



Forensic Science Sub-committee

Newsletter JANUARY 2026



Updated versions of the following documents are available:

Recommendations for the collection of forensic specimens from complainants and suspects

- There have been a few changes highlighted in the February version.

Recommendations for the collection of forensic specimens from complainants and suspects – the evidence

- No new papers were added from the November meeting.

Forensic Science Subcommittee (FSSC) Newsletter

- Please see responses from questions submitted to the FSSC below.

Operational procedures and equipment for clinical and forensic examination rooms in police stations

- This has been streamlined.

General Updates

New Co-chairs

The committee met on 10 November 2025 and welcomed our new Co-chairs, Dr Laura Dean and Dr Amy Hamm.

Dr Dean will be chairing the November meetings with Dr Hamm chairing the June meetings going forward.

Early Evidence Kit (EEK) Working Group

A new EEK working group has been established to improve standards in EEK collection. Once this group has concluded its work, the following documents will be updated with new guidance, and hopefully accessible training videos.

- Collecting Early Evidence Flowchart
- Early Evidence Kit (EEK) Consent and Sample Form
- Early Evidence Kit (EEK) Top Tips and Rationale

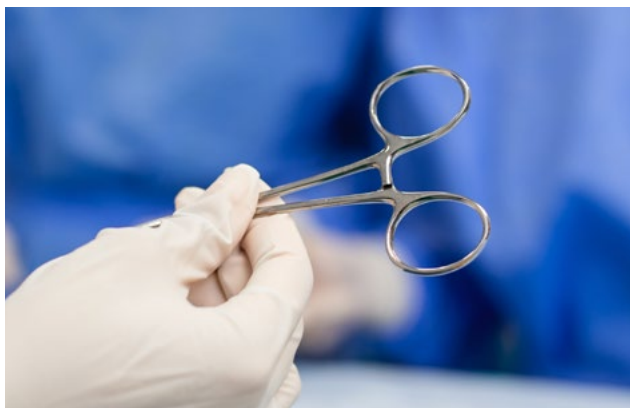
National Road Traffic Act Kits

We welcome the new National Road Traffic Act kits hitting custody suites in March 2026. These will contain updated clinical information leaflets.

Questions to the FSSC

The first three questions sent to the committee were responded to prior to the November 2025 meeting.

1. **Should scissors used for cutting hair be routinely submitted to the forensic laboratory for examination, or is submission only warranted when there is visible staining or other evidential indicators present? Do forensic scientists routinely examine such scissors for trace evidence or biological material, or are these typically discarded into sharps bins without examination?**



The scissors should be put in the exhibit bag along with any hair as there may not be a great deal of hair and what you have cut may only be on the shaft/arms of the scissors - if you have someone with very short hair (pubic and head).

However, you raise a good point as to whether the scissors are examined and again, I suspect it depends on how much hair there is and why you have cut it in the first place.

The Recommendations document was amended in **January 2023** following a question about taking control samples for hair and this was highlighted in the *January 2023 Newsletter*.

The committee discussed and agreed that the control sample for hair comparison was no longer required and could be removed from the Recommendations (amendments were made to the January 2023 version).



2. I am writing to seek clarification on a specific recommendation within your most recent intimate sampling guidance, specifically the continued promotion from some inspectors of routine pubic hair cutting during forensic examinations/specimen collection in SA cases.

As current literature and forensic standards increasingly acknowledge, both microscopic hair comparison and DNA analysis from hair have substantial limitations:

- Microscopic hair analysis lacks individualising power and has limited evidential value on its own.
- DNA profiling from hair is only possible if the follicle is present; cutting the shaft provides little to no nuclear DNA, and mitochondrial DNA (if extracted) offers limited specificity.
- Recent advances in proteomics and metagenomics show promise, but these methods are still developing and not widely used or court tested.

Given these constraints, I would appreciate clarification on the following points:

i. Purpose of Cutting Pubic Hair:

Is pubic hair routinely cut as part of evidence collection even when no material (e.g., semen, blood, foreign debris) is visibly present?

ii. Targeted vs. Routine Collection:

Should the guidance be updated to specify that pubic hair cutting should only occur if there is a visible substance, matting, or other indicators suggesting evidentiary value?

iii. Potential for Microscopic or Trace Analysis:

If no biological material is visible to the naked eye, would forensic laboratories still examine the cut pubic hair for invisible trace materials (e.g., semen, blood, fibers) using alternate light sources, staining, or microscopic screening? Or is this not standard practice?

iv. Routine Practice and Consent Clarity:

Considering the invasiveness and potential psychological impact of this type of sampling, especially for survivors of sexual assault, might it be advisable to discourage routine pubic hair cutting, even when authorised by an Inspector, unless there is a specific forensic rationale? Quite often you will see the Inspector authority state “for DNA comparison purposes”

With increasing emphasis on trauma-informed practice, evidence-led decision-making, and the reduction of unnecessary procedures, I believe these clarifications could help refine best practices and maintain public trust in forensic medical processes.

The FFLM has not recommended control hair samples since January 2023.

We would like to emphasise that hair should not be taken for DNA analysis, as this would require plucking and is not necessary.

If inspectors are unfamiliar with the science behind forensic specimen collection, it is the responsibility of the HCP to provide guidance — and to avoid unnecessary sampling that is not evidence based.

This question appears to reference recent FFLM guidance while also raising issues about requests from police inspectors:

‘I am writing to seek clarification on a specific recommendation within your most recent intimate sampling guidance, specifically the continued promotion from some inspectors of routine pubic hair cutting during forensic examinations/specimen collection in SA cases.’

The above point was clarified in the meeting - unnecessary samples should not be taken, even if requested by the police.

Pubic hair is not routinely cut for evidence collection, guidance already specifies it should only be taken when visible material or matting indicates evidentiary value, and laboratories do not examine cut hair for invisible trace materials as standard practice.

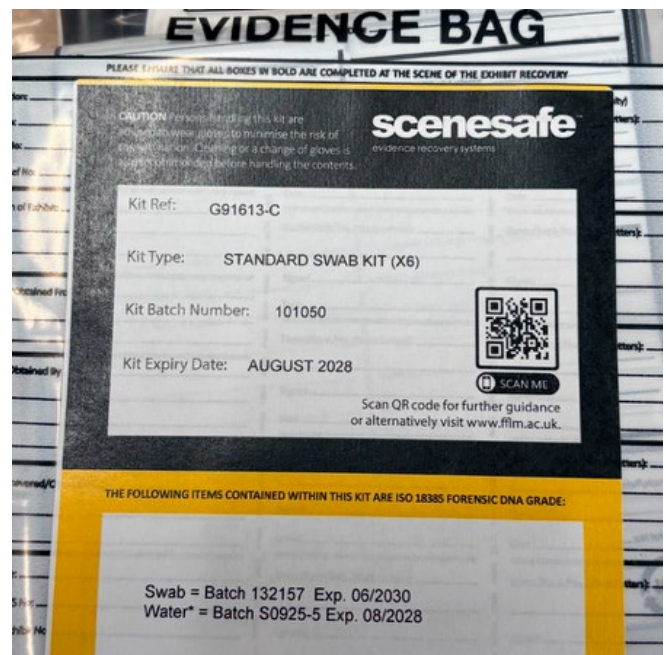




3. I am a CSI working for Dorset Police. Recently, some of the Urine EEK kits do not have instructions in. Please can I be sent a copy of the instructions so I can attach these to the kits.

The printed instructions were removed from all medical kits in August 2023, because the FFLM updates its guidelines every six months. This meant the inclusion of printed instructions often made kits out of date shortly after production.

To address this, a QR code was added to the outer kit label, giving first responders direct access to the most up-to-date information online. You can view the current guidance here: [*Recommendations for the Collection of Forensic Specimens from Complainants and Suspects*](#)



4. As a team we regularly refer to the *Recommendations for the Collection of Forensic Specimens from Complainants and Suspects* for guidance regarding storage. We have some postmortem samples (vitreous humour, piece of liver, piece of psoas muscle). These have been through the laboratory and returned to us. They are currently stored in the fridge. I am seeking your professional advice regarding whether they should be refrigerated or frozen? The coronial process is incomplete so we need to retain the exhibits at this time.

Samples should be frozen in line with the NPCC Guidance on Forensic Material Retention.





5. Please add guidance for the collection of lesser used techniques such as fibre collection, clothing collection, condom collection, sanitary wear collection. We have guidance for hair for toxicology and nail clippings but not the rest.

Please clarify the expected order of perianal swabs in vaginal only assaults. Prior to the vaginal samples or after the vaginal samples.

Please comment on the repeating of EEK samples in SARC if still within timeframe. I would always repeat because they are taken in a controlled environment with controlled modules by a practitioner who has been competency assessed. Other examiners say they would not.



The frequency of these techniques varies by provider, with some larger providers carrying out the techniques much more frequently.

Guidance on collection is already covered within existing documentation; however training videos often prove more useful.

Videos on many of the techniques already exist in larger organisations, which could be shared on the FFLM website. We will action this as a committee.

In relation to perianal swabs in cases of vaginal-only assaults, the sequencing is not considered critical in such circumstances. The perianal swab is for extra yield and so the order would be examiner and patient preference.

The committee discussed a lack of consistent evidence on how long oral evidence persists post-assault, and whether early (police) vs. delayed (SARC) sampling yielded better forensic results. It was advised that labs would assess which samples were most appropriate and whilst they would typically prioritise early samples, they could evaluate both if quality was uncertain and both sets of samples were sent to the lab by the police.

A lack of FSR accreditation does not necessarily equate to poor quality and EEK collection is a straightforward process when done correctly.

The patient must remain at the centre of our practice, and repeating samples may not be in their best interest. This is especially prudent in the cases of young children, who will often only tolerate a limited number of samples. Prioritising samples is therefore the role of the examiner, using their professional judgement. Each case is unique and the examiner must use their professional judgement to determine whether they should repeat samples already taken.

A separate EEK working group has been created to examine challenges to EEK collection.

6. On behalf of the NHS England Sexual Assault Services Commissioning Team, please find below a question for consideration at November's FSSC Meeting.

On 04 September 2025, the National Centre for Violence Against Women and Girls and Public Protection (NCVPP) issued interim operational guidance on action to take if a survivor presents a used self-swab kit or the test results of a self-swab kit to a police officer. This guidance has been sent to first responders, investigators and RASSO leads, with the intention that full progressive operational guidance is published in March 2026. Given the publication of this guidance, NHS England would like the FFLM's advice on whether similar guidance should be produced for SARC staff.

The FFLM and Association of Forensic Science Providers Body Fluid Forum have both produced position statements on the use of unregulated self-swab kits.

If a complainant contacts the SARC and is within the time frame for forensic samples, these would be taken as usual, using approved kits. The same would apply if this was a self-referral or police case. The fact that a complainant had used an unregulated self-swab kit would not change the SARC's practice or usual procedures, apart from noting that the complainant had already swabbed the area. If the complainant physically brought the used swab to the SARC, the SARC would package and label it as such, with appropriate explanation on the documentation. This would then be a police decision whether to submit the evidence to the lab for analysis. The process would be akin to when a complainant brings in underwear or a used sanitary towel from home.



7. I am looking for some advice regarding forensic sampling, and I hope you can help.

If a client reports anal rape, and advises that she had consensual vaginal sex twice in a close timeframe to the anal rape, would vaginal samples be required? Guidelines advise taking a full vaginal sequence when anal rape is disclosed, however, it is not clear when it comes to consensual vaginal sex that took place around the same time. Whilst we are looking for illegitimate DNA, there is a high chance that legitimate DNA will be found inside of the vagina.

I am hoping you can offer some clarity on this.

8. In the *Recommendations for the collection of forensic specimens from complainants and suspects* for penile swabs it currently states "Recovery of body fluids/DNA/ other material (even if condom purported to have been used) if intercourse within 3 days (72 hours.)" This does not specify between penetration to anus/vagina/mouth. I would expect for vaginal/anal penetration it would still be 72 hours, however, for oral (mouth to penis) would this not be 48 hours in line with oral (mouth to vagina)?

I recently had a conversation with some colleagues where it was questioned what we would do if someone reported being assaulted/penetrated in to their colostomy. What are the FSSC thoughts on how this scenario would be managed if it ever came up - from a legal point of view and forensic sampling?

In the *Recommendations for the collection of forensic specimens from complainants and suspects*, for samples from hands and fingernails can it be clear whether to do left and right separately or both hands/fingernails as one sample. I would assume it would be separate but clarity would be good.

In the *Recommendations for the collection of forensic specimens from complainants and suspects*, it has "digital/object penetration within 48 hours" can it be clear if this is anal, vaginal or in relation to both. I am finding there is mixed practice as to whether someone would take a perianal sample for digital vaginal penetration as they interpret this as for anal penetration only.

9. I work in Gwent police as part of crime training. I am enquiring to see if you had any video guides of obtaining non-intimate samples such as hair combings and swabs. The reason being is there may be the opportunity to create an app for front line officers who may be able to use it when faced with obtaining swabs in certain conditions.

Vaginal samples should still be taken, as understanding the DNA levels, distribution, and potential mixture of profiles is important. The presence of recent consensual intercourse often forms part of the defence argument, making it important to collect and analyse the vaginal samples comprehensively.

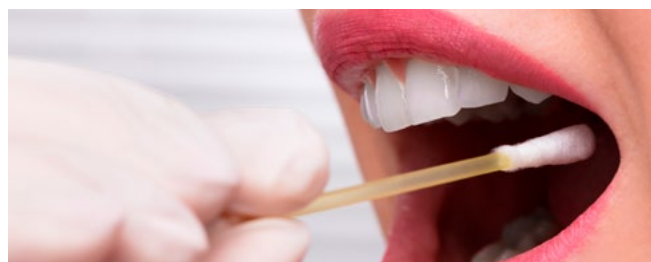
This issue was discussed at length by the committee. Whilst there is a 48hr timeframe for other saliva to skin swabs, there is anecdotal evidence from a number of labs that saliva has been found on penile swabs past 48hrs. A piece of work is in progress to look more formally at this evidence, and it shall be discussed further at the next FSSC meeting in June 2026. Professional clinical judgement should always be used in conjunction with forensic timeframes.

The colostomy and surrounding area should be sampled, using the examiner's professional judgement.

Left- and right-hand swabs need to be separate, as well as left and right fingernail swabbing.

Perianal swabs could maximise DNA recovery, as trace material from vaginal secretions may collect in the folds of the perianal region. This would be especially prudent if the perpetrator's hand accessed the vagina posteriorly. Trace material can also transfer from the genital area to the anal area on underwear. The committee agreed that perianal sampling should be recommended for both anal and vaginal assaults, and that the same approach should also apply to children unless there were case-specific reasons not to.

This will be incorporated into the video development project.





10. I am a Detective Constable based in Bournemouth. I am attempting to locate an official forensic document pertaining to the half-life of controlled drugs when ingested.

We are currently having a number of cases involving GBL/GHB and we are aware that the half-life of this particular drug is incredibly quick. Our CSI team do not have anything written down relating to how long drugs last in urine, blood and hair and therefore I am requesting if you have any published articles relating to this that we can use moving forward as a reference point.



The Blue Guidelines are due to be reviewed, however, it is unclear whether they will include information on drug half-lives. While half-life data is used in toxicology, it is not generally useful for police officers or practitioners. Instead, detection times are more practical for evidential and sampling purposes. GHB is typically detectable in urine for only 8–12 hours after ingestion while most other substances can be detected for up to three days, depending on drug type, dosage, and frequency of use.

Standard detection tables exist but caution should be taken if rigidly following them to determine whether to collect samples, as results are dependent on multiple variables. Samples should always be taken within the timeframes specified in the guidance and toxicology experts will interpret the results. Guidance on detection times should remain with toxicology experts, and practitioners should focus on following existing sampling procedures rather than attempting to interpret drug half-lives independently.

11. I note you have recommendations in relation to samples from complainants and suspects.

Do you have any guidance on toxicology samples from deceased persons during a mortem examination please?

Home Office approved pathologists operate under their own established and standardised post-mortem toxicology guidelines. Sampling procedures are consistent and routine across post-mortem cases.

12. As a forensic physician involved in forensic-medical examinations in the Netherlands, I am always checking your website for any recommendation updates. The FFLM publications are very instructive!

Recently, the *Recommendations on the Order of Ano-Genital Sampling* were published. Because of a risk of body fluid displacement upon speculum withdrawal, it is recommended to start with the anal swabs. I would like to inform you that we do not use specula in the Netherlands anymore. We are aware of the fornix as specific location that could have the highest probability of finding DNA (or sperm), but in our opinion the advantages of having a more pleasant examination and keeping the options alive to examine the hymen in the best way, outweigh the possible (if any) advantage of avoiding blind swabbing.

Have you considered to follow us in removing the speculum as a standard tool?

The importance of using a speculum for obtaining high vaginal samples is detailed in *Recommendations on the order of ano-genital sampling when obtaining forensic specimens from complainants and suspects of sexual offences*.



13. FSR-GUI-0020 6.2.16 states the following with regard to labelling of forensic samples.

Exhibit packaging (including labels)

- i. for a police referral: name, unique SARC ID or name and date of birth
- ii. for a non-police referral: unique SARC ID and date of birth.

However, it is not clear if this relates to both the swab/sample and the TEB (Tamper evident bag) or just the TEB. It's also not clear if the DOB is required on the police referrals or just the self-referrals.

The committee clarified that the requirement for two forms of ID is for both the swab and the TEB. However, as labels are pre-printed, one uniformed label, serving both purposes, whilst retaining anonymity of the self-referral cases would be preferable. Scenesafe will consider this when printing new labels.

For clarity, the labelling requirements are below:

Police case

Name and unique SARC ID

OR

Name and DOB

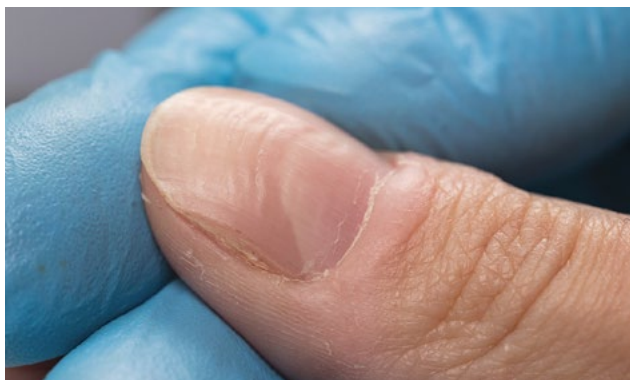
Non police/self

Unique SARC ID and DOB

14. If a hymenal swab has been used to examine the hymen before the first low vaginal swab has been taken, should this swab substitute one of the two low vaginal swabs or would this swab need to be exhibited as a stand-alone swab, with two further low vaginal swabs?

The committee discussed and agreed that the classification of a hymenal swab depended on the examination. If the swab was used to actively sample the hymen as well as being inserted into the low vagina, it could be exhibited as the first low vaginal swab. If used only to briefly facilitate hymenal examination and not inserted into the low vagina, then two further low vaginal swabs should be taken and the hymenal swab exhibited as such. The importance of using professional judgement, documenting actions clearly on the [FME form](#), and providing sufficient descriptive detail for forensic interpretation is paramount.

15. It has become more commonplace for people to recognise the need for hair and nail toxicology. With nail clippings, I understand that the drugs penetrate the entire nail from the bed upwards. So, then it takes time to grow out. My question is, if there is already some nail growth at the time of the incident, does that nail growth need to be cut off so that in 6 weeks' time, when it is cut, you know that the entire nail clipping is regrowth post-event? If there is already some nail growth before the event, then that will 'dilute' the reading?



Our expert toxicologist gave the following reply:

You are correct that the nail would need to grow to allow the relevant bit (the bit above the nail bed) to reach the bit that would form the clippings. Nails can grow quite slowly so I would not worry about it diluting the result.

I would advise that the individual does not cut their nails between the incident and having the clippings taken. Otherwise, we may have the same problem as was experienced with hair. Some people were taking a hair sample on reporting and then asking the complainant for another hair sample 6 weeks later but were finding that the complainant was reluctant to provide another hair sample.

I would also stress that hair samples are preferable to nail clippings - there is much more data/literature on hair than nails which allows better interpretation and they can at least analyse hair in sections even though it cannot be accurately dated.