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**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Monday, September 26, 2022 12:21 pm  
**To:** Helen Gregg <[REDACTED]>  
**Cc:** Miller.LarissaN[OSC] <[REDACTED]> Lara Keller  
<[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

Hi Helen

Thanks for this information. Can you confirm that testing of samples in the range has been paused and when that might have occurred, please. This pause was requested whilst you considered and reported back on the concerns raised by your staff about the appropriateness of concentrating to a blanket volume. Is the timeframe below an indication of when you might get back to us as to whether or not there is any basis to the concerns raised (by one scientist and corroborated by two others independently)? Is it possible to get some indication as to whether this has any basis sooner please? We cant really wait months to test some of these samples.

Regards

David

---

**From:** Helen Gregg <[REDACTED]>  
**Sent:** Monday, 26 September 2022 09:50  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** Miller.LarissaN[OSC] <[REDACTED]> Lara Keller  
<[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Hi David,

We are making progress, but as with any scientific idea, it needs enough of the right data with robust analysis. This takes time. I envisage it will be months not days or weeks until this proposal is properly evaluated.

Regards  
Helen



**Helen Gregg**

Quality Manager

**Forensic and Scientific Services**

Prevention Division, Queensland Health

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**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Saturday, 24 September 2022 11:41 AM  
**To:** Helen Gregg <[REDACTED]>  
**Cc:** Miller.LarissaN[OSC] <[REDACTED]> Lara Keller  
<[REDACTED]>  
**Subject:** Re: FSS SOP draft memo

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Hi Helen

I am just following up on your email dated 16th indicating some initial feedback this week. I wondered if this could be provided soon given the temporary pause. I apologise if I missed this.

Regards

David Neville  
Inspector, FSG  
[REDACTED]

---

**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Wednesday, September 21, 2022 2:52 pm  
**To:** Lara Keller <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

Thank you Lara

I hope you and your team are being looked after at this difficult time.

Dave

---

**From:** Lara Keller <[REDACTED]>  
**Sent:** Wednesday, 21 September 2022 14:51  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** Miller.LarissaN[OSC] <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Good afternoon David

Thanks for the email and request.

I have briefed up and will be in contact when I'm able.

Thanks and Kind Regards

Lara



**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML

A/Executive Director

**Forensic and Scientific Services**

Prevention Division, Queensland Health

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**From:** Neville.DavidH[OSC] <[REDACTED]>

**Sent:** Tuesday, 20 September 2022 9:55 AM

**To:** Lara Keller <[REDACTED]>

**Cc:** Miller.LarissaN[OSC] <[REDACTED]>

**Subject:** RE: FSS SOP draft memo

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Hi Lara

This week a third scientist made a request to concentrate to a different volume because they thought that concentrating to 35uL was not appropriate for that sample. We are in a position now that we have multiple experts indicating that the concerns raised initially may be valid.

This is a formal request from QPS made in consultation with A/Supt Larissa Miller. Please note that it is only a request for a temporary pause until Helen can advise as to whether there is any risk in the recent process adopted.

Regards



**David Neville**

Inspector

Biometrics

Forensic Services Group

Operations Support Command

Ph: [REDACTED]

Mob: [REDACTED]

[REDACTED]

---

**From:** Lara Keller <[REDACTED]>  
**Sent:** Tuesday, 20 September 2022 08:56  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** Miller.LarissaN[OSC] <[REDACTED]> Helen Gregg  
<[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Good morning David

Thank you for your email.

Could you be very specific about your request please, and confirm whether this represents a formal request from QPS?

We are presently under the direction of the QH A/Director General, as per the memo dated 19 August 2022. Any proposed change to current practice would require consultation and clearance by his office before implementation could even be considered.

I will await your advice.

Thanks and Kind Regards

Lara



**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML  
A/Executive Director

**Forensic and Scientific Services**

Prevention Division, Queensland Health

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**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Tuesday, 20 September 2022 8:47 AM  
**To:** Lara Keller <[REDACTED]> Helen Gregg  
<[REDACTED]>  
**Cc:** Miller.LarissaN[OSC] <[REDACTED]>  
**Subject:** FW: FSS SOP draft memo

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Hi Helen and Lara

I appreciate the efforts being undertaken to assess the concerns about the potential risk of evidence being lost if samples in the range of .001-.0088ng/uL (the range) are concentrated to a blanket volume.

Out an abundance of caution, I would request QHFSS temporarily pause testing P1 or P2 samples within the range until the matter is resolved, please.

This temporary pause of testing of samples in the range is contingent on QPS receiving advice on the outcome of your data analysis.

Could you please confirm by return email that such testing has been paused.



**David Neville**  
Inspector  
Biometrics  
Forensic Services Group  
Operations Support Command  
Ph: [REDACTED]  
Mob: [REDACTED]

---

**From:** Neville.DavidH[OSC]  
**Sent:** Friday, 16 September 2022 13:28  
**To:** Helen Gregg <[REDACTED]>  
**Cc:** Lara Keller <[REDACTED]> McCarthy.DuncanJ[OSC]  
<[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

Hi Helen  
Thankyou  
David

---

**From:** Helen Gregg <[REDACTED]>  
**Sent:** Friday, 16 September 2022 11:57  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** Lara Keller <[REDACTED]> McCarthy.DuncanJ[OSC]  
<[REDACTED]> Helen Gregg  
<[REDACTED]>  
**Subject:** Re: FSS SOP draft memo

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Hi David,

Lara has passed this on to me. I will be able to give you a better indication of timeframe by the end of next week.

Regards  
Helen



## Helen Gregg

Quality Manager

### Forensic and Scientific Services

Prevention Division, Queensland Health

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a 39 Kessels Road, Coopers Plains, QLD 4107  
e [REDACTED] w [www.health.qld.gov.au](http://www.health.qld.gov.au)

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**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Friday, 16 September 2022 7:17 AM  
**To:** Lara Keller <[REDACTED]>  
**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Hi Lara

I understand that DNA analysis is destructive and that consumption of the sample is unavoidable when the quantity present is low. Its hard to give a blanket decision that any sample can be completely consumed given it will depend on numerous factors, but there is also a risk in trying to preserve sample when the DNA is present in low concentration. As I understand it, if a sample is concentrated to a volume that is too dilute and half of it is processed, the likelihood of getting a result is very low meaning that half of the sample might be wasted with the remaining half now being too low in concentration to be of any use.

If QHFSS is able to reliably undertake a test that is likely to yield a useful profile, the testing should be undertaken even if it might exhaust the extract. This might include microconcentration to an amount less than 35uL. We understand that there is no guarantee such testing will yield a profile. However, if in the scientist's view the technology used at QHFSS is unlikely to yield a forensically meaningful result, consideration needs to be given to allowing the QPS the opportunity to engage the services of another laboratory that has the requisite technology. The scientist's decision should also take into account the existence and nature of any other DNA evidence already available for the particular case.

If QHFSS seeks the QPS to make a decision on testing a sample that may deplete the extract, that would need to be an informed decision based on a recommendation from the scientist.

I do appreciate that you are looking into the concerns raised around the blanket microconcentration policy, especially given the matter has now been raised separately by another scientist. I look forward to the outcome of the data analysis. Given that if the concerns are correct, the practice could be risking the loss of evidence, would it be possible to establish a timeframe around this please.?

Regards



**David Neville**  
Inspector  
Biometrics  
Forensic Services Group  
Operations Support Command  
Ph: [REDACTED]  
Mob: [REDACTED]

---

**From:** Lara Keller <[REDACTED]>  
**Sent:** Thursday, 15 September 2022 13:34  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]> Helen Gregg  
<[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Good morning David

I trust that our conversation yesterday answered your questions and clarified the process in place since 19 August 2022 (per the attachments).

We look forward to receiving definitive advice from QPS regarding permission to consume remaining sample.

In the meantime, we will collate and analyse data (as discussed).

Thanks and Kind Regards

Lara



**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML

A/Executive Director

**Forensic and Scientific Services**

Prevention Division, Queensland Health

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**e** [REDACTED] **w** [www.health.qld.gov.au/fss](http://www.health.qld.gov.au/fss)

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**From:** Neville.DavidH[OSC] <[REDACTED]>

**Sent:** Wednesday, 14 September 2022 12:29 PM

**To:** Lara Keller <[REDACTED]> Helen Gregg

<[REDACTED]>

**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]>

**Subject:** RE: FSS SOP draft memo

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Hi Lara and Helen

Thanks for taking the time to speak to me today. I understand the complexity involved with modifying procedure and validation requirements and the reasons for reverting to a previous processes. For clarity, could you please confirm that the newly adopted process of concentrating all samples to 35uL is the same process that was in place prior to February 2018.

I guess I am still left with the concerns raised by the lab member and whether they have any basis. The specific concerns were:

- The volume a sample should be concentrated to is dependent on the actual quantity of DNA present; and
- Samples with a concentration at the lower end of the 0.001-.0088ng/uL range should be concentrated to a lower volume to ensure the concentration is sufficient to develop a reliable profile; and
- For those samples at the low end of that range, adhering to the directive,



results in a concentrate that is too dilute to provide a result for some samples and the process, as described, wastes half of the already diminished sample. In essence I was advised that the QPS is losing evidence by the current process of blanket concentration to 35uL. Could I please be provided advice as to whether these concerns have any basis please.

Could I ask that the suggested change to the process that involves concentrating to a volume based on the quantity of DNA present be explored to examine its merits please.

Kind regards



**David Neville**  
 Inspector  
 Biometrics  
 Forensic Services Group  
 Operations Support Command  
 Ph: [REDACTED]  
 Mob: [REDACTED]

---

**From:** Lara Keller <[REDACTED]>  
**Sent:** Tuesday, 13 September 2022 13:17  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Thanks David  
 Perfect. How about I call you at 11 am tomorrow?  
 Kind Regards  
 Lara

**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML

A/Executive Director

**Forensic and Scientific Services**

Prevention Division, Queensland Health

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**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Tuesday, 13 September 2022 1:14 PM  
**To:** Lara Keller <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Hi Lara  
Thanks for letting me know. If you have time for a phone call tomorrow that might be helpful. I could make time anytime you like.  
Regards



**David Neville**  
Inspector  
Biometrics  
Forensic Services Group  
Operations Support Command  
Ph: [REDACTED]  
Mob: [REDACTED]

---

**From:** Lara Keller <[REDACTED]>  
**Sent:** Tuesday, 13 September 2022 13:11  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Hello David

Thanks for the email.  
I am not available this afternoon, but could make time tomorrow if there is a suitable time for you and/or Duncan?  
Alternately, I understand we have our regular FSG-FSS meeting on Thursday?

Thanks and Kind Regards

Lara



**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML  
A/Executive Director

**Forensic and Scientific Services**

Prevention Division, Queensland Health

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**From:** Neville.DavidH[OSC] <[REDACTED]>**Sent:** Tuesday, 13 September 2022 8:18 AM**To:** Lara Keller <[REDACTED]>**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]>**Subject:** FW: FSS SOP draft memo

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Hi Lara

Recently I was contacted by the office of the Director-General of QH seeking advice on a proposed new workflow. My advice was basically that the QPS did not hold sufficient expertise to comment on the proposal. I was later given a copy of a memo sent to Helen Gregg that directed all samples in the low quant range to be concentrated to 35uL. Last week a scientist from your DNA lab reached out to me raising concerns that the blanket concentration to 35uL was risking the loss of evidence. As a result I forwarded that concern to Matt Rigby who was the contact in the first instance.

I apologise if it appears that I have gone over your head in this instance, that was not my intent, I was just trying to give information to the apparent decision maker in the instance. I am please that this matter has now been referred you.

Do you have any time today to discuss the matter, please. I have a meeting from 10-11, but I am free mostly after that.

Kind Regards

David Neville

---

**From:** Matthew Rigby <[REDACTED]>**Sent:** Tuesday, 13 September 2022 08:06**To:** Neville.DavidH[OSC] <[REDACTED]>**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]> Lara Keller

&lt;[REDACTED]&gt;

**Subject:** RE: FSS SOP draft memo

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Hi Dave,

We have carefully considered the issues raised in your email below.

Our primary objective is to undertake DNA testing in a manner that has been appropriately validated by FSS scientists and approved by QPS.

We understand that questions have been raised following the decision, on 19 August 2022, to revert to pre-2018 testing processes.

It seems there are also questions about the circumstances in which QPS should approve testing if the result will risk exhausting sample volume.

It might be beneficial for us to arrange a meeting between QPS and key personnel from FSS to discuss these matters. If you agree, can you please contact Lara Keller, A/Executive Director FSS (copied in for ease of reference) to arrange a suitable time.

Kind regards, Matt



**Matt Rigby**

Executive Director

Office of the Director-General

Queensland Health

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**E** [REDACTED]  
**W** [health.qld.gov.au](mailto:health.qld.gov.au)  
**A** [Level 14, 33 Charlotte Street, Brisbane QLD 4000](#)

---

**From:** Neville.DavidH[OSC] <[REDACTED]>

**Sent:** Thursday, 8 September 2022 8:58 AM

**To:** Matthew Rigby <[REDACTED]>

**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]>

**Subject:** FW: FSS SOP draft memo

**Importance:** High

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Dear Matt

I refer to your email below and to the attached directive from A/Director-General Dr Rosengren to the A/Executive Director of the QHFSS that prescribes the manner in which samples in the concentration range of 0.001-0.0088ng/uL are to be processed. In particular I refer to the following instruction:

“For clarity, all Priority 1 and Priority 2 samples with a quantitation result between 0.001ng/uL (LOD) and 0.0088ng/uL, should be concentrated down to a volume of 35uL and undergo one amplification process.”

I have been contacted by a scientist at the QHFSS DNA laboratory who expressed concerns in relation to the attached directive.

To summarise the information provided by the scientist, I was advised that:

- The volume a sample should be concentrated to is dependent on the actual quantity of DNA present; and
- Samples with a concentration at the lower end of the 0.001-.0088ng/uL range should be concentrated to a lower volume to ensure the concentration is sufficient to develop a reliable profile; and
- For those samples at the low end of that range, adhering to the directive, results in a concentrate that is too dilute to provide a result for some samples and the process, as described, wastes half of the already diminished sample.

In short, the scientist expressed the view that by complying with the directive they were wasting evidence and potentially losing the opportunity to obtain a profile from some samples.

The scientist further stated that the scientists should make a decision on the concentration volume based on the Quant Trio data, and that a one size fits all approach is not appropriate. I was informed that other scientists hold the same view and that attempts had been made to raise these concerns with the QHFSS senior leadership team without success.

As outlined in my email response to you of 19 August 2022, the QPS desires to maximise the potential to obtain a profile from every sample, whether that be through services delivered by QHFSS, or by another provider. I mentioned my concern about the micro concentration process exhausting all samples in the context of a warning given by the Managing Scientist in 2018 when the QPS raised concern about the removal of the process. Recent information from the Managing Scientist to the effect that, after amplification, a volume of concentrate that was sufficient for further testing would remain, makes it clear that this original advice was quite incorrect.

If QHFSS is able to reliably undertake a test that has a high likelihood of yielding a useful profile, the testing should be undertaken even if it might exhaust the extract. However, if in the scientist’s view the technology used at QHFSS is unlikely to yield a forensically meaningful result, consideration needs to be given to allowing the QPS the opportunity to engage the services of another laboratory that has the requisite technology. The scientist’s decision should also take into account the existence and nature of any other DNA evidence already available for the particular case.

The QPS requests that attached directive be urgently reviewed in light of and having regard to the concerns raised by the scientist. Could I also be provided return advice on the result of such review, please.



**David Neville**  
Inspector  
Biometrics  
Forensic Services Group  
Operations Support Command  
Ph: [REDACTED]  
Mob: [REDACTED]

---

**From:** Matthew Rigby <[REDACTED]>  
**Sent:** Friday, 19 August 2022 16:29  
**To:** Neville.DavidH[OSC] <[REDACTED]>  
**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]> David  
Rosengren <[REDACTED]>  
**Subject:** RE: FSS SOP draft memo

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Hi Dave,

Thanks for providing your feedback below through to us.

For your information, the Acting DG has approved the attached and this has been provided through to FSS this afternoon.

Thanks Matt



**Matt Rigby**  
Executive Director  
Office of the Director-General  
Queensland Health

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**E** [REDACTED]  
**W** [health.qld.gov.au](http://health.qld.gov.au)  
**A** [Level 14, 33 Charlotte Street, Brisbane QLD 4000](#)

---

**From:** Neville.DavidH[OSC] <[REDACTED]>  
**Sent:** Friday, 19 August 2022 9:22 AM  
**To:** Matthew Rigby <[REDACTED]>  
**Cc:** McCarthy.DuncanJ[OSC] <[REDACTED]>  
**Subject:** FW: FSS SOP draft memo



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Hi Matt

Thank you for the opportunity to comment on the proposed change to the laboratory workflow involving automatic micro-concentration of samples in the concentration range of .001-.0088ng/uL.

The QPS agreed to the removal of this process in February 2018 following a recommendation that was initiated by the DNA laboratory and presented in an Options Paper. The QPS now has some concern about the information it was provided to make this decision including the manner in which the supporting data was derived.

In November 2018 the QPS first raised concern with the Managing Scientist that the removal of the automatic micro-concentration process may have resulted in evidence being missed. At that time the QPS was given an assurance that the success of micro-concentration was very low and that "automatic progression of samples through the Microcon process means that all available DNA extract will be consumed, so no further testing can be conducted on these samples after this step". Based on this advice, the QPS continued with the arrangement.

Due to limitations of the QHFSS DNA laboratory, from time to time the QPS seeks the services of other providers to undertake alternative testing, particularly for low concentration and degraded samples. If the advice from the Managing Scientist is correct, the automatic concentration of all samples in the range of .001-.0088ng/uL could result in the opportunity being lost to use another service provider to obtain important probative evidence. This is a consequence that the QPS is unable to accept as a matter of routine.

The risk is that the proposed directive may result in a sample being exhausted making alternative testing impossible. The QPS does not have the expertise to assess the likelihood of the risk given such an assessment can only be made based on information that is exclusively within the domain of QHFSS. As a result, the QPS considers the decision to reimplement automatic micro-concentration an internal matter that QH must decide in the context that the customer (the QPS) desires to maximise the potential to obtain a profile from every sample, whether that be by services delivered by QHFSS or by another provider that can deliver a service QHFSS is not resourced to deliver.

Regards

**David Neville**  
Inspector  
Biometrics  
Forensic Services Group





Operations Support Command

Ph: [Redacted]  
Mob: [Redacted]

**From:** Matthew Rigby <[Redacted]>  
**Sent:** Wednesday, August 17, 2022 7:10 pm  
**To:** Neville.DavidH[OSC] <[Redacted]>  
**Cc:** David Rosengren <[Redacted]>  
**Subject:** FSS SOP draft memo

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Hi Dave,

Thanks for your time today and as discussed with the Acting DG and myself this afternoon, please find attached a draft memo that has been prepared and the associated SOP extract to provide some further clarity to our staff at FSS.

Appreciate any feedback/input that you have from a QPS perspective.

Thanks Matt



**Matt Rigby**  
Executive Director  
Office of the Director-General  
Queensland Health

**M** [Redacted]  
**E** [Redacted]  
**W** [health.qld.gov.au](http://health.qld.gov.au)  
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## Examination of post mortem and associated samples from deceased persons

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Not Current



## 1 Purpose

The purpose of this procedure is to describe the procedures for the examination of evidentiary items from deceased persons by scientists in Forensic DNA Analysis using the Forensic Register.

## 2 Scope

This procedure applies to all Forensic DNA Analysis staff that examine or interpret examinations of items from deceased persons, including post mortem (PM) samples, tissue samples, and bone samples for coronial casework and Disaster Victim Identification. This standard operating procedure is an adjunct to individual methods for particular screening tests.

The nature of post mortem and associated samples from deceased persons is sensitive and may be confronting to some staff. Care and caution should be taken by all staff when examining samples of this nature and briefing and debriefing conducted where necessary.

If attendance in the mortuary is required, staff should first attend mortuary awareness training.

## 3 Definitions

Periosteum - The connective tissue layer that separates the bone from the muscle.

Compact Bone - Hard, compact bone found in bones including long bones and the cranium.

Cancellous Bone - 'Spongy' bone found in bones including short bones, the ends of long bones, and vertebrae.

Chisel Blocks - Thick, hard plastic blocks that provide a chiselling surface for the bones.

Dremel® Tool - A handheld electrical tool with multiple attachment bits. [Not necessarily Dremel® brand]

Bone Saw - A handheld manual surgical saw, used for cutting through compact bone.

Canister/Dewar - The small 10 L liquid nitrogen canister used for transferring liquid nitrogen to the Freezer Mill®.

Main Liquid Nitrogen Vessel - Located inside the secure fencing, outside and to the right of Block 6.

Liquid Nitrogen - A colourless, odourless liquid (N<sub>2</sub>), with a temperature of -146.9°C used to freeze bone fragments prior to crushing. Inhalation of the gas can cause asphyxiation, and direct contact with the liquid can cause severe frostbite.

Cylinder Extractor - An instrument used to extract the cylinder from the Freezer Mill® and remove one of the bungs from the cylinder.

SPEX 6775 Freezer Mill® - The piece of equipment used to crush bone fragments into bone powder.

Freezer Mill Cylinder - A hard plastic cylinder containing the bone sample, which is inserted into the Freezer Mill®.

Bungs - The two metal stoppers fitted to the ends of a Freezer Mill® cylinder.

Impactor - A small metal cylinder that facilitates bone crushing inside the Freezer Mill® cylinder.

Cylinder Extractor - An instrument used to extract the cylinder from the Freezer Mill® and remove one of the bungs from the cylinder.

## 4 Notification of processing and delivery of samples

### 4.1 Notification of processing required

Depending on the case circumstances, including whether identification has been requested by the coroner or a DNA profile is required by QPS or other matters.

Notifications will arrive via one or both of the following methods:

- a) E-mails to the following staff: Evidence Recovery Supervising Scientist, Team Leader FRIT, Team Leader ER&Q.
- b) An FR task/request to the Evidence Recovery Supervising Scientist as this will also populate the Unit Worklist allowing the Evidence Recovery Team to action samples requiring processing. Once sampling is complete, the request / task can be marked as request complete.

If no notification is received and the item has populated the received worklist, a request / task is to be sent to SSLU to determine testing requirements.

### 4.2 Requesting sample delivery from Property point

Upon receipt of notification of samples requiring processing, a request needs to be made to property to have the samples delivered to DNA Analysis. This can be done by creating a request task and complete as per [Figure { SEQ Figure \\\* ARABIC } Request to Property Point](#) for delivery of exhibits [below](#).



Figure { SEQ Figure \\* ARABIC } Request to Property Point for delivery of exhibits

## 5 Examination



### 5.1 Post Mortem Samples

PM samples may include sexual assault swabs and/or slides (high vaginal, low vaginal, vulval etc.), body swabs, pubic hair, head hair, fingernail clippings or scrapings.


Intimate swabs (i.e. those taken for a sexual offence including vaginal, anal and oral) are examined according to standard SAIK examination procedures.




Sometimes the fingernail clippings include a portion of tissue or part of the finger. In this case a moistened swab can be used to sample potential foreign DNA from the underside of the nail, taking care not to sample the deceased person's tissue (i.e. targeting the distal end of the nail).

#### 5.1.1 Description of PM packaging



1. Retrieve the PM samples from the freezer location and track to your examination bench in the evidence recovery laboratory via exhibit movement.
2. Photograph the packaging and upload images to I:\FR Images. (refer to QIS document 33771 – Examination of In-tube samples (Forensic Register) Appendix 1).
3. From the main menu screen scan the barcode of the PM samples into the search field in the top right corner.
4. Scroll down to exhibit testing table, click the add  symbol.
5. In the Testing/Analysis table process field select item exam from the dropdown menu.
6. In the packaging and sample assessment notes field tick the “seal and packaging intact” box if this is the case. If the packaging and seals are not intact use the notes field to describe the nature of the packaging and seals. Note: the “sample meets requirements” box is specific to in-tubes and not to be used for item exam.
7. Describe any labelling on the packaging. List the contents and for each item state whether it is to be examined or not.
8. Click on the Save  symbol


#### 5.1.2 Description of PM contents and image upload

1. Click the Examination Summary tab.
2. Click the add  symbol.
3. Change the start time to a time before your photos were taken. In the duration field add an estimate time for your examination.
4. The following check boxes must be ticked as this is required for compliance with software requirements: Examination location – General, Recording Method – Photo General (can tick Photo Explicit if images are of a sensitive nature) and Recording Method – No Case File.

5. In the Examination notes field type a summary of the PM contents.
6. In the exhibits examined field scan the PM barcode.
7. Click on the Save  symbol.
8. Click the Related files  symbol.
9. The file upload box will open, click the add files button.
10. Navigate to I:\FR Images and find the relevant packaging images. Multiple images can be selected by holding down the Ctrl button. Click open.
11. Click the start upload button.
12. Once the images have uploaded click the close  symbol.

### 5.1.3 Registration of PM contents – creating child exhibits



1. Assign each item in the PM a new barcode.
2. Click the Add  Related exhibits symbol.
3. Scan/type the barcode of your first swab into the exhibit barcode field.
4. Choose the category (e.g. fingernails).
5. Type in the description (e.g. left) Note: abbreviations must not be used.
6. In the Located/Owner field copy the description from the parent item. If there is additional information within the “Located/Owner” field of the parent item which will indicate ownership, e.g. a name, “victim” or “suspect” etc. this is to also be included.
7. In the parent barcode field add the parent barcode.
8. Tick the Admission/Intel box.
9. Tick the box - sample has been collected in strict compliance with CSE101 Biological Evidence.
10. Click on the Save  symbol.
11. To add more child exhibits click on the back button.
12. Edit the exhibit barcode of the 2<sup>nd</sup> child exhibit.
13. Choose the category.
14. Type in the description of the 2<sup>nd</sup> child.

15. Click on the Save  symbol.
16. Repeat steps 11-15 for every component of the PM.
17. Note: These steps are not required for PM components that do not require examination.

#### 5.1.4 Examination of PM


1. For each item in the PM perform the item exam procedure. Refer to SOP 33800 Examination of Items and SOP [33798](#) Examination of sexual cases for detailed procedures. Perform any necessary presumptive testing and microscopy as needed.
2. Follow the below scenarios on how to submit the sample for extraction:
  - a. If the sample is to be submitted in entirety (e.g. all 5 fingernails submitted together) then the original barcode can be used for submission.
  - b. If only part of the sample is to be submitted (e.g. hair), this sample needs to be processed under a new barcode (proceed to [5.1.5 Creating sub-samples](#)).
  - c. If the sample is to be split into 2 or more parts (e.g. some fingernails TMB positive and some with no red/brown staining) then these samples need to be processed under two or more new barcodes (proceed to [5.1.5 Creating sub-samples](#)). The presumptive test should be added to the parent barcode.

#### 5.1.5 Creating sub-samples

1. Scroll down to exhibit testing table, click the add  symbol.
2. In the process field select subsample.
3. In the SubID field enter in the barcode of the subsample.
4. In the subtype dropdown list select MISC.
5. In the notes field add a description of the subsample.
6. Click on the Save  symbol.
7. Repeat for further sub-samples.

#### 5.1.6 Converting sub-samples to child exhibits

1. Click on the exhibit register tab.
2. Click the add exhibit symbol.
3. Enter barcode of subsample in the exhibit barcode field.
4. In the category field select the relevant subsample type from the dropdown menu.
5. Add description of subsample.

6. In the Located/Owner field copy the description from the parent item. If there is additional information within the "Located/Owner" field of the parent item which will indicate ownership, e.g. a name, "victim" or "suspect" etc. this is to also be included.
7. In the parent barcode field add the parent barcode.
8. Tick the Admission/Intel box.
9. Ensure "sample has been collected in strict compliance with CSE101 Biological Evidence" has been ticked as this box is an IT requirement.
10. Add your FR User ID in the Delivery Officer Rego field, press tab and your surname will auto-populate. In the station field select Queensland Health Scientific.
11. Click on the Save  symbol.

#### 5.1.7 Testing on child exhibit

1. Perform an item exam on each child exhibit, enter the ERT-AS rack barcode into the storage ID field and record the tube lot number.
2. If any of the child exhibits require additional testing (i.e. presumptive testing or microscopy), refer to QIS document 33800 – Examination of Items (Forensic Register) for the recording of this testing.

#### 5.1.8 Analytical notes

For all adult female internal swabs (e.g. cervical, high vaginal and low vaginal) submitted for DLYS, add the analytical note 'Ext and hold on EFRAC'.

#### 5.1.9 Exhibit result lines

Add exhibit result lines as required.

### 5.2 Assessment of samples for submission for DNA profiling

#### 5.2.1 Tissue

To obtain the best possible DNA profile, the following needs to be assessed:

1. The smell of the tissue can determine decomposition (no odour is preferable, mild to strong odour indicates decomposition and is not recommended).
2. Colour of tissue (red to pink is preferable, brown to green indicates decomposition and is not recommended).
3. Tissue type (good quality muscle, organ tissue and flesh is preferable, cartilage and connective tissue is less preferable, fatty tissue should be avoided). Good success has been obtained from fingernails previously.

Note: This is a guide only, and many environmental factors, possible tissue diseases, and anatomical features can affect obtaining a DNA profile from tissue. If the tissue is poor quality, and good quality bone is available from the same set of remains, bone should be submitted for DNA profiling in addition to the tissue.

#### 5.2.2 Bone

To obtain the best possible DNA profile, the order of sample preference is as follows:





1. Adhering muscle tissue that is good quality and not decomposed.
2. Good quality compact bone.
3. Good quality, intact teeth with no fillings or caries (molar teeth preferable).
4. Good quality cancellous bone.


Note: This is a guide only, and many environmental factors and anatomical features can affect obtaining a DNA profile bone. If good quality tissue is available from the same set of remains, the tissue should be submitted for DNA profiling in preference to bone.




## 5.3 Bone Samples

### 5.3.1 Examination of bone

1. Retrieve the bone sample from the freezer location and track to the bone room via exhibit movement.
2. Photograph the packaging and the bone and upload images to I:\FR Images. (refer to QIS document 33771 – Examination of In-tube samples (Forensic Register) Appendix 1)
3. Scroll down to exhibit testing table, click the add  symbol
4. In the Testing/Analysis table process field select item exam from the dropdown menu
5. In the packaging and sample assessment notes field tick the “seal and packaging intact” box if this is the case. If the packaging and seals are not intact use the notes field to describe the nature of the packaging and seals. Note: the “sample meets requirements” box is specific to in-tubes and not to be used for item exam. Describe any labelling on the packaging.
6. Add the description of the exhibit and details of sampling. Include the number of bones, a description of the quality and level of decomposition, colour, size and remarkable features.
7. Click on the Save  symbol.

### 5.3.2 Examination Summary and image upload

1. Click the Examination Summary tab.
2. Click the add  symbol.
3. Change the start time to a time before your photos were taken. In the duration field add an estimate time for your examination.
4. The following check boxes must be ticked as this is required for compliance with software requirements: Examination location – General, Recording Method – Photo General (can tick Photo Explicit if images are of a sensitive nature) and Recording Method – No Case File.
5. In the Examination notes field type a summary of the packaging and contents.

6. In the exhibits examined field scan the bone barcode.
7. Click on the Save  symbol.
8. Click the Related files  symbol.
9. The file upload box will open, click the add files button.
10. Navigate to I:\FR Images and find the relevant images. Multiple images can be selected by holding down the Ctrl button. Click open.
11. Click the start upload button.
12. Once the images have uploaded click the close  symbol.

### 5.3.3 Sampling of bone

If good quality muscle tissue is present this should be removed from the bone sample and submitted for DNA profiling.

Before crushing any good quality compact or cancellous bone, it must be thoroughly cleaned. This procedure is essential for obtaining a DNA profile.

**De-fleshing** is performed when any tissue not viable for DNA analysis, is adhered to the bone. The bone should be defrosted enough to allow easy removal of the tissue. To defrost the bone place it on paper, with the exhibit label details, under the fume hood. Never leave the bone for more than a few hours.

Use a sterile scalpel to thoroughly remove all tissue down to the bone, including the periosteum, and bone marrow. No visible tissue should remain on the bone, or in any cavities. Use a petri dish to hold the discarded tissue during this process and retain in original container. Great caution should be taken to avoid injury, including always use the scalpel in a direction away from the hand. Sterile tweezers can be used to hold the bone firmly in some instances.

**Ethanol scrubbing** of the bone is performed on dry bones or de-fleshed bones to remove all fatty residue and potential contaminants prior to crushing. Place the bone in a petri dish, and either pour the ethanol (100%), or use a transfer pipette to saturate the bone. Use a new toothbrush to thoroughly scrub all surfaces of the bone. Care should be taken to scrub away from the scientist's body to avoid being splashed.

Repeat this process, discarding the old petri dishes in a bio-hazard bin, until all fatty residue or visible contaminants are removed. Ideally, the bone should be scrubbed until no ethanol discolouration is observed in the petri dish after scrubbing. Place the bone on a clean Rediwipe to dry. Discard the toothbrush in a bio-hazard bin.

**Bone sanding** occurs after de-fleshing and ethanol scrubbing. A bone usually requires sanding if there is a possibility of contamination, if potential inhibitors are present on the surface, or if certain anatomical features of the bone need removing to increase the quality of the crushed bone submitted for DNA profiling.

Place paper and the bone in the fume hood and plug in the Dremel® tool with the appropriate tool bit attached. Sand the bone in short bursts so as not to overheat the bone while removing the outer layer of all surfaces. Chiselling the bone into a few small pieces first, may make sanding easier, and allow access to all surfaces.

Eye protection must be worn. A pair of forceps or mini long-nose pliers can be used to hold the bone firmly if required.

**Chiselling** the bone into small pieces is necessary to safely fit the fragments into the cylinder prior to bone crushing. Place some paper, the chisel block and base, hammer, chisels, and clean Rediwipes on the bench with the bone. Place the clean Rediwipe cloth on the chisel block and wrap the bone sample securely in the Rediwipe cloth to prevent escape of bone during chiselling. Use the hammer and chisel to break the bone into pieces sufficient to fit into the crushing cylinder and still allow the impactor to fit.

Care must be taken to avoid injury with the hammer and chisel during this process. Always ensure the bone is stable prior to striking it with the hammer and chisel and score the bone first with the chisel before hitting it heavily with the hammer to prevent the chisel from slipping sideways. Where a suitably guarded chisel is available, this must be used in preference to an unguarded chisel in order to prevent the hammer impacting the hand.

Prior to removing any good quality teeth from the jaw, or crushing any loose teeth, you must obtain permission from a Forensic Odontologist. Even single teeth can be used as an identification tool for Forensic Odontologists, who will require examination of the teeth prior to DNA sampling. Perform any de-fleshing, ethanol scrubbing, and bone sanding on at least two teeth as described above. Carefully split the tooth into small pieces with the chisel, in preparation for bone crushing. All teeth can be crushed in the same cylinder, providing there is no indication they could have originated from different individuals.

#### 5.3.4 Bone equipment control

Place the bungs, impactor and cylinder on a clean piece of bench paper. Use a sterile swab lightly moistened with Nanopure water to swab the inner facing surface of both bungs, inside the cylinder, and the impactor. Place the swab head into a labelled 2ml tube. One equipment control must be prepared for each cylinder set used.

#### 5.3.5 Loading bone fragments into the cylinder

On a separate, clean piece of bench paper, fasten one bung into the end of the cylinder, and place bone fragments inside. Caution must be taken to not overload the cylinder with bone. The size and quantity of bone fragments should not prevent the impactor from moving freely to each end of the cylinder. This can be tested by fastening the second bung into the cylinder and vigorously shaking the cylinder from side to side. If the impactor does not make contact with both bungs, then either remove some bone fragments, or further chisel the bones into smaller fragments.

Warning: Overloading the cylinder with bone will reduce crushing efficiency and may cause excess pressure to build up which could dislodge the bungs during crushing.

#### 5.3.6 Operation of the Freezer Mill®

1. Fill the Freezer Mill® with liquid nitrogen (see Appendix 1: Procedure for safe handling of Liquid Nitrogen).
2. Ensure both bungs are securely fastened into the cylinder and insert the cylinder into the Freezer Mill® with the largest of the two bungs facing outwards.

3. Slowly close and fasten the lid and turn on the Freezer Mill®.
4. Select the Control Panel button.
5. Press the green Run button.
6. The freezer mill will complete the following:
  - Pre-cool – 10 mins
  - Run – 30 seconds
  - Cool – 3 minutes
  - Run – 30 seconds
7. At completion the display will indicate Run Complete.

If during the Freezer Mill® cycle, unusual or inconsistent sounds occur at the crushing time, stop the program, turn off the Freezer Mill®, and inspect the cylinder. If the impactor has become jammed, remove the bone fragments from the cylinder. Reload the cylinder taking care with the size and quantity of bone fragments selected for crushing. If the cylinder has been damaged, it will have to be replaced and the Freezer Mill® will have to be decontaminated.

#### 5.3.7 Removing the cylinder from the Freezer Mill® after cycle completion

When the Freezer Mill® cycle is completed, turn the Freezer Mill® power off at the wall and disconnect the cord from the Freezer Mill® socket at the back of the machine to avoid contact with the liquid nitrogen. Slowly open the Freezer Mill® lid and use the cylinder extractor to remove the cylinder.

The thick, padded safety glove must be worn on the hand holding the cylinder during emptying of the bone powder from the cylinder, as the cylinder will remain cold enough to cause injury. It is advisable to allow the cylinder to warm up for several minutes to reduce the pressure before attempting to open it.

The lid of the Freezer Mill® can remain open to facilitate evaporation of remaining liquid nitrogen; however other Scientists working in the area must be warned.

#### 5.3.8 Transferring the bone powder from the cylinder to a tube

During the Freezer Mill® cycle set out a clean piece of filter paper away from any other biological sample being analysed.

Fasten the cylinder extractor to the large bung and turn the handle clockwise as far as possible. Avoid moving the cylinder extractor side to side, as it will split and warp the cylinder. Holding the cylinder tight with the thick gloved hand, turn the handle of the cylinder extractor clockwise once more until the bung is released from the cylinder.

**Note:** Wait several minutes for the pressure to equalise before attempting to open the vial. The extremely cold vial has a strong vacuum inside that makes opening it very difficult. As the temperature increases the vacuum pressure decreases until the vial can be opened easily.

Empty the contents of the cylinder into a 5 mL stock tube, this may be easier using a filter paper funnel. If bone powder is adhered to the sides of the cylinder, gently tap the cylinder on the bench to loosen. Fasten the stock tube lid until sub-sampling of the bone.



**Note:** If the smaller bung is lodged in the cylinder, insert the metal rod into the cylinder, and use the hammer to hit the metal rod until the bung is removed.

#### 5.3.9 Sub-sampling the bone powder



Sub-sampling of the stock bone powder should occur as soon as possible after completion of crushing. Bleach the surface of the bone scales and calibrate them with a 2mL tube without the lid.




Approximately 100mg of bone powder should be weighed into each 2mL tube. At least three sub-samples should be prepared from each crushed bone. Record the exact weight of each sub-sample.

#### 5.3.10 Creating sub-samples

8. Scroll down to exhibit testing table, click the add  symbol.
9. In the process field select subsample.
10. In the SubID field enter in the barcode of the subsample.
11. In the subtype dropdown list select MISC.
12. In the notes field add a description of the subsample and the weight.
13. Add storage location (ERT-AS rack) and press tab to find the next position number.
14. Record the tube lot number.
15. In the technique field select DNA Extraction.
16. In the method field select Organic Bone.
17. Click on the Save  symbol.
18. Repeat for further sub-samples.

#### 5.3.11 Registration of bone equipment control

1. Scroll down to exhibit testing table, click the add  symbol.
2. In the process field select subsample.
3. In the SubID field enter in the barcode of the subsample.
4. In the subtype dropdown list select MISC.
5. In the notes field add the description "Bone equipment control".
6. Click on the Save  symbol.

7. Click on the exhibit register tab.
8. Click the add exhibit symbol.
9. Enter barcode of the equipment control swab in the exhibit barcode field.
10. In the category field select control sample from the dropdown menu.
11. Add "bone equipment control" in the description field.
12. In the Located/Owner field copy the description from the parent item. If there is additional information within the "Located/Owner" field of the parent item which will indicate ownership, e.g. a name, "victim" or "suspect" etc. this is to also be included.
13. In the parent barcode field add the parent barcode (bone).
14. Tick the Admission/Intel box.
15. Ensure "sample has been collected in strict compliance with CSE101 Biological Evidence" has been ticked as this box is an IT requirement.
16. Add your FR User ID in the Delivery Officer Rego field, press tab and your surname will auto-populate. In the station field select Queensland Health Scientific.
17. Click on the Save  symbol.
18. Scroll down to exhibit testing table, click the add  symbol.
19. In the process field select Analytical Note.
20. In the notes field add "Equipment Control".
21. Add storage location (ERT-AS rack) and press tab to find the next position number.
22. Record the tube lot number.
23. In the technique field select DNA Extraction.
24. In the method field select Organic Bone.
25. Click on the Save  symbol.



### 5.3.12 Printing subsample tube labels

1. In the exhibit testing table click the date/time hyperlink for the subsample.
2. Click on the barcode symbol (hovering over the button will state 3-part tube barcode).
3. A new window will open displaying the 3-part subsample label (Note the label will contain the parent barcode and the subsample barcode). Click the printer icon.
4. Select the relevant printer and click print.



5. Repeat process for all subsample labels.

### 5.3.13 Finalisation of bone sampling

1. Scroll down to the exhibit testing table and click on the date/time hyperlink of the item exam.
2. Click the edit  button.
3. In the notes field add details of any bone stock powder remaining, or if the crushed bone powder has been exhausted.
4. Click on the Save  symbol.
5. Track bone to freezer returns location via exhibit movement.
6. Transfer the ERT-AS transfer rack to the hatch in extraction sorting.

## 5.4 Tissue Samples

Tissue samples may include such things as flesh, muscle, organ, paraffin tissue blocks, products of conception or partial/intact foetuses.

### 5.4.1 Examination of tissue samples

If tissue samples are received within a bag of multiple samples follow [Post Mortem Samples](#). Refer to 33800 – Examination of Items (Forensic Register) for all other examination procedures. Presumptive testing is not required on tissue samples.

Note: For all tissue samples (with the exception of paraffin tissue) select the extraction method QIASymphony Pre-Lysis unless otherwise notified by the analytical team. Paraffin tissue must have Nucleopsin Tissue selected in the method field.

### 5.4.2 Sampling of tissue from bone

If good quality muscle tissue is adhered to a bone sample this should be removed and submitted for DNA profiling in preference to performing bone crushing.

Upon physical examination of the bone sample, remove any extraneous material and excise a portion of tissue no bigger than 0.5cm. Chop finely and place the tissue in a labelled 2mL tube. Avoid touching the outside of the tubes with dirty gloves.

## 6 Associated Documentation

- QIS: [17140](#) – Procedure for the Identification and Examination of Hairs  
 QIS: [17185](#) – Detection of Azoospermic Semen in Casework Samples  
 QIS: [17186](#) – The Acid Phosphatase Screening Test for Seminal Stains  
 QIS: [17189](#) – Examination For & Of Spermatozoa  
 QIS: [17190](#) – Tetramethylbenzidine Screening Test for Blood  
 QIS: [22857](#) – Anti-contamination Procedure  
 QIS: [23849](#) – Common Forensic DNA Analysis Terms and Acronyms  
 QIS: [23959](#) – Storage Guidelines for Forensic DNA Analysis  
 QIS: [29696](#) – Taking Reference DNA Samples at Coronial Autopsy: Guidelines for Pathologists & Mortuary Staff  
 QIS: [30355](#) – Operation of ELSA

QIS: [33771](#) – Examination of In-tube samples (Forensic Register)

QIS: 33798 – Examination of Sexual Cases

QIS: [33800](#) – Examination of Items (Forensic Register)

## 7 Amendment History

QIS <sup>2</sup> Edition			
Version	Date	Updated By	Amendments
1	18/07/2017	A Ryan & A McNevin	First issue.
2	30/01/2019	C Savage	Added step 3 in section 5.1.4. Amended screen shots. Amendments to reflect changes in processes. Added 5.1.9 Analytical notes.
3	12/10/2020	A Ryan & A McNevin	Amendments to reflect change in cleaning procedures. Unnecessary screenshots removed. Updated freezer mill model number and operating instructions.

Not Current



## 8 Appendices

Appendix 1: Procedure for safe handling of Liquid Nitrogen

Appendix 2: Decontamination and Maintenance of bone sampling instruments

Not Current

## 8.1 Appendix 1: Procedure for safe handling of Liquid Nitrogen

### 8.1.1 PPE required for safe handling of Liquid Nitrogen

The following protective equipment must be worn (found in the "Liquid Nitrogen" box in the bone sampling room) and all bare skin covered:

1. A lab coat fastened at the front, with sleeves rolled down.
2. Thick, padded safety gloves.
3. Fully closed in shoes.
4. Protective face shield.

### 8.1.2 Refilling Canister from Main Liquid Nitrogen Vessel

Two staff members (one to refill, one to observe) must always be present during canister refilling for workplace health and safety. All staff must have completed the safe liquid nitrogen handling training.

A key for the gate padlock to access the main liquid nitrogen vessel is located with Security. Staff members are required to sign for access to this key (Key 50). Note: The gate should always be locked, except when refilling the canister. The area should not be left unlocked and unattended at any time during refilling of the canister. The canister is transported to and from the main liquid nitrogen vessel using a trolley.

Place the main vessel liquid nitrogen nozzle inside the canister and turn on the main valve. The flow of liquid nitrogen into the canister should be steady enough to allow an adequate quantity of liquid nitrogen into the canister without significant evaporation. If the flow is too hard, liquid nitrogen will spurt from the top of the canister, in which case the flow should be reduced.

To reduce evaporation during refilling, keep the main liquid nitrogen nozzle below the liquid nitrogen level in the canister. To determine the level of the liquid nitrogen in the canister, move the main vessel liquid nitrogen nozzle above the liquid nitrogen level in the canister. This can be ascertained by a change in the filling noise made by the main liquid nitrogen nozzle. Fill the canister to approximately 4/5 of its capacity. If the canister is over-filled, the lid of the canister will not fit on securely. The nozzle hose should always be held during this process.

Note: During the filling process, the observing staff member must stand clear of the area to avoid potential contact with the liquid nitrogen, and inhalation of nitrogen gases. The person refilling the canister must avoid inhalation of vapours by positioning themselves upwind. The main valve must be turned off immediately if either person is being overcome by the nitrogen gas.

Once the canister is filled to the appropriate level, turn the main valve off tightly and return the main vessel liquid nitrogen nozzle from the canister to the nozzle holder. Replace the canister lid and lock the gate to the main liquid nitrogen vessel area. The staff member transporting the canister back to the laboratory must continue to be escorted by the observing staff member.

### 8.1.3 Filling the Freezer Mill® with Liquid Nitrogen from the Canister

The Freezer Mill® should always be filled on the floor or on the bench. The Freezer Mill® should never be filled on a chair, or any unstable surface.

Other Scientists in the vicinity must be warned to stand clear during pouring of the liquid nitrogen. Fill the Freezer Mill® to the level indicated, and slowly secure the Freezer Mill® lid (close the lid slowly to avoid spurting of liquid nitrogen onto the floor). Return the lid to the canister and store the canister in an appropriate location free from any traffic near the fume hood.

Return the closed Freezer Mill® to the dedicated bench, open the Freezer Mill® lid and insert the cylinder, and slowly secure the Freezer Mill® lid. **Warning: Never** lift the Freezer Mill® from the floor to the bench with the lid open or unsecured. Always be careful when lifting the Freezer Mill® that liquid nitrogen does not leak out the rear vent – the Freezer Mill® is not a closed vessel.

The bone preparation laboratory is fitted with a low oxygen alarm that will sound if oxygen levels drop below safe levels. If this alarm sounds, exit the laboratory immediately and do not return until the alarm stops sounding, and oxygen levels return to safe levels. Under exceptional circumstances, it may be necessary to enter a low oxygen environment. In which case, the ELSA located outside of the bone preparation laboratory should be used (refer to QIS document 30355 – Operation of ELSA).

Not Current

## 8.2 Appendix 2: Decontamination and Maintenance of bone sampling instruments

Standard laboratory personal protective equipment (PPE) including enclosed shoes, gloves, hair net, mask, gown and goggles must be worn during cleaning procedures.

The "Prior to Use" procedures must be done on the day that the bone is to be sampled. This reduces the risk of contamination of the instruments with environmental DNA.

### 8.2.1 Chisels, hammers and chisel blocks

Prior to and after use: Chisels, hammers and chisel blocks need to be thoroughly cleaned with bleach and ethanol. Viraclean can also be used.

Maintenance: If the chisel requires sharpening after use, wet the sharpening stone with water and sharpen tip, rinse with water, and dry. The chisels should be replaced with new ones if the metal surface becomes rusty or eroded, or if the tip can no longer be sharpened sufficiently. Note: To avoid injury, be very careful when handling sharp chisels.

### 8.2.2 Bungs, Impactors and Freezer Mill Cylinders

Prior to use: Bungs, impactors and cylinders are to be cleaned using the Miele dishwasher.

Check the dishwasher is available for use and access the tub labelled BONE in kit room.

Load the bungs and cylinders into a (shallow) rack. Load a pair of forceps, and the rods into the wire basket.

Set the dishwasher to SPECIAL 93C-10' cycle and select the drying button (middle button). Press the green button to start the clean. Refer to figure 2 Dishwasher display.

Affix the "BONE EQUIPMENT " tag onto the front of the dishwasher using the Velcro dot.

Once the cycle is complete place a set (two bungs, cylinder and rod) into an individual CSPB using the forceps. Transfer into the bone room and place in the "Clean Bone Equipment " container ready for next use.

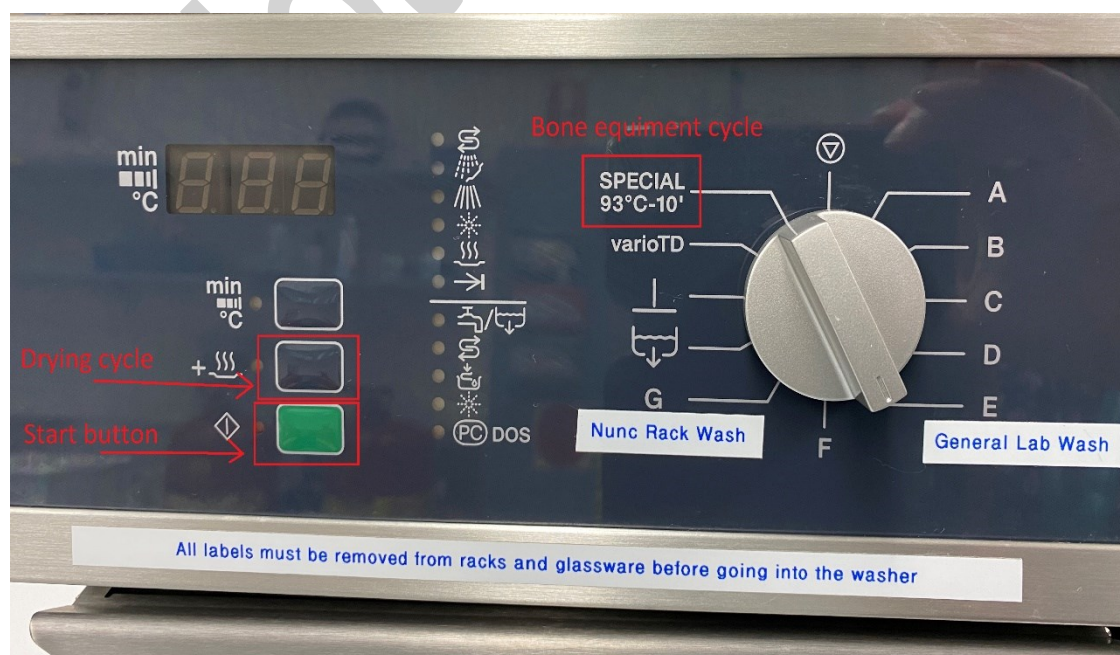


Figure 2 Dishwasher display

After use: - Rinse thoroughly using tap water and a toothbrush to remove all visible bone powder and place in "Bone equipment for cleaning" container. When either several sets are collected perform a dishwasher run.

### 8.2.3 Bone Hand Saw and Bosch® Electric Saw and Blade

Prior to and after use: Clean the hand saw components with bleach and ethanol. Take caution when dismantling bone saw. The outer casing of the Bosch® electric saw needs to be thoroughly wiped down with ethanol. Take caution not to wet the inside components. Use the Allen key to remove the Bosch® electric saw blade. Clean the blade with bleach and ethanol. The blades should be stored immersed in mineral oil (e.g. in a large petri dish) to prevent corrosion.

Maintenance: When the blade of the saw requires sharpening, alert Forensic Pathology staff who will organise a contractor to sharpen all surgical saws.

### 8.2.4 Dremel® Tool and Bits

Prior to and after use: The outer casing of the Dremel® tool needs to be thoroughly cleaned with alcohol. Take caution not to wet the inside components of the Dremel®. In addition, wipe down the collet and fastener after use when the tool bit is removed.

Use the Dremel® wrench to remove the Dremel® tool bit. Thoroughly scrub the Dremel® tool bit (especially the grooved portion) with a toothbrush, rinse thoroughly with tap water and dry.

The bits should be stored immersed in mineral oil (e.g. in a large petri dish) to prevent corrosion.

Maintenance: The Dremel® tool bits should be replaced with new tool bits when the metal surface becomes rusted or eroded.





## Project Plan

### Stage 2

		<b>Project #:</b>	184
<b>Name/s of Project Staff :</b>	Justin Howes	<b>Start Date:</b>	25/07/2017
		<b>Due Date:</b>	09/08/2017
<b>Name Project Team Leader :</b>	Justin Howes	<b>Contact Phone Number:</b>	[REDACTED]
<b>Technical Reviewer/s</b>	Rhys Parry		
<b>Project Title:</b>	An Evaluation of the Efficacy of a Post-Extraction Concentration Step Using the Microcon® Centrifugal Filter Devices in Yielding DNA Profile Intelligence.		
<b>Project type</b>	<input type="checkbox"/> Administration <input type="checkbox"/> IT/LIMS <input type="checkbox"/> Laboratory <input checked="" type="checkbox"/> Data mining/analysis <input type="checkbox"/> External Project <input type="checkbox"/> Other _____		
<b>Project Background (may include a literature review):</b>			
<p>The use of Microcon® filters to concentrate extract has been a standard post-extraction process within Forensic DNA Analysis to reduce the volume of extract from approximately 100uL to ≤20uL for AmpF&amp;STR® Profiler Plus® and ≤35uL for PowerPlex® 21 (PP21) -requested samples.</p> <p>Since the implementation of PP21 amplification kit within Forensic DNA Analysis for casework samples in December 2012, extracts with low Quantification values were recommended to be concentrated. Templates of &lt;0.132ng were found to exhibit marked stochastic effects after amplification. Consequently, a workflow that directed extracts automatically to a concentration step based on Quantification value was implemented ('auto-microcon' process).</p> <p>Anecdotally, the suitability to provide the Queensland Police Service (QPS) with DNA profile intelligence from extracts that have been concentrated has been noted to be limited. Furthermore, extracts that are of low quant value that have been automatically concentrated have been observed to rarely yield DNA information for QPS.</p> <p>Project #163 – <i>Assessment of results obtained from 'automatic-microcon' samples</i> was conducted to evaluate the results of samples that were processed with the 'auto-microcon' process. A recommendation of this project was to re-evaluate after the introduction of the Forensic Register in conjunction with the use of Quantifiler® Trio DNA Quantification Kit.</p> <p>The purpose of this project is to evaluate the suitability for interpretation of DNA profiles that may be obtained after the post-extraction concentration step using the Microcon® centrifugal filter devices. This evaluation will include an assessment of those samples that underwent the 'auto-microcon' process.</p>			
<b>Benefit of Project:</b>			

This evaluation will be based on a data mine of extracts in the year 2016 that were concentrated with Microcon<sup>®</sup> centrifugal filter devices, and will assess the 'suitability' of PP21 profile outcomes as a function of quant values obtained from using the Quantifiler<sup>®</sup> Trio DNA Quantification Kit.

This evaluation will look at two data sets (from 2016) as a function of the quantification value:

- PP21 DNA profile outcomes from extracts that were processed through the 'auto-microcon' process;
- PP21 DNA profile outcomes from all extracts that were concentrated with the Microcon<sup>®</sup> filter devices.

Potentially, a new workflow could be designed based on the success/fail rates observed in the data. This could create time and cost savings for the laboratory, and increase the ability to process other higher DNA-yielding samples more quickly.

#### Proposed Methodology:

The evaluation will look at two data groups:

1. Evaluate the 'success' or 'fail' outcomes for PP21 samples that were processed in 2016 through the 'auto-microcon' workflow. The samples applicable to this experiment will have quantification values in the range 0.001ng/uL to 0.0088ng/uL.
2. Evaluate the 'success' or 'fail' outcomes for PP21 samples that were processed in 2016 and underwent a post-extraction concentration step using Microcon<sup>®</sup> centrifugal filter devices. The samples applicable to this experiment will have quantification values in the above 0.001ng/uL.

DNA profile interpretation outcomes will be grouped into either 'success' or 'fail' as a function of the quantification value.

- A percentage of samples that fall into these categories will be determined.
- Of the DNA profile interpretation outcomes of 'success', the type of outcome will be broken down further to determine:
  1. The percentage of these samples that were reworked; and,
  2. The percentage of samples that led to an upload of DNA information to NCIDD.

#### Expected Outcome:

It is expected that the data, especially the data generated for 'auto-microcon' samples will match the anecdotal information from case managers which has been gathered from years of experience. It is expected that the vast majority of DNA profile outcomes would be in the 'fail' category ie. mostly reported as 'complex unsuitable for interpretation'.

It is expected that there will be some 'success' and that this would include DNA profiles that would have been loaded to NCIDD and possibly obtained linking information for the QPS.

It is an expectation that any recommendations are communicated with QPS in order to agree on possible new workflow strategies. This could include not automatically processing low quant samples



with microcons, but to hold and communicate 'low DNA quant' to QPS. Samples could be processed upon request based on case assessment by QPS.

It is an expectation that Critical Priority (P1) samples be processed with the 'auto-microcon' process.

**Outputs and Project Milestones: (Ensure that the Change Management Milestone Register is filled out I:\Change Management\Change Management Milestone Register.xls )**

Description of Outputs/Milestones:	Expected due date:	Completed date:
1.Data generation and compilation	02/08/2017	
2. Report writing and submission to Mgt Team	04/09/2017	
3. Workflow strategy communication and decisions	03/10/2017	
4.Implementation of any agreed decisions	06/11/2017	
5.		

If expected due date/s not met - explanation of reason required:

Project Budget:	Total Project Budget
Prepare using QIS <a href="#">31052</a> (and attach to Project Plan)	\$5085




**Gantt Chart (for large projects):** If required, refer to Quality team for help preparing (and attach to Project Plan)

**RISK ASSESSMENT:**

If a risk is identified: Refer to QIS document [29100](#) and [29106](#) for further information on risk identification and management.

Team:	Details of Risk/s Identified	Type of Risk/s:
Evidence Recovery :	Nil risks to ER team, as noted below there is some risk of samples not being loaded to NCIDD however these are mitigated against and are offset by process efficiency meaning results should be more timely	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S
		Signature Line Manager ARM 04/08/2017
Analytical :	Nil risks to the Analytical team, if anything it could potentially decrease the post-extraction workload in the team. Low risk of samples not being concentrated and loaded to NCIDD however this might be determined on the outcome of the project.	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S
		Signature Line Manager MLM 10/08/2017



Intel :	Nil risks in the Intel team for the running of this project.	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Line Manager</b>  SMJ 28/08/2017
Reporting 1:	Nil risk in conducting this study and assessing the efficacy of microcons. Following the proposed data interrogation we can then assess any risk or trade-off associated with a process change such as curtailing the standard use of the microcon step.	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Line Manager</b>  MOH 31/8/2017 
Reporting 2 :	Nil risk and agree with comments of Reporting team 1	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Line Manager</b>  KDR 
Quality and Projects (includes OO) :	Nil OHS risks. Business risk is that we do not concentrate/microcon and profile a sample where a loadable profile could be obtained. The risk of this is low and will need to be balanced with the cost implications of processing all samples in this way. Result of this project to specifically address this risk.	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Line Manager</b>  KDS 
Admin :	Hi Justin  As discussed, no business or OHS implications for admin staff.  Kind regards Saan Orion A/Administration Support Officer	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Line Manager</b>  SO
Team Leader ER & Quality :	Potential risks of loadable sample not going to NCIDD. Low risk as case assessment would still be performed, and a determination of post-extraction processing requirements can be made at that time taking into consideration any other samples/results and circumstances of the case.	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Team Leader</b>  PMB 03/08/2017
Team Leader FRIT :	Potential risks of samples not going to NCIDD – expected to be a low percentage of samples. Samples could always be microconned if the case circumstances warrant eg. P1	<input type="checkbox"/> Business Risk <input type="checkbox"/> OH&S <hr/> <b>Signature</b> <b>Team Leader</b>

	case. Collaboration with QPS and communication of risks to occur.	JAH
--	---	-----

Project Proposal approved by:			
Signature Team Leader ER and Quality:	[REDACTED]	Date:	31-08-2017
Signature Team Leader FRIT:		Date:	31-08-2017
Signature Managing Scientist:		Date:	04-09-2017

Comments:

Please send to Quality Team [REDACTED] after completion



## Allan McNevin

---

**From:** Kirsten Scott  
**Sent:** Tuesday, 18 June 2019 9:28 AM  
**To:** Allan McNevin; Paula Brisotto  
**Cc:** Sharon Byrne  
**Subject:** RE: Tergazyme

Excellent  
 K



### Kirsten Scott PhD BSc(Hons) DipMn GDipEd GCEd

Senior Scientist Quality and Projects

#### Forensic DNA Analysis, Police Services Stream

Forensic & Scientific Services, Health Support Queensland, Queensland Health

**p** 07 [REDACTED]  
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**e** [REDACTED] [w www.health.qld.gov.au/healthsupport/businesses/forensic-and-scientific-services](http://www.health.qld.gov.au/healthsupport/businesses/forensic-and-scientific-services)

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Accountability

Respect

Engagement

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---

**From:** Allan McNevin

**Sent:** Tuesday, 18 June 2019 9:26 AM

**To:** Paula Brisotto <[REDACTED]>

**Cc:** Kirsten Scott <[REDACTED]> Sharon Byrne <[REDACTED]>

**Subject:** RE: Tergazyme

Alrighty,

I'll do all the right comms as soon as practical

Cheers

AI



## Allan McNevin

Senior Scientist – Evidence Recovery

#### Evidence Recovery Team, Forensic DNA Analysis

Forensic & Scientific Services, Health Support Queensland, Queensland Health

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a 39 Kessels Rd, Coopers Plains Qld 4108  
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Integrity Customers and patients first Accountability Respect Engagement

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**From:** Paula Brisotto  
**Sent:** Tuesday, 18 June 2019 9:22 AM  
**To:** Allan McNevin <[REDACTED]>  
**Cc:** Kirsten Scott <[REDACTED]> Sharon Byrne <[REDACTED]>  
**Subject:** RE: Tergazyme

Hi AI,

Anything that removes a WH&S risk is worthwhile, and from memory the use of the dishwasher was the preferred method – so a yes from me.

Thanks,  
Paula



**Paula Brisotto**  
Team Leader – Evidence Recovery and Quality Team

**Forensic DNA Analysis, Police Services Stream**  
Forensic & Scientific Services, Health Support Queensland, Queensland Health

p 07 3096 2745 m [REDACTED]  
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Integrity Customers and patients first Accountability Respect Engagement

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**From:** Allan McNevin  
**Sent:** Monday, 17 June 2019 2:55 PM  
**To:** Paula Brisotto <[REDACTED]>  
**Cc:** Kirsten Scott <[REDACTED]> Sharon Byrne <[REDACTED]>  
**Subject:** FW: Tergazyme

Hi boss,

Given some issues with using / disposing of Tergazyme as outlined by Michael below, should we implement the alternative protocol using the dishwasher as outlined in Proposal#148 - Cleaning bone processing equipment?

Cheers  
AI



## Allan McNevin

Senior Scientist – Evidence Recovery

### Evidence Recovery Team, Forensic DNA Analysis

Forensic & Scientific Services, Health Support Queensland, Queensland Health

p 07 [REDACTED]  
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 e [REDACTED] w [www.health.qld.gov.au/healthsupport/businesses/forensic-and-scientific-services](http://www.health.qld.gov.au/healthsupport/businesses/forensic-and-scientific-services)

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---

**From:** Michael Goodrich

**Sent:** Friday, 14 June 2019 4:22 PM

**To:** Allan McNevin <[REDACTED]>

**Subject:** RE: Tergazyme

Hi Allan,

When reviewing the specifications and technical info pages listed on the supplier website for details regarding shelf life and expiry, I noticed some wording on the SDS that may warrant closer inspection. Areas that may require action are highlighted on the attached SDS.

Storage – combustible solid : may not be able to store spares in bone room.

Environmental precautions – states not to let product enter drains: does this include the solutions made?

Waste treatment – Licensed disposal company required (nothing new here). But it lists the contaminated packaging (used container?) should be disposed of the same as any used product.

If we should not be pouring the used solutions down the sink, apart from getting in trouble, should we look at another product? E.g. if it is just for cleaning and removing potentially infectious material, could we use a medical instrument cleaning detergent such as Pyroneg instead?

Cheers,  
 Michael.

---

**From:** Allan McNevin

**Sent:** Friday, 14 June 2019 1:14 PM

**To:** Michael Goodrich <[REDACTED]>

**Cc:** Kirsten Scott <[REDACTED]>

**Subject:** Tergazyme

Hi Michael,

Following up from our conversation earlier about Tergazyme – can you please send me an e-mail detailing the information and your concerns about it's use and disposal. I can then put this to the management team and move towards an alternate protocol.

Cheers  
 AI



**Allan McNevin**

Senior Scientist – Evidence Recovery

**Evidence Recovery Team, Forensic DNA Analysis**

Forensic & Scientific Services, Health Support Queensland, Queensland Health

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a 39 Kessels Rd, Coopers Plains Qld 4108

e [REDACTED] w [www.health.qld.gov.au/healthsupport/businesses/forensic-and-scientific-services](http://www.health.qld.gov.au/healthsupport/businesses/forensic-and-scientific-services)



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## RE: Agenda for today's FSS-QPS meeting?

**From:** Frieberg.DaleJ[OSC] <[REDACTED]>  
**To:** Lara Keller <[REDACTED]>  
**Cc:** Support Officer FSG[OSC] <[REDACTED]> Cathie Allen  
 <[REDACTED]> Neville.DavidH[OSC] <[REDACTED]>  
**Date:** Tue, 01 Feb 2022 11:27:42 +1100

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Thanks Lara,

A number of the matters below I won't be able to address today (highlighted below) as Larissa is in a 3 week long Coronial (Whiskey) and not available.

With respect to the Electronic Form 1, Larissa and I have spoken and she will be pulling together a report for QPS to get legal advice. As in our email earlier, we will also need input from our IT to see what is possible in this space.

D

*Dale Frieberg APM*

Superintendent | Forensic Services Group | Queensland Police Service | [REDACTED]  
 [REDACTED] | Email: [REDACTED]

**From:** Lara Keller <[REDACTED]>  
**Sent:** Tuesday, 1 Feb 2022 11:27:42 +1100  
**To:** Frieberg.DaleJ[OSC] <Frieberg.Da[REDACTED]>  
**Cc:** Support Officer FSG[OSC] <[REDACTED]> d.gov.au>; Cathie Allen <[REDACTED]>  
**Subject:** RE: Agenda for today's FSS-QPS meeting?

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Thanks Dale

There will be a few updates from us, including:

- \* Recommencing consultation on the multi-jurisdictional SAIK document
- \* **Streamlining Criminal Justice Committee projects:**
  - \* Autopsy reports
  - \* **Forensic examinations and reporting**
  - \* SOCO attendance at autopsy
- \* **Electronic Form 1 project**
- \* RTI matter
- \* Retirement of Deb Whelan
- \* ED FSS and CFP role updates

See you and Inspector Neville shortly.

Thanks and kind regards  
 Lara





**Lara Keller**, B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML  
 A/Executive Director  
**Forensic and Scientific Services**  
 Prevention Division, Queensland Health  
 m [REDACTED]  
 a Administration, 39 Kessels Road, Coopers Plains  
 e [REDACTED] [w www.health.qld.gov.au/fss](http://www.health.qld.gov.au/fss)

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---

**From:** Frieberg.DaleJ[OSC] <[REDACTED]>  
**Sent:** Tuesday, 1 February 20[REDACTED]  
**To:** Lara Keller <[REDACTED]@health.qld.gov.au>  
**Cc:** Support Officer FSG[OSC] <SupportOfficerF[REDACTED]>  
**Subject:** RE: Agenda for today's FSS-QPS meeting?

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Hi Lara

No I don't. It is our first meeting for the year so we can discuss structuring something from this meeting onwards if you like.

I will check to see if we had on for the previous scheduled meeting.

*Dale Frieberg APM*

Superintendent | Forensic Services Group | Queensland Police Service | [REDACTED]  
 [REDACTED] | [REDACTED] 6 | Email: [REDACTED]

---

**From:** Lara Keller <[REDACTED]>  
**Sent:** Tuesday, 1 February 20[REDACTED]  
**To:** Frieberg.DaleJ[OSC] <Frieberg.Da[REDACTED]>  
**Subject:** Agenda for today's FSS-QPS meeting?

**CAUTION:** This email originated from outside of Queensland Police Service. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good morning Dale

Hope you are well.  
 Do you have an agenda for today's meeting?

Thanks and kind regards  
 Lara



**Lara Keller**, B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML  
 A/Executive Director  
**Forensic and Scientific Services**  
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Possibly linked to email advice to A/DG  
3/6/22 ?

**Lara Keller**

---

**From:** Lara Keller  
**Sent:** Friday, 17 June 2022 10:16 AM  
**To:** Ingrid Moeller  
**Subject:** RE:

Hello Ingrid

As you know, I am not an expert in DNA analysis. Have you put this to Justin or Cathie for clarification? They are the people who should confirm this for you, sorry.

Thanks and Kind Regards  
 Lara

**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML  
 A/Executive Director

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**From:** Ingrid Moeller [REDACTED]  
**Sent:** Friday, 17 June 2022 7:49 AM  
**To:** Lara Keller [REDACTED]  
**Subject:**

Hi Lara,

After your walk around yesterday I realised I do have a question for you.

I have been away sick for 2 weeks and so have missed out on the conversations surrounding the process change where DIFP samples are now going through to amplification without undergoing a concentration step. Concentrating the samples is what we use to do prior to the DIFP process. I'm confused (as are others). I would have thought these samples should go through to concentration immediately.

There is a concern among some of the scientists that we are amplifying DIFP samples sub-optimally so when we get poor profiles management can say "We told you so, there is nothing to see here". Apparently Cathie has said it was a Ministerial decision.....did the Minister know we used to concentrate the samples and that the new process is not reflective of normal processing for these type of samples?..... many questions here I realise. Is there any chance we can get some clarity on this.

Regards,

Ingrid



**Ingrid Moeller**

Scientist

**Forensic & Scientific Services**

Prevention Division, Queensland Health

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3/6/22  
 Email constructed under advice from  
 Cathie Allen. *AK*

**Lara Keller**

---

**From:** Lara Keller  
**Sent:** Friday, 3 June 2022 5:10 PM  
**To:** Shaun Drummond  
**Subject:** Forensic DNA testing impacts

Good afternoon Shaun

Kindly find below two options for the term-of-review process. Please note that these figures are estimates only.

**Option 1 – Process Only (Preferred)**

Revert to pre 2018 workflow – which is where all samples above a quant value of 0 are **processed through** to DNA profiling. Samples that are identified as being beneficial for concentration can be based on the DNA profile achieved, item criticality and case context.

Will increase TAT to report, plus generate approx. 6 weeks backlog per 6 months

Estimated cost of kits plus IT = \$60K

Overtime likely

**Option 2 – Concentrate and Process (Least Preferred)**

Discontinue 2018 workflow and **concentrate** all samples with a quant value between 0 and 0.0088ng/uL and then **process through** to DNA profiling stage.

Risks:

1. concentration step creates a risk of there being no DNA sample available for testing by other technologies not undertaken in Queensland, future technologies or testing requested by Defence.
2. in previous discussions, the QPS did not support an automatic concentration process, as the sample hadn't been assessed in the context of the case and may leave no sample remaining for future testing.
3. concentration step is a manual process so will impact labour and TAT

Will increase TAT to report, plus generate approx. 3 months backlog per 6 months

Estimated cost of kits plus IT = \$80K

Overtime likely

To address subsequent backlog will require 5+ HP3 staff, noting that achieving minimum competency takes 3 months, full competency takes 12 months.

Thanks and Kind Regards

Lara



**Lara Keller** B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML  
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**From:** Justin Howes  
**Sent:** Thursday, 9 June 2022 3:53 PM  
**To:** Cathie Allen  
**Cc:** Paula Brisotto  
**Subject:** Assessment of low quant DNA Samples v2\_JAH edits  
**Attachments:** Review report\_March2022v2.docx; Assessment of low quant DNA Samples v2\_JAH edits.docm

Hi, here is a version with my changes tracked. The other attachment is my v2 after feedback. AI is currently checking my edits etc in source data. I don't expect any more source data to change and I have updated the options paper with the new data (minor changes eg. 650 samples, not 656).

My report is not reviewed by anyone officially.

Justin



## Justin Howes

Team Leader - Forensic Reporting and Intelligence Team

**Forensic DNA Analysis, Police Services Stream, Forensic & Scientific Services**  
Prevention Division, Queensland Health

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*Please note that I may be working from a different location during the COVID-19 Pandemic. The best contact method is via email.*

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## Alicia Quartermain

---

**From:** Alicia Quartermain  
**Sent:** Thursday, 29 April 2021 3:52 PM  
**To:** Justin Howes  
**Subject:** DNA Insuff. for further processing

Hi Justin,

In the past I had noticed some samples which had originally been called DIFP, were subsequently processed on the 3130, resulting in some decent profiles. Even if these profiles were low level, if the number of contributors was only one or two, then they were still interpretable. For example, light combur-pos stains or SAIK samples.

With the introduction of the 3500, I am seeing the same thing happening, except the peaks are much higher due to the sensitivity of the instrument. I feel that reporting these samples as DIFP is technically incorrect. I strongly feel that we should be processing a lot of these samples these days, especially ones that may have a quant value close to the cut-off range.

I don't see how data-mining around this can happen yet, as there would not be many samples that fall into this category. I would, however, be prepared to do the research. Are we able to get authorisation to put through Analytical any combur-pos or SAIK samples that fall within this category (samples with any quant) for a set period of time to see what happens? I would be happy to take this work on if you get the right person to say yes to my proposal.

Kind regards,  
Alicia



### Alicia Quartermain BHSc MSc (forensic science)

Scientist – Forensic Reporting and Intelligence Team

Forensic DNA Analysis | Police Services Stream | Forensic & Scientific Services  
Health Support Queensland, Queensland Health

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Customers and patients first

Accountability

Respect

Engagement

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**Paula Brisotto**

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**From:** Cathie Allen  
**Sent:** Tuesday, 15 March 2022 4:21 PM  
**To:** Paula Brisotto  
**Subject:** Yes, I support auto-microcon to 30 for NDNAD/DIFP QPS requests: Testing restarted process improvement

Hi Paula

While I support this, Insp Neville has said that he doesn't support automatically micrconning a sample and would prefer for a scientist to review it. Justin and I will be drafting a report after he's finished reviewing the data we recently got.

Cheers  
Cathie



**Cathie Allen** BSc, MSc (Forensic Science) (She/Her\*)  
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

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\*If you're wondering about the use of pronouns She/Her on this signature block, I encourage you to read some resources available [here](#)



---

**From:** [REDACTED]  
**Sent:** Friday, 10 March 2017 1:19 PM  
**To:** Cathie Allen  
**Subject:** RE: Staff Movements

Any time 😊

---

**From:** Cathie Allen  
**Sent:** Friday, 10 March 2017 1:19 PM  
**To:** [REDACTED]  
**Subject:** RE: Staff Movements

Thanks for the prompt!

Cheers  
Cathie



**Cathie Allen**  
Managing Scientist – Police Services Stream  
  
Forensic & Scientific Services,  
Health Support Queensland, **Department of Health**

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---

**From:** [REDACTED]  
**Sent:** Friday, 10 March 2017 1:18 PM  
**To:** Cathie Allen  
**Subject:** RE: Staff Movements

Recalls are not as good as they used to be.... Thank you for adding to the email. I have received it.

Kind regards

[REDACTED]

[REDACTED]

---

**From:** Cathie Allen  
**Sent:** Friday, 10 March 2017 1:18 PM  
**To:** [REDACTED]  
**Subject:** RE: Staff Movements

I've recalled it – and got a mixture of failures and successes 😊

Cheers  
Cathie



**Cathie Allen**

Managing Scientist – Police Services Stream

Forensic & Scientific Services,  
Health Support Queensland, **Department of Health**

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---

**From:** [REDACTED]  
**Sent:** Friday, 10 March 2017 1:16 PM  
**To:** Cathie Allen  
**Subject:** RE: Staff Movements

Hee hee – you had a lot of info in there already! No probs.

Kind regards



---

**From:** Cathie Allen  
**Sent:** Friday, 10 March 2017 1:15 PM  
**To:** [REDACTED]  
**Subject:** RE: Staff Movements

Hi [REDACTED]

Yes I will – damn, should have added it to the last email.

Cheers  
Cathie



**Cathie Allen**

Managing Scientist – Police Services Stream

Forensic & Scientific Services,  
Health Support Queensland, **Department of Health**

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**From:** [redacted]  
**Sent:** Friday, 10 March 2017 1:15 PM  
**To:** Cathie Allen  
**Subject:** RE: Staff Movements

Hi Cathie

Just wondering if you will you be notifying staff, officially, of the admin staff movements too? 😊

Kind regards

[redacted]  
[redacted]

---

**From:** Cathie Allen  
**Sent:** Friday, 10 March 2017 1:11 PM  
**To:** [redacted]

[redacted]

**Subject:** Staff Movements

Hi Everyone

I wish to advise of the following staff movements:

Please join me in welcoming [redacted] back from Parental Leave. [redacted] will be resuming duty in the Analytical Team, due to operational requirements, on Monday 13<sup>th</sup> of March 2017. Please add [redacted] in on your email group.

██████████ will be re-joining the Evidence Recovery team, due to operational requirements, on Monday 13<sup>th</sup> of March 2017.

And lastly, please join me in wishing ██████████ well on her last day before Parental Leave. We hope that everything goes smoothly for you ██████████.

Unfortunately, funding for parental leave was not included in the current budget, but has been included for the next financial year so that coverage can be made available for parental leave.

Cheers  
Cathie



**Cathie Allen**

Managing Scientist – Police Services Stream

Forensic & Scientific Services,  
Health Support Queensland, **Department of Health**

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