Government of South Australia
Attorney-General's Department

Request for Collection of Sample

Forensic Science SA

GPO Box 2790
Adelaide SA 5001
Tel: +61 8 8226 7700
Fax: +61 8 8226 7777

Email: FSSA@sa.gov.au

1. Sample Details

Sample number	
Hospital / Medical Centre	
Date of sample collection	

2. Requesting Persons Details

First name(s)			
Family name			
Mailing address		State	
		Postcode	
Update Address?	*If your address details are different to when your Certificate of Analysis was issued, you will also be required to complete the Update to Personal Details form. Please request this by emailing FSSA@sa.gov.au.*		
Phone			
Email			

3. Request

Indicate your request	☐ Collection – Blood Specimen ☐ Collection – Oral Fluid Specimen

A minimum of 3-5 business days are required to retrieve and prepare your sample for collection from storage.

Forensic Science SA operating hours are 9:00am to 5:00pm Monday to Friday (closed public holidays).

Please nominate a date and time for collection below.

Forensic Science SA will confirm your nominated collection date and time with you by email prior to collection.

Date	
Time	

4. Supporting Evidence at the time of collection

You will need to provide evidence to support your request.

All applications must have the following sighted:

☐ Photo identification (both sides) at the time of collection of the sample

☐ Documentation with current name and address at the time of collection of the sample

You can send your completed *Request for Collection of Sample* form and supporting evidence to Forensic Science SA by:

Email	OR	**Post**
FSSA@sa.gov.au		Toxicology Administration Forensic Science SA GPO Box 2790 Adelaide SA 5001

5. Declaration

The declaration is to be completed by the applicant.

I, _____

(Insert full name – must be the person who the sample was collected from)

declare that all information I have provided in this *Request for Collection of Sample* form is true and correct.

I make this declaration conscientiously believing the same to be true.

Signature	
Date	

Instructions to person taking possession of the sample:

It is important that the sample is stored in a refrigerator as soon as possible and remains in there at all times. Failure to do so may compromise the integrity of the sample for the purpose of analysis. If intending to retain the sample for an unknown length of time, then it is recommended that the sample is frozen. As such, we recommend a small container and ice pack be brought with you when collecting the sample to maintain the sample's integrity during transportation. Avoid storing the sample at room temperature.

6. Authority to Release - *Complete only if required*

I, _____

(Insert full name – must be the person who the sample was collected from)

Hereby authorise and instruct Forensic Science SA to release my forensic specimen to the authorised person listed below on my behalf.

First name(s)	
Family name	
Signature	
Date	

7. Checklist

All relevant sections of this form have been completed.	☐ Yes ☐ No
Sight both sides of photo identification at the time of collection.	☐ Yes ☐ No
The **declaration** has been completed and signed.	☐ Yes ☐ No
An **Authority to Release** has been completed.	☐ Yes ☐ No ☐ N/A

Note: Please ensure you add FORENSICAdministration@sa.gov.au to your safe senders list or check your junk mail folder for any expected replies.

Office Use Only	
Received Date	
Documents Sighted	
Received By	
Retrieval Request ☐	Collection Confirmation ☐