

# Alaska Scientific Crime Detection Laboratory

## Seized Drug Procedure Manual

Effective: 1/4/2023

Version: 8.0

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### Abbreviations and Definitions

<b>SP Version:</b>	Controlled document revision number <u>after</u> SharePoint controlled document migration (October, 2021)
<b>ACS:</b>	American Chemical Society
<b>ACS grade:</b>	A standard of quality for purchased chemicals
<b>Analyte:</b>	The chemical of interest in a chemical analysis
<b>APAP:</b>	Acetaminophen (for <i>N</i> -acetyl- <b>para</b> -aminophenol)
<b>ATR:</b>	Attenuated Total Reflectance
<b>BBDCM:</b>	Borate Buffer / Dichloromethane
<b>BSTFA:</b>	N,O-Bis(trimethylsilyl)trifluoroacetamide
<b>Chemical:</b>	A compound or substance purchased for use in chemistry but not meeting the definition of a drug standard
<b>DCM:</b>	Dichloromethane (aka Methylene Chloride)
<b>DIB:</b>	Drug Identification Bible
<b>Expiration Date:</b>	Date after which a chemical or standard should not be used for casework and should be disposed appropriately
<b>FTIR:</b>	Fourier-Transform Infrared Spectroscopy
<b>GBL:</b>	gamma-Butyrolactone
<b>GC/MS:</b>	Gas Chromatography/Mass Spectrometry
<b>GHB:</b>	gamma-Hydroxybutyric acid
<b>HCl:</b>	Hydrochloric acid
<b>ID:</b>	Identification
<b>IR:</b>	Infrared, a type of electromagnetic radiation
<b>IS:</b>	Internal standard
<b>JT:</b>	JusticeTrax (the laboratory information system)
<b>LERM:</b>	Laboratory-established reference material
<b>LSD:</b>	Lysergic Acid Diethylamide, a hallucinogen
<b>Matrix:</b>	The components of a sample other than the analyte
<b>Matrix-matched:</b>	The use of a reference material with a similar chemical composition to the sample to account for the impact of the matrix on the chemical analysis

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<b>MeOH:</b>	Methanol
<b>MDA:</b>	Methylenedioxyamphetamine
<b>MDMA:</b>	Methylenedioxymethamphetamine
<b>MSM:</b>	Methylsulfonylmethane (Dimethyl Sulfone)
<b>NA:</b>	Not Analyzed
<b>NaOH:</b>	Sodium Hydroxide
<b>NCSD:</b>	No Controlled Substances Detected per Alaska Statutes
<b>NH4OH:</b>	Ammonium Hydroxide
<b>PM:</b>	Procedure manual
<b>QIFA:</b>	Quantity Insufficient for Analysis
<b>QIFAC:</b>	Quantity insufficient for analysis unless written approval to consume the evidence is provided by the DA's Office
<b>R0 or R1:</b>	Controlled document revision number (e.g., 2020 R0 is the first revision of 2020) <u>prior to</u> SharePoint controlled document migration (October 2021)
<b>Reagent:</b>	A prepared or purchased substance used for chemical analysis
<b>REF:</b>	Refrigerated
<b>Retest Date:</b>	Date after which a chemical or standard is considered expired unless retested by the manufacturer to ensure continued quality
<b>RT:</b>	Room Temperature or GC Retention Time
<b>SD:</b>	Seized Drugs
<b>THC:</b>	Tetrahydrocannabinol
<b>TMCS:</b>	Trimethylchlorosilane
<b>TOC:</b>	Table of Contents
<b>URL:</b>	The address of a webpage
<b>WI:</b>	Working Instructions

## Sample Selection

### Item Selection Policy

At a minimum, routine analysis shall include one item of a suspected controlled substance per defendant, per collection date. Items with weighable quantities will be selected before items with residue quantities. Evidence containing syringes will only be tested if results from all other items submitted are negative and only when the syringe contains a visible volume of liquid deemed by the analyst to be of testable quantity. Additional items may be analyzed if:

- No controlled substance is identified in the first item.
- The weight or count (whichever is reached first) is near a legal threshold and there is a potential that testing of additional items will lead to exceeding that threshold.
- The physical characteristics or accompanying documentation of other items lead the analyst to suspect that a controlled substance of a different schedule may be present.

When testing multiple items may lead to exceeding a quantity threshold (see [Weight Considerations](#)), the analyst may communicate with the prosecuting attorney to determine whether they feel the testing is required. This communication will be documented in the case file. If an attorney has not been assigned to the case yet or if an attorney is not giving a timely response to the analyst's inquiry, additional testing does not need to occur before issuing a report. Either of these situations will be documented in the case file.

If during the pretrial process it becomes apparent that items not tested will require testing then, upon re-submission, these items will receive top priority at the laboratory.

### Sample Conservation

An unused portion of the original sample will exist to allow for subsequent retesting. In cases where only residue amounts are submitted, a visible residue must be of quantity sufficient for analysis and reanalysis. Testing of invisible residues is up to the analyst's discretion and is considered on a case-by-case basis. While an attempt is made to conserve sample for reanalysis, additional testing performed in the laboratory (such as latent print testing) may destroy any remaining sample.

For cases with pending criminal charges, written approval to consume the evidence must be provided by the District Attorney's Office. Testing of invisible residues requires written approval provided by the District Attorney's Office.



For cases with no pending criminal charges (e.g., death investigation), approval from the submitting agency is sufficient for consuming the remaining evidence.

Approvals to consume evidence will be documented in the LIMS.

### Determining Populations

Seized Drug analysts rely on their training and experience, along with information provided by the submitting agency, to determine which items consist of multiple populations and require sub-itemization prior to analysis.

When some items from a population are not analyzed, no assumptions can be made about the identity of those items unless a sampling plan is followed (see [Sampling Plan](#)).

- Samples submitted as separate items must never be combined as a single item by the analyst prior to analysis.
- When analyzing items containing multiple bindles or packages that cannot be visualized through the packaging, the appearance of the contents must be verified by the analyst prior to grouping into populations.
- Factory sealed and labeled packages with the same markings can be considered as one population without visualizing the contents.
- Tablets, capsules (licit or illicit), marked blotter paper, or sublingual films with the same logo, color, and shape submitted as one item can be considered as one population.

### Quantitative Analysis for THC

THC quantitation may be performed to differentiate controlled marijuana or THC products from exempt products. Refer to the [THC and THCA Quantitation Procedure Manual](#) for specific procedures and requirements.

THC quantitation is available for suspected marijuana plant material and cannabinoid concentrates such as dabs/wax/shatter/keef/hash. THC quantitation is not performed on food products or beverages. The analyst determines whether a sample is suitable for THC quantitation based on quantity and the nature of the material. The minimum sample quantities for THC quantitation are:

- 0.50 gram (500 mg) for plant material
- 0.05 gram (50 mg) for concentrates

Refer to [Reporting Conclusions of Testing](#) for reporting language if insufficient sample for quantitation is available.

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Quantitative analysis for THC follows qualitative analysis for the identification of *Cannabis* or cannabinoids. THC Quantitation is a child request in JusticeTrax.

Seized Drugs analysts must complete additional, documented training to be signed off to perform THC quantitation.

### Quantity Determination

#### Calibration of Balances and Reference Weights

Annually, all balances utilized in Seized Drug casework and all weights used for performance checks will be calibrated by external calibration services that are accredited to ISO/IEC 17025:2005 or 17025:2017. Prior to first use and on an annual basis, it will be verified that the scopes of these accreditations cover the applicable calibration requirements. Refer to the Quality Assurance Manual's Purchasing Procedure for details. Balance and weight calibration records are stored on the laboratory's SharePoint document library.

When balance calibration has been completed, the calibration certificates will be reviewed for completeness and whether each balance passed the pre-calibration and post-calibration check called "As Found" and "As Left", respectively. If a balance used for casework does not meet the As Found requirements for a weight range that is used in casework (refer to [Balance Measurement Ranges](#)), follow the procedure for non-conforming work in the [Quality Assurance Manual](#). If a balance does not meet the As Left requirements for a weight range that is used in casework, the balance will be taken out of service until it can be repaired (if possible). Consult the Technical Lead and/or the Chemistry Supervisor. If a balance does not meet the As Found or As Left requirements for a weight range that is NOT used in casework, no action is required.

When reference weight calibration has been completed, the calibration certificates will be reviewed for completeness and whether each weight passed the pre-calibration and post-calibration check (As Found/As Left). If a reference weight used for [Balance Performance Checks](#) does not meet the As Found requirements, follow the procedure for non-conforming work in the [Quality Assurance Manual](#). If a reference weight used for balance performance checks does not meet the As Left requirements, the reference weight will be replaced with a new weight. If a reference weight NOT used for balance performance checks does not meet the As Found or As Left requirements, no action is required.

#### Balance Performance Checks

All balances are checked monthly with calibrated weights. A check standard is also weighed for the ongoing estimate of the measurement uncertainty. Any member of the Forensic Chemistry discipline may perform the monthly balance performance checks. This is documented on the [Balance Performance Check Form](#) which is stored in the Seized Drug laboratory space. The information from the performance checks is also documented in the spreadsheet utilized for the ongoing estimate of the measurement uncertainty.

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The laboratory has defined the following acceptable tolerances for balance performance checks:

Mettler Toledo XS2002S	+/- 0.02 gram
Mettler Toledo MS16001L	+/- 0.2 gram
Mettler Toledo XSR204	+/- 0.0005 gram

The check standard for each balance model used in casework is defined in this manual's [Uncertainty of Measurement](#) appendix.

Each week before a balance is utilized in casework, an analyst will complete a performance check with calibrated weights and a check standard. This is documented on the [Balance Performance Check Form](#) which is stored in the Seized Drug laboratory space. The information from the performance checks is also documented in the spreadsheet utilized for the ongoing estimate of the measurement uncertainty.

If a balance does not pass a performance check, it will be taken out of service until repaired and/or calibrated. Notify the Technical Lead and/or discipline supervisor.

To protect the integrity of the calibrated weights, the following safeguards will be followed:

- Weights will be handled using lint-free gloves or tweezers.
- When not in use, weights will be stored in their designated container.
- If damage is suspected, weights will be taken out of service. Notify the Technical Lead and the discipline supervisor.

### Balance Measurement Ranges

The Mettler Toledo XS2002S model balances are used for weights up to 1000.00 grams. The Mettler Toledo MS16001L model balances are used for weights of 100.0 grams to 8000.0 grams. The Mettler Toledo XSR204 model analytical balance is used for weights of 0.0100 gram (10 mg) to 100.0000 grams.

The balance used and type of measurement (e.g., net weight) will be recorded in the case notes.

### Balance Use in Casework

Actual balance readings are recorded in the case notes, along with the type of measurement (either net or gross). Readings will also be recorded on the report when they are 0.10 gram or greater (when measured on the Mettler Toledo XS2002S model) or 0.0100 gram or greater (when measured on the Mettler Toledo

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XSR204 model). Readings less than 0.10 gram on the XS2002S balance will be recorded as "weight is below reporting limit" on the report. Items with weights below 0.10 gram may be reweighed on an XSR204 balance; this is not required for routine casework. If re-weighing is performed, both weights must be documented in the notes.

Specific weighing requirements associated with THC quantitation are addressed in the [THC and THCA Quantitation Procedure Manual](#).

A net weight will be determined for all items analyzed, when practical. If the substance is in such a form as to make weight determination impractical, such as a thin film of residue in a pipe, a net weight is not required. If only a portion of sub-items are tested, a gross weight of the unanalyzed sub-items will be recorded in the notes (this is not required for residue-quantity unanalyzed sub-items).

Liquids will be weighed, and the analyst may document an approximate volume in the notes.

Multiple bags with substance, tablets, capsules, blotter paper, and sublingual films will be weighed and counted. The counts of these items will be listed in the item description on the report. When weighing capsules, the content is not to be removed from the capsule for weighing as the capsule is considered part of the sample. The capsule and content together are considered a net weight.

Proper weighing techniques:

- Place material into a tared container and obtain a net weight. This will accommodate most drug samples.
- Weigh material directly.
- Weigh the original container with its contents, empty the contents, weigh the empty container, and subtract the difference in the two weights (weight by difference). Analyst must show the subtraction in their notes.
- Obtain the net weights of individual items in an item and add the individual weights (weight by summation). Analyst must show the individual weights and summation in their notes. The reported weight is a combined net weight. A combined uncertainty will also be reported (refer to [Uncertainty of Measurement](#)).

### Weight Considerations

The following are weights/counts listed in the Alaska Statutes.

Schedule VIA	1 ounce
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### Analytical Scheme

The intent of the Seized Drug analysis scheme is to detect and confirm all controlled substances listed in Alaska Statutes Chapter 71 with the level of specificity required by those statutes. When referring to the presence of a controlled substance, "any quantity" as worded in the Alaska Statutes is interpreted by the laboratory as "a quantity that allows for complete testing using the discipline's Analysis Scheme with all positive results meeting their defined acceptability criteria."

### Scope of Testing

Presumptive tests include color tests, physical identification of pharmaceuticals, microscopic analysis (plant material only), TruNarc analyzer, and GC retention time comparison.

Confirmatory tests include GC/Discover, GC/MS, and FTIR.

All analyses conducted will include GC/MS.

The FTIR must be used if the base or salt form of a controlled substance will be reported except for cocaine. Cocaine base or hydrochloride may be reported with a corresponding result from the TruNarc analyzer when the other minimum criteria of the [Analytical Scheme](#) have been met.

All Alaska-controlled substances not possible from breakdown or decomposition will be identified and reported unless deemed insignificant by the analyst.

Non-controlled substances will also be identified and reported if their presence affects the schedule of a controlled substance identified in the sample. Furthermore, non-controlled substances may be reported when sufficient information for identification is produced during testing.

Justification for not pursuing the identification of a controlled substance must be adequately documented in the case notes.

The Analytical Scheme for items considered for THC quantitation is qualitative analysis AND quantitative analysis in order to conclude as to the control status of that item. If insufficient material is submitted to complete the entire Analytical Scheme for a sample, it will be reported as "**Quantity insufficient for analysis.**"

### Minimum Criteria

The minimum criteria necessary to report a controlled or non-controlled substance are two consistent results that include at least one presumptive test, GC/IR, or FTIR and one GC/MS. Each test is conducted from a separate sampling of the item.

The minimum criteria necessary to report "**No controlled substances per Alaska Statutes detected**" are two GC/MS tests from separate samplings of the item.

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Each sampling will be extracted with a different solvent and/or pH (see [Extraction Protocols](#)).

The minimum criteria necessary to identify Cannabis are 1. microscopic examination documenting cystolithic hairs and clothing hairs on opposite sides of the same leaf and 2. a GC/MS indicating the presence of at least one cannabinoid. Consistent results from two samplings are still required for reporting Cannabis. When a specific cannabinoid is identified on the report, that substance must have two consistent chemical test results (e.g., Duquenois-Levine and GC/MS).

Marijuana will only be reported when quantitation of delta-9-tetrahydrocannabinol has been performed to distinguish from hemp.

### Additional Considerations

For reported substances known to share similar mass spectral or infrared characteristics with other compounds, an additional test capable of further distinguishing the compounds from one another will be used. This will be done regardless of whether the similar compounds are controlled.

Drugs known to undergo conversion when heated to GC inlet temperatures will be differentiated using pharmaceutical markings, TruNarc, and/or FTIR if required for statute interpretation. Examples include:

Psilocybin → psilocin

GHB → GBL

Clorazepate → nordiazepam

Oxazepam → quinazoline compound

Lorazepam → quinazoline compound

Ketazolam → diazepam

NBOH compounds → 2C compounds

Reports shall only be as specific as the techniques used allow. They will not indicate enantiomer (levo/dextro) or diastereomer (pseudo/allo) forms unless the statute interpretation requires it and the testing used is capable of the differentiation.

### Technical Deviations

Deviations from technical procedures not specifically permitted by the Seized Drugs Procedure Manual or a related Working Instruction should be pre-approved by the

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Technical Lead. Pre-approved technical deviations will be documented in the JusticeTrax Case Activities using the Activity type "QA-Approved Deviation".

Technical deviations that are not pre-approved are considered non-conforming work and are addressed in the Quality Assurance Manual. Quality Review Forms are provided to the Technical Lead prior to being provided to the Quality Assurance Manager.

If a technical deviation occurs in casework performed by the Technical Lead, the deviation will still be noted in the Case Activities. Technical deviations are reviewed by another competent analyst during case review.



### **Instrument Maintenance, Quality Assurance, Parameters, and Reference Libraries**

Instrument maintenance logs, instrument quality assurance records, and electronic copies of the manufacturers' instrument manuals are stored in the Laboratory's SharePoint document library.

#### **Gas Chromatography (GC, With Mass Spectrometry)**

This section applies to the gas chromatography portion of the GC/MS instruments in the Seized Drug discipline.

The specifications for the column used on an instrument will be recorded in the method located in the instrument's maintenance records.

Hydrogen generators provide the hydrogen gas for the JetClean hydrogen cleaning system (where applicable).

The QC Mixture is purchased from Cayman Chemical (GC-MS Drug Standard Mixture 3, *Item No. 23539*). It is treated as a primary standard. Refer to the

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[Standards, Training Material, and Reference](#) Materials section for more information regarding its handling and control.

### GC Maintenance

Assessing the chromatographic performance of the QC Mixture is the primary way to determine if GC maintenance is necessary. However, the following preventative maintenance tasks will be performed at the minimum frequencies outlined below.

<u>Service</u>	<u>Minimum Frequency</u>
Liner Replacement	Every 2 Months
Septum Replacement	Every 2 Months*
Gold Seal Replacement	Every 2 Years
Syringe Replacement	Every 2 Years

*\*Not applicable if a Merlin microseal septum is installed*

Procedures for performing these services can be found in the instrument manufacturer manuals.

Purge a new column with carrier gas for at least one hour before installing it to the detector or heating it above room temperature.

After trimming or replacing a GC/MS column, the following will occur:

- Column length will be calibrated for all methods used in casework to improve retention time consistency, if possible. This is accomplished by entering the column's measured hold up time (retention time of an un-retained peak) into the Edit Entire Method portion of the instrument software. The software limits how much a column length may be calibrated. For example, it does not allow adjustments below 27 meters for a 30-meter column.
- Mass spectrometer solvent delay will be reassessed to ensure that the detector turns on immediately after the solvent peak elutes. This can be accomplished by turning off the solvent delay after injecting a solvent blank or running a method with no solvent delay. The updated solvent delay time is entered into each method used in casework.

### GC/MS Quality Assurance

On the first working day of the week, the QC Mixture must be analyzed on the GC/MS (using the SCRENGX1.M method) before it may be used for casework. Whenever maintenance has been performed, the QC Mixture must be analyzed to ensure the instrument is working properly. Passing criteria for the QC Mixture are:

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- 5 peaks are integrated\*
- Largest peak height is  $9,000,000 \pm 2,000,000$  abundance (MSD)
- Alprazolam peak height is greater than 2,000,000 abundance (MSD)
- m/z 334 present in fentanyl spectrum
- Difference in retention time between heroin and fentanyl is 0.200 minutes or greater (calculation is recorded on the chromatogram by the person approving the QC Mixture)

*\*The QC Mixture manufacturer has indicated that a trace amount of cocaethylene is present in GC-MS Drug Standard Mixture 3, Item No. 23539. If a 6<sup>th</sup> peak is integrated due to this trace component, the QC Mixture may still be deemed acceptable.*

If the largest peak height is not within  $9,000,000 \pm 2,000,000$ , the SCREENGX1 method's gain factor will be adjusted accordingly. The SCREENGHALF method will also be updated with the new gain factor times 0.5 (half that of GX1).

If any other passing criteria are not met, troubleshooting will occur until the problem is resolved. Maintenance will be recorded in the instrument's maintenance log located in SharePoint.

The person running the QC Mixture will ensure that the standard control number of the QC Mixture appears on the approved chromatogram. The person approving the QC Mixture passing criteria will initial and date all pages of the record and place it into the instrument maintenance records in SharePoint ([Digitally Archiving Instrument Records](#)).

### GC/MS Instrument Parameters

The SCREENGHALF.M and SCREENGX1.M methods are used when analyzing samples for routine casework on the GC/MS. Copies of the method parameters used by each GC/MS are stored in their respective instrument records in SharePoint. Below is a table listing the GC parameters for the SCREENGHALF.M method used in routine GC/MS casework. This method is for a single-column instrument.

GC/MS Injector Parameters	
Solvent A	Methanol
Solvent B	Hexane
Pre-injection Washes	2 Solvent A, 2 Solvent B
Sample Pumps	3
Post-injection Washes	2 Solvent A, 2 Solvent B
Injection Volume (uL)	1

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GC/MS Inlet Parameters	
Mode	Split
Split Ratio	100:1
Inlet Temperature I	250
Septum Purge Flow (mL/min)	3
Column Flow (mL/min)	1
GC/MS Oven Parameters	
Initial Oven Temperature I	100
Initial Oven Time (min)	1
Oven Temperature Ramp (C/min)	25
Final Oven Temperature I	325
Final Oven Time (min)	5
Run Time (min)	15

A GC-MS with a backflush module has an in-line pressure control device enabling the function. This may cause some method inlet parameters to vary from those listed. Here is an example SCREENGHALF.M method for a split-column instrument:

GC Backflush Inlet Parameters	
Mode	Split
Split Ratio	100:1
Inlet Temperature I	250
Septum Purge Flow (mL/min)	3
Column #1 Flow (mL/min)	1
In	Front SS Inlet He
Out	PSD 2
Column #2 Flow (mL/min)	1.2
In	PSD 2 He
Out	MSD

The instrument's software is programmed to automatically integrate detected peaks and perform library searches of their mass spectra. The table below lists the integration parameters used by the GC/MS methods.

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Integration Parameters	
Integrator	RTE
Parameters File	screen.p
Data Point Sampling	1
Smoothing	Checked
Start Threshold	0.200
Stop Threshold	0.000
Baseline Reset (# points)>	5
If leading or trailing edge <	100.0%, Baseline drop else tangent
Minimum Peak Area	50000
Peak Location	Top
Maximum Number of Peaks	100

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Below is a table listing the MS parameters for the SCRENGHALF.M method used in routine casework:

<b>Mass Spectrometer Parameters</b>	
<b>Tune File</b>	<b>stune.u</b>
<b>EMV Mode</b>	<b>Gain (Variable)</b>
<b>Acquisition Mode</b>	<b>Scan</b>
<b>Low Mass</b>	<b>40</b>
<b>High Mass</b>	<b>550</b>
<b>Threshold</b>	<b>750</b>
<b>Sample #</b>	<b>2</b>
<b>Transfer Line Temperature I</b>	<b>270</b>
<b>Source Temperature I</b>	<b>230</b>
<b>Quad Temperature I</b>	<b>150</b>
<b>Standard Tune Parameters</b>	
<b>Tune File</b>	<b>stune.u</b>
<b>Tune Mass 1</b>	<b>69</b>
<b>Tune Mass 2</b>	<b>219</b>
<b>Tune Mass 3</b>	<b>502</b>
<b>Mass 50 Target (0.3 – 5%)</b>	<b>1</b>
<b>Mass 131 Target (20 – 120%)</b>	<b>55</b>
<b>Mass 219 Target (20 – 120%)</b>	<b>45</b>
<b>Mass 414 Target (0.3 – 10%)</b>	<b>3.5</b>
<b>Mass 502 Target (0.3 – 10%)</b>	<b>2.5</b>
<b>69 Abund. Target, counts (1E5 – 2E6)</b>	<b>500000</b>
<b>Peak Width Target, amu (0.4 – 0.8)</b>	<b>0.55</b>
<b>Maximum Repeller (10 – 42.84)</b>	<b>30</b>
<b>Emission Current (10 – 300)</b>	<b>34.6</b>
<b>Maximum Ion Focus (40 – 127.5)</b>	<b>90</b>
<b>Ion for Ion Focus Maximum (1, 2, 3)</b>	<b>3</b>
<b>Ion for Repeller Maximum (1, 2, 3)</b>	<b>2</b>

### GC/MS Methods and Method Changes

Temporary changes to split ratios, MS scan ranges, gain factors, and oven temperature programs are allowed, when appropriate. These changes will be documented in the case file(s) for which the temporarily modified method was used.

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Permanent changes to GC/MS methods must be approved by the Technical Lead EXCEPT the following circumstances:

1. Changing solvent delay due to column maintenance
2. Updating the mass spectral libraries
3. Updating the MS gain factor to achieve quality control requirements

When a permanent change is made, a copy of the archived method parameters is marked with an end date and is retained in the instrument records in SharePoint. The following circumstances do not require reprinting of methods; however, it must be noted on the instrument maintenance log in SharePoint:

1. Updating the mass spectral libraries
2. Updating the MS gain factor to achieve quality control requirements

### Mass Spectrometry (MS)

[Gas Chromatography \(GC, With Mass Spectrometry\)](#) covers the GC component of GC-MS whereas this sub-section specifically covers the MS component.

### MS Maintenance

Assessing the results of the standard tune is the primary way to determine if MS maintenance is necessary. However, the following preventative maintenance tasks will be performed at the minimum frequencies outlined below:

<u>Service</u>	<u>Minimum Frequency</u>
Check PFTBA Level	Annually
Ion Source Cleaning	Annually (or As Needed <sup>4</sup> )
JetClean hydrogen cleaning	As Needed <sup>1</sup>
Replace Big Universal Trap	Every 2 years <sup>1</sup>
Change Rough Pump Oil	Change Every 6 Months <sup>2</sup>
Scroll pump tip seal replacement	Annually <sup>3</sup>

<sup>1</sup>Only applies to systems with a JetClean module.

<sup>2</sup>Only applies to systems with oil rough pumps

<sup>3</sup>Only applies to systems with oilless scroll pumps

<sup>4</sup>Use of JetClean may reduce the need for ion source cleaning

Detailed procedures may be found in the instrument manufacturer manuals.

### MS Quality Assurance

Each week, mass spectrometers must be tuned with the standard tune (stune.u) program before use in casework and after maintenance or cleaning to ensure

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consistent ion abundance between instruments. Passing criteria for a standard tune are:

- Relative ion abundances of 18 (water), 28 (nitrogen), and 32 (oxygen) to 69 are less than 10%
- The three principal peaks (69, 219, and 502) have acceptable shapes
- The ion abundance of 502 relative to 69 is 2% or greater
- The electron multiplier voltage is less than or equal to 2600 volts

If the passing criteria are not met, troubleshooting will occur until the problem is resolved. Maintenance is recorded in the instrument's maintenance log in SharePoint. The mass spectra of the QC Mixture components will also be reviewed. To be considered acceptable, the mass spectrum of each QC Mixture component must match that of its corresponding reference spectrum. The GC/MS acceptability criteria outlined in the [Instrumentation – Data and Analysis](#) section will be used.

Passing tune results will be kept in the corresponding instrument maintenance records with the corresponding weekly QC Mixture results ([Digitally Archiving Instrument Records](#)). Automated library search results for the QC Mixture will be included with the chromatogram.

### MS Instrument Parameters

#### MS Reference Libraries

Spectra obtained from analyzing [Working Standards](#) may be used when making casework comparisons. When a working standard from a new chemical that has not been previously added to the in-house library is verified, its mass spectrum will be added to the library.

The discipline's in-house library and/or outside libraries from reputable sources may be used during mass spectral library searches. Each library search report will list which libraries were used for each sample analyzed. Libraries will be located on each instrument computer, typically in the following directory: C:\DATABASE\.

Mass spectra obtained from Working Standards will only be added to the discipline's in-house library if they were analyzed using the Standard Tune parameters. Background subtraction will be used before adding a spectrum to the library if column bleed or other interfering ions are present. When entering the compound name into the library entry, the standard control number will be included. New entries into the in-house library may be consolidated to reduce the frequency of library editing and archiving.



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The discipline's in-house library will be named SCDL-YYMMDD where YYMMDD is the date in which that library version was put into use. Whenever a new entry is added, the updated version will be copied to each instrument computer and replace the previous version.

The contents of outside libraries will not be edited; however, if a newer version of an outside library is obtained, it will replace the previous version on every instrument computer. For tracking purposes, the names of outside libraries will include -YYMMDD where YYMMDD is the date in which that library version was put into use.

Backups of current and previous libraries (both outside and in-house) will be placed on the laboratory's SharePoint document library.

### Gas Chromatography (GC, With DiscovIR)

This section applies to the gas chromatography portion of the GC/DiscovIR instrument.

The specifications for the column used will be recorded in the method located in the instrument's records.

A liquid nitrogen generator provides the liquid nitrogen for cooling the disk and mercury-cadmium-telluride (MCT) detector.

The QC Mixture is purchased from Cayman Chemical (GC-MS Drug Standard Mixture 3, *Item No. 23539*). It is treated as a primary standard. Refer to the [Standards, Training Material, and Reference Materials](#) section for more information regarding its handling and control.

### GC Maintenance

Assessing the chromatographic performance of the QC Mixture is the primary way to determine if GC maintenance is necessary. However, the following preventative maintenance tasks will be performed at the minimum frequencies outlined below.

<u>Service</u>	<u>Minimum Frequency</u>
Liner** Replacement	As Needed
Septum Replacement	As Needed
Syringe Replacement	Every 2 Years

\*\* In the manufacturer manual, the liner is also referred to as the "pre-column" in some places.

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Detailed maintenance procedures may be found in the GC-IR Training Document stored on the laboratory network drive. Procedures for syringe replacement may be found in the instrument manufacturer manual.

Purge a new GC column with carrier gas for at least one hour before installing it into the detector or heating it above room temperature.

When a new column is installed, the solvent delay will be reassessed to ensure that the detector turns on shortly after the solvent peak elutes. When the solvent front is eluted, there is a delay before the disk position reaches the track position for sample deposition. Take this into account when selecting a solvent delay time to avoid depositing solvent across the disk as it moves to the starting track position. Assessing the solvent delay may be accomplished by injecting a solvent blank with the delay turned off or set to zero. Updates to the solvent delay will be documented in the instrument maintenance log.

### GC/Discover Quality Assurance

The QC Mixture will be analyzed on the GC/Discover during any week the instrument is used (using the ScreenS10 method) before it can be used for casework and after performing maintenance. Passing criteria for the QC Mixture are:

- 5 expected components are detected
- Baseline resolution is achieved between all expected components (determined visually)
- Acceptable IR spectra are produced, and library matches for all expected components show clear correlation with the library

If any of the passing criteria are not met, troubleshooting will occur until the problem is resolved. Maintenance will be recorded in the instrument's maintenance log.

The person approving the passing criteria have been met will place their initials and date on all pages of the QC Mixture stored in the instrument records ([Digitally Archiving Instrument Records](#)).

### GC Instrument Parameters

The ScreenS10 and ScreenS5 methods are used when analyzing samples for routine casework on the GC/Discover. Copies of the method parameters used by the gas chromatograph are stored in the instrument record in SharePoint.

No permanent changes will be made to GC/Discover methods without approval from the Technical Lead. When a change is made, a copy of the archived method is

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marked with an end date and retained in the instrument's record. Temporary changes to split ratios and oven program parameters are allowed, when appropriate. These changes will be documented in the case file(s) for which the temporarily modified method was used.

The GC parameters for the ScreenS10 method are listed below:

### Injector Parameters

Solvent A: Methanol

Solvent B: Hexane

Pre-injection Washes: 3 Solvent A

Sample Pumps: 3

Post-injection Washes: 3 Solvent B

Injection Volume (uL): 1

### Inlet Parameters

Mode: Split

Split Ratio: 10:1

Inlet Temperature: 250

Septum Purge Flow (mL/min): 5

Column Flow (mL/min): 1

### Oven Parameters

Initial Oven Temperature: 100

Initial Oven Time (min): 1

Oven Temperature Ramp (C/min): 25

Final Oven Temperature: 325

Final Oven Time (min): 5

Run Time (min): 15

### DiscovIR Infrared Detector

The Gas Chromatography (with DiscovIR) sub-section covers the GC component of the GC/DiscovIR whereas this sub-section specifically covers the DiscovIR detector component.

### DiscovIR Maintenance

The Align, Noise, and Polystyrene test are the primary ways in which the Seized Drug discipline determines whether the DiscovIR module is functioning correctly. However, the following preventative maintenance task will be performed at the minimum frequency outlined below:

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### Service

### Minimum Frequency

Rough Pump Oil Change

Every 6 Months

Procedures for performing this service can be found in the DiscovIR Service Manual.

### DiscovIR Quality Assurance

Each day before use for casework, the DiscovIR must have the Align, Noise, and Polystyrene tests performed. This is in addition to analysis of the QC Mixture from the [GC/DiscovIR Quality Assurance](#) sub-section. Passing criteria for these tests are as follows:

- Align: Detector voltage  $\geq 4$  Volts. This value is displayed live on the screen during the Align test.
- Noise: Average value  $\leq 1.5$  mAbs (milli Absorbance units). This value is displayed via a notification box after the test is completed.
- Polystyrene: The  $1601\text{ cm}^{-1}$  infrared absorbance band has a measured value of  $1601\text{ cm}^{-1} \pm 2\text{ cm}^{-1}$ . This value is viewed by accessing the Polysytrene.csv (C:\Data\Polystyrene) spreadsheet on the instrument computer. The value is automatically added to this spreadsheet when the Polystyrene test completes.

The test results are documented in the laboratory's SharePoint document library ([Digitally Archiving Instrument Records](#)).

If the passing criteria are not met, troubleshooting will occur until the problem is resolved. Any maintenance that occurs will be recorded in the instrument's maintenance log.

### DiscovIR Instrument Parameters

The DiscovIR instrument parameters are listed on the chromatogram page (first page of instrument report) produced after each sample analysis and no separate printed method is available. Default settings are as follows:

#### Default DiscovIR Parameters

Current Solvent Delay/Start Time: See instrument maintenance log

End Time: 15 minutes

Disk Speed: 3 mm/min

Overdeposit: Off

Parameters available for change are: Solvent Delay/Start Time (typically following column maintenance), run End Time (for late-eluting compounds), and the

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overdeposit box (causes an injection to deposit on the same track used for the previous injection).

Parameters not available for change are: disk speed.

**Important:** The End Time in the DiscovIR parameters must match the end time of the oven program from the GC for the data collection time to match the GC run time.

If parameters are temporarily changed for an analysis, the reason for the change will be documented in the case notes.

When the analyst is processing data, the software is programmed to automatically flag peaks above a specific signal-to-noise ratio and produce a sub-file for each including an infrared spectrum and library search. The instrument reports include the sample identifying information, chromatogram, DiscovIR method parameters, IR spectrum for each flagged peak, and one library hit for each IR spectrum.

Spectra obtained from analyzing [Working Standards](#) may also be used when making comparisons. When a working standard from a new chemical that has not been previously added to the in-house library is used, its IR spectrum will be added as described in the [DiscovIR Infrared Reference Libraries](#) section.

### DiscovIR Infrared Reference Libraries

The discipline's in-house library and/or outside libraries from reputable sources may be used during infrared library searches. The library search report will list which library was used for each sample analyzed. Libraries will be located on the instrument computer in the following directory: C:\Data\Libraries of Customer.

Infrared spectra obtained from working standards will only be added to the discipline's in-house library if they have a flat baseline. Baseline correction via Print Workbook may be used to flatten the baseline prior to entry into the library. When entering the compound name into the library, the standard control number will be included.

The discipline's in-house library will be named SCDL-DiscovIR-YYMMDD where YYMMDD is the date in which that library version was put into use. Whenever a new entry is added to the discipline's in-house library, the updated version will replace the previous version.

The contents of outside libraries will not be edited; however, if a newer version of an outside library is obtained, it will replace the previous version. For tracking purposes, the names of updated external libraries will include -YYMMDD where

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YYMMDD is the date in which that library version was put into use. The initial external libraries provided with the instrument do not all list dates in the file name. The initial versions of these libraries are archived as described below.

Backups of current and previous libraries (both outside and in-house) will be placed on the laboratory's SharePoint document library.

### Fourier Transform Infrared Spectroscopy (FTIR)

An FTIR Spectrometer with an ATR (attenuated total reflectance) accessory is used for analysis of drug substances and for salt form determination.

#### FTIR Maintenance

FTIR performance is assessed via automated quality control testing sequences. The following preventive maintenance tasks are performed by the instrument manufacturer annually:

- Desiccant replacement
- Cleaning of mirrors (service personnel only)
- Other manufacturer-recommended maintenance

No additional routine maintenance is performed by laboratory staff. FTIR maintenance records are digitally archived ([Digitally Archiving Instrument Records](#)).

#### FTIR Quality Assurance Schedule

Quality assurance for the FTIR instrument is performed on an as-needed basis.

When the FTIR is used in casework on any given day, the quality assurance will be performed and documented as described in the [FTIR Quality Assurance Overview](#) section. Detailed instructions are located in the [Seized Drug Instrumental Working Instructions](#).

Additionally, the same quality assurance measures described in [FTIR Quality Assurance Overview](#) must be performed after any major instrument service or hardware replacement (e.g. laser replacement, IR source replacement).

Additional information about the structure of the quality assurance testing can be found in the [FTIR Quality Assurance Overview](#).

Note: The report field for recording the scientist performing the test, date, and verification need not be filled out. This is satisfied by the name and date appearing on the document.

### FTIR Quality Assurance Overview

FTIR quality assurance tests are initiated using the manufacturer's software installed on the attached computer. Tests are completed sequentially, and corresponding reports are generated automatically (excluding Polystyrene Analysis). During the sequence, prompts appear prior to certain tests to ensure the instrument is set up correctly. Notifications will also appear if an instrument performance issue is detected.

The FTIR quality assurance procedure is broken into 3 sections:

1. Tests using the Smart Omni-Transmission accessory
2. Tests using the Smart Golden Gate accessory (ATR accessory)
3. Polystyrene Analysis (using the Smart Golden Gate accessory)

Refer to the [Seized Drug Instrumental Working Instructions](#) for step-by-step instructions. Quality assurance test records are stored in SharePoint ([Digitally Archiving Instrument Records](#)).

### FTIR Instrument Parameters

All samples will be analyzed using the ATR.exp instrument method. A copy of the current ATR.exp method is stored in the instrument records. No permanent changes will be made to this method without approval from the Technical Lead. When a permanent change is made, a copy of the archived method parameters is marked with end date and retained in the instrument records. Temporary changes to the scan number are allowed, when appropriate. Changes will be documented in the case file(s) for which the temporarily modified method was used.

### FTIR Reference Libraries

The discipline's in-house library and/or outside libraries from reputable sources may be used during IR spectral searches. The library search report will list which libraries were used for each sample analyzed.

Only infrared spectra from [Primary Standards](#) will be added to the in-house library. These spectra will be acquired using the ATR.exp instrument method. When entering the compound name into the library, the standard control number will be included.

The contents of outside libraries will not be edited; however, if a newer version of an outside library is obtained, it will replace the previous version on the instrument computer.

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Backups of current and previous libraries (both outside and in-house) are stored in the laboratory's SharePoint document library.

### Hydrogen Generator Maintenance

The hydrogen generator manufacturer recommends routine preventative maintenance. Below is a copy of the suggested preventative maintenance schedule from the manufacturer's hydrogen generator service guide.

Description of Service Requirement	Recommended Service Interval			
	Daily	Weekly	6 Monthly	24 Monthly
<b>Operation</b>				
Check POWER ON indicator is illuminated	C	-	-	-
Check STATUS/FAULT indicators located on control panel	C	-	-	-
Check Water Level	C	-	-	-
Check Water Quality (Conductivity)	C	-	-	-
Check Desiccant Cartridge	-	C	-	-
6 Month Service Kit	-	-	R	-
24 Month Service Kit	-	-	-	R

**Key:- C = Check R = Replace**

A breakdown of the 6- and 24-month services from the manufacturer's service guide is below.

Item	Refer to Section	6 Month	24 Month
Change Water Filter	2.3.4	X	X
Change Environmental Filter	2.3.5	X	X
Change De-ioniser Cartridge	2.3.6	X	X
Change Water Pump	2.3.8		X
Change Float	2.3.9		X
Check rear fans		X	X
Check power supply fan		X	X
Check float operation		X	X
Check Cell Voltage			X
Check Desiccant Cartridge (Change as required)	2.3.2	X	X



Procedures for performing these services are in the manufacturer's service manual. All 6- and 24-month services will be recorded in their respective maintenance logs in SharePoint.

### Carrier Gas Information

All the gas chromatographs use UHP Grade (99.999%) helium as their carrier gas. Compressed gas cylinders are stored on site. Two cylinders are connected to the gas manifold in Gas Closet # 2124 that delivers gas to the instrument room #2117. Extra cylinders are in the Gas Cylinder Room # 1175 on the first floor of the laboratory.

The gas manifold system will alarm when the manifold pressure drops to about 350 psi. Only the in-use cylinder should have the valves open. Close the shutoff valve on cylinders not currently in use, as well as the valve on the unused side of the manifold. Update the magnetic indicator signs on the cylinders as appropriate (in use, empty, full). Ensure a full cylinder is available in the Gas Closet for the next use.

Some GC/MS instruments are equipped with a Helium Conservation Module. The purpose of this component is to conserve helium gas during non-analytical time by switching the gas flow to nitrogen. Nitrogen gas is provided by a nitrogen gas generator. The Helium Conservation Module turns on the flow of nitrogen automatically according to a programmed schedule; however, the schedule will not interrupt a sequence in progress. Nitrogen flow will begin automatically once the sequence has ended. Once the programmed schedule has ended, the gas supply returns to UHP Grade helium.

### Digitally Archiving Instrument Records

Many instrument records are generated and stored as electronic documents in SharePoint. Examples of these documents are:

- Current and archived instrument methods
- Current and archived quality control data for:
  - GC/MS
  - GC/Discover
  - FTIR
- Instrument and equipment maintenance forms
- Approved instrument methods (e.g., SCREENGX1.M for GC/MS)
- Instrument reference libraries (e.g., in-house MS library)

NOTE: SharePoint requires a valid login. Metadata fields are used to associate instrument records with a specific laboratory discipline and equipment identifier.

### [Scientific Crime Detection Laboratory Chemistry Records](#)

For instrument records produced or received in hardcopy, copies generated during the previous year will be scanned, checked for legibility and completeness, and placed in SharePoint. Afterward, hardcopies will be destroyed. This will happen no less than once per year. Examples of these types of instrument records include:

- FTIR preventive maintenance records
- Reference weight calibration reports
- TruNarc Analyzer weekly quality control check records

### Digitally Archiving Instrument Methods

Current and archived instrument methods are saved in SharePoint.

### [Scientific Crime Detection Laboratory Chemistry Records](#)

Methods saved in SharePoint are identified using the naming convention:

[Method Name] [Method start date] – [Method end date]

Example: SCREENGX1 2021.04.30 – 2021.09.22

For in-use methods, no end date will be present. When a permanent change has been made to a method, a copy of the new, in-use method will be added to SharePoint according to the naming convention but with the method end date blank. The previous version of the method will have the file name edited in SharePoint to add the end date.

### Instrumentation – Data and Analysis

#### Sequence and Data Handling

##### GC/MS Sequence Table

Acquired data will initially be saved on each instrument.

After the analyst has completed their review of the acquired data, it will be moved to a folder that identifies which year and month in which the data were collected. At the beginning of each month, a new folder will be created for saving that month's data. Instrument data older than three months should be deleted from the instrument computer.

Data file names will be the laboratory case number followed by a differentiating character(s) if multiple samples are from the same case. Negative controls will be written in the same format with the prefix "B" or "b". Drug standard file names will indicate the name of the standard being tested.

The sample field will contain the case number and item number of the sample being tested and "blank" if the sample is a negative control. For drug standards, the sample field will contain standard name and control number.

##### GC/MS Analysis

Each analyst is responsible for ensuring that the instrument has passed all quality assurance requirements before analyzing case samples. Samples will be analyzed using the SCREENGHALF.M or SCREENGX1.M method. A negative control will be analyzed directly prior to each case sample. A negative control is prepared in the same manner (including evaporative concentration, if applicable) as the sample and on the same day. When multiple case samples are prepared in the same manner and analyzed on the same day, the same negative control may be used.

For retention time comparison, the standard must be analyzed using the same oven temperature program, the same column flow parameters, and within 24 hours of the sample.

Reports from each sample injection are electronically printed on the instrument computer. These reports are entered into the appropriate case file in the LIMS.

##### GC/MS Acceptability Criteria

Ideally, an acceptable blank is one that results in no integrated peaks other than the internal standard. If additional peaks are present, the analyst will either resolve the issue (e.g., reinject the sample and blank) or include justification in the case file as to why the data were still acceptable.

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The internal standard should be integrated and of similar abundance to that in the blank. Where this does not occur, the associated data will either be rejected or kept with documented justification. Justification will include what likely caused the discrepancy and why the analyst deemed it acceptable. Justification for the use of negative control data is reviewed by another competent analyst.

For retention time comparisons, the integrated retention time of each case sample analyte and the corresponding standard must be within 0.050 minutes for the test to be considered positive.

A mass spectrum obtained from case sample data is deemed suitable for comparison to a known standard (in-house library) or external reputable library when the chromatographic peak is automatically integrated by the instrument software (see [GC/MS Instrument Parameters](#)). An analyst may investigate unintegrated peaks to guide testing decisions; however, this comparison may be used for identification. The significance of m/z values – presence, absence, and abundance – is considered. No prominent ions should be missing from the unknown (evidence) spectrum. For a mass spectral analysis to be considered acceptable, the main ions and the presence or absence of a 'molecular ion' must agree between the unknown and standard spectra. Due caution will be made when a library search results in different compounds with similar mass spectra (see [Additional Considerations](#)).

If GC/MS data are rejected, the reason for the rejection will be recorded in the notes. The data will be saved in the case file in addition to the accepted data.

### GC/Discover Sequence Table

Refer to the [Seized Drug Instrumental Working Instructions](#) for information on location of sequences and data files.

For case samples, the case number and item number of the sample being tested will appear on the data. Negative controls will also indicate "blank". When drug standards are analyzed, the standard name and control number will appear on the data.

### GC/Discover Analysis

Each analyst is responsible for ensuring that the instrument has passed all quality assurance requirements before analyzing case samples. Samples will be analyzed using the ScreenS10 or ScreenS5 methods unless otherwise noted in the case.

A negative control will be analyzed directly prior to each case sample. The sample is deposited over the same track as the negative control to demonstrate that the track was clean prior to sample deposition. A negative control is prepared in the

same manner (including evaporative concentration, if applicable) as the sample and on the same day. Due to the additive effect of overdepositing and limitations of detector range, use of internal standard in the final extraction solvent is not recommended. When multiple case samples are prepared in the same manner and on the same day, the same negative control may be used.

NOTE: The GC/DiscovIR instrument is not used for retention time comparison.

Reports from each sample acquisition are electronically printed to a folder on the instrument computer. These files are transferred to their appropriate case files in the LIMS.

The case file will include the blank and sample data along with any library or standard spectra used for identification. If GC/DiscovIR sample data are rejected, the reason will be recorded in the notes. The spectra will be saved in the case file in addition to the accepted data.

### GC/DiscovIR Acceptability Criteria

#### *Negative Controls*

The negative control injected with a GC/DiscovIR sample demonstrates no gross contamination of injection solvent or the disk; however, some small peaks may be present due to the GC septum, GC column, injection solvent, water vapor in the detector, or other factors. The GC/DiscovIR is a confirmatory analysis and not a screening analysis; therefore, non-analyte peaks in the negative control do not impact the infrared spectrum of the analyte and do not require notation.

If the analyst has reason to believe that carryover is occurring, troubleshooting will be performed. Troubleshooting will be documented in the instrument maintenance log in SharePoint.

#### *Use of Internal Standard*

When solvent with internal standard is used, an IR spectrum and library match will appear on the report. The internal standard absorbance is expected to be higher in the sample due to overdepositing, although this may not be obvious on the instrument printout due to scaling.

#### *Library Comparisons*

The infrared spectrum of each sample is visually compared with that of a known standard or reputable library in addition to the comparison performed in the software. The significance of absorbance band peaks – presence, absence, and relative intensity – is considered. No prominent absorbance bands should be missing from the evidence spectrum. For an infrared spectral analysis to be

considered acceptable, the main absorbance bands and the “fingerprint region” (from about 1500 to 500  $\text{cm}^{-1}$ ) must agree between the unknown and standard spectra. Due caution will be made when a library search results in different compounds with similar infrared spectra (see [Additional Considerations](#) section).

### FTIR Analysis

Each analyst is responsible for ensuring the instrument has passed all quality assurance procedures prior to analysis. A negative control (blank ATR crystal) will be analyzed directly prior to each case sample.

If interfering substances are suspected (a mixture), extract the sample using any extraction which successfully isolates the substance of interest (see [Extraction Protocols](#)). Use caution to prevent conversion between base and salt forms when this is an issue.

The case file will include the blank and sample spectra along with any library or standard spectra used for identification. If FTIR sample data is rejected, the reason for the rejection will be recorded in the notes. The spectra will be saved in the case file in addition to the accepted data.

### FTIR Acceptability Criteria

The infrared spectrum of each sample is visually compared with that of a known standard or reputable library. The significance of absorbance band peaks – presence, absence, and relative intensity – is considered. No prominent absorbance bands should be missing from the evidence spectrum. For an infrared spectral analysis to be considered acceptable, the main absorbance bands and the “fingerprint region” (from about 1500 to 500  $\text{cm}^{-1}$ ) must agree between the unknown and standard spectra. Due caution will be made when a library search results in different compounds with very similar infrared spectra (see [Additional Considerations](#)).

### Reagents and Chemicals

#### Definition and Quality Requirements

Purchased chemicals are used for reagent and working standard preparation, sample extraction, and cleaning. Examples of purchased chemicals are solvents, acids and bases, and dry/solid chemicals. Purchased chemicals used for casework (including reagent preparation) will be ACS-grade or better. Refer to

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[Standards, Training Material, and Reference](#) Materials for additional requirements for the quality of drug standards.

### Storage Conditions and Expiration Dates

Chemical manufacturers specify the storage conditions of chemicals. Chemicals should be stored according to the manufacturer storage conditions, including consideration of chemical hazards (e.g. no storage of oxidizers with flammables, organics, etc.). Refer to the [Health and Safety Manual](#) for more information.

NOTE: Common oxidizers include Nitrites (e.g. Nitric acid), Peroxides (e.g. Hydrogen peroxide), Perchlorates (e.g. Perchloric acid), Permanganates (e.g. Potassium permanganate)

Chemical manufacturers may print expiration or retest dates (see Abbreviations and Definitions) on chemical containers. A chemical should not be used for casework beyond the manufacturer expiration date. Additionally, reagents may not have an expiration date later than that of the earliest component expiration date.

Example: A reagent is prepared that typically has a 1-year expiration. The solvent used expires in 8 months. The prepared reagent must also expire in 8 months.

When a chemical expires or reaches the retest date, the chemical manufacturer may be contacted to determine if the expiration date has been extended. If this is the case, the updated expiration date will be written or printed on the chemical container(s) along with the analyst initials and date.

If a chemical manufacturer has not provided a retest or expiration date on the chemical container or documentation, an expiration date will be assigned by the laboratory according to the nature of the material. This expiration date will be written or printed onto the chemical container(s) along with the analyst initials and date. General guidelines are:

Liquid acids/bases: 2 years from date received

Organic solvents: 2 years from date received

Solid acids/bases: 5 years from date received

Other solid chemicals: 10 years from date received

Other liquid chemicals: 5 years from date received

### Labeling Requirements

Purchased chemicals will be labeled when received with date received and initials of receiver. The receiver will ensure that the manufacturer expiration date, if provided, appears on each container of the chemical. If no manufacturer expiration



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date is available, the laboratory will assign one according to [Storage Conditions and Expiration Dates](#) and apply it to each container of the chemical. When a chemical container is opened, it will be labeled with the date opened and initials of opener.

At a minimum, containers of prepared reagents will be labeled with the reagent's identity, assigned lot number, hazard labels, and the expiration date.

### Prepared Reagent Documentation

Each prepared reagent will be documented on the [Reagent Preparation Form](#) and assigned a unique lot number for tracking purposes. The lot number format is MMDDYY (the date of preparation) followed by the preparer's initials. Reagents that expire on the same day they are prepared do not require a Reagent Preparation Form. The preparation of these reagents will be documented in the notes for the case(s) in which the reagent was used.

The [Reagent Preparation Form](#) will include:

- Reagent name and quantity made
- Date prepared and initials of preparer
- Ingredients
  - Chemical names
  - Lot numbers
  - Expiration dates
- Response to verification check and lot numbers of positive control
- Storage conditions and reagent expiration date
- Initials of person verifying the reagent (may be the same as preparer or another Seized Drug analyst)

The verifier will initial the [Reagent Preparation Form](#) to certify that the reagent performed as expected. For reagents not requiring a Reagent Preparation Form, the verification will be documented in the case notes.

Instrumental data used to verify a prepared reagent will be stored with the Reagent Preparation Form. The form will be stored in the Reagent Log Book until digitally archived.

### Use of Commercially-Prepared Kits

Commercially prepared test kits may be used in place of laboratory prepared reagents. Manufacturer's supplied instructions will be followed. The lot number of the test kit will be recorded in the case notes. A positive and negative control will be used each day a commercially prepared kit is used. The lot number of the

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positive control must be recorded in the notes in addition to the test results. All three test kits used (positive control, negative control, and sample) will come from the same lot.

### Re-Verifying Prepared Reagents

All the following reagents except for the Marquis reagent, Weber reagent, Borate Buffer, and Internal Standard Injection Solvents will be re-verified each month using the [Reagent Check Form](#). The forms will be stored in the Reagent Log Book until digitally archived.

The [Reagent Check Form](#) will include

- Reagent name
- Date of reagent check
- Lot number of reagent
- Response to verification check and lot number of positive control
- Initials of person checking reagent

The expiration dates for reagents with expiration dates >1 month will be tracked in the Reagent Log Book. During monthly verifications, analysts will re-prepare any reagent with an expiration date falling before the next monthly verification.

### Documentation of Removal

The date on which a prepared reagent was removed from use will be documented on its [Reagent Preparation Form](#).

### Digitally Archiving Reagent Records

On an annual basis, hardcopies of Reagent Preparation Forms, Reagent Check Forms, and any associated instrumental data that was generated during the previous year will be scanned and placed in SharePoint. After ensuring that these scanned records are legible and complete, the hardcopies will be destroyed.

### Reagent Recipes and Verification Procedures

The following are commonly used reagents; however, other reagents may be used if they have been shown to be acceptable by the forensic scientific community (e.g., *Clarke's Analysis of Drugs and Poisons*) and perform as expected with positive and negative controls. Recipes may be scaled as needed.

### Internal Standard Injection Solvent

Ingredients:           0.5 mg/mL tetradecane in GC injection solvent

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Verification: GC/MS has one integrated peak with the mass spectrum of tetradecane.

Storage Conditions: Room Temperature

Expiration: 2 years

### Borate Buffer

Ingredients: 5.4 g NaOH and 20 g boric acid in 500 mL deionized water.

Verification: pH checked with pH paper (between 9 and 10)

Storage Conditions: Room Temperature

Expiration: 1 year

### Marquis Reagent

Ingredients: 20 mL concentrated sulfuric acid, 20 drops formaldehyde (37%)

Verification: Positive (guaifenesin – purple OR methamphetamine – orange), negative (blank spot plate)

Storage Conditions: Room Temperature

Expiration: 1 month

### Weber Reagent

Ingredients: Solution A: Add ~10 mg of Fast Blue B Salt [o-Dianisidine bis(diazotized) zinc double salt] to approx. 2 mL deionized water. The solution will have a faint straw color.

Solution B: Concentrated HCl

Verification: Positive (psilocin – red with Solution A, blue with solution B), negative (blank spot plate)

Storage Conditions: None (single day use)

Expiration: 1 day

### Duquenois-Levine

Ingredients: Solution A: Add 2.5 mL of acetaldehyde and 2 g of vanillin to 100 mL of ethanol

Solution B: Concentrated HCl

Solution C: Dichloromethane

Verification: Positive (cannabinoids – blue-violet, blue-violet extracts into lower layer), negative (blank spot plate or test tube)

Storage Conditions: Solution A – Refrigerated

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Expiration: Solutions B and C – Room Temperature  
1 year

## Standards, Training Material, and Reference Materials

### Definitions and Scopes of Use

#### Primary Standards

##### Definition

Compounds whose origin and composition are known and documented. This is typically expressed as: compound name, name of manufacturing organization, lot or batch number, and date received. Primary standards are preferentially purchased from ISO Guide 34 suppliers. Refer to the [Quality Assurance Manual](#) Purchasing Procedure for details. Primary standards may be a pure (neat) compound, a solution of a pure compound, or a mixture of compounds (e.g., QC Mixture). All primary standards are verified by GC/MS, GC/IR, or FTIR prior to use in casework.

NOTE: Quantitative cannabinoid standards used for THC quantitation may be verified with HPLC-DAD instead of GC/MS or another method. Refer to the THC and THCA Quantitation Procedure Manual.

##### Maintenance

Primary standards are secured within the chemistry laboratory. They are stored in a locked cabinet, refrigerator, or freezer (as appropriate) in the Standards/Chemical Prep Room #2116. Opening the locked cabinets requires sequential key card swipes from two approved individuals. Keys to the refrigerator and freezer are in one of the locked cabinets. Both individuals must remain in the room until tasks are complete, refrigerator/freezer keys are placed back into the cabinet, and the storage locations are locked.

Receipt of standards is logged in the Primary Drug Standards Logbook along with the Certificate of Analysis (CofA; if available) and the lab-generated confirmation data. See [Standard and Reference Material Control](#) for the procedure.

##### Use

Primary standards may be utilized as reference standards in research, development, and validation of methods, training, quality control of critical reagents, retention time comparison, and for quantitative and qualitative analysis of casework. Primary standards may be used in instrumental analysis to generate spectra, which may be used for comparison with case

sample-generated spectra or to build user-defined libraries. Primary standards may be used to prepare [Working Standards](#).

### Secondary Standards

#### Definition

Compounds whose origin and composition are not documented but exist in the Seized Drug discipline as a result of removal from analyzed cases by present or previously employed analysts, from pharmacies, or other sources of a similar nature. All secondary standards are verified by GC/MS, GC/IR, or FTIR prior to use in casework.

#### Maintenance

Secondary standards are secured in the same fashion as primary standards. These standards are logged in the Secondary Drug Standards Logbook along with the lab-generated confirmation data. See [Standard and Reference Material Control](#) for the procedure.

#### Use

Secondary Standards may be utilized for quality control of reagents, research where purity is not crucial, and training. These compounds may be used for direct comparisons with case samples for qualitative analysis once their identity is verified by GC/MS, GC/IR, or FTIR analysis and compared to a literature reference, primary standard, or approved library database.

### Working Standards

#### Definition

Dilute solutions of primary standards.

#### Maintenance

Working standards are secured within the chemistry laboratory. The stock solution of each working standard is stored in the refrigerator in the Chemistry laboratory Room #2118. Subsequent vials may be filled from the stock solution and are stored in the chemistry laboratory. See [Standard and Reference Material Control](#) for the procedure.

#### Use

See [Primary Standards](#) uses.

### Training Materials

#### Definition

Training materials are substances that are derived from expired primary standards, acquired from police agencies, or other sources of similar nature. Training materials are sufficiently verified to meet the needs of training.

#### Maintenance

These compounds are secured in the same fashion as primary standards.

A log of all training materials is kept in the Training Material Logbook along with information on the source of the materials and any confirmation data. For more information on receipt and tracking procedures for training materials see Training Material Control.

#### Use

Training materials are used for training, competency/proficiency tests and displays/demonstrations only.

### Laboratory-Established Reference Material (LERM)

#### Definition

These are materials whose identity and/or composition is determined through third-party laboratory testing. An example of this process is obtaining quantitative THC testing of a plant material sample to establish this sample as a matrix-matched reference material.

#### Maintenance

LERMs are secured in the same fashion as primary standards.

A log of all LERMs is kept in the LERM Logbook along with the third-party laboratory testing report. See Standard Control for the procedure.

#### Use

LERMs may be utilized as reference materials in research, development, and validation of methods, training, and matrix-matched quality control samples in casework when purchased primary standards are not available. When purchased primary standards are available, this material is preferable to Laboratory-Established Reference Material.

### Standard and Reference Material Control

#### Traceability

Standards and reference materials will be tracked using a laboratory designated unique identifier. Standard identifiers will include a Control Number and a two-letter designation. Examples: 1-AE, 45-AA, 102-BR. Laboratory-established reference materials (LERM) will also include a Control Number with a two-letter designation with a further suffix of -LERM. Example: 125-AC-LERM or 247-LERM, depending on whether the source material had a two-letter designation at the time of conversion into a LERM.

Any container that contains any amount of substance removed from a primary standard, secondary standard, or LERM will be labeled with the laboratory designated unique identifier.

The list of Control Numbers is maintained by the Standards Maintenance Officer. It is located on the laboratory's SharePoint document library.

When new compounds are obtained by the laboratory, the list of Control Numbers will be updated.

Compounds will not change Control Numbers once assigned by the laboratory.

Each new container of a compound will be assigned a two-letter designation that will follow, in alphabetical order, that of the most recent container on hand. Example: A standard container of heroin designated AA is consumed. A new container of heroin is received and designated AB.

The first time a compound is received at the laboratory, the first container will be designated AA.

If more than one container of a compound is received at one time, each container will be given a different two letter designation in alphabetical order. Example: A standard container of heroin designated AA is consumed. Three new containers of heroin are received and designated AB, AC, and AD.

Refer to the laboratory's Health and Safety Manual for chemical receiving procedures when receiving a drug standard.



### Primary Standards

#### Receipt of a New Primary Standard

Compare the standard container(s) to the received paperwork (e.g. packing slip) to ensure the correct product(s) has been received. If any standard container does not match what was ordered, contact the standard manufacturer as soon as possible.

Initial and date the original standard container(s) upon receipt. If multiple containers of the same compound are received, designate each container with the appropriate two-letter designation.

Complete the [Drug Standard Control Form](#) including an initial weight (weight for solid standards only, see

[Standards, Training Material, and Reference Materials](#)). Determine the standard expiration date from the manufacturer information or laboratory policy and record this information on the control form also.

Place the original standard container(s) in the appropriate box (alphabetically according to the common compound name) in the locked cabinet, refrigerator, or freezer depending on the specific storage conditions.

Example: The common name for diacetylmorphine is heroin; this drug standard will be in the "H" box.

Add the completed Drug Standard Control Form and a copy of the packing slip to the Primary Drug Standard Logbook in alphabetical order according to the common compound name as in the above example.

### Quality Assurance

If available, attach the Certificate of Analysis, or equivalent, to the Drug Standard Control Form.

The standard must be confirmed by GC/MS. FTIR will also be used when the standard is known to undergo conversion when heated to GC inlet temperatures. The hard copy will be labeled with the respective laboratory-designated unique identifier and the initials of the verifying analyst.

Attach the TIC/Mass spectrum or IR spectrum to the respective Drug Standard Control Form. Confirmation is not required immediately upon receipt of the standard; however, it must be performed prior to the first use of the standard for casework. Only one container per lot number needs to be confirmed. Only one container per lot number should be open at one time.

### Portion Control

Primary Standards will be kept under the original manufacturer's seal until opened to portion a sample for testing purposes. The standard will be checked in with an initial weight that includes seals.

All primary standards, except DEA Exempt standards, will be weighed on a calibrated analytical balance both before and after they are portioned for testing purposes. The weight will be recorded on the Drug Standard Control Form. This process will be witnessed by a second person within the Forensic Chemistry Discipline. A top loader balance may be used for standards too heavy or large to be weighed on the analytical balance.

Gross weights will be recorded. The gross weight will include the container with labels, lid, and contents. The initial weight taken when a container is being verified will be done after the manufacturer's seals are removed, to provide uniformity for subsequent sampling weights.

### Depletion/Expiration of Primary Standards

When a primary standard has been depleted or expires, the corresponding Drug Standard Control Form will be retrieved, initialed, and dated to record when this occurred. The container itself (including remaining material) may be discarded once the control form reflects that the standard has been removed from service.

The Drug Standard Control Form, with all attachments, will be removed and placed in the Archived Drug Standard Logbook.

If there are multiple original containers of the same primary standard, the Drug Standard Control Form will not be archived until all containers listed on the form are disposed of.

## Secondary Standards

### Receipt of a New Secondary Standard

Initial and date the original standard container(s) upon receipt. If multiple containers of the same compound are received, designate each container with the appropriate two-letter designation.

Complete the Drug Standard Control Form including an initial weight (weight for solid standards only, see Portion Control). Determine the standard expiration date from the manufacturer information or laboratory policy and record this information on the control form also.

Place the original standard container(s) in the appropriate box (alphabetically according to the common compound name) in the locked cabinet, refrigerator, or freezer depending on the specific storage conditions.

Add the completed Drug Standard Control Form and a copy of the packing slip to the Secondary Drug Standard Logbook in alphabetical order according to the common compound name as in the above example.

### Portion Control

All secondary standards will be weighed on a calibrated analytical balance both before and after they are portioned for testing purposes. The weight

will be recorded on the Drug Standard Control Form. This process will be witnessed by a second person within the Forensic Chemistry Discipline. A top loader balance may be used for standards too large to weigh on the analytical balance.

Gross weights will be recorded. The gross weight will include the container with labels, cap, and contents. The initial weight will be taken when the container is acquired/created.

### Depletion of Secondary Standards

When a secondary standard has been depleted, the corresponding Drug Standard Control Form will be retrieved, initialed, and dated to record when this occurred. The container itself (including remaining material) may be discarded once the control form reflects that the standard has been removed from service.

The Drug Standard Control Form, with all attachments, will be removed and placed in the Archived Drug Standard Logbook.

If there are multiple original containers of the same secondary standard, the Drug Standard Control Form will not be archived until all containers listed on the form are depleted.

## Working Standards

### Creation of a New Working Standard

Working standards are prepared as needed.

Prepare an appropriate size vial with the following information: compound name, control number, two letter designation of the original standard container, preparation date (MM/DD/YY), expiration date (MM/DD/YY), and initials of the preparer.

Working standards expire at the same time as the corresponding primary standard. This information may be found on the corresponding Drug Standard Control Form. If a working standard contains more than one component, the expiration date must be no later than the earliest expiration date of the components. Example: If a working standard has 2 components, one of which expires in 8 months and the other in 1 year, the working standard must also expire in 8 months.

Prepare a standard solution (~ 1 mg/mL) using an appropriate solvent. Working standard solutions are not quantitative.

### Quality Assurance

Working standards must be able to be traced back to the original standard container(s) they were prepared from.

### Portion Control

Approved personnel may portion from a working standard as needed. No weight or witness is necessary.

### Depletion of Working Standard

When a working standard has been depleted, the vial will be discarded.

## Laboratory-Established Reference Material (LERM)

### Receipt of a New LERM

When it is determined that an LERM is needed to support testing, determine the appropriate matrix-matched material needed. Material may be obtained through transfer from law enforcement or purchased from an appropriate supplier. Materials considered expired by the manufacturer are not valid to be converted to a LERM.

The material is accepted and tracked as a Training Material using the existing procedure and controlled forms until such a time as third-party testing establishes it as a LERM.

Determine the critical testing parameters and appropriate testing facility to establish one or more critical attributes of the sample. Examples include but are not limited to:

- Identities of the components of an unknown substance
- Quantitative values such as %w/w THC, THCA, CBD, CBDA, moisture content, etc.

Preference is given to ISO 17025-accredited testing laboratories and the laboratory selection process will verify that the laboratory scope of testing includes the critical attributes of the LERM.

Factors to consider when selecting third party testing facilities should include:

- Accreditation status (preference is given to ISO 17025-accredited testing laboratories)

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- The laboratory scope of testing covers the critical attributes to be established and they are reported in an acceptable format (e.g. the reported units)
- Required sample submission quantity and testing methods
- Testing cost and expected turnaround time

Documentation of relevant factors considered should be included on the Vendor Approval Form for the third-party laboratory.

When testing is completed, obtain and review the testing report. If the report is satisfactory, proceed to assigning an LERM control number and completing the LERM Control Form. If the report is not satisfactory for any reason, consult with the Chemistry Supervisor or Technical Lead and the third-party laboratory to determine the next course of action.

### Quality Assurance

Attach the third-party testing laboratory report to the LERM Control Form. No additional laboratory confirmation is required once the testing report is determined to be satisfactory.

### Portion Control

All LERMs will be weighed on a calibrated analytical balance both before and after they are portioned for testing purposes. The weight will be recorded on the LERM Control Form. This process will be witnessed by a second person within the Forensic Chemistry Discipline. A top loader balance may be used for LERMs too large to weigh on the analytical balance.

Gross weights will be recorded. The gross weight will include the container with labels, cap, and contents. The initial weight will be taken when the container is acquired/created.

### Depletion of LERMs

When a LERM has been depleted, the corresponding LERM Control Form will be retrieved, initialed, and dated to record when this occurred. The container itself may be discarded once the control form reflects that the LERM has been removed from service.

The LERM Control Form, with all attachments, will be removed and placed in the Archived Drug Standard Logbook.

If there are multiple original containers of the same LERM, the LERM Control Form will not be archived until all containers listed on the form are depleted.

### Drug Standard or Reference Material Breakdown/Degradation

#### Scope

These requirements apply to primary, secondary, and working standards, as well as laboratory-established reference materials.

#### Detecting Breakdown/Degradation

Factors that may indicate a standard or reference material is experiencing breakdown/degradation include not having the expected result on a color test, observing extraneous peaks when analyzing a working standard on GC/MS, or a matrix-matched control not meeting method specifications.

#### Procedure

If breakdown/degradation of a working standard is suspected, the standard data may be compared to the confirmation data of the same lot of standard material to determine if extraneous peaks were present in the original data. This information can be found in the appropriate standard logbook or electronic archive. If the same peaks were present in the confirmation data, the working standard may still be acceptable for use if the peaks do not interfere with the analysis (e.g., multiple peaks within the retention time window). If the same peaks are not present in the confirmation data, a new working standard may be prepared from the primary or secondary standard (if available) and the original working standard will be discarded. If the new working standard also demonstrates extraneous peaks, they may be the result of breakdown/degradation in the primary or secondary standard. The Technical Lead may be consulted to determine if the primary or secondary standard should be disposed also.

If breakdown/degradation of a primary or secondary standard is suspected as the result of a color test or FTIR, attempt to reproduce the result on a different sample of the drug standard. If the repeat analysis also demonstrates an incorrect result, contact the Technical Lead to determine if the primary or secondary standard should be disposed.

Breakdown/degradation supersedes any manufacturer or laboratory-applied expiration date.

### Drug Standard Expiration and Retest Dates

#### Scope

These requirements apply to primary standards and working standards.

#### Expiration and Retest Dates

Some drug standards have expiration or retest dates provided by the manufacturer. If these dates are present, they supersede any other expiration dates listed in this manual.

An expiration date generally means that the manufacturer recommends that the standard be disposed after this date. A retest date generally means that the manufacturer recommends retesting the material after this date or determine if it still meets quality requirements. In some cases, the manufacturer will perform this testing themselves. In other cases, the retest date represents a recommendation to the purchaser to perform this testing themselves. In the case of manufacturer retesting, the manufacturer may extend the expiration or retest date of the standard if quality requirements are met.

If no manufacturer expiration or retest dates are provided, an expiration date will be assigned by the laboratory according to the following guide:

Liquid standards: 5 years from the date received

Solid standards: 10 years from the date received

A working standard expires at the same time as the corresponding primary standard. If a working standard contains more than one component, the expiration date must be no later than the earliest expiration date of the components.

Primary standards expire on their manufacturer expiration or retest date unless a new expiration date has been assigned by the manufacturer. If a primary standard has a laboratory-assigned expiration date, it expires on that date.

### Training Material Control

#### Acquisition

Training materials can be acquired from expired primary standards, over-the-counter purchases, or police agencies. The discipline supervisor must



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approve acquisition of new training materials. Written documentation of this approval must be attached to the Training Material Acquisition Form.

Training materials will have a completed Training Material Acquisition Form that documents all items being received, signatures of the two chemistry staff members receiving the materials, and signatures of two representatives from the source providing the material.

Completed Training Material Acquisition Form and approvals are scanned and stored in a folder on the Laboratory's SharePoint document library.

### Training Material Control Numbers

Training Materials will be assigned a unique laboratory identifier for tracking purposes. The format for the unique identifier is PREFIX-Sequential Identifier.

The prefix is assigned based on the primary drug component in the sample or, in the case of non-controlled mimics, the class will be assigned based on the drug being mimicked. Since the purpose of the training materials is primarily for use with the Seized Drug Training Program, substances that fit within multiple drug categories should be assigned based on how the drugs are classified in the Training Program. Prefixes used by the laboratory are:

<b>Prefix</b>	<b>Category</b>
AN	Anesthetics
DEP	Depressants
HAL	Hallucinogen
MJ	Marijuana
NCS	Non-Controlled Substances
NPS	New Psychoactive Substance
OP	Opiates
STR	Steroids
STIM	Stimulants

Example: When a second packet of anesthetic material such as cocaine is added to the inventory, the laboratory identifier would be AN-002 (AN for anesthetics and 002 for the second anesthetics material in the inventory).

The list of Training Material control numbers is maintained by the Standards Maintenance Officer. It is located on the laboratory's SharePoint document library.

Each packet of Training Material will be labeled with its training material control number.

### Portion Control

When Training Materials are received at the laboratory, a Training Material Control Form will be filled out for each packet of new material. If multiple small bags of the same material from the same source are received, these may be combined upon receipt to make one packet of material.

The Training Material Control Form includes the training material control number, date of receipt, an initial gross weight on a calibrated analytical balance (count may be used for tablets or other items if appropriate), identifying information about the material, and the initials of the two analysts checking in the material.

The Training Material Control Form is also used to document portioning of training materials for use. Prior to taking a sample, the analyst will take an initial weight (or count if appropriate) of the package on a calibrated analytical balance. (A top loading balance can be used if packets are too large or heavy to be weighed on the analytical balance.) The portion is removed, and a final gross weight is recorded along with the reason the portion was removed. The entire process must be witnessed by a second person who initials alongside the preparer. The Training Material Control Form is kept in the Training Material Logbook.

Gross weights are recorded. The gross weight will include the container with labels, lid, and contents.

All training materials are audited annually, and a copy of the audit provided to the discipline supervisor.

### Quality Assurance

Any information about the origin and composition of the material should be kept with the Training Material Control Form.

Since training materials can be used for several different purposes, it is up to the user to determine what testing is necessary for confirmation of composition for their intended use. Any confirmatory testing should be included in the Training Material Logbook with the corresponding Training Material Control Form.

### Depletion of Training Materials

When a training material has been depleted or is too degraded to continue using, the corresponding Training Material Control Form will be retrieved, initialed, and dated to record when the package was depleted or disposed.

The completed Training Material Control Form, with all its attachments, will be removed from the current Training Material Logbook and placed in the Archived Training Material Logbook.

### Logbooks and Contents

The Drug Standard Logbooks are to be stored in the chemistry laboratory. Each respective logbook will contain the following:

- A [Drug Standard Control Form](#) for each Primary and Secondary Standard in the inventory.
- A Laboratory-Established Reference Material Control Form for each LERM
- The quality assurance or third-party testing data for each Primary, Secondary Standard, and LERM in the inventory attached to its respective control form and a Certificate of Analysis, if available.
- For Primary and Secondary Standards, a copy of the packing slip from when the drugs standard was received.

The Archived Drug Standard Logbook is to be stored in the chemistry laboratory. It will contain a Drug Standard Control Form, including attachments, for each standard (primary or secondary) that has been depleted, expired, or removed from the inventory but is not yet scanned into the electronic archive.

### Electronic Archive

Folders containing scans of archived drug standard and training material control packets are located on the laboratory's SharePoint document library.

At the completion of the annual standard and training material audit (see [Drug Standard Security](#)), items in the Archived Drug Standard and Training Material Logbooks will be scanned individually and transferred to the electronic archive.

### Drug Standard Security

#### DEA Registration

The Alaska Scientific Crime Detection Laboratory will maintain a current DEA license for the purchase of controlled substances. A copy of the current DEA license will be kept by the discipline supervisor. The discipline supervisor will

also maintain the laboratory records for purchases of federal Schedule I and II substances (in compliance with DEA Form-222). The laboratory Chief is responsible for assuring that drug standards maintained on the premises are secure.

### Drug Standard and Training Material Access

Access to primary standards, secondary standards, and training materials is restricted to the Forensic Chemistry Discipline members and the Forensic Laboratory Chief. An official memo is submitted at least annually but updated as appropriate to the Quality Assurance Manager and the Forensic Laboratory Chief. This memo will list by name the individuals with access to the inventory. A folder containing these access memos is located on the laboratory's SharePoint document library.

If storage of any primary standards, secondary standards, or training materials is to deviate from the previous mentioned locations, this must be approved by the discipline supervisor.

Locked standard and training material locations will be accessed only by approved personnel and only in the presence of a witness.

### Drug Standard and Training Material Audit

An audit of all primary standards, secondary standards, working standards, and training materials will occur annually, no later than September 1<sup>st</sup>. An official memo will be written by the discipline supervisor to the Quality Assurance Manager and the Forensic Laboratory Chief indicating that this audit was completed.

The audit will account for all primary standards, secondary standards, working standards, and training materials within the laboratory and will include a yearly gross weight (or count when appropriate; working standards are not weighed) for each standard/material.

Any expired primary and/or working standards will be removed from the inventory during the annual audit. Before removal, it should be verified that the primary standard's expiration date wasn't extended by the manufacturer. If the date was extended, the standard's updated certificate of analysis will be placed in the drug standard control packet instead of removing the standard from the inventory. Secondary standards and training materials have no expiration requirements.

Folders containing annual audit memos are located on the laboratory's SharePoint document library.

### Presumptive Tests

#### Color Tests

Color tests (also known as spot tests) are non-specific and presumptive in nature. The following color tests are commonly used:

#### Marquis Test

Place Marquis Reagent in a clean, white spot plate or new test tube along with the sample. Observe and record any color change.

#### *Common Responses:*

Violet/Purple	Heroin, Guaifenesin, Buprenorphine
Gray to Violet-black	MDA & MDMA
Orange to Brown	Amphetamine/Methamphetamine & Phentermine
Slow Pink to Rose	Aspirin
Yellow	3,4-methylenedioxymethcathinone & Diphenhydramine
Purple	2,3-methylenedioxymethcathinone

#### Weber Test

Add a mushroom sample (or alcohol extract) to a clean spot plate. Analyze a psilocyn standard or a known psilocyn-containing mushroom fragment in a separate well. Add Weber Solution A and look for a red color. Then add one drop of Weber Solution B. A blue color indicates psilocyn. The solution will not turn blue with psilocybin or bufotenine.

#### Duquenois-Levine Test

Add 1 volume of Duquenois-Levine Solution A to the sample and shake. Then add 1 volume of Solution B. Agitate and observe color produced. A blue-violet color will develop with cannabinoids.

If no blue-violet color is observed, there is no need to continue with the final step.

Add Solution C and note whether the blue-violet color is extracted into the bottom layer. If positive for cannabinoids, a blue-violet color will be extracted into the lower layer.

### Physical Identification of Pharmaceuticals

Pharmaceutical preparations may be presumptively identified using a literature reference based on dosage unit, form, shape, color, and/or manufacturer's markings/imprints. Literature reference of pharmaceuticals is appropriate when:

1. Physical identification is done as a secondary test to chemical analysis when an absolute identification is required, or
2. When a pharmaceutical preparation is not selected for analysis to document the reason the item was triaged.

The following are accepted references for the physical identification of pharmaceuticals:

- Physician's Desk Reference (PDR)<sup>™</sup>, Medical Economics
- Drug Identification Bible<sup>™</sup>, Amara-Chem, Inc.
- Manufacturer sealed and marked products (e.g., blister packs, sublingual film packaging, etc.)
- Online resources such as government and manufacturer websites, Pharmer.org, Drugs.com, RxList.com
  - Printed documentation of the reference must be included in the case notes when using a website as a reference. For example, a PDF printout or screenshot of the webpage. The website URL must be noted.

### Botanical Identification of Plant Material (Cannabis Only)

Observe sample under stereomicroscope.

The minimum criteria for a positive microscopic examination of suspected Cannabis are cystolithic hairs and clothing hairs on opposite sides of the same leaf.

### Thermo Scientific "TruNarc" Analyzer

The TruNarc analyzer is a handheld 785-nm Raman spectrometer. The Seized Drug discipline uses it for presumptive analysis of suspected drug substances.

#### Maintenance

There are no user-serviceable components inside the TruNarc analyzer. All service operations must be performed by Thermo Fisher Scientific or an authorized service agent of Thermo Fisher Scientific.

Periodically, the TruNarc analyzer should be cleared of test records and updated using the associated computer software. Test results are contemporaneously

recorded into each case for which it is used; therefore, the clearing of test records does not impact the validity of testing.

### Quality Assurance

The Self Check is a diagnostic test that verifies that the analyzer is operating according to its factory settings. On the first working day of the week, a Self-Check must be performed (with a passing result) before the TruNarc can be used for casework.

Note: A Self Check at the start and end of every work shift, as recommended in the manufacturer's user guide, is not required. This is because the instrument is only being used for presumptive analyses that are performed in a laboratory setting.

During the Self Check, the TruNarc analyzer scans the Self Check standard (polystyrene) that is attached to the nose cone.

Results of all Self Checks will be documented on the TruNarc Self Check Form. If a TruNarc repeatedly gives a failed result, it will be taken out of service until the issue can be resolved. The TruNarc Self Check form will be periodically scanned and archived on the laboratory's SharePoint document library ([Digitally Archiving Instrument Records](#)).

### Analysis

Procedure for TruNarc analysis:

- Turn on the TruNarc analyzer and activate the laser. Select **Scan** in the Welcome screen.
- Select **Scan** in the Scan Ready Screen. The scan will begin immediately. The laser light glows when the laser is active.
- When the scan finishes, the laser indicator light turns off, and the instrument begins analyzing the data. The sample can now be moved away from the analyzer. When the analysis step finishes, the analyzer displays a result screen.

Record which TruNarc was used, any sample preparation, and the displayed result in the case notes. If the operator aborts the scan prior to the 90 second timeout feature, the result will be recorded as "Aborted".

### Extraction Protocols

Many drug samples are mixtures or contain excipient material requiring the compound of interest to be separated from a matrix before subjecting the sample to further analysis. Information on solubility and physical properties can be found in *Clarke's Isolation and Identification of Drugs and Poisons* or other appropriate references. The choice of an organic solvent is dependent upon the drug to be extracted and the preference of the analyst.

GC injection solvents used for case samples and their respective negative controls will contain an internal standard (typically tetradecane at ~0.5 mg/mL).

#### Residue Collection

- Paraphernalia with visible residue may be:
  - Swabbed with a cotton-tipped applicator and treated with an extraction listed below
  - Scraped and extracted appropriately
- If the swab method is chosen, a negative control must be prepared using a clean swab at the same time.

#### General Extractions

- Dry Extraction
  - Place a portion of the sample in a disposable test tube
  - Add a solvent that dissolves the drug of interest
  - Vortex or shake
  - If necessary, decant or filter to separate the solvent and discard any insoluble material
- Liquid/Liquid Extraction
  - Basic extraction
    - Place a portion of the sample in a disposable test tube
    - Dissolve the sample in borate buffer (or other suitable basic solution)
    - Add appropriate solvent
    - Vortex or shake
  - Acid extraction
    - Place a portion of the sample in a disposable test tube
    - Dissolve the sample in suitable acid
    - Add appropriate solvent
    - Vortex or shake



- Acid/base extractions (back extractions)
  - Place a portion of the sample in a disposable test tube
  - Dissolve sample as described in the acid extraction above
  - Add an appropriate organic solvent without internal standard
  - Vortex or shake to separate layers and discard organic layer
  - Adjust pH of acidic aqueous layer to make basic
  - Add appropriate solvent
  - Vortex or shake

### Other Extractions Available (Not exhaustive)

- Food Products with Suspected THC (for qualitative identification)
  - Place a portion of sample in a disposable test tube
  - Add hexanes
  - Vortex or centrifuge
  - Transfer hexanes to a new disposable test tube
  - Extract with 0.5N NaOH (methanolic solution)
  - Resulting layers:
    - Top hexanes layer – Discard
    - Basic methanolic layer – THC, if present
  - Wash basic methanolic layer with three aliquots of hexanes
  - Acidify using 1N HCl to pH 1-2
  - Extract with hexanes
  - Vortex or shake
  - Resulting layers:
    - Top hexanes layer – THC, if present
    - Acidic methanolic layer – Discard
  - Dry hexanes layer to completeness and reconstitute in an appropriate solvent
- Gamma-butyrolactone (GBL) or 1,4-Butanediol (BD) Extraction
  - Combine approximately equal volumes of the sample liquid and dichloromethane with internal standard in a test tube (2-3 mL of each, when sample size permits). If the sample is powder, dissolve in water and extract with dichloromethane
  - Vortex or shake
  - Let settle
  - Resulting layers:
    - GBL/BD will be in the dichloromethane layer
    - Gamma-hydroxybutyric acid (GHB) in the aqueous layer, if present

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- Alkaloid Extraction
  - Grind sample to a fine powder
  - Soak 1 to 2 grams in ethanol or methanol for 30 minutes
  - Vortex
  - Add 10 drops of 20% acetic acid
  - Soak an additional 30 minutes
  - Vortex
  - Centrifuge and transfer acidic ethanol to a test tube
  - Evaporate to dryness
  - Reconstitute with dichloromethane
  - Vortex
  - Analyze by GC/MS
- Mushroom Extraction
  - Warm up evaporator
  - Finely chop ~0.3 grams of sample and transfer to a large test tube
  - Powder sample with dowels, if desired (very weak/negative Weber)
  - Add 1-2 mL of deionized water (Also make a blank tube at this point)
  - Add 20% acetic acid to the suspended sample until a pH of about 3-4 is reached
  - Wash sample 3 times with dichloromethane (no internal standard), centrifuging and disposing of the dichloromethane layer (lower layer) each time
  - Basify sample with ammonium hydroxide to about pH 9
  - Extract sample in dichloromethane (no internal standard) and transfer dichloromethane to a smaller test tube
  - Evaporate sample and blank to dryness
  - Reconstitute in DCM with internal standard and transfer to a vial with an insert.
- Derivatization of GHB - [Derivatization of GHB Validation](#)
  - Place the test sample or standard (or extraction thereof) in a glass vial or test tube. \*NOTE: GHB does not extract well into Borate Buffer/CH<sub>2</sub>Cl<sub>2</sub>
  - Heat at about 55°C for about 30 min in the oven.
  - Add approximately 100 uL dichloromethane with internal standard, vortex.
  - Add approximately 100 uL BSTFA with 1% TMCS, vortex.
  - Transfer contents to a capped GC-MS sample vial.
  - Allow sample to incubate at room temperature for about 15 minutes.
  - Analyze on GC-MS.

### Reporting Conclusions of Testing

To clearly state on reports what analysis was performed, items tested will be sub-itemized when items of the same population were not tested.

Approved report language is listed below. Alternative wording on reports is not permitted without prior approval from the Technical Lead or discipline supervisor. Approval must be documented in the case file.

When one or more controlled substances are identified, the report will state the name of each controlled substance. Reported names of controlled substances will match those listed in the Alaska Statutes, where possible.

When the presence of a non-controlled substance(s) affects the schedule of a controlled substance, the report will also identify the non-controlled substance.

When cocaine is identified and a TruNarc analyzer result lists the base or hydrochloride form of cocaine, the report will state Cocaine followed by the corresponding form.

When a controlled substance is not detected, even if non-controlled substances are identified, the report will state:

**“No controlled substances per Alaska Statutes detected.”**

After determining that no controlled substances are present, an identified non-controlled substance may be reported.

When a small sample is present and there is not enough for complete testing while maintaining a portion untested, the report will state:

**“Quantity insufficient for analysis unless written approval to consume the evidence is provided by the District Attorney’s Office.”**

When a small sample is present and there is not enough to meet the requirements of the Analytical Scheme, the report will state:

**“Quantity insufficient for analysis.”**

When testing has begun on a sample but not enough exists for complete identification the report will state:

**“Insufficient sample for identification unless written approval to consume the evidence is provided by the District Attorney’s Office.”**

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When, in the analyst's opinion, the apparent purity of the only indicated controlled substance is too low to warrant pursuit of identification, the report will state:

**"Sample consistency precludes identification."**

Items that were not analyzed or only a physical identification was performed for triaging purposes will be reported as:

**"Not Analyzed."**

### Qualitative Reporting of Suspected Marijuana or THC Products

When reporting *Cannabis* or a cannabinoid-containing product for qualitative analysis, the reporting language will include the item description, item weight, the names of the cannabinoid(s) identified, a statement regarding the major cannabinoid present in the sample, and that quantitative analysis is required to determine the control status of the item.

Example reporting language for Cannabis:

**"Cannabis, weight. Analysis by gas chromatography/mass spectrometry (GC/MS) identified \_\_\_\_\_ to be the major cannabinoid in the plant material sample. This information is a qualitative interpretation of the GC/MS data. Quantitative analysis is required to determine the controlled status of this item."**

Example reporting language for a cannabinoid product:

**"White powder contains (cannabinoid(s) identified), weight. Analysis by gas chromatography/mass spectrometry (GC/MS) identified \_\_\_\_\_ to be the major cannabinoid in the sample. This information is a qualitative interpretation of the GC/MS data. Quantitative analysis is required to determine the controlled status of this item."**

### THC Quantitation to Follow

If quantitative analysis of *Cannabis* or a cannabinoid product will follow qualitative analysis, the report will also state:

**"Quantitative analysis to follow."**

### THC Quantitation Not Performed

If not enough material is present for THC quantitation testing while maintaining a portion untested, the report will also state:

**“Quantity insufficient for THC quantitation unless written approval to consume the evidence is provided by the District Attorney’s Office.”**

If qualitative analysis was already performed but quantitative analysis could not be performed due to limited sample quantity, the report will state:

**“Quantity insufficient for THC quantitation. Quantitative analysis not performed.”**

If quantitative analysis could not be performed because the material is not an approved sample type (plant material or concentrate), the report will also state:

**“Sample type is not validated for THC quantitation. Quantitative analysis not performed.”**

### Example THC Product Reporting Language

Scenario: A suspected THC product has completed qualitative analysis; however, the sample quantity is not sufficient for quantitation without permission to consume:

“Dark substance contains Tetrahydrocannabinol (THC), weight below reporting limit. Analysis by gas chromatography/mass spectrometry (GC/MS) identified THC to be the major cannabinoid in the sample. This information is a qualitative interpretation of the GC/MS data. Quantitative analysis is required to determine the controlled status of this item.

Quantity insufficient for THC quantitation unless written approval to consume the evidence is provided by the District Attorney’s Office.”

### Administrative

#### Evidence Control

All evidence transfers are documented in the LIMS. The analyst will ensure all evidence has transferred properly in the LIMS either through the electronic chain of custody or appropriate evidence report.

Personal evidence lockers are provided for each analyst in the Seized Drug laboratory. Additional larger storage areas are available in the Seized Drug evidence room # 2115. Each analyst will ensure all evidence is properly stored prior to leaving the laboratory. After opening, evidence items will be secured in a laboratory provided package before returning. Any deviations from this practice will be documented in the notes.

If an analyst observes that the outermost seals are not intact on an evidence package containing controlled substances or currency, the analyst shall document the condition of the package in LIMS. Additionally, a witness shall attest to the condition of the package in LIMS. Refer to the Procedure for Evidence Management (PEM) manual for more information.

#### Evidence Marking

All items analyzed will be marked by the analyst with the laboratory case number, item number, date, and the analyst's initials. If desired, an item may be repackaged into a marked laboratory bag. All items of weighable quantities analyzed with a pending latent print request will be repackaged and labeled appropriately.

If evidence is reopened later, this information will be documented in the notes and a second seal applied.

#### Evidence Discrepancies

Significant discrepancies between the agency item description and the actual evidence contents will be noted.

Some types of discrepancies require further documentation. The analyst is responsible for determining when one (or more) of these discrepancies has occurred. Key examples and procedures for documentation are listed below:

1. When less than the amount of material described in the agency item description (e.g., fewer tablets, lower weight) is present...
  - a. Item contents must be witnessed by another laboratory member. The analyst will describe the discrepancy and record the witness's name in the case notes. The person witnessing the discrepancy will document

their observations in an email to the discipline supervisor and the case analyst. The case analyst will place a copy of the email in case activities under SD-Evidence Discrepancy. The technical reviewer is responsible for ensuring the email from the witness is present in the case file, was added by the analyst, and adequately describes the discrepancy.

2. When the items contents differ in appearance from the agency item description (e.g. contents are white powder but dark substance is listed on the RLS)...
  - a. The analyst must contact the submitting agency to clarify the discrepancy. A record of this contact will be placed in case activities under SD-Evidence Discrepancy by the case analyst. The technical reviewer is responsible for ensuring the record is present in the case file and adequately resolves the discrepancy.

Discrepancies may be addressed by the discipline supervisor, if necessary.

### Permission to Consume with a Latent Print Request

If an item has a pending latent print request and the Seized Drug analysis result for that item is "Quantity insufficient for analysis unless written approval to consume the evidence is provided by the District Attorney's Office", the case analyst will send an email to the requesting agency with the following language:

"The Seized Drug analysis report for this case is soon to follow.

Item *item number* was reported as **Quantity insufficient for analysis unless written approval to consume the evidence is provided by the District Attorney's Office.**

This item also has a latent print analysis request.

Because drug testing has not been performed, latent print testing is being postponed. The District Attorney's Office needs to contact the crime lab within 30 days of this email if they want supplemental Seized Drug analysis. If the laboratory is not contacted within this timeframe, the evidence will be returned to the submitting agency."

The physical and chemistry discipline supervisors will also be included on this email.

### Batching Instrument Tests

In some cases, it may be beneficial to have one analyst start an instrumental analysis containing sample extracts prepared by a different analyst. In this circumstance, the analyst preparing the sample extract must:

1. Verify that the quality control requirements for the instrument have been met prior to deciding that the instrumental data are acceptable for use AND
2. Ensure that the instrumental data are properly identified including the case number, item number (if applicable), analyst initials, and date

### Testing Reports

A report will be issued for each case analyzed. Refer to the Quality Assurance Manual for specific requirements on the content of laboratory reports. Reporting language used for Seized Drug testing is listed in the Reporting Conclusions of Testing section.

### Analysis End Date

The analysis end date is when a case is forwarded to technical/administrative review. If a case requires additional analytical work, the analyst will add a new end date once this work is complete and the case is forwarded to technical/administrative review. In this situation, the original end date is placed in the notes by the analyst. If a case requires only administrative changes to the notes or the report, a new end date is not required.

### Analyst Notes

- The analyst notes will include, at a minimum:
- The start and end dates of analysis.
- A detailed description of each items' packaging and contents. This must include enough detail to properly convey the information to the technical and administrative reviewer.
- The weight of each item analyzed.
- The sampling plan applied, when appropriate.
- The sample preparations or extractions used.
- Descriptions of each analysis performed, including results.
- The conclusions reached for each item (including items that were not analyzed).

When items are not selected by the analyst for analysis, based on information the analyst observes on the evidence packaging or within the evidence, the reason must be documented in the bench sheet.

### Additional Testing Reports

A separate report will be issued for additional testing requests that are related to items previously addressed in another Seized Drug report.



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Examples of additional testing reports include:

- When items that were previously reported as not analyzed are subsequently analyzed.
- When written approval to consume the evidence is provided by the District Attorney's Office after a report was issued indicating the quantity was insufficient for analysis.

When an additional testing report is issued, it will state "This is an additional testing report related to the report issued on date." It will also state the reason for additional testing.

### Technical and Administrative Review

The evidence must be returned to the evidence return location or another laboratory member prior to administrative review. Each case will be technically and administratively reviewed prior to distribution. The minimum requirements listed in the Quality Assurance Manual will be completed.

The Technical Lead or discipline supervisor will be consulted on any issues between the case analyst and the technical reviewer and will make the final decision.

Preliminary results may be provided by the case analyst when necessary. This communication will be documented in the case file and will include a disclaimer that this is preliminary information. The Quality Assurance Manual outlines further details on the release of preliminary results under 5.10.3.3.

### Release of Preliminary Results

In some cases, GC/MS results will indicate the presence of a compound that may be of interest to the case agent, but conclusive identification and reporting of the compound is not pursued (i.e., psychoactive compounds not currently scheduled in Alaska). In these situations, the analyst may communicate preliminary results to the case agent following the procedure outlined in the laboratory's Quality Assurance Manual.

### Amended Reports

An amended report will be issued when an error is discovered after the report has been distributed. Refer to the Quality Assurance Manual and LIMS Manual for required procedures on documenting amended reports. The case analyst will notify the discipline supervisor when an amended report is issued.

### Proficiency Tests

The discipline supervisor or designee will destroy the proficiency test samples only after the results have been received from the proficiency test provider.

External proficiency tests are reported based on the Federal Regulations under the United States Controlled Substances Act to comply with the proficiency test provider's guidelines.

### Discovery

Discovery for the Seized Drug discipline is managed by the discipline supervisor other than routine bench note requests. Discovery requests are stored in the LIMS. Refer to the LIMS Manual for more information.

### Quarterly Seized Drugs Retesting Program

Proficient analysts in the Seized Drug discipline will have one request per quarter reworked by another proficient analyst after the completion of the technical review but before the report has been released. The reports generated for both the original analysis and the retesting analysis will be released as the final report for the request. Refer to [Seized Drugs Retesting Program Working Instructions](#) for more information.

Each quarter the Seized Drug Technical Lead will provide a report to the discipline supervisor summarizing all retesting results. Copies of these reports are stored on the laboratory's SharePoint document library.

### Performance Monitoring Program

The current ANAB Scope of Accreditation to ISO/IEC 17025:2017 lists the Key Equipment and Technologies used within the Seized Drugs discipline for Qualitative Determination (identification) and Weight Measurement of seized drugs.

Performance monitoring of these techniques is explained in the [Seized Drugs Retesting Program Working Instructions](#).

### Continuing Education of Seized Drugs Analysts

Seized Drugs analysts are required complete continuing education to stay up-to-date on topics such as emerging drugs, new technologies, instrumentation, and forensic standards of practice. Other terms used to refer to continuing education may include training and professional development.

Each analyst should average 16 hours per year of continuing education over a 4-year cycle. This may be in person with an instructor, distance learning, or computer-based. Additional requirements for continuing education are as follows:

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1. Continuing education shall be relevant to the laboratory's mission:
  - a. If it is unclear whether a training or continuing education opportunity is relevant, consult with the Technical Lead or discipline supervisor.
2. Continuing education shall be documented in JusticeTrax and must include one or more of the following:
  - a. Literature review documentation (see Literature Review Requirements)
  - b. Issuance of a certificate or diploma
  - c. Publication of a paper
  - d. Verification of attendance
  - e. Recording of a presentation or exercise
3. Continuing education may be obtained from a variety of sources including, but not limited to:
  - a. Chemistry courses taught at the postsecondary educational level (i.e., college or university)
  - b. Instrument operation/maintenance courses taught by vendors
  - c. On-the-job classes conducted by employers
  - d. Webinars from academic or forensic organizations
  - e. Current literature review (see Literature Review Requirements)
4. Literature Review Requirements: Literature review may be counted towards continuing education requirements if one of the following criteria are met:
  - a. Read an article and participate in a group discussion with other lab staff:
    - i. Meeting minutes showing attendance will be stored in the individual training record in JusticeTrax
    - ii. Up to one hour of continuing education credit may be claimed for completion
  - b. Read an article then write an assessment of the article content:
    - i. An assessment may include, but is not limited to:
      1. Considering the pros and cons of the information presented
      2. Developing an informed opinion as to whether the practice/procedure would be beneficial to the laboratory
      3. Identifying limitations or alternatives
    - ii. The written assessment will be stored in JusticeTrax as documentation of the literature review
    - iii. Up to one hour of continuing education credit may be claimed for completion

### Extended Absence Policy

When an analyst is away from the laboratory for an extended period (six months or longer), he/she will be required to successfully complete an internal competency test before resuming casework analysis. The scope of the competency test and authorization to resume casework are the responsibility of the discipline supervisor.

### Instrument Validation Requirements

When new instrumentation is acquired, the manufacturer's representative will install and perform the initial set up of the instrument when needed.

Prior to use in casework, a validation of the performance of the instrument will be performed prior to the instrument being available for use in casework. A validation plan/proposal must be approved by the discipline supervisor or their designee before the validation study commences. The validation plan/proposal will incorporate sufficient elements to demonstrate that the method is fit for intended use.

Completed instrument validation reports are located on the laboratory's SharePoint document library.

### Method Validation/Verification Requirements

When a new testing method is being evaluated for use by the discipline, the Technical Lead will determine whether a full validation is needed or if a verification is sufficient. Factors such as the complexity of the method and acceptance within the forensic community will be considered in this decision.

Validation or verification of the performance of the method will be performed prior to the method being available for use in casework. A validation or verification plan/proposal must be approved by the discipline supervisor or their designee before the study commences. The plan/proposal will incorporate sufficient elements to demonstrate that the method is fit for intended use.

Completed method validation/verification reports are located on the laboratory's SharePoint document library.

### Sampling Plan

NOTE: When a sampling plan is used, "Sampling Plan" will be selected under the request Complexity in JusticeTrax. This selection allows these cases to be located for auditing purposes.

Deviations from the sampling plan require prior approval from the Technical Lead and/or discipline supervisor and will be documented in LIMS.

### Hypergeometric Sampling Plan\*

Based on statistical probability, there is 95% confidence that at least 90% of the units contain the drug if the plan is executed as described.

The use of the sampling plan requires that all units appear to be homogenous.

If any results differ, the analyst must re-evaluate the population.

The report will reference the sampling plan utilized and the confidence levels and corresponding inferences of the population. The report will state what was received and clearly state the results/conclusions. The weight of the units tested will be reported.

#### Description

Item 1 163 bags each containing plant material \_\_\_\_grams, gross weight

#### Result

Item 1 A hypergeometric sampling plan was used. Item 1 contains \_\_\_\_\_ with a 95% confidence that at least 90% of the population contains \_\_\_\_\_." Weight of tested items

Population Size	Sample Size
1-12	All
13-20	12
21-30	15
31-40	18
41-50	19
51-60	20
61-70	21
71-80	22
81-100	23
101-130	24
131-180	25
181-270	26
271-470	27
471-1000	28

\*Information is taken from [enfsi-dwg sampling calculator 2012](#) referenced in the ASCLD/LAB Policy on Sampling, Sampling Plans and Sample Selection.

### Uncertainty of Measurement

The estimation of the uncertainty of measurement of seized drug weight determination has been performed. The initial study, performed in 2013, was documented in two reports – one for the Mettler Toledo XS2002S models and one for the Mettler Toledo MS16001L models. Both reports are entitled “Controlled Substances Estimate of the Uncertainty of Measurement” and are now located in the Archived Records library in SharePoint. These models of balance are used for routine qualitative analysis casework.

A separate report entitled “2022.07.13 - XSR204 Uncertainty of Measurement Report” was prepared in 2022 for the estimation of the uncertainty of measurement for one XSR204 balance (Chemistry Analytical #1, serial number C123900380). This report is located in the Records library in SharePoint. This balance is used for THC quantitation sample weighing.

The uncertainty of measurement reports address the following elements:

- Statement of the measurand
- Statement of the measurement traceability
- Equipment used
  - Balance serial numbers
  - Reference masses
- All uncertainty components considered
- All significant uncertainty components and their evaluation
- Data used to estimate repeatability and/or reproducibility
- All calculations
- The combined standard uncertainty, coverage factor (k-value), coverage probability, and resulting expanded uncertainty
- The schedule to review and/or recalculate the measurement of uncertainty

The check standard chosen for the Mettler Toledo XS2002S balances is tablets packaged for stability. The check standard for the Mettler Toledo MS16001L balances is a powder packaged for stability.

The check standard for the Mettler Toledo XSR204 balance is a capped 50 mL polypropylene tube mimicking the sample weighing container used for plant material in THC quantitation. Check standard measurements for Chemistry Analytical #1 involve the use of an anti-static device which is used every time prior to the check standard weight measurement.

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The 2013 uncertainty of measurement reports address uncertainty of combined weights utilizing a root sum of squares formula. The reported uncertainty of a combined weight is calculated as follows:

balance uncertainty x the square root of the number of measurements made ( $\sqrt{N}$ )

where the balance uncertainty is the current expanded combined uncertainty for the balance used at 95% coverage. If the value obtained from calculation above has more decimal places than the readability of the balance utilized, the calculated value will be rounded to the readability of the balance (i.e., rounded up at a 5 or higher and rounded down at a 4 or lower).

An ongoing estimation of the uncertainty of measurement is performed utilizing data from weekly and monthly balance checks. The data from this ongoing estimation of the uncertainty of measurement will be reviewed and updated reports will be written approximately every 3 years, or if any significant change in the expanded uncertainty is detected.

Note: A shorter balance uncertainty review period from a previous uncertainty report supersedes the 3-year requirement (e.g., entirely new models of balance).

The initial reports and updates are stored on the laboratory SharePoint document library.

### Expanded Combined Standard Uncertainty

The stated uncertainties below are valid only for balances used at the Alaska Scientific Crime Detection Laboratory.

**The current expanded combined standard uncertainty at 95% coverage (k=2) for the Mettler Toledo XS2002S balances is +/- 0.04 gram.**

**The current expanded combined standard uncertainty at 95% coverage (k=2) for the Mettler Toledo MS16001L balances is +/- 0.3 gram.**

**The current expanded combined standard uncertainty at 95% coverage (k=2) for the Mettler Toledo XSR204 balance (S/N: C123900380) is +/- 0.0011 gram.**

### Seized Drugs Key Control Policy

Each analyst is assigned the evidence locker in their work area. Any unassigned work area evidence locker may be used, as needed. When not in use, the key is stored in the lock indicating it is available for use.

Most of the evidence lockers in the evidence room #2115 are unassigned and available for use, as needed. When not in use the key is stored in the lock indicating it is available for use.

The duplicate key from each locker within the Seized Drug laboratory is sealed in a labeled envelope. These sealed envelopes are locked in the primary drug standard cabinet in the Standards/Chemical Prep Room # 2116. These keys can only be opened by the discipline supervisor or designee.

If a locker key is lost, the discipline supervisor must be notified immediately.

The following are the unique key numbers for the evidence lockers in room #2115.

- 3743
- 3748
- 3754
- 3761
- 3779
- 3795

The following are the unique key numbers for the evidence lockers in the work areas.

- 3027
- 3091
- 3059
- 3060
- 3062
- 3063
- 3064
- 3158



### Revision History

<b>Location</b>	<b>Revision made</b>
Throughout	Fixed formatting, grammar, spelling, and spot-checked hyperlinks for functionality
<a href="#"><u>Abbreviations and Definitions</u></a>	Added BSTFA, GBL, GC/MS, GHB, and TMCS
<a href="#"><u>Sample Conservation</u></a>	Updated language to allow for analyst's discretion on testing of invisible residues
<a href="#"><u>GC Maintenance</u></a>	Changed Liner** Replacement minimum frequency from "Every 3 months" to "As Needed"
<a href="#"><u>FTIR Quality Assurance Schedule</u></a>	Rewrote this section, updating the periodic FTIR Quality Assurance Schedule from the first week of the month to As Needed. Specified that full quality assurance must be done prior to casework each day it is used, and after maintenance.
<a href="#"><u>FTIR Quality Assurance Overview</u></a>	Removed "NOTE: For day-to-day use of the FTIR (NOT the monthly quality assurance or post-maintenance quality assurance), skip directly to Polystyrene Analysis."
<a href="#"><u>Extraction Protocols</u></a>	Added Derivatization of GHB procedure