

# E Barcode Kit

Prepaid Return Envelope

Fingerprint Collection Supplies

DNA Collection Supplies

FD-936 Submission Form

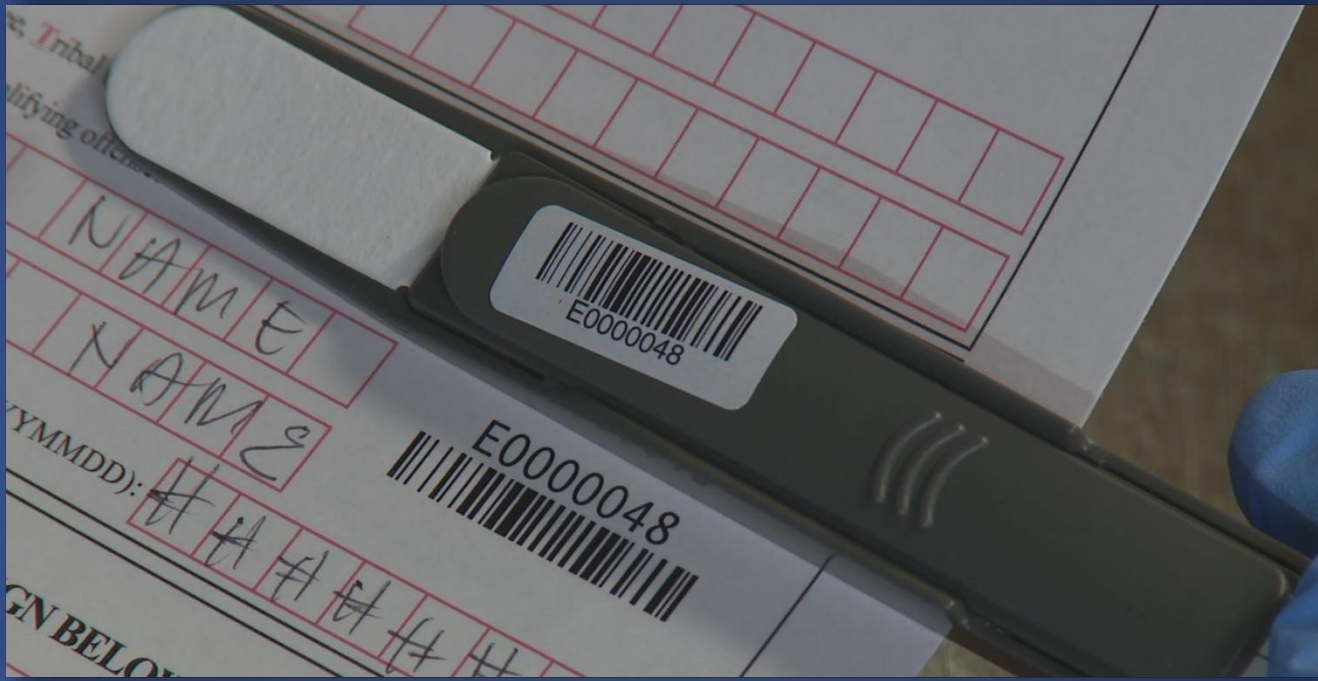


**This buccal collection kit contains everything necessary for collecting the subject's DNA sample.**

# Bode Collection Kit Contents

- Each kit will contain the following:
  - One Request for National DNA Database Entry Form (FD-936)
  - One Bode Collection Device
  - One collection device envelope containing one PillowPak™ desiccant
  - Collection Instructions
  - One agency code information sheet
  - One Pair of nitrile (latex-free) gloves (wear at all times while collecting sample)
  - One pre-inked fingerprint pad
  - Two clean wipes for ink removal
  - One kit return envelope

# Unique Barcode



**The FD-936 and collection device of each collection kit contain a unique barcode and must remain together throughout the entire process.**

**If an error is made, please dispose of the entire kit and begin again with an entirely new collection kit.**

# FD-936 Submission Form

FD-936 (Rev. 05-30-2013)

## REQUEST FOR NATIONAL DNA DATABASE ENTRY

Please follow instructions on this form for collection of DNA sample and biographical information for submission to the FBI.

### 1. AGENCY CONTACT INFORMATION

Agency Name:

Address:

City:  State:  Zip Code:

Phone Number:  POC:

### 2. AGENCY FACILITY AND AGENCY REFERENCE INFORMATION

Originating Agency Identifier (ORI):  Facility Code or District #:

Agency Code:  Ref:

### 3. PERSONAL IDENTIFYING INFORMATION

Last Name:

First Name:  Middle Initial:

FBI #:

Date of Birth (YYYYMMDD):  Gender - Male, Female, or Unknown:

Race - Am, Indian/Alaska Nat., Asian, Black (African Am), White, Hawaiian Nat. (Pacific Is), or Unknown:  Hispanic, Latin, or Spanish Origin?:

#### 3a. Enter Required Field (SSN for U.S. Citizens or Alien # for Non-U.S. Citizens)

US Citizen Social Security #:

Non-US Citizen Alien #:

BOP (U.S. Marshals #):  DHS Agencies (FINS #):

CSOSA (PDD #):  Federal Probation (PACTS #):


### 4. SAMPLE COLLECTION INFORMATION

Qualifying Reason for DNA Collection - Arrestee, Convicted Offender, Detainee, Tribal (Convicted Off.,SORNA), U.S. Territories (Convicted Off.,SORNA)  
I hereby certify the DNA sample was collected under U.S. Federal Law for an applicable qualifying offense.

Last Name:

First Name:

Signature:  Date (YYYYMMDD):



00000046

### 5. FINGERPRINT COLLECTION


Left Index Print	Right Index Print	<b>FINGERPRINT COLLECTOR MUST SIGN BELOW.</b> Fingerprint Collector: <input type="text"/> <b>NOTE:</b> Fingerprints are <b>REQUIRED</b> at the time of collection. Sample will <b>NOT</b> be accepted without legible prints.
------------------	-------------------	---

DNFPIRMSI(DNANIS) 1 913

- 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.

# Agency Contact Information

**1. AGENCY CONTACT INFORMATION**

Agency Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Phone Number:	<input type="text"/>	POC: <input type="text"/>	

- 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”

# Agency Facility and Agency Reference Information

**2. AGENCY FACILITY AND AGENCY REFERENCE INFORMATION**

Originating Agency Identifier (ORI):

Facility Code or District #:

Agency Code:  Ref:

- Agency Code – abbreviation of agency (ie. FBI, USMS, BOP, etc.)
- ORI – unique to each facility and does not pertain to the subject (Please fill out only if you are aware of your agency’s unique code.)
- Facility Code or District Number – should only be filled in if representing a USPO, BOP, of CSOSA
- Ref – Please use for a DNA#, Case# or any other relevant number that is not requested in section 3a.
- If collecting on behalf of another agency, use the contact information of the agency the subject is being collected from

# Personal Identifying Information

**3. PERSONAL IDENTIFYING INFORMATION**

Last Name:

First Name:  Middle Initial:

FBI #:

Date of Birth (YYYYMMDD):  Gender - Male, Female, or Unknown:

Race - Am. Indian/Alaska Nat., Aasian, Black (African Am.), White, Hawaiian Nat. (Pacific Is.), or Unknown:  Hispanic, Latin, or Spanish Origin?:

---

**3a. Enter Required Field (SSN for U.S. Citizens or Alien # for Non-U.S. Citizens)**

US Citizen Social Security #:

Non-US Citizen Alien #:

BOP (U.S. Marshals #):  DHS Agencies (FINS #):

CSOSA (PDID #):  Federal Probation (PACTS #):

- Subject's legal name and date of birth must be filled in
- **AT LEAST** one unique identifier such as; FBI Number, Social Security Number, Alien Number or BOP Number **MUST** be present
- Please ensure all known *Personal Identifying Information* pertaining to the subject is provided on the FD-936.

# Sample Collection Information

**4. SAMPLE COLLECTION INFORMATION**


Qualifying Reason for DNA Collection - **A**rrestee, **C**onvicted Offender, **D**etainee, **T**ribal (Convicted Off./SORNA), **U**S Territories (Convicted Off./SORNA)

I hereby certify the DNA sample was collected under U.S. Federal Law for an applicable qualifying offense:

Last Name:

First Name:

Signature:  Date (YYYYMMDD):

  
E0155313

- Determine whether subject Qualifies as an:
  - *Arrestee*, any individual arrested or facing charges for a Federal offense. Write “A” in the designated box.
  - *Convicted Offender*, any individual convicted of a Federal offense or certain District of Columbia qualifying offenses. Write “C” in the designated box.
  - *Detainee*, any Non-United States citizen who is detained under the authority of the United States. Write “D” in the designated box.
  - *Tribal*, any individual convicted of a Federal offense or SORNA (Sexual Subject Registration and Notification Act) under Tribal Authority. Write “T” in the designated box.
  - *U.S. Territories*, any individual convicted of a Federal offense or SORNA in U.S. Territories. Write U in the designated box.
- Complete *Sample Collection Information* section with collector's legal name, date sample was collected, and collector's signature.

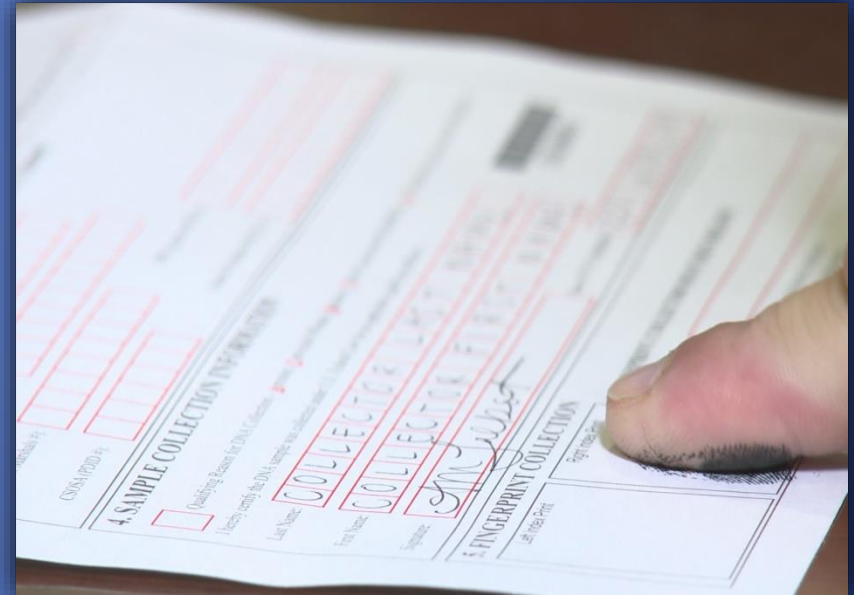


# Fingerprint Collection

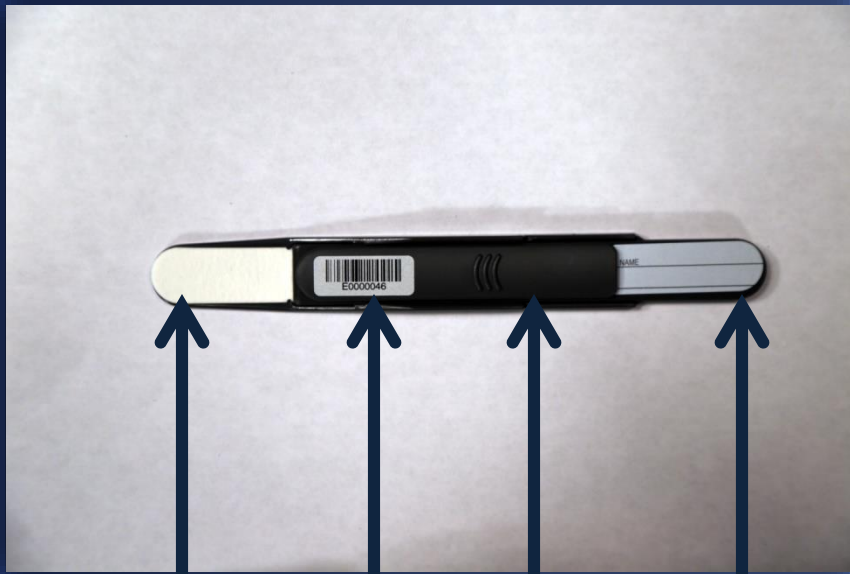
5. FINGERPRINT COLLECTION	
Left Index Print	Right Index Print
<b>FINGERPRINT COLLECTOR MUST SIGN BELOW.</b>	
Fingerprint Collector: <input type="text"/>	
<b>NOTE:</b> Fingerprints are <b>REQUIRED</b> at the time of collection. Sample will <b>NOT</b> be accepted without legible prints.	

- 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.

# Fingerprint Collection



# Collection Device



Collection  
Paper

Barcode

Slider  
Cover

Handle  
Base/Subject's  
information

- Put on provided gloves
- Remove collection device from pouch
- Record subject's name and/or unique identifier on handle base
- Confirm that the subject's name and/or unique identifier correspond with information provided on the FD-936

**Note: If collection paper is not exposed, carefully move slider cover back. If the device separates, please reassemble.**

# Sample Collection



- Allow subject to hold device
  - Placing his/her thumb on area marked *thumb*
- Subject should place device with collection paper side flat against inside of his/her cheek
- Subject should drag device firmly toward lips and out of mouth
- He/she should repeat this action 7 more times
- Once complete, slider cover should be slid over collection paper

**NOTE:** The device **MUST NOT** rub back and forth against cheek. 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 device inside white envelope
  - Place the Bode Collector with the name label down and collection paper tip toward the top flap in the white envelope
  - Secure by removing backing and sealing shut
- Place white envelope 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 collection device 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 sample collection device is not included in submission**
- **Barcode on collection device is different than barcode on the FD-936**
- **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](mailto: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](mailto:fddu@ic.fbi.gov)

For more information:

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