

**Pennsylvania State Police  
Forensic DNA Division  
Guidelines for Database Submissions**

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The Pennsylvania State Police are responsible for collecting DNA database samples pursuant to Act 14 of 1995, Act 57 of 2002, Act 185 of 2004, and Acts 111 and 91 of 2011. The following are detailed instructions of the guidelines for DNA database submissions.

The BODE Buccal DNA Collection Kit and associated paperwork are provided by the PSP Forensic DNA Division located at 80 N. Westmoreland Avenue, Greensburg, PA 15601. Our hours of operation are Monday thru Friday 8:15 AM to 4:15 PM

To request additional kits or forms or to address questions or potential problems please contact the PSP Forensic DNA Division at 724-832-5423.

The DNA collection kits and associated paperwork are not applicable for Requests for Forensic Analysis for casework evidentiary items or known subject reference standards. Please do not use these DNA collection kits for any other purpose than DNA Database submissions.

There are five (5) steps to the DNA Database submission procedure:

1. Buccal Collection Kit
2. PSP Database Collection Card
3. PA State Police Arrest and Institution Fingerprint Card (SP4-123)
4. DNA Database Sample Inventory and Receipt Form
5. DNA Sample Collection Tracking Form (SP4-244)

Assemble the following materials supplied by the Forensic DNA Division. Detailed instructions are as follows:

**1. BODE Buccal DNA Collection Kit**

The BODE Buccal DNA Collection Kit contains the following:

- Buccal DNA Collector Instruction Sheet
- Two Buccal Collectors
- Plastic Gloves
- Transport Pouch with Desiccant Pack
- Security Seal
- PSP Database Collection Card
- DNA Database Sample Inventory & Receipt Form
- PA State Police Arrest and Institution Fingerprint Card (SP4-123)
- Prepaid Return Address Envelope

Both of the collectors are to be used on the same Subject. The Subject's Name and Social Security Number must be recorded on the handle of the collectors prior to collection. One buccal DNA collector should be used for the right cheek and the second for the left cheek. Gloves must be worn when collecting samples. Please follow instructions supplied in the kit entitled "Buccal DNA Collector Instruction Sheet."

Once the buccal DNA collection is completed, place the buccal DNA collectors into the Transport Pouch provided along with the desiccant packet that is supplied. This desiccant is important to remove moisture from the sample during transport and avoid repeat collections due to poor quality DNA. Seal the Transport Pouch with the Security Seal provided in the kit. Please remember to sign and date this security seal.

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**2. PSP Database Collection Card**

The PSP Database Collection Card (See Page 4) is comprised of a front side and back side. Both sides of the card must be completed. Upon receipt by the Forensic DNA Division, the PSP Database Collection Card will be scanned in order to collect all information. All data must be printed in blue or black ink. Thumbprints are required and must be printed on the back of this card.

**Front Side**

<b>Last Name</b>	Enter Last Name of Subject.
<b>First Name</b>	Enter First Name of Subject.
<b>Initial</b>	Enter Middle Initial of Subject.
<b>Suffix</b>	Enter suffix (If Applicable).
<b>Sex</b>	Check box for the sex of the Subject.
<b>Adult/Juvenile Box</b>	Check box, based upon age of Subject.
<b>Race</b>	Check one box for the race of the Subject.
<b>Date of Birth</b>	Enter Date of Birth of Subject (example: mm/dd/yyyy).
<b>Social Security #</b>	Enter Social Security Number of Subject (Leave blank if unknown).
<b>Sex Offender Registry</b>	Check appropriate box.
<b>Offense</b>	Enter the PA Crimes Code number or Walsh Act Code number for the offense which applies. We cannot accept a sample unless it is an applicable offense under Acts 185 of 2004, or 111 of 2011.
<b>SID No.</b>	Enter the PA SID Number (Leave blank if not available via CLEAN).
<b>FBI No.</b>	Enter the FBI Number (Leave blank if not available via CLEAN).
<b>OTN No.</b>	Enter the OTN Number (Leave blank if not available via CLEAN).
<b>Submitting Agency</b>	Enter the Submitting Agency's full name. (Example: SCI Camp Hill, Luzerne Co Prison, PBPP Pittsburgh, or PSP Greensburg).
<b>Telephone No.</b>	Enter the Submitting Agency's full telephone number.
<b>Card Prepared By</b>	Enter the name of the person preparing the card.

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**Back Side**

<b>Date Sample Taken &amp; Subject's Signature</b>	Enter the date the DNA sample is taken and have the Subject sign. If the Subject refuses to sign, please write "REFUSED" on the line.
<b>Date Rec'd &amp; Initials</b>	Leave Blank. (For Forensic DNA Division Use Only).
<b>Sample Collection Certification</b>	Check appropriate box.
<b>Person Taking Sample &amp; Signature</b>	Print last name and sign. (Person assisting in the buccal collection).
<b>Thumbprints</b>	Thumbprints <b><u>must</u></b> be printed in the spaces indicated.



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<p><b>Instructions</b> 1. Fill out all information requested. 2. Ensure thumbprints are placed on the card. 3. Open the Buccal DNA Collector and write the subject's name in the space provided on the collector handle. Collect the DNA sample as described on the accompanying instruction sheet. When finished, place collector inside transport pouch with a desiccant packet and seal the pouch. Insert completed form and sealed transport pouch into the preprinted return envelope. Press and seal the envelope. Mail to the PA State Police Forensic DNA Division.</p> <p> <input type="text"/> </p> <p>Date Sample Taken</p> <hr/> <p style="text-align: center;">Subject's Signature</p>	<div style="border: 1px solid red; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; font-size: small;"><i>Database Use Only</i> Initials</p> <div style="border: 1px solid red; height: 20px; width: 100%;"></div> </div> <p style="text-align: center; font-size: small;">Date Received</p> <div style="border: 1px solid red; height: 20px; width: 100%;"></div>				
<p><b>Sample Collection Certification</b> I hereby certify that this date I have collected buccal DNA specimen and fingerprints from the named individual who was positively identified to me using one or more of the following means:</p> <p> <input type="checkbox"/> Visual inspection of the individual's photo ID or some other official form of identification  <input type="checkbox"/> Personal identification of the individual by the attending official  <input type="checkbox"/> Other (specify): _____         </p> <p> <input type="text"/> </p> <p>Person Taking Sample (print last name)</p> <hr/> <p style="text-align: center;">Person Taking Sample Signature</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Left Thumbprint</td> <td style="text-align: center; font-size: small;">Right Thumbprint</td> </tr> </table>			Left Thumbprint	Right Thumbprint
Left Thumbprint	Right Thumbprint				

CMP-501-00

**Example: PSP Database Collection Card**

**3. PA State Police Arrest and Institution Fingerprint Card (SP4-123)**

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The PA State Police Arrest and Institution Fingerprint Card (SP4-123) (See Pages 8 and 9) is comprised of a front side and back side. Both sides of the card must be completed and prints must be rolled and legible. Agencies with Live Scan capabilities may print a copy of the fingerprint card in lieu of inked impressions. The PSP Card is to be returned with the buccal DNA collectors and other related paperwork in the Prepaid Return Address Envelope. Please do not mail the PSP Card separately or mail it directly to the PSP Central Repository in Harrisburg.

**Front Side**

<b>Leave Blank</b>	Leave Blank.
<b>Leave Blank</b>	Leave Blank.
<b>SID</b>	Leave Blank (For PSP Bureau of Records & Identification purposes).
<b>Name:</b>	Enter Name of Subject (e.g., Doe, John Q.).
<b>Signature Of Subject Fingerprinted</b>	The Subject will be requested to sign their name in this block. If they refuse to do so, enter the word "REFUSED."
<b>Social Security Number</b>	Enter Social Security Number of Subject (Leave Blank if Unknown).
<b>Leave Blank</b>	Leave Blank (Central Repository use only).
<b>Aliases/Maiden</b>	Enter any known Alias/Maiden names.
<b>Age</b>	Enter the Subject's age.
<b>FBI Number</b>	Enter the FBI Number (Leave blank if not available via CLEAN).
<b>State Identification Number</b>	Enter the PA SID Number. (Leave blank if not available via CLEAN).
<b>Date Of Birth</b>	Enter Date of Birth of Subject (e.g., mm/dd/yy).
<b>Sex</b>	Enter Sex of Subject (M, F, or U if unknown).
<b>Race</b>	Enter the appropriate letter designation.
<b>Height</b>	Enter height in three digit format (e.g., 603 = 6' 3").
<b>Weight</b>	Enter weight in three digit format (e.g., 165.).
<b>Eyes</b>	Enter the appropriate value.
<b>Hair</b>	Enter the appropriate value.
<b>Fingerprint Blocks</b>	Rolled and simultaneous impressions of all fingers must appear on the card, except when a finger is amputated or deformed to the extent that legible printing is impossible. In these cases, a notation shall be made in the appropriate finger block(s).

**PA State Police Arrest and Institution Fingerprint Card (SP4-123) (continued)**

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**Back Side**

<b>Complete For Juveniles Only</b>	Check box If subject is arrested and the subject's age is less than 18 years of age.
<b>Treat As Adult</b>	Check box if subject arrested is less than 18 years of age and older than 15 years of age and the charge is Murder; or any of the following charges if a deadly weapon was used during the commission of the offense: Rape, Involuntary Deviate Sexual Intercourse, Robbery, Aggravated Indecent Assault, Kidnapping, or the Attempt, Conspiracy, or Solicitation to Commit Murder.
<b>Date Of Arrest</b>	Enter the date of arrest for offenses covered by the aforementioned acts.
<b>Contributor</b>	Do not change the pre-printed DNA information.
<b>OTN</b>	Enter the Offense Tracking Number (OTN), including the letter prefix which is preprinted on the District Magistrate Docket Transcript. This number should be obtained at the time of arraignment.
<b>Date Of Offense</b>	Enter the date on which the offense took occurred.
<b>Place Of Birth</b>	List the state, territorial possession, province (Canadian) or country of birth.
<b>United States Citizen</b>	Self-explanatory.
<b>Country Of Citizenship</b>	If not a U.S. citizen, indicate country of citizenship.
<b>Alien</b>	If not U.S. citizen, indicate alien registration number (if known).
<b>Scars, Marks, Tattoos, Amputations, and Deformities</b>	List type and description of scars, marks, tattoos, amputations, and deformities.
<b>Residence Of Subject</b>	Enter current address or former address (if incarcerated) of the Subject being fingerprinted.
<b>Signature Of Official Taking Prints And Date</b>	Self-explanatory
<b>OCA</b>	If known, Enter the Originating Agency Case Number (OCA) assigned by the arresting authority to the person fingerprinted.
<b>Palm Prints Available</b>	Palm prints shall be retained by the arresting authority.
<b>Photo Available</b>	Photo(s) shall be retained by the arresting authority.
<b>Employer</b>	Company or agency where subject is or was employed.
<b>Occupation</b>	List occupation or prior occupation of Subject (if known).

**PA State Police Arrest and Institution Fingerprint Card (SP4-123) (continued)**

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<b>Charge/Citation</b>	Enter the PA Crimes Code number or Walsh Act Code number for the offense which applies, followed by the specific section, number and literal name of the offense. We cannot accept a sample unless it is an applicable offense under Acts 185 of 2004 or 111 of 2011. Conspiracy, Solicitation, and Attempt charges shall be entered with object charges included (e.g., Conspiracy to Commit Indecent Assault 903/3126, Solicitation to Commit Murder 902/2502).
<b>Disposition</b>	Enter disposition (sentencing) of criminal case (if known).
<b>Firearm Enhancement</b>	If known, place an "X" in the applicable box to indicate if the defendant possessed or used a firearm during the commission of the offense(s).
<b>Prosecution</b>	If known, Indicate "Police" or "Private."
<b>Magisterial District Number</b>	If known, enter the magisterial district number in the Judicial District Number/Magisterial District Number-Magistrate Number numerical format (e.g. 06-3-02).
<b>Domestic Violence</b>	Mark appropriate box (if known).
<b>Arresting Agency</b>	If known, list the Arresting Agency.
<b>Additional Information</b>	Self-explanatory.
<b>County of Offense</b>	If known, list the County where offense occurred.

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TYPE OR PRINT ALL INFORMATION LEAVE BLANK				<h1 style="margin: 0;">PSP CARD</h1>				LEAVE BLANK					
SID (LEAVE BLANK)				LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX									
SIGNATURE OF PERSON FINGERPRINTED				SOCIAL SECURITY NO.		LEAVE BLANK							
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX				1	2	3	4	5	6	7	8	9	10
				AGE	EDIT	IV 1	IV 2	CV	PV	LSID			
FBI NO.		STATE IDENTIFICATION NO.		DATE OF BIRTH MM DD YY			SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE			4. R. RING		5. R. LITTLE				
6. L. THUMB		7. L. INDEX		8. L. MIDDLE			9. L. RING		10. L. LITTLE				
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY							

**Example: PA State Police Arrest and Institution Fingerprint Card (SP4-123)**

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**Back Side**

SUBMIT FINGERPRINT CARDS <b>WITHIN 48 HOURS</b> TO THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758						
COMPLETE FOR JUVENILES ONLY TREAT AS JUVENILE    YES <input type="checkbox"/> TREAT AS ADULT        YES <input type="checkbox"/>		DATE OF ARREST MM   DD   YY		ORI                    PAPSP0074 CONTRIBUTOR        DNA LAB ADDRESS              GREENSBURG PA		
OTN (S)		DATE OF OFFENSE MM   DD   YY		PLACE OF BIRTH (STATE OR COUNTRY)	U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	
COUNTRY OF CITIZENSHIP ALIEN NO.						
SCARS, MARKS, TATTOOS, AND AMPUTATIONS						
RESIDENCE/COMPLETE ADDRESS				CITY	STATE	
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER & DATE)		LOCAL IDENTIFICATION/REFERENCE (OCA)			PHOTO AVAILABLE    YES <input type="checkbox"/>	
PALM PRINTS TAKEN    YES <input type="checkbox"/>						
EMPLOYER			OCCUPATION			
CHARGE/CITATION 1.			DISPOSITION 1.			
FIREARM ENHANCEMENT    YES _____ NO _____						
PROSECUTION POLICE <input type="checkbox"/> PRIVATE <input type="checkbox"/>		MAGISTERIAL DISTRICT NO.	DOMESTIC VIOLENCE YES <input type="checkbox"/> NO <input type="checkbox"/>		ARRESTING AGENCY	
ADDITIONAL INFORMATION/BASIS FOR CAUTION				COUNTY OF OFFENSE		
SP 4-123 (5-99) PENNSYLVANIA STATE POLICE ARREST AND INSTITUTION FINGERPRINT CARD						

**Example: PA State Police Arrest and Institution Fingerprint Card (SP4-123)**

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**4. DNA DATABASE SAMPLE INVENTORY AND RECEIPT FORM**

The DNA Database Sample Inventory and Receipt Form (See Page 11) is a two part carbonless form. All DNA samples submitted to the Forensic DNA Division must be accompanied by a DNA Database Sample Inventory and Receipt Form. Upon completion, both copies should remain together and be placed into the Prepaid Return Address Envelope with the collection kit and associated paperwork to the Forensic DNA Division. Once the Forensic DNA Division receives the DNA submission, the chain of custody will be completed and the pink copy will be mailed back to the submitting agency. The form is completed in following manner:

<b>Submitting Agency</b>	Complete name of agency. Avoid using acronyms or abbreviations.
<b>Agency Contact Individual</b>	Name and title of Person preparing paperwork/DNA submission.
<b>Agency Address</b>	Street address, city, state, and zip code of submitting agency.
<b>Agency Telephone Number</b>	Phone number of Contact Person of Submitting Agency.
<b>DNA Databank Number</b>	Leave blank.
<b>Subject's Name</b>	Enter Subject's name (e.g., Doe, John Q).
<b>SSN</b>	Enter Subject's Social Security Number.
<b>Chain of Custody</b>	Leave blank – for DNA Laboratory use only.
<b>Date</b>	Leave blank – for DNA Laboratory use only.
<b>US Mail, UPS, Fed Exp, Courier, Other</b>	Leave blank – for DNA Laboratory use only.

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**DNA DATABASE SAMPLE INVENTORY AND RECEIPT**

PENNSYLVANIA STATE POLICE  
FORENSIC DNA DIVISION  
80 N. Westmoreland Ave.  
Greensburg, PA 15601

**Submitting Agency Name:** \_\_\_\_\_

**Agency Contact Individual:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Agency Telephone Number:** \_\_\_\_\_ **EXT** \_\_\_\_\_

DNA DATABANK NUMBER <small>(for Forensic DNA Division use only)</small>	SUBJECT NAME	SSN

**Chain of Custody (for Forensic DNA Division use only)**

<b>DNA Database Sample Received By:</b>		<b>Date:</b>	
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**US Mail**  
  **UPS**  
  **Fed. Exp.**  
  **Courier** \_\_\_\_\_ (Signature)  
  **Other** \_\_\_\_\_ (Source)

CMP-464-00

**Example: DNA Database Sample Inventory and Receipt Form**

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**5. DNA Sample Collection Tracking Form (SP4-244)**

*This form applies to Correctional Facilities and Probation & Parole Offices Only*

The DNA Sample Collection Tracking Form (See Page 13) must be used to avoid duplicate samples. Retain this form at your facility in the Subject's file. **DO NOT SEND A COPY OF THIS FORM TO THE LABORATORY.**

When transferring a subject to another facility, a copy of the DNA Sample Collection Tracking Form must follow the Subject to the new facility to avoid a duplicate DNA sample collection.

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SP 4-244 (9-96)

**PENNSYLVANIA STATE POLICE  
DNA SAMPLE COLLECTION TRACKING FORM**

**This form is to be retained in the offender's file** of commitment papers and attached to the Reclassification Summary, Form DC 13A, or the Institution Parole Summary, Form PB245A.

This form originates at the time of collection and **should follow the inmate from facility to facility.**

**The purpose of the form is to prevent duplication of DNA sample collection and to ensure that a sample is collected prior to release.**

**THE FACILITY WHERE THE SENTENCE IS TO OCCUR IS RESPONSIBLE  
FOR THE COLLECTION OF THE DNA SAMPLE.**

INMATE NAME: \_\_\_\_\_ SID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

OTN/JOTN #: \_\_\_\_\_

FACILITY OBTAINING SAMPLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAMPLE DRAWN BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\* A DNA SAMPLE IS TO BE OBTAINED PRIOR TO THE INMATE'S RELEASE \*\*\*

**Example: Pennsylvania State Police DNA Sample Collection Tracking Form (SP4-244)  
(Correctional Facilities and Probation and Parole Offices Only)**

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**Final Instructions:**

Once samples are collected, they should be mailed immediately. The Forensic DNA Division must receive all corresponding paperwork along with the samples. The following must be mailed together in the provided Prepaid Return Address Envelope:

- Buccal DNA Collectors (enclosed in the Transport Pouch with desiccant packet and Security Seal).
- DNA Database Collection Card.
- PA State Police Arrest & Institution Fingerprint Card (SP4-123).
- DNA Database Sample Inventory & Receipt Form.