# TBI-FORENSIC SERVICES DIVISION
# PERFORMANCE VERIFICATION FORM

Instrument/Method to Verify:

Drug Screen methods for mixture analysis on LC/MS Ocoee

Check the appropriate box: New Validation ☐ Modification ☑ Performance Check ☐

Laboratory: NCL ☑ KCL ☐ MCL ☐ Unit: Forensic Chemistry

Based on training and competency, the following analyst(s) are authorized by the Technical Leader to participate in this study:

Name Brett Trotter Title SA/FS II Initials BTT

Completed: Signature/Date Brett Trotter Digitally signed by Brett Trotter Date: 2022.02.11 11:24:24 -06'00'

Name _____ Title _____ Initials _____

Completed: Signature/Date _____

Name _____ Title _____ Initials _____

Completed: Signature/Date _____

Verification of final review:

Unit Supervisor/Date Glenn Everett Digitally signed by Glenn Everett DN: cn=Glenn Everett, o=TBI, ou, email=glenn.everett@tn.gov, c=US Date: 2022.02.11 10:26:07 -06'00'

Unit Supervisor/Date _____

Unit Supervisor/Date _____

Crime Laboratory Regional Supervisor/Date _____ Digitally signed by Jenifer Hall DN: cn=Jenifer Hall, o=Tennessee Bureau of Investigation, ou=Nashville Crime Lab, email=jenifer.hall@tn.gov, c=US Date: 2022.02.14 09:57:57 -06'00'

Crime Laboratory Regional Supervisor/Date _____

Crime Laboratory Regional Supervisor/Date _____

Quality Assurance Manager/Date CDJ Digitally signed by Chad D Johnson Date: 2022.02.14 09:54:28 -06'00'

By signing below, I have verified this study meets all requirements and I deem this procedure/instrument fit for the intended use:

Technical Leader/Date Glenn Everett Digitally signed by Glenn Everett DN: cn=Glenn Everett, o=TBI, ou, email=glenn.everett@tn.gov, c=US Date: 2022.02.11 10:26:23 -06'00'

All information must be submitted to the Quality Assurance Manager prior to the implementation of the procedure/instrument. If applicable, include training plan and competency testing schedule.