



**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF MEDICAL EXAMINER**  
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



**Odey C. Ukpo, M.D., M.S.**  
Chief Medical Examiner

**Forensic Science Laboratories**  
**Extended Evidence Retention Request**

Date

**Request for Evidence Hold**

Case Number

Decedent's Name

Name of Requestor

Requestor's Agency

Requestor's Phone Number

Requestor's Address

Requestor's Address

Requestor's City/State  Zip Code

Email Address

**Items Requested**

Toxicology Samples.....  Histology Samples.....

Samples for Future DNA testing...  Other samples (please specify).....

Reason for Hold Request

The extended evidence retention fee is **\$420.00** for a **five-year extension**. After five years, unless other arrangements have been made, this evidence will be destroyed in accordance with Department Policy.

Mail Payments to: Los Angeles County Department of Medical Examiner  
Forensic Laboratory - Extended Evidence Retention Requests  
1104 North Mission Road  
Los Angeles, CA 90033

**Payment by Check or Money Order**

Make checks payable to: *Los Angeles County Department of Medical Examiner*