Independent Review of Operational Matters at Forensic Science Queensland and Recommendations for Foundational Reform - Based on Specified Terms of Reference

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Contents

I. Executive Summary

1. Context and Purpose

The Attorney-General (AG) commissioned an independent Review Team to assess the progress and state-of-operations of FSQ (the **Review**) in the aftermath of significant concerns raised during the Sofronoff Inquiry and the Bennett Inquiry. The majority of the concerns raised in the Inquiries related to the processing and interpretation of DNA evidence. The Review focused specifically on whether FSQ is effectively addressing identified deficiencies, managing backlogs and turnaround times, developing a quality laboratory system, and fostering a positive organizational culture. Seven specific Terms of Reference guided the Review, ranging from scientific method validation to the impact of the Advisory Council on scientific processes. The operations and management of the Biology, Innovation and QA teams were the focus of this review. The Review draws on extensive documentation and interviews with Management, Scientific Staff and stakeholders.

This report has been prepared exclusively for the AG. Its purpose is to guide FSQ to be successful and have confidence in its results, be a place where people want to work, and be an organization of which the people of Queensland also can have confidence. This report should not be used or relied on for any other purpose.

2. Report Limitation

The Review Team considers the matters identified and findings made in this report to be systemic in nature. Nonetheless, the Review Team acknowledges that there may be persons, positions or entities affected by the content of this report.

The Review Team would have preferred to have afforded natural justice and procedural fairness to those persons, positions or entities including, in particular, by giving them an opportunity to consider and provide further information or otherwise respond to potential findings that may impact them, individually or collectively, before the Review Team made its findings.

Circumstances beyond the control of the Review Team meant that it could not do so.

In these circumstances and whilst the Review Team has used all reasonable endeavours to accurately record and verify the factual matters upon which its findings are based, the Review Team accepts that there may be some factual inaccuracies which, if corrected, may have led to some different findings.

The Review Team also accepts that if affected persons, positions and entities had provided further information or otherwise responded to potential findings, the provision of that further information or response also may have led to some different findings.

However, the Review Team acknowledges that the AG may use the report in any manner that she desires. The Review Team does not accept any liability or responsibility for loss suffered by any person, position or entity arising (in whole or part) from any factual inaccuracy or finding and/or from the dissemination or publication of this report.

3. Key Observation

The Review Team's overarching observation is that, despite considerable effort over the past two and a half years, FSQ remains a laboratory in a state of sustained crisis. The challenges facing FSQ seem to the Review Team to be multi-faceted and include failures in leadership and organisational culture and systemic failures in foundational areas like quality assurance and operational capability and capacity (which are, in part, the subject of this Review).

4. **Demands on FSQ**

4.1. The demands on FSQ as an organisation appear to the Review Team to have been overwhelming for the organization. These demands have included simultaneously:

4.1.1. maintaining its accreditation;

4.1.2. re-establishing itself including by implementing 126 COI recommendations, instituting a robust quality assurance system and embedding a positive organisational culture; and

4.1.3. addressing pre-existing large, and every growing, case backlogs and lengthy turnaround times and maintaining the ongoing casework load in the face of staffing resource limitations.

4.2. The Review Team heard evidence which supported concerns that the pre-existing large, ever-growing case backlog and long turnaround times were negatively impacting (by delaying or not contributing to) active police investigations, judicial proceedings, and thus public safety.

4.3. The Review Team also heard evidence which supported concerns that existing profile interpretation outsourcing arrangements have proven inefficient, introducing quality risks and placing unsustainable additional administrative and training demands on Scientific Staff.

4.4. The Review Team found evidence of inefficiencies in the laboratory information management system (the Forensic Register) that were hindering core operations and accessing performance metrics.

5. **Quality Management System at FSQ**

5.1. The foundation of any accredited forensic laboratory is a robust Quality Management System embedded in its operations.

5.2. The Review Team found that FSQ's Quality Management System is not well embedded in its operations. By way of example, there was evidence:

5.2.1. of a "divide" between Scientific Staff and the QA Team which appeared to the Review Team to be impeding FSQ's ability to achieve the requisite quality culture;

5.2.2. of a "check-the-box" approach to accreditation and risk assessment which appeared to the Review Team to have led to a culture of superficial compliance with requirements rather than concerted collective effort towards substantive quality improvement. Additionally, this approach fostered an illusion of progress which appeared to the Review Team to be

concealing deep-seated risks and promoting lack of adequate proactive responses and mitigation processes; and

5.2.3. that FSQ's Opportunity for Quality Improvement (**OQI**) System was largely ineffective in that most OQIs:

5.2.3.1. remain unresolved; and/or

5.2.3.2. were lacking meaningful root cause analysis, identification and implementation of meaningful corrective actions, and/or post-implementation corrective action monitoring.

5.3. Persistent contamination is one example of the consequences of this non-responsiveness. The Review Team found evidence that contamination concerns had been raised by Scientific Staff, but that those concerns had not been acted upon/rectified. This lack of adequate response appeared to the Review Team to have impacted reliability of results, analyst confidence, turnaround times and resource management.

5.4. In other examples, the Review Team found evidence of:

5.4.1. some scientific methods having been implemented without proper validation, which in the opinion of the Review Team, poses risks to result integrity; and

5.4.2. implementation of some other scientific methods having been delayed because of perceived or real challenges which, in the opinion of the Review Team, ought to have been capable of being overcome.

6. **People**

6.1. The people who work at FSQ appeared to the Review Team to generally be dedicated to serving the community and to doing good science. However, in the opinion of the Review Team, there are notable gaps in foundational scientific knowledge and skills among Scientific Staff and Management.

6.2. Further, the workplace culture at FSQ appeared to the Review Team to be quite toxic, by which the Review Team means that there appeared to be examples of:

6.2.1. poor communication, a lack of empowerment, and resistance to change; and

6.2.2. limited evidence of a solution-based culture.

6.3. Further, Management at all levels of FSQ appeared to the Review Team to generally be operating in what the Review Team best describe as a reactive, crisis management mode and to be struggling and underprepared for the scale and ongoing complexity of the simultaneous demands described above. By way of example, the Review Team:

6.3.1. heard evidence of frequently shifting priorities which:

6.3.1.1. suggested to the Review Team that there may be a lack of clear strategic direction; and

6.3.1.2. appeared to the Review Team to be contributing generally to instability, resource wastage, staff burnout, and the erosion of staff's trust in Management; and

6.3.2. found an absence of a balanced KPI framework which appeared to the Review Team to have made it difficult for Management and Scientific Staff to assess quality, timeliness and the performance of individuals and FSQ.

7. **Enhancement of the FSQ Advisory Council**

7.1. The Review Team found that the FSQ Advisory Council has the requisite expertise to address policies, but that it appears largely dependent on FSQ self-reporting insofar as more complex scientific processes are concerned.

7.2. The Review Team sees that there is opportunity to mitigate this limitation with the inclusion of the addition of individuals with the requisite scientific depth to support objective and robust oversight of complex scientific processes.

8. **Recommendations**

The Review Team proposes three overarching strategies:

8.1. **Appoint an Independent Advisor**

Embed a temporary, independent advisor with scientific and operational expertise to mentor Management and Scientific Staff, guide strategic prioritization, provide direct and needed oversight of reforms, bridge gaps between Quality Assurance and Scientific Staff and serve as a potential remediator to the current dysfunction.

8.2. **Promote Solution-Oriented Approaches**

Encourage pragmatic, collaborative problem-solving, empower Scientific Staff at all levels to have a solutions focus, and proactively address the systemic barriers identified by Scientific Staff, with examples in this report, to enable system improvement.

8.3. **Strategic Pause in Operations**

Consider a temporary halt (two to four weeks or longer if required) to address fundamental quality issues, retrain Scientific Staff, and implement robust contamination controls and mitigation procedures.

9. **Additional recommendations include:**

9.1. prioritize quality assurance and scientific integrity over throughput;

9.2. rebuild the OQI system (and risk assessment system) for timely and effective resolution of issues;

9.3. complete rigorous validations of all core scientific methods;

9.4. overhaul or replace the laboratory information management system;

9.5. perform in-house and properly resource Historical Case Review;

9.6. pursue outsourcing of some backlog cases;

9.7. develop and implement balanced KPIs co-designed with Scientific Staff;

9.8. address Scientific Staff and Management competency gaps through targeted retraining;

9.9. improve internal communication, transparency, and psychological safety;

9.10. engage external expertise to address workplace culture challenges; and

9.11. ensure the Advisory Council has access to scientific experts and robust oversight mechanisms.

10. **Call to Action**

FSQ's transformation requires sustained commitment to quality, scientific rigor, operational excellence, and a positive workplace culture. Management and Scientific Staff must embrace accountability, transparency, and collaboration to deliver reliable forensic services and restore public trust. The path forward is challenging but achievable with well prepared and focused leadership, strategic interventions, and a positive culture fostering continuous improvement.

II. Glossary

11. In this report:

Advisory Council	The Forensic Science Queensland Advisory Council.
AFP	The Australian Federal Police.
AG	The Attorney-General of Queensland.
Bennett Inquiry	The Commission of Inquiry into Forensic DNA Testing led by Dr Annabelle Bennett AC SC, which was commissioned between 5 October 2023 and 17 November 2023.
COI	Sofronoff Inquiry and the Bennett Inquiry.
Director	The director of FSQ up to June 2025.
ESR	The Institute of Environmental Science and Research.
FMEK	Forensic medical examination kit.
FR	Forensic Register.
FSQ	Forensic Science Queensland.
FSQ Act	The *Forensic Science Queensland Act 2024* (QLD).[1]
FTE	Full-time equivalent.

[1] https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2024-008 accessed 27 May 2025.

HCR	Historical case review.
HCR Team	The HCR team.
Innovation Team	The team responsible for developing a strategy and undertaking validation and verification of past methods and some newly introduced methods.
KPI	Key performance indicator.
LIMS	Laboratory information management system.
Management	Upper Management, Mid-Level Management and Operational Management.
Mid-Level Management	The managers responsible for: (a) the Evidence Recovery Laboratory; (b) the Analytical Laboratory; (c) the HCR Team, each as described on page 15 of the document entitled "*D3.3-Q1S2-37294-v1.0-FSQ Quality Manual-redacted*".
NATA	The National Association of Testing Authorities.
ODPP	The Office of the Department of Public Prosecutors.
Operational Management	The line or operational managers who oversee: (a) case management; (b) databasing; (c) intelligence; and (d) team leaders.
QA	Quality Assurance.
QA Team	The Quality Assurance team.
OQI	Opportunity for Quality Improvement.
QHFSS	Queensland Health Forensic and Scientific Services.
QPS	The Queensland Police Service.
Review Team	In alphabetical order: (a) Dr. Mark Barash;

	(b) Dr. Bruce Budowle; and (c) Ms. Johanna Veth.
RPL	Recognition of Prior Learning.
RSID	Rapid Stain Identification kit for saliva
Scientific Staff	Any employee of FSQ (excluding Management) who performs tasks or maintains responsibilities in connection with the operation, conduct or performance of: (a) any of the forensic biology work undertaken at FSQ; (b) any laboratory at FSQ that performs Biology related work; or (c) anything incidental or related to (a) or (b).
Sofronoff Inquiry	The Commission of Inquiry into Forensic DNA Testing led by Mr Walter Sofronoff KC, which was commissioned between 13 June 2022 and 13 December 2022.
SOP	Standard Operating Procedure.
TOR	Terms of Reference.
Upper Management	FSQ employees that are: (a) the Director; (b) the Deputy Director of Forensic Operations; (c) the Director of Forensic Biology; (d) the Manager of Quality Assurance; (e) the Director of Innovation; and (f) the Director of Culture and Wellbeing, each as described on page 15 of the document entitled "*D3.3-Q1S2-37294-v1.0-FSQ Quality Manual-redacted*".
YSTR	Y-Chromosome Short Tandem Repeat.

III. Introduction

12. FSQ is an independent statutory authority and provider of specialised services in forensic biology and forensic chemistry in Queensland. It was established by the FSQ Act of 2024.

13. FSQ was previously known as QHFSS. The transition of specialised forensic scientific services from the Department of Health to the Department of Justice and the creation of FSQ were motivated in part by some Scientific Staff who raised concerns about deficiencies within the laboratory regarding primarily, but not limited to, throughput over quality and a negative culture environment.

14. The deficiencies identified at QHFSS were substantial. As a result of two COI:[2] the Sofronoff Inquiry and the Bennett Inquiry, 126 recommendations to improve the overall laboratory system and its foundations were generated.

15. The Review Team observes that maintaining organisational and individual competency by raising and addressing constructive concerns is a cornerstone and should be embraced in a positive (or just) culture in the forensic laboratory system. Fostering a positive organizational culture, underpinned by commitments to transparency and scientific integrity, is fundamental to all other reforms.

IV. Appointment

16. To determine if FSQ is rectifying past and current deficiencies, addressing backlogs and turnaround times effectively, developing a quality laboratory system, and instituting a positive culture environment, all of which contribute to enhancements, reliability and confidence in the work product, the Attorney General of Queensland requested Dr. Mark Barash, Dr. Bruce Budowle, and Ms. Johanna Veth (listed in alphabetical order) to assess several aspects of the state-of-operations and services at the forensic laboratory. The Review Team was given seven TOR to address.[3]

17. The TORs are:

    8) *providing advice as to the appropriateness of the verification and validation of scientific methods framework implemented by FSQ post the Sofronoff Inquiry;*

    9) *reviewing the current backlog of samples for testing and advising of any opportunities that may exist to implement amendments to, or supplement current backlog strategies to assist in, reducing backlog numbers in a more expedient manner;*

    10) *providing advice as to whether the current systems relating to provision of witness statements, or advice, to the QPS or the Courts could benefit from amendment to ensure cases can progress with optimal speed;*

    11) *identifying whether any delays, or backlogs, at FSQ, are impacting active police investigations and/or public safety;*

    12) *providing advice as to whether the absence of the provision of some testing services at FSQ (e.g. The provision of testing in relation to bone samples) is causing delays in cases requiring such expertise;*

    13) *providing advice as to whether the scientific processes at FSQ are impacting upon its service delivery and the veracity of the results being reported; and*

[2] https://www.fsq.qld.gov.au/commissions-of-inquiry accessed 27 May 2025.
[3] There are other TORs numbered 1 - 7 (not listed herein) being addressed independently by another team.

14) *providing advice as to the impact of the FSQ Advisory Council on FSQ, having regard specifically to the scientific processes of FSQ.*

18. At the outset, the Review Team acknowledges that giving FSQ another long list of recommendations to address may ultimately be unhelpful or at a minimum exacerbate many of the challenges FSQ is currently experiencing. For this reason, the Review Team outlines three overarching strategies that the Review Team believes may be the foundation to guide and mentor FSQ personnel and allow for many of the challenges to be addressed, or partially addressed, in a facilitated manner, holistically and collaboratively (**section IX(i) – (iii)**).

V. Purpose of Report

19. This report has been prepared exclusively for the Attorney-General. Its purpose is to guide FSQ to be successful and have confidence in its results, be a place where people want to work, and be an organization of which the people of Queensland also can have confidence. This report should not be used or relied on for any other purpose.

20. This report addresses the Terms of Reference outlined above based on the Review Team's assessment of substantial:

    20.1. documentation including, but not limited to, COI reports, FSQ strategic and operational plans, NATA assessment reports, internal audits, SOPs, a large volume of OQI records, emails; and

    20.2. information provided by Management and Scientific Staff, contractors, and stakeholders including QPS, ODPP, and the Magistrates' Office on interview and during Site Visits with the Review Team.

21. The contents of this report must be read and interpreted as a complete document. Any removal or alteration of content may result in misinterpretation and may not reflect the intent or findings of the Review Team.

i. Findings

22. The findings of this report are the Review Team's opinion and reflect the analysis of the documents and information described above that were available to the Review Team during the Review.

23. The findings can be attributed to multiple TORs. Therefore, instead of addressing each TOR separately, the Review findings and recommendations have been presented as the topic(s) regarding the laboratory system and environment. The TOR(s) covered are noted within the various headings in this report.

24. The Review Team considers the matters identified and findings made in this report to be systemic in nature. Nonetheless, the Review Team acknowledges that there may be person, positions or entities by the content of this report.

25. In documenting these findings, the Review Team does not intend to cause distress to FSQ personnel. Ultimately, the Review Team is providing its findings and recommendations with the intent that FSQ can be guided to be successful and have confidence in its results,

be a place where people want to work, and be an organization of which the people of Queensland can also have confidence.

26. The Review Team would have preferred to have afforded natural justice and procedural fairness to the persons, positions or entities described in paragraph 24 including, in particular, by giving them an opportunity to consider and provide further information or otherwise respond to potential findings that may impact them, individually or collectively, before the Review Team made its findings.

27. Circumstances beyond the control of the Review Team meant that it could not do so.

    In these circumstances and whilst the Review Team has used all reasonable endeavours to accurately record and verify the factual matters upon which its findings are based, the Review Team accepts that there may be some factual inaccuracies which, if corrected, may have led to some different findings.

28. The Review Team also accepts that if affected persons, positions and entities had provided further information or otherwise responded to potential findings, the provision of that further information or response also may have led to some different findings.

29. The Review Team makes no findings as to any accountability which might be brought to bear in respect of any person or entity in relation to their actions with respect to the matters discussed and findings reached. The Review Team found the matters and findings reached to be primarily systemically caused due to compounding demands and deficiencies, i.e., not attributable to the conduct of any one person, position or entity.

30. The Review Team acknowledges that if other information becomes available after the date of this report, it could affect some of the findings. Any such information should be taken into consideration by the Department of Justice and FSQ when actioning on its recommendations. The Review Team assumes no responsibility for updating this report for issues being made available after the date of this report.

31. The Review Team acknowledges that the AG may use the report in any manner that she desires. The Review Team does not accept any liability or responsibility for loss suffered by any person, position or entity arising (in whole or part) from any factual inaccuracy or finding and/or from the dissemination or publication of this report.

VI. Methodology

i. Documents

32. The Documents and emails that were made available to the Review Team are listed in **Appendix 1**. Documents and emails obtained confidentially are not listed.

ii. Site Visits

33. The Review Team had three site visits, dedicating most of its time at FSQ. The dates were 11 – 20 March 2025, 31 March – 10 April 2025, and 8 – 16 June 2025. Meetings also were

held with representatives of QPS (three meetings), ODPP (one meeting), the Magistrates' Office (one meeting), and the Chair of the Advisory Council (two meetings).

iii. Interviews

34. While the Review Team did not have the opportunity to interview every individual of Management or Scientific Staff, interviews with Management and more than 30 additional individuals were conducted. These interviews provided the Review Team with a diverse range of viewpoints and positions that currently exists within FSQ.

35. During the interviews and site visits, the Review Team heard from individuals who were:

    35.1. positive about the COI occurring, but were concerned about the lack of progress in various areas since the COI;

    35.2. espoused that the organization was better prior to the COI;

    35.3. hired post-COI, who were complementary of the training they received; and

    35.4. hired post-COI, who identified significant gaps in the organization.

iv. Assessment of Evidence

36. All information provided to the Review Team has been taken into consideration, although not all information is specifically referred to in this report.

37. Where possible, the Review Team sought to identify written evidence to corroborate and provide additional context to matters raised during interviews and site visits. Where not possible, the Review Team has taken account the credibility and consistency of oral evidence and made findings.

38. Throughout the Report, a few examples are described to support and/or illustrate findings. It should not be construed that these examples are the only ones identified; they are meant to be illustrative of the findings.

39. The Review Team's recommendations should be considered guides for more in-depth, comprehensive investigations and assessments to address all issues affecting the performance and activities of FSQ and considerations for actions to embrace opportunities for improvement.

v. Assessment of TORs

40. The Review Team assessed the TORs from two perspectives:

    40.1. one recognizing the crisis management environment and immense demands placed on FSQ (by various agencies, the COI, and its own management); and

    40.2. the other with a focus on whether FSQ is moving in a positive direction towards a robust, stable, and sustainable agency.

vi. Confidentiality of Individuals

41. FSQ personnel are not named intentionally because of the Review Team's belief that issues identified are primarily systemic in nature rather than being attributable to the conduct of any one person or group.

42. The names of people providing information or any people identified during the review have been kept confidential. Any materials or communications sent to the Review Team in confidence have also been kept confidential.

vii. General Acknowledgement

43. The Review Team requested and was provided access to many documents (see **section VI(i)** (*Documents*)), as well as formal or confidential interviews (see **section VI(iii)** (*Interviews*)). These resources have been invaluable for demonstrating the progress FSQ has made, whilst also revealing the challenges, tensions and shifting priorities it continues to face. The Review Team recognizes that the provision of these documents and interviews has been yet another time-consuming and resource demand for FSQ.

44. The Review Team would like to thank the time and effort of individuals from FSQ, Contract Service Providers for FSQ, QPS, ODPP, and the Magistrates' Office for the candid discussions and materials they provided to facilitate the Review. The Review Team also acknowledges the willingness of all to contribute information to inform the Review. Their respective contributions were of considerable assistance to the Review Team. Finally, the Review Team would like to thank the members of the Department of Justice who facilitated the Review's process.

VII. Preface to Findings

i. Acknowledgement of Extenuating Circumstances

45. In the Review Team's experience, typically, when a laboratory has as many findings as those captured in the Sofronoff Inquiry, the accrediting agency withdraws the laboratory's accreditation and/or the laboratory's management voluntarily requests withdrawal of accreditation. This is ordinarily done to enable the affected laboratory to halt services, to focus on addressing the identified deficiencies and get its operations up to the acceptable levels (i.e., meet accreditation; competency test personnel; review, assess and enhance methods; implement better quality assurance practices).

46. The Review Team understands that loss of accreditation did not occur at FSQ. It is unknown to the Review Team as to why the accrediting body did not revoke accreditation. The Review Team did not contact the accrediting body. The Review Team was told that the decision to maintain FSQ's accreditation and operations occurred because:

    46.1. there were no other public or private forensic laboratories in Australia or New Zealand with overflow capacity to carry FSQ's case load. Therefore, there were pressures (whether real or perceived) to maintain operations.

47. If no casework was being performed, it was conveyed by the Director to be a disservice to survivors, victims, families, communities, and defendants in Queensland.

48. The Review Team found evidence that the decision to maintain accreditation has put substantial pressure on Management and Scientific Staff to maintain operations and has been a factor which has impeded efforts to date to build a robust laboratory system.

ii. Acknowledgement of Significant Demands

49. Since the COI, FSQ has substantial demands placed upon it which include, but are not limited to:

49.1. re-establishing itself from QHFSS to FSQ under the auspices of the Queensland Department of Justice;

49.2. addressing a large backlog of cases prior to the COI that needs to be reviewed and/or processed;

49.3. addressing current cases accruing post-COI adding to an ever-increasing backlog, which can impact effective turnaround times;

49.4. addressing 126 COI recommendations;

49.5. instituting a robust quality system;

49.6. developing protocols for carrying out validation and verification studies;

49.7. performing validation and/or verification studies on standard operating protocols/methods that were called into question;

49.8. upgrading policies and procedures;

49.9. re-training Scientific Staff;

49.10. recruiting, hiring and training new staff at all levels;

49.11. addressing contamination in the laboratory spaces;

49.12. addressing casework and turnaround time;

49.13. establishing a positive culture within the laboratory and with external stakeholders;

49.14. shifting organizational culture towards transparency and scientific integrity;

49.15. improving communication and interaction with stakeholders;

49.16. improving communication and interaction with Scientific Staff and Management within the laboratory system;

49.17. developing key performance indicators for casework;

49.18. addressing accreditation process feedback; and

49.19. addressing and rectifying past and ongoing non-conformances.

50. The findings of the Review Team take into consideration the demands placed upon the laboratory (as listed in **paragraph 49**).

51. The Review Team also notes that some of the findings set out in **section VIII** may have changed (as of the date of this report). Some of the advice and recommendations provided to Management and Scientific Staff during the Review already have been implemented.

52. The ongoing challenges that the Review Team have identified (see **section VIII**) are extensive, but perhaps are not entirely unexpected given the circumstances; there has been too much to do (as listed in **paragraph 49**), all at once and with limited internal or external support for the reasons described below.

iii. Acknowledgement of Scientific Staff and Management

It is clear that FSQ personnel are dedicated to serving their community and are committed to doing good science. The Review Team noted their continued commitment despite the challenges and instability they have experienced both historically and recently.

53. The Review Team understands that:

53.1. at its inception in 2023, FSQ had no executive managers, no operational managers and only half the team leaders required; and

53.2. FSQ as an organization remains understaffed by approximately 80 FTEs, which is an extraordinary predicament for any organization.

54. The Review Team accepts that finding qualified and experienced management and staff for FSQ is a real challenge given the limited pool of talent in Australia from which to draw and that recruiting to a laboratory in crisis is not an incentive to attract sufficient talent. Furthermore, and even when experienced scientists from other laboratories have been recruited, the Review Team acknowledges that onboarding those personnel (i.e., ensuring they are familiar with the methods, processes, structure and laboratory information management system) can take several months and presents significant training demands on existing FSQ personnel.

55. The Review Team have found that:

55.1. most FSQ personnel interviewed demonstrated a willingness and commitment to support moving the laboratory forward in a positive direction;

55.2. most FSQ personnel interviewed were open and willing to share their varied perspectives on issues/challenges that exist;

55.3. there were commendable instances identified where particular FSQ personnel had identified a problem and taken it upon themselves to institute practical steps to rectify it (TOR 13). Examples of this finding are highlighted at **paragraphs 99-100**. This taking ownership and being empowered must extend to the entire organization to better leverage resources for improvement;

55.4. initiatives to address contamination in the Evidence Recovery Laboratory (TOR 13) could serve more generally as a model for the Management and the other units of the laboratory to address the serious issues of contamination at FSQ;

55.5. an initiative to improve the analytical workflow to increase throughput of reference DNA samples (TOR 9) could serve as a model for Management and other units of the laboratory to improve operations and efficiency;

55.6. the Innovation Team, who is responsible for developing a strategy and undertaking validation and verification of past methods and some newly introduced methods, appears to have established protocols and procedures that contribute well to meet its mission (TOR 8),[4] and adhere to principles that are similar to guidelines from other organizations.[5] To be more effective and address the many procedures that need to be assessed, more resources should be provided to this team. The Innovation Team needs to be expanded and to be able to draw on the expertise of key Scientific Staff when required. Expanding the team's capability will enable

[4] For example, see documents entitled: "*A2-3.2 - Research and Innovation Strategy 2023-27_FINAL.pdf*"; "*A5.3.2 - FSQ Innovation Review Report_FINAL_Redacted.pdf*"; "*A5.8.2 - Innovation Project Recommendation Follow up Log.pdf*"; and "*Fortnightly Report - Innovation - 24 March 2025_Redacted.pdf*".

[5] European Network of Forensic Science Institutes (ENFSI), Guideline For Internal Validation / Verification Of Various Aspects Of The DNA Profiling Process, Accessed from: https://enfsi.eu/wp-content/uploads/2024/02/ENFSI-Validation-Guideline-04012024.pdf; Scientific Working Group on DNA Analysis Methods (SWGDAM), Validation Guidelines for DNA Analysis Methods, Accessed from: https://www.swgdam.org/_files/ugd/4344b0_813b241e8944497e99b9c45b163b76bd.pdf.

more validation and verification activities to be accomplished in order to address assessment requirements and maintain a sustainable core of expertise;

55.7. based on a review by the Review Team of the training materials and protocols provided by FSQ, the database personnel dedicated to training in the understanding and use of probabilistic genotyping software and interpretation of results have a training program that can support Scientific Staff adequately (TOR 13). More collaboration with operational personnel would enhance the impact they can have on the laboratory system;

55.8. the Review Team appreciates the enthusiasm and commitment of the Quality Assurance Team even though there is an environment of ongoing tensions (discussed in more detail below) integrating quality processes into the operations of FSQ (TOR 13);

55.9. representatives from ODPP and QPS noted that there was positive communication between them and FSQ (TOR 10); and

55.10. the FSQ Director, when briefed on many of the issues identified by the Review Team and described in this report, was receptive to constructive criticism from the Review Team (see **Appendix 2**).

VIII. Findings

i. **Finding 1**: Excessive Demands and Expectations (Transformation Under Pressure) [TORs 8 – 11, 13]

56. In the Review Team's opinion, taking account of available resources and expertise of those resources currently at FSQ, the demands on FSQ are too excessive (as listed in **section VII(ii)** (*Acknowledgement of Significant Demands*)) to adequately address in a timely and effective manner. It appears to the Review Team that it has consequentially been difficult for Management to be able to prioritize quality and promote a positive culture while also attempting to:

56.1. resolve the casework backlog;

56.2. improve turnaround time;

56.3. develop and validate new/revised procedures;

56.4. recruit and train staff;

56.5. seek and manage outsourcing arrangements;

56.6. manage ongoing quality events;

56.7. implement 126 COI recommendations;

56.8. navigate intense stakeholder scrutiny; and

56.9. pursue/maintain accreditation,

all compounded by a need (whether real or perceived) to immediately react to shifting priorities.[6]

[6] This is discussed more detail below.

57. The Review Team considers it would be unreasonable to consider that all of these demands can be met over the next few months to a couple of years. Expectations will need to be agreed upon by all stakeholders and managed better, both internally and externally.

58. As part of meeting this challenge, there will need to be a common understanding that FSQ simply does not currently have the resources, managerial capacity, and positive culture to address these overwhelming demands simultaneously. A proper balance will be required between reducing the backlog and turnaround time and establishing a robust quality system with a positive culture environment.

59. In turn, Management and Scientific Staff will need to dedicate more time and effort to quality, internal communication, accountability, and promoting a positive culture, as they work together to successfully address the demands listed above.

60. In the opinion of the Review Team, FSQ would benefit from some external guidance and mentoring to focus on critical issues, work environment, and managed expectations (see **section IX(i)** (*Primary Recommendation 1: Independent Advisor*)).

ii. **Finding 2**: Shifting and Too Many Priorities [TORs 8, 9, 13]

61. During interviews, the Review Team repeatedly heard from individuals in case management, some Mid-Level Management, and Scientific Staff that there are far too many competing priorities, and that the priorities tend to shift too often. Some Scientific Staff additionally described feeling burned out; this situation is conducive to being error prone.

62. It appears to the Review Team that even seemingly innocuous issues can shift to a high priority. For example, renovating a currently unused laboratory room became a high priority after a visit by the AG who noted that the space should be renovated. After the visit, Management set the renovation of the unused laboratory room as a high priority. Although the laboratory space needs to be renovated, it certainly did not need to be raised to a high priority at the expense of other much needed demands. Instead, the Review Team considers that Management could have taken the renovation under advisement, discussed it with a follow up with the AG or her staff, put the process in the queue weighing out other demands, and/or found other means for renovation that did not impact stability and already overloaded Management and Scientific Staff.

63. Separately, the Review Team also heard from Scientific Staff who feel that work demands by Upper Management and Mid-Level Management have become unreasonable. The Review Team observed that a balanced KPI framework has not been put in place at FSQ, some Scientific Staff perceive that Management has overloaded some individuals which, in turn, creates substantial risk on quality of the work product and burnout. Equally important, some Scientific Staff perceive that non-performing Scientific Staff are not able to be identified and/or cannot be properly managed because there are no defined expectations (KPIs are discussed further in **section VIII(iii)** (*Finding 3: KPIs [TORs 8, 9, 13]*)).

64. FSQ has an obligation to ensure that its people are not overtasked. Overtasking is particularly so in teams where there has been an influx of new Scientific Staff which has necessitated existing Scientific Staff taking on onboarding, training or mentoring

responsibilities which impacts these Scientific Staff's productivity, at least in the short-term.

65. In the opinion of the Review Team stability and clarifying direction are urgently needed at FSQ. Shifting priorities are generally accepted to waste resources (with having to frequently start and stop projects) and to contribute to burnout. The Review Team recommends that an assessment of the workload placed on Scientific Staff and Management be undertaken to facilitate balance of workloads among available resources and support a foundation of stability and clarity of direction.

iii. **Finding 3**: KPIs [TORs 8, 9, 13]

66. FSQ must work towards clearing backlogs and improve turnaround times (as noted in **section VIII(i)** (*Finding 1: Excessive Demands and Expectations (Transformation Under Pressure) [TORs 8 – 11, 13]*)).

67. Consistent with the finding of the COI, comments made by some Management and Scientific Staff during interviews suggested to the Review Team that there still appears to be an over emphasis on throughput as opposed to quality at FSQ. In the experience of the Review Team, setting purely quantitative targets without corresponding quality metrics risks incentivizing speed over accuracy and creating unacceptable risks to the integrity of forensic results, the laboratory, and the justice system.

68. Further and based on information provided by FSQ personnel on interview (and the lack of documents provided regarding KPIs), the Review Team found no evidence of a balanced KPI framework (or even KPIs) at FSQ. As such, many of those interviewed described that minimum expectations were not delineated for the Scientific Staff regarding sample/casework throughput and the turnaround times for samples/cases in relation to what they are expected to process over a specified time period (in addition to other duties as assigned).

69. In the Review Team's experience, the absence of well-defined expectations contributes directly to issues of quality, communication, efficiency, staff well-being, and overall organizational culture for the reasons outlined above.

70. The Review Team recommends the implementation of clear, fair, and balanced KPIs to support the effective management and continuous improvement of at FSQ.

71. The Review Team considers that a well-balanced KPI framework will provide an objective basis for performance evaluation and feedback, which in turn reduces subjectivity and potential bias in management assessments, fostering a fairer environment. It allows Management to identify high performers, recognize contributions, provide targeted support where needed, and address underperformance constructively based on data rather than perception or bias. For Scientific Staff, clear goals reduce ambiguity and anxiety, improving job satisfaction and motivation. When fair and transparent performance assessments are tied to development opportunities, staff feel valued and understand their contribution to FSQ's mission. Conversely, unclear expectations or pressure to meet unrealistic quantitative targets without quality safeguards contribute to stress, burnout, and low morale. Therefore, rebuilding trust and morale and then maintaining them are vital to a robust system.

72. In addition to the benefits described above, tracking performance against KPIs related to throughput and turnaround times across the various laboratory sections (i.e., Evidence Recovery and Analytical, Reporting) will highlight bottlenecks in the workflow. In the Review Team's experience, these data are essential for Management to make informed decisions (and for Scientific Staff to understand decisions) about resource allocation, process improvements, technology adoption, and addressing specific delays. As FSQ undergoes its transformation, KPIs will provide a mechanism to track progress towards the mission and goals set out following the COI and under the FSQ Act. They demonstrate commitment to improvement and provide measurable evidence of change to stakeholders as well as the Advisory Council.

73. That said, the Review Team appreciates that FSQ recently began working toward implementing a KPI framework in the form of "Expectation Agreements", which will be a requirement for Scientific Staff and Management. Separately, the Review Team also understands that all team leaders are undergoing positive performance management training offered by the Department of Justice. Providing training to managers and team leaders on how to have difficult conversations is another initiative that has been introduced. The Review Team believes these initiatives are positive steps toward creating an environment where all Scientific Staff understand what is expected of them, both in terms of appropriate behaviour and work product. The Review Team recommends that that FSQ follow through on the KPI framework and put into practice (and monitor the progress of) the training received.

iv. **Finding 4**: Gap Assessments [TORs 8, 9, 13]

74. It is imperative that Scientific Staff are competent to perform their duties.[7]

75. There was no evidence provided to the Review Team that a gap assessment had been undertaken by FSQ of existing Scientific Staff and Management to assess their competency to be able to perform their assigned duties. Thus, Management and Scientific Staff may not be aware of some weaknesses in experience and foundational knowledge.

76. The Review Team has identified some examples of a lack of foundational knowledge that may have been detected if a gap assessment was performed and remediated by education and training.

a. **Example 1**: Extraction Method

77. The differential extraction method employed by FSQ is carried out to obtain DNA from sexual assault evidence. Sexual assault evidence at times can be a mixture of DNA from a victim (i.e., from epithelial cells) and DNA from a perpetrator (i.e., predominately from sperm). This mixture evidence is complex to interpret. Differential extraction separates to some degree the DNA derived from the epithelial contribution predominately from the victim from the DNA derived from the sperm contribution. This separation of the DNA into two fractions, although not completely successful at times, facilitates interpretation of the subsequently generated DNA profiles.

78. During interviews with Management, the Review Team learned that the laboratory would leave ~ 50 µL of epithelial DNA behind with the sperm pellet. This is an atypical approach

[7] Explaining ISO/IEC 17025 Competency Requirements, Accessed from: https://a2la.org/explaining-iso-iec-17025-competency-requirements/.

and, in the opinion of the Review Team, is counterproductive because the epithelial DNA (predominately from the victim) may be highly concentrated compared with the amount of recovered male DNA. The more volume of epithelial DNA that is left with the sperm pellet, the more likely that low level or trace amounts of male DNA may be diluted to the point of not being detected or be sufficiently low that DNA typing results may be uninterpretable. The volume left with the sperm fraction should be as little as is feasible without (or minimally) disturbing the sperm pellet.

79. The Review Team heard from newly onboarded and experienced forensic scientists that when they raised concerns about the atypical approach. When they did so, they were met with resistance [redacted] to considering and making necessary modifications to the approach. The consequence of this inaction appears to the Review Team to be that the method was not rectified until a member of the Review Team raised it directly with the FSQ Innovation Team.

80. The Review team considers that FSQ's lack of response to the concerns at the time they were raised by newly onboarded, experienced forensic scientists warrants further investigation.

81. The Review Team considers that culture and quality are essential to addressing several of the TORs as they promote commitment to work, empower people to improve workflow, and motivate people to identify non-conformances and inherent errors all of which contribute to reliability and potential reduction in backlogs and turnaround time.

82. Examples of process improvements at FSQ include improving processes for reference sample testing as opposed to outsourcing and the current proposed evaluation of processing FMEKs to improve workflow, to obtain a better understanding of useful and non-impactful processes, and reducing the backlog.

83. The Review notes that:

    83.1. there does not appear to have been a culture of openness and quality improvement fostered in response to the concerns raised;

    83.2. the possibility of change appears to have been met at times with outright resistance;

    83.3. the potential significance and consequence of the methods being employed do not appear to have been well appreciated; and

    83.4. the use of the methods identified in the report would likely still be ongoing now but for the intervention of the Review Team to escalate the concerns.

b. **Example 2**: Kinship Calculations [TOR 10]

84. Kinship calculations are required for paternity/parentage cases and for some body identification cases. Being able to correctly express the weight of DNA evidence is a fundamental competency for every forensic DNA analyst reporting statistical calculations, including likelihood ratios.

85. The Review Team was told on interview that, spanning several years up to the present, [redacted] Staff wrote or reviewed reports and/or a Standard Operating Procedure (**SOP**) containing an error related to likelihood ratios being expressed in reports involving

kinship calculations. This error is commonly known as transposing the conditional statements which in turn creates invalid reasoning regarding the propositions.

86. This issue was first identified at FSQ in April 2024,[8] but because it still had not been addressed, analyses involving kinship calculations were removed from the accreditation scope by the time of the 2025 NATA surveillance visit. The Review Team understands that FSQ recently ceased processing these types of cases.

c. **Example 3**: Reluctance for Retraining and Upskilling

87. The Review Team understands, from interviews with Scientific Staff and Management, that the need for retraining and competency upskilling has not always been welcomed by some longstanding members of Scientific Staff. This attitude is disappointing, but not entirely unexpected given the workload, shifting priorities, and complex workplace culture challenges (as already discussed in this **section VIII (*Findings*)**).

88. The Review Team strongly recommends that, in the spirit of continuous professional development and improvement, all Scientific Staff ought to proactively seek out training opportunities and keep abreast of developments within (and outside) their discipline. Further, all Scientific Staff would benefit from foundational refresher training and an assessment of foundational knowledge and skills. Where gaps are identified, FSQ ought to commit to requisite upskilling.

89. The Review Team also recommends fostering a culture of agility and problem solving when required (e.g., "*a necessary change has to be made to the laboratory information management system before implementing*" which impedes addressing the backlog and improving turnaround time, or taking the position that every change, no matter how small, requires a validation study (see the example above of this finding at (a) (*Example 1: Extraction Method*), and the example below in **section VIII(xiii)** (*Finding 13: Laboratory Independence and Communication [TORs 9 – 10, 12 – 13]*)).

v. **Finding 5**: Contamination [TOR 13]

90. The contamination of DNA profiling results is a serious issue that all forensic laboratories encounter. If not properly addressed, it can significantly impact upon the reliability of results and more importantly wrongly inculpate individuals as donors of biological evidence and falsely exclude (or be deemed inconclusive) true donors of biological evidence.

91. The concern of the effects of contamination is such that laboratories at times will pause operations to determine the source(s) of contamination and reduce its presence through effective countermeasures. This process is part of an effective quality system.[9]

[8] See OQI 60335. Suggested report wording for paired paternity and kinship results contains the prosecutor's fallacy.

[9] Organization of Scientific Area Committees (OSAC) for Forensic Science, Forensic Laboratory Standards for Prevention, Monitoring, and Mitigation of DNA Contamination, Accessed from: https://www.nist.gov/system/files/documents/2020/05/08/136%20Standards%20for%20Prevention%20Monitoring%20and%20Mitigation%20of%20DNA%20Contamination_OSAC%20PROPOSED.pdf#:~:text=This%20standard%20covers%20aspects%20of%20limiting%2C%20detecting%2C%20assessing,and%20Rapid%20DNA%20analysis%20conducted%20in%20a%20laboratory; European Network of Forensic Science Institutes (ENFSI), Contamination prevention guidelines, Accessed from: https://enfsi.eu/wp-content/uploads/2016/09/dna_contamination_prevention_guidelines_for_the_file_contamantion_prevention_final_-_v2010_0.pdf; Contamination Prevention and Detection Guidelines for Forensic DNA Laboratories, Accessed from: https://www.swgdam.org/_files/ugd/4344b0_c4d4dbba84f1400a98eaa2e48f2bf291.pdf; Forensic Science Regulator, Guidance: DNA contamination

a. **Example 1**: Continued Contamination

92. Concerns around contamination at FSQ were brought to the attention of the Review Team in two different ways:

    92.1. the first was via the results of the monthly environmental testing undertaken in the Evidence Recovery Laboratory and Analytical Laboratory spaces; and

    92.2. the second was through comments made by persons during interviews around the backlog as batches of profiling results were on hold due to contamination detected in negative controls and the subsequent OQIs raised to investigate these events.[10]

93. Subsequently, some Scientific Staff came forward confidentially and informed the Review Team that they had raised concerns about contamination, but the concerns went unheeded [redacted]. Moreover, the instances of detected contamination, whether it be through environmental monitoring or in negative controls, the Review Team observed, have been raised as a concern in the quarterly Quality Assurance Forum minutes for the past two years. FSQ's response to the concerns when they were initially raised and subsequently is a matter which warrants further investigation.

94. Even when the contamination issues were raised with FSQ by the Review Team, it did not appear to the Review Team that the potential significance of the concern was appreciated and/or remediated with the requisite degree of priority. The Review Team came to this conclusion because FSQ had not determined the root cause(s) of contamination by identifying potential sources and mechanisms generating contamination. Instead, FSQ directed the Review Team to an SOP relating to cleaning and anti-contamination procedures as the sole remedy to the contamination issues.

b. **Example 2**: Routine Environmental Monitoring

95. The Review Team found evidence of three concerning matters:

    95.1. the amount of contamination detected in the Evidence Recovery Laboratory and Analytical Laboratory spaces during the past two years was quite troubling;[11]

    95.2. it appeared to the Review Team that often more contamination was detected after cleaning, rather than before[12]; and

    95.3. environmental monitoring swabs are not processed in a timely fashion[13]. As such, if contamination is detected, it is not addressed promptly.

96. It is unclear to the Review Team why contamination is not addressed with any urgency,[14] although earlier this year, internal audits of the two laboratories and a trend analysis of the environmental monitoring results have been conducted.

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controls – laboratory FSR-GUI-0018, Issue 1 (2023), Accessed from: https://assets.publishing.service.gov.uk/media/65379d521bf90d000dd844c6/FSR-GUI-0018_-_contamination_controls_-_lab_final.pdf;

[10] E.g., OQIs 57829, 58077, 58151, 58408, 58870, 59147, 59613, 59634, 59855, 62249, 61873.

[11] E.g., OQIs 57585, 57770, 58575, 59770, 59771, 61889, 61892, see also Quarterly Quality Assurance Forum Minutes from Nov 2023 to Feb 2025.

[12] See, for example, bar charts pg 49 in the Quarterly Quality Assurance Forum minutes February 2025.

[13] See, for example, bar charts pgs 47-68 in the Quarterly Quality Assurance Forum minutes February 2025.

[14] E.g., OQIs 58578, 58579.

97. The Review Team recommends that the recommendations raised in these internal audits and any trend analysis (assuming properly performed) be taken seriously and implemented quickly. The efficacy of any changes made also will need to be monitored.

c. Recognition of Improvement to the Evidence Recovery Laboratory

98. The Review Team acknowledges that there had been some positive changes implemented recently to explore and mitigate background levels of contamination in the Evidence Recovery Laboratory. Some of these initiatives have been undertaken directly by the Evidence Recovery Laboratory mid-level manager and team members.

99. In one commendable example, a team member took it upon themself to put up a poster at the entrance of the laboratory to illustrate the correct personal protective equipment (**PPE**) required before entry into the laboratory. Such a simple action can have a beneficial effect by keeping personnel safe and mitigating contamination of samples and workspaces.

100. In another example, the Review Team learned that that the Evidence Recovery team, led by its manager and with assistance from the QA Team, have:

100.1. implemented a cleaning schedule;

100.2. changed cleaning methods and products;

100.3. introduced an anti-contamination SOP; and

100.4. documented good laboratory practice protocols.

101. As is appropriate when changes are implemented, the Review Team understands that the effectiveness of these changes are actively being assessed, and further improvements are being explored.

d. **Example 3**: Issues with the Analytical Laboratory

102. There also were concerns in relation to instances of contamination detected in negative controls which are created during the processing of samples through the Analytical Laboratory and the possibility of sample-to-sample contamination which might occur during processing.

103. The contamination detected in the negative controls is an indication that case sample results also could be affected by contamination that is not being detected adequately. The Review Team understands that routine methods to detect sample-to-sample contamination may be limited in effectiveness at FSQ because samples that are processed together through the Analytical Laboratory are often split up before capillary electrophoresis.[15] As such, there does not appear to be an effective and efficient process in place to detect contamination and particularly so for sample-to-sample contamination. The separation of samples and controls makes it more challenging to determine if sample-to-sample contamination has occurred.

104. The Review Team could not establish exactly how many batches of samples have had contaminated negative controls or what proportion of batches are affected. However, the number of OQIs raised because of contaminated negative (and sometimes positive)

[15] This is an undesirable quirk of the Forensic Register LIM system.

controls indicates it is a contributory problem resulting in reporting delays while the contamination is being investigated[16].

105. The Review Team recommends that the Evidence Recovery and Analytical Laboratories work in a less siloed fashion and more collaboratively to implement improvements across the laboratory spaces.

e. Reporting Considerations and Transparency

106. When results are released for reporting, it appeared to the Review Team that the onus is on the reporting scientists to try and determine if their case results could be affected by contamination. The Review Team could not establish how effective assessment of contamination and its impact on case samples could be achieved retrospectively and is concerned that this approach places an undue burden on case managers and reporters.

107. The Review Team considers that scientists who report DNA profiling results are placed at risk as they may not be able to determine the reliability of reported results due to the uncertainty of contamination. This situation impacts the fundamental principle of full transparency within the justice system and carries significant implications, including the potential for miscarriages of justice. All significant quality events potentially affecting results in a case should be properly investigated, transparently disclosed, and clearly communicated.

108. In other jurisdictions (e.g., the United States), it is a requirement to disclose contamination events or any other significant nonconformance potentially affecting the quality of the results obtained. It is the understanding of the Review Team that such disclosures at FSQ may presently occur only in circumstances where the consequences of nonconformance are so serious that the DNA profiling results cannot be reported.

f. Recent Developments

109. The Review Team understands that as of the end of June 2025, a few examples of sample-to-sample contamination during processing at FSQ were identified.[17] In at least two instances, it was QPS who made FSQ aware that sample-to-sample contamination had likely occurred.

110. It also should be noted that after briefings and prompted by the Review Team, as of 19 June 2025, operations in the laboratory spaces were halted to address these contamination issues. While this action should be undertaken in any case, it demonstrates that with appropriate guidance, FSQ can address significant quality issues.

111. With urging from the Review Team, a process for potential sourcing of contamination has begun in the latter half of June 2025. The work being undertaken includes using a fluorescent dye to detect mechanisms of unwanted DNA transfer during manual and automated sample handling. Specialized software, known as DBLR™, also now is being used to detect instances of sample-to-sample transfer, and it is intended that this software will be used routinely in the future for this purpose.

[16] For example, OQIs 58077, 58151, 60362, 60490, 60665, 61263, 61780, 61715, 61563, 62446
[17] Document: Summary of contamination events – presentation 25.6_Redacted 2.pdf and confidential communication.

112. The Review Team supports this effort and notes that it will take a substantial effort to put into place criteria for assessing and reviewing past and future casework for sample-to-sample contamination.

g. Current Implications of Contamination

113. The detection of contamination in negative controls or other profiling results, including environmental samples, requires thorough investigation. As it stands, the way in which contamination is investigated at FSQ is inadequate and, until very recently, little has been done to identify and mitigate the causes of contamination events (or the background contamination detected) in the laboratory spaces.

114. Ideally, every effort should be made to reduce contamination in the laboratories, which includes cleaning up the laboratory environment and troubleshooting the various methods and instruments to ensure that they are not introducing contaminant DNA into the samples. This issue must be addressed urgently.

115. To have confidence in the results being reported, background contamination in the laboratory workspaces and contamination detected in the process controls must be reduced. This action also will have the added benefit of decreasing turnaround times as the reporting of fewer samples will be delayed while contamination investigations are underway.

vi. **Finding 6**: Quality Assurance [TORs 8 – 14]

116. Quality Assurance is foundational to operations and services and should be prioritized over throughput and other perceived priorities.

117. The importance of quality and the need to embrace it as part of everyday culture and operations is essential. Management must imbue the practices that promote QA in their teams and have a thorough understanding of the QA system as a driver for systemic quality improvement. This practice is fundamental to the principles of ISO17025.

118. The ISO17025 standards provide the infrastructure for technical competence, while a positive culture creates an environment for continuous improvement and learning from errors necessary for obtaining reliable results. Both a positive culture and technical competency contribute to the overall reliability and trustworthiness of the laboratory's operations. However, it is important to stress that accreditation reflects compliance but does not guarantee quality work product. Therefore, while being accredited is an important aspect of quality and independent review, it is not the most difficult part of the work undertaken by the laboratory. Far more important and challenging is continuous maintenance of competency (as discussed in **section VIII(iv)** (*Finding 4: Gap Assessments [TORs 8, 9, 13]*)).[18]

119. Information provided to the Review Team on interview revealed:

    119.1. tensions between the QA and operational teams,

    119.2. concerns about communication;

    119.3. perceptions of prioritization of maintaining accreditation over implementing solutions; and

[18] Explaining ISO/IEC 17025 Competency Requirements, Accessed from: https://a2la.org/explaining-iso-iec-17025-competency-requirements/.

119.4. inadequate responses regarding nonconformances provided to the accrediting body (see **paragraphs 140-141 in** Example 2: Quality of OQIs).

120. These matters lead the Review Team to conclude that there remains considerable work to do to improve quality at FSQ.

121. To facilitate quality improvement, the Review Team recommends that the QA Team be empowered and given requisite resources to effectively implement a robust quality system at FSQ.

122. These issues are explained in more detail below:

a. **Example 1**: Tensions between the QA and Operational Team

123. There appears to the Review Team to be a divide between the operational and QA Teams, creating a negative culture, which also is to the detriment of the organization and the results being produced. The two groups do not appear to be working collaboratively and are mired in conflict as opposed to addressing matters at hand. For example, Scientific Staff members reported that as QA staff are not forensic scientists, their input is sometimes ill-informed. Whereas QA staff members reported that Scientific Staff do not understand the requirements of the quality system. The QA and operational teams must learn to work collaboratively to ensure the reliability of the results being produced by FSQ.

124. The Review Team recommends that the Forensic Biology Quality Coordinator provide a bridge between the Scientific Staff and the QA Team. By this, the Review Team means that the Biology Coordinator role should provide opportunities to communicate the reasons behind the ISO17025 standards to colleagues throughout the Biology Section and share his or her forensic expertise with the QA team in collaborative and non-combative interactions.

b. **Example 2**: Focus on "Check-the-Box" Approach

125. FSQ has been focused on meeting accreditation requirements. This "*check-the-box*" approach carries with it a risk to developing best practices.

126. In one example, the Review Team found that FSQ initially wanted to implement a procedure for using RSID for detection of saliva without validation, justifying it because it was a method employed by another Australian forensic laboratory. Based on the accreditor's findings, the procedure was placed in an annexure by Management and noted as a non-validated method.

127. This action was taken to meet accreditation requirements instead of properly validating or verifying the method. In the opinion of the Review Team, it would have been preferrable to not to have entertained implementing this procedure that was not validated or verified but rather to have embraced proper evaluation before use; such a study would have been feasible, not require substantial work and would not be overburdensome if the Innovation Team was properly resourced.

c. **Example 3**: Risk Assessments

128. FSQ uses a risk assessment process to inform Management (particularly Upper Management) and/or Scientific Staff on whether or not to proceed with a particular project

or activity. The extent to which these risk assessment processes formed part of informed decision processes was not clear.

129. The Review Team found evidence that projects appear to be approved and to proceed regardless of the risk assessment (as there does not appear to be any measures put in place to address the risks identified).

130. For example, there were a series of related risk assessments for implementing new screening methods as part of the new FMEK workflow[19]:

    130.1. implementation of the Acid Phosphatase Test;

    130.2. implementation of the p30 Test; and

    130.3. method changes for preparation of slides for microscopic detection of sperm.

131. All three documents identify that, due to the significant FMEK backlog, FSQ needed to implement new or modified screening methods without first completing a full, internal FSQ-specific verification or validation.

132. The core risk is described in all three risk assessments as: "*Implementation of a new procedure without internal verification has the potential to detrimentally impact downstream decision making and processing of exhibits, and as a worst-case scenario, lead to the reporting of inaccurate results*".

133. In all three assessments, the Current Risk Rating is calculated as '*High*' (which is based on an '*Extreme*' potential consequence (such as a miscarriage of justice) and a '*Possible*' likelihood). The documents explicitly acknowledge that implementing unverified scientific practices received significant criticism during the COIs. The '*Treatment Environment Review*' section in each document lists proposed '*controls*', such as:

    133.1. adopting methods already validated at other accredited Australian laboratories;

    133.2. providing training and competency assessments for Scientific Staff;

    133.3. monitoring the results via proficiency tests and quality controls; and

    133.4. indicating that a full internal FSQ verification will be undertaken at a future date (e.g., "*within 6 months of implementation*").

134. As at the date of this report, it is unclear if any of these proposed '*treatments*' have been conducted. Further, despite the projected risk, the rating remained '*high*' (including the critical category of '*forensic service delivery*'), the '*Risk Owner Approval*' box on each form was signed and checked '*YES*', formally authorizing the projects to proceed under these conditions.

135. In other words, the primary mitigation strategy was to defer the required scientific verification to a later date, accepting the high risk in the interim to address the competing and urgent pressure of the FMEK backlog without further addressing how to mitigate the identified risks.

[19] RA-003: Implementation of the Acid Phosphatase Test (APT) for direct testing of swabs and other substrates, RA-004: Implementation of the p30 test for direct testing of swabs and other substrates, RA-005: Method changes for preparation of slides for microscopic detection of sperm.

136. In light of the above examples, the Review Team has concluded that quality is not currently embedded at FSQ.

vii. **Finding 7**: Ineffective OQI System [TORs 8 – 14]

137. As of May 2025, there were more than 750 OQIs that have been opened since 2023. Approximately 590 (~79%) were still open, of which ~400 had been open for more than one year.

a. **Example 1**: Potentially Compromised Impartiality

138. OQIs can be initiated by anyone. While this in itself is not unusual, the Review Team notes that in some cases, OQIs are approved and closed by the same individual. In the Review Team's opinion, this is not best practice as no one is checking the thoroughness of the investigation or the validity of the conclusions which can impact impartiality and learning from mistakes (which are fundamental to ISO17025 and a positive culture). That said, the Review Team understands that the usual process at FSQ is that a relevant manager is supposed to approve OQIs that fall under their purview. However, it is unclear to the Review Team if relevant managers have been trained and assessed in root cause analysis and corrective action processes.

b. **Example 2**: Quality of OQIs

139. The Review Team observed that most of the closed OQIs lack root cause analyses, stopping at immediate apparent causes rather than exploring deeper systemic issues and subsequent monitoring. Undertaking root cause analyses, identifying and adopting appropriate preventive actions and monitoring the efficacy of those actions are fundamental to a quality management system.

140. For example, in some analyses a negative control sample was not processed along with casework samples. A negative control sample is part of the process to detect possible contamination of reagents and materials (as discussed in **section VIII(v)** (*Finding 5: Contamination [TOR 13]*). The negative control was not routinely being tested when associated samples were undergoing certain types of additional analyses. This issue was raised during the Sofronoff Inquiry in the report prepared by Baker and Kogios,[20] and again as a nonconformance in the 2024 NATA audit. The subsequent OQI,[21] describes the nonconformance but does not document any investigation or root cause analysis. That said, it does however refer to the need for a risk analysis to be undertaken (which is documented in RA41). Further, the responses by the QA Manager to NATA regarding the negative control do not adequately describe root causes or address corrective actions.

141. For this example, the Review Team understands that FSQ determined that the relevant protocol did not describe that the negative control should be processed. The protocol was subsequently amended, and Scientific Staff were informed of the change. However, the Review Team has observed that there has been no monitoring of the changed process post this amendment. A recent email chain (provided confidentially to the Review Team) indicates that some Scientific Staff still are unaware of the process related to negative

[20] Baker & Kogios, 2022, Review of the current operations of the Queensland Health Forensic and Scientific Services DNA Analysis Unit, pg 53, recommendation 22.
[21] See OQI 61160.

controls and only became aware when it was explained to them by an external (outsourced) case manager.

142. The Review Team suggests that the root causes are that a fundamental understanding by scientists may be lacking on the processes for detecting contamination in routine lab work. The Review Team also notes that multiple protocols exist for similar procedures, which may not be modified consistently and thus may promote risk of inconsistent practices. Another cause may be that some scientists were aware of the omission in the protocol but do not feel or may not be empowered to raise concerns.

143. Separately, the Review Team noted that some of the OQIs do not relate to nonconformances. As such, it would be better operationally to separate the OQIs that relate to nonconformances and preventive actions from other activities for effective access, better management, and better responsiveness for addressing quality issues.

144. The Review Team also noted that corrective and preventive actions often are missing. Further, even when completed, the findings and corrective/preventive actions for OQI investigations often are not disseminated effectively to Scientific Staff. Thus, Scientific Staff are not availed of learning opportunities to improve (a fundamental part of a quality system and ironically, a part of the OQI abbreviation).

145. The above actions are inconsistent with a fundamental process of QA, being to build reliability of and confidence in the work product.

c. **Example 3**: Inordinate Timeframes of OQIs

146. The Review Team observed that most OQIs remain open for what the Review Team considers to be inordinately long timeframes that renders them ineffective as quality tools. This failure to promptly address legitimate nonconformances results in continued practices that warrant immediate corrective actions.

147. For example, a software program for kinship analysis generated some statistical calculation errors and an OQI was opened.[22] This OQI has been open for more than nine months and does not include important information such as the magnitude of the error and the consequences for reporting. Of concern is that the errors were not immediately addressed to determine the magnitude of the effect, and if required, reports amended and provided to the judicial system. Eventually, a workaround of reporting the lowest of the three subpopulation statistics was employed.

148. In summary, that the Review Team recommends that FSQ's OQI system be re-evaluated with:

148.1. more effort be placed on:

148.1.1. training;

148.1.2. determining proper root cause analyses; and

148.1.3. effecting corrective actions and preventive actions;

148.2. Scientific Staff and Management receiving adequate training on QA; and

[22] See OQI 60336.

148.3. the QA Team being given the necessary authority and resources to meet the obligations of a quality laboratory, i.e., one that meets the ISO17025 requirements in an effective solution-based manner.

viii. **Finding 8**: Internal Culture and Communication [TORs 8 – 10, 13]

149. A positive culture is a value-supportive system in which a laboratory is:

149.1. imbued with accountability and open communication;

149.2. gains experience from mistakes through learning;

149.3. improves based on mistakes;

149.4. is proactive to implement preventive measures;

149.5. provides psychological safety; and

149.6. offers fair and just responses to errors and deficiencies.

150. Under such an environment a laboratory is supportive and fosters:

150.1. scientific integrity;

150.2. improvement of methods;

150.3. accountability;

150.4. empowerment;

150.5. open communication;

150.6. respect;

150.7. fairness and

150.8. a continuous learning experience,

all of which better position the laboratory to improve operations and quality continuously, learn from its mistakes, be transparent about its work and work products and importantly encourage its staff and management to contribute to the well-being of the organization.

151. That said, the Review Team recognises that errors do and will occur in any human endeavour. While both Management and Scientific Staff may err, learning from such mistakes improves the overall system and every person in the organization. Whether it is Scientific Staff or Management, an error is an opportunity to learn and improve. The process should be embraced and not be considered punitive for or by Scientific Staff and/or Management.

152. The Review Team is of the opinion, informed by discussions with all levels of Management and Scientific Staff, that a poor workplace culture exists at FSQ. While the Review Team has been made aware of individual initiatives that attempt to resolve specific problems, there has not been an effective overarching program in place to address the longstanding workplace culture issues plaguing the organization.

a. **Example 1**: Scientific Staff Reports

153. The lack of effective communication and/or micromanaging were often reported to the Review Team (during the interviews with Scientific Staff) as issues.

154. During interviews, many people reported raising operational and/or quality issues and receiving responses like "*it's not your concern*" or "*stay in your lane*" or "*pick your battles*". In a positive workplace culture, all constructive issues raised should be embraced and documented by Management and Scientific Staff. The Review Team appreciates that not necessarily all issues can be addressed as resources are limited, priorities dictate what can be addressed, and some ideas may not be well supported; however, responses which discourage flagging potential issues or concerns will never foster the positive culture that is required at FSQ.

155. Simply put, all should be heard and a proper response provided explaining the decisions/actions taken.

b. **Example 2**: Lack of Empowerment

156. It appears to the Review Team that basic team/operational issues or decisions are moved up the managerial hierarchy (all the way up to the Director level). The Review Team observed that the rationale for basic team/operational issues or decisions were not properly understood by those who were required to implement them. The Review Team recommends that FSQ move towards an emphasis on improvements at the operational level, promoting good ideas and actions to enhance the laboratory.

c. **Example 3**: Lack of Shared Accountability and the Disconnect between Scientific Staff and Management

157. The Review Team is of the opinion, informed by responses of Management and Scientific Staff on interview, there is a disconnect between Scientific Staff and Management.

158. Underlying causes cited may include:

158.1. inadequately practicing a positive culture environment;

158.2. a loss of respect and trust of Upper Management by Scientific Staff and other members of Management;

158.3. a lack of follow-up on issues raised;

158.4. a lack of communication (skills and practices);

158.5. Management not being held accountable; and

158.6. a lack of proper training to develop managerial skills.

159. In addition, the Review Team found evidence that some decisions made in good faith (such as addressing the Scientific Staff's feelings in lieu of immediately addressing knowledge gaps and nonconformances) may have exacerbated discontent in the organization.

160. The Review Team also noted that the Director is often engaged in activities/discussions that should be the responsibility of her upper or mid-level managers, or even team leaders. This engagement in the minutiae of day-to-day operations was attributed by the Director to her managers or team leaders not performing their roles adequately. The Review Team believes this inadequate performance can be due in part to managers' inexperience, overload, not feeling empowered, lack of accountability, not understanding the requirements of their roles, etc. Having to involve herself so much in operational details distracts the Director from her responsibilities.]

161. Further, solutions currently appear to be patchworked and reactive as opposed to proactive and root cause based. Scientific Staff also expressed experiencing change fatigue, also stating that they often are informed about changes after implementation.

162. FSQ Management is currently facing significant difficulties and, in the opinion of the Review Team, ought to be provided with appropriately qualified external support to help guide them individually and collectively to address the complexities of the interpersonal dynamics that exist and to identify why improvement of the workplace culture has not markedly improved.

163. Management also should be trained in positive culture practices, be held accountable to address and/or at least respond with explanation to constructive issues raised by any personnel and trained in better communication skills.

164. Ideally, a positive culture would be in place to promote, receive, and respond to criticisms.

ix. **Finding 9**: Operational Inefficiencies and Backlogs [TORs 9 – 11]

165. An unintended outcome of the COI, and FSQ's subsequent attention to the recommendations made therein, is that there is an ever-increasing very large backlog of cases. Specific backlog numbers are not provided herein as the specific numbers change and continue to grow (noting that it is well-accepted by the Government, FSQ and the various other stakeholders that the backlog is currently large).

a. **Example 1**: Impact on Quality Assurance

166. As previously discussed at **section VIII(vi)** (*Finding 6: Quality Assurance [TORs 8 – 14]*), QA is foundational to forensic operations and services and must be prioritized over throughput and other perceived priorities.

167. In the opinion of the Review Team, it is unfortunate that the requirement to meet all recommendations of the COI was set as one of the highest priorities as this decision appears to have inadvertently contributed to similar conditions that led the previous organization (QHFSS) to be focused on throughput at the expense of quality. In the opinion of the Review Team, this turn of events is exemplified by the current casework demands, the focus on backlog reduction and the drive to meet accreditation with a "check-the-box" philosophy as opposed to effective quality actions.

168. For the reasons outlined above, it is impractical to continue to think that FSQ can effectively develop a robust quality system, a positive culture, and improve laboratory workflow efficiency while simultaneously trying to meet casework demands (which also are not being met).

b. **Example 2**: Issues with Further Outsourcing

169. The Review Team supports the recent decision made by the Queensland Government to provide $50 million over two years to outsource some casework which should allow FSQ to dedicate more effort and resources to addressing quality issues, implement a performance management system, improve the workplace culture and improve workflow processes. This funding support is very important and a constructive decision. However, it should be noted that the outsourcing of some casework cannot in itself mitigate the substantial challenges of improving workflow, training, quality and culture at FSQ. For

the reasons outlined above, FSQ has a lot of work to do to bring the laboratory up to acceptable levels outside of clearing backlog.

170. Ideally, the Review Team recommends that outsourced support should come from within the Oceania region to reduce the costs of sending exhibits further afield and to avoid downstream difficulties such as managing court appearances and returning biological evidence to Queensland. The Review Team is aware that the Director reached out to other laboratories in the region and that most of the laboratories reported to not have capacity to assist. The laboratories that have provided support have only done so in small ways, such as ESR undertaking YSTR and FMEK casework and the AFP undertaking bone work.

171. The Review Team strongly recommends that another attempt should be made to obtain assistance with outsourcing casework to other Australian State or Federal laboratories. Perhaps it ought to be higher level officials in Queensland reaching out to higher level officials in the federal government, other states and territories to secure the necessary assistance.

172. In the meantime, it will be necessary for FSQ to seek support from laboratories such as those based in the US or UK. Regardless of where the support comes from, one approach could be that FSQ only focuses on new cases and the cases for which DNA profiling is in progress and all other cases in the backlog (but not otherwise started) be outsourced. Whilst the Review Team recognises that this approach will present some logistics issues, a pragmatic solutions focus rather than problem focus must be facilitated to ensure the success of the outsourcing program.

c. **Example 3**: Issues with Current Outsourcing

173. The Review Team understands that FSQ already outsources the profile interpretation component of some cases processed within the FSQ laboratory system to forensic science service providers in other parts of the world. The Review Team acknowledges the substantial effort required to set up these arrangements.

174. The Review Team understands that the work the external providers undertook was initially limited to P3 (volume crime) cases where there is typically only one or two samples per case and no reference samples to type (so little case management is required). Even though the external providers are experienced, there is nonetheless an onboarding (a training and administrative burden that FSQ and particularly members of the HCR Team (see **section VIII(x)** (*Finding 10: The HCR [TOR 9]*)) bear the responsibility to ensure the outsourced personnel have demonstrated previous experience and can, amongst other things:

174.1. navigate the FSQ laboratory information management system (i.e., the FR);

174.2. use the probabilistic genotyping software STRMix™; and

174.3. understand FSQ reporting requirements.

175. The Review Team learned that, that due to the complexities of the FR, the external providers spend a small amount of time on actual profile interpretation tasks and an inordinate amount of time entering and retrieving data in FR (see **section VIII(xii)** (*Finding 12: Forensic Register [TORs 9 – 11, 13]*)).

176. As there is not enough P3 casework available to keep the external forensic service providers busy, [redacted] the outsourced work program has been extended to P2 (major crime) as well as cases involved in the HCR. The Review Team has some reservations about the viability of this decision because of the increased training and administration burden placed on the HCR Team. Additionally, the external forensic providers may lack an understanding of the local legal, historical and structural context, especially so for the particular cases that are being reinvestigated as part of the HCR. It is the opinion of the Review Team that the casework that falls under the remit of the HCR Team should be performed by Scientific Staff. There are nuances associated with reviewing the historical cases previously analysed by QHFSS that likely cannot be considered effectively with the current outsourcing strategy, which is primarily restricted to DNA profile interpretation.

d. **Example 4**: Issues with Reworking Samples

177. Reworking is processing another aliquot of a sample.

178. An issue that was revealed to the Review Team in the emails provided confidentially relates to perceived unnecessary reworking of samples. It appeared to the Review Team from the emails provided that some Scientific Staff members seemed to regularly recommend additional rework that the external provider believed was unnecessary. The Review Team's initial views in this regard were confirmed by Scientific Staff new to FSQ and some long-term employees, who told the Review Team that they thought unnecessary rework as widespread in all the case management teams and almost certainly contributing to the backlog that currently sits with case management.

179. While a rework is helpful in some situations, the emails and information provided to the Review Team on interview indicated it may be being used routinely in situations where the results of the rework would not advance interpretation of the DNA profiling results in a meaningful way. This consequence includes time that some case managers reportedly spend agonizing over interpreting straightforward profiling results and sending the sample back for rework.

180. The Review team acknowledges that the root causes for this are likely to be multi-factorial. Some case managers who have been with the organization since before the Sofronoff Inquiry may have suffered a loss of confidence regarding interpreting DNA profiling results (note that the Review Team supports any efforts made to improve interpretation guidelines). The Review Team also is aware, after a discussion with the Director, that there already has been a review of the reworks undertaken for P3 cases and that the rework rate has been reduced substantially after a finding that many reworks did not progress interpretation in those cases. The Review Team recommends that a similar review be undertaken for other case types.

181. Ultimately, while strategies are underway to address throughput and turnaround time, the Review Team recommends that these processes be re-evaluated, and more pragmatic solutions should be sought (such as has now been made possible with outsourcing some casework).

x. **Finding 10**: The HCR [TOR 9]

182. Based on emails and discussions with the HCR Team, the HCR project (a critical component of addressing some of the COI recommendations) is severely hampered by internal operational bottlenecks and communication failures. In the opinion of the Review Team, the HCR Team is not properly resourced. The work that they are doing in managing the external forensic science service provider arrangements does not appear to be well supported by Management. The HCR team is spending an inordinate amount of time training and otherwise managing external forensic service providers. These tasks include managing the relationships with the external service providers, arranging IT access, ensuring proficiency testing is up to date, and providing ongoing mentoring. This additional work impedes HCR team members to directly address their HCR casework. These encumbrances are delaying the delivery of results to justice stakeholders. FSQ should review this outsourcing to determine whether the amount of effort and dedicated resources are cost beneficial.

183. [redacted]

184. A RPL process has been an important tool for assessing external scientists,[23] to perform profile interpretation duties under outsourcing contracts and for the recruitment of experienced forensic scientists to FSQ. However, there are indications that the RPL process has not been entirely adequate or fairly applied. Scientific Staff repeatedly raised concerns that outsourced personnel lack the required training and competency in core FSQ processes, including STRmix™ interpretation, analytical processes, and FSQ-specific case management approaches for P2 (major crime) work.[24] [redacted]

[redacted]

[redacted]

[redacted] Concurrently, some (but not all) recently recruited but experienced personnel complained about the inefficient RPL process, including significant delays, affecting their training and subsequently delaying their ability to report casework.

186. Upper Management should communicate better with the team and include or inform better decisions made regarding the HCR casework. Similarly, the HCR Team's recommendations should be considered, directly addressed with the HCR Team on why some proposals will not be actioned, and the HCR Team should be provided with adequate support to implement approved activities.

xi. **Finding 11**: Case Management and Workflow [TORs 9 – 11, 13]

187. In the Review Team's opinion, the move towards a case management approach for P2 (serious crime) cases as opposed to the previous sample-centric workflow is positive but requires:

187.1. substantial changes to the structure and support of the IT system;

187.2. improved communication and teamwork;

187.3. good foundational knowledge and DNA experience; and

187.4. a lab-wide ownership culture.

188. It appears to the Review Team that the intention of case management has perhaps not been well understood and thus implemented ineffectively. Effective case management needs to be supported by a robust quality system and actioned by experienced Scientific Staff. FSQ has the advantage of employing Scientific Staff from overseas laboratories who have a large amount of case management training and experience. The case management teams would benefit from input from this additional experience.

xii. **Finding 12**: Forensic Register [TORs 9 – 11, 13]

189. An issue that both Management and Scientific Staff agree on is that the LIMS FR, is extremely inefficient and cumbersome, resulting in an excessive amount of time for sample or case management and an inability for Management to retrieve data for metrics and other purposes. The FR was originally a QPS tool that was extended to QHFSS to strengthen an intelligence-led policing approach. However, it does not appear to be fit-for-purpose as a LIMS in a forensic laboratory. Case managers report having to employ many workarounds to be able to manage their casework, and the shortcomings of the FR contribute to the backlog.

190. Changes to format and fields require work by a commercial provider and these do not appear to have been done in a timely and cost-effective manner. FSQ should consider upgrading the FR immediately to meet its requirements and, if this is not possible alternative laboratory information systems should be pursued with priority. The Review Team is aware that exploring and implementing an alternative LIMS is not an easy task and will add to the Scientific Staff workload. However, the present situation cannot continue.

191. This limitation of the LIMS results in projects cannot be completed and implemented in an effective or timely manner. It appears that there are even some procedures that would

not bet implemented by Management until the external provider makes a change in the FR. For example, the laboratory validated a procedure to reduce an extraction volume from 100 µL to 60 µL. This process was necessary to concentrate the DNA to improve typing success and was identified as an issue to address during the COI. Instead of implementing immediately after validation and training, FSQ postponed implementation several months waiting for a change in the FR to be made.

192. The Review Team questions whether this delay was necessary or sound practice. A workaround could have been employed. This reluctance to move forward because of a limit in the FR process demonstrates a lack of agility and not being solution oriented which ultimately did not improve workflow efficiency and DNA typing success in a timelier fashion.

xiii. **Finding 13**: Laboratory Independence and Communication [TORs 9 – 10, 12 – 13]

193. The Review Team understands that FSQ is an independent agency. However, the current system appears to be operating more so under QPS direction and approval of everyday operations.

194. A recent example is the proposal by FSQ to assess 100 FMEK cases for performance indicators. The Review Team supports this study, which is not research but more like an accounting of the processes, as it informs the laboratory of whether its current operations are efficient and effective, which in turn may improve throughput and turnaround time. Additionally, the 100 FMEK cases would be processed in a relatively short time and reduce some of the backlog.[26]

195. Based on emails made available to the Review Team and subsequent conversations, it seems that there were misunderstandings by QPS of the intent of the study and the value it brings. QPS had taken the position that there was an agreement that all FMEKs would be outsourced. QPS also expressed concerns that case samples would be used for research, which was based on the miscommunication between QPS and the Director. As a result, the study was not (initially) commenced.

196. Representatives from both agencies reached out to the Review Team for information and/or guidance, and the Review Team advocated the position of performing the study in principle. The proposal by FSQ to process these 100 FMEKs is sound and has multiple benefits. The Review Team is pleased that there has been a resolution between the agencies, and the FMEK study was undertaken. However, this event is an example that the agencies need to work together to resolve what is best to do, whilst maintaining their independence.

197. This system is atypical but understandable given the history of processing casework in Queensland. However, it does bring into question whether FSQ is operating as an independent entity. Almost two decades ago QPS stepped up and took over initial sample processing to reduce the burden on QHFSS. That support is commendable and currently is necessary to allow FSQ to bring its operation up to acceptable levels. Moreover, the shared use of the FR, at least initially, provided benefits to each agency. However, over time it appears to the Review Team that these initiatives may have transformed into a

[26] As of June 2025, there were approximately 700 FMEKs waiting to start with approximately 13 FMEKs submitted weekly. Approximately 3 FMEKs per day are processed using the current workflow.

process whereby FSQ requires approval by QPS of systems and operational changes as opposed to the two agencies working together to achieve desired outcomes, each as independent partners.

198. The Review Team does not weigh in on the relationship but recommends that the governance of FSQ be clarified in this regard.

xiv. **Finding 14**: Identifying whether any delays, or backlogs, at FSQ are impacting active police investigations and/or public safety [TOR 11]

199. The Review Team did not explore or seek any specific cases in which delays in turnaround time and the backlogs are impacting investigations and/or public safety. The Review Team heard from QPS on interview that FSQ's significant delays and backlogs are having a considerable negative impact on active police investigations and public safety. In the opinion of the Review Team, this impact manifests in several critical ways.

200. DNA results (and particularly DNA databases) are effective means to assist law enforcement in developing investigative leads. Delays between a crime and apprehension can be exacerbated or identification of persons of interest may not occur at all if the investigative process cannot use DNA to develop investigative leads and thus result in a failure in providing safety and security to the victims, their families, and their communities.

201. Beyond individual cases, recidivism is well documented. Identifying a career criminal early on can have substantial tangible and intangible benefits, including first and foremost some of the potential victims need not become victims. Thus, in the opinion of the Review Team, the challenges in bringing FSQ up to an acceptable level as a service provider do have a significant negative impact on police investigations and safety of the Queensland community.

xv. **Finding 15**: Providing advice as to whether the absence of the provision of some testing services at FSQ (e.g., provision of testing in relation to bone samples) is causing delays in cases requiring such expertise [TOR 12]

202. Ideally, a forensic laboratory should be full-service regarding its DNA testing capability. Such testing capability would include autosomal STR typing, Y chromosome STR typing and mitochondrial DNA sequencing. However, the majority of forensic laboratories worldwide do not provide all three of these genetic typing systems. For example, only a small percentage offer mitochondrial DNA sequencing. Most forensic laboratories offer autosomal STR typing, and a notable proportion offer Y chromosome STR typing. In recent years, single nucleotide polymorphism (**SNP**)-based sequencing has been implemented in a few laboratories worldwide.

203. The decisions on what services to provide are based on needs, expertise, and resources. Some targeted evidence can be better analysed with a specific genetic marker system. For example, bone samples often are degraded, and nuclear SNPs sequencing or mitochondrial DNA sequencing are the methods of choice to accommodate highly compromised samples. In sexual assault cases, especially in mixtures where a female victim's DNA is a quite large component compared to a male perpetrator's DNA, informative results may be obtained

with the male-specific Y chromosome STR test. However, regardless of the system or systems provided, the methods must be validated and quality and reliable results obtained.

204. When a forensic laboratory does not offer a particular test that would be suitable for the relevant forensic evidence, the laboratory or law enforcement can recommend and/or seek alternate laboratories that provide the service. FSQ currently offers only autosomal STR typing and is validating Y chromosome STR typing. For example, in situations that require Y chromosome STR testing, FSQ has sent samples to the ESR in New Zealand. For bone samples, FSQ has halted this work and sends samples to the AFP in Canberra. Thus, there are avenues for obtaining such services.

205. The Review Team did not seek or investigate specific cases to determine if there are delays because of this outsourcing process. Although, it is intuitively obvious that there would be fewer delays if the services were offered in-house (assuming backlog and turnaround time were manageable). In the long-term, it would be desirable for FSQ to provide all routine services. However, the Review Team cautions that currently FSQ should focus on the many challenges and findings described throughout this report as opposed to bringing on additional services. It should be a priority that FSQ focuses on rectifying the current issues.

xvi. **Finding 16**: The Advisory Council [TOR 14]

206. The Advisory Council was established in the FSQ Act. The functions of the Council are:

206.1. to monitor and review policies and procedures of Forensic Science Queensland relating to the administration of criminal justice;

206.2. to give advice or make recommendations about the policies and procedures; and

206.3. another function as directed by the Minister.

207. In the opinion of the Review Team, for policies, the Advisory Council appears to have the requisite expertise to address policies. However, for scientific procedures, the Advisory Council does not have the breadth and depth of scientists to adequately address scientific processes. This gap in the Council is not a criticism of the members of the Council, it is instead a recognition that the Advisory Council make-up is not constructed for assessing and resolving difficult and arcane scientific issues. Instead, the Advisory Council appears to rely heavily on reports provided by FSQ to assess whether the scientific and other related procedures are being addressed adequately. This reliance may not be sufficient for the Advisory Council to meet its mandate.

208. As an example, the Review Team refers to Recommendation 53 from the COI. This COI recommendation focuses on quality issues of risk, root cause, and trend analyses. FSQ prepared a '*Completion Report*' and submitted the report to the Advisory Council. This report details progress by FSQ and a recommendation to the Advisory Council of completion of the issues identified in Recommendation 53.

209. However, as discussed in **section VIII(vii)** (*Finding 7: Ineffective OQI System [TORs 8 – 14]*), the Review Team found that:

209.1. the OQIs are not well documented;

209.2. the majority of the OQIs:

209.2.1. lack sufficient description;

209.2.2. predominantly lack identification of root causes;

209.2.3. when identified, the root causes are questionable; and

209.2.4. the identified corrective actions are inadequate or lacking;

209.3. the majority of OQIs lack the necessary monitoring after actions are taken; and

209.4. many OQIs remain open for an inordinately long time with little or no progress regarding resolution.

210. Whilst the laboratory has amended its quality processes on paper (i.e., prepared a Quality Manual), in practice the various aims set out in Recommendation 53 have not been met. This issue is another example of suggesting that having an SOP (or manual in this case) is sufficient to improve processes. Processes must be enacted and monitored for some time for effectiveness.

IX. Recommendations and Opportunities for Improvement [TORs 8 – 14]

211. As indicated in **section VIII** (*Findings*) above, reform is needed. This reform should be undertaken in a measured way with, if at all possible, limited upheaval. Substantial upheaval could be detrimental to moving FSQ forward in an effective and expeditious manner. All the issues identified above need to be addressed, and improvement plans and actions undertaken as soon as is reasonably possible. However, all cannot be met simultaneously, and reasonable expectations should be built into the reform strategy.

212. The Review Team purposely did not prioritize the recommendations provided below, nor the order that they should be addressed. Doing so likely would contribute to or exacerbate the situation the laboratory currently is in. It would be far more judicious to permit FSQ, the Department of Justice (and other relevant agencies), advisors and other stakeholders to consider and set priorities based on FSQ's needs, reasonable expectations, resources, and to then develop a path forward with an immediate to five-year plan.

213. Throughout this report, a number of findings have been highlighted, and general recommendations for remediation have been made implicitly or explicitly (above in **section VIII** (*Findings*) and below in this section). These recommendations are summarized below. However, given the extensive existing workload and list of mandates already facing FSQ, the first three key strategic recommendations are offered to assist FSQ in creating the necessary direction, environment and capacity to address the various findings more effectively and sustainably. These first three key strategic recommendations being: independent advisor, solution-orientated approaches and temporarily halting operations.

214. Separately, the Review Team recognises that ideal solutions may not be the best solution for FSQ (particularly given the exigent circumstances). Therefore, the recommendations provided below consider a pragmatic approach.

i. **Primary Recommendation 1**: Independent Advisor

215. The Review Team suggests that consideration be given to the creation of a temporary, independent advisor role that is embedded at FSQ. This independent advisor would guide and mentor Management and Scientific Staff in identifying deficiencies and setting priorities such as:

    215.1. improving fundamental knowledge and culture;

    215.2. promoting solutions;

    215.3. improving workflow efficiency;

    215.4. being quality and future-focused;

    215.5. offering training;

    215.6. being a sounding board for personnel; and

    215.7. possibly being a positive draw of talent to FSQ.

216. This person also could provide a bridge between the QA Team and Scientific Staff, modelling a commitment to quality and sound science practices. It is believed that this individual could reduce the chances of further upheaval and guide FSQ to focus its efforts, consider solutions that may reduce the overwhelming challenges, truly implement a positive culture environment and give Management a chance to build trust and respect with its Scientific Staff.

217. As previously mentioned, the Review Team informed the Director regarding its preliminary observations. Within two days, the Director responded acknowledging the findings and is developing strategies to address some of the current deficiencies (see **Appendix 2**). Furthermore, based on briefings provided by the Review Team during its assessment of FSQ, several actions have been undertaken, such as addressing the 50 µL issue in differential extractions of sexual assault evidence, consideration of pausing laboratory operations to address contamination, and methods for determining sources of contamination. This example of the Director's willingness to adopt feedback provides evidence that this advisor approach may be welcomed and work to move the laboratory forward.

218. Further, the independent advisor should have substantial scientific gravitas in forensic biology, a good understanding of and expertise in quality assurance, substantial operational and testimony experience, and who can be authoritative (but not authoritarian). Ideally, this person would not have been previously employed at QHFSS and/or QFS and be willing to consider the divergent viewpoints held by Scientific Staff by being future-, quality- and science-focused. Moreover, this person would not be directing Scientific Staff in their operations (which is the Director and Management's job). It will be important to evaluate the strategies and continue to monitor and advise the organization as it moves toward being a future-focused, quality-driven, and scientifically sound forensic provider. It will take time to reach the desired goals.

ii. **Primary Recommendation 2**: Solution-Oriented Approaches

219. Management and Scientific Staff should proactively seek and implement alternative, pragmatic/viable solutions to enable more expeditious and effective implementation,

operations, throughput, and data management. FSQ should actively cultivate an environment in which identifying and addressing inefficiencies is a collective responsibility. This action involves:

219.1. empowering Scientific Staff to propose improvements and take ownership (e.g., as seen with the Evidence Recovery Laboratory example with the implementation of proper PPE and cleaning routine initiatives);

219.2. leveraging risk assessments not just to accept delays but to enable carefully managed interim solutions while foundational work proceeds (e.g., the FMEK modified workflow); and

219.3. a leadership commitment to removing systemic roadblocks (e.g., such as vigorously pursuing FR LIMS improvements or replacement and proactively seeking workarounds for FR limitations where possible, rather than allowing them to indefinitely stall validated process improvements).

220. The culture of embracing solutions should be promoted over that of ceding to barriers. This approach directly supports the strategic intent of "*Ideas into Action*" and "*Unleash Potential*" outlined in FSQ's own Strategic Plan.[27]

iii. **Primary Recommendation 3**: Temporarily Halting Operations

221. With all demands on the laboratory, it may be beneficial to consider slowing down or temporarily pausing operations for at least two to four weeks (or longer if necessary).[28] Granting such a "*strategic pause*" would allow FSQ to address fundamental quality issues by:

221.1. professionally cleaning the Evidence Recovery and Analytical Laboratories from top to bottom;

221.2. performing troubleshooting on the liquid handling instruments and/or manual methods to ensure sample-to-sample contamination is minimized; and

221.3. if possible, determining sources of contamination.

221.4. It should be noted that after briefings provided by the Review Team as of 19 June 2025, Management has paused operations to address contamination issues. This activity should be monitored to assess its effectiveness and may require outside expertise to review the progress.

222. All Scientific Staff should be mandatorily retrained on foundational scientific principles associated with forensic DNA analyses and good laboratory practices to improve the quality of results and the overall laboratory system.[29] At least some of this retraining could

[27] "Forensic Science Queensland Strategic Plan 2023-27".
[28] At the time of writing this report, FSQ has temporarily halted operations in order to troubleshoot contamination in the laboratory spaces.
[29] Organization of Scientific Area Committees (OSAC) for Forensic Science, Forensic Laboratory Standards for Prevention, Monitoring, and Mitigation of DNA Contamination, Accessed from: https://www.nist.gov/system/files/documents/2020/05/08/136%20Standards%20for%20Prevention%20Monitoring%20and%20Mitigation%20of%20DNA%20Contamination_OSAC%20PROPOSED.pdf#:~:text=This%20standard%20covers%20aspects%20of%20limiting%2C%20detecting%2C%20assessing,and%20Rapid%20DNA%20analysis%20conducted%20in%20a%20laboratory; European Network of Forensic Science Institutes (ENFSI), Contamination prevention guidelines, Accessed from: https://enfsi.eu/wp-content/uploads/2016/09/dna_contamination_prevention_guidelines_for_the_file_contamantion_prevention_final_-_v2010_0.pdf; Scientific Working Group on DNA Analysis Methods (SWGDAM), Contamination Prevention and Detection Guidelines for Forensic DNA Laboratories, Accessed from: https://www.swgdam.org/_files/ugd/4344b0_c4d4dbba84f1400a98eaa2e48f2bf291.pdf; Forensic Science Regulator, Guidance: DNA contamination controls – laboratory FSR-GUI-0018, Issue 1 (2023), Accessed from: https://assets.publishing.service.gov.uk/media/65379d521bf90d000dd844c6/FSR-GUI-0018_-_contamination_controls_-_lab_final.pdf; U.S.

occur during the pause. There appear to be some internal personnel who could provide some of the training and external instructors should be sought.

223. It also may be better to train using a higher order thinking approach rather than solely lecturing so that Scientific Staff retain the information. Higher order thinking education and training moves beyond remembering and recalling information and into application, analysis, synthesis, evaluation, and creation. These levels are what are needed to build confidence, empower, and create problem solvers.

224. The following recommendations are the balance of the Review Team's general recommendations. Some of the recommendations can be, at least in part, addressed or facilitated by one or more of the three key recommendations (as listed at **section IX(i – iii)**). Accordingly, the recommendations below have been organized into general themes rather than addressing specific TORs.

iv. **General Recommendation 1**: Shifting Organizational Culture Towards Transparency and Scientific Integrity

a. Quality and Validation

225. FSQ needs to prioritize QA. All Scientific Staff should understand that QA is everyone's responsibility, rather than seeing QA measures as a barrier to performing casework. Scientific Staff and the QA Team have to collaborate with each other to ensure that methods and procedures fulfil the requirements of ISO17025 and beyond to achieve a quality system. Upper Management should serve as a role model, advocate QA, and properly resource the QA Team to perform its functions.

226. The OQI system needs to be rebuilt such that it is:

226.1. being used in a timely and effective manner;

226.2. effective in root cause analysis;

226.3. promoting corrective and preventive actions;

226.4. part of a positive, learning environment; and

226.5. managed by the QA Team so that there is impartiality when issues are addressed.

227. FSQ should review and stop any process that poses unacceptable quality risks and/or put in place mitigation strategies to address the risks.

228. FSQ needs to investigate contamination issues and put in place effective remedies. The laboratory could launch targeted task forces to address the most pressing contamination issues (e.g., environmental and process-related, issues such as indicated in OQIs 57585, 57770, 57829, 58575, 59770, 59771, 61889, 61892) and critical procedural deviations (e.g., issues highlighted in OQIs 60326, 57483, 58553, 59885). FSQ should also institute:

228.1. strict laboratory decontamination protocols and good laboratory practices;

Department of Justice, Office of Justice Programs, National Institute of Justice (NIST), National Best Practices for Improving DNA Laboratory Process Efficiency, Accessed from: https://www.ojp.gov/pdffiles1/nij/304051.pdf; European Network of Forensic Science Institutes (ENFSI), Best Practice Manual for Human Forensic Biology and DNA Profiling ENFSI-DNA-BPM-03 (2022), Accessed from: https://enfsi.eu/wp-content/uploads/2022/12/ENFSI-DNA-BPM-03.pdf.

228.2. process environmental monitoring samples and interpret the results in a timely manner;

228.3. implement rigorous investigation of any positive findings to identify the root cause for each nonconformance; and

228.4. implement verifiable corrective actions in a timely fashion.

229. FSQ should complete rigorous validation studies. Although underway, FSQ should prioritize and complete comprehensive ISO17025-compliant validations/verifications for all core methods, instrumentation and software, all while strictly adhering to the new FSQ Validation Framework. It is not acceptable to implement a procedure that has not undergone verification or validation. It also is worth noting that validations, when poorly designed or compromised by throughput pressures, are meaningless.

b. The Forensic Register

230. The LIMS (i.e., the FR) has to be overhauled or replaced. FSQ should develop and execute an urgent plan to address the inefficiencies of the FR, either through a substantial upgrade or by sourcing and implementing a new fit-for-purpose LIMS. In the interim, FSQ should develop workarounds when the FR does not accommodate changes to promote operation improvements.

c. Strategic Planning, Methods and Procedures

231. A more strategic plan is needed for addressing the backlog, turnaround times, and casework management issues. FSQ and its strategic partners (e.g., QPS) should implement a sustainable, stable multi-faceted strategy to manage historical and current backlogs. The recent decision by the Queensland Government to dedicate $50 million to outsourcing some casework is supported by the Review Team. There are logistical issues with outsourcing, such as returning biological evidence to Australia, using different DNA profiling kits, transportation, sample integrity, and so on (none of which are insurmountable). However, the benefits of reducing the backlog and turnaround times outweigh the limitations. QPS and FSQ should develop a solution-based strategy to outsource casework (at least and until FSQ addresses necessary reform adequately).

232. Methods and their efficiencies should be assessed. Data need to be collected to assess performance and interpretational practices. Maintaining metrics is essential to improve processes. FSQ should implement a metric gathering process to assess its workflow and have systems in place to assess the data in the near term.

233. Certain procedures, such as reworks and interpretation of reference sample DNA profiles, should be assessed to improve efficiency.

234. The outsourcing of interpretation of DNA profiles should be reviewed to determine whether the process is an effective use of resources and is cost beneficial to the goal of reducing the backlog and is effective for processing casework.

d. Risk Assessments

235. The risk assessment process appears to be an administrative "*check-the-box*" process instead of informing on risks and creating measures to address the risks or a decision

process on whether to proceed or not. The process needs to be re-evaluated, and an effective set of measures put in place to address risks.

e. Recruitment

236. The Department of Justice and FSQ need to develop strategies to draw talent to the laboratory. While hiring incentives are an enticement, the image of the laboratory needs to be substantially improved. Perhaps having world-renowned talent associated with FSQ may serve as a draw.

f. KPIs

237. FSQ needs to implement balanced and fair KPIs. The Review Team understands that there are efforts in place now in the form of expectation agreements. Management should co-design with Scientific Staff a balanced KPI framework that is implemented with an initial focus on critical quality metrics (e.g., contamination, errors, critical thinking) and core timeliness indicators. Management should review current workloads (even though KPIs have yet to be developed) to ensure that the workload is appropriate.

g. Gaps Assessment

238. FSQ needs to assess Scientific Staff's operational and scientific knowledge gaps and subsequently develop a foundational retraining program. Further, all Management should be trained with all due speed in managerial skills (and especially accountability), the concepts of positive culture, and effective communication practices. All FSQ employees, regardless of their position or tenure, should be refreshed and/or retrained on:

238.1. the relevant core scientific principles;

238.2. good laboratory practice;

238.3. QA;

238.4. contamination prevention;

238.5. professional conduct; and

238.6. critical thinking.

239. A gap assessment of Scientific Staff and Management should be carried out as soon as possible, and their respective foundational requirements and training provided to increase expertise and performance. Training for relevant Scientific Staff should include:

239.1. foundational molecular biology and genetics;

239.2. interpretation of DNA typing results;

239.3. statistics (not just probabilistic genotyping);

239.4. ethics (and professional conduct);[30] and

239.5. legal obligations.

[30] For example, ANZFSS Code Of Professional Practice: https://incidentresponse.co.nz/wp-content/uploads/2019/03/anzfss-code-of-professional-practice-final.pdf; National Code of Ethics and Professional Responsibility for the Forensic Sciences by NIST: https://www.justice.gov/ncfs/file/788576/dl; American Board of Criminalistics (ABC) Code of Conduct: https://www.criminalistics.com/uploads/3/2/3/3/32334973/09-0001f_v1.2_rules_of_professional_conduct.pdf; U.S. Department Of Justice Scientific And Research Integrity Policy: https://www.ojp.gov/sites/g/files/xyckuh241/files/media/document/sabpolicy.pdf.

240. Training for Management should include:

240.1. communication;

240.2. task requirements;

240.3. accountability;

240.4. well-being strategies;

240.5. risk assessment; and

240.6. follow through.

241. The Review Team has not identified herein specific agencies or individuals as these resources may or may not commit to assisting FSQ. Until a gap assessment is undertaken, the training needs may not be comprehensively defined.

h. Expectations

242. Management should develop and provide a plan (with justifications) to (and seek approval of) the appropriate authorities in the Department of Justice that better manage expectations of near and long-term work and have a stable set of priorities based on needs and resources. Workloads must be balanced properly.

v. **General Recommendation 2**: Enhance Internal Communication and Psychological Safety

243. Management and Scientific Staff should promote transparency, open two-way communication (contrasted to siloed or top-down communication) and empowerment to improve well-being and leverage existing personnel resources. This part of a well-being program is seriously lacking at FSQ. Management and Scientific Staff should invest in strategies for accountability, time and effort with the premise of promoting a positive culture environment in line with FSQs strategic plan.

244. An inefficient and ineffective workplace environment was a prominent concern during the COI and has yet to be resolved at FSQ. To mitigate the same concern continuing and to create an environment in which Scientific Staff are proud and enjoy working, all Scientific Staff and Management should reflect and formalize ways they can personally contribute and improve the culture and work processes of FSQ. Constructive contributions should be the norm, and Management should embrace such efforts, ensuring all individuals are treated equitably in all processes. Consequently, these elements should be actively modelled by supportive leadership, who is visible, approachable, listens to staff, champions quality, and ensures adequate resources.

245. Management should stop using the current culture issues as an excuse to not proceed in circumstances where quality needs must be addressed and improved. While wellbeing is important, a solution-based approach also should be adopted (see **section IX(ii)** (*Primary Recommendation 2: Solution-Oriented Approaches*)), and Management should proactively address issues that impact quality results.

246. There are several organizations in Australia that help other organizations address toxic or inefficient work cultures. Engagement of professionals skilled in this area is necessary to tackle the numerous factors contributing to the poor workplace culture at every level of FSQ.

247. Until a positive culture is attained, Upper Management should implement effective measures to allow Scientific Staff and Management to propose constructive improvements, identify problems, and propose preventive actions. Unfortunately, given the current conditions at FSQ, documentation may be necessary to help create a positive work culture.

248. Until FSQ can improve its laboratory culture, an appropriate interim procedure could be making use of documentation via a form that could be developed and implemented to document the constructive criticisms or suggestions raised by Scientific Staff and Management. Management then should be required to respond with an explanation(s) within three to five business days (with additional follow-up if more investigation is needed to address constructive suggestions). With this interim solution, improvements in positive culture can continue.

vi. **General Recommendation 3**: The Advisory Council

249. This report should be provided to the Advisory Council.

250. The Review Team recommends in particular that COI Recommendation 53 should not be closed until the corrective measures for the issues listed above are actively in place and have been monitored for a specified time to ensure an effective process(es) is established.

251. The Review Team has not undertaken an in-depth review of the other COI recommendations. However, given the findings of the Review Team to date and the above-described issues, it is recommended that all COI recommendations (including those that have been deemed completed by the Advisory Council) be reviewed to ensure that they meet the intent of the COI and that issues have been addressed with effective policies and procedures in place. This effort may require support by external review, such as by the proposed independent advisor and other subject matter experts.

252. The current Advisory Council has at its disposal the power to do anything necessary or convenient to be done in performing its functions. Therefore, the Advisory Council could hire subject matter experts to address targeted scientific issues. Alternatively, the proposed independent expert described above (at **section IX(i)** (*Primary Recommendation 1: Independent Advisor*)) could assist the Advisory Council regarding laboratory operations and whether a positive (or just) culture process has been effectively implemented.

253. Although not a specific finding and may not be the responsibility of the Advisory Council, given the findings identified throughout this report and the difficulties Management and Scientific Staff have had to address them, a protocol for receiving complaints of scientific malfeasance should be provided to Scientific Staff if Management is not adequately addressing the complaint. There likely are procedures in existence in Government that could be delineated to generate the protocol. Whatever the process, the person(s) who receives such complaints should have access and reach out to qualified scientists to assess the validity of complaints.

X. Conclusion

254. Despite the attempts undertaken over the past two and a half years to progress toward being a forensic provider that the citizens of Queensland can trust and rely on, the Review Team has little doubt that FSQ remains a laboratory in crisis. As discussed throughout this report, the laboratory is attempting to rebuild itself while addressing the COI recommendations,

simultaneously dealing with a large backlog and extended turnaround time, and necessary quality and culture improvements. Furthermore, Management is struggling, and it does not appear to be adequately prepared and resourced to address the extensive challenges that are presented at FSQ.

255. FSQ is on a long and arduous path to achieve much needed transformation. The challenges are deeply embedded and multifaceted, stemming from historical deficiencies in scientific rigor, inadequate quality management, suboptimal operational practices, an inefficient organizational culture, lack of managerial direction, and lack of Management and Scientific Staff accountability. While there appears to be an intent to reform, based on strategic planning efforts, these frameworks are not sufficient.

256. Management and Staff equally have to commit to quality and scientific integrity above all else. Management needs to rethink its current approach in which historical culture issues are used to avoid making necessary decisions to improve quality, reduce risk of generating unreliable results, and develop and practice a positive culture environment. This environment should be where scientific excellence and quality are universal responsibilities, mistakes are opportunities for growth, and where all Scientific Staff feel valued, respected, and empowered to contribute to delivering reliable results (thereby maintaining and improving public trust). Longstanding Scientific Staff also have an important responsibility here and should be engaged to enable the organization to move beyond its fractured past.

257. Additionally, Management must be encouraged to:

    257.1. engage with all Scientific Staff;

    257.2. set and maintain priorities;

    257.3. be held accountable for its responsibilities;

    257.4. be pragmatic instead of aspirational;

    257.5. manage resources effectively; and

    257.6. be internally and externally collaborative (with all Scientific Staff being engaged not only with their individual responsibilities but with improvements across the laboratory system).

258. The recommendations described in this report are meant to assist and guide FSQ to achieve a stable, robust, and sustainable laboratory system.

Appendix 1: List of Documents Provided by FSQ, ODPP, and Chief Magistrate's Office

No.	TOR	Category	Subcategory	Doc No.	Title
1	**TOR 8**	**Framework Documents**	Cover Sheet	A1	FSQ Review Cover Sheet - Request A1
2				A1.1	QIS2 - 37294 - V1.0 - FSQ Quality Manual
3				A1.2	Research and Innovation Strategy 023-27_FINAL
4				A1.3	QIS2 - 37182 - V1.0 - FSQ Validation Manual
5				A1.4	37285T2 Project Approval Framework
6				A1.5	37058V1 Implementation Cover Page and Checklist
7				A1.6	37058T1 Implementation Form
8				A1.7	37057T1 Divisional Operational Assessment
9				A1.8	37056T1 Implementation Framework
10		**Implementation Strategies and Quality Manager**	Cover Sheet	A2-3	FSQ Review Cover Sheet - Request A2-A3
11				A2-3.1	QIS2 - 37294 - V1.0 - FSQ Quality Manual
12				A2-3.2	Research and Innovation Strategy 2023-27_FINAL
13				A2-3.3	37058V1 Implementation Cover Page and Checklist
14				A2-3.4	37058T1 Implementation Form

No.	TOR	Category	Subcategory	Doc No.	Title
15				A2-3.5	37057T1 Divisional Operational Assessment
16				A2-3.6	37056T1 Implementation Framework
17			Role Description	A2-3.7	Role Description - #6402 - Executive Manager Quality (HP7)
18			Report	A2-3.8	Fortnightly Report - Innovation - 4 March 025
19		**Framework Quality Assessment**	Cover Sheet	A4	FSQ Review Cover Sheet - Request A4
20			Opportunity for Quality Improvement (OQI) Reports	A4.1.1	OQI - 58672 GeneMapper ID-X Patch 1.6.2
21			Opportunity for Quality Improvement (OQI) Reports	A4.1.2	OQI - 58864 Implementation of Genemapper v1.6.3 patch without verification
22			Opportunity for Quality Improvement (OQI) Reports	A4.1.3	OQI - 58962 Infrastructure development for the analytical laboratory for current processes and new
23			Opportunity for Quality Improvement (OQI) Reports	A4.1.4	OQI - 58968 Replacement of TMB method

No.	TOR	Category	Subcategory	Doc No.	Title
24			Opportunity for Quality Improvement (OQI) Reports	A4.1.5	OQI - 58971 Validate and implement Hematrace presumtive test
25			Opportunity for Quality Improvement (OQI) Reports	A4.1.6	OQI - 58972 Review and expand elimination db all external staff that handle forensic material
26			Opportunity for Quality Improvement (OQI) Reports	A4.1.7	OQI - 58974 Review Diff extraction process with view to test both fractions
27			Opportunity for Quality Improvement (OQI) Reports	A4.1.8	OQI - 58975 Investigate the use of FTA cards for storing & sampling body tissues
28			Opportunity for Quality Improvement (OQI) Reports	A4.1.9	OQI - 58976 Review the use of scraping for sampling underwear
29			Opportunity for Quality Improvement (OQI) Reports	A4.1.10	OQI - 58977 Add validation studies conducted on specific platforms to ensure continuity of data
30			Opportunity for Quality Improvement	A4.1.11	OQI - 58978 Standardise experimental design of reproducibility repeatability sensitivity studies

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
31			Opportunity for Quality Improvement (OQI) Reports	A4.1.12	OQI - 58979 Review extraction efficiencies using a standard sensitivity series
32			Opportunity for Quality Improvement (OQI) Reports	A4.1.13	OQI - 58980 Extraction optimisation studies for different substrates to maximise DNA yield
33			Opportunity for Quality Improvement (OQI) Reports	A4.1.14	OQI - 58984 Generate smears throughout sensitivity mixture studies differential extraction methods
34			Opportunity for Quality Improvement (OQI) Reports	A4.1.15	OQI - 58990 Review the workflow plan in the PSA Validation from 007
35			Opportunity for Quality Improvement (OQI) Reports	A4.1.16	OQI - 59005 Implementation of AP testing of swabs in ER prior to further testing
36			Opportunity for Quality Improvement (OQI) Reports	A4.1.17	OQI - 59006 Clarify the process for making seminal control stains
37			Opportunity for	A4.1.18	OQI - 59009 Determining AP test results The Acid Phosphatase screening test for seminal stains

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
38			Opportunity for Quality Improvement (OQI) Reports	A4.1.19	OQI - 59011 Examine recovery male DNA using semen from vasectomised donors and trace buccal cell
39			Opportunity for Quality Improvement (OQI) Reports	A4.1.20	OQI - 59012 Conduct non-template control studies on the Quant Studio 5
40			Opportunity for Quality Improvement (OQI) Reports	A4.1.21	OQI - 59013 Conduct mixture studies Quant Trio DNA Quantification Kit Quant Studio5 PowerPlex 1
41			Opportunity for Quality Improvement (OQI) Reports	A4.1.22	OQI - 59014 Standardise and formalise the differentiation of baseline from amplified product
42			Opportunity for Quality Improvement (OQI) Reports	A4.1.23	OQI - 59021 Implement recording trend analysis dropin, contam, extraction, standard stability
43			Opportunity for Quality Improvement (OQI) Reports	A4.1.24	OQI - 59025 Implement additional checks of the dye dump in samples that fail size standard quality

No.	TOR	Category	Subcategory	Doc No.	Title
44			Opportunity for Quality Improvement (OQI) Reports	A4.1.25	OQI - 59034 Staining of slides in ER to determine semen detection
45			Opportunity for Quality Improvement (OQI) Reports	A4.1.26	OQI - 59036 Define & implement the location of material on a microscope slide
46			Opportunity for Quality Improvement (OQI) Reports	A4.1.27	OQI - 59037 Introducing a procedure for the use of spectrophotometer
47			Opportunity for Quality Improvement (OQI) Reports	A4.1.28	OQI - 59038 Introducing a procedure where a substrate control is also tested
48			Opportunity for Quality Improvement (OQI) Reports	A4.1.29	OQI - 59040 Validation of the ABA card p30 test be reviewed
49			Opportunity for Quality Improvement (OQI) Reports	A4.1.30	OQI - 59042 Replicates be stated in each part of validation process
50			Opportunity for Quality Improvement	A4.1.31	OQI - 59043 Documents relating to p30 validation be collated and reviewed

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
51			Opportunity for Quality Improvement (OQI) Reports	A4.1.32	OQI - 59044 A sensitivity study performed to determine point amylase can no longer be detected
52			Opportunity for Quality Improvement (OQI) Reports	A4.1.33	OQI - 59159 Investigation from Audit#29759 (RA) relating to use of Expired Stds
53			Opportunity for Quality Improvement (OQI) Reports	A4.1.34	OQI - 59483 Evaporated Wells in Amp Plates CE Freezer
54			Opportunity for Quality Improvement (OQI) Reports	A4.1.35	OQI - 59824 Discrepancy in the negative controls' quantification values
55			Opportunity for Quality Improvement (OQI) Reports	A4.1.36	OQI - 59919 Delay in Ordering of AP Reagents for FMEK implementation
56			Opportunity for Quality Improvement (OQI) Reports	A4.1.37	OQI - 59965 Same Project Proposal Number Assigned To Two Different Projects
57			Opportunity for	A4.1.38	OQI - 60144 STARlet A offline

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
58			Opportunity for Quality Improvement (OQI) Reports	A4.1.39	OQI - 60168 Forensic Chemistry Homogenisation prior to analysis Report
59			Opportunity for Quality Improvement (OQI) Reports	A4.1.40	OQI - 60179 Forensic Chemistry Grinding Drug Exhibits Report
60			Opportunity for Quality Improvement (OQI) Reports	A4.1.41	OQI - 60181 Forensic Chemistry Knowledge of Instrumentation Techniques & Processes Report
61			Opportunity for Quality Improvement (OQI) Reports	A4.1.42	OQI - 60182 Forensic Chemistry Anonymous Drug Testing Report
62			Opportunity for Quality Improvement (OQI) Reports	A4.1.43	OQI - 60198 Fornesic Chemistry LOR vs LOQ clarification Report
63			Opportunity for Quality Improvement (OQI) Reports	A4.1.44	OQI - 60202 Forensic Chemistry Validation of qualitative results Report

No.	TOR	Category	Subcategory	Doc No.	Title
64			Opportunity for Quality Improvement (OQI) Reports	A4.1.45	OQI - 60225 Forensic Chemistry Validation Success Report
65			Opportunity for Quality Improvement (OQI) Reports	A4.1.46	OQI - 60302 Need for SOP on Storage and Disposal of Biological Samples in FSQ Innovation Projects
66			Opportunity for Quality Improvement (OQI) Reports	A4.1.47	OQI - 60336 Incorrect calculation of popul stratified LR for pat duos paired kinship cases
67			Opportunity for Quality Improvement (OQI) Reports	A4.1.48	OQI - 60367 Registering Internal Biological Control Samples in Forensic Register
68			Opportunity for Quality Improvement (OQI) Reports	A4.1.49	OQI - 60432 Micro misidentification during FMEK implementation
69			Opportunity for Quality Improvement (OQI) Reports	A4.1.50	OQI - 60441 Consumable contamination risk associated with p30
70			Opportunity for Quality Improvement	A4.1.51	OQI - 60602 Innovation - Evidence Recovery ER1

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
71			Opportunity for Quality Improvement (OQI) Reports	A4.1.52	OQI - 60603 Innovation - Evidence Recovery ER2
72			Opportunity for Quality Improvement (OQI) Reports	A4.1.53	OQI - 60604 Innovation - Evidence Recovery ER3
73			Opportunity for Quality Improvement (OQI) Reports	A4.1.54	OQI - 60607 Innovation - Evidence Recovery ER6
74			Opportunity for Quality Improvement (OQI) Reports	A4.1.55	OQI - 60609 Innovation - Evidence Recovery ER8
75			Opportunity for Quality Improvement (OQI) Reports	A4.1.56	OQI - 60610 Innovation - Evidence Recovery ER9
76			Opportunity for Quality Improvement (OQI) Reports	A4.1.57	OQI - 60611 Innovation - Evidence Recovery ER10
77			Opportunity for	A4.1.58	OQI - 60616 Innovation - Evidence Recovery ER15

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
78			Opportunity for Quality Improvement (OQI) Reports	A4.1.59	OQI - 60619 Innovation - DNA Extraction DE01
79			Opportunity for Quality Improvement (OQI) Reports	A4.1.60	OQI - 60620 Innovation - DNA Extraction DE02
80			Opportunity for Quality Improvement (OQI) Reports	A4.1.61	OQI - 60622 Innovation - DNA Extraction DE04
81			Opportunity for Quality Improvement (OQI) Reports	A4.1.62	OQI - 60625 Innovation - DNA Extraction DE07
82			Opportunity for Quality Improvement (OQI) Reports	A4.1.63	OQI - 60626 Innovation - DNA Quantification DQ01
83			Opportunity for Quality Improvement (OQI) Reports	A4.1.64	OQI - 60627 Innovation - DNA Quantification DQ02

No.	TOR	Category	Subcategory	Doc No.	Title
84			Opportunity for Quality Improvement (OQI) Reports	A4.1.65	OQI - 60630 Innovation - Capillary Electrophoresis CE01
85			Opportunity for Quality Improvement (OQI) Reports	A4.1.66	OQI - 60632 Innovation - Capillary Electrophoresis CE03
86			Opportunity for Quality Improvement (OQI) Reports	A4.1.67	OQI - 60634 Innovation - Statistics & Software SS01
87			Opportunity for Quality Improvement (OQI) Reports	A4.1.68	OQI - 60635 Innovation - Statistics & Software SS02
88			Opportunity for Quality Improvement (OQI) Reports	A4.1.69	OQI - 60637 Innovation - Statistics & Software SS04
89			Opportunity for Quality Improvement (OQI) Reports	A4.1.70	OQI - 60662 Use of Xylene in Cover Slipping in Evidence Recovery Laboratory
90			Opportunity for Quality Improvement	A4.1.71	OQI - 60666 Samples incorrectly Validated

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
91			Opportunity for Quality Improvement (OQI) Reports	A4.1.72	OQI - 57463 - LHS Sample Preparation of Single Replicates for Purity Analysis
92			Opportunity for Quality Improvement (OQI) Reports	A4.1.73	OQI - 57572 Incorrect uncertainty value applied to cocaine purity results
93			Opportunity for Quality Improvement (OQI) Reports	A4.1.74	OQI - 59188 Risk Assessment for Secure Key Storage & Tracking
94			Opportunity for Quality Improvement (OQI) Reports	A4.1.75	OQI - 59255 Dilution of single quant sample through Liquid Handling System
95			Opportunity for Quality Improvement (OQI) Reports	A4.1.76	OQI - 59574 Incorrect use of RW in uncertainty calculations
96			Opportunity for Quality Improvement (OQI) Reports	A4.1.77	OQI - 59588 Change of Delivery Officer Continuity without checking Supporting Fact
97			Risk	A4.2.1	RA-001 Use of tapelifts in casework - Forensic Biology

No.	TOR	Category	Subcategory	Doc No.	Title
			Assessments		
98			Risk Assessments	A4.2.2	RA-003 Implem of the Acid Phosphatase Test for direct testing of swabs and other substrates
99			Risk Assessments	A4.2.3	RA-004 Implementation of the p30 test for direct testing of swabs and substates
100			Risk Assessments	A4.2.4	RA-005 Method changes for preparation of slides for microscopic detection of sperm
101			Risk Assessments	A4.2.5	RA-019 FSQ Risk Assessment Implementation of LOD threshold
102			Risk Assessments	A4.2.6	RA-024 LMU ER Phadebas Tablet In tube Testing Supernatant
103			Risk Assessments	A4.2.7	RA-025 ABA card p30 “In-Tube” Test
104			Risk Assessments	A4.2.8	RA-026 Phadebas Forensic Press Test
105			Risk Assessments	A4.2.9	RA-027 FMEK Workflow2
106			Risk Assessments	A4.2.10	RA-028 FB Evidence Recovery - Expired Hydrogen Peroxide
107			Risk Assessments	A4.2.11	RA-036 Phased approach to FSQ Training Framework Implementation
108			Risk	A4.2.12	RA-039 NATA Finding #28 - Tapelift project

No.	TOR	Category	Subcategory	Doc No.	Title
			Assessments		
109			Risk Assessments	A4.2.13	RA-043 NATA Finding #66 - Presumptive Blood Testing
110			Risk Assessments	A4.2.14	RA-045 Use of Unverified GC-MS Methods in Forensic Chemistry Draft V0.3
111			Risk Assessments	A4.2.15	RA-047 Presumptive Blood Testing - supplementary to RA-043
112			Risk Assessments	A4.2.16	RA048 Phadebas Press Test signed 10125
113			Quality Assurance Forum (QAF) Minutes	A4.3.1	2023-1 (7 Nov) Quality Assurance Forum Minutes
114			Quality Assurance Forum (QAF) Minutes	A4.3.2	2024-1 (14 Feb) Quality Assurance Forum Minutes
115			Quality Assurance Forum (QAF) Minutes	A4.3.3	2024-2 (16 May) Quality Assurance Forum Minutes
116			Quality Assurance Forum (QAF) Minutes	A4.3.4	2024-3 (15 Aug) Quality Assurance Forum Minutes

No.	TOR	Category	Subcategory	Doc No.	Title
117			Quality Assurance Forum (QAF) Minutes	A4.3.5	2024-4 (13 Nov) Quality Assurance Forum Minutes
118			QAF Minutes and Papers - February 025	A4.3.6.1	Quality Assurance Forum - Agenda-Minutes Template 3 - 14 February 025
119			QAF Minutes and Papers - February 025	A4.3.6.2	QAF 025-1 Outstanding Action Items 14 February 025
120			QAF Minutes and Papers - February 025	A4.3.6.3	QAF 025-1 Outstanding and New Action Items
121			QAF Minutes and Papers - February 025	A4.3.6.4	Item 5 Att 1 Action Item 024-4-01
122			QAF Minutes and Papers - February 025	A4.3.6.5	Item 5 Att 37295 - FSQ Risk Assessment 10.02.2025 post imp feedback inc
123			QAF Minutes and Papers - February 025	A4.3.6.6	Item 6b Attachment 1 Final
124			QAF Minutes and Papers - February 025	A4.3.6.7	Item 6d Att 1 36892T1 FSQ SOP Temp 10.02.2025 post imp feedback inc

No.	TOR	Category	Subcategory	Doc No.	Title
125			QAF Minutes and Papers - February 025	A4.3.6.8	Item 6d Att 37151 FSQ WI Temp post imp feedback inc
126			QAF Minutes and Papers - February 025	A4.3.6.9	Item 7 Attachment 1 Chemistry UPLC Validation Review Summary_QAF
127			QAF Minutes and Papers - February 025	A4.3.6.10	Quality Assurance Forum Minutes - 025 - 1 - 1 February 025
128				A4.4	Forensic Biology NATA Reassessment Report - 024
129				A4.5	NATA Forensic Biology Letter Accompanying the Final Report
130			FSQ Response - NATA Reassessment Report	A4.6	FSQ Response to the Forensic Biology NATA Reassessment Report - 024
131			FSQ Response - NATA Reassessment Report	A4.6.1	Attachment 01 - RA-044 NATA Finding #1
132			FSQ Response - NATA Reassessment Report	A4.6.2	Attachment 02 - FSQ Risk Assessment 036 - Phased approach to FSQ Training Framework Implementation
133			FSQ Response - NATA	A4.6.3	Attachment 03 - Forensic Biology Proposed Refurbishment Drawings

No.	TOR	Category	Subcategory	Doc No.	Title
			Reassessment Report		
134			FSQ Response - NATA Reassessment Report	A4.6.4	Attachment 04 - FSQ Briefing Note to the QLD AG and DG of DJAG
135			FSQ Response - NATA Reassessment Report	A4.6.5	Attachment 05 - BTSOnlineService Request POVA 0-200uL serial number G42369K (200422885) Finding #13
136			FSQ Response - NATA Reassessment Report	A4.6.6	Attachment 06 - BTSOnlineService request POVA 1-10uL serial number 30111219 (200423663) Finding #13
137			FSQ Response - NATA Reassessment Report	A4.6.7	Attachment 07 - FR Equipment Records for POVAs
138			FSQ Response - NATA Reassessment Report	A4.6.8	Attachment 08 - Report S N 2117-251 (200418263) Finding #13
139			FSQ Response - NATA Reassessment Report	A4.6.9	Attachment 09 - 33315V7 Procedure for Verification and Maintenance of Equipment

No.	TOR	Category	Subcategory	Doc No.	Title
140			FSQ Response - NATA Reassessment Report	A4.6.10	Attachment 10 - Draft FSQ Quality Manual V6 - Section 6.6
141			FSQ Response - NATA Reassessment Report	A4.6.11	Attachment 11 - Draft FSQ Quality Manual V6 - Section 7.11
142			FSQ Response - NATA Reassessment Report	A4.6.12	Attachment 12 - 4_006_Project - Verification of Crimelite - Experimental Design_Finding #24
143			FSQ Response - NATA Reassessment Report	A4.6.13	Attachment 13 - QIS2 17086V18 The Acid Phosphatase Screening Test
144			FSQ Response - NATA Reassessment Report	A4.6.14	Attachment 14 - RA-043 NATA Finding #66 - Presumptive Blood Testing
145			FSQ Response - NATA Reassessment Report	A4.6.15	Attachment 15 - RA039 Finding #28 - Tapelift project
146			FSQ Response - NATA Reassessment	A4.6.16	Attachment 16 - GU-FSQ Honours Project Information Finding #28

No.	TOR	Category	Subcategory	Doc No.	Title
			Report		
147			FSQ Response - NATA Reassessment Report	A4.6.17	Attachment 17 - RA-026 Phadebas Forensic Press Test Finding #67
148			FSQ Response - NATA Reassessment Report	A4.6.18	Attachment 18 - Project FSQ-B-24-007 - Verification of PFPT Saliva - Experimental Design
149			FSQ Response - NATA Reassessment Report	A4.6.19	Attachment 19 - FSQ Project Report 46 QIAsymphony
150			FSQ Response - NATA Reassessment Report	A4.6.20	Attachment 0 - QIS2 17117V22 Procedure for Case Management
151			FSQ Response - NATA Reassessment Report	A4.6.21	Attachment 1 - QIS2 33773V5 Procedure for Profile Data Analysis using the Forensic Register
152			FSQ Response - NATA Reassessment Report	A4.6.22	Attachment 2 - RA041 NATA Finding # 46
153			FSQ Response -	A4.6.23	Attachment 3 - QIS2 37074V2 FSQ Annexure Foundations of DNA Profiling and Interpretation

No.	TOR	Category	Subcategory	Doc No.	Title
			NATA Reassessment Report		
154			FSQ Response - NATA Reassessment Report	A4.6.24	Attachment 4 - QIS2 37068V2 FSQ Annexure Foundations of the Screening for Blood
155			FSQ Response - NATA Reassessment Report	A4.6.25	Attachment 5 - QIS2 37069V2 FSQ Annexure Foundations of the Screening for Saliva
156			FSQ Response - NATA Reassessment Report	A4.6.26	Attachment 6 - QIS2 37070V2 FSQ Annexure Foundations of the Screening for Semen
157			FSQ Response - NATA Reassessment Report	A4.6.27	Attachment 7 - QIS2 37074V2 FSQ Annexure Foundations of DNA Profiling and Interpretatio
158			FSQ Response - NATA Reassessment Report	A4.6.28	Attachment 8 - Screenshot showing QIS2 36061V1 has been archived
159			FSQ Response - NATA Reassessment Report	A4.6.29	Attachment 9 - FSQ Training Framework Launch meeting invitation

No.	TOR	Category	Subcategory	Doc No.	Title
160			FSQ Response - NATA Reassessment Report	A4.6.30	Attachment 30 - OQI 60530 Investigation Report
161			FSQ Response - NATA Reassessment Report	A4.6.31	Attachment 31 - OQI 60673 Investigation Report
162			FSQ Response - NATA Reassessment Report	A4.6.32	Attachment 32 - OQI 59828 Investigation Report
163			FSQ Response - NATA Reassessment Report	A4.6.33	Attachment 33 - OQI 60335 Investigation Report
164			FSQ Response - NATA Reassessment Report	A4.6.34	Attachment 34 - OQI 60336 Investigation Report
165			FSQ Response - NATA Reassessment Report	A4.6.35	Attachment 35 - QIS2 5303V13 Statistical Analysis for Paired Kinship and Paternity Trio Missing Child scenarios
166			FSQ Response - NATA Reassessment	A4.6.36	Attachment 36 - QIS2 37239V1 Case Management Unit Technical Training Program

No.	TOR	Category	Subcategory	Doc No.	Title
			Report		
167				A4.7	Feedback on FSQ Validation Manual - June 024
168				A4.8	FSQ Project Proposals Email Chain
169				A4.9	REQUEST FOR QUOTE - FSQ Project #257 - Extration Efficiency of Semen
170				A4.10	NATA ISO-IEC-17025-Standard-Application-Document
171		**Corrective Actions**	Cover Sheet	A5	FSQ Review Cover Sheet - Request A5
172				A5.1	Project Report 42 Determination of Limit of Detection (LOD) - August 023
173				A5.2	Review of Evidence Recovery at Forensic Science Queensland 5 May 023
174			Review of Analytical Sections at Forensic Science Queensland	A5.3	Review of the Analytical Section at Forensic Science Queensland 14 July 023
175				A5.3.1	Gap Analysis Report - Review of FSQ's QMS
176				A5.3.2	FSQ Innovation Review Report
177				A5.3.3	Project Audit Reports
178				A5.4	Brief - Quantification systems at FSQ - Innovation
179			Quality Assurance	A5.5	2024-2 (16 May) Quality Assurance Forum Minutes

No.	TOR	Category	Subcategory	Doc No.	Title
			Forum (QAF) Minutes		
180			Opportunity for Quality Improvement (OQI) Reports	A5.6.1	OQI - 60603 Innovation - Evidence Recovery ER2
181			Opportunity for Quality Improvement (OQI) Reports	A5.6.2	OQI - 60604 Innovation - Evidence Recovery ER3
182			Opportunity for Quality Improvement (OQI) Reports	A5.6.3	OQI - 60605 Innovation - Evidence Recovery ER4
183			Opportunity for Quality Improvement (OQI) Reports	A5.6.4	OQI - 60606 Innovation - Evidence Recovery ER5
184			Opportunity for Quality Improvement (OQI) Reports	A5.6.5	OQI - 60607 Innovation - Evidence Recovery ER6
185			Opportunity for Quality Improvement (OQI) Reports	A5.6.6	OQI - 60608 Innovation - Evidence Recovery ER7

No.	TOR	Category	Subcategory	Doc No.	Title
186			Opportunity for Quality Improvement (OQI) Reports	A5.6.7	OQI - 60609 Innovation - Evidence Recovery ER8
187			Opportunity for Quality Improvement (OQI) Reports	A5.6.8	OQI - 60610 Innovation - Evidence Recovery ER9
188			Opportunity for Quality Improvement (OQI) Reports	A5.6.9	OQI - 60611 Innovation - Evidence Recovery ER10
189			Opportunity for Quality Improvement (OQI) Reports	A5.6.10	OQI - 60612 Innovation - Evidence Recovery ER11
190			Opportunity for Quality Improvement (OQI) Reports	A5.6.11	OQI - 60613 Innovation - Evidence Recovery ER12
191			Opportunity for Quality Improvement (OQI) Reports	A5.6.12	OQI - 60614 Innovation - Evidence Recovery ER13
192			Opportunity for Quality Improvement	A5.6.13	OQI - 60615 Innovation - Evidence Recovery ER14

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
193			Opportunity for Quality Improvement (OQI) Reports	A5.6.14	OQI - 60616 Innovation - Evidence Recovery ER15
194			Opportunity for Quality Improvement (OQI) Reports	A5.6.15	OQI - 60619 Innovation - DNA Extraction DE01
195			Opportunity for Quality Improvement (OQI) Reports	A5.6.16	OQI - 60620 Innovation - DNA Extraction DE02
196			Opportunity for Quality Improvement (OQI) Reports	A5.6.17	OQI - 60621 Innovation - DNA Extraction DE03
197			Opportunity for Quality Improvement (OQI) Reports	A5.6.18	OQI - 60622 Innovation - DNA Extraction DE04
198			Opportunity for Quality Improvement (OQI) Reports	A5.6.19	OQI - 60623 Innovation - DNA Extraction DE05
199			Opportunity for	A5.6.20	OQI - 60624 Innovation - DNA Extraction DE06

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
200			Opportunity for Quality Improvement (OQI) Reports	A5.6.21	OQI - 60625 Innovation - DNA Extraction DE07
201			Opportunity for Quality Improvement (OQI) Reports	A5.6.22	OQI - 60626 Innovation - DNA Quantification DQ01
202			Opportunity for Quality Improvement (OQI) Reports	A5.6.23	OQI - 60627 Innovation - DNA Quantification DQ02
203			Opportunity for Quality Improvement (OQI) Reports	A5.6.24	OQI - 60628 Innovation - DNA Quantification DQ03
204			Opportunity for Quality Improvement (OQI) Reports	A5.6.25	OQI - 60629 Innovation - DNA Amplification DA01
205			Opportunity for Quality Improvement (OQI) Reports	A5.6.26	OQI - 60630 Innovation - Capillary Electrophoresis CE01

No.	TOR	Category	Subcategory	Doc No.	Title
206			Opportunity for Quality Improvement (OQI) Reports	A5.6.27	OQI - 60631 Innovation - Capillary Electrophoresis CE02
207			Opportunity for Quality Improvement (OQI) Reports	A5.6.28	OQI - 60632 Innovation - Capillary Electrophoresis CE03
208			Opportunity for Quality Improvement (OQI) Reports	A5.6.29	OQI - 60633 Innovation - Capillary Electrophoresis CE04
209			Opportunity for Quality Improvement (OQI) Reports	A5.6.30	OQI - 60634 Innovation - Statistics & Software SS01
210			Opportunity for Quality Improvement (OQI) Reports	A5.6.31	OQI - 60635 Innovation - Statistics & Software SS02
211			Opportunity for Quality Improvement (OQI) Reports	A5.6.32	OQI - 60636 Innovation - Statistics & Software SS03
212			Opportunity for Quality Improvement	A5.6.33	OQI - 60637 Innovation - Statistics & Software SS04

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
213			Opportunity for Quality Improvement (OQI) Reports	A5.6.34	OQI - 60638 Innovation - Statistics & Software SS05
214			Opportunity for Quality Improvement (OQI) Reports	A5.6.35	OQI - 60639 Innovation - Statistics & Software SS06
215			Opportunity for Quality Improvement (OQI) Reports	A5.6.36	OQI - 60640 Innovation - Statistics & Software SS07
216			Opportunity for Quality Improvement (OQI) Reports	A5.6.37	OQI - 60641 Innovation - Statistics & Software SS08
217				A5.7	COI Recommendation Completion Reports
218				A5.8	Approved Experimental Design project proposals
219			Approved Final Reports	A5.9.1	FSQ Project Report #241 - Reassessment of the ProFlex™ Validatiion using Model Maker
220			Approved Final Reports	A5.9.2	FSQ Project Report #253 - Verification of Hazpak DNAfree Tapelift Kit for touch DNA collection
221			Approved Final	A5.9.3	FSQ Project Report #206 - Yfiler™ Plus Validation

No.	TOR	Category	Subcategory	Doc No.	Title
			Reports		
222			Approved Final Reports	A5.9.4	FSQ Project Report #249 - Verification of QIAcard FTA™ Indicating card for sample collection and storage
223			Approved Final Reports	A5.9.5	FSQ Project Report #258 - Verification of CO-RE II® on Hamilton® STARlet A
224			Approved Final Reports	A5.9.6	FSQ Project Report #259 - Verification of CO-RE Technology using CO-RE II tips
225			Approved Final Reports	A5.9.7	FSQ Project Report # 48 - Verification of reduced sample extract volume in the ABAcard p30 Test
226			Approved Final Reports	A5.9.8	FSQ Project Report # 54 - Hemastix Verification Report
227			Approved Final Reports	A5.9.9	FSQ Project Report #265 - Verification of 3500XL C Genetic Analyser for Analysis of Powerplex® 1 Samples
228			Approved Final Reports	A5.9.10	FSQ Project Report #249 - Verification of swabs for Forensic Medical Examination Kit (FMEK): MWE Sterile Tubed Dryswab™ Cotton and MWE Sterile Tubed Dryswab™ Rayon
229			Reports for Review - External Review	A5.9.11	Reply to Reviewers Comments Project #246
230			Reports for Review - External Review	A5.9.12	Feedback - FSQ Review Project #244 Maxwell Lower Elution Volume

No.	TOR	Category	Subcategory	Doc No.	Title
231			Reports for Review - External Review	A5.9.13	Feedback - FSQ Review Project #257 Extraction Efficiency of Semen
232			Reports for Review - Final Reports	A5.9.14	Project #256: Extraction efficiency comparison of current DNA extraction methods for blood and trace samples
233			Reports for Review - Final Reports	A5.9.15	Project #246: Lower Elution Volume (LEV) comparison using the QIAsymphony DNA Investigator Kit on the QIAsymphony SP instument
234			Reports for Review - Final Reports	A5.9.16	Project #244: Maxwell Lower Elution Volume (LEV)
235			Reports for Review - Final Reports	A5.9.17	Project Proposal #257: Extraction Efficiency of Semen
236			Reports for Review - Final Reports	A5.9.18	Project Report #242: Determination of Limit of Detection (LOD)
237			Reports for Review - Project Proposals	A5.9.19	Project Proposal #242: Determination of Limit of Detection (LOD) and Level of Effective Profiling (LOEP)
238			Reports for Review - Project	A5.9.20	Project Proposal #257: Extraction Efficiency of Semen Experimental Design

No.	TOR	Category	Subcategory	Doc No.	Title
			Proposals		
239			Reports for Review - Project Proposals	A5.9.21	Project Proposal #244: Lower Elution Volume (LEV) comparison using the DNA IQ™ System on the Maxwell® FSC Instrument - Experimental Design
240			Reports for Review - Project Proposals	A5.9.22	Project Proposal #246: Lower Elution Volume (LEV) comparison using the QIAsymphony DNA Investigator Kit on the QIAsymphony SP Instrument - Experimental Design
241			Reports for Review - Project Proposals	A5.9.23	Project Proposal #256: Extraction efficiency assessment of current DNA extraction methods - Experimental Design
242	**TOR 9**	**Addressing Pre and Post-Inquiry Backlogs**	Cover Sheet	B1-2	FSQ Review Cover Sheet - Request B1-2
243				B1-2.1	Forensic Science Queensland - Strategic Plan 023-27
244				B1-2.2	Forensic Science Queensland - Business Plan 024-25
245				B1-2.3	Forensic Science Queensland - Operational Plan 024
246				B1-2.4	WORKING DRAFT FSQ Operational Plan as at 13 January 025
247				B1-2.5	Spreadsheet - Impact of analysis of NDNAD and DIFP samples - Averages 5 years
248				B1-2.6	Forensic Biology - Action Plan 024

No.	TOR	Category	Subcategory	Doc No.	Title
249				B1-2.7	Spreadsheet - Current Cases Size
250				B1-2.8	Spreadsheet - Forensic Biology Case Management Capacity - Octover 024
251				B1-2.9	Spreadsheet - Capacity and Samples in progress - November 024
252	**TOR 9/TOR11**	**Backlogs and Impact**	Cover Sheet	B3-D4	FSQ review Cover Sheet - Request B1 and D4
253				B3-D4.1	Spreadsheet - Forensic Biology Backlogs and Case Stats - 14 Januray 025
254				B3-D4.2	Spreadsheet - FMEK data
255				B3-D4.3	Statistics Report - DNA Turnaround Times - For reported Cold Link results
256				B3-D4.4	Spreadsheet - DB and Intel Team stats 023 - 024
257				B3-D4.5	Spreadsheet - DB and Intel Team stats 025
258			Administration Management Review - Analytical	B3-D4.6.1	Analytical 022 Q1
259			Administration Management Review - Analytical	B3-D4.6.2	Analytical 022 Q2
260			Administration Management Review - Analytical	B3-D4.6.3	Analytical 022 Q3

No.	TOR	Category	Subcategory	Doc No.	Title
261			Administration Management Review - Analytical	B3-D4.6.4	Analytical 022 Q4
262			Administration Management Review - Analytical	B3-D4.6.5	Analytical 023 Q1
263			Administration Management Review - Analytical	B3-D4.6.6	Analytical 023 Q2
264			Administration Management Review - Analytical	B3-D4.6.7	Analytical 023 Q3
265			Administration Management Review - Analytical	B3-D4.6.8	Analytical 023 Q4
266			Administration Management Review - Analytical	B3-D4.6.9	Analytical 024 Q1
267			Administration Management Review -	B3-D4.6.10	Analytical 024 Q2

No.	TOR	Category	Subcategory	Doc No.	Title
			Analytical		
268			Administration Management Review - Analytical	B3-D4.6.11	Analytical 024 Q3
269			Administration Management Review - Analytical	B3-D4.6.12	Analytical 024 Q4
270			Administration Management Review - Evidence Recovery	B3-D4.6.13	Evidence Recovery 022 Q1
271			Administration Management Review - Evidence Recovery	B3-D4.6.14	Evidence Recovery 022 Q2
272			Administration Management Review - Evidence Recovery	B3-D4.6.15	Evidence Recovery 022 Q3
273			Administration Management Review -	B3-D4.6.16	Evidence Recovery 022 Q4

No.	TOR	Category	Subcategory	Doc No.	Title
			Evidence Recovery		
274			Administration Management Review - Evidence Recovery	B3-D4.6.17	Evidence Recovery 023 Q1
275			Administration Management Review - Evidence Recovery	B3-D4.6.18	Evidence Recovery 023 Q2
276			Administration Management Review - Evidence Recovery	B3-D4.6.19	Evidence Recovery 023 Q3
277			Administration Management Review - Evidence Recovery	B3-D4.6.20	Evidence Recovery 023 Q4
278			Administration Management Review - Evidence Recovery	B3-D4.6.21	Evidence Recovery 024 Q1

No.	TOR	Category	Subcategory	Doc No.	Title
279			Administration Management Review - Evidence Recovery	B3-D4.6.22	Evidence Recovery 024 Q2
280			Administration Management Review - Evidence Recovery	B3-D4.6.23	Evidence Recovery 024 Q3
281			Administration Management Review - Evidence Recovery	B3-D4.6.24	Evidence Recovery 024 Q4
282			Administration Management Review - FRIT	B3-D4.6.25	FRIT 022 Q1
283			Administration Management Review - FRIT	B3-D4.6.26	FRIT 022 Q2
284			Administration Management Review - FRIT	B3-D4.6.27	FRIT 022 Q3
285			Administration Management	B3-D4.6.28	FRIT 022 Q4

No.	TOR	Category	Subcategory	Doc No.	Title
			Review - FRIT		
286			Administration Management Review - FRIT	B3-D4.6.29	FRIT 023 Q1
287			Administration Management Review - FRIT	B3-D4.6.30	FRIT 023 Q2
288			Administration Management Review - FRIT	B3-D4.6.31	FRIT 023 Q3
289			Administration Management Review - FRIT	B3-D4.6.32	FRIT 023 Q4
290			Administration Management Review - FRIT	B3-D4.6.33	FRIT 024 Q1
291			Administration Management Review - FRIT	B3-D4.6.34	FRIT 024 Q2
292			Administration Management Review - FRIT	B3-D4.6.35	FRIT 024 Q3
293			Administration Management Review - FRIT	B3-D4.6.36	FRIT 024 Q4

No.	TOR	Category	Subcategory	Doc No.	Title
294			Administration Management Review - Quality and Projects	B3-D4.6.37	Quality and Projects 022 Q1
295			Administration Management Review - Quality and Projects	B3-D4.6.38	Quality and Projects 022 Q2
296			Administration Management Review - Quality and Projects	B3-D4.6.39	Quality and Projects 022 Q3
297			Administration Management Review - Quality and Projects	B3-D4.6.40	Quality and Projects 022 Q4
298			Administration Management Review - Quality and Projects	B3-D4.6.41	Quality and Projects 023 Q1
299			Administration Management Review -	B3-D4.6.42	Quality and Projects 023 Q2

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality and Projects		
300			Administration Management Review - Quality and Projects	B3-D4.6.43	Quality and Projects 023 Q3
301			Administration Management Review - Quality and Projects	B3-D4.6.44	Quality and Projects 023 Q4
302			Administration Management Review - Quality and Projects	B3-D4.6.45	Quality and Projects 024 Q1
303			Administration Management Review - Quality and Projects	B3-D4.6.46	Quality and Projects 024 Q2
304			Administration Management Review - Quality and Projects	B3-D4.6.47	Quality and Projects 024 Q3

No.	TOR	Category	Subcategory	Doc No.	Title
305			Administration Management Review - Quality and Projects	B3-D4.6.48	Quality and Projects 024 Q4
306	**TOR 9**	**Assessments on addressing backlogs**	Cover Sheet	B4	FSQ Review Cover Sheet - Request B4
307			Briefing Note	B4.1	Briefing Note - Emergency Procurement Procedure SP-PRO-00045 for Volume Crime Backlog Outsourcing (P3)
308				B4.2	FSQ Project Plan - Outsourcing P3 Backlog
309				B4.3	FSQ Strategic Outsourcing Framework 023
310				B4.4	Historical Case Review Team - Project Plan - Outsourcing and Capability Building - Phase 1 - November 024-March 025
311			Briefing Note	B4.5	Briefing Note - Forensic Science Queensland (FSQ) Outsourcing of Volume Crime Backlog
312				B4.6	Outsourcing Capacity Development Plan - 10 February 025
313				B4.7	Forensic Biology - Action Plan - 024
314				B4.8	Examination of Underwear Implementation Plan
315				B4.9	FMEK Reduction Strategy
316				B4.10	FMEK Backlog Reduction Plan Update - 17 October 024 - Further updates
317			Presentation	B4.11	PowerPoint Presentation - FMEK Backlog Discussion Email and FMEK Backlog ForBiol

No.	TOR	Category	Subcategory	Doc No.	Title
					Discussion
318				B4.12	Forensic Biology - Significant Projects Planning and Monitoring - 025
319			Briefing Note	B4.13.1	Briefing Note - Overview of Forensic Science Queensland current position
320				B4.13.2	Briefing Note - Overview of Forensic Science Queensland current position - Attachment 1
321				B4.13.3	Briefing Note - Overview of Forensic Science Queensland current position - Attachment
322				B4.13.4	Briefing Note - Overview of Forensic Science Queensland current position - Attachment 3
323				B4.13.5	Briefing Note - Overview of Forensic Science Queensland current position - Attachment 4
324				B4.14	Spreadsheet - Data Collation of multiple historical Forensic Register data exports
325			Presentation	B4.15	PowerPoint Presentation - FMEK Y-led workflow working group update
326			Risk Assessments	B4.16	RA-027 FMEK Workflow
327			Email	B4.17	Email - FMEK Modified Workflow Discussion
328				B4.18	Targeted Screening of Forensic Medical Examination Kits - 10 June 024
329			Opportunity for Quality Improvement (OQI) Reports	B4.19.1	OQI - 58962 Infrastructure development for the analytical laboratory for current processes and new
330			Opportunity for Quality Improvement	B4.19.2	OQI - 58965 Establish appropriate long and short-term cold storage facilities within Forensic Science Queensland

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
331			Opportunity for Quality Improvement (OQI) Reports	B4.19.3	OQI - 59198 Ordering and Monitoring of Laboratory Supplies
332			Opportunity for Quality Improvement (OQI) Reports	B4.19.4	OQI - 59830 Delay in Batch Investigation Completion
333			Opportunity for Quality Improvement (OQI) Reports	B4.19.5	OQI - 59836 Update on DNA Backlogs at FSQ
334			Opportunity for Quality Improvement (OQI) Reports	B4.19.6	OQI - 59919 Delay in Ordering of AP Reagents for FMEK implementation
335			Opportunity for Quality Improvement (OQI) Reports	B4.19.7	OQI - 60671 FMEK screening and testing modified workflow
336			Opportunity for Quality Improvement (OQI) Reports	B4.19.8	OQI - 61107 FMEK screening backlog
337			Opportunity for	B4.19.9	OQI - 61183 NATA reassessment Forensic Biology and Management Systems report finding

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		#33
338	**TOR 9/TOR 10**	**Communications on backlogs and witness statements**	Cover Sheet	B5-C4	FSQ Review Cover Sheet - Request B5-C4
339			Correspondence	B5-C4.1	FSQ letter to QPS - 16 May 023
340			Correspondence	B5-C4.2	FSQ letter to Together Union - 16 May 023
341			Briefing Note	B5-C4.3	Briefing Note - FSQ Outsourcing of Volume Crime Backlog
342			Correspondence	B5-C4.4	QPS Letter to FSQ - 14 June 023
343			Correspondence	B5-C4.5	QPS Letter to FSQ - 11 July 023
344			Correspondence	B5-C4.6	QPS Letter to FSQ - Re: Expand to UK Forensic Service Providers - 5 March 024
345			Correspondence	B5-C4.7	FSQ Letter to Together Union - 3 May 4
346			Email	B5-C4.8	Email - Together Union response to FSQ Letter - 5 June 024
347			Email	B5-C4.9	Email - FSQ to QPS - Outsourcing request transition to P2 - 2 February 024
348			Correspondence	B5-C4.10	FSQ letter to QPS - Re: Outsourcing under FSQ accreditation - 2 July 024
349			Correspondence	B5-C4.11	FSQ letter to QPS - Re: Outsourcing of backlog profile interpretation to USA - 10 June 024
350			Correspondence	B5-C4.12	QPS letter to FSQ - 19 June 024
351			Correspondence	B5-C4.13	FSQ letter to QPS - Re: Outsourcing of DNA reference sample testing - February 025

No.	TOR	Category	Subcategory	Doc No.	Title
352			Correspondence	B5-C4.14	FSQ letter to Together Union - Re: Outsourcing reference samples and FMEKs - 3 February 025
353			Correspondence	B5-C4.15	QPS letter to FSQ - 13 February 025
354			Briefing Note	B5-C4.16	Briefing Note - Service Level Agreement - Outsourcing for the provision of forensic science services and quality system improvements - MRIGlobal
355				B5-C4.17	Table - Meetings where FSQ provided an update on backlogs
356				B5-C4.18	Backlog data from Forensic Register Dashboard
357				B5-C4.19	FSQ Dashboard - January 025
358				B5-C4.20	FSQ Update - FSQ Advisory Council - 4 February 025
359				B5-C4.21	FSQ Governance Framework
360			Correspondence	B5-C4.22	FSQ letter to QPS - 13 February 025
361			Presentation	B5-C4.23	Training Presentation - Office of the Victims' Commissioner - 30 October 024
362			Presentation	B5-C4.24	Presentation to Coroners Meeting - Forensic Science Queensland - August 023
363				B5-C4.25	Flyer - The FSQ Journey so far - November 024
364	**TOR 9**	**Outsourcing**		B6	FSQ Review Cover Sheet - Request B6
365				B6.1	FSQ Action Project Plan - Outsourcing P3 Backlog
366			Briefing Note	B6.2	Briefing Note - Forensic Science Queensland (FSQ) Outsourcing of Volume Crime Backlog

No.	TOR	Category	Subcategory	Doc No.	Title
367				B6.3	FSQ Strategic Outsourcing Framework 023
368			Briefing Note	B6.4	Briefing Note - Enactment of emergency procurement procedure SP-PRO-00045 for the outsourcing of volume crime backlog (P3) sample reviews backlog
369				B6.5	International Outsourcing - Market Research for DNA Interpretation Service Providers – UK Site visits
370				B6.6	Historical Case Review Team - Project Plan - Outsourcing and Capability Building - Phase 1 - November 024-March 025
371				B6.7	Historical Case Review Team - Training Plan - Outsourcing and Capability Building - January-April 025
372				B6.8	FSQ Outsourcing Capacity Development Gantt Chart - 6 February 025
373				B6.9	Table - Summary of all FSQ requests for scientific assistance
374				B6.10-B28/46	Table - Outsourcing Agreements - Overview
375				B6.29	Specifications for Outsourcing of DNA Profile interpretation
376				B6.30	Confidentiality, Privacy and Conflict of Interest Deed Poll
377				B6.31	Outsourced DNA Profile Interpretation and Review – Standard Operating Procedure
378				B6.32	Performance monitoring and feedback
379				B6.33	Historical Case Review data modelling - February 025
380				B6.34	Staff Planning - September 024

No.	TOR	Category	Subcategory	Doc No.	Title
381				B6.35.1	CMU Outsourcing - interpretation and review monitoring form - Cellmark Rework Request Tab
382				B6.35.2	CMU Outsourcing - interpretation and review monitoring form - Cellmark Tab
383				B6.35.3	CMU Outsourcing - interpretation and review monitoring form - Eurofins Rework Request Tab
384				B6.35.4	CMU Outsourcing - interpretation and review monitoring form - Eurofins Tab
385				B6.35.5	CMU Outsourcing - Issues Log
386				B6.35.6	CMU Review quality check log 1
387				B6.35.7	CMU Review quality check log
388				B6.35.8	CMU Review quality check log 3
389				B6.36	For Review and Decision - Historical Case Review and Outsourcing - Email and Attachment
390			Opportunity for Quality Improvement (OQI) Reports	B6.37.1	OQI - 60840 Duplicate profile uploaded from the same QP number and included in link report
391			Opportunity for Quality Improvement (OQI) Reports	B6.37.2	OQI - 61773 Inappropriate interpretation of sample XXXXXXXXXX
392			Opportunity for Quality Improvement (OQI) Reports	B6.37.3	OQI - 61820 Result line issued without barcode profile designation

No.	TOR	Category	Subcategory	Doc No.	Title
393			Opportunity for Quality Improvement (OQI) Reports	B6.37.4	OQI - 61845 Duplicate upload in case QPXXXXXXXXXX
394			Opportunity for Quality Improvement (OQI) Reports	B6.37.5	OQI - 61887 Profile Record table not updated when sample XXXXXXXXXX reported
395			Risk Assessments	B6.38	RA-021 FSQ Outsourcing Arrangements
396			Email	B6.39	QPS Outsourcing Email 1 - 5 February 025
397			Email	B6.40	QPS Outsourcing Email - 5 February 025
398				B6.41	FSQ Outsourcing Summary Document - External Assistance with Profile Interpretation
399				B6.42	New Contractor - Onboarding Checklist
400				B6.43	Outsourcing Manual
401			Opportunity for Quality Improvement (OQI) Reports	B6.44.1	OQI - 31167 Review of RPL Documentation Provided by Selection of Outsourcing Partners
402			Opportunity for Quality Improvement (OQI) Reports	B6.44.2	OQI - 31168 - Evaluation of FSP Technical Competence and Adherence to Protocols in FSQ STRmix Forensic Casework

No.	TOR	Category	Subcategory	Doc No.	Title
403				B6.45	Spreadsheet - FSQ Outsourcer Inerpretations and Reviews - 023-24
404			Briefing Note	B6.47	Briefing Note - Deed of Variation - Service Level Agreement - Inclusion of Forensic Medical Examination Kit (FMEK) Screening - Institute of Environmental Science and Research Limited (ESR)
405				B6.48	Quote - QLD Slides Proof of Concept - November 024
406			Email	B6.49	Email - Re: FSQ slide update - 7 February 025
407	**TOR 9**	**HCRT/Outsourcing correspondence and documents**		B7	FSQ Review Cover Sheet - Request B7
408		**Tranche 1**	Emails	B7.1.1	HCRT Email - Re: RPL Process - 1 Novemner 024
409		**Tranche 1**	Emails	B7.1.2	HCRT Email - Re: Request for Completion of RPL Form - January 025
410		**Tranche 1**	Emails	B7.1.3	HCRT Email - Re: Incorrect result lines - OQIs - 7 January 025
411		**Tranche 1**	Emails	B7.1.4	HCRT Email - Re: Conversation re: STRmix competency for outsourcing staff - 0 January 025
412		**Tranche 1**	Emails	B7.1.5	HCRT Email - Re: QAF Agenda item - 2 January 025
413		**Tranche 1**	Emails	B7.1.6	HCRT Email - Re: FYI - Case load - 8 January 025
414		**Tranche 1**	Emails	B7.1.7	HCRT Email - Re: OQIs to be raised - 8 January 025
415		**Tranche 1**	Emails	B7.1.8	HCRT Email - Re: HCR modelling - 10 February 025
416		**Tranche 1**	Emails	B7.1.9	HCRT Email - Re: Eurofins training and mentor feedback - 14 February 025

No.	TOR	Category	Subcategory	Doc No.	Title
417		**Tranche 1**	Emails	B7.1.10	HCRT Email - Re: Sample mentor check - 0 February 025
418		**Tranche 1**	Emails	B7.1.11	HCRT Email - Re: Training summary - 4 February 025
419		**Tranche 1**	Emails	B7.1.12	HCRT Email - Re: Eurofins training presentation - 3 March 025
420		**Tranche 1**	Emails	B7.1.13	HCRT Email - Re: Eurofins training - 13 March 025
421		**Tranche 1**	Emails	B7.1.14	HCRT Email - Re: ODPP case review cases - 14 March 025
422		**Tranche 1**	Emails	B7.1.15	HCRT Email - Re: STRmix Exam (Eurofins) - 1 March 025
423		**Tranche 1**	Emails	B7.1.16	HCRT Email - Re: Ready to review - QP2 - 4 March 025
424		**Tranche 1**	Emails	B7.1.17	HCRT Email - Re: STRmix supplementary exam - 10 April 025
425		**Tranche 1**	Emails	B7.1.18	HCRT Email - re: Outsourcing training concerns - 14 April 025
426		**Tranche 1**	Emails	B7.1.19	Management Email - Re: Outsourcing summary document - Att 1 - Outsourcing Summary Document December 023 - 14 December 023
427		**Tranche 1**	Emails	B7.1.20	Management Email - Re: Outsourcing summary document - 14 December 023
428		**Tranche 1**	Emails	B7.1.21	Management Email - Re: URGENT Proficiency Testing for outsourcing FSPs - 8 October 024
429		**Tranche 1**	Emails	B7.1.22	Management Email - Re: Change to the Case Management Technical Training Plan - 3 October 024
430		**Tranche 1**	Emails	B7.1.23	Management Email - Re: LEV meeting yesterday - 7 November 024
431		**Tranche 1**	Emails	B7.1.24	Management Email - Re: Actions - 5 November 024 - SMT meeting - 8 November 024

No.	TOR	Category	Subcategory	Doc No.	Title
432		**Tranche 1**	Emails	B7.1.25	Management Email - Re: Seeking interest for training doc task - 3 January 025
433		**Tranche 1**	Emails	B7.1.26	Management Email - Re: Assistance with QIS - 6 January 025
434		**Tranche 1**	Emails	B7.1.27	Management Email - Re: Notification acknowledgements required - Att - reminders 14012025 - For Biol - outsourcing.xlsx - 15 January 025
435		**Tranche 1**	Emails	B7.1.28	Management Email - Re: Notification acknowledgements required - 15 January 025
436		**Tranche 1**	Emails	B7.1.29	Management Email - Re: DLMCU Transition to Block 3 - 16 January 025
437		**Tranche 1**	Emails	B7.1.30	Management Email - Re: RPL for approval - Application for RPL - Att 1 - 0 January 025
438		**Tranche 1**	Emails	B7.1.31	Management Email - Re: RPL for approval - Application for RPL - 0 January 025
439		**Tranche 1**	Emails	B7.1.32	Management Email - Re: Review request by COB Wednesday 2-01 - Att 1 - 2 January 025
440		**Tranche 1**	Emails	B7.1.33	Management Email - Re: Review request by COB Wednesday 2-01 - 2 January 025
441		**Tranche 1**	Emails	B7.1.34	Management Email - Re: CVs for review - Att 1 MRI Global Assessment of scientists.xlsx - 3 January 025
442		**Tranche 1**	Emails	B7.1.35	Management Email - Re: CVs for review - 3 January 025
443		**Tranche 1**	Emails	B7.1.36	Management Email - Re: CVs for review - 3 January 025
444		**Tranche 1**	Emails	B7.1.37	Management Email - Re: CVs for review - 4 January 025
445		**Tranche 1**	Emails	B7.1.38	Management Email - Re: R v W-Witness Availability - SCIENTIFIC EXPERT - 8 January 025
446		**Tranche 1**	Emails	B7.1.39	Management Email - Re: YouTube videos for ER - 4 February 025

No.	TOR	Category	Subcategory	Doc No.	Title
447		**Tranche 1**	Emails	B7.1.40	Management Email - Re: Outsourcing - 5 February 025
448		**Tranche 1**	Emails	B7.1.41	Management Email - Re: Outsourcing - 6 February 025
449		**Tranche 1**	Emails	B7.1.42	Management Email - Re: For Review and Decision Historical Case Review and Outsourcing - Att 1 - Outsourcing Capacity Development Plan Gantt - 7 February 025
450		**Tranche 1**	Emails	B7.1.43	Management Email - Re: For Review and Decision Historical Case Review and Outsourcing - 7 February 026
451		**Tranche 1**	Emails	B7.1.44	Management Email - Re: FYI Outsourcing capacity development training plan - 7 February 025
452		**Tranche 1**	Emails	B7.1.45	Management Email - Re:Outsourcing capacity development training plan - 7 February 025
453		**Tranche 1**	Emails	B7.1.46	Management Email - Re: Results from Historical Case Review cases - 7 February 025
454		**Tranche 1**	Emails	B7.1.47	Management Email - Re: Intelligence Process training module - 10 February 025
455		**Tranche 1**	Emails	B7.1.48	Management Email - Re: Exercise of Extension Option - FSQ - C-FILE-172429 - 11 February 025
456		**Tranche 1**	Emails	B7.1.49	Management Email - Re: For Review and Decision Historical Case Review and Outsourcing - 14 February 025
457		**Tranche 1**	Emails	B7.1.50	Management Email - Re: CV - 18 February 025
458		**Tranche 1**	Emails	B7.1.51	Management Email - Re: QIS - 4 February 025
459		**Tranche 1**	Emails	B7.1.52	Management Email - Re: RE Bode RPL - 5 February 025
460		**Tranche 1**	Emails	B7.1.53	Management Email - Re: RPL - XXXX - 10 March 025

No.	TOR	Category	Subcategory	Doc No.	Title
461		**Tranche 1**	Emails	B7.1.54	Management Email - Re: RPL - XXXX - 10 March 025
462		**Tranche 1**	Emails	B7.1.55	Management Email - Re: For Review and Decision Historical Case Review and Outsourcing - 17 March 025
463		**Tranche 1**	Emails	B7.1.56	Management Email - Re: STRmix - 7 April 025
464		**Tranche 1**	Emails	B7.1.57	Management Email - Re: Joining Historical Case Review and Outsourcing Startegic Plan Group - 8 April 025
465		**Tranche 1**	Emails	B7.1.58	Management Email - Re: Forensic Biology and Historical Case Review Meeting 11042025 - 9 April 025
466		**Tranche 1**	Emails	B7.1.59	Management Email - Re: FSSC brief and attachments - 9 April 025
467		**Tranche 1**	Emails	B7.1.60	Management Email - Re: Historical Case Review Team AO4 backfill request - 9 April 025
468		**Tranche 1**	Emails	B7.1.61	Management Email - Re: Outsourcing training concerns - 9 April 025
469		**Tranche 1**	Emails	B7.1.62	Management Email - Re: Update of Biol distribution lists - 9 April 025
470		**Tranche 1**	Emails	B7.1.63	Management Email - Re: DPP Historical Case Review testing results - 10 April 025
471		**Tranche 1**	Emails	B7.1.64	Management Email - Re: FOR ACTION Request for SOP Documents Outsourced F1 - 10 April 025
472		**Tranche 1**	Emails	B7.1.65	Management Email - Re: FW DPP Historical Case Review testing results - 10 April 025
473		**Tranche 1**	Emails	B7.1.66	Management Email - Re: Outsourcing training concerns - 10 April 025
474		**Tranche 1**	Emails	B7.1.67	Management Email - Re: Historical Case Review Team AO4 backfill request - 11 April 025

No.	TOR	Category	Subcategory	Doc No.	Title
475		**Tranche 1**	Emails	B7.1.68	Management Email - Re: Outsourcing training concerns - 11 April 025
476		**Tranche 1**	Emails	B7.1.69	Management Email - Re: DPP HCR testing results - 14 April 025
477		**Tranche 1**	Emails	B7.1.70	Management Email - Re: Facilitated sessions - Workflows - 14 April 025
478		**Tranche 1**	Emails	B7.1.71	Management Email - Re: Outsourcing staff training status allocations - 14 April 025
479		**Tranche 1**	Emails	B7.1.72	Management Email - Re: Outsourcing training concerns - 14 April 025
480		**Tranche 1**	Emails	B7.1.73	Management Email - Re: RPL for XXXX - Att 1 - 14 April 025
481		**Tranche 1**	Emails	B7.1.74	Management Email - Re: RPL for XXXX - 14 April 025
482		**Tranche 1**	Emails	B7.1.75	Management Email - Re: RPL for XXXX1 - Att 1 - 14 April 025
483		**Tranche 1**	Emails	B7.1.76	Management Email - Re: RPL for XXXX1 - 14 April 025
484		**Tranche 1**	Risk Assessments	B7.1.77	RA-021 FSQ Outsourcing Arrangements .pdf
485		**Tranche 1**	Meetings	B7.1.78	250121 Forensic Biology and Historical Case Review Agenda
486		**Tranche 1**	Meetings	B7.1.79	250129 Forensic Biology and Historical Case Review Agenda
487		**Tranche 1**	Meetings	B7.1.80	250212 Forensic Biology and Historical Case Review Agenda
488		**Tranche 1**	Meetings	B7.1.81	250226 Forensic Biology and Historical Case Review Agenda
489		**Tranche 1**	Meetings	B7.1.82	250312 Forensic Biology and Historical Case Review Agenda
490		**Tranche 1**	Meetings	B7.1.83	250326 Forensic Biology and Historical Case Review Agenda

No.	TOR	Category	Subcategory	Doc No.	Title
491		**Tranche 1**	Meetings	B7.1.84	250409 Forensic Biology and Historical Case Review Agenda
492		**Tranche 1**	Meetings	B7.1.85	250423 Forensic Biology and Historical Case Review Agenda
493		**Tranche 1**	Opportunity for Quality Improvement (OQI) Reports	B7.1.86	OQI - 60840 Duplicate profile uploaded from the same QP number and included in link report
494		**Tranche 1**	Opportunity for Quality Improvement (OQI) Reports	B7.1.87	OQI - 61773 Inappropriate interpretation of sample XXXXXXXXXX
495		**Tranche 1**	Opportunity for Quality Improvement (OQI) Reports	B7.1.88	OQI - 61820 Result line issued without barcode profile designation
496		**Tranche 1**	Opportunity for Quality Improvement (OQI) Reports	B7.1.89	OQI - 61845 Duplicate upload in case QPXXXXXXXXXX
497		**Tranche 1**	Opportunity for Quality Improvement (OQI) Reports	B7.1.90	OQI - 61887 Profile Record table not updated when sample XXXXXXXXXX reported
498		**Tranche 1**	Opportunity for Quality Improvement	B7.1.91	OQI - 62193 SoRs issued without mentor check

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
499		**Tranche 1**	Opportunity for Quality Improvement (OQI) Reports	B7.1.92	OQI - 62615 Investigation into STRmix training module
500		**Tranche 1**	Audit	B7.1.93	Audit - 31167 Review of RPL Documentation Provided by Selection of Outsourcing Partners
501		**Tranche 1**	Audit	B7.1.94	Audit - 31168 Evaluation of FSQ Technical Competence and Adherent to Protocols in FSQ STRmix Forensic Casework
502		**Tranche 1**	Audit	B7.1.95	Spreadsheet - Cellmark quality audit
503		**Tranche 1**	Audit	B7.1.96	Spreadsheet - Cellmark quality audit - XXX notes
504		**Tranche 1**	Audit	B7.1.97	Spreadsheet - Eurofins quality audit
505		**Tranche**	Issues Log	B7.2.1	HCRT Issues Log
506		**Tranche**	Mentoring	B7.2.2	Case Allocations and Mentoring
507		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.3	FSQ Outsourcing Meeting APEX - Minutes - 15 January 025
508		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.4	FSQ Outsourcing Meeting APEX - Minutes - 6 February 025
509		**Tranche**	Outsourcing	B7.2.5	FSQ Outsourcing Meeting APEX - Minutes - 1 April 025

No.	TOR	Category	Subcategory	Doc No.	Title
			Stakeholder Engagement Meetings		
510		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.6	FSQ Outsourcing Meeting BODE - Minutes - 5 December 024
511		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.7	FSQ Outsourcing Meeting BODE - Minutes - 10 January 025
512		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.8	FSQ Outsourcing Meeting BODE - Minutes - 11 February 025
513		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.9	FSQ Outsourcing Meeting BODE - Minutes - 12 March 025
514		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.10	FSQ Outsourcing Meeting BODE - Minutes - 3 April 025
515		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.11	Cellmark Meeting Questions - 13 January 025

No.	TOR	Category	Subcategory	Doc No.	Title
516		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.12	FSQ Outsourcing Meeting - Cellmark - Minutes - 13 January 025
517		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.13	FSQ Outsourcing Meeting - CM & EF - Minutes - 5 November 024
518		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.14	FSQ Outsourcing Meeting - CM & EF - Minutes - 4 December 024
519		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.15	FSQ Outsourcing Meeting - Eurofins - Minutes - 6 January 025
520		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.16	FSQ Outsourcing Meeting - Eurofins - Minutes - 10 February 025
521		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.17	FSQ Outsourcing Meeting - Eurofins - Minutes - 10 March 025
522		**Tranche**	Outsourcing Stakeholder Engagement	B7.2.18	FSQ Outsourcing Meeting MRI - Minutes - 11 December 024

No.	TOR	Category	Subcategory	Doc No.	Title
			Meetings		
523		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.19	FSQ Outsourcing Meeting MRI - Minutes - 8 January 025
524		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.20	FSQ Outsourcing Meeting MRI - Minutes - 5 February 025
525		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.21	FSQ Outsourcing Meeting MRI - Minutes - 5 March 025
526		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.22	FSQ Outsourcing Meeting MRI - Minutes - April 025
527		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.23	FSQ Outsourcing Meeting RTI - Minutes - 3 December 024
528		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.24	FSQ Outsourcing Meeting RTI - Minutes - 6 January 025
529		**Tranche**	Outsourcing	B7.2.25	FSQ Outsourcing Meeting RTI - Minutes - 3 February 025

No.	TOR	Category	Subcategory	Doc No.	Title
			Stakeholder Engagement Meetings		
530		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.26	FSQ Outsourcing Meeting RTI - Minutes - 11 March 025
531		**Tranche**	Outsourcing Stakeholder Engagement Meetings	B7.2.27	FSQ Outsourcing Meeting RTI - Minutes - 2 April 025
532		**Tranche**	Emails	B7.2.28	Staff Member 1 Email - Re: Cellmark quality audit.xlsx - 1 Januray 025
533		**Tranche**	Emails	B7.2.29	Staff Member 1 Email - Re: GMIDx PCs - 13 February 025
534		**Tranche**	Emails	B7.2.30	Staff Member 1 Email - Re: Availability - Proposed training sessions 17, 19 & 4 Feb - 14 February 025
535		**Tranche**	Emails	B7.2.31	Staff Member 1 Email - Re: ODPP retesting requests - 14 February 025
536		**Tranche**	Emails	B7.2.32	Staff Member 1 Email - Re: ODPP retesting requests - 14 February 025
537		**Tranche**	Emails	B7.2.33	Staff Member 1 Email - Re: Sample - 18 February 025
538		**Tranche**	Emails	B7.2.34	Staff Member 1 Email - Re: Sample mentor check - 0 February 025
539		**Tranche**	Emails	B7.2.35	Staff Member 1 Email - Re: Sample - 0 February 025
540		**Tranche**	Emails	B7.2.36	Staff Member 1 Email - Re: Sample - 0 February 025

No.	TOR	Category	Subcategory	Doc No.	Title
541		**Tranche**	Emails	B7.2.37	Staff Member 1 Email - Re: Sample - 0 February 025
542		**Tranche**	Emails	B7.2.38	Staff Member 1 Email - Re: Sample - 0 February 025
543		**Tranche**	Emails	B7.2.39	Staff Member 1 Email - Re: Copy of Cellmark quality audit - notes.xlsx - 1 Januray 025
544		**Tranche**	Emails	B7.2.40	Staff Member 1 Email - Re: Sample - 0 February 025
545		**Tranche**	Emails	B7.2.41	Staff Member 1 Email - Re: COI influence on NOC - 0 February 025
546		**Tranche**	Emails	B7.2.42	Staff Member 1 Email - Re: Sample - 1 February 025
547		**Tranche**	Emails	B7.2.43	Staff Member 1 Email - Re: Extraction neg - 6 February 025
548		**Tranche**	Emails	B7.2.44	Staff Member 1 Email - Re: Eurofins training session - 7 February 025
549		**Tranche**	Emails	B7.2.45	Staff Member 1 Email - Re: Eurofins training presentation - 3 March 025
550		**Tranche**	Emails	B7.2.46	Staff Member 1 Email - Re: Leave arrangements for Cyclone Alfred - 12 March 025
551		**Tranche**	Emails	B7.2.47	Staff Member 1 Email - Re: Eurofins training - 13 March 025
552		**Tranche**	Emails	B7.2.48	Staff Member 1 Email - Re: P2 case management resources and mentor checks - 19 March 025
553		**Tranche**	Emails	B7.2.49	Staff Member 1 Email - Re: CTS 5901 - 0 March 025
554		**Tranche**	Emails	B7.2.50	Staff Member 1 Email - Re: P3 PDA completed samples - 1 Januray 025
555		**Tranche**	Emails	B7.2.51	Staff Member 1 Email - Re: Ready to review - QPXXXXXXXXXX - 4 March 025
556		**Tranche**	Emails	B7.2.52	Staff Member 1 Email - Re: Ready to review - QPXXXXXXXXXX - 4 March 025

No.	TOR	Category	Subcategory	Doc No.	Title
557		**Tranche**	Emails	B7.2.53	Staff Member 1 Email - Re: Ready to review - QPXXXXXXXXXX - 4 March 025
558		**Tranche**	Emails	B7.2.54	Staff Member 1 Email - Re: Ready to review - QPXXXXXXXXXX - 4 March 025
559		**Tranche**	Emails	B7.2.55	Staff Member 1 Email - Re: Mentor check - 8 March 025
560		**Tranche**	Emails	B7.2.56	Staff Member 1 Email - Re: Case complete - QPXXXXXXXXXX - 31 March 025
561		**Tranche**	Emails	B7.2.57	Staff Member 1 Email - Re: Case ready for review - QPXXXXXXXXXX - 31 March 025
562		**Tranche**	Emails	B7.2.58	Staff Member 1 Email - Re: Case ready for review - QPXXXXXXXXXX - 31 March 025
563		**Tranche**	Emails	B7.2.59	Staff Member 1 Email - Re: Summary of feedback for XXXX pre and post training - 31 March 025
564		**Tranche**	Emails	B7.2.60	Staff Member 1 Email - Re: Re-amp Error - 3 April 025
565		**Tranche**	Emails	B7.2.61	Staff Member 1 Email - Re: Copy of FS QL Completions Spetember 024.xlsx - 2 January 025
566		**Tranche**	Emails	B7.2.62	Staff Member 1 Email - Re: More work - 3 April 025
567		**Tranche**	Emails	B7.2.63	Staff Member 1 Email - Re: Analysis Methods in GeneMapper - 3 April 025
568		**Tranche**	Emails	B7.2.64	Staff Member 1 Email - Re: Sample - 4 April 025
569		**Tranche**	Emails	B7.2.65	Staff Member 1 Email - Re: Sample - 4 April 025
570		**Tranche**	Emails	B7.2.66	Staff Member 1 Email - Re: Training hours collation - 4 April 025
571		**Tranche**	Emails	B7.2.67	Staff Member 1 Email - Re: Mock SOR - 4 April 025
572		**Tranche**	Emails	B7.2.68	Staff Member 1 Email - Re: Mock SOR - 4 April 025

No.	TOR	Category	Subcategory	Doc No.	Title
573		**Tranche**	Emails	B7.2.69	Staff Member 1 Email - Re: Mock SOR - 4 April 025
574		**Tranche**	Emails	B7.2.70	Staff Member 1 Email - Re: Mock SOR - 4 April 025
575		**Tranche**	Emails	B7.2.71	Staff Member 1 Email - Re: Sample - 4 April 025
576		**Tranche**	Emails	B7.2.72	Staff Member 1 Email - Re: FS QL Completions August 024.xlsx - 2 January 025
577		**Tranche**	Emails	B7.2.73	Staff Member 1 Email - Re: Sample - 4 April 025
578		**Tranche**	Emails	B7.2.74	Staff Member 1 Email - Re: Mock SOR - 4 April 025
579		**Tranche**	Emails	B7.2.75	Staff Member 1 Email - Re: Hold of reworks - 4 April 025
580		**Tranche**	Emails	B7.2.76	Staff Member 1 Email - Re: Mock SOR - 4 April 025
581		**Tranche**	Emails	B7.2.77	Staff Member 1 Email - Re: Training hours collation - 4 April 025
582		**Tranche**	Emails	B7.2.78	Staff Member 1 Email - Re: HCR Issues Log - 4 April 025
583		**Tranche**	Emails	B7.2.79	Staff Member 1 Email - Re: Training hours collation - 7 April 025
584		**Tranche**	Emails	B7.2.80	Staff Member 1 Email - Re: Mentor check - 7 April 025
585		**Tranche**	Emails	B7.2.81	Staff Member 1 Email - Re: Outsourced staff queries - 9 April 025
586		**Tranche**	Emails	B7.2.82	Staff Member 1 Email - Re: Outsourced staff queries - 9 April 025
587		**Tranche**	Emails	B7.2.83	Staff Member 1 Email - Re: Copy of Cellmark quality audit - notes.xlsx - 4 January 025
588		**Tranche**	Emails	B7.2.84	Staff Member 1 Email - Re: Access to Adobe Acrobat Pro DC - 10 April 025

No.	TOR	Category	Subcategory	Doc No.	Title
589		**Tranche**	Emails	B7.2.85	Staff Member 1 Email - Re: P2 Case Management Training Module - 16 April 025
590		**Tranche**	Emails	B7.2.86	Staff Member 1 Email - Re: P2 Case Management Training Module - 16 April 025
591		**Tranche**	Emails	B7.2.87	Staff Member 1 Email - Re: Availability - Proposed training sessions 17, 19 & 4 Feb - 11 February 025
592		**Tranche**	Emails	B7.2.88	Staff Member 1 Email - Re: Availability - Proposed training sessions 17, 19 & 4 Feb - 13 February 025
593		**Tranche**	Emails	B7.2.89	Staff Member 1 Email - Re: GMIDx PCs - 13 February 025
594		**Tranche 3**	Emails	B7.3.1	Email - Re: Case review and allocations process meeting - 11 March 025
595		**Tranche 3**	Emails	B7.3.2	Email - Re: Catch up notes and HCR-outsourcing briefing docs - 5 March 025
596		**Tranche 3**	Emails - Attachments	B7.3.2.1	Email - Re: Catch up notes and HCR-outsourcing briefing docs - Att 1 - FSQ Overview P1 - January 025
597		**Tranche 3**	Emails - Attachments	B7.3.2.2	Email - Re: Catch up notes and HCR-outsourcing briefing docs - Att - FSQ Outsourcing options and costings (DRAFT) - 12 March 025
598		**Tranche 3**	Emails - Attachments	B7.3.2.3	Email - Re: Catch up notes and HCR-outsourcing briefing docs - Att 3 - Catch up notes - 5 March 025
599		**Tranche 3**	Emails	B7.3.3	Email - Re: CMU assistance for outstanding Eurofins P3 training - 3 January 025
600		**Tranche 3**	Emails	B7.3.4	Email - Re: EFS training - 31 March 025
601		**Tranche 3**	Emails	B7.3.5	Email - Re: EOI Team Leader - Outsourcing and Capacity Development - 19 December 024
602		**Tranche 3**	Emails	B7.3.6	Email - Re: Extension of staff in HCRT - 13 March 025

No.	TOR	Category	Subcategory	Doc No.	Title
603		**Tranche 3**	Emails	B7.3.7	Email - Re: Follow-up re: governance model to support remote sitting of STRmix exam - 9 April 025
604		**Tranche 3**	Emails	B7.3.8	Email - Re: For Cellmark meeting tonight - Agenda Item .2; Action Register Item .5 - 13 January 025
605		**Tranche 3**	Emails	B7.3.9	Email - Re: FSQ & Eurofins / Cellmark - Minutes 4/12 & Agenda 6/12 - 3 January 025
606		**Tranche 3**	Outsourcing Stakeholder Engagement Meetings	B7.3.10	FSQ Outsourcing Meeting - CM & EF - Agenda - 6 January 025
607		**Tranche 3**	Outsourcing Stakeholder Engagement Meetings	B7.3.11	FSQ Outsourcing Meeting - CM & EF - Minutes - 4 December 024
608		**Tranche 3**	Outsourcing Stakeholder Engagement Meetings	B7.3.12	FSQ Outsourcing Meeting - CM & EF - Agenda - 3 December 024
609		**Tranche 3**	Outsourcing Stakeholder Engagement Meetings	B7.3.13	FSQ Outsourcing Meeting - CM & EF - Minutes - 5 November 024
610		**Tranche 3**	Emails	B7.3.14	Email - Re: Actions - 5 November 024 - SMT meeting - 3 December 024
611		**Tranche 3**	Emails	B7.3.15	Email - Re: CVs for review - 2 January 025

No.	TOR	Category	Subcategory	Doc No.	Title
612		**Tranche 3**	Emails - Attachments	B7.3.15.1	Email - Re: CVs for review - Att 1 - Scanned Document - 2 January 025
613		**Tranche 3**	Emails - Attachments	B7.3.15.2	Email - Re: CVs for review - Att - Email from MRIGlobal Enclosing CVs - 15 January 025
614		**Tranche 3**	Emails - Attachments	B7.3.15.2.1	Email - Re: CVs for review - Att - Name 1 CV MRI 025
615		**Tranche 3**	Emails - Attachments	B7.3.15.2.2	Email - Re: CVs for review - Att - Name CV MRI 025
616		**Tranche 3**	Emails - Attachments	B7.3.15.2.3	Email - Re: CVs for review - Att - Name 3 CV MRI 025
617		**Tranche 3**	Emails - Attachments	B7.3.15.2.4	Email - Re: CVs for review - Att - Name 4 CV MRI 025
618		**Tranche 3**	Emails - Attachments	B7.3.15.2.5	Email - Re: CVs for review - Att - Name 5 CV MRI 025
619		**Tranche 3**	Emails	B7.3.16	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - 4 March 025
620		**Tranche 3**	Emails - Attachments	B7.3.16.1	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att 1 - Eurofins Forensic Services Limited - Deed of Variation Draft 025
621		**Tranche 3**	Emails - Attachments	B7.3.16.2	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins
622		**Tranche 3**	Emails - Attachments	B7.3.16.2.1	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 1 - Email - Re: STRmix competency assessment

No.	TOR	Category	Subcategory	Doc No.	Title
					for XXXX - 8 January 025
623		**Tranche 3**	Emails - Attachments	B7.3.16.2.2	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att - Email - Re: DNA Profile Interp Training Module - 14 January 025
624		**Tranche 3**	Emails - Attachments	B7.3.16.2.3	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 3 - Email - Re: STRmix exam for XXXX - 14 January 025
625		**Tranche 3**	Emails - Attachments	B7.3.16.2.4	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 4 - Email - Re: STRmix competency - 30 January 025
626		**Tranche 3**	Emails - Attachments	B7.3.16.2.5	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 5 - Email - Re: STRmix competency - 31 January 025
627		**Tranche 3**	Emails - Attachments	B7.3.16.2.6	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 6 - Email - Re: Supplementary STRmix exam for XXXX - 19 March 025
628		**Tranche 3**	Emails - Attachments	B7.3.16.2.7	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 7 - STRmix™ Theory Exam - Supplementary questions
629		**Tranche 3**	Emails - Attachments	B7.3.16.2.8	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 8 - STRmix™ Theory Exam - Supplementary questions completed
630		**Tranche 3**	Emails - Attachments	B7.3.16.2.9	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att - Email STRmix Exam - XXXX Eurofins - Att 9 - STRmix™ Theory Exam - Supplementary questions completed - comparison to training material

No.	TOR	Category	Subcategory	Doc No.	Title
631		**Tranche 3**	Emails - Attachments	B7.3.16.3	Email - Re: Draft variation for review - Forensic Science Queensland - C-FILE-172429 - Att 3 - Email - Re: Feedback for case management - 4 March 025
632		**Tranche 3**	Emails	B7.3.17	Email - Re: Exercise of extension option - Forensic Science Queensland - C-FILE-172429 - 12 February 025
633		**Tranche 3**	Emails - Attachments	B7.3.17.1	Email - Re: Exercise of extension option - Forensic Science Queensland - C-FILE-172429 - Att 1 - Evidential evaluation of DNA profiles using a continuous model implemented in the DNA LiRa software
634		**Tranche 3**	Emails	B7.3.18	Email - Re: FSQ-Eurofins-Cellmark - Minutes 4-12 and Agenda 6-12 - January 025
635		**Tranche 3**	Emails - Attachments	B7.3.18.1	Email - Re: FSQ-Eurofins-Cellmark - Minutes 4-12 and Agenda 6-12 - Att 1 - FSQ Outsourcing Meeting CM & EF - Minutes - 4 December 024
636		**Tranche 3**	Emails - Attachments	B7.3.18.2	Email - Re: FSQ-Eurofins-Cellmark - Minutes 4-12 and Agenda 6-12 - Att - FSQ Outsourcing Meeting CM & EF - Agenda - 6 January 025
637		**Tranche 3**	Emails	B7.3.19	Email - Re: FSQ reporting dashboards - 5 March 025
638		**Tranche 3**	Emails	B7.3.20	Email - Re: Increase to AO3 within Outsourcing and HCR Team - 15 December 024
639		**Tranche 3**	Emails	B7.3.21	Email - Re: Outsourcing Training Plan - 17 December 024
640		**Tranche 3**	Emails - Attachments	B7.3.21.1	Email - Re: Outsourcing Training Plan - 17 December 024 - Att 1 - HCRT Training Plan
641		**Tranche 3**	Emails	B7.3.22	Email - Re: Possible expansion of MRIGlobal FSQ support team - 8 May 025
642		**Tranche 3**	Emails - Attachments	B7.3.22.1	Email - Re: Possible expansion of MRIGlobal FSQ support team - Att 1 - XX STRmix Summary

No.	TOR	Category	Subcategory	Doc No.	Title
643		**Tranche 3**	Emails - Attachments	B7.3.22.2	Email - Re: Possible expansion of MRIGlobal FSQ support team - Att - XX Resume April 025
644		**Tranche 3**	Emails - Attachments	B7.3.22.3	Email - Re: Possible expansion of MRIGlobal FSQ support team - Att 3 - XX Resume April 025
645		**Tranche 3**	Emails - Attachments	B7.3.22.4	Email - Re: Possible expansion of MRIGlobal FSQ support team - Att 4 - XX Resume April 025
646		**Tranche 3**	Emails - Attachments	B7.3.22.5	Email - Re: Possible expansion of MRIGlobal FSQ support team - Att 5 - Copy of MRI Global Assessment of scientists April 025
647		**Tranche 3**	Emails	B7.3.23	Email - Re: Minutes 5-11 and Agenda 3-12 - 6 November 024
648		**Tranche 3**	Emails - Attachments	B7.3.23.1	Email - Re: Minutes 5-11 and Agenda 3-12 - Att 1 - FSQ Outsourcing Stakeholder Engagement Meeting - Minutes - 5 November 024
649		**Tranche 3**	Emails - Attachments	B7.3.23.2	Email - Re: Minutes 5-11 and Agenda 3-12 - Att - FSQ Outsourcing Stakeholder Engagement Meeting - Agenda - 3 December 024
650		**Tranche 3**	Emails	B7.3.24	Email - Re: Notification to XXX - 6 May 025
651		**Tranche 3**	Emails	B7.3.25	Email - Re: FOR REVIEW current draft of email for 12pm chat - 7 February 025
652		**Tranche 3**	Emails	B7.3.26	Email - Re: FYI Case load - 30 January 025
653		**Tranche 3**	Emails	B7.3.27	Email - Re: Reference samples (destroyed) - 6 April 025
654		**Tranche 3**	Emails	B7.3.28	Email - Re: Seeking permission - Outsourcing Team Meetings - US FSPs - 7 April 025
655		**Tranche 3**	Emails	B7.3.29	Email - Re: Testing results - April 025

No.	TOR	Category	Subcategory	Doc No.	Title
656		**Tranche 3**	Emails	B7.3.30	Email - Re: URGENT - Proficiency Testing for Outsourcing FSPs - 8 October 024
657		**Tranche 4**	Emails	B7.4.1	Email - Re: Casefile requests for CCIT - 3 January 025
658		**Tranche 4**	Emails	B7.4.2	Email - Re: Availability - Proposed training sessions 17, 19 & 4 Feb - 4 March 025
659		**Tranche 4**	Emails	B7.4.3	Email - Re: QPRIME QPXXXXXXXXXX - DNA required from rape offence victim - 0 January 025
660		**Tranche 4**	Emails	B7.4.4	Email - Re: Case allocation negotiation for CMU staff member seconded to HCRT - 7 February 025
661		**Tranche 4**	Emails	B7.4.5	Email - Re: Case allocation negotiation for CMU staff members seconded to HCRT - 18 February 025
662		**Tranche 4**	Emails	B7.4.6	Email - Re: Case Allocation Query-Denied - 3 February 025
663		**Tranche 4**	Emails	B7.4.7	Email - Re: Case Allocation Query-Denied - 18 February 025
664		**Tranche 4**	Emails	B7.4.8	Email - Re: Case Allocations Meeting - 11 March 025
665		**Tranche 4**	Emails	B7.4.9	Email - Re: Case Allocations Meeting Invite - 14 April 025
666		**Tranche 4**	Emails	B7.4.10	Email - Re: Case status - outsourcing staff query - 7 February 025
667		**Tranche 4**	Emails	B7.4.11	Email - Re: Cold Case Allocation Query-Accepted - 11 February 025
668		**Tranche 4**	Emails	B7.4.12	Email - Re: Cold Case Status Correction - 10 April 025
669		**Tranche 4**	Emails	B7.4.13	Email - Re: DNA Not Required Cases - 11 March 025
670		**Tranche 4**	Emails	B7.4.14	Email - Re: Evidence Recovery Training Materials - 17 March 025

No.	TOR	Category	Subcategory	Doc No.	Title
671		**Tranche 4**	Emails	B7.4.15	Email - Re: Extraction Neg Processing - 10 March 025
672		**Tranche 4**	Emails	B7.4.16	Email - Re: Extraction Neg Processing Meeting Follow-Up - 12 March 025
673		**Tranche 4**	Emails	B7.4.17	Email - Re: Forwarding ODPP Lists - 19 February 025
674		**Tranche 4**	Emails	B7.4.18	Email - Re: HCR File Retrieval - 0 March 025
675		**Tranche 4**	Emails	B7.4.19	Email - Re: Moving of Case Files in the Annexe - 5 March 025
676		**Tranche 4**	Emails	B7.4.20	Email - Re: Outsourcing feedback post review party - 8 April 025
677		**Tranche 4**	Emails	B7.4.21	Email - Re: Outsourcing FTE Update - 10 April 025
678		**Tranche 4**	Emails	B7.4.22	Email - Re: Outsourcing staff access to presentations for LEV LOD - 11 February 025
679		**Tranche 4**	Emails	B7.4.23	Email - Re: Outsourcing staff training completion - 8 February 025
680		**Tranche 4**	Emails	B7.4.24	Email - Re: Outsourcing staff training status and allocations - 14 April 025
681		**Tranche 4**	Emails	B7.4.25	Email - Re: Outsourcing staff training status query - 3 February 025
682		**Tranche 4**	Emails	B7.4.25.1	Email - Re: Outsourcing staff training status query - 3 February 025
683		**Tranche 4**	Emails	B7.4.26	Email - Re: Permission to action outsourcing reviews - 10 April 025
684		**Tranche 4**	Emails	B7.4.27	Email - Re: Process Query tied to update of SOP 33773 - 8 February 025
685		**Tranche 4**	Emails	B7.4.28	Email - Re: Proficiency Allocations - 4 March 025
686		**Tranche 4**	Emails	B7.4.29	Email - Re: Query about status of cases allocated to CMU staff identified for HCR - 30 March 025

No.	TOR	Category	Subcategory	Doc No.	Title
687		**Tranche 4**	Emails	B7.4.30	Email - Re: Query on external transfer process - 6 March 025
688			Emails	B7.5.1	Email - From contracted staff member to FSQ raising quality issues - 7 Aoril 025
689			Opportunity for Quality Improvement (OQI) Reports	B7.5.2	OQI - 61529 Gross contamination of ENeg - original OQI to be reinvestigated
690			Opportunity for Quality Improvement (OQI) Reports	B7.5.3	OQI - 61528 One mismatch to QPS staff ref
691	**TOR 10**	**Statement Samples**	Cover Page	C1-2	FSQ Review Cover Page - Request C1 -2
692				C1-2.1	QIS2 - 37067V2 - FSQ Annexure - Foundations of DNA Profiling and Interpretation - PowerPlex® 1
693				C1-2.2	QIS2 - 37074V2 - FSQ Annexure Foundations of DNA Profiling and Interpretation - PowerPlex® 1 and Profiler Plus®
694				C1-2.3	QIS2 - 37068V4 - FSQ Annexure Foundations of the Screening for Blood
695				C1-2.4	QIS2 - 37069V2 - FSQ Annexure Foundations of the Screening for Saliva
696				C1-2.5	QIS2 - 37070V2 - FSQ Annexure Foundations of the Screening for Semen
697				C1-2.6	QIS2 - 37071V1 - FSQ Annexure Foundations of DNA Profiling and Interpretation-Paternity
698				C1-2.7	QIS2 - 37073V1 - Statement of Witness Template Published 8 June 024

No.	TOR	Category	Subcategory	Doc No.	Title
699				C1-2.8	QIS2 - 3955V8 - Disaster Victim Identification Reports SOP
700				C1-2.9	QIS2 - 9011V13 - General Report Template
701				C1-2.10	Summary of Results Example 1
702				C1-2.11	Summary of Results Example
703				C1-2.12	Statement of Witness Example 1
704				C1-2.13	Intelligence Report Example 1-Paternity Trio
705				C1-2.14	Intelligence Report Example -Quality
706	**TOR 10**	**Communications with QPS**	Cover Page	C3	FSQ Review Cover Page - Request C3
707			Emails	C3.1	Email - Re: Message from XXX, Forensic Science Queensland re Forensic Biology Interim Report - 3 May 024
708				C3.2	Factsheet - Forensic Biology Interim Report Factsheet
709			Presentation	C3.3	Presentation - Forensic Biology Interim Report Overview
710				C3.4	Interim Advisory Board - Closure Report - Recommendations 33, 37, 119 - 4 June 023
711				C3.5	Forensic Register - Link Report
712				C3.6	Screenshot of Testing Table
713				C3.7	QIS2 - 34229 - Explanations of Exhibit Results for Forensic Register

No.	TOR	Category	Subcategory	Doc No.	Title
714			Emails	C3.8	Email - Re: For out-of-session feedback - COI statement review recommendations - Due 8 February 024 - 1 February 024
715			Emails - Attachments	C3.8.1	Email - Re: For out-of-session feedback - COI statement review recommendations - Due 8 February 024 - Att 1 - Forensic Justice Advisory Sub-Committee Consultation Paper - Statement Review
716			Emails - Attachments	C3.8.2	Email - Re: For out-of-session feedback - COI statement review recommendations - Due 8 February 024 - Att - Preparing a Statement of Witness v1.0
717	**TOR 10**	**Communications about delays (including examples)**	Cover Page	C5-6	FSQ Review Cover Page - Request C5-6
718			Hot Issues Brief (HIB)	C5-6.1	Hot Issues Brief - Disaster Victim Identification - 8 December 023
719			Hot Issues Brief (HIB) - Attachments	C5-6.1.1	Hot Issues Brief - Disaster Victim Identification - Att 1 - The Australian Article published 8 February 024
720			Hot Issues Brief (HIB)	C5-6.2	Hot Issues Brief - Media coverage regarding alleged murder case and DNA analysis - 3 November 023
721			Hot Issues Brief (HIB)	C5-6.3	Hot Issues Brief - Forensic testing backlog issues - 13 July 023
722			Hot Issues Brief (HIB)	C5-6.4	Hot Issues Brief - Media coverage regarding alleged murder case and DNA analysis - 5 January 024
723			Hot Issues Brief (HIB)	C5-6.5	Hot Issues Brief - Forensic DNA testing backlog issues - 18 July 023

No.	TOR	Category	Subcategory	Doc No.	Title
724			Hot Issues Brief (HIB)	C5-6.6	Hot Issues Brief - FSQ Forensic Biology DNA backlog - 13 October 023
725			Hot Issues Brief (HIB)	C5-6.7	Hot Issues Brief - Delayed REDACTED trials - 15 August 023
726			Hot Issues Brief (HIB)	C5-6.8	Hot Issues Brief - Investigation into death of REDACTED - 11 August 023
727			Media	C5-6.9	News Article - Accused waiting for DNA results - Published 15 December 023
728			Emails	C5-6.10	Email - Re: Additional reporting: FSQ in the News - Court delays / DNA evidence - 3 August 023
729			Emails	C5-6.11	Email - Re: FSQ in the news - 16 october 023
730			Correspondence	C5-6.12	Letter from FSQ to ODPP re Statement - 6 June 023
731				C5-6.13	Megistrates Court Practice Direction No. 10 of 024 - DNA Affected Case Callover for Cases in the Brisbane and Surrounding Areas Only - 19 December 024
732			Emails	C5-6.14	Email - Re: Request for DPP case priority list - 0 September 023
733			Emails	C5-6.15	Email - Re: ODPP - DNA Priority List, matters listed before the courts until the end of 023
734				C5-6.16	Forensic Register - Example from the FR of communicated delay or inability to meet court date
735	**TOR 11**	**Definition of 'delay'**	Cover Sheet	D1	FSQ Review Cover Sheet - Request D1
736				D1.1	Review Request D1 - Definition and criteria for what is and constitutes a ‘delay'
737	**TOR 11**	**FSQ Stakeholders**	Cover Sheet	D3	FSQ Review Cover Sheet - Request D3

No.	TOR	Category	Subcategory	Doc No.	Title
738				D3.1	QIS2 - 37400 - V1.0 - FSQ Governance Manual
739				D3.2	FSQ Stakeholder Contact List as at 30 January 025
740				D3.3	QIS2 - 37294 - V1.0 - FSQ Quality Manual
741	**TOR 12**	**Current and ceased services**	Cover Sheet	E1-3	FSQ Review Cover Sheet - Request E1-3
742	**TOR 12**	**Relevant expertise and responsibility**	Cover Sheet	E4-5	FSQ Review Cover Sheet - Request E4-5
743			Role Description	E4-5.1	Summary of qualifications and expertise
744			Role Description	E4-5.2	Role description - Director of Forensic Science Queensland
745			Role Description	E4-5.3	Role description - #6401 - Executive Manager Innovation HP7
746			Role Description	E4-5.4	Role description - #6402 - Executive Manager Quality HP7
747			Role Description	E4-5.5	Role description - #6592 - Executive Manager Forensic Biology HP7
748			Role Description	E4-5.6	Role description - #6740 - Manager, Forensic Biology HP6
749			Role Description	E4-5.7	Role description - #8066 - Manager Innovation HP6

No.	TOR	Category	Subcategory	Doc No.	Title
750			Role Description	E4-5.8	Role description - #7020 - Specialist Scientist, Statistics HP5
751			Role Description	E4-5.9	Role description - #6914 - Senior Scientist HP4
752	**TOR 12**	**FTE and vacancies**		E4-5.10	FSQ response to Information Request re: FTE
753	**TOR 13**	**OQI's, training materials and NATA audit report**	Opportunity for Quality Improvement (OQI) Reports	F1.1.1	OQI - 57478 - Nunc racks that were not centrifuged prior to loading to the STARlet_
754			Opportunity for Quality Improvement (OQI) Reports	F1.1.2	OQI - 57483 - Samples centrifuged with upside down rotor lid_
755			Opportunity for Quality Improvement (OQI) Reports	F1.1.3	OQI - 57494 - QIA A rods crashed off-set into incorrect extracts within lysate cartridges
756			Opportunity for Quality Improvement (OQI) Reports	F1.1.4	OQI - 57562 Quant Trio Lat Y-intercept threshold error
757			Opportunity for Quality Improvement (OQI) Reports	F1.1.5	OQI - 57585 - Environmental sample potentially matching casework sample

No.	TOR	Category	Subcategory	Doc No.	Title
758			Opportunity for Quality Improvement (OQI) Reports	F1.1.6	OQI - 57770 Environmental sample from slide warmer potentially matching casework
759			Opportunity for Quality Improvement (OQI) Reports	F1.1.7	OQI - 57829 Peaks in Extraction Controls _
760			Opportunity for Quality Improvement (OQI) Reports	F1.1.8	OQI - 57883 Transcription error during prep of xxxxx and xxxxx
761			Opportunity for Quality Improvement (OQI) Reports	F1.1.9	OQI - 57900 Incorrect result for Forensic Foundations Proficiency Test FDED2 - Ink comparison
762			Opportunity for Quality Improvement (OQI) Reports	F1.1.10	OQI - 57909 Food incorrectly stored in laboratory walk-in-freezer block 6
763			Opportunity for Quality Improvement (OQI) Reports	F1.1.11	OQI - 58016 Incorrect input file used in STRmix deconvolutions
764			Opportunity for Quality Improvement	F1.1.12	OQI - 58018 High GR values in reviewed results

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
765			Opportunity for Quality Improvement (OQI) Reports	F1.1.13	OQI - 58062 Peak not reported in CTS xx-xxxx
766			Opportunity for Quality Improvement (OQI) Reports	F1.1.14	OQI - 58077 Peaks in microcon of Extraction Neg Control from 019
767			Opportunity for Quality Improvement (OQI) Reports	F1.1.15	OQI - 58103 Possible contamination in casework sample
768			Opportunity for Quality Improvement (OQI) Reports	F1.1.16	OQI - 58109 H&E Control Slide- Negative Post Staining
769			Opportunity for Quality Improvement (OQI) Reports	F1.1.17	OQI - 58117 QIAsymphony Batch Without Drip Guard on Channel
770			Opportunity for Quality Improvement (OQI) Reports	F1.1.18	OQI - 58151 Peaks in 020 Ext Neg Ctl after Microcon
771			Opportunity for	F1.1.19	OQI - 58203 Oral rinse procedure error

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
772			Opportunity for Quality Improvement (OQI) Reports	F1.1.20	OQI - 58222 Single POVAs used outside of 3-monthly verification
773			Opportunity for Quality Improvement (OQI) Reports	F1.1.21	OQI - 58265 Analytical cease work due to STARlet 50uL CO-RE tip shortage
774			Opportunity for Quality Improvement (OQI) Reports	F1.1.22	OQI - 58408 Peaks in 022 EXTN
775			Opportunity for Quality Improvement (OQI) Reports	F1.1.23	OQI - 58514 Sample found in dishwasher
776			Opportunity for Quality Improvement (OQI) Reports	F1.1.24	OQI - 58553 Results reported for failed batch xxxx
777			Opportunity for Quality Improvement (OQI) Reports	F1.1.25	OQI - 58575 Environmental sample match to casework sample

No.	TOR	Category	Subcategory	Doc No.	Title
778			Opportunity for Quality Improvement (OQI) Reports	F1.1.26	OQI - 58578 Evidence Recovery environmental swabs are not being actioned promptly
779			Opportunity for Quality Improvement (OQI) Reports	F1.1.27	OQI - 58579 Analytical environmental swabs are not being actioned promptly
780			Opportunity for Quality Improvement (OQI) Reports	F1.1.28	OQI - 58629 Inverted BSD Prep Plate
781			Opportunity for Quality Improvement (OQI) Reports	F1.1.29	OQI - 58672 GeneMapper ID-X Patch 1.6.2
782			Opportunity for Quality Improvement (OQI) Reports	F1.1.30	OQI - 58864 Implementation of Genemapper v1.6.3 patch without verification
783			Opportunity for Quality Improvement (OQI) Reports	F1.1.31	OQI - 58866 Amp plate pierced in freezer and insufficient batch notes
784			Opportunity for Quality Improvement	F1.1.32	OQI - 58868 Contamination on RUN batch

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
785			Opportunity for Quality Improvement (OQI) Reports	F1.1.33	OQI - 58869 FSQ DNA Elimination Database Audit – September 023
786			Opportunity for Quality Improvement (OQI) Reports	F1.1.34	OQI - 58870 Contamination on FTA plate
787			Opportunity for Quality Improvement (OQI) Reports	F1.1.35	OQI - 58887 Additional extraction buffer added to pre-lysis sample
788			Opportunity for Quality Improvement (OQI) Reports	F1.1.36	OQI - 58888 Improper storage and opening of FTA cards
789			Opportunity for Quality Improvement (OQI) Reports	F1.1.37	OQI - 58899 Starlet A (xxxxxxxx) failing calibration
790			Opportunity for Quality Improvement (OQI) Reports	F1.1.38	OQI - 58903 Delivery of PM Samples from Forensic Pathology to FPP
791			Opportunity for	F1.1.39	OQI - 58947 FTA batch processed as a RPT

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
792			Opportunity for Quality Improvement (OQI) Reports	F1.1.40	OQI - 58952 Contamination on FTA plate
793			Opportunity for Quality Improvement (OQI) Reports	F1.1.41	OQI - 58954 Remove use of ethanol after bleach
794			Opportunity for Quality Improvement (OQI) Reports	F1.1.42	OQI - 58956 Advising staff of environmental monitoring
795			Opportunity for Quality Improvement (OQI) Reports	F1.1.43	OQI - 58959 Sequence of donning PPE
796			Opportunity for Quality Improvement (OQI) Reports	F1.1.44	OQI - 58960 Correct fitting of face masks
797			Opportunity for Quality Improvement (OQI) Reports	F1.1.45	OQI - 58961 Confirmatory test results from second person recorded

No.	TOR	Category	Subcategory	Doc No.	Title
798			Opportunity for Quality Improvement (OQI) Reports	F1.1.46	OQI - 58962 Infrastructure dev for the analytical laboratory for current processes and new
799			Opportunity for Quality Improvement (OQI) Reports	F1.1.47	OQI - 58963 Feedback for technical staff on processed DNA profiles
800			Opportunity for Quality Improvement (OQI) Reports	F1.1.48	OQI - 58964 Establish physical separation of pre- and post-PCR laboratories
801			Opportunity for Quality Improvement (OQI) Reports	F1.1.49	OQI - 58965 Establish appropriate long and short-term cold storage facilities within FSQ
802			Opportunity for Quality Improvement (OQI) Reports	F1.1.50	OQI - 58966 Change of swab product
803			Opportunity for Quality Improvement (OQI) Reports	F1.1.51	OQI - 58967 Establish a Post-PCR clean room for donning and doffing PPE
804			Opportunity for Quality Improvement	F1.1.52	OQI - 58968 Replacement of TMB method

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
805			Opportunity for Quality Improvement (OQI) Reports	F1.1.53	OQI - 58969 Standardise and formalise Personal Protective Equipment usage
806			Opportunity for Quality Improvement (OQI) Reports	F1.1.54	OQI - 58970 Standardise the use of double gloving and review the practice of external glove changes
807			Opportunity for Quality Improvement (OQI) Reports	F1.1.55	OQI - 58971 Validate and implement Hematrace presumtive test
808			Opportunity for Quality Improvement (OQI) Reports	F1.1.56	OQI - 58972 Review and expand elimination db all external staff that handle forensic material
809			Opportunity for Quality Improvement (OQI) Reports	F1.1.57	OQI - 58973 Investigate introduction of FTA micropunch for sampling
810			Opportunity for Quality Improvement (OQI) Reports	F1.1.58	OQI - 58974 Review Diff extraction process with view to test both fractions
811			Opportunity for	F1.1.59	OQI - 58975 Investigate the use of FTA cards for storing & sampling body tissues

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
812			Opportunity for Quality Improvement (OQI) Reports	F1.1.60	OQI - 58976 Review the use of scraping for sampling underwear
813			Opportunity for Quality Improvement (OQI) Reports	F1.1.61	OQI - 58977 Add validation studies conducted on specific platforms to ensure continuity of data
814			Opportunity for Quality Improvement (OQI) Reports	F1.1.62	OQI - 58978 Standardise experimental design of reproducibility repeatability sensitivity studies
815			Opportunity for Quality Improvement (OQI) Reports	F1.1.63	OQI - 58979 Review extraction efficiencies using a standard sensitivity series
816			Opportunity for Quality Improvement (OQI) Reports	F1.1.64	OQI - 58980 Extraction optimisation studies for different substrates to maximise DNA yield
817			Opportunity for Quality Improvement (OQI) Reports	F1.1.65	OQI - 58982 Establish sensitivity of the differential extraction method on semen samples

No.	TOR	Category	Subcategory	Doc No.	Title
818			Opportunity for Quality Improvement (OQI) Reports	F1.1.66	OQI - 58983 Investigate the process to freeze SAIKs
819			Opportunity for Quality Improvement (OQI) Reports	F1.1.67	OQI - 58984 Generate smears throughout sensitivity mixture studies differential extraction methods
820			Opportunity for Quality Improvement (OQI) Reports	F1.1.68	OQI - 58985 Purchase of Flammable Storage Cabinet
821			Opportunity for Quality Improvement (OQI) Reports	F1.1.69	OQI - 58986 Resolution for sperm screening
822			Opportunity for Quality Improvement (OQI) Reports	F1.1.70	OQI - 58990 Review the workflow plan in the PSA Validation from 007
823			Opportunity for Quality Improvement (OQI) Reports	F1.1.71	OQI - 58992 ER staff to be responsible for maintaining individual equipment
824			Opportunity for Quality Improvement	F1.1.72	OQI - 58994 ER Appendix 4 equipment to be purchased

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
825			Opportunity for Quality Improvement (OQI) Reports	F1.1.73	OQI - 58995 Demonstration of competency to include blind trial
826			Opportunity for Quality Improvement (OQI) Reports	F1.1.74	OQI - 58997 Review of training module assessments
827			Opportunity for Quality Improvement (OQI) Reports	F1.1.75	OQI - 58998 Phrase “only to be completed if requested by trainer” defined in documents
828			Opportunity for Quality Improvement (OQI) Reports	F1.1.76	OQI - 58999 Identification of sperm training to include slides of common animals
829			Opportunity for Quality Improvement (OQI) Reports	F1.1.77	OQI - 59000 Initially most informative swab submitted for DNA, rather than all
830			Opportunity for Quality Improvement (OQI) Reports	F1.1.78	OQI - 59001 Photograph SAIK swabs once barcoded
831			Opportunity for	F1.1.79	OQI - 59002 Purchase of ER equipment required from Appendix 4 list

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
832			Opportunity for Quality Improvement (OQI) Reports	F1.1.80	OQI - 59003 Photograph SAIK contents in order to minimise transcription error
833			Opportunity for Quality Improvement (OQI) Reports	F1.1.81	OQI - 59004 Consider Pre & Post enviro monitoring swabs for SAIK examinations
834			Opportunity for Quality Improvement (OQI) Reports	F1.1.82	OQI - 59005 Implementation of AP testing of swabs in ER prior to further testing
835			Opportunity for Quality Improvement (OQI) Reports	F1.1.83	OQI - 59006 Clarify the process for making seminal control stains
836			Opportunity for Quality Improvement (OQI) Reports	F1.1.84	OQI - 59007 Control semen stain packaging label to include dilution used
837			Opportunity for Quality Improvement (OQI) Reports	F1.1.85	OQI - 59009 Determining AP test results for “The Acid Phosphatase screening test for seminal stains”

No.	TOR	Category	Subcategory	Doc No.	Title
838			Opportunity for Quality Improvement (OQI) Reports	F1.1.86	OQI - 59010 “The Acid Phosphatase screening test for seminal stains” procedure
839			Opportunity for Quality Improvement (OQI) Reports	F1.1.87	OQI - 59011 Examine the recovery of male DNA using semen from vasectomised donors and trace buccal cell
840			Opportunity for Quality Improvement (OQI) Reports	F1.1.88	OQI - 59012 Conduct non-template control studies on the Quant Studio 5
841			Opportunity for Quality Improvement (OQI) Reports	F1.1.89	OQI - 59013 Conduct mixture studies Quant Trio DNA Quantification Kit Quant Studio5 PowerPlex 1
842			Opportunity for Quality Improvement (OQI) Reports	F1.1.90	OQI - 59014 Standardise and formalise the differentiation of baseline from amplified product
843			Opportunity for Quality Improvement (OQI) Reports	F1.1.91	OQI - 59015 Routine batch processing of casework samples within analytical
844			Opportunity for Quality Improvement	F1.1.92	OQI - 59016 Recording of actual times for development of positive controls

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
845			Opportunity for Quality Improvement (OQI) Reports	F1.1.93	OQI - 59017 Investigate alternative single use tools to assist with the transfer of substrates
846			Opportunity for Quality Improvement (OQI) Reports	F1.1.94	OQI - 59018 Standardise communication of minor procedural changes to analytical staff
847			Opportunity for Quality Improvement (OQI) Reports	F1.1.95	OQI - 59019 Install mounted cameras within each instrument to record routine liquid handling
848			Opportunity for Quality Improvement (OQI) Reports	F1.1.96	OQI - 59020 “The Acid Phosphatase screening test for seminal stains” (xxxxxxxx) procedure
849			Opportunity for Quality Improvement (OQI) Reports	F1.1.97	OQI - 59021 Implement recording trend analysis dropin, contam, extraction, standard stability
850			Opportunity for Quality Improvement (OQI) Reports	F1.1.98	OQI - 59022 P30 test kit inserts
851			Opportunity for	F1.1.99	OQI - 59023 Enhance the maintenance log facility within Forensic Register

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
852			Opportunity for Quality Improvement (OQI) Reports	F1.1.100	OQI - 59024 Review of interpretation of an indistinct line in the P30 cassette
853			Opportunity for Quality Improvement (OQI) Reports	F1.1.101	OQI - 59025 Implement additional checks of the dye dump in samples that fail size standard quality
854			Opportunity for Quality Improvement (OQI) Reports	F1.1.102	OQI - 59026 Formalise documentation and communication run issues associated genetic analysers
855			Opportunity for Quality Improvement (OQI) Reports	F1.1.103	OQI - 59027 Introduce a second independent analysis of PowerPlex 1 profiles
856			Opportunity for Quality Improvement (OQI) Reports	F1.1.104	OQI - 59028 Enhance visibility duplicate ref samples associated DNA profiles Forensic Register
857			Opportunity for Quality Improvement (OQI) Reports	F1.1.105	OQI - 59029 Introduce mock and known samples for training and competency assessments in Analytical

No.	TOR	Category	Subcategory	Doc No.	Title
858			Opportunity for Quality Improvement (OQI) Reports	F1.1.106	OQI - 59030 Introduce checkerboard competency assessments in Analytical
859			Opportunity for Quality Improvement (OQI) Reports	F1.1.107	OQI - 59031 Formalise assessment criteria practical and theoretical scientific principles recalled
860			Opportunity for Quality Improvement (OQI) Reports	F1.1.108	OQI - 59033 Photography of results for reference
861			Opportunity for Quality Improvement (OQI) Reports	F1.1.109	OQI - 59034 Staining of slides in ER to determine semen detection
862			Opportunity for Quality Improvement (OQI) Reports	F1.1.110	OQI - 59035 Slides be made stained in Evidence Recovery to enable presence of tails on sperm
863			Opportunity for Quality Improvement (OQI) Reports	F1.1.111	OQI - 59036 Define & implement the location of material on a microscope slide
864			Opportunity for Quality Improvement	F1.1.112	OQI - 59037 Introducing a procedure for the use of spectrophotometer

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
865			Opportunity for Quality Improvement (OQI) Reports	F1.1.113	OQI - 59038 Introducing a procedure where a substrate control is also tested
866			Opportunity for Quality Improvement (OQI) Reports	F1.1.114	OQI - 59040 Validation of the ABA card p30 test be reviewed
867			Opportunity for Quality Improvement (OQI) Reports	F1.1.115	OQI - 59042 Replicates be stated in each part of validation process
868			Opportunity for Quality Improvement (OQI) Reports	F1.1.116	OQI - 59043 Documents relating to p30 validation be collated and reviewed
869			Opportunity for Quality Improvement (OQI) Reports	F1.1.117	OQI - 59044 A sensitivity study performed to determine point amylase can no longer be detected
870			Opportunity for Quality Improvement (OQI) Reports	F1.1.118	OQI - 59045 Staff testing for Amylase in their saliva used for test control
871			Opportunity for	F1.1.119	OQI - 59050 Walk in freezer beyond capacity

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
872			Opportunity for Quality Improvement (OQI) Reports	F1.1.120	OQI - 59052 Contamination on FTA plate
873			Opportunity for Quality Improvement (OQI) Reports	F1.1.121	OQI - 59060 Comparison of profiles between cases without authorisation
874			Opportunity for Quality Improvement (OQI) Reports	F1.1.122	OQI - 59071 Substrate dropped during pre-lysis extraction
875			Opportunity for Quality Improvement (OQI) Reports	F1.1.123	OQI - 59086 Follow up of recommendations from Internal Audit 9942
876			Opportunity for Quality Improvement (OQI) Reports	F1.1.124	OQI - 59140 Peaks in EXTN xxxxxxx
877			Opportunity for Quality Improvement (OQI) Reports	F1.1.125	OQI - 59146 WHS Risk - Walk in Fridge Freezer over capacity Block 6

No.	TOR	Category	Subcategory	Doc No.	Title
878			Opportunity for Quality Improvement (OQI) Reports	F1.1.126	OQI - 59147 800M in Extraction Pos controls
879			Opportunity for Quality Improvement (OQI) Reports	F1.1.127	OQI - 59156 EXTP - xxxxxxx
880			Opportunity for Quality Improvement (OQI) Reports	F1.1.128	OQI - 59159 Investigation from Audit#29759 (RA) relating to use of Expired Stds
881			Opportunity for Quality Improvement (OQI) Reports	F1.1.129	OQI - 59164 Samples analysed as negative controls - xxxxxx
882			Opportunity for Quality Improvement (OQI) Reports	F1.1.130	OQI - 59172 Positive feedback from DPP
883			Opportunity for Quality Improvement (OQI) Reports	F1.1.131	OQI - 59194 Unsealed SAIK in Biology freezer storage
884			Opportunity for Quality Improvement	F1.1.132	OQI - 59198 Ordering and Monitoring of Laboratory Supplies

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
885			Opportunity for Quality Improvement (OQI) Reports	F1.1.133	OQI - 59240 NCIDD link investigation
886			Opportunity for Quality Improvement (OQI) Reports	F1.1.134	OQI - 59250 EXTN xxxxxx
887			Opportunity for Quality Improvement (OQI) Reports	F1.1.135	OQI - 59267 Detected CT value in Testquant of Quantifiler Kit O Negative Control
888			Opportunity for Quality Improvement (OQI) Reports	F1.1.136	OQI - 59271 Weekly PP21 3500 Spectral Calibrations - Failed on 1st Attempt
889			Opportunity for Quality Improvement (OQI) Reports	F1.1.137	OQI - 59278 Inability to identify PDMS lubricant in samples in Forensic Foundations PT 023 CC1
890			Opportunity for Quality Improvement (OQI) Reports	F1.1.138	OQI - 59287 Incomplete identifier used for STRmix cases
891			Opportunity for	F1.1.139	OQI - 59290 Dropped sample

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
892			Opportunity for Quality Improvement (OQI) Reports	F1.1.140	OQI - 59316 Incorrect Genemapper Analysis Method used for CW batch
893			Opportunity for Quality Improvement (OQI) Reports	F1.1.141	OQI - 59320 Progression sample plate reading to PDA without Genotype Quality flag being Overidden
894			Opportunity for Quality Improvement (OQI) Reports	F1.1.142	OQI - 59322 EXTP xxxxxxxx has extra peak D2[21]
895			Opportunity for Quality Improvement (OQI) Reports	F1.1.143	OQI - 59323 Exhibit added to wrong submission number
896			Opportunity for Quality Improvement (OQI) Reports	F1.1.144	OQI - 59331 BMS temp logs not reviewed
897			Opportunity for Quality Improvement (OQI) Reports	F1.1.145	OQI - 59337 Incorrect amplification volume processed for sample

No.	TOR	Category	Subcategory	Doc No.	Title
898			Opportunity for Quality Improvement (OQI) Reports	F1.1.146	OQI - 59339 Person to Person movement of exhibits
899			Opportunity for Quality Improvement (OQI) Reports	F1.1.147	OQI - 59364 Replacement of PDF profile images in FR
900			Opportunity for Quality Improvement (OQI) Reports	F1.1.148	OQI - 59371 Dropped Substrate
901			Opportunity for Quality Improvement (OQI) Reports	F1.1.149	OQI - 59379 Movement of transfer boxes from ER to Analytical
902			Opportunity for Quality Improvement (OQI) Reports	F1.1.150	OQI - 59380 Transfer of extract tubes from ER freezer to Analytical
903			Opportunity for Quality Improvement (OQI) Reports	F1.1.151	OQI - 59382 Profile not added to NCIDD link group
904			Opportunity for Quality Improvement	F1.1.152	OQI - 59390 Reference samples reported prior to all batches being passed

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
905			Opportunity for Quality Improvement (OQI) Reports	F1.1.153	OQI - 59392 Environmental contamination from SAIK swab
906			Opportunity for Quality Improvement (OQI) Reports	F1.1.154	OQI - 59402 Lysis buffer added after substrate separation from lysate
907			Opportunity for Quality Improvement (OQI) Reports	F1.1.155	OQI - 59408 Link Reports not being updated for NCIDD modify and delete batches
908			Opportunity for Quality Improvement (OQI) Reports	F1.1.156	OQI - 59409 Wrong .xml file loaded to NCIDD
909			Opportunity for Quality Improvement (OQI) Reports	F1.1.157	OQI - 59419 Records of sub-threshold profiles loaded to NCIDD are missing
910			Opportunity for Quality Improvement (OQI) Reports	F1.1.158	OQI - 59420 Extracts containing 800M control stored in freezer
911			Opportunity for	F1.1.159	OQI - 59424 EXTN xxxxxx

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
912			Opportunity for Quality Improvement (OQI) Reports	F1.1.160	OQI - 59431 Scene to scene link not reported
913			Opportunity for Quality Improvement (OQI) Reports	F1.1.161	OQI - 59442 EXTN xxxxxxxxxxx
914			Opportunity for Quality Improvement (OQI) Reports	F1.1.162	OQI - 59470 Vector Error on STARlet B preventing running Programs
915			Opportunity for Quality Improvement (OQI) Reports	F1.1.163	OQI - 59476 Recovery of Microcon Batch xxxxxxx
916			Opportunity for Quality Improvement (OQI) Reports	F1.1.164	OQI - 59478 Amp Plate Volumes not Correct on Amp Batch
917			Opportunity for Quality Improvement (OQI) Reports	F1.1.165	OQI - 59482 DPP critical priority case due date not achieved

No.	TOR	Category	Subcategory	Doc No.	Title
918			Opportunity for Quality Improvement (OQI) Reports	F1.1.166	OQI - 59483 Evaporated Wells in Amp Plates CE Freezer
919			Opportunity for Quality Improvement (OQI) Reports	F1.1.167	OQI - 59484 xxxxxxx
920			Opportunity for Quality Improvement (OQI) Reports	F1.1.168	OQI - 59490 Expiry date on Prepared Sarcosyl incorrect
921			Opportunity for Quality Improvement (OQI) Reports	F1.1.169	OQI - 59533 Punctured amp plate in storage xxxxxxxxx
922			Opportunity for Quality Improvement (OQI) Reports	F1.1.170	OQI - 59544 Amplification Issue on Proflex xxxxxxx
923			Opportunity for Quality Improvement (OQI) Reports	F1.1.171	OQI - 59552 Amp batch failed xxxxxxx
924			Opportunity for Quality Improvement	F1.1.172	OQI - 59571 Contamination on FTA plate

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
925			Opportunity for Quality Improvement (OQI) Reports	F1.1.173	OQI - 59573 Contamination on OSD batch
926			Opportunity for Quality Improvement (OQI) Reports	F1.1.174	OQI - 59595 Person sample not uploaded to NCIDD
927			Opportunity for Quality Improvement (OQI) Reports	F1.1.175	OQI - 59600 Piered amplification plate
928			Opportunity for Quality Improvement (OQI) Reports	F1.1.176	OQI - 59603 Piered amplification plate
929			Opportunity for Quality Improvement (OQI) Reports	F1.1.177	OQI - 59613 800M in Reference Samples
930			Opportunity for Quality Improvement (OQI) Reports	F1.1.178	OQI - 59624 Safety Shower and Safety Eye Wash Station Maintenance
931			Opportunity for	F1.1.179	OQI - 59632 Swab dropped after Lysis buffer added

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
932			Opportunity for Quality Improvement (OQI) Reports	F1.1.180	OQI - 59633 CW Batch splashed
933			Opportunity for Quality Improvement (OQI) Reports	F1.1.181	OQI - 59634 Contamination on FTA plate
934			Opportunity for Quality Improvement (OQI) Reports	F1.1.182	OQI - 59635 OQI - Punctured Amp Plates required for ReCE.
935			Opportunity for Quality Improvement (OQI) Reports	F1.1.183	OQI - 59635 OQI - Punctured Amp Plates required for ReCE.
936			Opportunity for Quality Improvement (OQI) Reports	F1.1.184	OQI - 59649 Change wording of DNA profile in NCIDD after further testing
937			Opportunity for Quality Improvement (OQI) Reports	F1.1.185	OQI - 59655 Punctured Amp plates in CE chest freezer storage

No.	TOR	Category	Subcategory	Doc No.	Title
938			Opportunity for Quality Improvement (OQI) Reports	F1.1.186	OQI - 59682 Plate map error during STARlet prep of PP21 amplification plate
939			Opportunity for Quality Improvement (OQI) Reports	F1.1.187	OQI - 59683 Entry requirement process to secure unit - Forensic Biology
940			Opportunity for Quality Improvement (OQI) Reports	F1.1.188	OQI - 59711 Expired Reagent Use- Haematoxylin
941			Opportunity for Quality Improvement (OQI) Reports	F1.1.189	OQI - 59722 Thank you from the NYSF Programs team
942			Opportunity for Quality Improvement (OQI) Reports	F1.1.190	OQI - 59727 xxxxxxxx
943			Opportunity for Quality Improvement (OQI) Reports	F1.1.191	OQI - 59733 EXTPS xxxxxxx is microscopy negative for sperm
944			Opportunity for Quality Improvement	F1.1.192	OQI - 59740 Amp Pos xxxxxxx Failure

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
945			Opportunity for Quality Improvement (OQI) Reports	F1.1.193	OQI - 59741 Deviation from SOP 17186
946			Opportunity for Quality Improvement (OQI) Reports	F1.1.194	OQI - 59743 No further Testing in FR and the removal of exhibits from Worklists
947			Opportunity for Quality Improvement (OQI) Reports	F1.1.195	OQI - 59748 EXTN xxxxxxxxx has peaks present
948			Opportunity for Quality Improvement (OQI) Reports	F1.1.196	OQI - 59770 Staff match to environmental swab
949			Opportunity for Quality Improvement (OQI) Reports	F1.1.197	OQI - 59771 Staff match to environmental swab
950			Opportunity for Quality Improvement (OQI) Reports	F1.1.198	OQI - 59781 Missing DNA extracts
951			Opportunity for	F1.1.199	OQI - 59784 xxxxxx Quality investigation was missed

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
952			Opportunity for Quality Improvement (OQI) Reports	F1.1.200	OQI - 59790 Scene sample not added to Link group xxxxx
953			Opportunity for Quality Improvement (OQI) Reports	F1.1.201	OQI - 59806 xxxxxx
954			Opportunity for Quality Improvement (OQI) Reports	F1.1.202	OQI - 59807 Positive Feedback - xxxxxx
955			Opportunity for Quality Improvement (OQI) Reports	F1.1.203	OQI - 59812 Pierced amplification plate in CE
956			Opportunity for Quality Improvement (OQI) Reports	F1.1.204	OQI - 59824 Discrepancy in the negative controls' quantification values
957			Opportunity for Quality Improvement (OQI) Reports	F1.1.205	OQI - 59825 xxxxxxxx

No.	TOR	Category	Subcategory	Doc No.	Title
958			Opportunity for Quality Improvement (OQI) Reports	F1.1.206	OQI - 59828 Incorrect POC profile loaded to NCIDD and link missed
959			Opportunity for Quality Improvement (OQI) Reports	F1.1.207	OQI - 59830 Delay in Batch Investigation Completion
960			Opportunity for Quality Improvement (OQI) Reports	F1.1.208	OQI - 59833 Thank you for training
961			Opportunity for Quality Improvement (OQI) Reports	F1.1.209	OQI - 59835 Thank you from QPS
962			Opportunity for Quality Improvement (OQI) Reports	F1.1.210	OQI - 59836 Update on DNA Backlogs at FSQ
963			Opportunity for Quality Improvement (OQI) Reports	F1.1.211	OQI - 59838 Used tip found on STARlet A deck after amp run
964			Opportunity for Quality Improvement	F1.1.212	OQI - 59855 Contamination on FTA batch

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
965			Opportunity for Quality Improvement (OQI) Reports	F1.1.213	OQI - 59856 Cold link not reported due to inappropriate actioning on NCIDD
966			Opportunity for Quality Improvement (OQI) Reports	F1.1.214	OQI - 59857 Feedback FSQ Facilities Lead
967			Opportunity for Quality Improvement (OQI) Reports	F1.1.215	OQI - 59858 Feedback FSQ xxxx
968			Opportunity for Quality Improvement (OQI) Reports	F1.1.216	OQI - 59859 Feedback FSQ xxxxx
969			Opportunity for Quality Improvement (OQI) Reports	F1.1.217	OQI - 59863 Result reported using person sample subject of a destruction order
970			Opportunity for Quality Improvement (OQI) Reports	F1.1.218	OQI - 59865 TMB Blood Positive Control- Donor and Storage in Evidence Recovery Lab
971			Opportunity for	F1.1.219	OQI - 59868 Forensic Biology Proficiency Testing Procedure

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
972			Opportunity for Quality Improvement (OQI) Reports	F1.1.220	OQI - 59884 Destruction batch outstanding since November 019
973			Opportunity for Quality Improvement (OQI) Reports	F1.1.221	OQI - 59885 Reference sample PDA completed despite batch not yet passed
974			Opportunity for Quality Improvement (OQI) Reports	F1.1.222	OQI - 59886 Cleaning Records Evidence Recovery Laboratory Forensic Biology
975			Opportunity for Quality Improvement (OQI) Reports	F1.1.223	OQI - 59887 Contamination on FTA batch
976			Opportunity for Quality Improvement (OQI) Reports	F1.1.224	OQI - 59889 Contamination event on xxxxx
977			Opportunity for Quality Improvement (OQI) Reports	F1.1.225	OQI - 59890 Contamination on RUN batch

No.	TOR	Category	Subcategory	Doc No.	Title
978			Opportunity for Quality Improvement (OQI) Reports	F1.1.226	OQI - 59891 Feedback Manager xxxxxx
979			Opportunity for Quality Improvement (OQI) Reports	F1.1.227	OQI - 59892 Samples not registered in the FR
980			Opportunity for Quality Improvement (OQI) Reports	F1.1.228	OQI - 59893 Swab dropped during transfer
981			Opportunity for Quality Improvement (OQI) Reports	F1.1.229	OQI - 59912 xxxxxxx - Amp Neg with artefacts
982			Opportunity for Quality Improvement (OQI) Reports	F1.1.230	OQI - 59913 Pl sample not added t, worklist at time of receipt
983			Opportunity for Quality Improvement (OQI) Reports	F1.1.231	OQI - 59915 FSQ Quality Secure Key Storage
984			Opportunity for Quality Improvement	F1.1.232	OQI - 59919 Delay in Ordering of AP Reagents for FMEK implementation

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
985			Opportunity for Quality Improvement (OQI) Reports	F1.1.233	OQI - 59921 Excessive Primer Peaks and Ols in PP21
986			Opportunity for Quality Improvement (OQI) Reports	F1.1.234	OQI - 59922 Unexpected result from SAIK swab
987			Opportunity for Quality Improvement (OQI) Reports	F1.1.235	OQI - 59926 xxxxxxx Results not Sa·,ed in FR
988			Opportunity for Quality Improvement (OQI) Reports	F1.1.236	OQI - 59927 Preparation of Differential Extraction Posit ive Controls
989			Opportunity for Quality Improvement (OQI) Reports	F1.1.237	OQI - 59928 Discrepancy found in FR for newly prepared TNE releasing batch.
990			Opportunity for Quality Improvement (OQI) Reports	F1.1.238	OQI - 59932 EXTN xxxxxxxx has 4 peaks present post microcon
991			Opportunity for	F1.1.239	OQI - 59942 Contamination on FTA batch

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
992			Opportunity for Quality Improvement (OQI) Reports	F1.1.240	OQI - 59943 Reference sample mismatch on NCIDD
993			Opportunity for Quality Improvement (OQI) Reports	F1.1.241	OQI - 59946 High DNA load in some post environmental swabs
994			Opportunity for Quality Improvement (OQI) Reports	F1.1.242	OQI - 59958 Feedback for ER staff member
995			Opportunity for Quality Improvement (OQI) Reports	F1.1.243	OQI - 59962 Forensic Biology Form 6 process
996			Opportunity for Quality Improvement (OQI) Reports	F1.1.244	OQI - 59965 Same Project Proposal Number Assigned To Two Different Projects
997			Opportunity for Quality Improvement (OQI) Reports	F1.1.245	OQI - 59974 Residue on tip guard - xxxxxxxxxx

No.	TOR	Category	Subcategory	Doc No.	Title
998			Opportunity for Quality Improvement (OQI) Reports	F1.1.246	OQI - 59981 Ref sample on ENVM swab
999			Opportunity for Quality Improvement (OQI) Reports	F1.1.247	OQI - 60005 EXTN xxxxxxxx has peaks present post mircocon
1000			Opportunity for Quality Improvement (OQI) Reports	F1.1.248	OQI - 60009 Sample xxxxxxx is a m xed DNA profile
1001			Opportunity for Quality Improvement (OQI) Reports	F1.1.249	OQI - 60011 Amp plate punctured during storage
1002			Opportunity for Quality Improvement (OQI) Reports	F1.1.250	OQI - 60022 Sample xxxxxxxx has possible contamination from Extraction Pos
1003			Opportunity for Quality Improvement (OQI) Reports	F1.1.251	OQI - 60023 Incorrect FTA card regi;tration by QPS
1004			Opportunity for Quality Improvement	F1.1.252	OQI - 60024 Feedback for Databasing and Intelligence Team Member

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1005			Opportunity for Quality Improvement (OQI) Reports	F1.1.253	OQI - 60030 Improvement Suggestion Quality Searches performed Environmental Sampling
1006			Opportunity for Quality Improvement (OQI) Reports	F1.1.254	OQI - 60052 Incorrect processing of Form 6s
1007			Opportunity for Quality Improvement (OQI) Reports	F1.1.255	OQI - 60060 Punctured amplification plate xxxxxxx in CE chest freezer storage
1008			Opportunity for Quality Improvement (OQI) Reports	F1.1.256	OQI - 60066 Project biological sample collected without allocating a barcode
1009			Opportunity for Quality Improvement (OQI) Reports	F1.1.257	OQI - 60069 Amp Plate Punctured During Storage
1010			Opportunity for Quality Improvement (OQI) Reports	F1.1.258	OQI - 60070 FR change requests
1011			Opportunity for	F1.1.259	OQI - 60101 Incorrect FTA registrafon

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1012			Opportunity for Quality Improvement (OQI) Reports	F1.1.260	OQI - 60104 Forensic Biology Scien:e Support Assistance
1013			Opportunity for Quality Improvement (OQI) Reports	F1.1.261	OQI - 60106 Compliments to staff i, Forensic Biology
1014			Opportunity for Quality Improvement (OQI) Reports	F1.1.262	OQI - 60118 Compliment for ER Presentation
1015			Opportunity for Quality Improvement (OQI) Reports	F1.1.263	OQI - 60119 ER Presentation Feedback
1016			Opportunity for Quality Improvement (OQI) Reports	F1.1.264	OQI - 60120Assistancefrom FSQ Training with AID
1017			Opportunity for Quality Improvement (OQI) Reports	F1.1.265	OQI - 60122 Assistance from FSQ Forensic Biology with NATA AID

No.	TOR	Category	Subcategory	Doc No.	Title
1018			Opportunity for Quality Improvement (OQI) Reports	F1.1.266	OQI - 60125 Overdue Subponea
1019			Opportunity for Quality Improvement (OQI) Reports	F1.1.267	OQI - 60126 Environmental swab contamination in Analytical Jan 024
1020			Opportunity for Quality Improvement (OQI) Reports	F1.1.268	OQI - 60127 Addit ion of item exam technique to exhibit testing table
1021			Opportunity for Quality Improvement (OQI) Reports	F1.1.269	OQI - 60130 Supernatant not retained for lubricant testing
1022			Opportunity for Quality Improvement (OQI) Reports	F1.1.270	OQI - 60131 Environmental swab contamination in Evidence Recovery Feb 024
1023			Opportunity for Quality Improvement (OQI) Reports	F1.1.271	OQI - 60135 ER Water Supply To Fume Hood
1024			Opportunity for Quality Improvement	F1.1.272	OQI - 60136 Movement of supernatant for lubricant testing

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1025			Opportunity for Quality Improvement (OQI) Reports	F1.1.273	OQI - 60137 Pipettes out of calibration in Evidence Recovery
1026			Opportunity for Quality Improvement (OQI) Reports	F1.1.274	OQI - 60138 Tech Clinical Asst room not cleaned routinely and no PPE reqs followed routinely
1027			Opportunity for Quality Improvement (OQI) Reports	F1.1.275	OQI - 60142 Environmental swab contamination in Evidence Recovery Jan2024
1028			Opportunity for Quality Improvement (OQI) Reports	F1.1.276	OQI - 60144 STARiet A offline
1029			Opportunity for Quality Improvement (OQI) Reports	F1.1.277	OQI - 60149 Forensic Register Defect - Casefile Edits
1030			Opportunity for Quality Improvement (OQI) Reports	F1.1.278	OQI - 601 SO Forensic Register Defect - Exhibit transfer
1031			Opportunity for	F1.1.279	OQI - 60151 Forensic Register Defect - Combined identification data

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1032			Opportunity for Quality Improvement (OQI) Reports	F1.1.280	OQI - 60152 Forensic Register Defect - Amended reports
1033			Opportunity for Quality Improvement (OQI) Reports	F1.1.281	OQI - 60157 Collection of saliva in Evidence Recovery Laboratory
1034			Opportunity for Quality Improvement (OQI) Reports	F1.1.282	OQI - 60174 EXTPB xxxxxxx has extra peak Amel[Y)
1035			Opportunity for Quality Improvement (OQI) Reports	F1.1.283	OQI - 60204 EXTN xxxx with alleles post microcon
1036			Opportunity for Quality Improvement (OQI) Reports	F1.1.284	OQI - 60257 Analytical ENVM Nov 023 contamination events
1037			Opportunity for Quality Improvement (OQI) Reports	F1.1.285	OQI - 60258 Analytical ENVM Dec 023 contamination events

No.	TOR	Category	Subcategory	Doc No.	Title
1038			Opportunity for Quality Improvement (OQI) Reports	F1.1.286	OQI - 60259 EvRec ENVM Nov 023 contamination events
1039			Opportunity for Quality Improvement (OQI) Reports	F1.1.287	OQI - 60261 EvRec ENVM Dec 023 contamination events
1040			Opportunity for Quality Improvement (OQI) Reports	F1.1.288	OQI - 60266 Posit ive Feedback from QPS
1041			Opportunity for Quality Improvement (OQI) Reports	F1.1.289	OQI - 60267 FMEK slides read in external microscope room Ev Rec Lab
1042			Opportunity for Quality Improvement (OQI) Reports	F1.1.290	OQI - 60271 Amp neg control xxxx has a single allele observed D8[11)
1043			Opportunity for Quality Improvement (OQI) Reports	F1.1.291	OQI - 60273 xxxxx Direct amp batch with two mixtures
1044			Opportunity for Quality Improvement	F1.1.292	OQI - 60278 xxxxxx Direct Amp Neg with alleles

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1045			Opportunity for Quality Improvement (OQI) Reports	F1.1.293	OQI - 60281 Sarcosyl in the Clean Room
1046			Opportunity for Quality Improvement (OQI) Reports	F1.1.294	OQI - 60289 Evidence Recovery cleaning agent detail lacking
1047			Opportunity for Quality Improvement (OQI) Reports	F1.1.295	OQI - 60290 Evidence Recovery contaminated rubber sea II
1048			Opportunity for Quality Improvement (OQI) Reports	F1.1.296	OQI - 60291 Evidence Recovery staff instructed examining scientist to modify FR records
1049			Opportunity for Quality Improvement (OQI) Reports	F1.1.297	OQI - 60292 Evidence Recovery observation barcode dis-assocait ed from sample
1050			Opportunity for Quality Improvement (OQI) Reports	F1.1.298	OQI - 60293 FMEK envelope barcode in FR, FMEK FTA card barcode not in FR
1051			Opportunity for	F1.1.299	OQI - 60294 FMEK envelope has two barcodes

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1052			Opportunity for Quality Improvement (OQI) Reports	F1.1.300	OQI - 60295 FMEK envelope has two barcodes, one barcode recorded as 'to be deleted' in FR
1053			Opportunity for Quality Improvement (OQI) Reports	F1.1.301	OQI - 60296 FMEK envelope has two barcodes, front barcode on envelope completely different.
1054			Opportunity for Quality Improvement (OQI) Reports	F1.1.302	OQI - 60297 List of Macros in use in Forensic Biology
1055			Opportunity for Quality Improvement (OQI) Reports	F1.1.303	OQI - 60298 Microcon Transit ion to Amplification
1056			Opportunity for Quality Improvement (OQI) Reports	F1.1.304	OQI - 60299 Staff Samples and Ref Extraction cotrols Processed on Casework Batches.
1057			Opportunity for Quality Improvement (OQI) Reports	F1.1.305	OQI - 60301 Health&Safety Concerns Regarding AP Application by Spraying (QIS # 17186V16)

No.	TOR	Category	Subcategory	Doc No.	Title
1058			Opportunity for Quality Improvement (OQI) Reports	F1.1.306	OQI - 60302 Need for SOP on Storage and Disposal of Biol Samples in FSQ Innovation Projects
1059			Opportunity for Quality Improvement (OQI) Reports	F1.1.307	OQI - 60303 Review of Glove Disposal Practices to Mit igate DNA Contamination Risks
1060			Opportunity for Quality Improvement (OQI) Reports	F1.1.308	OQI - 60306 STARiet B Vector Error - Decapper Auto Loader
1061			Opportunity for Quality Improvement (OQI) Reports	F1.1.309	OQI - 60307 Cold room 6108 door ajar
1062			Opportunity for Quality Improvement (OQI) Reports	F1.1.310	OQI - 60311 Evidence Recovery Bench Logs
1063			Opportunity for Quality Improvement (OQI) Reports	F1.1.311	OQI - 60312 Tracking of storage boxes in the FR _Reda:ted
1064			Opportunity for Quality Improvement	F1.1.312	OQI - 60317 Resolved profiles matching to destroyed DNA reference Profiles in FR

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1065			Opportunity for Quality Improvement (OQI) Reports	F1.1.313	OQI - 60319 DNA profile matches to destroyed DNA Intelligence profile in FR
1066			Opportunity for Quality Improvement (OQI) Reports	F1.1.314	OQI - 60326 Incorrect DNA Extraction Procedure used for five In Tube samples.
1067			Opportunity for Quality Improvement (OQI) Reports	F1.1.315	OQI - 60330 DNA Analysis conducted when not required.
1068			Opportunity for Quality Improvement (OQI) Reports	F1.1.316	OQI - 60332 QIAsymphony sample contained substrate
1069			Opportunity for Quality Improvement (OQI) Reports	F1.1.317	OQI - 60334 Mould in the cold room
1070			Opportunity for Quality Improvement (OQI) Reports	F1.1.318	OQI - 60335 Sugg report wording for paired paternity and kinship results contains prosecutor's fallacy
1071			Opportunity for	F1.1.319	OQI - 60336 Incorrect calculation of population stratified LR for p, ternity duos paired kinship

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		case
1072			Opportunity for Quality Improvement (OQI) Reports	F1.1.320	OQI - 60339 Forensic Biology extra allele reported in CTS Proficiency Testing
1073			Opportunity for Quality Improvement (OQI) Reports	F1.1.321	OQI - 60340 Improper storage of FMEKs in Forensic Biology OQI P.eport
1074			Opportunity for Quality Improvement (OQI) Reports	F1.1.322	OQI - 60341 Improper storage of Analytical profiling kit in Forensic Biology
1075			Opportunity for Quality Improvement (OQI) Reports	F1.1.323	OQI - 60342 Documents not signed by traingin coordinator Forensic Biology
1076			Opportunity for Quality Improvement (OQI) Reports	F1.1.324	OQI - 60344 Use of Draft Consent Form for Volunteer Control Sample
1077			Opportunity for Quality Improvement (OQI) Reports	F1.1.325	OQI - 60346 Contamination risk due to shared PBS stock solution

No.	TOR	Category	Subcategory	Doc No.	Title
1078			Opportunity for Quality Improvement (OQI) Reports	F1.1.326	OQI - 60348 Forensic Register Required Tick Box not applicable to FSQ
1079			Opportunity for Quality Improvement (OQI) Reports	F1.1.327	OQI - 60350 Inadequate AP Control Testing and documentation in FR.
1080			Opportunity for Quality Improvement (OQI) Reports	F1.1.328	OQI - 60351 Exhibit Hatches in Ev Recov not regtd as locations in FR for continuity purposes.
1081			Opportunity for Quality Improvement (OQI) Reports	F1.1.329	001 - 60362 Amp Neg xxxxx has allele present 001 Report_Redac:ed
1082			Opportunity for Quality Improvement (OQI) Reports	F1.1.330	OQI - 60363 Reference Maxwell batch with broken plunger OQI R, port
1083			Opportunity for Quality Improvement (OQI) Reports	F1.1.331	OQI - 60366 Sample xx result this batch does not match result from previous direct amp
1084			Opportunity for Quality Improvement	F1.1.332	OQI - 60367 Registering Internal Biological Control Samples in Forensic Register

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1085			Opportunity for Quality Improvement (OQI) Reports	F1.1.333	OQI - 60368 Identification of incorrect dilution of AP pos controls
1086			Opportunity for Quality Improvement (OQI) Reports	F1.1.334	OQI - 60376 Sample not added to group contemporaneously
1087			Opportunity for Quality Improvement (OQI) Reports	F1.1.335	OQI - 60378 xxxxx caused by QPS contamination
1088			Opportunity for Quality Improvement (OQI) Reports	F1.1.336	OQI - 60380 ERT box left in analytical hatch overnight.
1089			Opportunity for Quality Improvement (OQI) Reports	F1.1.337	OQI - 60381 Punctured amplification plate xxxx in CE chest freezer storage
1090			Opportunity for Quality Improvement (OQI) Reports	F1.1.338	OQI - 60386 Equipment records not updated in Forensic Register :JQI Report
1091			Opportunity for	F1.1.339	OQI - 60387 Confidentiality Breach with Donor Blood control Tubes

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1092			Opportunity for Quality Improvement (OQI) Reports	F1.1.340	OQI - 60388 EvRec ENVM Mar 024 contamination events OQI Reoort
1093			Opportunity for Quality Improvement (OQI) Reports	F1.1.341	OQI - 60389 Analytical ENVM Mar 024 contamination events
1094			Opportunity for Quality Improvement (OQI) Reports	F1.1.342	OQI - 60390 DNA profiling information still visible in FR for destroyed person samples
1095			Opportunity for Quality Improvement (OQI) Reports	F1.1.343	OQI - 60408 Result line not made incorrect in link group when profile removed from NCIDD
1096			Opportunity for Quality Improvement (OQI) Reports	F1.1.344	OQI - 60414 Hydrogen Peroxide in Evidence Recovery Screening Laboratory
1097			Opportunity for Quality Improvement (OQI) Reports	F1.1.345	OQI - 60416 Results released against destroyed reference sample

No.	TOR	Category	Subcategory	Doc No.	Title
1098			Opportunity for Quality Improvement (OQI) Reports	F1.1.346	OQI - 60420 Incomplete result line - advice from client
1099			Opportunity for Quality Improvement (OQI) Reports	F1.1.347	OQI - 60421 Incomplete result line - advice from client
1100			Opportunity for Quality Improvement (OQI) Reports	F1.1.348	OQI - 60423 EXTN EFRAC xxxxx has alleles present
1101			Opportunity for Quality Improvement (OQI) Reports	F1.1.349	OQI - 60432 Micro misidentification during FMEK implementation
1102			Opportunity for Quality Improvement (OQI) Reports	F1.1.350	OQI - 60433 Capture of failed first pass sperm ID micro
1103			Opportunity for Quality Improvement (OQI) Reports	F1.1.351	OQI - 60436 Movement continuity of underwear sub it emed from FMEKs SAi Ks
1104			Opportunity for Quality Improvement	F1.1.352	OQI - 60437 Removal changing of Micro results in FR

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1105			Opportunity for Quality Improvement (OQI) Reports	F1.1.353	OQI - 60438 No active ingredient in floor cleaner
1106			Opportunity for Quality Improvement (OQI) Reports	F1.1.354	OQI - 60441 Consumable contamination risk associated with p30
1107			Opportunity for Quality Improvement (OQI) Reports	F1.1.355	OQI - 60450 EXTN xxxx has alleles present
1108			Opportunity for Quality Improvement (OQI) Reports	F1.1.356	OQI - 60452 No DNA detected in heavy bloodstain
1109			Opportunity for Quality Improvement (OQI) Reports	F1.1.357	OQI - 60454 Forensic Science Quality Management Lecture Feedback 08.05.2024
1110			Opportunity for Quality Improvement (OQI) Reports	F1.1.358	OQI - 60455 QPS Feedback for xxxxxxxxx
1111			Opportunity for	F1.1.359	OQI - 60456 Incorrect result line used - advice from client

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1112			Opportunity for Quality Improvement (OQI) Reports	F1.1.360	OQI - 60457 Analytical ENVM Apr 024 contamination events
1113			Opportunity for Quality Improvement (OQI) Reports	F1.1.361	OQI - 60458 Analytical ENVM Feb 024 contamination events
1114			Opportunity for Quality Improvement (OQI) Reports	F1.1.362	OQI - 60459 Incorrect record-keeping in Staff Database spreadsheet
1115			Opportunity for Quality Improvement (OQI) Reports	F1.1.363	OQI - 60461 Exhibit Integrity issue found during re-eximation of SAIK xxxx
1116			Opportunity for Quality Improvement (OQI) Reports	F1.1.364	OQI - 60463 Evidence Recovery instrument cleaning _Redacte.d
1117			Opportunity for Quality Improvement (OQI) Reports	F1.1.365	OQI - 60473 Exhibit result line associated with Intel sample despite mismatch at one locus

No.	TOR	Category	Subcategory	Doc No.	Title
1118			Opportunity for Quality Improvement (OQI) Reports	F1.1.366	OQI - 60475 Incorrect profile uploaded to NCIDD
1119			Opportunity for Quality Improvement (OQI) Reports	F1.1.367	OQI - 60476 Link report line information incorrect - Barcode field
1120			Opportunity for Quality Improvement (OQI) Reports	F1.1.368	OQI - 60484 Sample xxxxxx EREF result is not consistent with the first direct amp resul
1121			Opportunity for Quality Improvement (OQI) Reports	F1.1.369	OQI - 60490 Amplification Batches - Contamination _Redacte.d
1122			Opportunity for Quality Improvement (OQI) Reports	F1.1.370	OQI - 60492 Incorrect labelling of FTA sample
1123			Opportunity for Quality Improvement (OQI) Reports	F1.1.371	OQI - 60495 Review of Balance Checks Process in FBiol
1124			Opportunity for Quality Improvement	F1.1.372	OQI - 60509 Meta Analysis of Control Contamination trends

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1125			Opportunity for Quality Improvement (OQI) Reports	F1.1.373	OQI - 60510 EXTN xxxx has three alleles present
1126			Opportunity for Quality Improvement (OQI) Reports	F1.1.374	OQI - 60523 EXTN xxxx has mult iple alleles present on first amp CE ream p and microcon
1127			Opportunity for Quality Improvement (OQI) Reports	F1.1.375	OQI - 60530 Extraction posit ive controls registered incorrectly
1128			Opportunity for Quality Improvement (OQI) Reports	F1.1.376	OQI - 60533 Hole in top of x sample t ubes processed on Pre- lysis batch CDNAEXlXXX
1129			Opportunity for Quality Improvement (OQI) Reports	F1.1.377	OQI - 60540 Duplicate NCIDD upload
1130			Opportunity for Quality Improvement (OQI) Reports	F1.1.378	OQI - 60541 Sample not extracted on correct extraction batch type
1131			Opportunity for	F1.1.379	OQI - 60547 Control slides not stained and read prior to FMEK slide analy sis

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1132			Opportunity for Quality Improvement (OQI) Reports	F1.1.380	OQI - 60548 Non- audit able Tube LOT No. field and Reagents field in Forensic Register
1133			Opportunity for Quality Improvement (OQI) Reports	F1.1.381	OQI - 60551 EvRec ENVM Apr 024 contamination events
1134			Opportunity for Quality Improvement (OQI) Reports	F1.1.382	OQI - 60553 FTA amplification run on incorrect FTA Proflex cycle
1135			Opportunity for Quality Improvement (OQI) Reports	F1.1.383	OQI - 60554 EXTN xxxx has two labelled peaks on first amp CE
1136			Opportunity for Quality Improvement (OQI) Reports	F1.1.384	OQI - 60583 Sample xxxx has eight extra peaks present
1137			Opportunity for Quality Improvement (OQI) Reports	F1.1.385	OQI - 60585 NCIDD delete batch not processed

No.	TOR	Category	Subcategory	Doc No.	Title
1138			Opportunity for Quality Improvement (OQI) Reports	F1.1.386	OQI - 60586 EXTN xxxx five alleles present on first amp after microcon were confirmed on re-CE
1139			Opportunity for Quality Improvement (OQI) Reports	F1.1.387	OQI - 60598 Broken blood tube from FMEK
1140			Opportunity for Quality Improvement (OQI) Reports	F1.1.388	OQI - 60602 Innovation - Evidence Recovery ERl
1141			Opportunity for Quality Improvement (OQI) Reports	F1.1.389	OQI - 60603 Innovation - Evidence Recovery ER2
1142			Opportunity for Quality Improvement (OQI) Reports	F1.1.390	OQI - 60604 Innovation - Evidence Recovery ER3
1143			Opportunity for Quality Improvement (OQI) Reports	F1.1.391	OQI - 60605 Innovation - Evidence Recovery ER4
1144			Opportunity for Quality Improvement	F1.1.392	OQI - 60606 Innovation - Evidence Recovery ER5

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1145			Opportunity for Quality Improvement (OQI) Reports	F1.1.393	OQI - 60607 lnnov.ation - Evidence Recovery ER6
1146			Opportunity for Quality Improvement (OQI) Reports	F1.1.394	OQI - 60608 lnnov.ation - Evidence Recovery ER?
1147			Opportunity for Quality Improvement (OQI) Reports	F1.1.395	OQI - 60609 lnnov.ation - Evidence Recovery ER8
1148			Opportunity for Quality Improvement (OQI) Reports	F1.1.396	OQI - 60610 lnnov.ation - Evidence Recovery ER9
1149			Opportunity for Quality Improvement (OQI) Reports	F1.1.397	OQI - 60611 lnnov.ation - Evidence Recovery ER10
1150			Opportunity for Quality Improvement (OQI) Reports	F1.1.398	OQI - 60612 lnnov.ation - Evidence Recovery ERl 1
1151			Opportunity for	F1.1.399	OQI - 60613 lnnov.ation - Evidence Recovery ER12

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1152			Opportunity for Quality Improvement (OQI) Reports	F1.1.400	OQI - 60614 lnnov.ation - Evidence Recovery ER13
1153			Opportunity for Quality Improvement (OQI) Reports	F1.1.401	OQI - 60615 lnnov.ation - Evidence Recovery ER14
1154			Opportunity for Quality Improvement (OQI) Reports	F1.1.402	OQI - 60616 lnnov.ation - Evidence Recovery ER15
1155			Opportunity for Quality Improvement (OQI) Reports	F1.1.403	OQI - 60617 Positive feedback from QPS
1156			Opportunity for Quality Improvement (OQI) Reports	F1.1.404	OQI - 60619 lnnov.ation - DNA Extraction DEOl
1157			Opportunity for Quality Improvement (OQI) Reports	F1.1.405	OQI - 60620 lnnov.ation - DNA Extraction DE02

No.	TOR	Category	Subcategory	Doc No.	Title
1158			Opportunity for Quality Improvement (OQI) Reports	F1.1.406	OQI - 60621 lnnov.ation - DNA Extraction DE03
1159			Opportunity for Quality Improvement (OQI) Reports	F1.1.407	OQI - 60622 lnnov.ation - DNA Extraction DE04
1160			Opportunity for Quality Improvement (OQI) Reports	F1.1.408	OQI - 60623 lnnov.ation - DNA Extraction DE05
1161			Opportunity for Quality Improvement (OQI) Reports	F1.1.409	OQI - 60624 lnnov.ation - DNA Extraction DE06
1162			Opportunity for Quality Improvement (OQI) Reports	F1.1.410	OQI - 60625 lnnov.ation - DNA Extraction DE07
1163			Opportunity for Quality Improvement (OQI) Reports	F1.1.411	OQI - 60626 lnnov.ation - DNA Quantification DQOl
1164			Opportunity for Quality Improvement	F1.1.412	OQI - 60627 lnnov.ation - DNA Quantification DQ02

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1165			Opportunity for Quality Improvement (OQI) Reports	F1.1.413	OQI - 60628 lnnov.ation - DNA Quantification DQ03
1166			Opportunity for Quality Improvement (OQI) Reports	F1.1.414	OQI - 60629 lnnov.ation - DNA Amplification DAOl
1167			Opportunity for Quality Improvement (OQI) Reports	F1.1.415	OQI - 60630 lnnov.ation - Capillary Electrophoresis CEOl
1168			Opportunity for Quality Improvement (OQI) Reports	F1.1.416	OQI - 6063 1 lnnov.ation - Capillary Electrophoresis CE02
1169			Opportunity for Quality Improvement (OQI) Reports	F1.1.417	OQI - 60632 lnnov.ation - Capillary Electrophoresis CE03
1170			Opportunity for Quality Improvement (OQI) Reports	F1.1.418	OQI - 60633 lnnov.ation - Capillary Electrophoresis CE04
1171			Opportunity for	F1.1.419	OQI - 60634 lnnov.ation - Statistics & Software SSOl

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1172			Opportunity for Quality Improvement (OQI) Reports	F1.1.420	OQI - 60635 lnnov.ation - Statistics & Software SS02
1173			Opportunity for Quality Improvement (OQI) Reports	F1.1.421	OQI - 60636 lnnov.ation - Statistics & Software SS03
1174			Opportunity for Quality Improvement (OQI) Reports	F1.1.422	OQI - 60637 lnnov.ation - Statistics & Software SS04
1175			Opportunity for Quality Improvement (OQI) Reports	F1.1.423	OQI - 60638 lnnov.ation - Statistics & Software SS05
1176			Opportunity for Quality Improvement (OQI) Reports	F1.1.424	OQI - 60639 lnnov.ation - Statistics & Software SS06
1177			Opportunity for Quality Improvement (OQI) Reports	F1.1.425	OQI - 60640 lnnov.ation - Statistics & Software SS07

No.	TOR	Category	Subcategory	Doc No.	Title
1178			Opportunity for Quality Improvement (OQI) Reports	F1.1.426	OQI - 60641 lnnov.ation - Statistics & Software SS08
1179			Opportunity for Quality Improvement (OQI) Reports	F1.1.427	OQI - 60649 Risks identified with use of Wine blotting paper as subsrtate duringAP testing process
1180			Opportunity for Quality Improvement (OQI) Reports	F1.1.428	OQI - 60651 Swab of sample dropped
1181			Opportunity for Quality Improvement (OQI) Reports	F1.1.429	OQI - 60653 sample xxxxx has low level mixture on xxxxx
1182			Opportunity for Quality Improvement (OQI) Reports	F1.1.430	OQI - 60551 EXTN xxxx has alleles present on xxx which were reproduced on re-CE
1183			Opportunity for Quality Improvement (OQI) Reports	F1.1.431	OQI - 60662 Use of Xylene in Cover Slipping in Evidence Recovery Laboratory
1184			Opportunity for Quality Improvement	F1.1.432	OQI - 60665 xxxx negative control xxxx

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1185			Opportunity for Quality Improvement (OQI) Reports	F1.1.433	OQI - 60666 Samples incorrectly Validated
1186			Opportunity for Quality Improvement (OQI) Reports	F1.1.434	OQI - 60667 Dropped tip during xxxxx prep
1187			Opportunity for Quality Improvement (OQI) Reports	F1.1.435	OQI - 60670 Sample xxxx is a two person 1 1 mixed DNA profile on xxxx confirmed re-
1188			Opportunity for Quality Improvement (OQI) Reports	F1.1.436	OQI - 60671 FMEK screening and test ing modified work/low
1189			Opportunity for Quality Improvement (OQI) Reports	F1.1.437	OQI - 60672 Underwear exhibits with mould
1190			Opportunity for Quality Improvement (OQI) Reports	F1.1.438	OQI - 60673 Internal QC Blood Control for LMU unregist ered
1191			Opportunity for	F1.1.439	OQI - 60674 EXTxxxx has four alleles on first amp D13 (11), Penta E[1 6], D2(23], FGA[21)

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		conf
1192			Opportunity for Quality Improvement (OQI) Reports	F1.1.440	OQI - 60684 Feedback for FSQ Training from Omnium Forensics
1193			Opportunity for Quality Improvement (OQI) Reports	F1.1.441	OQI - 60687 Evidence Recovery Exhibit Continuity
1194			Opportunity for Quality Improvement (OQI) Reports	F1.1.442	OQI - 60691 xxxx duplicate profile flag _Redact ed
1195			Opportunity for Quality Improvement (OQI) Reports	F1.1.443	OQI - 60692 EXTPB xxxx has extra alleles present on this amp CE batch
1196			Opportunity for Quality Improvement (OQI) Reports	F1.1.444	OQI - 60700 xxxx QIAsymphony crash
1197			Opportunity for Quality Improvement (OQI) Reports	F1.1.445	OQI - 60702 Analytical ENVM May 024 contamination events

No.	TOR	Category	Subcategory	Doc No.	Title
1198			Opportunity for Quality Improvement (OQI) Reports	F1.1.446	OQI - 60703 EvRec ENVM May 024 contamination events
1199			Opportunity for Quality Improvement (OQI) Reports	F1.1.447	OQI - 60716 EXTN xxxx has alleles present post Microcon
1200			Opportunity for Quality Improvement (OQI) Reports	F1.1.448	OQI - 60722 EXTN EFRAC xxxxx has DNA profile
1201			Opportunity for Quality Improvement (OQI) Reports	F1.1.449	OQI - 60730 Lack of record keeping for H&E st aining control slides
1202			Opportunity for Quality Improvement (OQI) Reports	F1.1.450	OQI - 60733 HP2 performing Slide st aining on diff slides without official sign-off
1203			Opportunity for Quality Improvement (OQI) Reports	F1.1.451	OQI - 60734 Improper storage of microscope slides from old Historic cases found in Exhibit room
1204			Opportunity for Quality Improvement	F1.1.452	OQI - 60738 CMU - Missing Result Line

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1205			Opportunity for Quality Improvement (OQI) Reports	F1.1.453	OQI - 60739 CMU - Missing Result Line
1206			Opportunity for Quality Improvement (OQI) Reports	F1.1.454	OQI - 60740 CMU - Line Correction Required
1207			Opportunity for Quality Improvement (OQI) Reports	F1.1.455	OQI - 60741 CMU- Missing Result Line
1208			Opportunity for Quality Improvement (OQI) Reports	F1.1.456	OQI - 60742 CMU - Missing SUFP Line
1209			Opportunity for Quality Improvement (OQI) Reports	F1.1.457	OQI - 60743 CMU - Missing Result Line
1210			Opportunity for Quality Improvement (OQI) Reports	F1.1.458	OQI - 60744 CMU - Missing Result Line
1211			Opportunity for	F1.1.459	OQI - 60745 CMU - Missing Result Line

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1212			Opportunity for Quality Improvement (OQI) Reports	F1.1.460	OQI - 60746 CMU - Missing Result Line
1213			Opportunity for Quality Improvement (OQI) Reports	F1.1.461	OQI - 60747 CMU - Missing Result Line
1214			Opportunity for Quality Improvement (OQI) Reports	F1.1.462	OQI - 60748 CMU - Missing Result Line
1215			Opportunity for Quality Improvement (OQI) Reports	F1.1.463	OQI - 60749 CMU - Missing Result Line
1216			Opportunity for Quality Improvement (OQI) Reports	F1.1.464	OQI - 60750 CMU - Missing Result Line
1217			Opportunity for Quality Improvement (OQI) Reports	F1.1.465	OQI - 60751 CMU- Missing Result Line

No.	TOR	Category	Subcategory	Doc No.	Title
1218			Opportunity for Quality Improvement (OQI) Reports	F1.1.466	OQI - 60752 CMU - Missing Result Line
1219			Opportunity for Quality Improvement (OQI) Reports	F1.1.467	OQI - 60753 CMU - Missing Result Line
1220			Opportunity for Quality Improvement (OQI) Reports	F1.1.468	OQI - 60754 CMU - Missing Result Line
1221			Opportunity for Quality Improvement (OQI) Reports	F1.1.469	OQI - 60755 CMU - Missing Result Line
1222			Opportunity for Quality Improvement (OQI) Reports	F1.1.470	OQI - 60756 CMU - Missing Result Line
1223			Opportunity for Quality Improvement (OQI) Reports	F1.1.471	OQI - 60757 CMU - Missing Result Line
1224			Opportunity for Quality Improvement	F1.1.472	OQI - 60758 CMU - Missing Result Line

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1225			Opportunity for Quality Improvement (OQI) Reports	F1.1.473	OQI - 60759 CMU - Query regarding result lines
1226			Opportunity for Quality Improvement (OQI) Reports	F1.1.474	OQI - 60760 CMU - Query Exact LR be reported
1227			Opportunity for Quality Improvement (OQI) Reports	F1.1.475	OQI - 60761 CMU- Missing Result Line
1228			Opportunity for Quality Improvement (OQI) Reports	F1.1.476	OQI - 60762 CMU - Query Exact LR be reported
1229			Opportunity for Quality Improvement (OQI) Reports		OQI-60763CMU-QueryExactLRbereported
1230			Opportunity for Quality Improvement (OQI) Reports		OQI-60764CMU-IncorrectResultLineUsed
1231			Opportunity for		OQI-60765CMU-TimelineRecordedinFRrequireschecking

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1232			Opportunity for Quality Improvement (OQI) Reports		OQI-60766EvidenceRecoveryin-tubesreceivedintoAnalyticalwithout"toughtags"inlids
1233			Opportunity for Quality Improvement (OQI) Reports		OQI-60767AlarminEvidenceRecoverytriggeredduringweekendshiftwork
1234			Opportunity for Quality Improvement (OQI) Reports		OQI-60768EvidenceRecoveryLaboratory-unsupervisedcontractoroutsideofbusinesshours
1235			Opportunity for Quality Improvement (OQI) Reports		OQI•60769EvidenceRecoveryLaboratory•SyringeExamination
1236			Opportunity for Quality Improvement (OQI) Reports		OQI-60770EvidenceRecoveryLaboratory-ReviewofprocessforrecordinginformationinFR
1237			Opportunity for Quality Improvement (OQI) Reports		OQI-60771EvidenceRecoveryLaboratory-Exhibitmovementsand,continuity

No.	TOR	Category	Subcategory	Doc No.	Title
1238			Opportunity for Quality Improvement (OQI) Reports		OQI-60mDelaysinsendingsamplestoESRforV-STRtesting
1239			Opportunity for Quality Improvement (OQI) Reports		OQI-60794EvRecENVMJun024contaminationevents
1240			Opportunity for Quality Improvement (OQI) Reports		OQI-60804Informationonfoldersinstorageroom Block6canbere.adfromthestreet
1241			Opportunity for Quality Improvement (OQI) Reports		OQI-60813BrokenCaseworkSlidefromFMEKXXXFoundinEvidenc:eRecoveryLab.
1242			Opportunity for Quality Improvement (OQI) Reports		OQI-60823Staffsamples(reference)populatedontocaseworkquantbatch
1243			Opportunity for Quality Improvement (OQI) Reports		OQI-60824LinkreportnotupdatedwhenNCIDDmodifyprocessed
1244			Opportunity for Quality Improvement		OQI-60825DepaturefromStandardProcessforDNAInterpretation

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1245			Opportunity for Quality Improvement (OQI) Reports		OQI-60833Tubeswithholesinlidsnotcovered
1246			Opportunity for Quality Improvement (OQI) Reports		OQI-60837AmpPoslot#xxxxxxpartialDNAprofileonall4batches
1247			Opportunity for Quality Improvement (OQI) Reports		OQI-60838CeaseuseofPertexinEvidenceRecovery
1248			Opportunity for Quality Improvement (OQI) Reports		OQI-60840DuplicateprofileuploadedfromsameQPnumberandincludedinlinkreport
1249			Opportunity for Quality Improvement (OQI) Reports		OQI-60841ReferencesamplesonCWQuant
1250			Opportunity for Quality Improvement (OQI) Reports		OQI-60844DeficienciesidentifiedinExaminationProcessandPoliciesforProductsofconception_CHE
1251			Opportunity for		OQI-60846EnhancingGoodLabPracticesinEvidenceRecoveryLaboratory

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1252			Opportunity for Quality Improvement (OQI) Reports		OQI-60847FTAsamplexxxxxxhaslowlevelmixture
1253			Opportunity for Quality Improvement (OQI) Reports		OQI-60852InadequatePPEUsageinReagentsRoom3186inAnalyticalLab
1254			Opportunity for Quality Improvement (OQI) Reports		OQI-60854Samplesxxxxxx(D03)andxxxxx(FOl)mixturesondirectampbatchRCExxxOQI-60858p30kitverificationprocessunsuitableforcoverageofbothmobilephasesinuseatFSQRedacted
1255			Opportunity for Quality Improvement (OQI) Reports		OQI-60859DisposablegownobservedtobehungoncleanPPEcupboardinAnalyticalantechamber
1256			Opportunity for Quality Improvement (OQI) Reports		OQI-60863OutofdatedonningdoffingdocumentsonAnalyticalwindows
1257			Opportunity for Quality Improvement (OQI) Reports		OQI-60864OverflowingbinstouchingcleanPPEcartinsciencesupportarea.cupboardsobstructed

No.	TOR	Category	Subcategory	Doc No.	Title
1258			Opportunity for Quality Improvement (OQI) Reports		OQI-60866Cleanconsumablesstorageroomproppedopenwithdirtybucketinsciencesupportroom
1259			Opportunity for Quality Improvement (OQI) Reports		OQI-60867UseofPPEincleanPPErequiredroom
1260			Opportunity for Quality Improvement (OQI) Reports		OQI-60868BrokenGlasspotentialWHSHazardObserved
1261			Opportunity for Quality Improvement (OQI) Reports		OQI-60869BiologicalmaterialobservedonfacilitiydoorinForensicBiology
1262			Opportunity for Quality Improvement (OQI) Reports		OQI-60870FireExtinguishermaintenanceandservicinginForensicBiology
1263			Opportunity for Quality Improvement (OQI) Reports		OQI-60871Contractcleaningclarification
1264			Opportunity for Quality Improvement		OQI-60872FacilitymalfunctioningtapsinEvidenceRecoveryKitchenette

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1265			Opportunity for Quality Improvement (OQI) Reports		OQI•60873Facilities·FilterinEvidenceRecovery
1266			Opportunity for Quality Improvement (OQI) Reports		OQI-60874UnaccompaniedcontractorinForensicBiologyEvidenceRecoveryOperationalAreas
1267			Opportunity for Quality Improvement (OQI) Reports		OQI-60875EvidenceRecoveryFacilityDoorMaintenanceRequired
1268			Opportunity for Quality Improvement (OQI) Reports		OQI-60876PressuregaugeonAntechamberinEvidneceRecovery001Report
1269			Opportunity for Quality Improvement (OQI) Reports		OQI-60881lnc,onsistencywithForneiscRegisterAutomatedDate
1270			Opportunity for Quality Improvement (OQI) Reports	F1.1.478	OQI - 60764 CMU - Incorrect Result Line Used
1271			Opportunity for	F1.1.479	OQI - 60765 CMU - Timeline Recorded in FR requires checking

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1272			Opportunity for Quality Improvement (OQI) Reports	F1.1.480	OQI - 60766 Evidence Recovery in-tubes received into Analytical without "tough tags" in lids
1273			Opportunity for Quality Improvement (OQI) Reports	F1.1.481	OQI - 60767 Alarm in Evidence Recovery triggered during weekend shift work
1274			Opportunity for Quality Improvement (OQI) Reports	F1.1.482	OQI - 60768 Evidence Recovery Laboratory - unsupervised contractor outside of business hours
1275			Opportunity for Quality Improvement (OQI) Reports	F1.1.483	OQI - 60769 Evidence Recovery Laboratory - Syringe Examination OQI Rep ort
1276			Opportunity for Quality Improvement (OQI) Reports	F1.1.484	OQI - 60770 Evidence Recovery Laboratory - Review of process for recording information in FR
1277			Opportunity for Quality Improvement (OQI) Reports	F1.1.485	OQI - 60771 Evidence Recovery Laboratory - Exhibit movements and continuity

No.	TOR	Category	Subcategory	Doc No.	Title
1278			Opportunity for Quality Improvement (OQI) Reports	F1.1.486	OQI - 60m Delays in sending samples to ESR for V-STR testing
1279			Opportunity for Quality Improvement (OQI) Reports	F1.1.487	OQI - 60794 EvRec ENVM Jun 024 contamination events
1280			Opportunity for Quality Improvement (OQI) Reports	F1.1.488	OQI - 60804 Information on folders in storage room Block 6 can be read from the street
1281			Opportunity for Quality Improvement (OQI) Reports	F1.1.489	OQI - 60813 Broken Casework Slide from FMEK XXX Found in Evidence Recovery Lab.
1282			Opportunity for Quality Improvement (OQI) Reports	F1.1.490	OQI - 60823 Staff samples (reference) populated onto casework quant batch
1283			Opportunity for Quality Improvement (OQI) Reports	F1.1.491	OQI - 60824 Link report not updated when NCIDD modify processed
1284			Opportunity for Quality Improvement	F1.1.492	OQI - 60825 Depature from Standard Process for DNA Interpretation

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1285			Opportunity for Quality Improvement (OQI) Reports	F1.1.493	OQI - 60833 Tubes with holes in lids not covered
1286			Opportunity for Quality Improvement (OQI) Reports	F1.1.494	OQI - 60837 Amp Pos lot# xxxxxx partial DNA profile on all 4 batches
1287			Opportunity for Quality Improvement (OQI) Reports	F1.1.495	OQI - 60838 Cease use of Pertex in Evidence Recovery
1288			Opportunity for Quality Improvement (OQI) Reports	F1.1.496	OQI - 60840 Duplicate profile uploaded from same QP number and included in link report
1289			Opportunity for Quality Improvement (OQI) Reports	F1.1.497	OQI - 60841 Reference samples on CW Quant
1290			Opportunity for Quality Improvement (OQI) Reports	F1.1.498	OQI - 60844 Deficiencies identified in Examination Process and Policies for Products of conception
1291			Opportunity for	F1.1.499	OQI - 60846 Enhancing Good Lab Practices in Evidence Recovery Laboratory

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1292			Opportunity for Quality Improvement (OQI) Reports	F1.1.500	OQI - 60847 FTA sample xxxxxx has low level mixture
1293			Opportunity for Quality Improvement (OQI) Reports	F1.1.501	OQI - 60852 Inadequate PPE Usage in Reagents Room 3186 in Analytical Lab
1294			Opportunity for Quality Improvement (OQI) Reports	F1.1.502	OQI - 60854 Samplesxxxxxx (D03) and xxxxx (FOl) mixtures on direct amp batch RCExxx
1295			Opportunity for Quality Improvement (OQI) Reports	F1.1.503	OQI - 60858 p30 kit verification process unsuitable for coverage of both mobile phases in use at FSQRedacted
1296			Opportunity for Quality Improvement (OQI) Reports	F1.1.504	OQI - 60859 Disposable gown observed to be hung on clean PPE cupboard in Analytical antechamber
1297			Opportunity for Quality Improvement (OQI) Reports	F1.1.505	OQI - 60863 Out of date donning doffing documents on Analytical windows

No.	TOR	Category	Subcategory	Doc No.	Title
1298			Opportunity for Quality Improvement (OQI) Reports	F1.1.506	OQI - 60864 Overflowing bins touching clean PPE cart in science support area. cupboards obstructed
1299			Opportunity for Quality Improvement (OQI) Reports	F1.1.507	OQI - 60866 Clean consumables storage room propped open with dirty bucket in science support room
1300			Opportunity for Quality Improvement (OQI) Reports	F1.1.508	OQI - 60867 Use of PPE in clean PPE required room
1301			Opportunity for Quality Improvement (OQI) Reports	F1.1.509	OQI - 60868 Broken Glass potential WHS Hazard Observed
1302			Opportunity for Quality Improvement (OQI) Reports	F1.1.510	OQI - 60869 Biological material observed on facilit iy door in Forensic Biology
1303			Opportunity for Quality Improvement (OQI) Reports	F1.1.511	OQI - 60870 Fire Extinguisher maintenance and servicing in Forensic Biology
1304			Opportunity for Quality Improvement	F1.1.512	OQI - 60871 Contract cleaning clarification

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1305			Opportunity for Quality Improvement (OQI) Reports	F1.1.513	OQI - 60872 Facility malfunctioning taps in Evidence Recovery Kitchenette
1306			Opportunity for Quality Improvement (OQI) Reports	F1.1.514	OQI - 60873 Facilit ies - Filt er in Evidence Recovery
1307			Opportunity for Quality Improvement (OQI) Reports	F1.1.515	OQI - 60874 Unaccompanied contractor in Forensic Biology Evidence Recovery Operational Areas
1308			Opportunity for Quality Improvement (OQI) Reports	F1.1.516	OQI - 60875 Evidence Recovery Facility Door Maintenance Required
1309			Opportunity for Quality Improvement (OQI) Reports	F1.1.517	OQI - 60876 Pressure gauge on Antechamber in Evidnece Recovery
1310			Opportunity for Quality Improvement (OQI) Reports	F1.1.518	OQI - 60881 Inconsistency with Forneisc Register Automated Date
1311			Opportunity for	F1.1.519	OQI - 60883 PM Sample Observations Evidence Recovery

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1312			Opportunity for Quality Improvement (OQI) Reports	F1.1.520	OQI - 60885 Mult iple (incompatible) result lines used
1313			Opportunity for Quality Improvement (OQI) Reports	F1.1.521	OQI - 60888 Registration of Filt er paper batch number on FR when used on casework
1314			Opportunity for Quality Improvement (OQI) Reports	F1.1.522	OQI - 60889 Incorrect process followed for FTP reference sample
1315			Opportunity for Quality Improvement (OQI) Reports	F1.1.523	OQI - 60898 Indistinct p30 posit ive control line
1316			Opportunity for Quality Improvement (OQI) Reports	F1.1.524	OQI - 60899 GMIDx remote access
1317			Opportunity for Quality Improvement (OQI) Reports	F1.1.525	OQI - 60900 Cold link inappropriately actioned on NCIDD

No.	TOR	Category	Subcategory	Doc No.	Title
1318			Opportunity for Quality Improvement (OQI) Reports	F1.1.526	OQI - 60904 Current process for Toxicology Kits received in FMEKs
1319			Opportunity for Quality Improvement (OQI) Reports	F1.1.527	OQI - 60914 After Hours AC Switch in Evidence Recovery Laboratory Faulty
1320			Opportunity for Quality Improvement (OQI) Reports	F1.1.528	OQI - 60915 No label barcode on the FTA card
1321			Opportunity for Quality Improvement (OQI) Reports	F1.1.529	OQI - 60916 Barcode on t he FTA card and a different barcode on the outside of the envelope
1322			Opportunity for Quality Improvement (OQI) Reports	F1.1.530	OQI - 60917 Barcode on the FTA card and a barcode on the outside of the envelope
1323			Opportunity for Quality Improvement (OQI) Reports	F1.1.531	OQI - 60931 JIC kit destruction in Forensic Property Point (FPP)
1324			Opportunity for Quality Improvement	F1.1.532	OQI - 60932 Forensic Register Forensic Property Point (FPP) Exhibit Movements

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1325			Opportunity for Quality Improvement (OQI) Reports	F1.1.533	OQI 60941 Crc.ition of .i dcdic.1tcd FR tester posit ion
1326			Opportunity for Quality Improvement (OQI) Reports	F1.1.534	OQI - 60943 Evidence Recovery result lines not entered for FMEK samples
1327			Opportunity for Quality Improvement (OQI) Reports	F1.1.535	OQI - 60944 Inability to use Forensic Register Auto-Generating barcodes
1328			Opportunity for Quality Improvement (OQI) Reports	F1.1.536	OQI - 60945 Inability to use the Forensic Register auto-generating bare odes
1329			Opportunity for Quality Improvement (OQI) Reports	F1.1.537	OQI - 60951 Incorrect plate ordered and processed for ReCE
1330			Opportunity for Quality Improvement (OQI) Reports	F1.1.538	OQI - 60956 EDTA found to be in use post re- test date
1331			Opportunity for	F1.1.539	OQI - 60958 FTA reworks punched on incorrect batches

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1332			Opportunity for Quality Improvement (OQI) Reports	F1.1.540	OQI - 60961 Sample xxxxx has extra alleles
1333			Opportunity for Quality Improvement (OQI) Reports	F1.1.541	OQI - 60962 Profile not uploaded to NCIDD due to improper use of the FR reallocate function
1334			Opportunity for Quality Improvement (OQI) Reports	F1.1.542	OQI - 60965 Sample xxxx has 5 low level extra alleles present
1335			Opportunity for Quality Improvement (OQI) Reports	F1.1.543	OQI - 60966 EXTN xxxx has alleles present
1336			Opportunity for Quality Improvement (OQI) Reports	F1.1.544	OQI - 60970 Sample xxxx has low level peaks present
1337			Opportunity for Quality Improvement (OQI) Reports	F1.1.545	OQI - 60978 Sample xxxx has possible low level mixture

No.	TOR	Category	Subcategory	Doc No.	Title
1338			Opportunity for Quality Improvement (OQI) Reports	F1.1.546	OQI - 60984 Trend Analysis of Analytical Process Deviations
1339			Opportunity for Quality Improvement (OQI) Reports	F1.1.547	OQI - 60986 Batch not put on hold after QFLAG match
1340			Opportunity for Quality Improvement (OQI) Reports	F1.1.548	OQI - 60994 Exhibit tracking on the Forensic Register
1341			Opportunity for Quality Improvement (OQI) Reports	F1.1.549	OQI - 60999 Link not reported at time of NCIDD match
1342			Opportunity for Quality Improvement (OQI) Reports	F1.1.550	OQI - 61016xxxxx - amp pos failed - batch f ailed
1343			Opportunity for Quality Improvement (OQI) Reports	F1.1.551	OQI - 61018 Empty Tube Identified at Microcon
1344			Opportunity for Quality Improvement	F1.1.552	OQI - 61039 Incorrect result line for sample xxxxx issued to QPS

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1345			Opportunity for Quality Improvement (OQI) Reports	F1.1.553	OQI - 61053 NCIDD cold link not reported in a timely manner due to inappropriate actioning
1346			Opportunity for Quality Improvement (OQI) Reports	F1.1.554	OQI - 61054 Pre-Lysis - Substrate stored in incorrect sample t ube.
1347			Opportunity for Quality Improvement (OQI) Reports	F1.1.555	OQI - 61058 Incomplete registration of Trace Evidence Proficiency Tests
1348			Opportunity for Quality Improvement (OQI) Reports	F1.1.556	OQI - 61072 Historic crime scene photos inadvertently released
1349			Opportunity for Quality Improvement (OQI) Reports	F1.1.557	OQI - 61081 Inappropriate plate reader comment led to evid sample 'passed' despite being partial
1350			Opportunity for Quality Improvement (OQI) Reports	F1.1.558	OQI - 61107 FMEK screening backlog
1351			Opportunity for	F1.1.559	OQI - 61113 NCIDD link with a single mismatch actioned as a non-match and not investigated

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		further
1352			Opportunity for Quality Improvement (OQI) Reports	F1.1.560	OQI - 61123 NATA reassessment Forensic Biology and Management Systems report find ing #1
1353			Opportunity for Quality Improvement (OQI) Reports	F1.1.561	OQI - 61125 NATA reassessment Forensic Biology and Management Systems report find ing #5
1354			Opportunity for Quality Improvement (OQI) Reports	F1.1.562	OQI - 61126 NATA reassessment Forensic Biology and Management Systems report find ing #7
1355			Opportunity for Quality Improvement (OQI) Reports	F1.1.563	OQI - 61127 NATA reassessment Forensic Biology and Management Systems report find ing #13
1356			Opportunity for Quality Improvement (OQI) Reports	F1.1.564	OQI - 61128 NATA reassessment Forensic Biology and Management Systems report find ing #20
1357			Opportunity for Quality Improvement (OQI) Reports	F1.1.565	OQI - 61142 NATA reassessment Forensic Biology Report Finding #5

No.	TOR	Category	Subcategory	Doc No.	Title
1358			Opportunity for Quality Improvement (OQI) Reports	F1.1.566	OQI - 61151 NATA reassessment Forensic Biology and Management Systems report find ing #24
1359			Opportunity for Quality Improvement (OQI) Reports	F1.1.567	OQI - 61152 NATA reassessment Forensic Biology and Management Systems report find ing #26
1360			Opportunity for Quality Improvement (OQI) Reports	F1.1.568	OQI - 61153 NATA reassessment Forensic Biology and Management Systems report find ing #66
1361			Opportunity for Quality Improvement (OQI) Reports	F1.1.569	OQI - 61154 NATA reassessment Forensic Biology and Management Systems report find ing #28
1362			Opportunity for Quality Improvement (OQI) Reports	F1.1.570	OQI - 61155 NATA reassessment Forensic Biology and Management Systems report find ing #67
1363			Opportunity for Quality Improvement (OQI) Reports	F1.1.571	OQI - 61156 NATA reassessment Forensic Biology and Management Systems report find ing #31
1364			Opportunity for Quality Improvement	F1.1.572	OQI - 61157 NATA reassessment Forensic Biology and Management Systems report find ing #27

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1365			Opportunity for Quality Improvement (OQI) Reports	F1.1.573	OQI - 61158 NATA reassessment Forensic Biology and Management Systems report find ing #42
1366			Opportunity for Quality Improvement (OQI) Reports	F1.1.574	OQI - 61159 NATA reassessment Forensic Biology and Management Systems report find ing #68
1367			Opportunity for Quality Improvement (OQI) Reports	F1.1.575	OQI - 61160 NATA reassessment Forensic Biology and Management Systems report find ing #46
1368			Opportunity for Quality Improvement (OQI) Reports	F1.1.576	OQI - 61161 NATA reassessment Forensic Biology and Management Systems report find ing #51
1369			Opportunity for Quality Improvement (OQI) Reports	F1.1.577	OQI - 61162 NATA reassessment Forensic Biology and Management Systems report find ing #SO
1370			Opportunity for Quality Improvement (OQI) Reports	F1.1.578	OQI - 61163 NATA reassessment Forensic Biology and Management Systems report find ing #55
1371			Opportunity for	F1.1.579	OQI - 61164 NATA reassessment Forensic Biology and Management Systems report find ing

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		#61
1372			Opportunity for Quality Improvement (OQI) Reports	F1.1.580	OQI - 61165 NATA reassessment Forensic Biology and Management Systems report find ing #64 Report
1373			Opportunity for Quality Improvement (OQI) Reports	F1.1.581	OQI - 61169 NATA reassessment Forensic Biology and Management Systems report find ing #3
1374			Opportunity for Quality Improvement (OQI) Reports	F1.1.582	OQI - 61172 NATA reassessment Forensic Biology and Management Systems report find ing #4
1375			Opportunity for Quality Improvement (OQI) Reports	F1.1.583	OQI - 61173 NATA reassessment Forensic Biology and Management Systems report find ing #69
1376			Opportunity for Quality Improvement (OQI) Reports	F1.1.584	OQI - 61174 NATA reassessment Forensic Biology and Management Systems report find ing #8
1377			Opportunity for Quality Improvement (OQI) Reports	F1.1.585	OQI - 61175 NATA reassessment Forensic Biology and Management Systems report find ing #70

No.	TOR	Category	Subcategory	Doc No.	Title
1378			Opportunity for Quality Improvement (OQI) Reports	F1.1.586	OQI - 61176 NATA reassessment Forensic Biology and Management Systems report find ing #11
1379			Opportunity for Quality Improvement (OQI) Reports	F1.1.587	OQI - 61177 NATA reassessment Forensic Biology and Management Systems report find ing #25
1380			Opportunity for Quality Improvement (OQI) Reports	F1.1.588	OQI - 61178 NATA reassessment Forensic Biology and Management Systems report find ing #71
1381			Opportunity for Quality Improvement (OQI) Reports	F1.1.589	OQI - 61179 NATA reassessment Forensic Biology and Management Systems report find ing #29
1382			Opportunity for Quality Improvement (OQI) Reports	F1.1.590	OQI - 61180 NATA reassessment Forensic Biology and Management Systems report find ing #72
1383			Opportunity for Quality Improvement (OQI) Reports	F1.1.591	OQI - 61181 NATA reassessment Forensic Biology and Management Systems report find ing #73
1384			Opportunity for Quality Improvement	F1.1.592	OQI - 61182 NATA reassessment Forensic Biology and Management Systems report find ing #30

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1385			Opportunity for Quality Improvement (OQI) Reports	F1.1.593	OQI - 61183 NATA reassessment Forensic Biology and Management Systemsreport find ing #33
1386			Opportunity for Quality Improvement (OQI) Reports	F1.1.594	OQI - 61184 NATA reassessment Forensic Biology and Management Systems report find ing #34
1387			Opportunity for Quality Improvement (OQI) Reports	F1.1.595	OQI - 61185 NATA reassessment Forensic Biology and Management Systemsreport find ing #37
1388			Opportunity for Quality Improvement (OQI) Reports	F1.1.596	OQI - 61186 NATA reassessment Forensic Biology and Management Systems report find ing #47
1389			Opportunity for Quality Improvement (OQI) Reports	F1.1.597	OQI - 61187 NATA reassessment Forensic Biology and Management Systems report find ing #49
1390			Opportunity for Quality Improvement (OQI) Reports	F1.1.598	OQI - 61188 NATA reassessment Forensic Biology and Management Systems report find ing #52
1391			Opportunity for	F1.1.599	OQI - 61189 NATA reassessment Forensic Biology and Management Systems report find ing

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		#57
1392			Opportunity for Quality Improvement (OQI) Reports	F1.1.600	OQI - 61190 NATA reassessment Forensic Biology and Management Systems report find ing #74
1393			Opportunity for Quality Improvement (OQI) Reports	F1.1.601	OQI - 61191 NATA reassessment Forensic Biology and Management Systems report find ing #59
1394			Opportunity for Quality Improvement (OQI) Reports	F1.1.602	OQI - 61192 NATA reassessment Forensic Biology and Management Systems report finding #62
1395			Opportunity for Quality Improvement (OQI) Reports	F1.1.603	OQI - 61193 NATA reassessment Forensic Biology and Management Systemsreport finding #63
1396			Opportunity for Quality Improvement (OQI) Reports	F1.1.604	OQI - 61196 Delay in collection o f consumables from FSSWarehouse
1397			Opportunity for Quality Improvement (OQI) Reports	F1.1.605	OQI - 61200Analytical ENVM Jull 024 contamination events

No.	TOR	Category	Subcategory	Doc No.	Title
1398			Opportunity for Quality Improvement (OQI) Reports	F1.1.606	OQI - 61210 Sample xxxx has low level peaks present D6 11 D12 17 18 and FGA22 4
1399			Opportunity for Quality Improvement (OQI) Reports	F1.1.607	OQI - 61211 Incorrect result line used - advice from client
1400			Opportunity for Quality Improvement (OQI) Reports	F1.1.608	OQI - 61212 Administrative errors in old Forensic Biology cases
1401			Opportunity for Quality Improvement (OQI) Reports	F1.1.609	OQI - 61219 Sample xxxxx has results which do not match over three reworks
1402			Opportunity for Quality Improvement (OQI) Reports	F1.1.610	OQI - 61221 Staff sample not added to Staff database spreadsheet and no company added
1403			Opportunity for Quality Improvement (OQI) Reports	F1.1.611	OQI - 61223 Amp Neg xxxx has a vWA[OL] present
1404			Opportunity for Quality Improvement	F1.1.612	OQI - 61228 Sample xxxx has sub AT peaks present

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1405			Opportunity for Quality Improvement (OQI) Reports	F1.1.613	OQI - 61229 sample xxxx has two sub AT peaks present
1406			Opportunity for Quality Improvement (OQI) Reports	F1.1.614	OQI - 61230 Incomplete result line - advice from client
1407			Opportunity for Quality Improvement (OQI) Reports	F1.1.615	OQI - 61232 Mult iple (incompatible) result lines used
1408			Opportunity for Quality Improvement (OQI) Reports	F1.1.616	OQI - 61254 ICT representation on SMT
1409			Opportunity for Quality Improvement (OQI) Reports	F1.1.617	OQI - 61263 EXTN xxxx has peak·s present on post-microcon amp CE, reamp and re-CE
1410			Opportunity for Quality Improvement (OQI) Reports	F1.1.618	OQI - 61268 EXTN xxxx has a peaks present
1411			Opportunity for	F1.1.619	OQI - 61270 Punctured PCR Plates Stored in CE Freezer

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1412			Opportunity for Quality Improvement (OQI) Reports	F1.1.620	OQI - 61297 Old DNA tube found wit hout cap attached
1413			Opportunity for Quality Improvement (OQI) Reports	F1.1.621	OQI - 61300 Less than 100 µL of samples on Symphony Batch
1414			Opportunity for Quality Improvement (OQI) Reports	F1.1.622	OQI - 61315 Extra peak in CTS 4-5901A
1415			Opportunity for Quality Improvement (OQI) Reports	F1.1.623	OQI - 61323 Incorrect processing
1416			Opportunity for Quality Improvement (OQI) Reports	F1.1.624	OQI - 61347 Evidence Recovery Fabric Exhibit CSSE received damaged
1417			Opportunity for Quality Improvement (OQI) Reports	F1.1.625	OQI - 61364 Excellent Work Recognit ion by QPS

No.	TOR	Category	Subcategory	Doc No.	Title
1418			Opportunity for Quality Improvement (OQI) Reports	F1.1.626	OQI - 61367 EXTN xxxx has four peaks present on the first amp CE D18[1 6], vWA[1 6, 18) and D12[22) which w er
1419			Opportunity for Quality Improvement (OQI) Reports	F1.1.627	OQI - 61372 EXTPE xxxx has high stutter and extra peaks
1420			Opportunity for Quality Improvement (OQI) Reports	F1.1.628	OQI - 61386 Mult iple reference profiles not uploaded to NCIDD
1421			Opportunity for Quality Improvement (OQI) Reports	F1.1.629	OQI - 61398 Inaccurate or Outdated Metadata Information Requiring Update
1422			Opportunity for Quality Improvement (OQI) Reports	F1.1.630	OQI - 61399 Dropped Swab during transfer to spin basket during Prel ysis process
1423			Opportunity for Quality Improvement (OQI) Reports	F1.1.631	OQI - 61403 Excessive carryover ,of non-sperm derived DNA in differential lysis DNA extraction process
1424			Opportunity for Quality Improvement	F1.1.632	OQI - 61414 Error in PDA and PDA review process

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1425			Opportunity for Quality Improvement (OQI) Reports	F1.1.633	OQI - 61436 Dedicated ICT leadership posit ion for FSQ
1426			Opportunity for Quality Improvement (OQI) Reports	F1.1.634	OQI - 61437 Dropped Tapelift Du ring Pre-Lysis Procedure
1427			Opportunity for Quality Improvement (OQI) Reports	F1.1.635	OQI - 61439 Dedicated ICT leadership posit ion for FSQ
1428			Opportunity for Quality Improvement (OQI) Reports	F1.1.636	OQI - 61453 PM Sample Packaging Issue 1105328160
1429			Opportunity for Quality Improvement (OQI) Reports	F1.1.637	OQI - 61455 Ref Sample OQI xxxxx
1430			Opportunity for Quality Improvement (OQI) Reports	F1.1.638	OQI - 61458 P30 Storage OQI xxxxx
1431			Opportunity for	F1.1.639	OQI - 61500 Sample xxxx has extra peaks

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1432			Opportunity for Quality Improvement (OQI) Reports	F1.1.640	OQI - 61504 Reference sample xxxxx was reported as 'profiled' despite having insufficient alleles
1433			Opportunity for Quality Improvement (OQI) Reports	F1.1.641	OQI - 61508 Sample xxxxx has low level peaks present on t he direct amp CE batch xxxxx
1434			Opportunity for Quality Improvement (OQI) Reports	F1.1.642	OQI - 61518 Sample xxxx is mixed
1435			Opportunity for Quality Improvement (OQI) Reports	F1.1.643	OQI - 61519 Feedback from NATA
1436			Opportunity for Quality Improvement (OQI) Reports	F1.1.644	OQI - 61528 One mismatch to QPS st aff ref
1437			Opportunity for Quality Improvement (OQI) Reports	F1.1.645	OQI - 61529 Gross contamination of ENeg - original OQI to be reinvest igated

No.	TOR	Category	Subcategory	Doc No.	Title
1438			Opportunity for Quality Improvement (OQI) Reports	F1.1.646	OQI - 61533 Uncontrolled Document Released Outside Dissemination Process
1439			Opportunity for Quality Improvement (OQI) Reports	F1.1.647	OQI - 61538 Ineffective use of FMEK priorit isation in case mgment of sex offence case
1440			Opportunity for Quality Improvement (OQI) Reports	F1.1.648	OQI - 61540 Staff Contamination Id entified October 024 Environ Monitoring in Evidence Recovery Lab
1441			Opportunity for Quality Improvement (OQI) Reports	F1.1.649	OQI - 61541 Dropped Swap During Pre-Ly sis Procedure
1442			Opportunity for Quality Improvement (OQI) Reports	F1.1.650	OQI - 61542 Evidence Recovery Samples not Peer Reviewed Prior to Submission for Extraction Process
1443			Opportunity for Quality Improvement (OQI) Reports	F1.1.651	OQI - 61545 sample XXXXX has ext ra peaks present on Run batch RCE20240824-02 reproduced on re CE
1444			Opportunity for Quality Improvement	F1.1.652	OQI - 61549 Reference profile uplo aded incorrectly

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1445			Opportunity for Quality Improvement (OQI) Reports	F1.1.653	OQI - 61556 sample xxx has extra p eaks present on xxxx
1446			Opportunity for Quality Improvement (OQI) Reports	F1.1.654	OQI - 61563 Sample is mixed and Amp Neg has peaks - batch fail
1447			Opportunity for Quality Improvement (OQI) Reports	F1.1.655	OQI - 61575 Sample xxxx is a two p erson mixed DNA profile
1448			Opportunity for Quality Improvement (OQI) Reports	F1.1.656	OQI - 61576 Sample XXXXX low level peaks present D1(15), D6[13], D2(1 7) D12(24) on this batch
1449			Opportunity for Quality Improvement (OQI) Reports	F1.1.657	OQI - 61592 BSD punching blankxxxx has peaks present
1450			Opportunity for Quality Improvement (OQI) Reports	F1.1.658	OQI - 61593 sample (F06) xxxx ha, extra pks
1451			Opportunity for	F1.1.659	OQI - 61604 Storage and Continuity Issues in Evidence Recovery Freezer

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1452			Opportunity for Quality Improvement (OQI) Reports	F1.1.660	OQI - 61639 NATA Feedback
1453			Opportunity for Quality Improvement (OQI) Reports	F1.1.661	OQI - 61642 Good Example of Pl Results in Recent Case
1454			Opportunity for Quality Improvement (OQI) Reports	F1.1.662	OQI - 61650 FMEK FTA card not lab elled
1455			Opportunity for Quality Improvement (OQI) Reports	F1.1.663	OQI - 61652 Products of Conception (POC) received from Roma Hospit al
1456			Opportunity for Quality Improvement (OQI) Reports	F1.1.664	OQI - 61659 EvRec ENVM trend 024
1457			Opportunity for Quality Improvement (OQI) Reports	F1.1.665	OQI - 61660 Incorrect tracking of exhibit in freezer

No.	TOR	Category	Subcategory	Doc No.	Title
1458			Opportunity for Quality Improvement (OQI) Reports	F1.1.666	OQI - 61665 Forensic Regist er Auto-generation of barcode functionality
1459			Opportunity for Quality Improvement (OQI) Reports	F1.1.667	OQI - 61671 XXXX has four samples which are mixed DNA profiles which were confirmed on re CE
1460			Opportunity for Quality Improvement (OQI) Reports	F1.1.668	OQI - 61673 xxxx has BSD blank with DNA profile
1461			Opportunity for Quality Improvement (OQI) Reports	F1.1.669	OQI - 61694 Sample reported with incorrect category in link report
1462			Opportunity for Quality Improvement (OQI) Reports	F1.1.670	OQI - 61695 Environmental swab contamination in Evidence Recovery Mar 024
1463			Opportunity for Quality Improvement (OQI) Reports	F1.1.671	OQI - 61697 BSD Blank XXXX (for b atch XXXXX peaks present xxxxx
1464			Opportunity for Quality Improvement	F1.1.672	OQI - 61703 Incorrect tracking of exhibits

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1465			Opportunity for Quality Improvement (OQI) Reports	F1.1.673	OQI - 61714 BSD Blank xx has peaks present D13[8], TH01[9], vWA(1 4, 19), D12[1 9] and FGA[20]
1466			Opportunity for Quality Improvement (OQI) Reports	F1.1.674	OQI - 61715 Amp Posxxxx has extra peaks present on xxxx D1(15) D2(1 7)
1467			Opportunity for Quality Improvement (OQI) Reports	F1.1.675	OQI - 61721 CTS proficiency test n ot assigned correctly result ing in extension required
1468			Opportunity for Quality Improvement (OQI) Reports	F1.1.676	OQI - 61722 Inclusion of 10 min heat fixing step in the prep of microscope slides in Evidence Recovey
1469			Opportunity for Quality Improvement (OQI) Reports	F1.1.677	OQI - 61734 EXTN XXX has peaks p resent
1470			Opportunity for Quality Improvement (OQI) Reports	F1.1.678	OQI - 61737 sample xxx extra pk@vWA(14) and D7(1) and subthreshold pk@D7(13]
1471			Opportunity for	F1.1.679	OQI - 61740 Incorrect result lines issued in xxxxx

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1472			Opportunity for Quality Improvement (OQI) Reports	F1.1.680	OQI - 61743 Duplicate NCIDD prof ile uploads trends 024-2025
1473			Opportunity for Quality Improvement (OQI) Reports	F1.1.681	OQI - 61744 BMS temp logs not being captured 024
1474			Opportunity for Quality Improvement (OQI) Reports	F1.1.682	OQI - 61752 Sample xxxx has extra peaks
1475			Opportunity for Quality Improvement (OQI) Reports	F1.1.683	OQI - 61760Analytical ENVM trend 024
1476			Opportunity for Quality Improvement (OQI) Reports	F1.1.684	OQI - 61766 Missed NCIDD links due to inappropriate actioning (2024-2025 trends)
1477			Opportunity for Quality Improvement (OQI) Reports	F1.1.685	OQI - 61769 Incorrect suffix and result line used during PDA of sample XXXX

No.	TOR	Category	Subcategory	Doc No.	Title
1478			Opportunity for Quality Improvement (OQI) Reports	F1.1.686	OQI - 61773 Inappropriate interpretation of sample XXX
1479			Opportunity for Quality Improvement (OQI) Reports	F1.1.687	OQI - 61780 Amp Neg control has a near fu ll DNA profile present on XXX
1480			Opportunity for Quality Improvement (OQI) Reports	F1.1.688	OQI - 61781 Sample xxx has extra peaks present on xxx Penta E[lO], D2(18]
1481			Opportunity for Quality Improvement (OQI) Reports	F1.1.689	OQI - 61782 Sample xxx has mixed DNA profile on xxx
1482			Opportunity for Quality Improvement (OQI) Reports	F1.1.690	OQI - 61783 BSD xxxx has three samples with extra peaks under investigation
1483			Opportunity for Quality Improvement (OQI) Reports	F1.1.691	OQI - 61784 Missed FMEK Conversion
1484			Opportunity for Quality Improvement	F1.1.692	OQI - 61785 Reference sample reported despite fa iled batch

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1485			Opportunity for Quality Improvement (OQI) Reports	F1.1.693	OQI - 61798 Sample xxxx has extra peaks present on xxxx
1486			Opportunity for Quality Improvement (OQI) Reports	F1.1.694	OQI - 61806 Feedback on DNA Induction
1487			Opportunity for Quality Improvement (OQI) Reports	F1.1.695	OQI - 61811 Sample A03 xxxx result on xxxx has extra peaks
1488			Opportunity for Quality Improvement (OQI) Reports	F1.1.696	OQI - 61812 Batch xxxx six separate samples which have extra peaks present
1489			Opportunity for Quality Improvement (OQI) Reports	F1.1.697	OQI - 61813 Thanks for Pl.5 result turnaround
1490			Opportunity for Quality Improvement (OQI) Reports	F1.1.698	OQI - 61820 Result line issued without barcode profile designation
1491			Opportunity for	F1.1.699	OQI - 61823 sample C03 xxxxx on xxxx has sub tnreshold extra peaks

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1492			Opportunity for Quality Improvement (OQI) Reports	F1.1.700	OQI - 61824 Sample xxxx on xxxx and xxxx has eo<tra peaks
1493			Opportunity for Quality Improvement (OQI) Reports	F1.1.701	OQI - 61825 EXTN (BSD blank) xxxx has extra pea ks
1494			Opportunity for Quality Improvement (OQI) Reports	F1.1.702	OQI - 61828 Sample 806xxx on xxxx has extra peaks
1495			Opportunity for Quality Improvement (OQI) Reports	F1.1.703	OQI - 61830 Mould in the ER laboratory
1496			Opportunity for Quality Improvement (OQI) Reports	F1.1.704	OQI - 61834 Incorrect Quality Assurance Registry Barcode process after deleting duplicates
1497			Opportunity for Quality Improvement (OQI) Reports	F1.1.705	OQI - 61840 Pierced amplification plate after storage in CE

No.	TOR	Category	Subcategory	Doc No.	Title
1498			Opportunity for Quality Improvement (OQI) Reports	F1.1.706	OQI - 61841 QIASymphony Tip Guard #1 Fault
1499			Opportunity for Quality Improvement (OQI) Reports	F1.1.707	OQI - 61842 Improper packaging of exhibit (chewing gum) in CSSE
1500			Opportunity for Quality Improvement (OQI) Reports	F1.1.708	OQI - 61844 xxx has two samples with extra peaks xxx & xxx
1501			Opportunity for Quality Improvement (OQI) Reports	F1.1.709	OQI - 61845 Duplicate upload in case QPxxxxxx
1502			Opportunity for Quality Improvement (OQI) Reports	F1.1.710	OQI - 61850 Change Request Procedure for Forensic Register
1503			Opportunity for Quality Improvement (OQI) Reports	F1.1.711	OQI - 61864 Evaporated Lysate during Pre-lysis incubation
1504			Opportunity for Quality Improvement	F1.1.712	OQI - 61865 sample E06xxx on xxx has extra pea ks present D1(15) and D18[1 9]

No.	TOR	Category	Subcategory	Doc No.	Title
			(OQI) Reports		
1505			Opportunity for Quality Improvement (OQI) Reports	F1.1.713	OQI - 61866 sample H02 xxxx result on xxx has extra peaks
1506			Opportunity for Quality Improvement (OQI) Reports	F1.1.714	OQI - 61869 EXTN xxxx on first amp xxxx has peaks present
1507			Opportunity for Quality Improvement (OQI) Reports	F1.1.715	OQI - 61872 Missed FMEK Conversion from 020
1508			Opportunity for Quality Improvement (OQI) Reports	F1.1.716	OQI - 61873 EXTN xxxx has peaks present
1509			Opportunity for Quality Improvement (OQI) Reports	F1.1.717	OQI - 61874 Low Volume for Extraction Positive Control
1510			Opportunity for Quality Improvement (OQI) Reports	F1.1.718	OQI - 61875 Profiles from RUN batch not consistent with FTA batch
1511			Opportunity for	F1.1.719	OQI - 61887 Profile Record table not updated when sample xxx reported

No.	TOR	Category	Subcategory	Doc No.	Title
			Quality Improvement (OQI) Reports		
1512			Opportunity for Quality Improvement (OQI) Reports	F1.1.720	OQI - 61889 Analytical ENVM Oct 024 contamination events
1513			Opportunity for Quality Improvement (OQI) Reports	F1.1.721	OQI - 61890 Sample ElOxxx has extra peaks present on xxx
1514			Opportunity for Quality Improvement (OQI) Reports	F1.1.722	OQI - 61892 EvRec ENVM Nov 024 contamination events
1515			Opportunity for Quality Improvement (OQI) Reports	F1.1.723	OQI - 61893 Sample xxx H03 has extra peaks present on xxx
1516			Opportunity for Quality Improvement (OQI) Reports	F1.1.724	OQI - 61904 Error during Starlet preparation of amp batch xxx
1517			Opportunity for Quality Improvement (OQI) Reports	F1.1.725	OQI - 61925 Casefile

No.	TOR	Category	Subcategory	Doc No.	Title
1518			Opportunity for Quality Improvement (OQI) Reports	F1.1.726	OQI - 61925 Unlocated Casefile
1519			Opportunity for Quality Improvement (OQI) Reports	F1.1.727	OQI - 61941 Document published without FSQ Quality review performed
1520				F1.2	Forensic Biology NATA Reassessment Report - 2024
1521	**TOR 13**	**NATA Finding #46**		F2.1	FSQ Response to the Forensic Biology NATA Reassessment Report - 2024
1522				F2.2	Attachment 20 - QIS2 17117V22 Procedure for Case Management
1523				F2.3	Attachment 21 - QIS2 33773V5 Procedure for Profile Data Analysis using the Forensic Register
1524				F2.4	Attachment 22 - RA-041 NATA Finding # 46 - Negative Controls
1525			Correspondence	F2.5	Letter from NATA to FSQ - Re: Notice of Requirement for Reassessment - Forensic Biology
1526			Opportunity for Quality Improvement (OQI) Reports	F2.6	OQI - 61160 NATA reassessment Forensic Biology and Management Systems report finding #46 OQI Report
1527			Risk Assessments	F2.6.1	RA41 enegs relates to OQI61160 NATA 46
1528	**TOR 13**	**SOP documents developed by RTI, environmental**	Cover Sheet	F3	FSQ Review Cover Sheet - Request F3

No.	TOR	Category	Subcategory	Doc No.	Title
		monitoring and OQI 62446			
1529			SOP documents developed by outsourced FSP	F3.1.1	Draft Historical Case Review Documentation Tree - 8 April 2025
1530			SOP documents developed by outsourced FSP	F3.1.2	QIS2 - 37499 - Draft Historical Case Review SOP - 8 April 2025
1531			SOP documents developed by outsourced FSP	F3.1.3	QIS2 - 37572 - Draft Historical Case Review Worksheet - 8 April 2025
1532			SOP documents developed by outsourced FSP	F3.1.4	QIS2 - 37582 - Draft HCR Impact Assessment - 8 April 2025
1533			SOP documents developed by outsourced FSP	F3.1.5	Draft Letter of Closure [1] No impugned results - 8 April 2025
1534			SOP documents developed by outsourced FSP	F3.1.6	QIS2 - 17185.V16 - Procedure for Case Management V3.0 - RTI Draft XX edit
1535			SOP documents developed by outsourced FSP	F3.1.7	QIS2 - 17117- V22.5- Procedure for Case Management
1536			SOP documents developed by	F3.1.8	QIS2 - 36737v2 - Procedure for DNA Profile Interpretation

No.	TOR	Category	Subcategory	Doc No.	Title
			outsourced FSP		
1537			SOP documents developed by outsourced FSP	F3.1.9	QIS2 - 28078V9.5 - DRAFT Analytical Processes for Case Managers Training Module
1538			SOP documents developed by outsourced FSP	F3.1.10	QIS2 - 37377V0.1 - DRAFT Quality Assurance in the Forensic Biology Laboratory
1539			SOP documents developed by outsourced FSP	F3.1.11	QIS2 - 28079 - Draft Evidence Recovery Processes for Case Managers
1540			SOP documents developed by outsourced FSP	F3.1.12	QIS2 - 37301V0.6 - DRAFT Introduction to the Forensic Register Training Module
1541			SOP documents developed by outsourced FSP	F3.1.13	QIS2 - 37303V0.5 - DRAFT Safety in the Forensic Biology Laboratory Training Module
1542			SOP documents developed by outsourced FSP	F3.1.14	QIS2 - 37304V0.6 - DRAFT Evidence Management and Control Training Module
1543			SOP documents developed by outsourced FSP	F3.1.15	QIS2 - 37305 - DRAFT Legislation and Ethics V3
1544			SOP documents developed by outsourced FSP	F3.1.16	QIS2 - 37306V0.4 - DRAFT Principles of Forensic DNA Profiling and Statistics Training Module

No.	TOR	Category	Subcategory	Doc No.	Title
1545			SOP documents developed by outsourced FSP	F3.1.17	QIS2 - 37317T0.2 - DRAFT Use of the Forensic Register for Reporting Results Training Module
1546			SOP documents developed by outsourced FSP	F3.1.18	QIS2 - 37319T0.4 - DRAFT Principles of Peer Review Training Module
1547			SOP documents developed by outsourced FSP	F3.1.19	QIS2 - 37150V1 - DRAFT Complex case management sexual offences
1548			SOP documents developed by outsourced FSP	F3.1.20	QIS2 - 37150V1 - DRAFT Expert Evidence Training Module
1549			SOP documents developed by outsourced FSP	F3.1.21	QIS2 - 9009V10 - DRAFT Paternity and Kinship Training Module
1550			Spreadsheet	F3.2	Spreadsheet - Environmental Monitoring 2025
1551			Opportunity for Quality Improvement (OQI) Reports	F3.3	OQI - 62446 Amp Pos Report
1552	**TOR 13**	**Environmental scan - Trends and audit**		F4.1	IA - 31172 Review of Analytical lab environmental swabbing and deep cleaning process
1553				F4.2	IA - 31181 Review of Evidence Recovery lab environmental swabbing and deep cleaning process

No.	TOR	Category	Subcategory	Doc No.	Title
1554				F4.3	Summary points for ENVM&Analytical audits - 13 February 2025
1555				F4.4	New SOP template - Good Laboratory Practice in Forensic Biology
1556				F4.5	QIS2 - 22857V12 - Anti-contamination Procedure
1557				F4.6	DRAFT Good Forensic Laboratory Practice ProgramV2 - for FSQ review - 28 June 2024
1558			Spreadsheet	F4.7.1	Spreadsheet - 2004 ENVM trend identifiers
1559			Spreadsheet	F4.7.2	Spreadsheet - 2024 OQI summary information
1560			Opportunity for Quality Improvement (OQI) Reports	F4.7.3	OQI - 61659 EvRec ENVM trend 2024
1561			Opportunity for Quality Improvement (OQI) Reports	F4.7.4	OQI - 61659 EvRec ENVM trend Report
1562	**TOR 14**	**FSQ Advisory Council**	Cover Sheet	G	Cover Paper - Bruce Budowle TOR 14 - Advisory Council
1563			Intent of Advisory Council	G1.1	Terms of Reference - FSQ Advisory Council - endorsed 30 September 2024
1564				G1.2	Code of Conduct - FSQ Advisory Council - endorsed 30 September 2024
1565				G1.3	2024-12-03 - s48A policy for the Chairperson of Forensic Science Queensland (signed 9

No.	TOR	Category	Subcategory	Doc No.	Title
					December 2024)
1566				G1.4	Forensic Science Queensland Act 2024
1567			Qualifications of Advisory Council	G2.1	Ministerial Statement - Forensic Science Queensland Advisor Council appointed - 21 August 2024
1568			Issues that the Advisory Council has undertaken	G5.1	DRAFT Advisory Council Agenda Paper - COI recommendation implementation progress (March 25)
1569			Minutes and papers - Interim Advisory Board	G5.2.1	Interim Advisory Board - AGENDA - 28 March 2023
1570				G5.2.2	Interim Advisory Board - AGENDA PAPER 2.1 - Terms of Reference - FSQ interim Advisory Board - 28 March 2023
1571				G5.2.3	Interim Advisory Board - AGENDA PAPER 2.3 - Interim volume crime triage policy - QPS paper - 28 March 2023
1572				G5.2.4	Interim Advisory Board - AGENDA PAPER 3.1 - Progress report by FSQ - 28 March 2023
1573				G5.2.5	Interim Advisory Board - AGENDA PAPER 3.2 - ISSUES BRIEF - Recommendation 108-113 - 28 March 2023
1574				G5.2.6	Interim Advisory Board - AGENDA PAPER 3.2 - ISSUES BRIEF - Recommendation 24 - 28 March 2023
1575				G5.2.7	Interim Advisory Board - AGENDA PAPER 3.2 - ISSUES BRIEF - Recommendation 26 - 28 March 2023

No.	TOR	Category	Subcategory	Doc No.	Title
1576				G5.2.8	Interim Advisory Board - AGENDA PAPER 3.2 - ISSUES BRIEF - Recommendation 31 - 28 March 2023
1577				G5.2.9	Interim Advisory Board - AGENDA PAPER 3.2 - ISSUES BRIEF - Recommendation 4 - 28 March 2023
1578				G5.2.10	Interim Advisory Board - CLOSURE REPORT - Recommendation 107 - 28 March 2023
1579				G5.2.11	Interim Advisory Board - CLOSURE REPORT - Recommendation 16 - 28 March 2023
1580				G5.2.12	Interim Advisory Board - CLOSURE REPORT - Recommendation 18 - 28 March 2023
1581				G5.2.13	Interim Advisory Board - CLOSURE REPORT - Recommendation 2 - 28 March 2023
1582				G5.2.14	Interim Advisory Board - CLOSURE REPORT - Recommendation 59 - 28 March 2023
1583				G5.2.15	Interim Advisory Board - MINUTES - 28 March 2023
1584				G5.3.1	Interim Advisory Board - AGENDA - 4 May 2023
1585				G5.3.2	Interim Advisory Board - AGENDA ITEM 3.1 - Progress report by FSQ - April 2023 - 4 May 2023
1586				G5.3.3	Interim Advisory Board - AGENDA PAPER 2.2 - Action Items (as at 27 April 2023) - 4 may 2023
1587				G5.3.4	Interim Advisory Board - CLOSURE REPORT - (QPS) - Recommendations 101 and 102 - 4 May 2023
1588				G5.3.5	Interim Advisory Board - CLOSURE REPORT - Recommendation 115 - 4 May 2023
1589				G5.3.6	Interim Advisory Board - CLOSURE REPORT - Recommendation 26 - 4 May 2023

No.	TOR	Category	Subcategory	Doc No.	Title
1590				G5.3.7	Interim Advisory Board - CLOSURE REPORT - Recommendation 29 - 4 May 2023
1591				G5.3.8	Interim Advisory Board - CLOSURE REPORT - Recommendation 3 - 4 May 2023
1592				G5.3.9	Interim Advisory Board - CLOSURE REPORT - Recommendation 47, 70-73 - 4 May 2023
1593				G5.3.10	Interim Advisory Board - CLOSURE REPORT - Recommendation 49 - 4 May 2023
1594				G5.3.11	Interim Advisory Board - CLOSURE REPORT - Recommendation 79 - 4 May 2023
1595				G5.3.12	Interim Advisory Board - CLOSURE REPORT - Recommendation 82 - 4 May 2023
1596				G5.3.13	Interim Advisory Board - CLOSURE REPORT - Recommendation 86, 88, 94 - Implementation update - 4 May 2023
1597				G5.3.14	Interim Advisory Board - MINUTES - 4 May 2023
1598				G5.4.1	Interim Advisory Board - AGENDA - 3 August 2023
1599				G5.4.2	Interim Advisory Board - AGENDA PAPER 2.2 - Action Items (as at 26 July 2023) - 3 August 2023
1600				G5.4.3	Interim Advisory Board - AGENDA PAPER 3.1 - Progress report by FSQ - 3 August 2023
1601				G5.4.4	Interim Advisory Board - AGENDA PAPER 3.2 - Cover paper - 3 August 2023
1602				G5.4.5	Interim Advisory Board - AGENDA PAPER 3.2 - FSQ Implementation Update - 3 August 2023
1603				G5.4.6	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 117 - 3 August 2023
1604				G5.4.7	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 15 - 3 August

No.	TOR	Category	Subcategory	Doc No.	Title
					2023
1605				G5.4.8	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 19 - 3 August 2023
1606				G5.4.9	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 24 and 43 - 3 August 2023
1607				G5.4.10	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 31 - 3 August 2023
1608				G5.4.11	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 40-42 - 3 August 2023
1609				G5.4.12	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendation 45 - 3 August 2023
1610				G5.4.13	Interim Advisory Board - AGENDA PAPER 3.3 - Variation report (QPS) - Recommendations 101 and 102 - 3 August 2023
1611				G5.4.14	Interim Advisory Board - CLOSURE REPORT - Recommendation 106 - 3 August 2023
1612				G5.4.15	Interim Advisory Board - CLOSURE REPORT - Recommendation 35, 74 - 3 August 2023
1613				G5.4.16	Interim Advisory Board - CLOSURE REPORT - Recommendation 48, 69 (REC 48 NOT ENDORSED) - 3 August 2023
1614				G5.4.17	Interim Advisory Board - CLOSURE REPORT - Recommendation 75 - 3 August 2023
1615				G5.4.18	Interim Advisory Board - CLOSURE REPORT - Recommendation 78 - 3 August 2023
1616				G5.4.19	Interim Advisory Board - CLOSURE REPORT - Recommendation 87, 89, 90-93 - 3 August 2023

No.	TOR	Category	Subcategory	Doc No.	Title
1617				G5.4.20	Interim Advisory Board - CLOSURE REPORT - Recommendation 97 - 3 August 2023
1618				G5.4.21	Interim Advisory Board - MINUTES - 3 August 2023
1619				G5.5.1	Interim Advisory Board - Extraordinary Meeting - AGENDA - 24 October 2023
1620				G5.5.2	Interim Advisory Board - Extraordinary Meeting - MINUTES - 24 October 2023
1621				G5.6.1	Interim Advisory Board - AGENDA - 16 November 2023
1622				G5.6.2	Interim Advisory Board - AGENDA PAPER 2.2 - Action items (as at 9 November 2023) - 16 November 2023
1623				G5.6.3	Interim Advisory Board - AGENDA PAPER 3.1 - Progress report by FSQ
1624				G5.6.4	Interim Advisory Board - AGENDA PAPER 3.2 - Closure reports - Recommendations NOT CLOSED - 16 November 2023
1625				G5.6.5	Interim Advisory Board - AGENDA PAPER 3.2 - Cover Paper (15 Nov 23) - 16 November 2023
1626				G5.6.6	Interim Advisory Board - AGENDA PAPER 3.2 - Issues brief - Recommendations 13, 14, 44 and 45 - 16 November 2023
1627				G5.6.7	Interim Advisory Board - AGENDA PAPER 3.2 - Progress update - Recommendation 48 - 16 November 2023
1628				G5.6.8	Interim Advisory Board - AGENDA PAPER 3.3 - Implementation update (QPS) - Recommendation 80 - 16 November 2023
1629				G5.6.9	Interim Advisory Board - AGENDA PAPER 3.5 - FSQ Strategic Plan - 16 November 2023

No.	TOR	Category	Subcategory	Doc No.	Title
1630				G5.6.10	Interim Advisory Board - AGENDA PAPER 3.6 - Recommendation 1 – Planning for expert workshop - 16 November 2023
1631				G5.6.11	Interim Advisory Board - AGENDA PAPER 3.7 - Triage policy update by QPS - 16 November 2023
1632				G5.6.12	Interim Advisory Board - SUPPLEMENTARY INFO - Item 3.7 - FJASC agenda paper - Backlogs - 16 November 2023
1633				G5.6.13	Interim Advisory Board - CLOSURE REPORT - Recommendation 51, 52 (In principle end, closure confirmed 14 Feb 24) - 16 November 2023
1634				G5.6.14	Interim Advisory Board - CLOSURE REPORT - Recommendation 67 (In principle endorsement, closure confirmed 14 Feb 24) - 16 November 2023
1635				G5.6.15	Interim Advisory Board - CLOSURE REPORT - Recommendation 101 (QPS) - 16 November 2023
1636				G5.6.16	Interim Advisory Board - CLOSURE REPORT - Recommendation 102 (QPS) - 16 November 2023
1637				G5.6.17	Interim Advisory Board - CLOSURE REPORT - Recommendation 85 (QPS) - 16 November 2023
1638				G5.6.18	Interim Advisory Board - MINUTES - 16 November 2023
1639				G5.7.1	Interim Advisory Board - AGENDA - 14 February 2024
1640				G5.7.2	Interim Advisory Board - AGENDA PAPER 2.2 - Action items (as at 5 February 2024) - 14 February 2024
1641				G5.7.3	Interim Advisory Board - AGENDA PAPER 2.3 - Out-of-session decisions - 14 February 2024

No.	TOR	Category	Subcategory	Doc No.	Title
1642				G5.7.4	Interim Advisory Board - AGENDA PAPER 3.1 - Progress Report by FSQ - 14 February 2024
1643				G5.7.5	Interim Advisory Board - AGENDA PAPER 3.2 - FSQ Implementation Update - COVER PAPER - 14 February 2024
1644				G5.7.6	Interim Advisory Board - AGENDA PAPER 3.2 - Implementation update - Recommendations 40-42 - 14 February 2024
1645				G5.7.7	Interim Advisory Board - AGENDA PAPER 3.2e - FSQ approach to scientific expert feedback on closure reports - 14 February 2024
1646				G5.7.8	Interim Advisory Board - AGENDA PAPER 3.4 - Triage policy update 2 by QPS - 14 February 2024
1647				G5.7.9	Interim Advisory Board - AGENDA PAPER 3.5 - Supply and demand modelling at FSQ - 14 February 2024
1648				G5.7.10	Interim Advisory Board - AGENDA PAPER 3.8 - Reflections and lessons from Bennett COI - 14 February 2024
1649				G5.7.11	Interim Advisory Board - CLOSURE REPORT - Recommendation 100 - 14 February 2024
1650				G5.7.12	Interim Advisory Board - CLOSURE REPORT - Recommendation 15 - 14 February 2024
1651				G5.7.13	Interim Advisory Board - CLOSURE REPORT - Recommendation 48 - 14 February 2024
1652				G5.7.14	Interim Advisory Board - CLOSURE REPORT - Recommendation 55-58 - 14 February 2024
1653				G5.7.15	Interim Advisory Board - CLOSURE REPORT - Recommendation 76 - 14 February 2024
1654				G5.7.16	Interim Advisory Board - CLOSURE REPORT - Recommendation 98 - 14 February 2024

No.	TOR	Category	Subcategory	Doc No.	Title
1655				G5.7.17	Interim Advisory Board - CLOSURE REPORT - Recommendation 99 - 14 February 2024
1656				G5.7.18	Interim Advisory Board - MINUTES - 14 February 2024
1657				G5.8.1	Interim Advisory Board - AGENDA - 3 May 2024
1658				G5.8.2	Interim Advisory Board - AGENDA PAPER 2.2 - Action items (as at 26 April 2024) - 3 May 2024
1659				G5.8.3	Interim Advisory Board - AGENDA PAPER 2.2 - Action 3.1.22 (14 Feb 2024) - Visualisations - 3 May 2024
1660				G5.8.4	Interim Advisory Board - AGENDA PAPER 2.2 - Action 3.1.41b (16 Nov 2023) - Outsourcing measures - performance monitoring and feedback - 3 May 2024
1661				G5.8.5	Interim Advisory Board - AGENDA PAPER 2.2 - Action 3.2.14 (14 Feb 2024) - Project #256 Extraction efficiency - 3 May 2024
1662				G5.8.6	Interim Advisory Board - AGENDA PAPER 2.3 - Out-of-session decisions - 3 May 2024
1663				G5.8.7	Interim Advisory Board - AGENDA PAPER 3.1 - FSQ Progress Report - 3 May 2024
1664				G5.8.8	Interim Advisory Board - AGENDA PAPER 3.2 - FSQ Implementation Update - COVER PAPER - 3 May 2024
1665				G5.8.9	Interim Advisory Board - AGENDA PAPER 3.2 - FSQ Implementation Update - Recommendation 22 - 3 May 2024
1666				G5.8.10	Interim Advisory Board - CLOSURE REPORT - Recommendation 121 - 3 May 2024
1667				G5.8.11	Interim Advisory Board - CLOSURE REPORT - Recommendation 19 - 3 May 2024

No.	TOR	Category	Subcategory	Doc No.	Title
1668				G5.8.12	Interim Advisory Board - MINUTES - 3 May 24
1669				G5.9.1	Interim Advisory Board - AGENDA - 24 June 2024
1670				G5.9.2	Interim Advisory Board - AGENDA PAPER 2.2 - Action items (as at 13 June 2024) - 24 June 2024
1671				G5.9.3	Interim Advisory Board - AGENDA PAPER 3.1 - FSQ Progress Report - June 2024 - 24 June 2024
1672				G5.9.4	Interim Advisory Board - AGENDA PAPER 3.2 - FSQ Implementation Update - COVER PAPER - 24 June 2024
1673				G5.9.5	Interim Advisory Board - AGENDA PAPER 3.2.1 - Approach to completion of recommendations requiring change to FR - 24 June 2024
1674				G5.9.6	Interim Advisory Board - AGENDA PAPER 3.2.10 - Variation report - Recommendations 13, 44, 45 and 46 - 24 June 2024
1675				G5.9.7	Interim Advisory Board - AGENDA PAPER 3.2.11- Summary Report – Strategic Conversation – Recommendation 1 - 24 June 2024
1676				G5.9.8	Interim Advisory Board - AGENDA PAPER 3.2.8 - Variation report - Recommendation 4 - 24 June 2024
1677				G5.9.9	Interim Advisory Board - AGENDA PAPER 3.2.9 - Variation report - Recommendation 31 - 24 June 2024
1678				G5.9.10	Interim Advisory Board - AGENDA PAPER 3.4 - Interim Advisory Board handover to inaugural FSQ Advisory Council - DRAFT - 24 June 2024
1679				G5.9.11	Interim Advisory Board - CLOSURE REPORT - Recommendation 111 - 24 June 2024

No.	TOR	Category	Subcategory	Doc No.	Title
1680				G5.9.12	Interim Advisory Board - CLOSURE REPORT - Recommendation 14 - 24 June 2024
1681				G5.9.13	Interim Advisory Board - CLOSURE REPORT - Recommendation 21, 23, 39, 54, 103 - 24 June 2024
1682				G5.9.14	Interim Advisory Board - CLOSURE REPORT - Recommendation 24, 43 - 24 June 2024
1683				G5.9.15	Interim Advisory Board - CLOSURE REPORT - Recommendation 33, 37, 119 - 24 June 2024
1684				G5.9.16	Interim Advisory Board - CLOSURE REPORT - Recommendation 84 - 24 June 2024
1685				G5.9.17	Interim Advisory Board - CLOSURE REPORT - Recommendation 92 - 24 June 2024
1686				G5.9.18	Interim Advisory Board - MINUTES - 24 June 24
1687			Minutes and papers - Advisory Council	G5.10.1	Advisory Council - Agenda - FSQ Advisory Council - Inaugural meeting - 28 August 2024
1688				G5.10.2	Advisory Council - Item 4 - Director's Welcome to FSQ - Inaugural FSQ Advisory Council Meeting - 28 August 2024
1689				G5.10.3	Advisory Council - Item 5 - DRAFT Terms of Reference - FSQ Advisory Council - 28 August 2024
1690				G5.10.4	Advisory Council - Item 6 - DRAFT Code of Conduct - FSQ Advisory Council - 28 August 2024
1691				G5.10.5	Advisory Council - Item 8A - Interim Advisory Board - Handover - July 2024 - 28 August 2024
1692				G5.10.6	Advisory Council - Item 8B - Forensic Justice Advisory Subcommittee - Handover - July 2024

No.	TOR	Category	Subcategory	Doc No.	Title
					- 28 August 2024
1693				G5.10.7	Advisory Council - Item 8C - Forensic Medical Examinations Advisory Subcommittee - Handover - March 2024 - 28 August 2024
1694				G5.10.8	Advisory Council - Item 9 - Compendium of background information - FSQ Advisory Council - 28 August 2024
1695				G5.11.1	Advisory Council - Agenda - FSQ Advisory Council (Members) - updated 26 Sept - 30 September 2024
1696				G5.11.2	Advisory Council - Agenda - FSQ Advisory Council (Standing Invitees) - updated 24 Sept - 30 September 2024
1697				G5.11.3	Advisory Council - Item 5A - Case Management of DNA Testing (QPS Paper) - 30 September 2024
1698				G5.11.4	Advisory Council - Item 5B – Variation report for Recommendation 4 (FSQ Paper) - 30 September 2024
1699				G5.11.5	Advisory Council - Item 6 - Implementation of Recommendation 83 - 30 September 2024
1700				G5.11.6	Advisory Council - Item 7 - Implementation of Recommendation 117 - 30 September 2024
1701				G5.11.7	Advisory Council - Item 9 - Recommendations impacted by the Forensic Register - 30 September 2024
1702				G5.11.8	Advisory Council - Item 10 - DRAFT - Minutes - FSQ Advisory Council - Inaugural meeting - 28 August 2024 - 30 September 2024
1703				G5.11.9	Advisory Council - Item 11A - Draft Terms of Reference - FSQ Advisory Council - Track changes - 30 September 2024

No.	TOR	Category	Subcategory	Doc No.	Title
1704				G5.11.10	Advisory Council - Item 11B - Draft Code of Conduct - FSQ Advisory Council - 30 September 2024
1705				G5.11.11	Advisory Council - Item 12 - CONFIDENTIAL- Incoming - Evaluation of DNA Results for xxxxx (QPxxxxxxx) - 30 September 2024
1706				G5.11.12	Advisory Council - Item 13 - Member Conflicts of interest register (as at 19 Sept 24) - 30 September 2024
1707				G5.11.13	Advisory Council - Item 14 - Action items register (as at 19 Sept 24) - 30 September 2024
1708				G5.11.14	Advisory Council - Item 15 - COI recommendation implementation progress - FSQ Advisory Council (Sept 24) - 30 September 2024
1709				G5.12.1	Advisory Council - Agenda - FSQ Advisory Council (Members) (updated 3 Feb 25) - 4 February 2025
1710				G5.12.2	Advisory Council - Agenda - FSQ Advisory Council (Standing Invitees) (updated 3 Feb 25) - 4 February 2025
1711				G5.12.3	Advisory Council - Item 4 - Director of FSQ Update - FSQ Advisory Council - 4 February 2025
1712				G5.12.4	Advisory Council - Item 4 - FSQ Dashboard - January 2025 - 4 February 2025
1713				G5.12.5	Advisory Council - Item 5 - FSQ Advisory Council Agenda paper - FSQ COI Rec Implementation - 4 February 2025
1714				G5.12.6	Advisory Council - Item 5A - Completion report - Recommendation 20 (combined) - 4 February 2025
1715				G5.12.7	Advisory Council - Item 5B - Completion report - Recommendation 30 - 4 February 2025

No.	TOR	Category	Subcategory	Doc No.	Title
1716				G5.12.8	Advisory Council - Item 5C - Completion report - Recommendations 31 & 34 (combined) - 4 February 2025
1717				G5.12.9	Advisory Council - Item 5D - Completion report - Recommendation 53 (combined) - 4 February 2025
1718				G5.12.10	Advisory Council - Item 5E - Completion report - Recommendation 61 (combined) - 4 February 2025
1719				G5.12.11	Advisory Council - Item 5F - Completion report - Recommendation 62 (combined) - 4 February 2025
1720				G5.12.12	Advisory Council - Item 5G - Completion report - Recommendation 68 (combined) - 4 February 2025
1721				G5.12.13	Advisory Council - Item 5H - Completion report - COI Interim report Recommendation b - 4 February 2025
1722				G5.12.14	Advisory Council - Item 5I - Completion report - Recommendation 8 - 4 February 2025
1723				G5.12.15	Advisory Council - Item 5J- Completion Report - Recommendations 112 and 113 - 4 February 2025
1724				G5.12.16	Advisory Council - Item 6A - FSQ Advisory Council Agenda paper - Forensic Register Recommendations - 4 February 2025
1725				G5.12.17	Advisory Council - Item 6A - Att1 - Recommendations impacted by the Forensic Register as at 14 November 2024 - 4 February 20025
1726				G5.12.18	Advisory Council - Item 6B - FSQ Advisory Council paper - Variation report - Recommendation 4 - 4 February 2025

No.	TOR	Category	Subcategory	Doc No.	Title
1727				G5.12.19	Advisory Council - Item 7 - FSQ Advisory Council fact sheet for QVC - 4 February 2025
1728				G5.12.20	Advisory Council - Item 9 - Draft forward schedule of meetings in 2025 - 4 February 2025
1729				G5.12.21	Advisory Council - Item 10 - Conflicts of interest register - 4 February 2025
1730				G5.12.22	Advisory Council - Item 11 - Action items register - 4 February 2025
1731				G5.12.23	Advisory Council - Item 12 - COI recommendation implementation progress - FSQ Advisory Council (Jan 25) - 4 February 2025
1732				G5.12.24	Advisory Council - Out of Session - MINUTES - FSQ Advisory Council - 30 September 2024 - 4 February 2025
1733				G5.13.1	Advisory Council - Extraordinary Meeting - Agenda -Extraordinary meeting - FSQ Advisory Council - 1 April 2025
1734				G5.13.2	Advisory Council - Extraordinary Meeting - Cover paper - FSQ Preliminary information to inform additional functions - 1 April 2025
1735				G5.13.3	Advisory Council - Extraordinary Meeting - Att 1 – FSQ Progress against Nonconformances - 1 April 2025
1736				G5.13.4	Advisory Council - Extraordinary Meeting - Att 2 - FSQ Outsourcing Initiatives - 1 April 2025
1737				G5.13.5	Advisory Council - Extraordinary Meeting - Issues paper - Additional functions - 1 April 2025
1738				G5.14.1	Advisory Council - Agenda - FSQ Advisory Council (Members) - 22 May 2025
1739				G5.14.2	Advisory Council - Item 4 - FSQ Dashboard - as at 2 May 2025 - 22 May 2025
1740				G5.14.3	Advisory Council - Item 5A - Completion Report - Recommendation 108 - 22 May 2025

No.	TOR	Category	Subcategory	Doc No.	Title
1741				G5.14.4	Advisory Council - Item 5B - Confirmation of closure - Recommendations 33 and 119 - 22 may 2025
1742				G5.14.5	Advisory Council - Item 6 - NATA Accreditation Reassessment Update (Incl Att 1 and 2) - 22 May 2025
1743				G5.14.6	Advisory Council - Item 7 - FSQ Outsourcing Update (Incl Att 1) - 22 May 2025
1744				G5.14.7	Advisory Council - Item 8 - Historical Case Review (Incl Att 1) - 22 May 2025
1745				G5.14.8	Advisory Council - Item 11A - Conflicts of interest register - FSQ Advisory Council (as at 13 May 2025) - 22 May 2025
1746				G5.14.9	Advisory Council - Item 11B - Action items register - FSQ Advisory Council (as at 13 May 2025) - 22 May 2025
1747				G5.14.10	Advisory Council - Item 11C - COI recommendation implementation progress - FSQ Advisory Council (May 25) - 22 May 2025
1748				G5.14.11	Advisory Council - 12A - Minutes - FSQ Advisory Council - 3rd meeting - 4 February 2025 - MEMBERS - 22 May 2025
1749				G5.14.12	Advisory Council - 12B - Minutes - FSQ Advisory Council - Extraordinary meeting - 1 April 2025 - 22 May 2025
1750				G5.14.13	Advisory Council - DRAFT Minutes - FSQ Advisory Council - 4th meeting (Members) - 22 May 2025
1751	**TOR 10/11**		ODPP	H1	FSQ Review Information Request - Response - Office of the Director of Public Prosecutions
1752	**Additional Information**	**Attorney-General Meeting Brief - Meeting between A-**	Briefing Note	AI1.1	Min Briefing Note - Status Update for the NATA Reassessment of Forensic Science Queensland - 28 January 2025

No.	TOR	Category	Subcategory	Doc No.	Title
		G and FSQ Re: NATA			
1753	**Additional Information**		Briefing Note - Attachments	AI1.1.1	Attachment 1 - List of Forensic Chemistry Findings of the 2024 NATA assessment and status of FSQ response
1754	**Additional Information**		Briefing Note - Attachments	AI1.1.2	Attachment 2 - Notice of Requirement for Reassessment – Forensic Chemistry
1755	**Additional Information**		Briefing Note - Attachments	AI1.1.3	Attachment 3 - List of Forensic Biology and Quality Management System Findings of the 2024 NATA assessment and status of FSQ res
1756	**Additional Information**		Meeting Brief - Attachments	AI1.2	AGMB - Meeting between AG and FSQ re Nata - 6 March 2025 - ATTACHMENT 2
1757	**Additional Information**		Meeting Brief - Attachments	AI1.3	AGMB - Meeting between AG and FSQ re Nata - 6 March 2025 - ATTACHMENT 3
1758	**Additional Information**		Meeting Brief - Attachments	AI1.4	AGMB - Meeting between AG and FSQ re Nata - 6 March 2025 - ATTACHMENT 3a (enclosure)
1759	**Additional Information**	**Attorney General Briefing Note - NATA Audit**	Briefing Note	AI2	AG comments on AGBN 7255484 - FSQ NATA accreditation
1760	**Additional Information**		Briefing Note - Attachments	AI2.1	Att 1 - List of all findings of the 2024 NATA assessment for FSQ
1761	**Additional Information**		Briefing Note - Attachments	AI2.2	Att 2 - NATA assessment outcome letter – Forensic Chemistry
1762	**Additional Information**	**Commission of Inquiry**	Reference Material	AI3	List of all Commission of Inquiry Final Report recommendations

No.	TOR	Category	Subcategory	Doc No.	Title
		Recommendations			
1763	**Additional Information**	**Correspondence from Chief Magistrate**	Correspondence	AI4	Letter to Attorney-General from Chief Magistrate - 13 February 2025
1764	**Additional Information**	**Reference matieral from meeting with Magistrates**	Reference Material	AI5	Criminal Code Act 1899
1765	**Additional Information**			AI6	Magistrates Court - Practice Direction - DNA Affected Case Callover for Cases in the Brisbane Area
1766	**Additional Information**		Correspondence	AI7	Email to DL FSQ Leadership - 30 May 2025
1767	**Additional Information**	**Anonymous test - Prosecutor's fallacy**		AI8	Phrasing statistical results exercise summary
1768	**Additional Information**			AI9	Email - Re: Exit interview - 5 June 2025
1769	**Additional Information**	**Preliminary questions prior to first visit**		AI10	FSQ Response to Bruce Budowle - Preliminary questions and requests - 8 March 2025
1770	**Additional Information**			AI11	Fortnightly Report - Innovation - 24 March 2025
1771	**Additional Information**	**Strategic workshop outcomes**		AI12	Outcome of Strategic Conversation (Recommendation 1) (combined)
1772	**Additional Information**	**The Director's Office - Transformation Initiatives**		AI13	FSQ Review 2025 - Transformation initiatives - Draft Plan V1

No.	TOR	Category	Subcategory	Doc No.	Title
1773	**Additional Information**	**Turnaround Times**		AI14	ANZPAA NIFS - Workflow Mapping Forensic Biology - Agency Report - QLDHFSS
1774	**Additional Information**			AI15	Copy of Australian Jurisdictional Responses - Forensic Biology metadata
1775	**Additional Information**	**Updated profile interpretation guidelines - STRmix training resources - associated training modules**	Training Material	AI16.1	QIS2 - 24234V9 - Basics of DNA Profile Interpretation - Training module 19 April 2024
1776	**Additional Information**		Training Material	AI16.2	QIS2 - 31476V7 - STRmix - Training Module - 5 December 2024
1777	**Additional Information**		Training Material	AI16.3	QIS2 - 35007V4 - Use of STRmix Software - 16 May 2024
1778	**Additional Information**		Training Material	AI16.4	QIS2 - 36737V2 - Procedure for DNA Profile Interpretation - 29 September 2024
1779	**Additional Information**	**STRmix Training Modules**	Training Material	AI17.1	STRmix training_MCMC Game
1780	**Additional Information**		Training Material	AI17.2	STRmix training_Presentation 1
1781	**Additional Information**		Training Material	AI17.3	STRmix training_Presentation 2
1782	**Additional Information**		Training Material	AI17.4	STRmix training_Presentation 3

No.	TOR	Category	Subcategory	Doc No.	Title
1783	**Additional Information**		Training Material	AI17.5	STRmix training_Presentation 4
1784	**Additional Information**		Training Material	AI17.6	STRmix training_Presentation 5
1785	**Additional Information**		Training Material	AI17.7	STRmix training_Presentation 6
	Contamination				
1786	Summary of contamination events - presentation 25.6_Redacted 2.pdf				
1787	Contamination Presentations - June 2025		Two presentations		
1788	**ODPP Documents**				
1789					**Historical Matters Review Protocol for the DNA Review Team (January 2025)**
1790					**Workstream 2: DNA Current Matters Dashboard**
1791					**ODPP DNA Review Team Current Matters Protocol (September 2024)**
1792					**Workstream 1: Historical Review Dashboard**
1793					**ODPP Response to FSQ Review Information Request (24 February 2025)**

Appendix 2: Response by the FSQ Director to the Review Team's briefings on findings

FSQ transformation initiatives - 2025

Background
The 2022 Commission of Inquiry into Forensic DNA Testing (COI) ventilated serious and longstanding scientific, management, quality, and cultural problems at FSQ stemming from years of poor leadership and management practices.

In December 2022, the government accepted all 123 recommendations from the COI and appointed new leadership to reform the laboratory. While significant gains have been made to build trust in the new leadership and to embed a positive culture at Forensic Science Queensland (FSQ), the resolve of staff has been weakened by a number of factors, including significant and persistent workload pressures, the pace of change and varying levels of resistance to change, a second Commission of Inquiry (into Project 13) in 2023, NATA reassessment process pressures, and two concurrent reviews by forensic experts in 2024-2025.

Initial feedback from one of the review teams urged FSQ leadership to take action to address issues around outsourcing, quality, and culture. This brief provides a high-level overview of a response to these issues.

Culture transformation initiatives

Objective
FSQ remains committed to embedding a positive and supportive workplace culture and to bond staff in a shared sense of vision and purpose to establish FSQ as a world-class forensic service. Having received feedback from one of the review teams, FSQ leadership agrees a significant and focussed initiative is required to address cultural barriers and to commit staffing groups to constructive ways of working through transparent and authentic communication and consultation processes, strong leadership, collaboration and accountability.

Engaging external consultants to support this process offers both independence, expert workshop facilitation and documentation of agreed outcomes.

Areas of focus
Initial efforts will be focussed on the following teams / work units:
- FSQ Senior Management Team leadership
- Historical Case Review and Forensic Biology leadership teams
- All of Forensic Chemistry leadership (after recruitment to HP7 Executive Manager, Chemistry)
- Quality, Innovation, and Operational leadership groups

This work will run parallel to FSQ's existing monthly leadership workshop program.

Aims:
The consultant/s will be briefed on the current challenges and factors contributing to these. They will be commissioned to develop and implement a tailored workshop program for the above-mentioned leadership groups with the aim to:
- Fortify working relationships and enhance collaboration within and across teams.
- Enhance ways of working and communication, including constructive communication techniques to escalate and resolve differences.
- Embed a positive quality culture.

- Improve engagement and commitment to organisational priorities.
- Unify staff in shared values and an ethos of continuous improvement.
- Build responsiveness to change and change management capability.

External companies identified to facilitate a cultural support program

Nous, OnTalent, Corporate Edge and Evexia are external companies that have been identified to facilitate a cultural support program for FSQ. This program will aim to enhance culture, improve engagement in the workplace, instil behaviours aligning with a positive workplace and culture, unify staff in a shared commitment to work well together.

In line with DoJ policy, a procurement process will be undertaken to identify the most appropriate company to address FSQ's needs.

Quality transformation initiatives

Current state
FSQ has conducted significant work to build a robust quality system, including the development and launch of a Quality Manual in 2024. However, the work to date has not resulted in an embedded positive quality culture and significant work remains to develop the infrastructure and competency required.

Development of a mandatory FSQ Non-Technical Training Program (NTTP) for all staff covering:

- FSQ onboarding training,
- FSQ induction training,
- Forensic awareness training,
- Soft skills development (i.e., interpersonal/people skills, communication skills, listening skills, time management skills, problem-solving skills, etc.),
- Quality management system
    - Quality fundamentals
    - OQI investigations, including root cause analysis
    - Internal auditing
    - Risk management
- Ethics and professional responsibility
- Continuous improvement and culture building
- Communication and reporting

Development of mandatory training for all FSQ scientific staff covering:

- Technical competency and proficiency training and testing
- Critical thinking in science

Development of a mandatory training program for leaders covering:

- All Team Leaders and above to undertake advanced quality systems training including auditing
- Leadership development and mentoring

Whilst some of the training above can be delivered by outside groups, this will still need to be coordinated. Additionally, some of the quality related training can be provided by the Quality Team. Regardless, the above training impost will require the Training Team to be significantly expanded by an additional 6 FTE to support Forensic Biology and Forensic Chemistry disciplines, as well as science support and corporate staff.

There are currently issues with the electronic Quality Investigation System (QIS) used by Queensland Health in that it does not have a non-conformance category. FSQ is currently in the process of procuring a new Electronic Quality Management System (EQMS). However, in the interim, FSQ proposes that all Opportunity for Quality Improvements (OQIs) are reviewed and OQIs that are a non-conformance are reclassified to a "critical incident" (the only available category on the Quality Investigation System (QIS) system to capture this type of incident). All critical incidents are then reallocated to the Quality Team for investigation. This will require the Quality Team to be supplemented with Biology and Chemistry expertise, to a total of 6 additional FTE.

Outsourcing Expansion initiatives

Outsourcing current state
FSQ is currently outsourcing at a rate according to the capacity of the various Forensic Service Providers (FSP).

Forensic Medical Examination Kits (FMEK) current state
Outsourcing of FMEKs is limited to 15kits per 3 months to Environmental Science and Research (ESR).

Case Management outsourcing current state
There are currently 3.4FTE external scientists assessed as competent who are independently performing DNA profile interpretation and case management of P2 cases and a further 6FTE under mentorship.

FSQ leadership recognises and supports the expansion of outsourcing arrangements to meet testing demands and reduce backlogs at FSQ.

Proposed future state
FSQ is proposing to work with the Queensland Police Service (QPS) to expand its current outsourcing arrangements to address several areas of critical need, including outsourcing of:

1. All major crime (priority 2 (P2)) cases at FSQ but not commenced which includes;
    a. FMEKs (N = 622)
    b. Exhibits (N = 46 underwear).
2. All new major crime (P2) not yet received at FSQ.

FSQ is proposing to continue its current use of outsourcing to provide additional capacity at FSQ to conduct DNA profile interpretation, case management and reporting of results for DNA profiles currently in the FSQ DNA profile interpretation backlog (N = 10,000).

It should be noted that FSQ will need to consult with the Together Union in order to increase outsourcing beyond current agreements. Matters with short turnaround time requirements,

Priority 1 (P1) and volume crime (Priority 3 (P3)) will continue to be sent to FSQ for processing and analysis.

Requirements
Due to legislative requirements, expansion of outsourcing to include laboratory phases of casework requires QPS to lead the outsourcing initiative including contract management, exhibit transfer and chain of custody and result management. To support the timely implementation of this initiative, FSQ has provided QPS with a list of relevant FSPs, workflow considerations/advice, and information regarding required permits. FSQ proposes to work cooperatively with QPS to provide advice and ensure quality processes are in place.

A joint Cabinet Budget Review Committee (CBRC) submission between FSQ and QPS is necessary to meet associated outsourcing costs and additional QPS resources required, and discussions have commenced regarding this. FSQ propose that part of the FSQ consumables budget could be moved to support historical case review testing until such a time that full testing is returned to FSQ. It is not anticipated that there will be any overall cost saving to the FSQ budget by increasing outsourcing, as funds will be realigned to HCR. However, there may be a reduction in funds previously requested for HCR, however this will need to be more accurately modelling once final numbers of cases and samples required for HCR are known.

FSQ has a current CBRC submission for additional resources. These resources will still be required to ensure FSQ is positioned to maximise opportunities (listed below), prevent future backlogs, and respond to increases in the P3 volume crime submissions.

Opportunities
The proposed outsourcing expansion model provides FSQ with the following opportunities using staffing resources:

1. Retain and enhance current inhouse capacity by prioritising training and streamlining processes to bolster scientific practice and excellence;
2. Position FSQ to best respond to P1, and volume crime (P3);
3. Position FSQ to bolster the Historical case review (HCR) response;
4. Improve and realign FSQ's quality culture and practices and maintain laboratory accreditation.

Risks
Ongoing cost implications of this outsourcing initiative is a risk to Queensland government. Further testing of cases will need to be performed by the original FSP and will incur additional costs. FSQ's current experience is that outsourcing costs are approximately three times more than in-house testing.

FSQ resources
In addition to P1, P3 and HCR casework, FSQ will utilise internal resources to;

- Develop and conduct essential training and update professional scientific knowledge relevant to forensic biology.
- Address validation and verification gaps to ensure the performance measures are in line with best practice and that the requirements for a specific intended use are fulfilled.
- Review and update workflows and subsequent Standard operating Procedures (SOPs) to reflect best practice and meet accreditation requirements.

- Further implementation of Commission of Inquiry recommendations.
- Address NATA assessment recommendations and position FSQ to maintain ongoing accreditation.
- Realign and improve quality culture and practices to imbed a positive quality within operational workflows.
- Improve and enhance workplace culture and improve communication between teams and leaders.