



VICTORIA POLICE

Victoria Police Forensic Sample Request Form -- Preferred Method

* Fields marked with an asterisk must be completed

Q1. Name of individual requesting Forensic Sample

Surname * Given Name * Middle Name/s
 Address * Date of Birth *
 Suburb * Post Code * State *
 Phone Mobile * Email *

Q2. Police Attendance

* Was a member of Victoria Police present at the time of the incident? Yes No

Member's Name Rank VP # Station

Q3. Circumstances surrounding collection of Forensic Sample?

- Motor Vehicle Collision Rail Collision Marine Collision
- I requested a Forensic Sample after a breath test
 I requested a Forensic Sample after an oral fluid test
 A member of Victoria Police requested a Forensic Sample after a failed breath test
 A member of Victoria Police requested a Forensic Sample after a failed oral fluid test
 A member of Victoria Police requested a Forensic Sample after a Drug Impairment Assessment

Q4. Collision Details (If the Forensic Sample was not the result of a collision, proceed to Q5)

Incident Date Approximate Incident Time
 Registration of vehicle incident occurred in Hospital attended

Q5. Sample Details

Incident Date Approximate Incident Time
 Location sample taken (hospital / police station)

Q6. Pathology Unit Details

Name of Pathology Unit *
 Contact Name * Contact Number *
 Address *
 Suburb * Post Code * State *

Acknowledgement *

By submitting this online form you agree that all the information you have provided is true and correct and understand that withholding of information or giving false or misleading information may result in you being charged with an offence.