

**Request for the removal and destruction of DNA sample
taken from individuals under 10 years of age
(CJ, PACE and volunteer samples)**

Section 1 – To be completed by the Police Force requesting removal of records

REQUEST FOR	Please select * = This option should only be used for volunteer samples where the sample is still required as part of an ongoing case.
PNCID (not required for volunteer samples):	
ARREST/SUMMONS NO (not required for volunteer samples):	
DNA BARCODE NO:	
FAMILY NAME:	
FIRST NAMES:	
ALIAS NAME/NICKNAME (if applicable):	
DATE OF BIRTH:	
ORIGINATING FORCE:	
NAME OF REQUESTOR	
CONTACT TELEPHONE NUMBER OF REQUESTOR:	
E-MAIL ADDRESS OF REQUESTOR: (this should be the e-mail address of the person who the form is to be returned to or ideally a group e-mail address)	
FORENSIC SUPPLIER WHO PROFILED THE DNA SAMPLE:	[Please Click arrow and select]
REASON FOR REMOVAL/DESTRUCTION:	Please select

PLEASE NOTE

Authority has been granted by the Chief Officer of _____ for the removal of records in respect of the above named person.

Dated:

Once the removal of the record has been authorised by a Chief Officer and Section 1 is fully completed please e-mail to all of the below e-mail address:

Contact details removed

If you have any queries regarding DNA deletion and/or destruction please contact **Contact details removed**.

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RECORD OF DNA SAMPLE DELETION

Section 2 – NDNAD Custodian Team Checks (for completion by DQIT only)

Form fully completed	Yes <input type="checkbox"/> No <input type="checkbox"/> If no please state date returned to requestor	
Record set to destroyed on PNC	Yes <input type="checkbox"/> No – Sample already destroyed or no trace <input type="checkbox"/>	
Sample set to unreconciled on NDNAD	Yes <input type="checkbox"/> Sample not PNC owned or already deleted <input type="checkbox"/>	
Is the request for the deletion of the volunteer sample only?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please mark all fields in Section 4 with N/A	Fields in Section 4 marked N/A: Yes <input type="checkbox"/>
Forensic Supplier Name		Processing Unit Code:
E-mailed to NDNAD SDT by		Date

Once Section 2 is complete please e-mail to **Contact details removed**

Section 3 – Deletion of DNA barcode and profile from NDNAD

DQIT or SDT USE ONLY	NAME	DATE
DNA profile removed from NDNAD by		
Checked by		
Is the request for deletion Only? If yes please enter the name of the individual that forwarded to the profile removals inbox		
Is the request for deletion and destruction? If yes please enter the name of the individual that forwarded to the Forensic Supplier and profile removals inbox		

Once Section 3 is complete if the request is for Deletion and destruction – Please e-mail to the Forensic Supplier who originally profiled the DNA sample and cc. to **Contact details removed**

Deletion only – Please e-mail to **Contact details removed**

Section 4 – DNA Destruction

SUPPLIER USE ONLY	NAME	DATE
Does the request ask for destruction of the DNA sample	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please continue to complete Section 4 If no please return the request to Contact details removed	(date returned is applicable)
Submission Record Updated By		
Checked By		
DNA Card Destroyed By		
Sample & Products Destroyed By		
Person witnessing destruction		
Notification of Sample & products destruction sent to DQIT	Please note that Custodian standards dictate that Forensic Suppliers must confirm sample destruction within 2 weeks of receiving request.	
Supplier Reference/Comments (it is not mandatory to complete this field)		

Once Section 4 is complete please e-mail to the requesting Force & **Contact details removed**