

# Evidence Sample Collection

To be completed by sample collector.

Complete this section for animal DNA evidence collected at the scene that you will be submitting for DNA analysis. Please individually bag and seal all samples.

Case #

Received

## Sample Collectors Details

Name	Company
Professional Address	
	Telephone

## Event Details

Address of where sample was taken

## Relevant Physical or Geographic Features of Note

(eg. Sample taken from left corner of park near broken fence line)


## Details of Sample

<input type="checkbox"/> Hair	<input type="checkbox"/> Blood	<input type="checkbox"/> Swab	<input type="checkbox"/> Clothing	Other:	Number of samples taken:
Brief sample description (if applicable)					

## Declaration

*I (insert name) collected the sample(s) specified above and completed the label. The sample(s) were then placed in their own bag and sealed. By signing I declare that I am authorized to request testing for the sample listed above.*

(Signature of collector completing declaration)	Date
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# Chain of Custody

Please ensure that each sample is in its own bags and clearly labelled.

Samples that have been sealed and labelled are to be sent to Genetic Technologies at the address on page 3 of this form.

## Sample sent to Genetic Technologies via Courier

Carrier	Consignment number
Sent by	Date of dispatch

## Sample Hand Delivered

Delivered by	Of	
Date	Time	Received by

## Sample Posted

Sent by	Date
Parcel identification, if any	



# Reference Sample Collection

Case #

Received

To be completed by sample collector.

Complete this section when taking a sample from an animal that is suspected of being involved in an incident. This 'reference' sample will be compared to the sample(s) taken from the attack scene.

## Animal's Details

Address	
Owner's Name (if known)	
Animal Name	Breed
COLOUR Primary	COLOUR secondary
TATTOO or MICROCHIP No.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Desexed

## Reference Sample Type

<input type="checkbox"/> Swab <input type="checkbox"/> Blood Other:
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## Distinguishing features (scars, patterns etc)

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## Declaration

I, (insert name of collector)	
of (insert professional address)	
took the sample specified at (insert time) am/pm on (date)	
At (insert place of collection)	
I took the sample specified above and completed the label. The samples was then placed in the bag and sealed.	
By signing I declare that I am authorized to request tests for the animal listed above.	
(Signature of collector completing declaration)	Date

## Collectors Details

Name	
Address	
Phone	Mobile
Email	

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Delivered by	Of	
Date	Time	Recieved by

## Sample Posted

Sent by	Date
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