



Annual Report to the Illinois Forensic Science Commission
Significant Non-Conformities for 2024
Provided by the Quality Systems Subcommittee - June 11, 2025

20 ILCS 2605/2605-615 (f) - *Reporting by publicly funded ISO 17025 accredited forensic laboratory systems*, calls for an annual report from each laboratory system summarizing its significant non-conformities with the efficient delivery of forensic services and the sound practice of forensic science.

The following are categories of significant non-conformities identified by the Quality Systems Subcommittee:

1. *Use/Discovery of an invalid method for the analysis of evidence*
e.g., after implementation of a method it is discovered that the method validation did not include appropriate studies to distinguish between the compound of interest and interfering non-target compounds.
2. *Internal and External Audit non-conformities*
e.g., during an audit, it is found that a recently implemented procedure isn't being followed as intended. Newly required case-related documentation was not included in the case file.
3. *Proficiency Test Results (non-administrative errors)*
e.g., it was discovered that a result was reported that did not correspond to the established answer developed by the test provider. A gunshot distance determination range was incorrectly generated and reported.
4. *Missing Evidence/Data/Information*
e.g., data integral to forming a conclusion or opinion related to an item of evidence was not present in the case record after the testing report was issued.
5. *Issues of an individual analyst's technical competence.*
e.g., an analyst was found to not be properly interpreting data. The interpretation should include the understanding of data artifacts and their impact on the result. Should artifacts not be well understood, the reported results could be in error.
6. *Any error which compromises the ability to report results on an item of evidence or impedes the progress of court proceedings.*
e.g., a DNA item required consumption (there is nothing left of the item to test) and the associated negative control became contaminated. As such the resulting DNA item profile may not be reported.
7. *Any other significant event or significant nonconformity related to an accreditation requirement for which there is a reasonable expectation that knowledge of the event or nonconformity by interested parties external to the forensic service provider would call into question the quality of the forensic service provider's work or the integrity of its personnel.*



The Quality Systems Subcommittee conducted a search of ANAB and A2LA's webpages to identify the state and local publicly funded forensic laboratories that were ISO 17025 accredited in 2024. The following labs were identified:

1. DuPage County Sheriff's Office- DuPage County Forensic Science Center (DP-FSC)
2. Illinois State Police- Division of Forensic Services (ISP)
3. Northeastern Illinois Regional Crime Laboratory (NIRCL)
4. Cook County Medical Examiner's Office (CCMEO) (toxicology)
5. Analytical Forensic Testing Laboratory (AFTL) (toxicology)

One of the laboratory systems providing a report: the Illinois State Police - Division of Forensic Services (ISP), is currently accredited by the ANSI National Accreditation Board (ANAB) to ISO/IEC 17025:2017, ANAB Accreditation Requirements for Forensic Testing and Calibration (2023), FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020 and the FBI Quality Assurance Standards for DNA Databasing Laboratories:2020.

Two of the laboratories providing reports: the DuPage County Sheriff's Office - DuPage County Forensic Science Center (DP-FSC), and the Northeastern Illinois Regional Crime Laboratory (NIRCL) are currently accredited by the ANSI National Accreditation Board (ANAB) to ISO/IEC 17025:2017, ANAB Accreditation Requirements for Forensic Testing and Calibration (2023) and FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020.

One of the laboratories providing a report: the Cook County Medical Examiner's Office (CCMEO) is currently accredited by the ANSI National Accreditation Board (ANAB) to ISO/IEC 17025:2017, ANAB Accreditation Requirements for Forensic Testing and Calibration (2023) for toxicology.

One of the laboratories providing a report: the Analytical Forensic Testing Laboratory (AFTL) was accredited by the ANSI National Accreditation Board (ANAB) to ISO/IEC 17025:2017, ANAB Accreditation Requirements for Forensic Testing and Calibration (2023) in 2024. AFTL discontinued human toxicological testing in February of 2024.

As a condition of accreditation, a laboratory system must adhere to the requirements on handling non-conforming work as specified by the standards. Additionally, to meet these requirements, corrective action documentation that meets the standard must be provided to and reviewed by external assessors during monitoring and assessments.



Submitted Summary Reports

The substantive information contained within the summary reports from each of the five laboratories is below. Formatting changes to the submissions have been made for purposes of compiling this report. Where noted, additional explanatory information has been provided by the Quality Systems Subcommittee for reader clarity.

The abbreviations for the tables provided by some reporting laboratory systems are as follows:

Section Abbreviations	
Biology	Biology/DNA
DC	Drug Chemistry
DNA	DNA
Evidence	Evidence
FA	Firearms
Indexing	DNA Indexing
Laboratory	Laboratory
LP	Latent Prints
TOX	Toxicology
Trace	Trace

Table 1: Section Abbreviations



DuPage County Forensic Science Center (DP-FSC)

In conformance with 20 ILCS 2605/2605-615(f) the DuPage County Forensic Science Center has identified the following as significant non-conformities completed in 2024, as defined by the Quality Systems Subcommittee of the Commission:

1. Corrective Action - Incorrect count of drug evidence - An analyst incorrectly counted an exhibit as containing 17 units when it contained 19 units.

Detection of SNC - This was detected during the technical review prior to the report being issued.

Action taken - The analyst received remedial training in handling and counting evidence. Prior case work was reviewed to ensure the agency described count was the same as analyst count. For twelve weeks a second analyst witnessed the analysts' opening and inventory of evidence. An 'observation of case evidence inventory' was added to the observation of accredited services audit.

Effectiveness of Action - No additional issues with counting of evidence were identified.

2. Corrective Action - LIMS system inconsistently capturing signature of agency representative upon release of evidence - The LIMS system was found to be inconsistent capturing the signature of the agency representative accepting released evidence.

Detection of SNC - The laboratory updated its LIMS system November of 2023. When an agency representative accepts released evidence, their name is typed into the record and their signature is captured via a signature pad and is seen in a window within the software prior to being accepted by the lab staff member overseeing the release. An electronic receipt with the captured signature is generated with a copy saved in the LIMS and a printed copy provided to the agency. This functionality was confirmed during testing of the new system prior to implementation. In May of 2024 the laboratory became aware the signature was inconsistently being captured on the receipt (electronic and hardcopy).

Extent of the SNC - All evidence-release transactions since the new system went live were reviewed and 153 cases were impacted. This issue was not found to impact evidence submissions.

Action taken - The laboratory verified via review of evidence submissions, or via email confirmation, that the agency representative was present at the laboratory when the evidence was released. The laboratory attempted to trouble-shoot the issue with the LIMS provider and also now requires review of evidence release sheets to ensure in the event an electronic signature is not captured, it is captured manually and a copy retained for the laboratory's record.

Effectiveness of Action - Signatures of agency representative are captured either manually or electronically during release of evidence.



3. Preventative Action - Interference with a target analyte during seized drug testing - Drug Chemistry case sample data appeared to be a controlled substance but upon closer examination was found to contain ions from a coeluting compound.

Detection of SNC - The issue was identified during technical review prior to the report being issued.

Extent of the SNC - Only one other report had been issued that identified the controlled compound, and a review of that data showed no indications of a coeluting compound.

Action taken - A new method was developed and verified to provide effective separation of the two analytes.

Effectiveness of Action - The new method enabled identification of the controlled substance.

Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
CH	Corrective Action	Technical Competency	8/2/2024	No
Laboratory	Corrective Action	Any Error that Impacts Court	7/3/2024	No
CH	Preventative Action	Use/Discovery of an invalid method for the analysis of evidence	1/6/2025	No

Table 2: Summary of SNC provided by DP-FSC (data provided by DP-FSC, created by subcommittee)



Illinois State Police (ISP), Division of Forensic Services (DFS), Forensic Sciences Command (FSC)

The Illinois State Police, Division of Forensic Services (DFS), Forensic Sciences Command (FSC) uses a document called a Quality Issue Report (QIR) to document confirmed quality issues requiring cause analyses and corrective action. In 2024, the DFS completed forty (40) of these documents. A spreadsheet is attached with information regarding each incident. The incidents were categorized by issue type and are summarized below.

Audit Non-conformity

In 2024, the Illinois State Police completed two (2) QIRs involving the Command Internal Audit conducted annually at each laboratory. None of the audit findings impacted the quality or accuracy of casework performed. Changes were made to policies or procedures, as necessary, to address the identified findings.

Proficiency Test Issue

In 2024, the Illinois State Police completed thirteen (13) QIRs involving proficiency test results that were not concordant with the vendor's expected results. Technical competency was the primary cause for several of the quality issues in this category, and additional cases were reviewed to ensure the incidents were isolated. For two of the QIRs, procedures or policies were updated to remediate the quality issue. However, in two other QIRs, it was determined the analysts complied with all procedures and policies and their original test results were verified independently.

Missing Evidence

The Illinois State Police completed two (2) QIRs involving missing evidence in 2024. Missing evidence may be identified by a law enforcement agency, laboratory staff, or during the periodic FSC evidence vault inspections. Staff immediately initiated searches to locate the evidence without success. If necessary, the law enforcement agency was contacted about submitting alternative items for testing.

Technical Competency Issue

The Illinois State Police completed thirteen (13) QIRs categorized as technical competency non-conformities in 2024. Technical competency non-conformities occurred when laboratory personnel did not comply with methods and procedures; minimum standards and controls; and/or best practices during analyses. If appropriate, samples were reanalyzed and amended reports were issued. Additional cases were reviewed to ensure the incidents were isolated, or to assess potential avenues for corrective actions such as focused technical reviews, mentoring, and/or performance improvement plans.

Non-conforming Work

The Illinois State Police completed ten (10) QIRs related to non-conforming work in 2024. The primary cause for these quality issues was noncompliance with FSC policies and/or procedures. Not all of these quality issues involved the analytical work conducted; for example, one concerned chain-of-custody and another affected the timeliness of reporting results. However, whenever necessary, amended reports were issued, and additional cases were reviewed to remediate the quality issue.



Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
FA	Non-Conforming Work	Technical Competence	2/12/2024	No
Biology	Non-Conforming Work	Non-Conforming Work	2/22/2024	No
LP	Latent Prints Suitability	Technical Competence	2/23/2024	No
Biology	Proficiency Test Results	Proficiency Test Results	2/26/2024	No
Biology	Timeliness of Reporting Results	Non-Conforming Work	2/29/2024	No
Biology	Proficiency Test Results	Proficiency Test Results	5/7/2024	No
Biology	Missing Evidence	Missing Evidence	7/11/2024	No
Biology	Internal Audit	Internal Audit Non-Conformities	7/26/2024	Yes
Trace	Proficiency Test Results	Proficiency Test Results	7/29/2024	No
LP	Non-Conforming Work	Technical Competence	7/31/2024	No
Biology	Non-Conforming Work	Non-Conforming Work	8/1/2024	No
Biology	Proficiency Test Results	Proficiency Test Results	8/11/2024	No
Biology	Non-Conforming Work	Technical Competence	8/14/2024	No
Tox	Proficiency Test Results	Proficiency Test Results	8/16/2024	No
Trace	Proficiency Test Results	Proficiency Test Results	8/27/2024	No
Biology	Proficiency Test Results	Proficiency Test Results	9/4/2024	No
Biology	Proficiency Test Results	Proficiency Test Results	9/6/2024	No
Tox	Non-Conforming Work	Technical Competence	9/12/2024	No
Tox	Improper Reagents	Non-Conforming Work	9/13/2024	No
LP	Latent Prints Suitability	Technical Competence	9/13/2024	No
LP	Latent Prints Suitability	Technical Competence	9/13/2024	No
Laboratory	Internal Audit	Internal Audit Non-Conformities	9/16/2024	Yes
DC	Calibration	Non-Conforming Work	9/16/2024	No
LP	Non-Conforming Work	Technical Competence	9/18/2024	No
LP	Non-Conforming Work	Technical Competence	9/18/2024	No
LP	Non-Conforming Work	Technical Competence	9/19/2024	No
Biology	Non-Conforming Work	Technical Competence	9/23/2024	No
Biology	DNA Interpretation	Technical Competence	9/26/2024	No
FA	Proficiency Test Results	Proficiency Test Results	9/30/2024	No
LP	Non-Conforming Work	Non-Conforming Work	10/3/2024	No
Tox	Proficiency Test Results	Proficiency Test Results	10/17/2024	No
Biology	DNA Interpretation	Technical Competence	10/17/2024	No
Biology	Proficiency Test Results	Proficiency Test Results	10/21/2024	No
DC	Non-Conforming Work	Non-Conforming Work	10/21/2024	No
Biology	Contamination of Evidence	Non-Conforming Work	10/21/2024	No
Tox	Inaccurate Report	Non-Conforming Work	10/21/2024	No
Tox	Proficiency Test Results	Proficiency Test Results	10/22/2024	No



Biology	Proficiency Test Results	Proficiency Test Results	10/22/2024	No
FA	Chain of Custody	Non-Conforming Work	12/11/2024	No
Evidence	Missing Evidence	Missing Evidence	12/11/2024	No

Table 3: Summary of SNC provided by ISP (re-formatted by subcommittee)

Cook County Medical Examiner’s Office (CCMEO or MEO)

Upon identification of nonconforming work, a non-conformance report is initiated and maintained through the laboratory information management system, LabLynx. In 2024, the Medical Examiner’s Office (MEO) identified 1 significant nonconformity within the toxicology area. The incident is categorized below.

Proficiency Test Results

In 2024, the MEO toxicology laboratory identified one (1) nonconformity related to unacceptable proficiency test results that did not meet the vendor’s defined target range. The risk was evaluated at level 2. Within the non-conformance report, improper storage was the result of the nonconforming work. Additional cases and controls were reviewed to ensure the incident was isolated and that there was no risk to the casework. ANSI National Accreditation Board (ANAB) inspection body was notified.

Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
Tox	Proficiency Test (Risk Level 2)	Proficiency Test Results	12/4/2024	No

Table 4: Summary of SNC provided by CCMEO (re-formatted by subcommittee)



Northeastern Illinois Regional Crime Laboratory (NIRCL)

Upon identification of a significant non-conformity, the Northeastern Illinois Regional Crime Laboratory (NIRCL) initiates a corrective action process. In 2024 the NIRCL completed eight corrective actions for significant non-conformities. These are described below and tabulated at the end of this summary.

Significant Non-Conformity (SNC) 24-1:

Samples of evidence from separate evidence items were mistakenly combined in preparation for DNA extraction. Mislabeling of sample tubes precluded further analysis and reporting of results. Other items of evidence in the case were correctly analyzed and reported.

Detection of SNC:

Non-conforming work was detected during preparation of samples for analysis.

Extent of SNC:

That these non-conformities were both identified during sample analysis as would be expected of a robust analytical and review process, there was little concern for these same matters occurring in previous casework. Additional cases open during the same time frame were reviewed and found acceptable. Evidence sample analysis and preparation conducted by the forensic scientist was monitored directly for the subsequent 4 batches of cases worked. No non-conforming work was identified.

Corrective Action taken:

Analysts were reminded to work methodically, and to review their work at every stage of analysis to ensure their work conformed to policies and sound analytical technique.

Effectiveness of Corrective Action:

No further instances of such non-conforming have occurred. The corrective action has been effective.

Significant Non-Conformity (SNC) 24-2:

Certain Latent Print equipment did not have existing maintenance/repair logs. Logs were generated for the equipment in question which included 2 light sources, a digital camera and a digital record storage program.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.

Extent of SNC:

The lack of maintenance/repair logs was limited to the four items described above.

Corrective Action taken:

Maintenance/repair logs were generated.



Effectiveness of Corrective Action:

Maintenance/repair logs have been implemented. No casework was impacted. The corrective action has been effective.

Significant Non-Conformity (SNC) 24-3:

The extent of latent print database searches was not explicitly reported to the customer.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.

Extent of SNC:

Reports for cases that had database suitable latent prints developed.

Corrective Action taken:

Report wording was modified to more clearly state the extent of latent print database searches.

Effectiveness of Corrective Action:

All subsequent reports now include explicit information about the extent of database searches. No casework results were impacted.

Significant Non-Conformity (SNC) 24-4:

Forms used for documenting evidence and evidence processing in the Latent Print section used abbreviations that were not defined in section procedures.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.

Extent of SNC:

Latent Print cases.

Corrective Action taken:

The latent prints procedures manual was updated to include all abbreviations used on latent print evidence analysis forms.

Effectiveness of Corrective Action:

The updated procedures manual and evidence analysis forms are now consistent in the definition of all abbreviations used in the section. This finding had no impact on casework.

Significant Non-Conformity (SNC) 24-5:

The sub-itemization of latent prints was not clearly identified in case notes.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.



Extent of SNC:

Latent print cases in which multiple latent prints were developed and compared and/or searched from a single item of evidence.

Corrective Action taken:

A procedure was developed and implemented that defined when and how multiple impressions from one item of evidence would be designated in the case notes.

Effectiveness of Corrective Action:

All subsequent instances of multiple latent prints developed from a single item now have those multiple prints clearly sub-itemized. No casework results were impacted by this finding.

Significant Non-Conformity (SNC) 24-6:

An impression evidence proficiency test was not completed for one analyst in the proficiency test cycle. This occurred due to a lack of communication between the analysts of the discipline and the Quality Assurance Manager which resulted in a typically shared proficiency test being rendered unable to be shared. The analyst completed a proficiency test in the subsequent cycle which was before this matter was detected.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.

Extent of SNC:

Two Impression Evidence (footwear) cases, which had evidence to be compared to one another, were impacted.

Corrective Action taken:

Updated Quality and Communication procedures were developed to mitigate the chances of this occurring in the future. Two cases, which had evidence to be compared to one another, were impacted. The analysts of the section, along with an impression evidence trainee, re-reviewed the evidence in these cases and concurred that the original elimination of the footwear standard from the evidence item was accurate.

Effectiveness of Corrective Action:

The updated procedures are in use and clearly indicate when a proficiency test is being shared amongst analysts. No casework results were impacted.

Significant Non-Conformity (SNC) 24-7:

Certain reporting requirements of administrative information were not included on laboratory reports. The information in question was always present and available within case records.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.



Extent of SNC:

All laboratory reports.

Corrective Action taken:

Authorization was sought and obtained from all laboratory customers allowing the laboratory to maintain the administrative date in case records instead of adding that information into the reports. No casework results were impacted.

Effectiveness of Corrective Action:

All reports are now in compliance with the accreditation standard.

Significant Non-Conformity (SNC) 24-8:

Although an acceptable verification process was being conducted on impression evidence casework, the verification procedure had not been updated in the section procedure manual.

Detection of SNC:

The non-conforming work was identified during an external quality assurance audit.

Extent of SNC:

Impression evidence cases requiring verification. No casework results were impacted.

Corrective Action taken:

The manual was updated to accurately reflect the verification process in use.

Effectiveness of Corrective Action:

All verifications now follow current section procedures

Section(s)	Lab Category	Commission Category	Date Closed
DNA	Error compromising the reporting of results	Non-Conforming Work	5/16/2024
LP	Instrument maintenance documentation not present	External Audit Non-conformity	11/6/2024
LP	Extent of database search not communicated	External Audit Non-conformity	11/14/2024
LP	Abbreviations not defined	External Audit Non-conformity	11/12/2024
LP	Sub-optimal note taking possibly impacting reviews	External Audit Non-conformity	11/12/2024
FW/TT	Proficiency test not completed for one analyst	External Audit Non-conformity	11/14/2024
Lab-wide	Certain required admin info not included on reports	External Audit Non-conformity	11/20/2024
FW/TT	Verification process in SOP not being followed	External Audit Non-conformity	11/15/2024

Table 5: Summary of SNC provided by NIRCL (re-formatted by subcommittee)



Analytical Forensic Testing Laboratory (AFTL)

Pursuant to your request sent on February 3, 2025, below is a list of applicable non-conformities completed in 2024 for the Analytical Forensic Testing Laboratory (AFTL)

1. Use/Discovery an invalid method for the analysis of evidence - Toxicology
 - a. The AFTL ended human testing in February 2024. Nevertheless, in March 2024, the AFTL completed 1 corrective action for the analysis of THC in blood and urine. It was discovered that the laboratory did not use instrument methods that fully separated the d8 and d9 isomers of THC, which was necessary for identification and quantification of the specific isomer after d8-THC emergence into the consumer marketplace for products such as edibles and vaping.

5. Issues of an analyst’s technical competence- Toxicology
 - a. The AFTL ended human testing in February 2024. Nevertheless, in March 2024 the AFTL completed 1 corrective action for an analyst’s testimony regarding the interpretation of results in a case with respect to the analyst’s reference to the language “scientifically under the influence.” The corrective action was started after the AFTL’s accrediting body transmitted an anonymous complaint that the subject language was inaccurate and misleading. The AFTL’s accrediting body found that the communications and testimony of the analyst in that case regarding “scientifically under the influence” can reasonably be misunderstood as meaning “impairment”; and that the timeframe during which THC can be found in blood or urine after consumption can vary from person to person based upon frequency of use.

Regarding points 2-4 and 6-7, no non-conformities were found.

(Quality Systems Subcommittee Note: As reported by AFTL, points 1-7 refer to the seven categories of significant non-conformities identified by the Quality Systems Subcommittee, which were provided to each laboratory. The seven categories are shown on page 1 of this Report.)

Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
Tox	Use/Discovery an invalid method	Use/Discovery Invalid Method	Mar-24	No
Tox	Technical Competence	Technical Competence	Mar-24	No

Table 6: Summary of SNC reported by AFTL (chart created by subcommittee)



Quality Systems Subcommittee Summary

Process Summary

Each laboratory system was sent a letter requesting a report summarizing its 2024 significant non-conformities with the efficient delivery of forensic services and the sound practice of forensic science, in accordance with 20 ILCS 2605/2605-615 (f). Additionally, each laboratory system was invited to attend meetings of the Quality Systems Subcommittee to provide additional information regarding their reported significant non-conformities and to answer subcommittee questions.

A representative from the DuPage County Forensic Science Center (DP-FSC), Illinois State Police Forensic Sciences Command (ISP), and the Northeastern Illinois Regional Crime Laboratory (NIRCL) attended meetings of the Quality Systems Subcommittee. DP-FSC and NIRCL presented details regarding each of their reported significant non-conformities and provided additional contextual information related to their significant non-conformities and corrective actions. NIRCL answered questions about their reported significant non-conformities and corrective actions. There were no questions about the non-conformities or corrective actions reported by DP-FSC. ISP presented a streamlined summary of their significant non-conformities to the subcommittee. ISP's summary demonstrated that the majority of their findings were identified during casework activities, not as part of an audit, demonstrating a robust quality system. ISP also explained their process for evaluating non-conforming work and implementing a corrective action and tracking related follow-up.

A representative from the Cook County Medical Examiner's Office (CCMEO) opted not to attend the meeting of the Quality Systems Subcommittee during which their report was reviewed and discussed. However, they spoke with Subcommittee Chairperson Dragovich prior to the subcommittee meeting and provided additional information regarding their reported significant non-conformity and corrective action. Ms. Dragovich conveyed the additional information to the subcommittee during the subcommittee meeting.

A representative from Analytical Forensic Testing Laboratory (AFTL) opted not to attend the meeting of the Quality Systems Subcommittee during which their report was reviewed and discussed. However, they spoke with Subcommittee Chairperson Dragovich prior to the subcommittee meeting and provided additional information regarding their reported significant non-conformities. Ms. Dragovich conveyed the additional information to the subcommittee during the subcommittee meeting. As explained to Ms. Dragovich by the AFTL representative, corrective action for the first reported significant non-conformity included a letter which was issued to all AFTL clients including State's Attorneys Offices and law enforcement agencies who were impacted over the time range of the issue identified by AFTL, and training for staff on how to testify related to the testing issue. AFTL did not issue amended or supplemental laboratory reports as part of its corrective action process for the first reported significant non-conformity. For the second reported significant non-conformity, the AFTL representative indicated that the corrective action taken was that AFTL trained analysts not to use the language at issue during testimony. AFTL indicated that they were unable to determine in which case(s) the analyst testified using the language. No notifications were sent from AFTL to any State's Attorneys Offices regarding the use of this language in



testimony. AFTL relayed that the corrective action for the second reported significant non-conformity was accepted by AFTL's accrediting body (ANAB).

Observations

Forensic science laboratories analyze evidence from crime scenes, suspects and victims. Testing reports are issued that may assist an investigation and be used by the judicial system. Ultimately a forensic scientist may provide testimony during court proceedings.

A foundational component of any forensic science laboratory is a quality system. At a minimum the quality system exists to establish processes and methods for conducting work and how to respond when the laboratory discovers the work or work product is not conforming with its own policies, or the standards accepted in the forensic science community. A laboratory's quality system should include a process to receive, evaluate and make decisions on external complaints.

A laboratory complying with the forensic science community's best practices for quality assurance will evaluate and address the impact of any non-conforming work. Where necessary, the customer is notified. Therefore, based on the information provided at this time by the five reporting laboratories, the Quality Systems Subcommittee makes the following observations:

- 1) When a laboratory determines that non-conforming work impacts the accuracy of the reported test results/conclusions/opinions from laboratory analysis, a supplemental or amended testing report should be issued for every impacted report.
- 2) When a laboratory determines that a forensic scientist communicated inaccurate information during court testimony about test results/conclusions/opinions from laboratory analysis, the laboratory should identify the impacted case(s) and notify the involved prosecutorial authority(s). This would be facilitated by laboratory testimony monitoring and record keeping of court appearances.

Reviewed and accepted by Illinois Forensic Science Commission on June 11, 2025