

B Barcode Kit




This buccal collection kit contains everything necessary for collecting the subject's DNA sample.

Easy Collect Kit Contents

- **Each kit will contain the following:**
 - **1 Request for National DNA Database Entry Form (FD-936)**
 - **2 EasiCollect™ buccal collection devices**
 - **2 collection device envelopes**
 - **Buccal collection instructions**
 - **1 pair of nitrile (latex-free) gloves (wear at all times while collecting sample)**
 - **1 pre-inked fingerprint pad**
 - **2 clean wipes for ink removal**
 - **1 kit return envelope**

FD-936 Submission Form

FD-936 (Rev. 01-06-09) **Request for National DNA Database Entry**



Official Use Only
Database Barcode

SUBMITTING AGENCY (Select One)

Bureau of Prisons (facility code) CSOSA Fed. Prob. District (sequence number) (see below)

Federal Arresting Agency (see below) Federal Detainee Agency (see below) Other (see below)

Agency Contact Information

Office: _____
Address: _____
Address: _____
Phone/Fax: _____
Contact: _____

PERSONAL INFORMATION (Indicate Known Aliases on Back)

Name: Last Middle Initial
First
DOB: / / Sex: Race:

Citizenship:

OTHER INFORMATION
Please provide all available information. At least one identifying number MUST be provided.

SSN: - - FINS#:
BOP#: - PACTS#:
FBI#: PDID#: -
JABS Transaction #: ALIEN#:

SAMPLE COLLECTION INFORMATION

Collector: _____
Last Name _____
First Name _____
Date Taken: / /
Signature: _____

FINGERPRINT COLLECTION

Left Index Finger Right Index Finger

FINGERPRINT COLLECTOR MUST SIGN BELOW

(Prints must be taken at time of sample collection)
NOTE: Fingerprints are REQUIRED. Sample will NOT be accepted without legible prints.

WD003(DNA)001.1 1/09

- Use **DARK BLUE** or **BLACK INK ONLY**
- Write legibly inside of the red boxes
- It is acceptable to electronically transcribe the information
- Do not use correction fluid (ie. White-Out)
- Instructions on how to complete the form are located on the back of each form.

Submitting Agency

SUBMITTING AGENCY
(Select One)

<input type="text"/> <input type="text"/> <input type="text"/> (facility code)	Bureau of Prisons <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (sequence number)	CSOSA <input type="text"/>	Fed. Prob. District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (see below)
Federal Arresting Agency <input type="text"/> (see below)	Federal Detainee Agency <input type="text"/> (see below)		Other <input type="text"/> (see below)

- Agencies that qualify as Bureau of Prisons, CSOSA, or USPO, fill in all necessary boxes
- All other arresting agencies **MUST** select appropriate qualifying reason:
 - *Arrestee*, any individual arrested or facing charges for a Federal offense
 - Place an X in the designated box
 - *Detainee*, any Non-United States citizen who is detained under the authority of the United States
 - Place an X in the designated box
 - *Other*, any individual that has been **CONVICTED** of a federal offense, qualifying District of Columbia offense, SORNA, Tribal Authority, or federal offenses in US territories
 - Place an X in the designated box

Agency Contact Information

<p><i>Official Use Only</i></p> <hr/> <p>Database Barcode</p>	<p style="text-align: center;">Agency Contact Information</p> <p>Office: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>Phone/Fax: _____</p> <p>Contact: _____</p>
---------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- Provide name, address, and corresponding contact numbers of the agency where the sample is being collected
- A sticker or stamp with this information is acceptable as long as it is legible and does not obstruct the box marked “For Official Use Only”
- If collecting on behalf of another agency, use the contact information of the agency the subject is being collected from

Personal Information

PERSONAL INFORMATION (Indicate Known Aliases on Back)

Name: [Redacted] Middle Initial: [Redacted]

Last: [Redacted]

First: [Redacted]

DOB: [Redacted] / [Redacted] / [Redacted] Sex: [Redacted] Race: [Redacted]

Citizenship: [Redacted]

- Subject's legal name and date of birth must be filled in

Other Information

OTHER INFORMATION
Please provide all available information. At least one identifying number **MUST** be provided.

SSN:	[] [] [] - [] [] - [] [] [] []	FINS#:	[] [] [] [] [] []
BOP#:	[] [] [] [] [] - [] [] []	PACTS#:	[] [] [] [] [] []
FBI#:	[] [] [] [] [] [] [] [] []	PDID#:	[] [] [] - [] [] [] []
JABS Transaction #:	[] [] [] [] [] [] [] []	ALIEN#:	[] [] [] [] [] [] []


- **AT LEAST** one unique identifier such as; FBI Number, Social Security Number, Alien Number, BOP Number or FINS Number **MUST** be present
- Please ensure all known *Other Information* pertaining to the subject is provided on the FD-936

Sample Collection Information

SAMPLE COLLECTION INFORMATION	
Collector:	
Last Name	
First Name	
Date Taken:	/ /
Signature:	

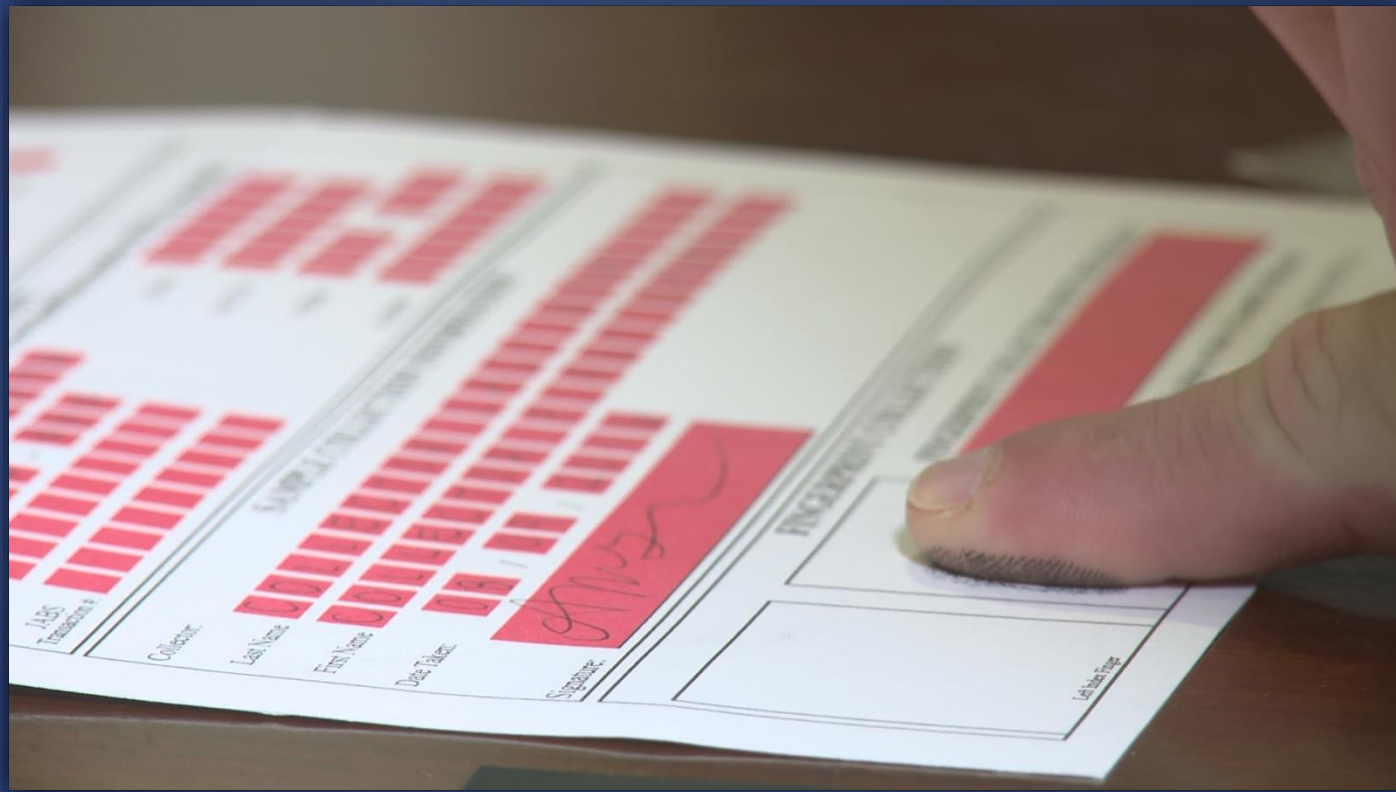
- Complete *Sample Collection Information* section with collector's legal name, date sample was collected, and collector's signature

Fingerprint Collection

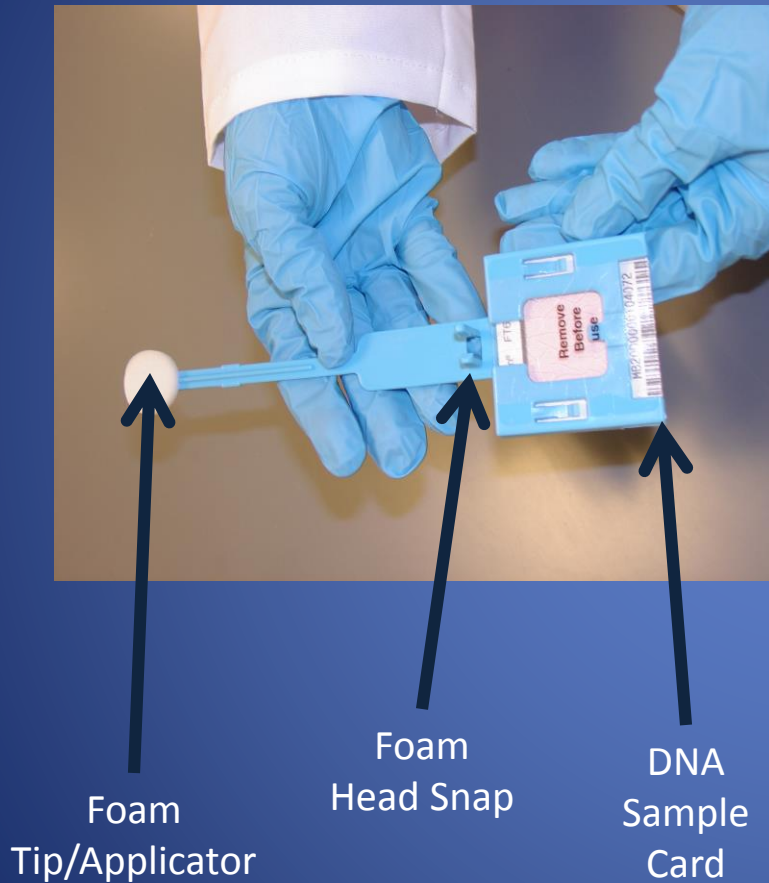
FINGERPRINT COLLECTION		
		FINGERPRINT COLLECTOR MUST SIGN BELOW 
		<i>(Prints must be taken at time of sample collection)</i> NOTE: Fingerprints are REQUIRED. Sample will NOT be accepted without legible prints.
<small>Left Index Finger</small>	<small>Right Index Finger</small>	<small>WB12933:DSADS1.1 1/99</small>

- Legible fingerprints and collector's signature **MUST** be present on the FD-936
- Ensure appropriate index finger is printed in assigned box
- Other fingers may be utilized if index fingerprints cannot be obtained. However, this **MUST** be noted on the FD-936.
- Space is available on the back of the form if fingerprint re-prints are needed.

Fingerprint Collection



Collection Device



- Put on provided gloves
- Remove collection devices from pouch
 - Leave foam heads of collection devices in protective sleeves
- Slide sample cards out
 - Record subject's name and/or unique identifier on DNA sample cards
- Confirm that the subject's name and/or unique identifier correspond with information provided on the FD-936

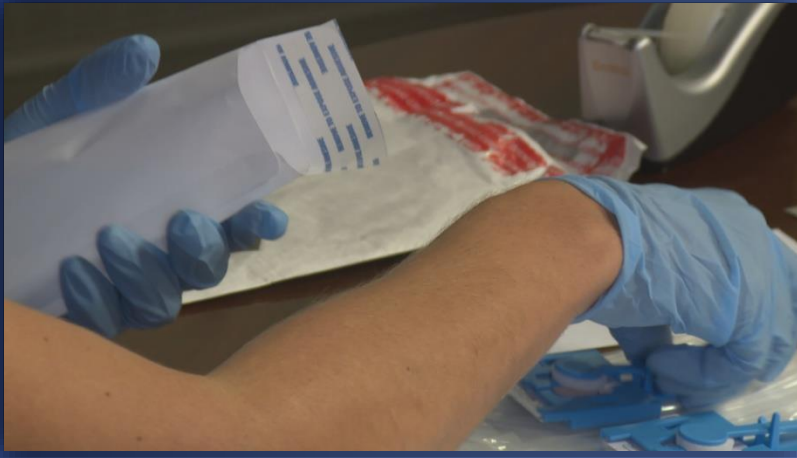
Sample Collection



- Place sample cards back in collection devices
- Place foam applicator against inside of subject's cheek
- Vigorously swab cheek and gum line for 15 seconds
- Remove plastic film covering and fold device at hinge point
- Press swab onto card for at least 10 seconds
- Move device into resting position
- Repeat this step using the second collection device on opposite cheek

NOTE: The objective of this collection is to gather DNA from the cheek cells, NOT the saliva, onto the collection paper.

Sample Collection cont'd



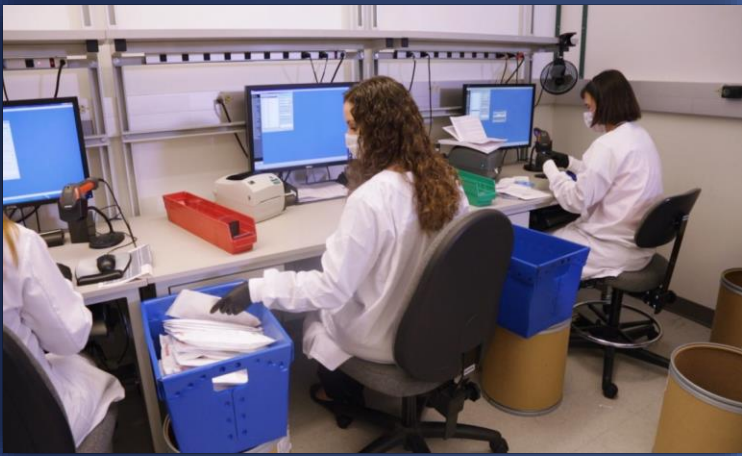
- Place collection devices inside white envelopes
 - Secure by removing backing and sealing shut
- Place white envelopes and FD-936 in provided prepaid return envelope
- Discard all other components
- If kit must be re-opened
 - Tape over seal, and initial and date over new seal



Rejected Kits

- **Subject's name and/or unique identifier on DNA sample cards is different than what is documented on the FD-936**
- **Quality of fingerprints are poor or printed electronically**
- **No fingerprints on the FD-936**
- **Samples for multiple subjects are received in one return envelope**
- **Completed FD-936 is not included in submission**
- **Acceptable samples are not included in submission**
- **Tamper evident seal is damaged or broken and has not been properly resealed**

DNA Submissions



The DNA samples being collected could provide substantial investigative value to criminal cases. For this reason, it is imperative that all DNA kits are properly submitted.

Collection Kit Orders

FBI Laboratory
Buccal Collection Kit Re-Order Form
Please allow 2 weeks for delivery of collection kits.

Date Requested: _____

Agency Requesting Kits: _____

Person Requesting Kits: _____

Number Of Kits Needed: 50 100 150 200 Other _____
(Kits must be ordered in multiples of 50)

Number Of Additional Forms Needed: _____
Note: An additional supply of forms equivalent to 10% of your total kit order will be included automatically

Shipping Address:
Facility: _____
Address: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Fax Number: _____
Point of Contact: _____

**PLEASE FAX YOUR REQUEST DIRECTLY TO
THE FBI LABORATORY
AT (703) 632-7620**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (703) 632-7529

Official Use Only

Date Request Received: _____

Request Approved By: _____

FBI Release Number: _____

Date Request Sent To Contractor: _____

- To order kits electronically: <https://forms.fbi.gov/buccal-collection-kit-re-order-form>
- Fax a kit order to FDDU: (703) 632-7620
- Email: fddu@ic.fbi.gov
- Allow two weeks for delivery after order has been received
- **ONLY** physical addresses accepted (no P.O. Boxes)

Contact Information



(703) 632-7529

fddu@ic.fbi.gov

For more information:

<https://www.fbi.gov/services/laboratory/biometric-analysis/federal-dna-database>