Annual Report to the Illinois Forensic Science Commission
Significant Non-Conformities for 2025
Provided by the Quality Systems Subcommittee - June 10, 2026

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 accredited to ISO 17025. The following labs were identified and notified of their statutory obligation:

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)

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, ANAB Accreditation Requirements for Forensic Testing and Calibration, FBI Quality Assurance Standards for Forensic DNA Testing Laboratories and the FBI Quality Assurance Standards for DNA Databasing Laboratories.

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, ANAB Accreditation Requirements for Forensic Testing and Calibration and FBI Quality Assurance Standards for Forensic DNA Testing Laboratories.

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, ANAB Accreditation Requirements for Forensic Testing and Calibration.

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

Each laboratory system was sent a letter requesting a report summarizing its 2025 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).

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, provided additional contextual information related to their significant non-conformities and corrective actions, and answered questions about their reported significant non-conformities and corrective actions.

ISP presented a summary of their significant non-conformities to the subcommittee. ISP provided an example of a quality issue and corrective action from each of the Commission-identified categories of non-conforming work and answered questions about the non-conformities and corrective actions. ISP also explained their process for evaluating non-conforming work, implementing corrective actions, and tracking related follow-up.

The substantive information contained within the summary reports from each of the four 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.

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 2025, as defined by the Quality Systems Subcommittee of the Commission:

1. Corrective Action – Latents not registered in databases as reported – Latent prints reported to be registered in the ISP (Illinois State Police) ABIS (Automated Biometric Identification System) and FBI (Federal Bureau of Investigation) NGI (Next Generation Identification) databases were not.

   Detection of SNC - This was detected after a request by a State's Attorney's Office to confirm prints were still registered in a specific case.

   Action taken – Access to the ISP ABIS and FBI NGI is via a NEC workstation. An upgrade to the workstation occurred in 2019 that resulted in an automatic printout confirming registration no longer being provided. As confirmation was no longer provided there was no documentation included in the case file to confirm registration by a reviewer.

An audit was conducted of all cases completed after the upgrade in which the report stated a latent print was registered in either database. The databases were then searched to confirm those prints were registered and if not, supplemental reports were issued. Any cases with unregistered prints were searched again, and if met statute of limitation qualifications were registered, this work was reported.

Policy was amended to require manually capturing screenshots from the database to demonstrate when a latent is registered and including this documentation as part of the note packet.

Effectiveness of Action – A total of nine testing reports related to seven cases were impacted. Supplemental reports to correct originally reported actions were issued and seven latent print analysis reports were issued describing additional work and actions taken. No identifications were made as a result of the additional database searches. No additional issues have been identified since the revision of policy.

2. Corrective Action – Chemistry testing reports providing expanded measurement uncertainty without including coverage probability - The chemistry testing report template was amended to address a header issue 2/2/2024. At this time the LIMS vendor used a non-chemistry testing report template to 'fix' the header issue and did not include the already established chemistry footer which contained the required language.

   Detection of SNC – This was discovered during the laboratory's accrediting body on-site surveillance assessment.

   Extent of the SNC - All chemistry reports issued between 2/2/2024 and 10/1/2025 were impacted.

   Action taken – All impacted agencies were notified by letter of the administrative omission, and a copy of the letter was appended to each impacted case file. The template was corrected in LIMS. A tracking mechanism for the laboratory was created to log changes made to the LIMS and documentation of how any changes were tested.

   Effectiveness of Action – No additional issues have been identified since the revision of policy.

Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
Latent Prints	Inaccurate Report	Nonconforming Work	9/17/2025	No
Drug Chemistry	External Audit	Nonconforming Work	11/19/2025	Yes

Table 1: Summary of SNC provided by DP-FSC (reformatted 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 form named the Quality Issue Report (QIR) to document confirmed quality issues requiring cause analyses and corrective action. In 2025, the FSC completed seventy (70) of these documents. Per 20 ILCS 2605/2605-615(f), a summary report of these QIRs is being provided to the Illinois Forensic Science Commission. This report consists of the attached list with information about each quality issue and summaries of the issues classified under the commission's category types below.

Use/Discovery of an Invalid Method
None of the completed QIRs in 2025 involved a quality issue under this category.

Audit Non-conformity
In 2025, the Illinois State Police completed five (5) QIRs involving the annual internal audits conducted at each laboratory. None of the audit findings impacted the quality or accuracy of casework performed. The additional performance checks demonstrated the equipment was operating correctly for casework.

Proficiency Test Issue
In 2025, the Illinois State Police completed twenty (20) QIRs involving proficiency test results that were not concordant with the vendor's expected results. All of these results were disclosed to FSC's accrediting body per accreditation requirements. The majority of the Toxicology QIRs were either because the section did not test for the drug in question per policy, or the proficiency test vendor prepared drug concentrations below the section's limits of detection. In several Firearms and Serial Number Restoration QIRs, it was determined the analysts complied with all procedures and policies, and their original test results were verified independently. New policies in Firearms were implemented to mitigate issues caused by future, inconsistent proficiency test samples. For the remaining QIRs in this category, technical competency was the primary cause, and additional cases were reviewed to ensure the incidents were isolated to the proficiency tests.

Missing Evidence/Missing Data
The Illinois State Police completed one (1) QIR involving missing evidence and one (1) for a missing case file in 2025. The missing evidence was identified by laboratory staff during the periodic FSC evidence vault inspections. Staff immediately initiated searches to locate the evidence without success. The agency was informed of the missing evidence. Changes were made to evidence vault audit policies to increase management oversight and decrease risk. The missing case file was paper-based and could not be located after a thorough search of the archive file boxes. Since 2018, all FSC case files are generated digitally and electronically stored with backups.

Technical Competency Issue
The Illinois State Police completed twenty-three (23) QIRs categorized as technical competency non-conformities in 2025. 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 twenty (20) QIRs related to non-conforming work in 2025. 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, some affected the timeliness of reporting results; some concerned evidence handling or chain-of-custody; and a couple involved issues with laboratory reports because of the Laboratory Information Management System's software programming. Whenever necessary, the agencies were contacted, all potentially affected cases were reviewed to ensure correctness, and amended reports were issued.

Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
Biology	DNA Interpretation	Technical Competence	12/2/2025	No
Biology	DNA Interpretation	Technical Competence	6/17/2025	No
Biology	Timeliness of Reporting Results	Non-Conforming Work	3/5/2025	No
Biology	Timeliness of Reporting Results	Non-Conforming Work	3/17/2025	No
Biology	Non-Conforming Work	Technical Competence	4/14/2025	No
Biology	DNA Interpretation	Technical Competence	6/25/2025	No
Biology	DNA Interpretation	Technical Competence	7/15/2025	No
Biology	Proficiency Test Results	Proficiency Test Results	7/8/2025	No
Latent Prints	Non-Conforming Work	Technical Competence	4/25/2025	No
Biology	Inaccurate Report	Non-Conforming Work	7/22/2025	No
Biology	Non-Conforming Work	Technical Competence	7/22/2025	No
Biology	DNA Interpretation	Technical Competence	3/6/2025	No
Latent Prints	Non-Conforming Work	Technical Competence	7/14/2025	No
Firearms	Missing Evidence	Missing Evidence	6/2/2025	No
Biology	Proficiency Test Results	Proficiency Test Results	8/26/2025	No
Toxicology	Non-Conforming Work	Technical Competence	7/22/2025	No
Biology	Non-Conforming Work	Technical Competence	7/14/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	7/8/2025	No
Biology	Non-Conforming Work	Technical Competence	6/2/2025	No
Latent Prints	Non-Conforming Work	Technical Competence	4/14/2025	No
Biology	Contamination of Evidence	Non-Conforming Work	2/11/2025	No
Biology	Contamination of Evidence	Non-Conforming Work	7/16/2025	No
Drug Chemistry	Non-Conforming Work	Technical Competence	6/2/2025	No

Biology	Contamination of Evidence	Non-Conforming Work	8/1/2025	No
Biology	Non-Conforming Work	Technical Competence	2/11/2025	No
Biology	Non-Conforming Work	Technical Competence	2/11/2025	No
Drug Chemistry	Non-Conforming Work	Non-Conforming Work	1/29/2025	No
Firearms	Timeliness of Reporting Results	Non-Conforming Work	7/28/2025	No
Biology	Timeliness of Reporting Results	Non-Conforming Work	8/12/2025	No
Toxicology	Proficiency Test Results	Proficiency Test Results	2/25/2025	No
Drug Chemistry	Chain of Custody	Non-Conforming Work	1/30/2025	No
Drug Chemistry	Improper Reagents	Non-Conforming Work	4/17/2025	No
Latent Prints	Non-Conforming Work	Technical Competence	8/26/2025	No
Toxicology	Proficiency Test Results	Proficiency Test Results	9/23/2025	No
Laboratory	Missing Data/Case File	Missing Data/Case File	3/6/2025	No
Biology	Non-Conforming Work	Technical Competence	12/1/2025	No
Toxicology	Proficiency Test Results	Proficiency Test Results	9/29/2025	No
Laboratory	Internal Audit	Internal Audit Non-Conformities	8/5/2025	Yes
Laboratory	Internal Audit	Internal Audit Non-Conformities	8/11/2025	Yes
Laboratory	Internal Audit	Internal Audit Non-Conformities	7/7/2025	Yes
Laboratory	Internal Audit	Internal Audit Non-Conformities	11/6/2025	Yes
Laboratory	Internal Audit	Internal Audit Non-Conformities	8/5/2025	Yes
Toxicology	Proficiency Test Results	Proficiency Test Results	9/26/2025	No
Drug Chemistry	Inaccurate Report	Non-Conforming Work	8/11/2025	No
Drug Chemistry	Non-Conforming Work	Technical Competence	2/18/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	6/4/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/4/2025	No
Biology	Proficiency Test Results	Proficiency Test Results	9/19/2025	No
Biology	Proficiency Test Results	Proficiency Test Results	8/26/2025	No
Biology	DNA Interpretation	Technical Competence	7/14/2025	No
Biology	Non-Conforming Work	Technical Competence	4/25/2025	No

Latent Prints	Latent Prints Suitability	Technical Competence	6/26/2025	No
Latent Prints	Latent Prints Suitability	Technical Competence	7/16/2025	No
Biology	Proficiency Test Results	Proficiency Test Results	8/14/2025	No
Biology	Proficiency Test Results	Proficiency Test Results	8/14/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/25/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	9/26/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	11/25/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	9/23/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	11/19/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	11/19/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	11/19/2025	No
Biology	Non-Conforming Work	Non-Conforming Work	11/25/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/25/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/25/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/24/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/24/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/24/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	9/24/2025	No
Toxicology	Proficiency Test Results	Proficiency Test Results	10/1/2025	No

Table 2: Summary of SNC provided by ISP (re-formatted by subcommittee)

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

In 2025, the Medical Examiner's Office (MEO) identified 1 significant nonconformity within the toxicology area. The incident is categorized below.

Proficiency Test Results

In 2025, the MEO toxicology laboratory identified one (1) nonconformity related to unacceptable proficiency test results that did not meet the College of American Pathologists' (CAP) defined target range. The risk was evaluated at level 2.* The report concluded that the outages were expected by the organization due to the recent CLIA** changes for the regulated analyte. 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
Toxicology	Proficiency Test Results	Proficiency Test Results	04/082025	No

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

* CCMEO's nonconformities are assessed and investigated to determine the impact to casework. As a tool, CCMEO categorized nonconformities into risk levels 1-4 (low-high) to assess the probability and severity of the incident and to determine the proactive mitigation for the nonconformance as noted within CCMEO' Quality SOP.

** Clinical Laboratory Improvement Amendments (CLIA).

Northeastern Illinois Regional Crime Laboratory (NIRCL)

Upon identification of a significant non-conformity, the Northeastern Illinois Regional Crime Laboratory (NIRCL) initiates the procedures associated with the nonconforming work process in the form of a corrective action. In 2025, the NIRCL completed six corrective actions for significant non-conformities. These are described below and tabulated at the end of this summary.

Significant Non-Conformity (SNC) 25-1:
Answers the NIRCL provided for the Quantitative Blood Cannabinoid Toxicology proficiency test were outside the grand mean of results provided by the test manufacturer.

Detection of SNC:
The quantitative value for samples the NIRCL analyzed being outside the grand mean were detected upon review of the provided data set results from the proficiency test provider.

Extent of SNC:
Casework involving quantitative testing for THC in blood.

Corrective Action Taken:
Upon notification that the quantitative values the NIRCL submitted for the Blood Cannabinoid proficiency test were outside of the grand mean, quantitative testing for THC in blood was halted. The samples associated with this proficiency were retested by a NIRCL analyst as well as sent to an outside toxicology laboratory to be tested, who did not participate in this proficiency test previously. The retested results by NIRCL and the outside toxicology laboratory were consistent with each other. This concluded that the issue associated with the NIRCL proficiency test results being outside the grand mean could be attributed to the preparation of the samples by the proficiency test provider and is not a question of analyst proficiency or analytical procedures used at the NIRCL. Quality Manual procedures were updated to define how to handle unexpected results on proficiency tests that do not result in a policy or procedural change.

Effectiveness of Corrective Action:
The updated Quality procedures manual clearly defines when unexpected results on a proficiency test necessitate a corrective action.

Significant Non-Conformity (SNC) 25-2:
On a shared Fracture Match proficiency test, one examiner did not reach the same consensus conclusion as other examiners who took the test prior to final answer submission to the proficiency test provider.

Detection of SNC:
At the NIRCL one Fracture Match Proficiency is shared amongst examiners in the Firearm and Toolmark Section. Upon completion of the shared proficiency test answers are provided to the Quality Manager. The Quality Manager checks for consensus among the examiners who participated in the test prior to the final answer submission to the proficiency test provider. It was

at this time that one examiner was not in consensus with other examiners in the Firearm and Toolmark section.

Extent of SNC:
All casework in the Firearm and Toolmark section undergoes a verification process by a second examiner, therefore, the risk associated with prior fracture match casework performed by this analyst was low. Additionally, fracture match casework had not been conducted by the analyst since the date of occurrence. There were no issues with prior Fracture Match proficiency test results with the analyst in question.

Corrective Action Taken:
The analyst in question was required to pass a fracture match competency prior to resumption of fracture match casework. The competency was successfully completed by the analyst. Additionally, the materials in this proficiency were fragile and there was concern by the analyst that in doing standard examination procedures the items in the test could have been altered for the next examiner taking the shared test. Due to this, proficiency tests in which items for analysis can be altered as part of the standard processing of evidence, will no longer be shared tests.

Effectiveness of Corrective Action:
No further issues associated with fracture match examination have been associated with this analyst or the Firearm and Toolmark section.

Significant Non-Conformity (SNC) 25-3:
Overdue CODIS dispositions were not being reviewed in a timely manner.

Detection of SNC:
A DNA profile was uploaded into CODIS that generated a convicted offender hit. In reviewing of the CODIS hit, a mismatch locus was discovered. This was not followed up on to determine the root cause of the mismatch until a review of overdue CODIS dispositions was completed, where a year's time had passed. Due to this, a policy was implemented to have overdue CODIS dispositions reviewed every 90 days. A month after the initial CODIS disposition issue was discovered an analyst following the newly instituted 90-day review policy discovered a generated CODIS hit had been missed where 8 months of time had passed from the date of generation to discovery. Due to the recurrence and the risk associated with the issue, the corrective action process and a review of the initial corrective policies instituted were initiated.

Extent of SNC:
Dispositions of information involving CODIS hits generated by the NIRCL amongst other agencies utilizing CODIS as well as dispositioning of CODIS information to stakeholders associated with the NIRCL.

Corrective Action Taken:
During a review of the initial corrective policies instituted, the review of overdue CODIS dispositions was changed from every 90 days to 30 days. Additionally, a calendar reminder was

created between the CODIS administrator, the CODIS administrator alternate, Laboratory Executive Director, and Quality Manager. The calendar reminder requires a response to acknowledge the completed review of overdue CODIS dispositions. When work is being performed in relation to the review of pending/overdue CODIS dispositions, all work shall be kept in a central file location to mitigate misplacement and/or loss of information. The issue regarding the mismatch locus was corrected in CODIS. The issue regarding the missed CODIS hit was corrected by issuing a laboratory report detailing the corresponding CODIS information.

Effectiveness of Corrective Action:
Since the institution of 30-day reviews of CODIS dispositions, the calendar reminder, and the central file location for pending CODIS information, there have been no further significant timelapses regarding disposition of information nor has there been any further missed information in relation to CODIS on behalf of the NIRCL.

Significant Non-conformity (SNC) 25-4:
Electronic data regarding verification of pipette calibrations in the Toxicology section could not be accessed temporarily.

Detection of SNC:
During the 2025 Internal Quality Assurance audit, objective evidence was asked to be seen of the excel workbook data relating to yearly verification of pipettes calibrated in the Toxicology section. The 2024 excel workbook data could not be accessed due to the electronic file pathway being broken as a result of the file not being restored to the NIRCL's laboratory server when a computer in the Toxicology section crashed. Instead, the file was inadvertently restored to a OneDrive account that had since been removed during a transition of laboratory management.

Extent of SNC:
Verification of the calibration services performed on pipettes used in the Toxicology section. The date listed on the excel file indicated a verification of pipettes in Toxicology had been performed in 2024, however, the physical data was unavailable to be viewed.

Corrective Action Taken:
A refined data retention policy was created in the NIRCL Quality Procedures Manual to define storage of critical documents and controlled forms shall be stored on the laboratory server as a means of being part of permanent file storage and retention procedures. The excel workbook pertaining to calibrated pipettes in Toxicology along with the removed OneDrive folder was able to be restored.

Effectiveness of Corrective Action:
Since refining of data retention policies in the NIRCL Quality procedures manual, all critical documents and controlled forms relating to laboratory activities can be accessed and stored permanently without issue.

Significant Non-Conformity (SNC) 25-5:
Items of evidence were found to have incomplete chain of custody after testing and technical review was completed.

Detection of SNC:
During the 2025 Internal Quality Assurance Audit upon performing routine custody checks, it was observed items of evidence had a chain of custody of being at the NIRCL, however those items were not physically present within the laboratory. The gaps observed in the chain of custody are specifically after analysis and review has been completed on items of evidence and the return of those items of evidence to the respective law enforcement agency. Thus, the risk associated with the chain of custody gaps affecting testing of evidence and test results is low.

Extent of SNC:
103 Items of evidence had an incomplete chain of custody between the time frame of 1990 and 2024. Upon investigation into this corrective action, 96 of those 103 items have had their chain of custody resolved. The root causes associated with incomplete chain of custody for items of evidence have been attributed to LIMS program errors and analyst errors during the return of evidence process.

Corrective Action taken:
The NIRCL Quality Procedure Manual was updated to include several new policies relating to chain of custody audits of evidence storage locations within the laboratory and analyst personal custodies.

Effectiveness of Corrective Action:
The effectiveness of this corrective action is being evaluated on an ongoing basis through the institution of new policies that involve biannual custody audit checks of evidence storage locations within the laboratory and analyst personal custodies.

Significant Non-Conformity (SNC) 25-6:
Expired reagents were used in the processing of casework samples in the Biology and DNA section.

Detection of SNC:
The DNA technical unit leader was notified by the analysts who used expired reagents involved in the processing of Biology and DNA casework samples.

Extent of SNC:
An expired non-critical reagent was used by a forensic biologist to process fired cartridge cases in one case. An expired non-critical reagent was used to process DNA samples by two analysts in two separate batches of DNA cases.

Corrective Action taken:
Corrective actions taken were the lot number worksheet used for processing of Biology and DNA cases have been updated to include a space for expiration dates of all reagents to be recorded

real time by analysts during laboratory analysis of case samples. Additionally, a calendar reminder has been created that includes notifications of approaching expiration dates and once a reagent has expired to be discarded for all reagents used in the Biology and DNA section. All Biology/DNA staff and the Quality Manager are included on the calendar reminders. Due to the non-critical designation being associated with the expired reagents used in Biology and DNA casework, previous laboratory data showing longer stability of the in-question reagents used, and viable DNA results being obtained in these instances, the risk of negative impact on testing results was low.

Effectiveness of Corrective Action:
There have been no further instances of expired reagents being used in Biology and DNA casework.

Section(s)	Lab Category	Commission Category	Date Closed	Audit Finding
Toxicology	Proficiency Test Results	Proficiency Test Results	3/11/2025	No
Firearms	Proficiency Test Results	Proficiency Test Results	4/2/2025	No
DNA	CODIS Dispositions	Error which compromises the ability to report results	7/31/2025	No
Laboratory / Toxicology	Internal Audit	Non-conforming Work	10/7/2025	Yes
Biology/DNA	Expired Reagents	Non-conforming Work	12/8/2025	No
Laboratory	Internal Audit Nonconformity	Missing Evidence	1/23/2026	Yes

Table 4: Summary of SNC Provided by NIRCL (re-formatted by subcommittee)

Reviewed and accepted by Illinois Forensic Science Commission on June 10, 2026