

STATEMENT OF CATHERINE ALLEN

I, **Catherine Allen**, of 39 Kessels Road, Coopers Plains in the State of Queensland, do solemnly and sincerely declare that:

Background

1. I am employed by Queensland Health Forensic and Scientific Services (QHFS).
2. I hold the position of Managing Scientist at QHFS at Coopers Plains.
3. I hold a Bachelor of Science from the University of Queensland, conferred in 1994, a Master of Science (Forensic Science) from Griffith University, conferred in 2002, and a Certificate IV in Project Management, conferred in 2008.
4. On 6 September 2022, under s 5(1)(d) of the *Commission of Inquiry Act 1950* (Qld), Commissioner Sofronoff QC issued Notice 2022/00139 (**Notice**) to me. I am required to provide a statement regarding my knowledge of the matters set out in paragraph 1 to 26 of the Notice.
5. To provide this response, I have read and had regard to the following:
 - (a) the Notice;
 - (b) the documents annexed to this statement.

Low quantitation sample process

Question 1

Explain in detail all meetings, discussions or correspondence you were involved in with management of Queensland Health or the Queensland Police Service between November 2021 and 6 June 2022 in relation to:

- (a) *Thresholds used by the DNA Analysis Unit for determining what testing and processing would be applied to samples (for example, thresholds for reporting "No DNA detected" or "insufficient DNA for further processing");*
- (b) *The Queensland Police Service submission in response to the Women's Safety and Justice Taskforce Discussion Paper 3 regarding the overall success rate of obtaining a*



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useable profile when they requested re-testing of samples reported as "DNA insufficient for further processing";

(c) The processing and reporting of results in the case involving the murder of [REDACTED]

(d) Any matter raised by the Hedley Thomas podcast "[REDACTED]" or other media discussion regarding forensic DNA testing in Queensland.

6. Between November 2021 and 6 June 2022, meetings were held between FSS and QPS on the 1st of February 2022, 17th of March 2022 and 19 May 2022. I attended these meetings. Please find attached notes that I took during the three meetings and Meeting Minutes supplied by QPS for 19th of May 2022. Exhibit – CA-1 – Meeting notes from QPS & FSS Meeting_20220201; Exhibit – CA-2 – Meeting notes from QPS & FSS Meeting_20220317; and Exhibit – CA-3 – Meeting notes from QPS & FSS Meeting_20220519; Exhibit – CA-4 – Email re Meeting Minutes QPS FSS_20220609; Exhibit – CA-5 – Email att FSG-FSS MEETING – Minutes 19.05.2022_20220608; Exhibit – CA-6 - Email re Meeting Minutes QPS FSS_20220623; Exhibit – CA-7 – Email att FSG-FSS MEETING – Minutes 19.05.2022 – Amended_20220623; and Exhibit CA-8 – Email with agenda items for Feb 2022 meeting_20220201.
7. I have not met with, discussed or corresponded with QPS regarding their submission in response to the Women's Safety and Justice Taskforce Discussion Paper 3.
8. With regard to processing and reporting of results for the case involving [REDACTED]
- (a) Please find attached a PowerPoint presentation that Rhys Parry, Reporting Scientist for the [REDACTED] matter, gave to all Forensic DNA Analysis staff members on the 3rd of December 2021. Exhibit – CA-9 – Rhys Parry [REDACTED] PPoint for Forensic DNA Analysis meeting Dec 2021_original. A correction to this presentation was later made and advice provided to Nicola Lord. Please see attached – Exhibit CA-10 – Email to correct error in powerpoint presentation [REDACTED] 20220624; and Exhibit CA-11 – Rhys Parry [REDACTED] PPoint for DNA meeting Dec 2021 – Amend.

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- (b) Please also find attached a Hot Issues Brief that was prepared on the 3rd of June 2022. This Brief was further follow-up to a meeting held on the 2nd of June 2022. Exhibit – CA-12 – Email HIB FDNA [REDACTED] 20220603; and Exhibit CA-13 – Email att HIB FDNA [REDACTED] 3 June 2022.
- (c) There were several email exchanges between QPS and me regarding this case. Please see attached – Exhibit – CA-14 – Email re copy of [REDACTED] Casefile_20211207; Exhibit – CA-15 – Email advice from Supt Frieberg regarding non approval for peer review_Dec 2021; Exhibit – CA-16 – Email clarification on [REDACTED] ref samples Insp Neville_20211221; Exhibit – CA-17 – Email regarding sample volume [REDACTED] 20220204; Exhibit – CA-18 – Email att [REDACTED] Sample Volume Request Feb 2022_20220204; Exhibit – CA-19 – Email to Insp Neville re [REDACTED] with volumes attached_20220211; Exhibit – CA-20 – Email att Copy of [REDACTED] Sample Volume Request Feb 2022;
- (d) There was one email between myself and Lara Keller, Acting Executive Director to advise of QPS' request for the packaging of samples from this case to be sent to another laboratory for testing. Please see attached – Exhibit – CA-21.
9. With regard to media discussion about the murder of [REDACTED] please find attached documents supplied to the Right to Information work unit – Exhibit CA-22.

Question 2

What involvement, if any, did you have in two decisions made on or about 6 June 2022, or consideration leading to those decisions, namely:

- (a) *that the threshold for reporting samples as "DNA insufficient for further processing" be removed, and samples in the range 0.001 ng/μL - 0.0088 ng/μL (range) be processed; and*
- (b) *that some or all new samples in the range 0.001 ng/μL - 0.0088 ng/μL will go directly for amplification rather than for concentration?*

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10. On the 3rd of June 2022, Lara Keller, A/Executive Director verbally asked me to consider alternate workflow options that did not include the 'DNA insufficient' workflow, so that these workflows could be put forward to Shaun Drummond, Director-General, Queensland Health. I drafted options and supplied them to Lara Keller and Alison Slade via email and I had conversations with both of them about those options.
11. One of the alternative workflow options that I put forward was one where samples that had been previously deemed 'DNA insufficient' would be processed directly for amplification, without a concentration process first.

Question 3

Explain your involvement in detail, with reference to material and information you had access to in relation to the decisions, meetings, discussions or correspondence in relation to the decisions, and others' contribution to the decisions. Include in your answer your understanding of:

- (a) *Who made the decisions;*
 - (b) *When the decisions were made;*
 - (c) *The reasons for each decision;*
 - (d) *The material or information on which the decisions were based;*
 - (e) *The meetings, discussions or correspondence in relation to each decision;*
 - (f) *What consultation or communication was undertaken with or to staff in the forensic DNA laboratory, before or after the decisions;*
 - (g) *what consultation or communication was undertaken with or to the Queensland Police Service, before or after the decisions.*
12. As far as I am aware, the alternative workflow options were provided to the Director-General, Queensland Health, as requested.
13. I do not know who made the decisions, when the decisions were made, the reasons for each decision, the correspondence in relation to each decision. To my knowledge, no



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consultation was undertaken with staff in the Forensic DNA Analysis laboratory or QPS before the decision was made.

14. Staff in the Forensic DNA Analysis laboratory were verbally advised by Lara Keller regarding the decision at 2pm on the 6th of June 2022. Please see attached – Exhibit **CA-23** – Meeting appointment to communicate decision_20220606.
15. Lara Keller advised Superintendent Bruce McNab of the change in workflow on the 21st of June 2022. Please see attached – Exhibit **CA-24** – ‘Email to Supt McNab re workflow change_20220622’.

Question 4

Explain in detail your consideration, communications, discussions and meetings that led to:

- (a) *Your email to Lara Keller dated 3 June 2022, 3.58pm, including identifying:*
 - (i) *the reasons the email was prepared;*
 - (ii) *How those options were identified, including identification of anyone with whom options were discussed and the content of the discussions;*
 - (iii) *Whether other options were identified which were not presented in the email;*
 - (iv) *Whether either option constitution a reversion to the process in place prior to 2018;*
 - (v) *How it was determine that option 1 was “preferable”;*
 - (vi) *What were the benefits and risks of each option;*
 - (vii) *How it was decided which benefits and risks to include in the email;*
 - (viii) *What consideration you undertook, of the benefits and risks of each option in terms of obtaining a DNA profile that could be compared to a reference sample or uploaded to the NCIID;*
 - (ix) *What material you relied on to prepare the email;*


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(b) *Lara Keller's email to Shaun Drummond, dated 3 June 2022, 5.10pm.*

16. On the 3rd of June 2022, Lara Keller, A/Executive Director verbally asked me to consider alternate workflow options that did not include the 'DNA insufficient' workflow, and to provide a preferred option. I considered options and supplied them to Lara Keller and Alison Slade via email.
17. I verbally discussed options with Justin Howes, Team Leader on the afternoon of the 3rd of June 2022. The two alternative options were identified during this discussion and those were put forward. I also verbally discussed costing with Paula Brisotto, Team Leader on the afternoon of the 3rd of June 2022. The verbal request from Lara Keller had been to consider what costs would be incurred and if additional staff would be required.
18. No options other than those presented in the email were identified.
19. The option that constituted a reversion to the process in place immediately prior to the Options Paper, was listed as Option 2.
20. Option 1 was determined as 'preferable' because all DNA samples would be processed through to DNA profiling stage and would provide staff members with DNA profiling outcome for all quantitation values.
21. The benefits of Option 1 were the provision of a DNA profile outcome for all quantitation values. This option is a viable workflow and ensures that an assessment can be made on the profiling outcome before additional processing has taken place, which may include testing that is not currently validated within the laboratory. The assessment may include item criticality, other DNA profiles obtained for other items within the case, the potential probative value of those DNA profiles, the case context and any other information available to the scientist. This workflow also allows for scientists to evaluate the DNA profile outcomes before and after concentration, if additional processing is undertaken. The theoretical risk of Option 1 was that the decreased DNA extract volume doesn't allow for the generation of a DNA profile that can be interpreted, however the laboratory has not collated data to support or not support this. The benefits of Option 2 were the concentration of low quantitation


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samples prior to amplification, which could lead to a DNA profile that is able to be interpreted and was a recommendation from the PowerPlex 21 validation report. This option is a viable workflow. The risks of Option 2 are that there may be no DNA sample remaining after the concentration step and thereby might not allow for other testing to be undertaken on the sample if required. The concentration step is a manual process, which could mean that an unintended human error that is detrimental to the sample might occur (ie no DNA profile is able to be obtained). As it is a manual process which requires numerous repetitive actions and could be a workplace health and safety issue for staff members undertaking this process. Please see attached – Exhibit CA-25 – PowerPlex21 – Amplification of extracted DNA Validation v2.0 – signed’.

22. The risks and benefits that were included in the email were included to assist with a brief summary of the options.
23. I undertook an assessment of each alternate workflow option to assist with obtaining a DNA profile that could be interpreted and compared with reference samples or uploaded to the National Criminal Investigation DNA Database (NCIDD).
24. I relied on my working knowledge of the laboratory and its workflows to prepare the email.
25. I was present in Lara Keller’s office when she prepared the email for Shaun Drummond. As Lara formulated the email, she read parts of it to me.

Question 5

If you had no involvement in the decisions made on or about 6 June 2022, or consideration leading to that decision, what is your understanding, and explain the basis for your understanding, of the following:

- (a) *Who made those decisions;*
- (b) *When those decisions were made;*
- (c) *The reasons for each decision;*
- (d) *The material or information on which each decision was based;*

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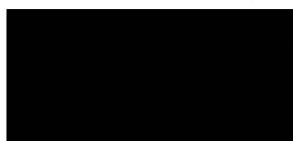
- (e) *The meetings, discussions or correspondence in relation to each decision;*
- (f) *What consultation or communication was undertaken with or to staff in the forensic DNA laboratory, before or after each decision;*
- (g) *what consultation or communication was undertaken with or to the Queensland Police Service, before or after each decision.*

26. Please see detailed responses above.

Question 6

Explain any discussion about or reconsideration of the decisions of 6 June 2022 that occurred between 6 June 2022 and 19 August 2022 and identify:

- (a) *Who was involved;*
 - (b) *What occurred in any correspondence or discussions;*
 - (c) *The reason for any discussion or reconsideration.*
27. On the 15th of August 2022, I had a video meeting with Mr Glen Rice QC, Megan Fairweather, Chief Legal Counsel and Karen Watson, Crown Law. Please see attached – Exhibit – **CA-26** – Meeting appointment 15 August 2022.
28. During the meeting, it was highlighted that I had not been clear in an explanation regarding options that had been put forward as alternative workflows to the one that was currently in place (ie a workflow that did not include the ‘DNA insufficient’ workflow).
29. On 16 August 2022, I met with Megan Fairweather and Karen Watson who assisted me with preparing the correction to the previous information. Please see attached – Exhibit – **CA-27** – ‘Meeting appointment 16 August 2022’. I then prepared the correction to the previous information put forward.
30. I provided an email to Helen Gregg, Acting Executive Director outlining the situation. Please see attached - Exhibit – **CA-28** - Email to A-EDFSS re advice regarding information supplied_20220816’; Exhibit – **CA-29** - Email att Email of Forensic DNA



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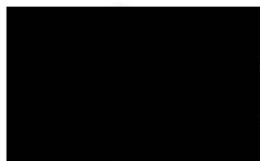
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testing impacts to DG 5.10pm_20220603 -; Exhibit – CA-30 - Email att Email of draft proposal to EDFSS 3.59pm_20220603; and Exhibit – CA-31 - Email att Email of draft proposal to EDFSS 4.38pm_20220603. I reviewed an email that Helen Gregg wished to send to the A/Director-General. The purpose of my review was to confirm edits made by Helen were correct. Please see attached– Exhibit – CA-32 - Email re review of email information for DG re correction_20220816.

31. On 17 August 2022, I met with Megan Fairweather, Karen Watson, Helen Gregg to discuss the submission that was to be put to David Rosengren, Acting Director-General. Please see attached Exhibit CA-33 - Meeting Appointment 17 August 2022. The meeting discussed that the advice being put forward was to correct my unintended human error and to provide additional context and information due to different staff members now being involved.
32. I assisted with reviewing the wording to be contained with an email to advise the Acting Director-General of the updated advice.
33. On 17 August 2022, Helen Gregg sent an email to David Rosengren, Acting Director-General regarding wording to describe pre-2018 thresholds and options. I was included among the recipients of that email. Please see attached – Exhibit – CA-34 – Email to DG re correction to information supplied from A-EDFSS_20220817; Exhibit – CA-35 – Email att Extract 19.4 from SOP 17117V19; and Exhibit – CA-36 – Email att Email of Forensic DNA testing impacts to DG 5.10pm_20220817.
34. I assisted with reviewing a Director-General Memorandum, which was drafted by Megan Fairweather. Please see attached – Exhibit CA-37 - Email discussion re draft wording for DG Memo_20220817; and Exhibit CA-38 - Email att DG Memo – Required amendment to FSS SOP 17117V19 – 17 August 2022.

Question 7

What involvement, if any, did you have in a decision made on or about 19 August 2022, or consideration leading to that decision, to determine the process to be followed for Priority 1 or 2 samples with a quantitation value between 0.001 ng/μL and 0.0088 ng/μL? Explain your involvement in detail, with reference to material and information you had access to in relation



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to the decision, meetings, discussions or correspondence in relation to the decision, and others' contribution to the decision. Include in your answer your understanding of:

- (a) *Who made that decision;*
- (b) *When the decision was made;*
- (c) *The reasons for the decision;*
- (d) *The reason for reconsidering the decisions made on 6 June 2022;*
- (e) *The material or information on which the decision was based;*
- (f) *The meetings, discussions or correspondence in relation to the decision;*
- (g) *What consultation or communication was undertaken with or to staff in the forensic DNA laboratory, before or after the decision;*
- (h) *what consultation or communication was undertaken with or to the Queensland Police Service, before or after the decision.*

35. On 19 August 2022, a meeting was held between Megan Fairweather, Helen Gregg, Justin Howes, Paula Brisotto and me to discuss one aspect of consultation that had been undertaken with QPS. The discussion was regarding aspects of the concentration process and was concerned to ensure that the concentration process complied with QPS' direction that written approval must be gained prior to exhausting the DNA sample. Please see attached – Exhibit – CA-39 – Meeting appointment 19 August 2022. No other Forensic DNA Analysis staff members were present at that meeting.
36. Helen Gregg sought confirmation on sample volume required for DNA testing from the Institute of Environmental Science and Research Limited (ESR). Please see attached – Exhibit – CA-40 – Email confirmation of sample volume required by international lab_20220819.
37. As far as I am aware, the Acting Director-General reflected on the decision from 6 June 2022, based on the additional information provided and consultation with QPS. The Acting Director-General then made a decision and outlined this in a memorandum. The



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material upon which the decision may have been based (and of which I am aware) has been provided above.

38. The Acting Director-General issued a memorandum regarding a change to the workflow which now included concentration of low quantitation samples, on 19 August 2022. Helen Gregg advised Forensic DNA Analysis staff about this Memo via email. Please see attached – Exhibit **CA-41** - Email issuing DG Memo_20220819; Exhibit – **CA-42** - Email att DG Memo – Reversion to concentration of all Priority 2 samples in range_20220819; and Exhibit – **CA-35** - Email att Extract 19.4 from SOP 17117V19_20220819.
39. I did not undertake any consultation or communication with QPS after the decision.

Question 8

If you had no involvement in the decision made on or about 19 August 2022, or consideration leading to that decision, what is your understanding, and explain the basis for your understanding, of the following:

- (a) *Who made that decision;*
- (b) *When the decision was made;*
- (c) *The reasons for the decision;*
- (d) *The reason for reconsidering the decisions made on 6 June 2022;*
- (e) *The material or information on which the decisions was based;*
- (f) *The meetings, discussions or correspondence in relation to the decision;*
- (g) *What consultation or communication was undertaken with or to staff in the forensic DNA laboratory, before or after the decision;*
- (h) *what consultation or communication was undertaken with or to the Queensland Police Service, before or after the decision.*

40. Please see responses above.


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Reporting of "insufficient DNA" results in the Forensic Register

Question 9

Explain how samples with a quantitation value between 0.001 ng/μL and 0.0088 ng/μL have been reported in the Forensic Register since early 2018 (after the implementation of the "Options Paper").

41. From early 2018 until January 2019, Standard Operating Procedure called 'Explanation of Exhibit Results for Forensic Register' shows that the wording used for this category of samples was:

'This item/sample was submitted for DNA analysis; however the amount of DNA detected at the quantitation stage indicated the sample was insufficient for further processing (due to the limitations of current analytical and interpretational techniques). No further processing was conducted on this item. Please contact Forensic DNA Analysis if further information is required.'

Exhibit – **CA-43** – 34229v2 – Explanation of Exhibit Results for Forensic Register.

42. From January 2019 onwards, the wording for this category of samples in the Forensic Register was 'This item/sample was submitted for DNA analysis. Low levels of DNA were detected in this sample and it was not submitted for further DNA profiling. Please contact the DNA Management Section if this sample is requested to be assessed for further processing. Further processing could include concentration of the low levels of DNA obtained, pooling with other samples (where appropriate), resampling of the parent item (where appropriate), or a combination of processes' (Exhibit **CA-44** – SOP Comment to update Insufficient _20220811).
43. Staff members deemed competent to undertake Quantification of Extract DNA using the Quantifiler Trio DNA Quantification Kit would follow the Standard Operating Procedure called 'Quantification of Extract DNA using the Quantifiler Trio DNA Quantification Kit' to complete the quantification process and upload the results to the Forensic Register. Please see attached – Exhibit **CA-45** - 34045V7 Quant Trio SOP.



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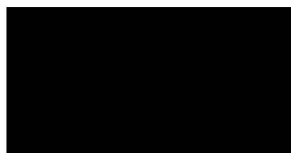
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44. Staff members deemed competent to undertake Technical Review of the result line 'DNA insufficient' would follow the Standard Operating Procedure called 'Miscellaneous Tasks for Analytical Team' on the process to review the result (section 9 Analytical tasks refers). Please see attachment – Exhibit – **CA-46** - 34064V3 Miscellaneous Analytical Procedures and Tasks.
45. Please find attached – Exhibit **CA-47** – Timeline for DNA insufficient reporting

Question 10

Explain how that wording came to be used, including:

- (a) *Who directed or suggested that wording;*
 - (b) *Who wrote the wording;*
 - (c) *Who authorised the wording;*
 - (d) *Your involvement in directing, suggesting, writing or authorising the wording.*
 - (e) *The reasons for directing, suggesting, including, writing or authorising the wording.*
46. After approval was gained for the 2018 Options Paper, Justin Howes, Team Leader was the project lead for the implementation of this body of work. To the best of my knowledge, Justin liaised with Senior Scientists within the Reporting Teams, Sharon Johnstone and Kylie Rika, on the wording that could be used and then provided it to QPS so that it could be included in the Forensic Register in 2018. The explanation of the result from March 2018 until January 2019 was 'This item/sample was submitted for DNA analysis. Low levels of DNA were detected in this sample and it was not submitted for further DNA profiling. Please contact the DNA Management Section if this sample is requested to be assessed for further processing.' This explanation appears in a list of all exhibit explanations on a local drive that Reporting Scientists have access to, in addition to communications from their line managers regarding this. Please see attached Exhibit – **CA-48** – EXH_2018_current full list_strmix2.6 and 4p_21112019.



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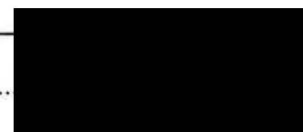


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47. In November 2018, the Team Leaders Justin Howes and Paula Brisotto and I worked together on additional information to be included in the Forensic Register wording for samples deemed 'DNA insufficient'. This was based on feedback from Acting Inspector Gerard Simpfendorfer. Please see attached – Exhibit – **CA-49** – 'Email with A-Insp Simpfendorfer on Microcons_Dec 2018.
48. On 5 December 2018, Justin Howes consulted with Senior Scientists within the Reporting Teams – Sharon Johnstone and Kylie Rika on the updated wording for the Forensic Register for samples deemed 'DNA insufficient', among other wording changes. Please see attached Exhibit – **CA-50** – Email advice from Team Leader to line managers_20181205 and Exhibit – **CA-51** - Email att Consolidation of mixtures lines_Dec 2018_v4_with robot rules_final_20181205.
49. On 7 December 2018, Acting Inspector Simpfendorfer requested an update on the progress of Forensic Register wording changes (with the samples deemed 'DNA Insufficient' change being a part of that). I advised Acting Inspector Simpfendorfer that the final revised wording was undergoing peer review. Please see attached - Exhibit **CA-52** – Email from JHowes to A-Insp Simpfendorfer re wording_20181211; and Exhibit – **CA-53** – 'Email att Consolidation of mixture lines_Dec2018_v4_with robot rules_final_20181211'.
50. On 11 December 2018, Justin Howes provided the final version of the result wording for the Forensic Register to Acting Inspector Simpfendorfer. The wording put forward was "This item/sample was submitted for DNA analysis. Low levels of DNA were detected in this sample and it was not submitted for further DNA profiling. Please contact the DNA Management Section if this sample is requested to be assessed for further processing. Further processing could include concentration of the low levels of DNA obtained, pooling with other samples (where appropriate), resampling of the parent item (where appropriate), or a combination of processes'. Reference to DNA Management Section is a section with QPS Forensic Services Group. Please see Exhibit **CA-53**.
51. On 11 December 2018, Acting Inspector Simpfendorfer advised Troy O'Malley, bdna (the developer of the Forensic Register), that the wording changes for the Forensic



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Register had been completed and supplied the spreadsheet of wording changes. The implementation date for the updated Forensic Register wording was set for 2 January 2019. Please see attached – Exhibit – **CA-54** – Email advice to update reporting lines_A-Insp Simpfendorfer_20181211.

52. On 13 December 2018, Justin Howes supplied Acting Inspector Simpfendorfer with a full list of exhibit explanations and advised that Forensic DNA Analysis staff would be happy to collaborate in the review process with QPS DNA Management Section staff and investigators. Please see attached – Exhibit – **CA-55** – Email A-Insp Simpfendorfer Jhowes re results wording_20181213; and Exhibit – **CA-56** – Email at EXH_2018_post v2.6_20181213.
53. On 11 August 2022, Justin Howes added a comment against the Standard Operating Procedure for Explanation of Exhibit Reports in the Forensic Register, 34229v3 regarding the result wording available on the Forensic Register for samples deemed ‘DNA insufficient’. Please see attached – Exhibit – **CA-45** – SOP comment to update DNA insufficient_20220811.
54. I do not have access to QPS’ corporate system called QPRIME, so I’m unable to provide evidence regarding DNA explanations that may appear there.

Question 11

Explain how that wording was explained to the Queensland Police Service.

55. After the Ministerial Taskforce Review in 2005, the laboratory worked with QPS to establish electronic reporting of results. Scientists were able to choose an appropriate result line within AUSLAB that was transferred across to the Forensic Register with a further explanation. Liaison between the laboratory and QPS Results Management Unit was undertaken to ensure that there was an understanding of the explanations for the results. This liaison continued over the years as additional electronic results were added and explanations were refined. A recent example of this liaison is between Justin Howes and staff members from the QPS Results Management Unit on a spreadsheet to update and refine the further explanations. This liaison occurred between March 2021

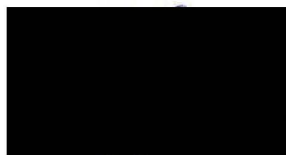


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- and July 2021. Please see attached Exhibit – **CA-57** – QPS response_July 2021_EXH_Proposed changes_Draft copy JAH working on_March 2021 (003).
56. On 11 December 2018, Acting Inspector Simpfendorfer advised that QPS planned ‘on conducting a review of all DNA result wording with some investigators and other police officers to ensure they are able to understand the DNA result wording’. Acting Inspector Simpfendorfer also asked if FSS staff members would like to be part of the review process to assist the QPS DNA Management Section staff and investigators in explaining particular wording. Please see attached – Exhibit – **CA-58** - Email from A-Insp Simpfendorfer re result wording_20181211.
57. On 14 January 2019, Inspector Neville provided a spreadsheet where QPS staff members had provided feedback on the result wording to assist with their comprehension. Please see attached – Exhibit – **CA-59** - Email from Insp Neville re review of FR wording_20190114; and Exhibit – **CA-60** - Email att Copy of EXH_2018_post v2.6 (003)(002)_20190114. On 15 January 2019, FSS hosted staff members from QPS to review the result wording that was used. After the meeting, Inspector Neville provided a copy of the reporting model used by the New South Wales forensic laboratory, an updated spreadsheet with agreed comments from the meetings and advised that he would be seeking feedback from QPS Investigators. Please see attached – Exhibit – **CA-61** - Email from Insp Neville after review of results reported meeting_20190115; Exhibit **CA-62** - Email att FASS Forensic Biology DNA Item Reporting Results Gloassary_20190115; Exhibit **CA-63** – Email from Insp Neville after meeting to discuss FR wording_20190116; and Exhibit **CA-64** – Email att Copy of EXH_2018_post v2.6 (003) (002)_20190116.
58. To my knowledge, staff from Forensic DNA Analysis have not been extended an invitation to be part of a workshop or session to seek feedback from QPS Investigators regarding DNA wording as suggested by Acting Inspector Simpfendorfer and Inspector Neville.



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Question 12

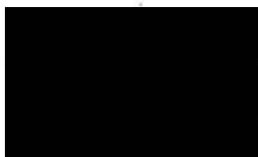
Explain what steps were taken by you, or others in the DNA Analysis Unit, to ensure the Queensland Police Service understood the words used.

59. After the Ministerial Taskforce Review in 2005, the laboratory worked with QPS to establish electronic reporting of results. Scientists were able to choose an appropriate result line within AUSLAB that were then transferred across to the Forensic Register with a further explanation. Liaison between the laboratory and QPS Results Management Unit was taken to ensure that there was an understanding of the explanations for the results. This liaison continued over the years as additional electronic results were added and explanations were refined. This can be evidenced by the changes in the explanations that occurred over time through the Standard Operating Procedure called Explanation of Exhibit Report Results. A recent example of this continued liaison was between Justin Howes, Paula Brisotto and staff members from the QPS Results Management Unit on a spreadsheet to update and refine the further explanations. This liaison occurred between March 2021 and July 2021. Please see attached Exhibit – CA-57 – (same as above QPS response July 2021_EXH_Proposed changes_Draft copy JAH working on_March 2021 (003). Please see attached – Exhibit CA-65 – Standard Operating Procedure – Explanation of Exhibit Report Results for a number of versions.

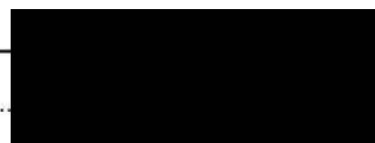
Reporting of “insufficient DNA” results in formal witness statements**Question 13**

Explain how samples with a quantitation value between 0.001 ng/μL and 0.0088 ng/μL have been reported in formal witness statements of reporting scientists since early 2018 (after the implementation of the "Options Paper").

60. Staff members are able to use suggested wording from the Standard Operating Procedure called ‘Explanation of Exhibit Results for Forensic Register, 34229v2’ or information contained within a list of all exhibit explanations on a local drive that Reporting Scientists have access to (available within Forensic Reporting & Intel Folder), in their Statement of Witness document. Staff may devise wording that is



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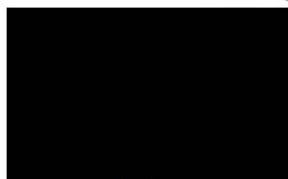
similar to the suggested wording in the Standard Operating Procedures and the wording used is accepted during the peer review process.

61. On 5 December 2018, Justin Howes consulted with Senior Scientists within the Reporting Teams – Sharon Johnstone and Kylie Rika on the updated wording for the Forensic Register for samples deemed ‘DNA insufficient’, among other wording changes. Please see attachments – **CA-50 and CA-51** for Email advice from Team Leader to line managers_20181205 and Email att Consolidation of mixtures lines_Dec 2018_v4_with robot rules_final_20181205.
62. On 5 August 2022, Mr Shaun Drummond, Acting Director-General, Queensland Health issued a Memorandum regarding the urgent amendment of the Standard Operating Procedure was required. Please see attached Exhibit – **CA-66** – DG Memo – Urgent Amendment. The Memorandum explained that the wording may convey the impression that further processing or analysis is not possible, and suggested alternative text that is to be used in Statement of Witness documents.
63. On 11 August 2022, Justin Howes added a comment against the Standard Operating Procedure for Explanation of Exhibit Reports in the Forensic Register, 34229v3 regarding the result wording available on the Forensic Register for samples deemed ‘DNA insufficient’. Please see attachment – Exhibit **CA-44** for – SOP comment to update DNA insufficient_20220811.

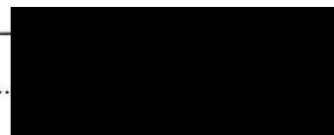
Question 14

Explain how that wording came to be used, including:

- (a) *Who directed or suggested that wording;*
- (b) *Who wrote the wording;*
- (c) *Who authorised the wording;*
- (d) *Your involvement in directing, suggesting, writing or authorising the wording;*
- (e) *The reasons for directing, suggesting, including, writing or authorising the wording.*




Catherine Allen



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64. Staff members deemed competent to issue Statement of Witness documents access the below Standard Operating Procedure to prepare the document:
- (a) Standard Operating Procedure called 'Procedure for the Release of Results using the Forensic Register, 34006' outlines in 'Section 5 Statement of Witness' which allows for a Forensic DNA Analysis staff member to prepare a document summarising the results obtained. This Standard Operating Procedure detailed steps for cases that were undertaken with the Forensic Register. Please see attached exhibit **CA-67** – Procedure for the Release of Results using the Forensic Register, 34006V1.
 - (b) An updated Standard Operating Procedure called 'Explanation of Exhibit Results for Forensic Register, 34229v2' outlines the paragraph that is available for Queensland Police Services officers on their corporate system once a result of 'DNA insufficient for further processing' is released from the laboratory. This is detailed on page 36 of the Standard Operating Procedure. Please see attached exhibit **CA-43**.
65. Staff members are able to use suggested wording from the Standard Operating Procedure called 'Explanation of Exhibit Results for Forensic Register, 34229v2' in their Statement of Witness document. Staff may devise wording that is similar to the suggested wording in the Standard Operating Procedures and the wording used is accepted during the peer review process.
66. I am not aware of who directed or suggested the wording available within the Standard Operating Procedure called 'Explanation of Exhibit Results for Forensic Register, 34229v2'. The staff member with update responsibility for this Standard Operating Procedure is listed as Kylie Rika and the author listed within the document is Hannah Pattison.
67. I approve most Standard Operating Procedures within the Quality Information System (QIS2) for Forensic DNA Analysis. My involvement was limited to the approval process of the Standard Operating Procedures within QIS2.



Catherine Allen



Witness

Question 15

Explain how that wording was explained to the Queensland Police Service, the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers and the judiciary.

68. On 23 August 2018, Justin Howes gave a presentation to QPS DNA Results Management Unit with respect to DNA processes, DNA profiling and the use of STRmix. This presentation included an overview of samples deemed 'DNA insufficient' and the process to request these samples to be processed. Please see attached – Exhibit – CA-68 – DRMU_STRmix and profiling_23082018_JAH
69. As far as I recall, I was not involved in explaining the wording to QPS, the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers and the judiciary.

Question 16

Explain what steps were taken by you, or others in the DNA Analysis Unit, to ensure the Queensland Police Service, the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers, the judiciary and any other relevant stakeholder, understood the words used.

70. FSS has made a 1800 phone number ([REDACTED]) available to QPS officers and other legal officers. This number is staffed by the Scientific Services Liaison Unit and QPS officers or legal officers are able to call regarding enquiries and be directed to scientists that can answer their queries.
71. Continued liaison between Forensic DNA Analysis and staff members from QPS DNA Results Management Unit has assisted with the understanding of the explanation of DNA results.
72. On 23 August 2018, Justin Howes gave a presentation to QPS DNA Results Management Unit with respect to DNA processes, DNA profiling and the use of STRmix. This presentation included an overview of samples deemed 'DNA insufficient'. Please see attached – Exhibit – CA-68.

[REDACTED]

Catherine Allen

[REDACTED]

Witness

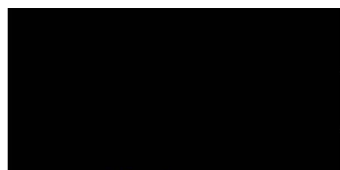
73. As far as I recall, I did not take any steps to ensure the words were understood by the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers and the judiciary. In my experience as Managing Scientist, the responsibility for explaining the subject words would sit with the Management Team, which includes Team Leaders and myself. I say this because Senior Scientists engage with the Office of the Director of Public Prosecutions to draft statements for court purposes, subject to oversight of the statement process by Team Leaders and myself.

“No DNA” results

Question 17

Explain the decisions by which samples were reported in the Forensic Register (or predecessor program/s) as "No DNA detected" or words to similar effect since 2003, including:

- (a) *a timeline of what samples were reported in that way at what time;*
 - (b) *who decided that certain samples would be reported in that way, and when;*
 - (c) *the reasons for each decision, including why the relevant quantitation thresholds were used;*
 - (d) *the material or information on which each decision was based.*
74. In order to assist the Commission, I caused a member of staff, Abigail Ryan, to prepare a timeline of process changes in Forensic DNA Analysis for ‘No DNA detected’ results. Please see attached – Exhibit **CA-47** – ‘Timeline for No DNA reporting’.
75. 11 July 2011 - Change management project #80 reviewed quantitation data from Priority 3, Volume Crime samples to advise QPS of a revised workflow that could be implemented. Please see attached– Exhibit – **CA-69** - bundle of documents for Change Proposal #80 Volume Undetermined. On 8 July 2011, email correspondence from Paula Brisotto (nee Taylor) was sent to staff members regarding the review of data that had been conducted and the approval of Superintendent Michael Keller (now retired) was gained for Priority 3, Volume Crime samples only. This process was implemented on 11 July 2011. Please see attached – Exhibit **CA-70** – Email communications. Staff



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members followed Standard Operating Procedure called Procedure for Case Management #17117V15 – section 6.4 refers.

76. 10 and 11 December 2012 – samples were reported in a particular category based on Standard Operating Procedure called ‘Procedure for Case Management v17117v16’ – please see attached – Exhibit – CA-71 – ‘Procedure for Case Management’. The basis of this Standard Operating Procedure was the Change Management Proposal #107 - PowerPlex®21 Amplification of Extracted DNA Validation v2.0 (Exhibit – CA-25 used at Q4). The Quantifiler Human DNA Quantitation kit limit of detection at that time was 0.00214ng/μL.
77. 4 November 2015 – the change to the way samples were reported was based on the implementation of the Quantifiler Trio DNA Quantification Kit. The final report for the validation of the Quantifiler Trio DNA Quantification Kit recommended that the laboratory’s limit of detected be set at 0.001ng/μL. Please see attached Exhibit – CA-72 – Validation-Quantifiler Trio final report signed.

Report of “no DNA” results in the Forensic Register

Question 18

Explain how samples with a quantitation value below 0.001 ng/μL (from approximately 2015 to present) and below 0.00214 ng/μL (from approximately 2012 to approximately 2015) have been reported in the Forensic Register (or predecessor program/s).

78. From approximately 2012 to approximately 2015, DNA samples with a quantitation result that is either ‘undetermined’ or less than the quantification limit of detection of 0.00214ng/μL were reported as ‘No DNA detected’. These results were reported within AUSLAB and transferred across to the Forensic Register. Staff members deemed competent in this task would follow Standard Operating Procedure – Procedure for Case Management 17117V16 – Section 6.4. Please see attached – Exhibit CA-71 – Procedure for Case Management 17117v16.
79. From approximately 2015 to present, DNA samples with a quantitation result that is less than 0.001ng/μL were reported as ‘No DNA detected’ in the Forensic Register. This quantitation value was recommended in the final report of the Validation of



Catherine Allen



Witness

Quantifiler Trio project. Staff members deemed competent in this task would follow Standard Operating Procedure – Procedure for Case Management 17117V19 – Section 6.6.4. Please see attached – Exhibit **CA-73** – Procedure for Case Management 17117v19.

Question 19

Explain how that wording came to be used, including:

- (a) *Who directed or suggested that wording;*
 - (b) *Who wrote the wording;*
 - (c) *Who authorised the wording;*
 - (d) *Your involvement in directing, suggesting, writing or authorising the wording;*
 - (e) *The reasons for directing, suggesting, including, writing or authorising the wording.*
80. The way that samples were reported as ‘No DNA detected’ was based on the Change Management Proposal #107 - PowerPlex®21 Amplification of Extracted DNA Validation v2.0. The quantitation limit of detection was 0.00214ng/μL. Exhibit – **CA-25**.
81. The way samples were reported was based on the implementation of the Quantifiler Trio DNA Quantification Kit. The final report for the validation of the Quantifiler Trio DNA Quantification Kit recommended that the laboratory’s limit of detected be set at 0.001ng/μL. Exhibit – **CA-71**.
82. Standard Operating Procedures called Procedure for Case Management (17117) and Explanation of Exhibit Results in Forensic Register (34229) outline the way in which these types of samples are reported and their explanation.
83. I am not aware of who directed or suggested the wording available within the Standard Operating Procedures called Procedure for Case Management (17117) and Explanation of Exhibit Results in Forensic Register (34229). The staff member with update responsibility for Procedure for Case Management version 16 is listed as Thomas

 Catherine Allen

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Nurthen, and the authors listed in the document are Alicia Quartermain, Emma Caunt and Justin Howes. The staff member with update responsibility and author list in the document for version 19 is Justin Howes. The staff member with update responsibility for the Explanation of Exhibit Results in Forensic Register is listed as Kylie Rika.

84. I approve most Standard Operating Procedures within the Quality Information System (QIS2) for Forensic DNA Analysis. My involvement was limited to the approval process of the Standard Operating Procedures within QIS2.

Question 20

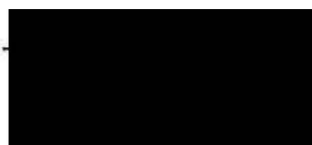
Explain how that wording was explained to the Queensland Police Service.

85. A process of liaison between the laboratory and QPS DNA Results Management Unit has been in place for a number of years to ensure that there was an understanding of the explanations for the results. This liaison has continued as additional electronic results were added and explanations were refined. 'No DNA detected' result line has been included in this process.
86. A recent example of this continued liaison was between Justin Howes, Paula Brisotto and staff members from the QPS Results Management Unit on a spreadsheet to update and refine the further explanations. This liaison occurred between March 2021 and July 2021, which includes the result of 'No DNA detected'. Please see attached Exhibits – CA-58 to CA-65.

Question 21

Explain what steps were taken by you, or others in the DNA Analysis Unit, to ensure the Queensland Police Service understood the words used.

87. The continued liaison between Forensic DNA Analysis and QPS DNA Results Management Unit was captured within a spreadsheet where QPS DNA Results Management had reviewed the explanation for DNA results. Neither Forensic DNA Analysis nor QPS DNA Result Management recommended any changes to the current wording for 'No DNA detected' as it was considered a good summary of the result. Please see attached Exhibit – CA-58 to CA-65.



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88. FSS has made a 1800 phone number (1800 000 377) available to QPS officers and other legal officers. This number is staffed by the Scientific Services Liaison Unit and QPS officers or legal officers are able to call regarding enquiries and be directed to scientists that can answer their queries.
89. Continued liaison between Forensic DNA Analysis and staff members from QPS DNA Results Management Unit has assisted with the understanding of the explanation of DNA results.
90. On 23 August 2018, Justin Howes gave a presentation to QPS DNA Results Management Unit with respect to DNA processes, DNA profiling and the use of STRmix. This presentation included an overview of samples deemed 'No DNA detected'. Please see attached – Exhibit – CA-68.
91. I do not have access to QPS' corporate system called QPRIME so I'm unable to provide evidence regarding DNA explanations that may appear there.

Reporting of "No DNA" results in formal witness statements

Question 22

Explain how samples with a quantitation value below 0.001 ng/μL (from approximately 2015 to present) and below 0.00214 ng/μL (from approximately 2012 to approximately 2015) have been reported in formal witness statements of reporting scientists.

92. From approximately 2012 until approximately 2015, in their Statement of Witness documents, staff members were able to use suggested wording from the Standard Operating Procedures called 'Explanations of Exhibit Report Results, 23008v12' and 'Explanations of Exhibit Report Results, 23008v13' or information contained within a list of all exhibit explanations on a local drive that Reporting Scientists have access to (available within Forensic Reporting & Intel Folder). Additionally, staff could devise wording that was similar to the suggested wording in the Standard Operating Procedures and the wording used had to be accepted during the peer review process. Please see attached – Exhibit – CA-74 – 'Explanations of Exhibit Report Results, 23008v12'; Exhibit – CA-75 – 'Explanations of Exhibit Report Results, 23008v13'; and Exhibit – CA-76 – EXH_2012_v1.0_QPS'.



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93. Since approximately 2015 onwards, in their Statement of Witness documents staff members have been able to use suggested wording from the Standard Operating Procedure called 'Explanation of Exhibit Results for Forensic Register, 34229v1' or information contained within a list of all exhibit explanations on a local drive that Reporting Scientists have access to (available within Forensic Reporting & Intel Folder). Additionally, staff may devise wording that is similar to the suggested wording in the Standard Operating Procedures and the wording used needs to be accepted by the peer reviewer during the peer review process. Please see attached – Exhibit – CA-77 – Explanation of Exhibit Results for Forensic Register, 34229v1'.

Question 23

Explain how that wording came to be used, including:

- (a) *Who directed or suggested that wording;*
 - (b) *Who wrote the wording;*
 - (c) *Who authorised the wording;*
 - (d) *Your involvement in directing, suggesting, writing or authorising the wording;*
 - (e) *The reasons for directing, suggesting, including, writing or authorising the wording.*
94. Staff members are able to use suggested wording from the Standard Operating Procedure called 'Explanations of Exhibit Report Results, 23008v12', 'Explanations of Exhibit Report Results, 23008v13' or 'Explanation of Exhibit Results for Forensic Register, 34229v1' in their Statement of Witness document. Staff may devise wording that is similar to the suggested wording in the Standard Operating Procedures and the wording used is accepted during the peer review process. Exhibits – CA-74, CA-75 and CA-77.
95. I am not aware of who directed or suggested the wording available within the Standard Operating Procedure called 'Explanations of Exhibit Report Results, 23008v12', 'Explanations of Exhibit Report Results, 23008v13' or 'Explanation of Exhibit Results for Forensic Register, 34229v1'. The staff member with update responsibility for the



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Standard Operating Procedure – ‘Explanations of Exhibit Report Results’ is listed as Paula Brisotto. The staff member with update responsibility for the Standard Operating Procedure – ‘Explanations of Exhibit Results for Forensic Register’ is listed as Kylie Rika and the author listed within the document is Emma Caunt. Exhibits – CA-74, CA-75 and CA-77.

96. I approve most Standard Operating Procedures within the Quality Information System (QIS2). My involvement was limited to the approval process of the Standard Operating Procedures within QIS2.

Question 24

Explain how that wording was explained to the Queensland Police Service, the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers and the judiciary.

97. To the best of my knowledge, I did not have any involvement in explained the wording to QPS, the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers and the judiciary. In my experience as Managing Scientist, the responsibility for explaining the subject words would sit with the Management Team, which includes Team Leaders and myself. I say this because Senior Scientists engage with the Office of the Director of Public Prosecutions to draft statements for court purposes, subject to oversight of the statement process by Team Leaders and myself.

Question 25

Explain what steps were taken by you, or others in the DNA Analysis Unit, to ensure the Queensland Police Service, the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers, the judiciary and any other relevant stakeholder understood the words used.

98. FSS has made a 1800 phone number [REDACTED] available to QPS officers and other legal officers. This number is staffed by the Scientific Services Liaison Unit and QPS officers or legal officers are able to call regarding enquiries and be directed to scientists that can answer their queries.

[REDACTED]
Catherine Allen

[REDACTED]
Witness

99. Continued liaison between Forensic DNA Analysis and staff members from QPS DNA Results Management Unit has assisted with the understanding of the explanation of DNA results.
100. On 23 August 2018, Justin Howes gave a presentation to QPS DNA Results Management Unit with respect to DNA processes, DNA profiling and the use of STRmix. This presentation included an overview of samples deemed 'No DNA detected'. Please see attachment – Exhibit – **CA-68**.
101. To the best of my knowledge, I did not take any steps to ensure the words were understood by the Office of the Director of Public Prosecutions, Legal Aid Queensland, criminal defence solicitors and barristers and the judiciary.

Elution volume

Question 26

Explain why the DNA Analysis Unit uses a final elution volume of 100µL. Attach any validations, Standard Operating Procedures or other documents relevant to the selection of this volume.

102. The laboratory undertook an evaluation of a number of commercial DNA extraction chemistries to compare their overall performance against the current extraction protocol in use (Chelex). This project recommended that the Promega DNA IQ kit was the most suitable kit for extraction cell and blood samples. Please see attached – Exhibit – **CA-78** – 'Project 9 – Report on the Evaluation of Commercial DNA Extraction Chemistries'.
103. The laboratory undertook a project to validate a manual method of extracting DNA using the Promega DNA IQ system. This validation recommended that the manual DNA IQ protocol should be used for cell and blood samples. Page 8 of the validation report details that 'the final volume after the second elution should be approximately 95µL'. Please see attached – Exhibit – **CA-79** – 'Project 11 Validation of Extraction Chemistry report v1.0'



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104. Verification of an Automated Promega DNA IQ Protocol on an automated platform was undertaken. This automated protocol was designed to mimic the validated manual method with minor modifications, including a double elution method of 2 x 50µL, as per page 4 of the report. Please see attached – Exhibit – CA-80 – ‘Project 13 – Report on the Verification of an Automated DNA IQ Protocol using the MultiPROBE II PLUS HT EX with Gripper Integration Platform’.
105. Additional projects were undertaken to ensure that a process was devised to ensure that presumptive testing for α -Amylase could be undertaken (Project 21), and that a process that could be performed to ensure that varying sample size and substrate material type (Project 22, which included supernatant retention) could be undertaken prior to the automated process. Please see attached – Exhibit – CA-81 – Project 21 – Report Retained Supernatant DNA IQ v0.5 FINAL’; and Exhibit – CA-82 – Project 22 – Report Off-Deck Lysis Report v0.7 FINAL’.
106. The laboratory undertook a number of verification projects to assess the suitability and reproducibility of the Promega Maxwell 16 MDx instruments for extracting DNA from different substrates. Please see attached – Exhibit – CA-83 – Project #70 Report – verification of DNA IQ on Maxwell’; Exhibit – CA-84 – ‘24897v7 DNA IQ method of extracting DNA’; Exhibit – CA-85 – Signed report – proposal #79 Maxwell Tapelifts’; Exhibit – CA-86 - ‘Signed report – Proposal #83 Maxwell Fabrics’; Exhibit – CA-87 - Signed report – Proposal #84 Maxwell Paper & Gum’; Exhibit – CA-88 - #85 Report – Maxwell 16 Diff Lysis’; Exhibit – CA-89 – Signed report – Proposal #86 Maxwell Hair & Fingernails’; Exhibit – CA-90 – Verification final report #122 Maxwell extraction from tissue’; and Exhibit – CA-91 – Verification report #123 Maxwell 16 DNA extraction of bone’.

TAKEN AND DECLARED before me at Brisbane in the State of Queensland this
19 September 2022

[REDACTED]

Catherine Allen

[REDACTED]
Witness [REDACTED]



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CA-81.	Project 21 – Report Retained Supernatant DNA IQ v0.5 FINAL	2027-2032
CA-82.	Project 22 – Report Off-Deck Lysis Report v0.7 FINAL	2033-2040
CA-83.	Project #70 Report – verification of DNA IQ on Maxwell	2041-2058
CA-84.	24897v7 DNA IQ method of extracting DNA	2059-2088
CA-85.	Signed report – proposal #79 Maxwell Tapelifts	2089-2104
CA-86.	Signed report – Proposal #83 Maxwell Fabrics	2105-2113
CA-87.	Signed report – Proposal #84 Maxwell Paper & Gum	2114-2121
CA-88.	#85 Report – Maxwell 16 Diff Lysis	2122-2158
CA-89.	Signed report – Proposal #86 Maxwell Hair & Fingernails	2159-2167
CA-90.	Verification final report #122 Maxwell extraction from tissue	2168-2183
CA-91.	Verification report #123 Maxwell 16 DNA extraction of bone	2184-2205

