samples submitted from qualifying offenders by Rapid-ID must be accompanied by the printout and barcode generated by the application.
- Sign and date the Witness section of the form.
- Follow Sample Collection steps below to complete the oral swab kit.

If Rapid-ID is not available:

- Fill out the collection form including all required information.
- Inked fingerprint impressions must be legible for print classification and comparison purposes. If the offender is missing their thumbs, use another finger and indicate the change on the form. Illegible or missing prints may result in the rejection of the submission.
- Sign and date the Witness and Fingerprint section of the form.
- Follow Sample Collection steps below to complete the oral swab kit.

Sample Collection

Use Universal Precautions when handling biological samples.

1. Remove the foam swab from the package. Do not touch the foam tip.
Have the qualifying offender rub the foam swab firmly against the inside of each cheek at least six (6) times.
Transfer the sample from the foam swab to the sample card by pressing firmly (do not rub) within the target area of the card.
Roll the foam swab from side to side within the target area to transfer as much sample as possible. The target area should turn white indicating the transfer of sample.
Return the foam swab back into its original package and place the foam swab and sample card inside the affixed sample card/swab envelope.
2. Remove the cotton swab from the package. Do not touch the cotton tip.
Have the qualifying offender rub the cotton swab firmly against the inside of each cheek at least six (6) times.
Return the cotton swab back into its original package and place inside the affixed sample card/swab envelope and seal the envelope.
3. Insert the complete collection kit and Rapid ID form (when applicable) into the return envelope and seal.
Mail or hand deliver the Swab Collection Kit to the Florida Department of Law Enforcement – DNA Investigative Support Database in Tallahassee, Florida within 7 days.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
CONSENT TO PROVIDE DNA SPECIMEN FOR
LABORATORY ANALYSIS AND ENTRY INTO THE
DNA INVESTIGATIVE SUPPORT DATABASE

I, _____, hereby freely and voluntarily consent to provide FDLE with a mouth swab specimen for criminal investigative purposes. I understand that this specimen will be entered into a DNA Database maintained by the FDLE after analysis, and that it may be utilized in current or future criminal investigations to include or exclude me as a suspect, and that it could be used as evidence in any prosecution of me.

I fully understand that I have a right to refuse to give this specimen. I have read and understand the above statement and I consent to provide this specimen of my own free will without any threats or promises having been made to me.

Signature of Consenting Individual Date/Time

Witness (Print Name) Date/Time

Witness Signature Badge Number

QUALIFYING OFFENDERS REQUIRED BY LAW TO PROVIDE
A SAMPLE DO NOT NEED TO SIGN THIS CONSENT WAIVER.

****Notice re Collection of Social Security Numbers: FDLE asks that you provide your social security number (SSN). The decision to provide your SSN is at your option, and if you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law § 119.071(5)(a)2.a.(ii), F.S. because use of it is imperative for FDLE to fulfill its lawful duties and responsibilities.***



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
DNA INVESTIGATIVE SUPPORT DATABASE

ORAL SWAB COLLECTION KIT

Each kit should contain:

- 1 Sample Collection Card**
- 1 Sterile Cotton Tip Swab**
- 1 Sterile Foam Tip Swab**
- 1 Return Envelope**

FOR QUALIFYING OFFENDER DNA COLLECTION ONLY.

Do not use for the collection of evidence such as suspect, victim, or elimination standards in on-going investigations.

If you have any questions concerning the use of this kit or to order additional kits, please contact the FDLE DNA Investigative Support Database at 850/617-1300 or FAX 850/921-6086.

DATABASE USE ONLY

DO NOT DETACH



Collection Information

Prior to collecting this offender specimen, make sure a sample is not already on file in the DNA Investigative Support Database.

(Print Legibly in Black or Blue Ink)

LAST NAME:

FIRST NAME:

KNOWN ALIASES:

DATE OF BIRTH: / / RACE:

SOCIAL SECURITY#: / / SEX:
(See *SSN notice on back panel)

DC#: (FL Dept. of Corrections No.) SID#: (FDLE#) (State of Florida ID No.)

PROBATION: JUVENILE: COUNTY JAIL:

CHECK OR WRITE THE APPROPRIATE COLLECTION REASON & STATUTE:

CONVICTION Any Felony or Specific Misdemeanors (see list below) **ARREST** (see FL Statute 943.325 for qualifying felony offenses)

COUNTY:

COURT CASE #:

- Any Felony Offense (partial list):*
- 316 — Motor Vehicle
 - 782 — Homicide
 - 784 — Assault, Battery; Culp. Neglig.
 - 787 — Kidnapping
 - 790 — Weapons & Firearms
 - 794 — Sexual Battery
 - 800 — Lewdness; Indecent Act
 - 806 — Arson
 - 810 — Burglary
 - 812 — Theft
 - 812.13 — Robberies
 - 817 — Fraud
 - 827 — Abuse of Child
 - 831 — Forgery/Counterfeiting
 - 847 — Obscenity
 - 893 — Drug Abuse
 - OTHER (List Felony Statute): _____

- Specific Misdemeanors (only):*
- 784.048 — Stalking
 - 810.14 — Voyeurism
 - 847.011 — Obscenity
 - 847.013 — Obscenity
 - 847.0135 — Obscenity
 - 877.26 — Observ./record customers in merchant dressing room
 - 847.04 — Gang-related offenses
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- NON-FLORIDA CONVICTION
Nature of Offense: _____
State: _____
- COURT ORDER
(Enclose a copy only if court ordered for non-felony offense)

SUBMITTING AGENCY
**Required Information*

(Please Print)
*AGENCY NAME: _____
ADDRESS: _____

*CONTACT NAME: _____ *PHONE#: _____
(Name of contact for DNA collection issues)

SAMPLE COLLECTION CERTIFICATION
(Please Check Appropriate Box—Print Legibly)

I hereby certify that I have, on this date, witnessed the collection of an oral specimen from the named individual who was positively identified to me using one or more of the following means (initial appropriate statements):

- Visual inspection of the individual's photo ID or some other official form of identification.
- Personal identification of the individual by the attending official.
- In-Court identification.
- Other (specify) _____

WITNESS TO SAMPLE COLLECTION
(Print Name of Official Witnessing Swab Collection, Date and Sign)

NAME: _____ DATE: _____

SIGNATURE: _____

OFFICIAL TAKING THUMBPRINTS
(Print Name of Official Taking Prints, Date and Sign)

NAME: _____ DATE: _____

SIGNATURE: _____

THUMBPRINTS ARE TO BE TAKEN AT THE TIME OF SAMPLE COLLECTION.
Note: Offender samples will NOT be accepted without legible thumbprints.

LEFT THUMB	RIGHT THUMB
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DO NOT DETACH

REMOVE LINER, THEN PRESS DOWN ON FLAP TO SEAL ENVELOPE

SAMPLE CARD/SWAB ENVELOPE

Offender's Name: _____

Agency Name: _____

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