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 * 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. Pathology Provider Details

Name of Pathology Provider *

Address *

Suburb * | Post Code * | State * Victoria

Contact Name *

Contact Email * | Contact Number *

Reference/Receipt Number *

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 ☐

Copy of receipt/reference number provided ☐