

VPFS Request &
Chain of Custody Form

Microbiological Diagnostic Unit Public Health Laboratory

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Submitting Reference Numbers <i>[to be completed by person securing the item or submitter]</i>								
				Is this Chain of Custody? Y/N	Accompanying Request Form IDs:			
MDU Laboratory Use Only								
MDU Lab Numbers:		MDU Delivery No.		MDU Consignment No.		MDU COC No.	MDU Case No:	
Submitting Authority <i>[organization/authority authorising submission of test]</i>								
Victoria Police Forensic Services			VPFS Lab Contact:			Sender who authorized this test:		
Reporting Details								
Name								
Organisation								
Address								
Phone								
Email								
Cc, if any:								
ITEM <i>[to be completed by person collecting the item or specifying what is to be tested] May provide other details via attachments</i>								
What is sent item for testing:					Anatomical (or other) site of original collection if clinical:			
Brief Incident details/Clinical history								
Test Requested								
Detection of Salmonella spp.								
Details of how item sealed and by whom ie after collecting. <i>[For multiple seals, enclose FM1718]</i>						FM1718 Y/N	Date:	
Sealed Y/N	What sealed?	Nature of Seal	Initialed Y/N	Seal identifiers	Name & Signature of person who sealed		Date & Time Sealed	
Details of Person first collecting the Specimen/Sample and starting the Chain of Custody#								
Organisation		Phone	Fax	Name (printed)	Number	Signature	Date & Time	
# Unless sample always remains in the collecting individual's physical possession or sight from initial collection to laboratory delivery the outer container must be sealed, and, the seal must be tamper proof or tamper evident and bear initials or other mark of the person sealing it.								
Start of Chain of Custody <i>[May attach pre-existing COC docs if desired and exist]</i>								
Place where item originally collected <i>[Details here reflect beginning of chain of custody location]</i>					Date VPFS 1 st received material:			
Subsequent Chain of Custody <i>[to be completed by each person taking or relinquishing custody, including to and from storage]</i>								
Organisation	Phone	Collection/Delivery/ Storage (C/D/S) Events			Collection / Delivery / Storage Address	Name (printed)	Relinquishing/ Accepting Signature	
		C/D/S	Date	Time				
		Delivered VPFS						
		Collected						
		Delivered			MDU PHL			
Delivery Description <i>[by MDU. If insufficient space use FM 1718. Also check if any details listed on back of form]</i>							FM1718 Y/N	
No. of Containers	Sealed Y/N	Seal Tamper Y/N	Seal initialled Y/N	Seal ID		Photo Y/N	Photo Ref	Photographer
Description								
Accepted by <i>[MDU PHL Staff Member]</i>								
Name		Signature		Date		Time		