

**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:

FIRST NAME:

KNOWN ALIASES:

DATE OF BIRTH:  /  /  RACE:

SOCIAL SECURITY#:  /  /  SEX:   
(See \*SSN notice on back panel)

DC#:  SID#:   
(FL Dept of Corrections No.) (FDLE#) (State of Florida ID No.)

PROBATION:  JUVENILE:  COUNTY JAIL:

**CONVICTION INFORMATION:**  
*(Provide All Available Information)*

COUNTY:

COURT CASE#:

**CHECK OR WRITE THE APPROPRIATE STATUTE NUMBER OR OFFENSE TYPE:**

- 316 - Motor Vehicle
- 782 - Homicide
- 784 - Assault, Battery; Culp. Neglig.
- 787 - Kidnapping
- 790 - Weapons & Firearms
- 794 - Sexual Battery
- 800 - Lewdness; Indecent Act
- 806 - Arson
- 810 - Burglary
- 812 - Theft
- 812.13, 812.131, 812.133
- 812.135 - Robberies
- 817 - Fraud
- 825 - Abuse of Elderly or Disabled
- 827 - Abuse of Child
- 831 - Forgery/Counterfeiting
- 847 - Obscenity
- 893 - Drug Abuse
- OTHER (List Statute and/or Offense):
- NON-FLORIDA CONVICTION  
Nature of Offense:
- State:
- COURT ORDER  
*(Enclose a copy only if court ordered for non-felony offense)*

**SUBMITTING AGENCY**  
*\*Required Information*

*(Please Print)*

\*AGENCY NAME:

ADDRESS:

\*CONTACT:  \*PHONE#:   
(Name of contact for DNA collection issues)

**SAMPLE COLLECTION CERTIFICATION**  
*(Please Check Appropriate Box - Print Legibly)*

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

- 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:

**THUMBPRINTS ARE TO BE TAKEN AT THE TIME OF SAMPLE COLLECTION.**

*Note: Offender samples will NOT be accepted without legible thumbprints.*

LEFT THUMB	RIGHT THUMB
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**DO NOT DETACH**

REMOVE LINER, THEN PRESS DOWN ON FLAP TO SEAL ENVELOPE

“FTA” CARD/SWAB ENVELOPE

Subject's Name:

Agency Name:

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
DNA Investigative Support Database

**Oral Swab Collection Kit Instructions**

Prior to collection, make sure a sample is not already on file with the Database by calling, faxing, or checking the DNA Database Offender Search site located on the CJNet.

Please use Universal Precautions when handling biological samples.

**STEP 1** Fill out all information requested on the DNA Database Collection Information section, and on the "FTA" Card/ Swab Envelope affixed to this form.

**STEP 2** Ensure the subject's hands are clean and dry.  
Use pre-inked ink strips, pre-inked Porelon pads or printer's ink for fingerprinting.

Gently roll or press the subject's thumbs within the designated area of the form. The completed prints must show clear ridge detail. Unacceptable prints will result in the rejection of the entire submission. If the subject is missing their thumbs, use an index finger and indicate the change on the form.

The individual taking the thumbprints must print their name, sign and date in the Official Taking Thumbprint section.

**STEP 3** Remove the foam swab from the sterile package located inside of the affixed envelope. **Be careful not to handle the foam tip.**

Have the subject scrape the foam swab firmly against the inside of each cheek at least six (6) times.

Transfer the sample on the foam swab to the FTA Indicator Card by pressing within the pink area of the card. Press firmly (**do not rub**). Turn and roll the foam swab on its side, creating a fold to transfer as much swabbed material as possible. The pink area should turn white indicating the transfer of sample.

Return the foam swab back into its original packaging and place the foam swab and FTA Indicator Card inside the affixed envelope.

**STEP 4** Remove the cotton swab from the sterile package located inside of the affixed envelope. **Be careful not to handle the cotton tip.**

Have the subject scrape the cotton swab firmly against the inside of each cheek at least six (6) times.

Return the cotton tip swab back into the original packaging and place inside the affixed envelope.

**STEP 5** Make a copy of the completed form for your records then insert the kit, swabs, and FTA Indicator Card into the pre-printed address envelope and seal.

Mail or hand deliver the sealed kit to the Florida Department of Law Enforcement - DNA Investigative Support Database in Tallahassee, FL.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
CONSENT TO PROVIDE DNA SPECIMEN FOR  
LABORATORY ANALYSIS AND ENTRY INTO  
THE DNA INVESTIGATIVE DATABASE

I, \_\_\_\_\_, hereby freely and voluntarily consent to provide FDLE with a mouth swab specimen for criminal investigative purposes. I understand that this specimen will be entered into a DNA Database maintained by the FDLE after analysis, and that it may be utilized in current or future criminal investigations to include or exclude me as a suspect, and that it could be used as evidence in any prosecution of me.

I fully understand that I have a right to refuse to give this specimen. I have read and understand the above statement and I consent to provide this specimen of my own free will without any threats or promises having been made to me.

\_\_\_\_\_  
Signature of Consenting Individual Date/Time

\_\_\_\_\_  
Witness (Print Name) Date/Time

\_\_\_\_\_  
Witness Signature Badge Number

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

*\*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 because use of it is imperative for FDLE to fulfill its lawful duties and responsibilities.*

*A copy of this notice should be given to the person whose SSN is requested. However, for purpose of the notice required by state law, the act of "collect[ing] an individual's social security number" is not understood to apply to collections in which the SSN is gathered from an existing database.*



FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
DNA INVESTIGATIVE SUPPORT DATABASE

**SWAB COLLECTION KIT**

*Each kit should contain:*

- 1 FTA Collection Card
- 1 Sterile Cotton Tip Swab
- 1 Sterile Foam Tip Swab

**FOR CONVICTED 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 at 850/617-1300 or FAX 850/921-6086.*

**DATABASE USE ONLY**

**DO NOT DETACH**