VICTORIA POLICE

Victoria Police Forensic Sample Request Form - Alternative 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 *	Victoria
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	Select/Enter	Number		Station/Unit	

Q3. Circumstances surrounding collection of Forensic Sample?

Select

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

Incident Date | Approximate Incident Time | AM/PM

Registration of vehicle incident occurred in | Hospital attended

Q5. Sample Details

Taken Date | Approximate Taken Time | AM/PM

Location sample taken (hospital / police station)

Q6. Collection Details

Part A * - Please select

Select

For B and C please complete the details below

Name of representative				Name of legal firm	
Address					
Suburb		Post Code		State	Victoria
Phone		Mobile		Email	

Part B

Preferred collection date | Preferred Collection Time 10:30 AM

Disclaimers

> Nominated collection date and time is not guaranteed, you will be contacted to confirm when the Forensic Sample will be available for collection
> Collection of the Forensic Sample will occur at Melbourne West Police Station, 313 Spencer Street, Docklands 3008
> Identification must be provided upon collection, preferably photographic ID

Open email application and attach ID Alternatively save and email (with identity documents) to bloodsamples@police.vic.gov.au

Acknowledgment

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.

RPDAS use only

VIFM Case Number

Certificate Number

100 points of ID provided ☐