

VIFM Request & Chain of Custody Form

Submitting Reference Numbers [to be completed by person securing the item or submitter]							
		Is this Chain of Custody? Y/N		Accompanying Request Form IDs:			
MDU Laboratory Use Only							
MDU Lab Numbers:		MDU Delivery No.		MDU COC No.		MDU Case No:	
Submitting Authority [organization/authority authorising submission of test]							
Victorian Institute of Forensic Medicine			VIFM Lab Contact:			VIFM Pathologist who authorized this test:	
ITEM [to be completed by person collecting the item or specifying what is to be tested]							
What is sent item for testing: (eg pure culture):				Anatomical (or other) site of original collection:			
Incident details/Clinical history							
Details of how item sealed and by whom ie after collecting. [For multiple seals, enclose FM1718]							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 VIFM		Phone 9684 4444	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							
Place where item originally collected [Details here reflect beginning of chain of custody location] VIFM Laboratory, 57-83 Kavanagh St, Southbank 3006 [Donor Tissue Bank, VIFM]					Date VIFM 1 st received material:		
Subsequent Chain of Custody [to be completed by each person taking or relinquishing custody, including to and from storage]							
Organisation	Phone	Collection/Delivery/ Storage (C/D/S) Events			Collection / Delivery / Storage Address	Name (printed)	Relinquishing/ Accepting Signature
		C/D/S	Date	Time			
		Delivered					
		C/D/S					
		C/D/S					
		C/D/S					
		C/D/S					
		C/D/S					
		C/D/S					
		C/D/S					
		Delivered			MDU PHL		
Delivery Description [by MDU. If insufficient space use FM 1718. Also check if any details listed on back of form]							FM1718 Y/N
No. of Containers	Sealed Y/N	Seal Tamper Y/N	Seal initialed Y/N	Seal ID	Photo Y/N	Photo Ref	Photographer
Description							
Accepted by [MDU PHL Staff Member]							
Name		Signature			Date		Time