

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

DNA Investigative Support Database

*Oral Swab Collection Kit Instructions*

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

- DNA Samples submitted from qualifying offenders by Rapid-ID must be accompanied by the Rapid-ID printout form 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 a rejection of the submission.
- Sign and date the Witness and Fingerprint section of the form.
- Follow Sample Collection steps 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 (pink circled) area of the card.

The pink area should turn white indicating a 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. Insert the complete collection kit and Rapid-ID printout 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.**



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DNA INVESTIGATIVE SUPPORT DATABASE

To submit a voluntary DNA buccal swab sample, a Consent Waiver Form is available on the DNA Database Offender Search site located on the Criminal Justice Network (CJNet):

[www.flcjn.net/dna-search/DNA/](http://www.flcjn.net/dna-search/DNA/)

If your agency does not have access to the CJNet, a Consent Waiver Form is also available on the FDLE Public Site:

[www.fdle.state.fl.us/Forensics/Disciplines/DNA-Database](http://www.fdle.state.fl.us/Forensics/Disciplines/DNA-Database)

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

*For additional information, see Florida Statute 943.325 and the Florida Administrative Code 11D-6.*

*\*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 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

[dnadatabase@fdle.state.fl.us](mailto:dnadatabase@fdle.state.fl.us)

850-617-1300

FAX 850-921-6086

## 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

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FIRST NAME

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KNOWN ALIASES: \_\_\_\_\_

DATE OF BIRTH   /   /    RACE

SOCIAL SECURITY #    -   -      GENDER

(See \*SSN notice on back panel)

DC# (FL Dept of Corrections)       FDLE/SID# (FL State ID)

FBI#

PROBATION  JUVENILE

CHECK OR WRITE THE APPROPRIATE COLLECTION REASON & STATUTE

**CONVICTION**  
*Any Felony or Specific Misdemeanors (see list below)*

**ARREST**  
*Florida Felony Offenses Only*

**IMMIGRATION**  
*Federal Detainer*

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/Criminal Mischief
- 810 - Burglary
- 812 - Theft  812.13 - Robberies
- 817 - Fraud
- 827 - Child Abuse
- 831 - Forgery/Counterfeiting
- 843 - Obstructing Justice
- 847 - Obscenity
- 893 - Drug Abuse
- OTHER** (List Felony Statute/Offense): \_\_\_\_\_

**Specific Misdemeanors (convictions 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
- 874.04 - Gang-related offenses

**NON-FLORIDA CONVICTION**

Offense: \_\_\_\_\_

State: \_\_\_\_\_

**COURT ORDERED DNA**

Non-Felony Florida Offense  
(enclose a copy of the court order requiring DNA collection for non-felony convictions only)

## SUBMITTING AGENCY

*\*Required Information*

*(Legibly Print)*

\*AGENCY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*CONTACT NAME \_\_\_\_\_ \*PH# \_\_\_\_\_

\*Offender DNA sent from a Sheriff's Office or County level site, please select the collection location:

COUNTY JAIL  COURTHOUSE  REGISTRATION

### SAMPLE COLLECTION CERTIFICATION

*(Check Appropriate Box)*

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

- 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 \_\_\_\_\_

**LEGIBLE INKED PRINTS SHOULD BE TAKEN AT THE TIME OF SAMPLE COLLECTION**

**Offender sample may be rejected if prints are illegible. If thumbs are missing or bandaged, use an index or middle finger and note change in the print area.**

LEFT THUMB	RIGHT THUMB
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**DO NOT DETACH**

SWAB ENVELOPE ATTACHES HERE