



# Department of Defense INSTRUCTION

NUMBER 5154.30

March 18, 2003

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ASD(HA)

SUBJECT: Armed Forces Institute of Pathology Operations

- References: (a) [DoD Directive 5154.24](#), "Armed Forces Institute of Pathology (AFIP)," October 3, 2001  
(b) Sections 176, 1565a, 1471, and 2012 of title 10, United States Code  
(c) [DoD Directive 5136.1](#), "Assistant Secretary of Defense for Health Affairs (ASD(HA))," May 27, 1994  
(d) [DoD Directive 5100.88](#), "DoD Executive Agent," September 3, 2002  
(e) through (i), see enclosure 1

## 1. PURPOSE

This Instruction:

1.1. Implements policy, assigns responsibilities, and prescribes procedures under reference (a) for the administration and management of the Armed Forces Institute of Pathology (AFIP) in accordance with references (b) and (c).

1.2. Prescribes procedures, consistent with reference (d), for the Secretary of the Army, as the DoD Executive Agent (EA) for the AFIP, designated under reference (a), for daily operations with the Assistant Secretary of Defense for Health Affairs (ASD (HA)) retaining policy formulation and activity monitoring.

1.3. Prescribes procedures for the internal structure for the effective management of the AFIP.

## 2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as "the DoD Components").

## 3. POLICY

It is DoD policy under reference (a) that the AFIP be established to provide consultative pathology services, research, education, and support to all DoD Components and other governmental agencies. The AFIP may also provide these services to the civilian medical community on a reimbursable basis.

## 4. RESPONSIBILITIES

Responsibilities are described in DoD Directive 5154.24 (reference (a)).

## 5. PROCEDURES

5.1. In the administration of the AFIP, the DoD EA shall:

5.1.1. Provide operational management and support to the AFIP to include administering the budget, personnel rating chain, information systems, facilities, and other resources required to support the missions and functions of the AFIP; and, periodically report these operational activities to the AFIP Board of Governors (BoG).

5.1.2. Secure adequate funding for the AFIP. Include the approved AFIP budget in the Planning, Programming, Budgeting, and Execution System (PPBES) process, and provide for the AFIP budget as a separate line item in the Defense Health Program.

5.1.3. Develop an AFIP joint staffing document.

5.2. The AFIP prepares and staffs its budget through the DoD EA. The AFIP BoG periodically reviews the AFIP budget. The AFIP budget is forwarded annually for ASD(HA) approval. The approved budget is submitted as a separate line-item within the Defense Health PPBES process. Expenses for authorized services that directly benefit the civilian medical community shall be reimbursed and managed consistent with reference (d), or other applicable authority.

5.2.2. The AFIP shall employ a staff of professional, administrative and clerical personnel, with the ability to support the consultation, education, and research missions of the AFIP.

5.2.3. An Armed Forces Medical Examiner (AFME) shall be appointed by the AFIP Director, with the concurrence of the BoG, and selected from qualified, board-certified, forensic pathologists for a 4-year term.

5.2.4. The AFIP Director shall present civilian and military staffing requirements to the DoD EA for resolution. These requirements shall be periodically reviewed by the BoG, and, as necessary, approved by the ASD(HA). Once approved, staffing requirements shall be incorporated into a joint staffing document developed by the DoD EA, with appropriate participation by all Military Departments.

5.2.5. The Military Departments shall provide resources, as established in the joint staffing document under subparagraph 5.1.3. and the budget process under subparagraph 5.1.1., to support the activities of the AFIP.

5.2.6. Service members and Federal Government civilian employees assigned to the AFIP are responsible to the AFIP Director for their performance of duty, and shall be supervised and rated as specified by the Director.

5.3. The AFIP shall serve as a national and international resource of human and veterinary pathology expertise, supporting both military and civilian medicine. The AFIP shall:

5.3.1. Serve as the chief reviewing authority on the diagnosis of pathologic tissue for the Armed Forces.

5.3.2. Conduct experimental, statistical, and morphological research and investigations to expand pathology and medicine beyond current levels of knowledge.

5.3.3. Contract with the American Registry of Pathology (ARP) for cooperative efforts between the AFIP and the civilian medical profession, consistent

with reference (b), and under conditions that support the mission of the AFIP and that have been reviewed by the DoD EA, the BoG, and approved by the ASD(HA).

5.3.4. Conduct diagnostic and consultation services for military and civilian medicine using histopathology, electron microscopy, immunohistochemistry, and molecular biological tools that leverage of the latest technology to ensure innovative pathology support.

5.3.5. Make education and training programs in pathology and other related areas of medicine available to military and civilian participants throughout the United States and foreign countries. The AFIP shall maintain a medically current collection of study materials, which may be made available to military and civilian medicine.

5.3.6. Provide, with a focus on military relevancy and protection of public safety, clinical and investigative studies in experimental pathology using protocols approved by the Research Committee of the AFIP. Research protocols shall, to the greatest extent possible, be broad collaborations that bring academia and Government together with private industry to study innovative applications of current technologies. Such collaborations may take the form of cooperative agreements under DoD 7000.14-R (reference (e)) or arrangements involving the ARP under reference (b).

5.4. The AFIP shall administer the Armed Forces Medical Examiner (AFME) System, as prescribed in detail in enclosure 2. The AFME system, under the direction of the Armed Forces Medical Examiner, shall:

5.4.1. Direct the global activities of the Office of the AFME in medico legal death investigations coming under Federal jurisdiction.

5.4.2. Maintain a psychological autopsy registry supporting medico legal death investigations that require a behavioral analysis, such as selected suicides, when approved by the AFME, and cases where the manner of death has not been determined and suicide is a possible manner of death.

5.4.3. Maintain a real-time active duty mortality registry providing epidemiological and biostatistical support for DoD-wide preventive medicine effort based on comprehensive medico legal investigations with as complete information as is feasible.

5.4.4. Maintain a research-based capability in forensic sciences in areas of ongoing interest, such as ballistic trauma, chem/bioterrorism, infectious disease, criminalistics, and teleforensics.

5.4.5. Maintain a comprehensive reference forensic toxicology laboratory.

5.4.6. Maintain the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR), consisting of specimen samples suitable for deoxyribonucleic acid (DNA) analysis, and the Armed Forces DNA Identification Laboratory (AFDIL), as prescribed in enclosure 2.

5.4.7. Provide educational and training opportunities for military forensic scientists, including residency and fellowship training, seminars, and scientific publications.

5.4.8. Provide, through the Division of Forensic Odontology (Oral Maxillofacial Pathology, AFIP), in collaboration with the AFME, expertise in dental identification, pattern injury analysis (bite-mark) interpretation, and coordination and provision of forensic odontology training.

5.5. The AFIP shall act as the technical arm of DoD drug enforcement through the Division of Forensic Toxicology, as prescribed in enclosure 2.

5.6. The AFIP shall support DoD medical quality assurance (QA) programs and risk management with a Department of Legal Medicine (DLM). The DLM shall also serve as the Military Health System Patient Safety Registry and center for analysis of the Patient Safety Program to improve patient safety.

5.7. The AFIP shall serve as the DoD veterinary pathology resource center providing consultation, education, and research in pathology and laboratory animal medicine, including the following:

5.7.1. Conduct diagnostic and consultation services for military and civilian medicine, using histopathology, electron microscopy, immunohistochemistry, and molecular biology tools.

5.7.2. Operate the DoD residency in veterinary pathology.

5.7.3. Conduct educational and research programs in veterinary, comparative, toxicologic, molecular, and environmental pathology.

5.7.4. Provide comprehensive support to epidemiological and forensic investigations and animal programs of the Department of Defense, most notably the military working dog and marine mammal programs.

5.7.5. Operate the AFIP laboratory animal facility and maintain accreditation by the Association of the Assessment and Accreditation of Laboratory Animal Care, International. AFIP shall also provide comprehensive support to investigators using laboratory animal models of human disease, including transgenic models, and provide oversight of the AFIP animal care and use program.

5.7.6. Serve as the World Health Organization Collaborating Center for Worldwide Reference on Comparative Oncology.

5.8. The AFIP shall maintain medical illustration services for important illustrative material, except original motion picture footage. The service may be made available to the military medical community, other Federal Agencies, and other qualified individuals (on a reimbursable basis), consistent with reference (e) or other applicable authority.

5.9. The AFIP shall maintain the National Museum of Health and Medicine to:

5.9.1. Collect, preserve, and interpret the national collection of medical artifacts, pathological and skeletal specimens, research collections and archival resources, and applicable materials from other Federal medical sources, to expand and improve the understanding of military medicine.

5.9.2. Develop, present, and promote public programs and exhibitions and participate in informational activities that are on relevant DoD functions and that improve the understanding of medical history, medical science, disease prevention, and health education. Promote awareness of military medicine and its historic and current contributions.

5.9.3. Lead and participate in collaborations to advance the activities in subparagraphs 5.9.1. and 5.9.2., above.

5.10. The AFIP shall operate a mechanism to access and track all case records and materials provided to the AFIP for consultation into a permanent, unified repository system, and central database. The AFIP shall establish a mechanism to carry out collaborative research efforts with outside agencies in the areas of public health, epidemiology, and other areas of pathologic interest. External access to the tissue repository is limited to collaborative endeavors with the AFIP staff.

5.11. The AFIP shall manage and direct the DoD Automated Central Tumor Registry (ACTUR), as established by the ASD(HA) in 1986.

5.11.1. In most cases, the treating facility shall be the repository for the tissue, slides, paraffin blocks, and radiographic images. Access to the ACTUR or treating facility's database requires a research protocol approved through the Institutional Review Board affiliated with the facility maintaining or having oversight of the records or database.

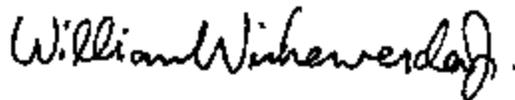
5.11.2. An ACTUR Oversight Committee shall work with the military treatment facilities, tumor registrars, Defense Enrollment Eligibility Reporting System, and/or Real-time Automated Personnel Identification System support staff, and Electronic Data Systems to ensure coordination and success of the program.

5.12. The AFIP serves as the proponent Agency for the Joint Committee on Aviation Pathology (JCAP). The AFIP shall provide administrative support and maintain as Secretariat the proceedings and permanent records for the JCAP.

5.13. The AFIP shall conduct the DoD Clinical Laboratory Program as defined by DoD Instruction 6440.2 (reference (f)); determine policy that provides guidance for all military medical laboratory operations in the Department of Defense; and provide laboratory support services to DoD clinical laboratories, histopathology centers, and cytopathology centers through the Director, CCLM and the Director, AFIP.

## 6. EFFECTIVE DATE

This Instruction is effective immediately.



**William Winkenwerder, Jr., MD**  
**Assistant Secretary of Defense (Health Affairs)**

Enclosures - 2

- E1. References, continued
- E2. The AFME System

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD 7000.14-R, "DoD Financial Management Regulation," Vol. 4, Chap. 6, Para. 060304; Vol. 11A, Chaps. 1, 3, 4
- (f) [DoD Instruction 6440.2](#), "Clinical Laboratory Improvement Program (CLIP)," April 20, 1994
- (g) [DoD Directive 1100.20](#), "Support and Services for Eligible Organizations and Activities Outside the Department of Defense," January 30, 1997
- (h) [DoD Directive 1010.1](#), "Military Personnel Drug Abuse Testing Program," December 9, 1994
- (i) [DoD Instruction 1010.16](#), "Technical Procedures for the Military Personnel Drug Abuse Testing Program," December 9, 1994

E2. ENCLOSURE 2

THE AFME SYSTEM

E2.1. THE AFME SYSTEM AS A FUNCTION OF THE AFIP

E2.1.1. The AFIP shall support the AFME System, subject to the authority, direction, and control of the ASD(HA), including operations governed by 10 U.S.C. 1471 (reference (b)) and other applicable authorities.

E2.1.2. The AFME System shall conduct forensic investigations for determining the cause and manner of death under applicable circumstances; perform forensic toxicology services (including drug testing quality control programs, proficiency testing programs, and consultation services to the Department of Defense for the Military Drug Testing Program); perform or review psychological autopsies in cases of equivocal manner of death; perform other forensic services, including epidemiologic analysis of military deaths; and provide consultation and support to other Government Agencies on a reimbursable basis.

E2.2. FORENSIC PATHOLOGY INVESTIGATIONS AND AUTOPSIES

E2.2.1. Authority. The Armed Forces Medical Examiner may conduct a forensic pathology investigation to determine the cause or manner of death of a deceased person if such an investigation is determined to be justified under circumstances described in paragraph E2.2.2. The investigation may include an autopsy of the decedent's remains.

E2.2.2. Basis for investigation. A forensic pathology investigation of a death under paragraph E2.2.1. is justified if at least one of the circumstances in subparagraph E2.2.2.1. and one of the circumstances in subparagraph E2.2.2.2. exist.

E2.2.2.1. A circumstance under this paragraph is a circumstance under which:

E2.2.2.1.1. It appears that the decedent was killed or that, whatever the cause of the decedent's death, the cause was unnatural;

E2.2.2.1.2. The cause or manner of death is unknown;

E2.2.2.1.3. There is reasonable suspicion that the death was by unlawful means;

E2.2.2.1.4. It appears that the death resulted from an infectious disease or from the effects of a chemical, biological, radiological, or other hazardous material, that may have an adverse effect on the military installation or community involved; or

E2.2.2.1.5. The identity of the decedent is unknown.

E2.2.2.2. A circumstance under this paragraph is a circumstance under which:

E2.2.2.2.1. The decedent was found dead or died at an installation garrisoned by units of the Armed Forces that is under the exclusive jurisdiction of the United States;

E2.2.2.2.2. The decedent was a member of the Armed Forces on active duty or inactive duty for training;

E2.2.2.2.3. The decedent was recently retired under chapter 61 of this title as a result of an injury or illness incurred while a member on active duty or inactive duty for training;

E2.2.2.2.4. The decedent was a civilian dependent of a member of the Armed Forces and was found dead or died outside the United States;

E2.2.2.2.5. In any other authorized DoD death investigation when a determination of the cause and manner of death is necessary; or

E2.2.2.2.6. In any other authorized investigation being conducted by the Federal Bureau of Investigation, the National Transportation Safety Board, or any other Federal Agency, when an authorized official of such Agency with authority to direct a forensic pathology investigation requests that the Armed Forces Medical Examiner conduct such an investigation.

E2.2.2.3. Consent of the next-of-kin is not required for any forensic pathology investigation carried out under paragraph E2.2.2. or any other applicable compulsory authority.

### E2.2.3. Determination of Justification

E2.2.3.1. Subject to subparagraph E2.2.3.2., the determination that a circumstance exists under paragraph E2.2.1. shall be made by the Armed Forces Medical Examiner.

E2.2.3.2. A commander may, after consultation with the AFME, make the determination that a circumstance exists under paragraph E2.2.1. and require a forensic pathology investigation without regard to a determination made by the AFME if:

E2.2.3.2.1. In a case involving circumstances described in subparagraph E2.2.2.2.1., the commander is the commander of the installation where the decedent was found dead or died; or

E2.2.3.2.2. In a case involving circumstances described in subparagraph E2.2.2.2.2., the commander is the commander of the decedent's unit at a level in the chain of command exercising summary court-martial convening authority.

#### E2.2.4. Limitation in Concurrent Jurisdiction Cases

E2.2.4.1. The exercise of authority under this paragraph is subject to the exercise of primary jurisdiction for the investigation of a death:

E2.2.4.1.1. In the case of a death in a State (including for this purpose the District of Columbia, the Commonwealth of Puerto Rico, and Guam), by the State or a local government of the State; or

E2.2.4.1.2. In the case of a death in a foreign country, by that foreign country under any applicable treaty, status of forces agreement, or other international agreement between the United States and that foreign country.

E2.2.4.2. If the other government that has concurrent jurisdiction waives or declines jurisdiction, the AFME may order an investigation, including an autopsy.

E2.2.4.3. If the other government that has concurrent jurisdiction fails to conduct an autopsy or otherwise fails to conduct a complete investigation, the AFME may order an investigation, including an autopsy.

E2.2.4.4. For purposes of applying the limitation in concurrent jurisdiction cases, the jurisdiction of the AFME includes the circumstances listed in paragraph E2.2.2.2.

E2.2.5. Procedures. For a forensic pathology investigation under this paragraph, the Armed Forces Medical Examiner shall:

E2.2.5.1. Designate one or more qualified pathologists to conduct the investigation;

E2.2.5.2. To the extent practicable and consistent with responsibilities under this paragraph, give due regard to any applicable law protecting religious beliefs;

E2.2.5.3. As soon as practicable, notify the decedent's family, if known, that the forensic pathology investigation is being conducted;

E2.2.5.4. As soon as practicable after the completion of the investigation, authorize release of the decedent's remains to the family, if known; and

E2.2.5.5. Promptly report the results of the forensic pathology investigation to the official responsible for the overall investigation of the death.

E2.2.6. Notification. The AFME shall receive notification of the deaths of all Service members on active duty and inactive duty for training, including those recently retired if the death was the result of an injury or illness incurred while such a member was on a period of active duty. The AFME shall have the authority to review all pertinent medical and dental records, investigative reports, photographs, evidence, x-rays, and retained pathologic materials on any autopsy performed in a DoD medical facility. Medical, casualty, mortuary, law enforcement, and other similar personnel of the Military Departments shall expeditiously report all such deaths to the AFME.

#### E2.2.7. Other Forensic Pathology Cases

E2.2.7.1. In other cases in which the AFME does not have jurisdiction under paragraph E2.2.2., but where the AFME believes a medico legal investigation is needed with respect to a death concerning which the Department of Defense has an interest in a forensic pathology investigation, the AFME shall seek the assistance and cooperation of authorities who exercise such jurisdiction for the conducting of such investigation. In all aircraft mishap investigations conducted by civilian agencies, the OAFME shall work proactively with the mishap flight surgeons to obtain copies of all relevant death investigation materials on the decedents.

E2.2.7.2. When requested by applicable civil authorities to assist in conducting forensic pathology investigations, including autopsies, the AFME is authorized to provide support to eligible organizations outside the Department of Defense, consistent with 10 U.S.C. 2012 and DoD Directive 1100.20 (references (b) and (g)). Such support is provided on a reimbursable basis, unless providing support serves a valid military training purpose and the support is incidental to the training, as provided in references (b) and (g).

### E2.3. FORENSIC TOXICOLOGY

E2.3.1. Missions. Three DoD missions shall be supported through the Division of Forensic Toxicology (DFT), including operation of the central forensic toxicology laboratory for the Department of Defense, as part of the OAFME, in accordance with this Instruction; provision of quality assurance for the DoD Drug Testing Program, in accordance with DoD Directive 1010.1 and DoD Instruction 1010.16 (references (h) and (i)); and research and teaching in forensic toxicology, in accordance with reference (h).

E2.3.2 Forensic Toxicology Laboratory. The DFT provides technical support for the DoD Coordinator for Drug Enforcement Policy and Support and the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict in the execution of their responsibilities for the DoD drug testing program under reference (i). It serves as the central forensic toxicology laboratory for the Department of Defense and the OAFME. The DFT shall accomplish its central DoD forensic toxicology laboratory mission by receiving case specimens from DoD organizations worldwide. Various toxicological examinations are performed on human tissues and body fluids from the following:

E2.3.2.1. All OAFME cases, to include all military air, ground, and sea mishaps involving fatalities and other selected military autopsies.

E2.3.2.2. All Class A, B, and C military aircraft, ground, and ship (sea) mishaps in which no fatalities occur.

E2.3.2.3. Investigations conducted by military criminal investigative agencies (U.S. Army Criminal Investigation Command, Naval Criminal Investigation Service, Air Force Office of Special Investigations) and Federal civilian criminal investigative agencies (U.S. Park Police, U.S. Capitol Police, District of Columbia Metropolitan Police) and autopsies performed by the District of Columbia Medical Examiner. Support for non-DoD entities shall be on a reimbursable basis. Support includes specimen analysis, consultation, and expert witness testimony.

E2.3.2.4. Fitness for duty inquiries, and combat or training death investigations.

E2.3.3. Quality Assurance. The DFT shall accomplish its mission of quality assurance for the DoD drug-testing program, as follows, by:

E2.3.3.1. Operating a proficiency program that prepares and ships quality assurance urine specimens to the Department of Defense and other Federal Agencies for analysis and interpretation of laboratory test results. If a laboratory has an unacceptable result, the DFT personnel shall conduct an investigation, which may include on-site inspection of the laboratory in question.

E2.3.3.2. Inspecting each DoD drug-testing laboratory at locations around the world three times each year.

E2.3.3.3. Conducting specialty laboratory testing.

E2.3.3.4. Traveling to support routine inspections or solve problems in procedures at a particular drug-testing laboratory.

E2.3.3.5. Serving as the laboratory certifying agency for DoD drug testing.

E2.3.3.6. Serving as the Chair, DoD Biochemical Testing Advisory Committee, which recommends drug testing policy for the Department of Defense, the Department of Health and Human Services, and the Justice Department.

E2.3.4. Research and Development. The DFT serves as the central reference laboratory to conduct research and development in drug screening, postmortem drug testing, and confirmation technologies.

#### E2.4. PSYCHOLOGICAL AUTOPSIES

E2.4.1. The AFME shall be responsible for coordination and supervision of psychological autopsies. The primary purpose of a psychological autopsy is to assist in ascertaining the manner of death. The psychological autopsy is a forensic investigative tool, separate and distinct from suicide event surveillance for epidemiological purposes and from the provision of clinical crisis services to the unit and family in the aftermath of a death. Normally the Military Services shall perform a psychological autopsy only in cases where the manner of death has not been determined and suicide is considered a possible manner of death. In other unusual circumstances, when approved by the AFME, a psychological autopsy may be performed to amplify information or help explain circumstances relating to a suicide.

E2.4.2. Normally the Services shall be responsible for performance of the psychological autopsies. A mental health professional who has an active, unrestricted license and who has received specific forensic training to conduct the assessment is

authorized to conduct psychological autopsies and to submit reports of findings. The psychological autopsy report shall be provided to the Medical Examiner, with a copy to the military criminal investigative organization. Psychological autopsy materials shall not be used or disclosed for any other purpose, unless pertinent statutory or regulatory authority requires use or disclosure.

E2.4.3. Quality assurance shall be done by the AFME. Qualified staff shall periodically review completed psychological autopsies. Feedback shall be provided to the mental health professionals who conducted the assessments.

#### E2.5. ARMED FORCES REPOSITORY OF SPECIMEN SAMPLES FOR THE IDENTIFICATION OF REMAINS (AFRSSIR)

E2.5.1. The AFIP shall provide, under the direction of the AFME, for the collection and storage of biologic reference specimens for identification of remains through the Armed Forces Repository of Specimen Samples for the AFRSSIR.

E2.5.2. The AFRSSIR shall store biological reference specimens suitable for DNA analysis, as necessary for human remains identification, and maintain an automated indexing system to assist in the retrieval of those specimens. The AFRSSIR shall develop, purchase, and distribute unique DNA collection supplies to DoD active duty and Reserve component units for collecting DNA reference specimens. The AFRSSIR may, to the extent resources are available, provide collection kit, storage, and indexing services to other Federal Agencies on a reimbursable basis. Storage and indexing services provided to Federal Agencies other than the U.S. Coast Guard shall physically and logically segregate specimens and records from those maintained for the Department of Defense.

E2.5.3. The AFRSSIR shall implement special rules and procedures to ensure the protection of privacy interests in the specimen samples and any DNA analysis of those samples. Those special rules and procedures shall include at least those established in this Instruction.

E2.5.4. Specimen samples may be used only for the following purposes:

E2.5.4.1. Identification of human remains.

E2.5.4.2. Identification of any member of the Armed Forces, or DoD civilian employee and/or contractor personnel supporting military forces, who is suspected of being missing in action, a prisoner of war, or detainee, and any other purpose for the benefit of such a member or person as authorized by the ASD(HA).

E2.5.4.3. Internal QA activities to validate processes for collection, maintenance and analysis of samples.

E2.5.4.4. A purpose for which the donor of the sample, or surviving primary next-of-kin, provides consent.

E2.5.4.5. A purpose as provided in 10 U.S.C 156a (reference (b)) when all of the following conditions are met:

E2.5.4.5.1. The responsible DoD official has received a valid order of a Federal court or military judge.

E2.5.4.5.2. The specimen sample is needed for the investigation or prosecution of a felony or any sexual offense.

E2.5.4.5.3. The specimen sample can be provided in a manner that does not compromise the ability of the AFRSSIR to maintain a sample for the purpose of identification of remains (unless paragraph E2.5.5. applies, and the specimen is already destroyed).

E2.5.4.5.4. No other source for obtaining a specimen for DNA profile analysis is reasonably available.

E2.5.5. A routine destruction schedule shall be followed, under which samples shall be retained for not more than 50 years. The AFIP shall establish and maintain a procedure under which individual specimen samples shall be destroyed at the request of the donor following the conclusion by the donor of complete military service or other applicable relationship to the Department of Defense. (Complete military service is not limited to active duty service; it includes all service as a member of the Selected Reserve, the Individual Ready Reserve, the Standby Reserve, the Retired Reserve, or the Retired Regular Permanent.) On receipt of such a request, the AFIP has 180 days to destroy the sample and send notification to the donor. In a case in which the donor is deceased, destruction may be requested by the applicable next-of-kin.

E2.5.6. No duplicate specimen samples shall be held separately from the AFRSSIR.

E2.5.7. The Military Services, and not the AFRSSIR, are responsible for implementing the mandatory requirements for all military personnel to provide a specimen sample for the AFRSSIR, and for ensuring the collection of samples from new accessions entering Military Service; from all Military Service active component personnel; and from all Military Service Reserve component personnel. The Military

Services shall ensure that Service members, as well as DoD civilian employees and contractor personnel who accompany military forces and are subject to a high degree of risk, are not deployed without collection of a DNA reference specimen for accession into the AFRSSIR. Collection shall be accomplished in accordance with the guidelines established by the AFRSSIR. Under the procedures established by the Military Services, the submission of specimen samples by military personnel is mandatory.

E2.5.7.1. The DoD Components must ensure that the appropriate documentation requiring contract personnel to provide AFRSSIR specimens as a condition of employment is reflected in applicable contracts.

E2.5.7.2. For DoD civilian employees represented by labor unions, the DoD Components must ensure that statutory labor relations obligations are satisfied prior to requiring bargaining unit employees to provide AFRSSIR specimens.

#### E2.6. ARMED FORCES DNA IDENTIFICATION LABORATORY (AFDIL)

The AFIP shall provide, under the direction of the AFME, scientific expertise for identification of remains through the Armed Forces DNA Identification Laboratory (AFDIL). The AFDIL shall perform necessary DNA testing for identification of human remains from peacetime casualties and from current and prior conflicts. The AFDIL may, in accordance with the AFIP mission of consultation, research and education, and as authorized by the DoD EA and/or ASD(HA), perform DNA testing for other Federal Agencies and for non-Federal members of the civilian medical profession, on a reimbursable basis determined by the type of requesting entity.

#### E2.7. OTHER AFME FUNCTIONS

E2.7.1. The AFME shall provide consultation (including, as required, diagnostic and consultative services and medico legal opinions, testimony, and evidence) on medico legal investigations and related matters to the judge advocates and criminal investigative agencies of the Armed Forces, other Federal Agencies, and civilian pathologists. Such consultation shall, absent extraordinary circumstances as determined by the AFME, be provided under the standard operating procedures of the AFME. Consultation shall include accession of the material into the AFIP case repository as a Government medical record, internal quality assurance review, and the availability of the consulting pathologist to all interested parties with a need to know and/or authorization for access. AFME pathologists are therefore normally unavailable for the nomination or assignment by convening authorities or military judges as defense consultants or members of the defense team, or other position requiring protection of communications and submitted

case materials as privileged attorney-client communications. Services rendered to non-DoD entities shall be on a reimbursable basis.

E2.7.2. The AFME shall maintain a funded DoD Medical Mortality Registry to archive pertinent medical records, autopsy reports, and investigative reports on every Service member death. The DoD Medical Mortality Registry shall provide timely analysis of medical, circumstantial, epidemiologic, and prevention issues on military deaths, and periodic reports of military mortality.

E2.7.3. When requested by applicable civil authorities to assist in conducting medico legal investigations, including autopsies and DNA studies for identification, the AFME is authorized to provide support to eligible organizations outside the Department of Defense, consistent with 10 U.S.C. 2012 and DoD Directive 1100.20 (references (b) and (g)). Such support is provided on a reimbursable basis, unless providing support serves a valid military training purpose and the support is incidental to the training, as in references (b) and (g).