

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. **15.02.18**

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SUBJECT: GENETIC TESTING

EFFECTIVE: 05/21/2021

I . PURPOSE:

The purpose of this health services bulletin (HSB) is to provide guidelines on how the Department will assist inmates in complying with orders for genetic testing to determine paternity.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. PROCEDURES:

- A. The Department of Revenue (DOR), Department of Children and Families (DCF) or a Court sends a letter to the institution requesting coordination of genetic testing along with a copy of the Administrative Notice and Order to Appear for Genetic Testing (see attached samples) that has been, or will soon be, served upon the inmate.
- B. Within two (2) weeks, a representative from the DOR, DCF or the genetic testing vendor for the DOR or DCF sends a genetic testing screening kit to the Health Service Administrator (HSA) at the facility where the inmate is located. (If inmate is at work release center, screening kit is to be sent to the institution responsible for health care for that work release center).
- C. HSA verifies that a court order or administrative order is present.
- D. HSA verifies location of inmate.
- E. Screening kit is forwarded to the Nursing Supervisor/ Director of Nursing (DON) within twenty-four (24) hours.
- F. Inmate is placed on call out (must be within seventy-two [72] hours of receipt of kit by Nursing Supervisor/DON).
- G. Call out should be early in day to facilitate package return (courier pick-up) and eliminate necessity to maintain specimen overnight.
- H. **DAY OF CALL OUT:** Nursing Supervisor/DON or designee opens screening kit and reads instruction contained in screening kit.
- I. Inmate reports to clinic, reason for call out is explained to inmate.
- J. Inmate consents to test and signs paper work, gives fingerprint, etc.
- K. Nursing Supervisor/DON or designee completes paperwork contained in screening kit.
- L. Nursing Supervisor/DON or designee labels all specimen containers per instructions contained in screening kit.
- M. Buccal swabs are done and returned to screening kit and sealed according to instructions.
- N. Copy of paperwork is made for placement in the medical record (under consent tab).
- O. If inmate refuses test, genetic testing vendor is notified by telephone. Inmate refusal is documented on the [DC4-711A, Refusal of Health Care Services](#), and placed in the

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- medical record.
- P. Inmate refusal is also documented on the genetic testing paperwork from DOR or DCF and a copy placed in medical record.
 - P. Original paperwork from DOR or DCF is returned to screening kit.
 - Q. Screening kit sealed and returned to HSA for shipping to the genetic testing vendor in prepaid provided package (by genetic testing vendor).
 - R. The HSA or her/his designee will notify courier for pick-up time and where to pick-up package (control room).
 - S. If pick-up time is next day, refrigerate package in Health Services until next day, if applicable.
 - T. Package will be taken to control room for courier pick-up.
 - U. **DO NOT LEAVE IN CONTROL ROOM OVERNIGHT.**

NOTE: UNSEALED PACKAGE AND OR SPECIMENS ARE NOT TO BE LEFT UNATTENDED.

III. RELEVANT FORM(S):

[DC4-711A, Refusal of Health Care Services](#)

APPENDICES:

- 1. [Order To Appear For Genetic Testing \(Sample\)](#)
- 2. [Request For Genetic Testing Coordination \(Sample\)](#)
- 3. [Notice Of Administrative Proceeding To Establish Paternity \(Sample\)](#)

Health Services Director

Date

This Health Services Bulletin Supersedes:

TI 15.02.18 dated 02/25/07.
HSB 15.02.18 dated 09/08/11, 08/12/14,
AND 07/20/2018

This Health Services Bulletin Was reviewed without revisions:

6/26/2019