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Queensland Legislative Assembly
Number: 5825T1156
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MP: [signature]
Clerk's Signature: [signature]

Attorney-General and Minister for Justice
Minister for Integrity
Attn: The Honourable Deb Frecklington MP
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BRISBANE QLD 4001

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Dear Attorney-General, Minister for Justice and Minister for Integrity

RE: RESPONSE TO SHOW CAUSE RE REMOVAL FROM OFFICE

We act for Dr Linzi Wilson-Wilde OAM **(our client)** and are in receipt of the Show Cause Notice issued on 20 June 2025 (**the Notice**).

The Notice, inter alia, alleges that our client has failed to carry out her functions as Director of Forensic Science Queensland (**FSQ**) as set out in section 13 of the *Forensic Science Queensland Act 2024* **(the Act)**.

Our client denies the allegations set out in the Notice for reasons provided herein this response to the Notice.

Background

We are instructed by our client as follows in relation to her appointment and relevant events concerning FSQ which ought to be considered in conjunction with our client's specific responses to the allegations:

1. in 2022 the Forensic Biology Services in the Police Services Stream in the then Forensic and Scientific Services (**FSS**) agency within the Department of Health was the subject of a Commission of Inquiry into DNA Testing Services in Queensland led by Walter Soffronof (**2022 COI**). The 2022 COI made a total of 126 recommendations to set the laboratory on the right path for the future. Our client was an expert in the 2022 COI providing numerous reports and giving evidence in relation to the 2022 COI;

2. following the 2022 COI, our client was approached, or considered, for an appointment to lead the laboratory and implement the recommendations of the 2022 COI. Our client initially declined the opportunity, but then agreed to assume the role in December 2022;

3. on 16 January 2023, our client commenced as Chief Executive Officer (CEO) of FSQ (not formally created at the time) on a two (2) year contract;

4. at the commencement of our client's role as CEO, she was provided staff from the Police Services Stream within the FSS and was formally employed by the Department of Health. The FSS team consisted of 111 staff, of which 106 were scientists and 5 administrative staff. None of the staff were appointed higher than the level of team leader. Alongside our client, a team of 5 staff were employed to assist, including a Deputy, a Human Resources Officer, a Human Resources Assistant, an Officer Manager and an Executive Support Officer (none of these individuals had previously worked in a forensic laboratory);

5. our client was tasked to undertake the following with limited resources:

   (a) build the new FSQ agency, including recruiting the leadership team (Deputies, Executive Managers, Managers and additional Team Leaders), recruit additional scientists and staff, and establish new areas of quality, innovation, corporate etc.;

   (b) deliver the Forensic Biology and Forensic Chemistry services to the criminal justice system;

   (c) implement the recommendations from the 2022 COI;

   (d) review all services, methods, procedures etc. (our client believed the 2022 COI may not have identified all issues in the laboratory);

   (e) establish a system to review approximately 41,000 historical cases and to review same; and

   (f) identify and implement new methods and services to improve the laboratory and to meet future needs;

6. initial discussions regarding outsourcing work were met with concern. Approval was required from the Commissioner of Police (CoP). In our client's recent discussions with Dr Bruce Budowle (Dr Budowle), he acknowledged the difficulties FSQ faced with outsourcing and that closing the lab was not a viable option. It was not until mid-2023 that a small amount of outsourcing was approved by the CoP subject to the restriction of its application to volume crime (interpretation of DNA samples only – with no samples going overseas);

7. by mid-2023, our client established and on-boarded a leadership team, developed and implemented a Strategic Plan, and commenced outsourcing to improve the department's capacity. Our client experienced difficulty in recruiting sufficiently trained Forensic Biology experts and in the second half of 2023 implemented an international recruitment campaign to attract qualified scientists;

8. in 2023, the Queensland Government announced another Commission of Inquiry () into 'Project 13' and statements our client made in the media. The outcome of the 2023 COI was positive in respect of the work achieved by the FSQ under our client's directorship. A finding was made that "the evidence is unequivocal that [our client] is performing well in [her] role";[1]

[1] Bennett 2023.

9. since our client's appointment, FSQ has had a positive history of achievements which are detailed in various progress reports tabled in parliament. In 2024, FSQ reduced the backlog of testing by approximately fifty percent (50%). Our client believes that without the review in 2025, FSQ was on track to effectively eliminate the backlog;

10. at all times our client has maintained the view (as communicated to stakeholders) that the rectification of issues in the laboratory would be a 2-3-year process. Our client has led the review and improvement of processes in the laboratory, which is ongoing and continues to identify areas for improvement. That review is still in progress;

11. our client's ability to efficiently and effectively progress the identification of issues or concerns and to implement improvements has been hindered by the 2023 COI and further reviews of the current government – that is, the 2023 COI and subsequent reviews drain vital resources from the laboratory and interferes with the completion of tasks which FSQ is primarily appointed to undertake and for the purpose which it was established;

12. by way of example of our client's intent and initiative to improve laboratory processes, she facilitated deep-dive technical reviews by national experts of the Evidence Recovery and Analytical laboratories to identify issues for rectification. Neither of these reviews raised any concerns or identified examples regarding any contamination events in the DNA analysis workflow. Our client believes that a properly functioning quality system ought to be designed to identify issues so that they may be addressed and improved on an ongoing basis – a system that should not be stopped. This is fundamental to the concept of continuous improvement;

13. in circumstances where FSQ had not completed its reform journey, our client believes that it was inevitable that certain issues would be identified as part of a review and that recommendations would be made to address same. It would take a significant amount of time and resources for the laboratory to function perfectly within a short period of time given the systemic nature of the issues. Our client was appropriately identifying issues and prioritising their rectification given available scientific resources; and

14. on 19 June 2025, a member of FSQ staff provided information to the Executive Manager Forensic Biology, Natasha Mitchell (**Ms Mitchell**), in relation to five (5) incidences of sample-to-sample contamination over the last eight (8) months. On the same date, Ms Mitchell approached our client and indicated that she had spoken with the Executive Manager Quality Assurance, Mr Brett Scott, and they both recommended that FSQ ought to pause DNA testing in order to conduct a deep clean and root cause analysis to identify whether there were any other affected samples. Our client was not aware of, or made aware of, these contamination events prior to Ms Mitchell contacting our client. This prompted our client to call a meeting of all relevant leaders on the same day, including those from Forensic Biology, Quality and Innovation to discuss the issues and develop a path to address same. It was agreed at the meeting that three (3) parcels of work would be undertaken with a plan to be developed by an appointed lead scientist to:

    (a) investigate the environmental monitoring DNA contamination – plan lead assigned to Dr Sally Wasef;

    (b) investigate sample-to-sample contamination in the DNA process – plan lead assigned to Verity Wagner; and

(c) data mining of past events and trend analysis on all DNA analysis platforms – plan lead assigned to Luke Ryan.

The plan leads were to develop full action plans with task breakdowns, deliverables, persons responsible and due dates. An initial 7-day pause on routine testing commenced from Friday, 20 June 2025. Urgent samples and samples-in-progress were to continue on instruments where no contamination was identified. Contamination was localised to 'Qiagen Symphony' robots.

15. on 19 June 2025, our client:

(a) spoke to Director General Sarah Cruickshank to inform her of what transpired on 19 June 2025. DG Cruickshank indicated to our client that the approach outlined in paragraph 14 above was reasonable and that she would inform your office. DG Cruickshank also contacted our client the same day to ensure that our client would speak with the Advisory Council and the Queensland Police Service (**QPS**), and to provide an email detailing the situation, who our client had spoken to, and the plan forward to address the contamination issues;

(b) spoke with Advisory Council Chair, Julie Dick (**ACC Dick**), who supported our client's approach and path forward to address the contamination issues;

(c) spoke with Chief Inspector David Neville (**CI Neville**) from the QPS, who indicated to our client that he was "OK" with a 7-day pause on routine testing provided that priority cases would proceed;

(d) spoke with Executive Director FSQ Implementation in the Department of Justice, Aaron Suthers (**ED Suthers**), who was thankful for our client's update; and

(e) sent an email outlining the event and information as requested by DG Cruickshank to DG Cruickshank, Hannah Jarman (A/Deputy Director Forensic Operations FSQ), Melissa Wilson (A/Deputy Director Corporate Operations FSQ), Dr Budowle, ACC Dick, CI Neville and ED Suthers.

16. on 20 June 2025, our client:

(a) attended a meeting to discuss outsourcing at which DG Cruickshank called our client on her mobile and requested a briefing to you by close of business;

(b) informed Mr Greg Cummings from the Office of the Director of Public Prosecutions of the 7-day pause on testing;

(c) sent an email to all FSQ staff updating them about the events and plan to address the contamination issues;

(d) sent a brief to your office and an email to all stakeholders; and

(e) received a call from DG Cruickshank informing our client that she was to receive a letter standing her down and a direction to leave the premises; and

17. our client has strived, and continues to strive, in implementing a positive quality culture, where scientists are able to voice their opinions and raise issues so that those issues may be resolved.

Allegations

In relation to the allegations set out under the Notice, we note the following in accordance with our client's instructions:

18. under section 13 of the Act, the functions as Director of FSQ is to support the administration of criminal justice in Queensland by:

    (a) leading the provision of forensic services and advice about forensic services to the Queensland Police Service, the Director of Public Prosecutions, coroners and other entities who perform functions related to the administration of criminal justice; and

    (b) ensuring forensic services and advice provided to the entities mentioned in paragraph (a) are (i) reliable, independent and impartial; and (ii) based on high quality processes and techniques that comply with relevant standards and accreditation requirements; and

    (c) ensuring research, development and innovation are undertaken to inform the provision of forensic services; and

    (d) developing partnerships and collaborating with other entities to inform and support the provision of forensic services.

19. it is ***alleged*** that our client has failed to carry out the functions of her role as set out under subsections 13(a) and (b) of the Act due to:

    "*significant concerns regarding the serious nature of the issues identified by Dr Budowle and the potential implications for the reliability of DNA testing performed by the FSQ for criminal proceedings and other legal matters*".

20. the allegation relies on the "*receipt of information that Dr Bruce Budowle and his review team have raised concerns regarding environmental contamination and contamination in the DNA testing processes of FSQ; that since those concerns were raised your staff have identified some incidents of contamination within batches of samples being analysed; the lab has been experiencing for a number of years DNA results in the environmental monitoring program (ideally no DNA should be obtained) which may be due to outdated facilities and ineffective cleaning practices; and that Dr Budowle indicated he would likely be recommending a short pause on testing to focus on deep cleaning, root cause analysis of the contamination, staff training, and process improvements (amongst other things).*"

21. it is ***implied*** under the Notice that should the allegations be substantiated, our client:

    (a) is incapable of performing the director's duties; or

    (b) has neglected the director's duties or performed the duties incompetently.

20. no other particulars or material have been provided in support of the allegations; and

21. she denies that she has failed, neglected, or acted incompetently, in leading FSQ in ensuring that forensic services and advice provided to stakeholders are reliable, independent and impartial. Under our client's directorship, FSQ has continued to rely on high quality processes and techniques that complies with relevant standards[2], and where issues concerning contamination were identified, our client has taken positive action to address same.

Environmental Contamination

Our client specifically notes the following in relation to the allegations concerning environmental contamination (with references and emphasis added):

22. **DNA contamination on laboratory surfaces cannot be eliminated** and environmental DNA contamination events **occur in all forensic laboratories** and has many sources – this is why FSQ constantly conducts environmental monitoring and associated cleaning practices;[3]

23. environmental DNA monitoring programs measure the background levels of DNA in areas where forensic evidence is collected, examined or processed, to ensure that the risk of **DNA contamination is minimised through effective work practices and cleaning regimes**;[4]

24. **DNA can collect and build up on various surfaces** in the laboratory[5] and exist on items thought to be 'clean' such as disposable gloves;[6]

25. **in an ideal world, environmental contamination would be zero, but this is not reality and never the case**. FSQ uses the DNA amplification kit PowerPiex 21 which can pick up very low levels of DNA on surfaces;[7]

26. environmental monitoring is one element of a suite of systems used to reduce DNA contamination in the testing process. Presence of DNA in environmental monitoring samples does not mean that contamination will be present in casework samples.[8] Rather it is a mechanism to highlight potential sources of contamination and implement mitigation strategies to reduce the likelihood of contamination of casework samples;

27. **deep cleaning of laboratories is standard practice and is good practice**, and a full deep clean should be conducted on a regular basis.[9] FSQ introduced weekly deep cleans of the laboratory. This is a good maintenance practice, and sometimes a deeper clean is required;

28. **the current facility is old and potentially hinders contamination reduction** (open laboratory not broken down into smaller laboratories, poor air-conditioning). It is not consistent with good practice (which is no fault of our client)[10]. Our client understands that this is somewhat being rectified through refurbishment due to commence this year and that this refurbishment will take some months;

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[2] SWGDAM 2017, NIFS 2025.
[3] Alketbi et al 2023, Ansell 2013, Ballantyne et al 2013, Ballantyne 2015, Basset and Castella 2019, Taylor 2016a, Vandewoestyne et al 2011.
[4] Henry et al 2015.
[5] Poy et al 2006, Vandewoestyne et al 2011
[6] Daniel et al 2011, Poy et al 2006, SWGDAM 2017
[7] Ballantyne 2013.
[8] Gaskell et al 2025
[9] SWGDAM 2017.
[10] Basset and Castella 2019, SWGDAM 2017

29. the urgency for a new facility has been raised on a number of occasions with the Queensland Government, however, has not been prioritised, despite our client briefing the government for such need;

30. relevantly, a number of other sources or reports support these contentions and the steps taken by FSQ under our client's leadership, including:

    (a) the European Network of Forensic Science Institutes DNA Working Group *recommends regular monitoring for DNA presence in the laboratory environment*;[11]

    (b) Henry et al 2015 found in South Australia forensic facilities that significant background DNA existed on a number of surfaces and items of equipment.[12] This was later supported by Taylor et al 2016. Ansell 2013 describes numerous contamination events and the sources (from suppliers, police to scientific staff) in forensic laboratories in Sweden; and

    (c) Preuße-Prange et al 2009 found that **satisfactory DNA removal of artificial DNA contaminations (saliva and pure DNA) could not be achieved even though they were treated with UV irradiation** and other decontamination procedures.

31. since our client's appointment, she has spearheaded the introduction of various initiatives to improve laboratory procedures, including:

    (a) staff training on how to improve cleaning techniques;

    (b) introducing new cleaning protocols;

    (c) increasing clean down occurrences and thoroughness in the lab including weekly cleans;

    (d) increasing personal protective equipment (PPE) requirements and proving training to staff on PPE;

    (e) developing and implementing a Good Laboratory Practice Guideline, providing guidance on contamination reduction amongst other good laboratory practices;

    (f) reviewing the Quality Assurance Register (QAR) and associated processes to maximise inclusion of persons entering the Forensic Biology facility to identify contamination events;

    (g) introducing an additional Forensic Biology Quality Coordinator to help review events to identify patterns and conduct root cause analysis; and

    (h) implementing a Quality Division with a focus on the implementation of a quality framework consistent with international standards[13] and developing a positive quality culture encouraging the identification of opportunities for process improvements;

[11] Ansell 2013.
[12] Henry et al 2015
[13] NIFS 2025.

32. at all times she acted in a manner consistent with section 13 of the Act by taking action to reduce environmental DNA contamination in the laboratory, which has been justified and appropriate in circumstances where the elimination of environment DNA is impossible.

DNA contamination in DNA testing

Our client specifically notes the following in relation to the allegations concerning DNA contamination in DNA testing (with references and emphasis added):

33. **DNA contamination in DNA testing occurs in all forensic laboratories** – that is why all forensic laboratories use controls at multiple stages (for example DNA extraction negative control, DNA amplification positive and negative controls). Laboratories also have a QAR with staff, contractor, and visitor DNA profiles in order to identify contamination when it occurs;[14]

34. DNA contamination in the DNA testing process can originate from many sources and effect the biological/DNA samples at various stages in the analysis process;[15]

35. **it is impossible to completely eliminate DNA contamination events;**[16]

36. the United States Scientific Working Group on DNA Analysis Methods (SWGDAM) guidelines reinforce that contamination may not be completely avoided and that when it occurs an **investigation must be performed**. For serious events a **root cause analysis must be taken**, and **suspension of casework should be considered**.[17] This is also supported by Heavey et al 2023, who advocated for Quality Assurance Programs and root cause analysis, which is what our client recommended should be done in this instance;

37. by introducing the more sensitive PowerPlex 21 kit, FSQ has seen an increase in incidences of contamination as the kit can detect very low levels of DNA;[18]

38. the DNA profile interpretation software STRmix™ models drop in (essentially contamination at the amplification stage) as part of its analysis process. This is standard analysis practice, and the software can model numerous peaks of drop in.[19] In the study by Taylor et al[20], approximately 23% of negative control samples showed some level of contamination (drop in). This demonstrates that contamination is a known and regular part of DNA analysis testing. The appropriate approach is to minimise contamination, because elimination, whilst desirable, is not possible;

39. relevantly, a number of sources and reports support these contentions and the steps taken by FSQ under our client's leadership, including:

    (a) Kloosterman et al 2014 analysed errors at the Netherlands Forensic Institute DNA laboratory over a 5-year period. They had 427 contamination events in that time, including 239 within controls and noted that more sensitive multiplexes (DNA amplification kits such as PowerPlex 21 as used by FSQ) caused increases in contamination detection. Additionally, technical failures

[14] Henry et al 2015, Basset and Castella 2019.
[15] Alketbi et al 2023, Alketbi et al 2024, Ansell 2013, Balk 2015, Fonneløp et al 2016, Pickrahn et al 2017, SWGDAM 2017.
[16] Preuße-Prange et al 2009, Matire et al 2024, SWGDAM 2017.
[17] SWGDAM 2017, Basset and Castella 2018.
[18] Balk 2015, Ballantyne et al 2013.
[19] Taylor et al 2016b.
[20] Taylor et al 2016b.

associated with extractions and Liquid Handling Platforms (robotic platforms) were not uncommon;[21] and

(b) Basset and Castella 2018 found that between 2011 and 2015 in forensic laboratories in Switzerland, a total of 709 DNA contaminations were detected. This represents a mean of 11.5 (9.6–13.4) contaminations per year per 1000 profiles sent to the Swiss DNA database.

40. the contamination events identified by FSQ staff consists of five (5) events over a period of eight (8) months affecting six (6) samples which were either a negative control or an environmental monitoring sample. This alone is not considered a high level of contamination, but nonetheless our client believes it is important to follow good practice through investigation and root cause analysis, and to ensure there are no further incidents. The event does not affect the casework results for those relevant batches as all other samples have been checked to determine that no crime scene samples have been affected. **The case results have not been compromised and are otherwise reliable**;

41. FSQ interprets its DNA controls to levels/amounts of DNA much lower than most laboratories and therefore it may appear that it experiences more contamination than other laboratories, however this may not be the case. This was acknowledged by Dr Budowle. FSQ was investigating the levels of DNA seen in controls to determine if there was an issue or not. It was not confirmed at the time of our client's suspension;

42. background DNA at low levels in profiles is common as the DNA analysis system (PowerPlex 21) is highly sensitive and can amplify DNA in minute quantities.[22] For this reason, appropriate laboratory facilities, cleaning protocols, and protective clothing are of utmost importance. Some laboratories have moved towards 'radical transparency' and publish all methods, procedures, quality incidents reports, contamination events and corrective action on their public website (see for example https://records.hfscdiscovery.org). This serves to demystify forensic processes and acknowledge that these events occur, and it is what the laboratory does to rectify the issue that is most important;[23]

43. she acted with due diligence and in accordance with the advice of Executive Managers, Forensic Biology Leaders, the Quality team and the Innovation team, by conducting an investigation to see if there are any other instances of contamination, and to undertake a root cause analysis to identify if any methods can, or ought to be, changed to improve analysis processes, and to reduce the chance of further contamination;

44. the extended pause on DNA testing was to form part of the review's recommendation in order to undertake deep cleaning, training of scientists and to provide the laboratory with a "breather" as proposed by Dr Budowle. Dr Budowle informed our client of his concerns but acknowledged that he did not fully understand whether the contamination was an issue or not. Our client intended, and intends, to not wait until the report is released and to undertake her own investigations sooner as part of her due diligence;

[21] Kloosterman et al 2014.
[22] Goray et al 2024.
[23] Heavey et al 2023.

45. her response to the event, the subject of the Notice, is consistent with industry standards[24] noting that she has extensive experience in working with standards, and has chaired the international ISO committee developing international standards for forensic science for over 10 years; and

46. at all times she acted in accordance with best practice and acceptable industry standards relating to the control and minimisation of DNA contamination in DNA testing. She has communicated openly and acted with transparency, integrity and honesty in her dealings with all stakeholders.

It should be noted that our client has successfully led the laboratory through the recent National Association of Testing Authorities (NATA) accreditation process. NATA recognised the significant amount of work that had been achieved at the laboratory and even made comment that the lab, if it achieved all of the goals set under her leadership, would be a world leading laboratory. The Quality System implemented since she took lead is now being copied by other forensic laboratories in Australia as an example of how quality process should be implemented.

Final remarks

In the circumstances, our client's leadership and conduct since her appointment as Director of FSQ has been consistent with the requirements of her role under section 13 of the Act, that is:

(A) she has led with honesty, integrity and transparency in supporting the administration of criminal justice in Queensland by providing forensic services and advice about forensic services to all relevant stakeholders in a timely manner;

(B) she has ensured forensic services and advice provided to all relevant stakeholders are reliable, independent and impartial and based on high quality processes and techniques, and where there have been issues identified which may question the reliability of such forensic services, she has taken active and appropriate steps to address such matters through implementing plans, protocols, reviews and systems to address same and to improve quality; and

(C) she has advocated for the development and innovation of forensic services in Queensland in order to improve the quality of processes and techniques.

Our client remains confident that she is capable of performing the duties as Director with competence and due diligence. She otherwise denies neglecting her duties a Director.

Notwithstanding the above, the allegations set out in the Notice are broad and fail to identify specifically how our client has acted contrary to section 13 of the Act, or otherwise negligently or incompetently.

If there are any specific allegations, with reference to particular incidences as to how and when our client has failed to support the administration of criminal justice in Queensland, we reserve our client's right to respond further to such specific allegations.

[24] SWGDAM 2017.

All of our client's rights are reserved.

Yours faithfully
FC Lawyers

Glenn Ferguson AM
Principal/Managing Director

Francois Malan
Senior Associate

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