



"Enriching Lives"

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

**Forensic Science Laboratories**  
**323-343-0530**

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

**AUTHORIZATION FOR OUTSIDE TESTING**

Date \_\_\_\_\_  
Name (person requesting test) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**OUTSIDE LABORATORY INFORMATION**

Name of Lab (to perform testing) \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
What is the test to be performed? \_\_\_\_\_  
What is the purpose of the test? \_\_\_\_\_

**NEXT OF KIN AUTHORIZATION**

I/We \_\_\_\_\_, represent that I am/we are the next-of-kin with authority to control disposition of the remains of \_\_\_\_\_, Case Number \_\_\_\_\_, as provided in Health and Safety code sections 7150 and 7151. I/We do hereby grant authorization to the Department of Medical Examiner to release blood specimens for testing.

I/We have no objection to this request. I/We understand that this testing is not at the request of the Los Angeles County Department of Medical Examiner and in consideration of the Medical Examiner's willingness to conduct this testing, I/We agree to hold harmless and indemnify the Medical Examiner, County of Los Angeles and their officers, agents and employees from and against any claims suits, damages or cause of actions of any nature including legal costs that may arise in connection herewith.

\_\_\_\_\_  
Next-of-Kin Signature

\_\_\_\_\_  
Date

**NOTE: A payment in the amount of \$222.00 is needed in order to process this request. Please make checks and/or money orders payable to the Los Angeles County Department of Medical Examiner**

**Accreditations:**

*National Association of Medical Examiners (Provisional)*  
*California Medical Association-Continuing Medical Education*  
*Accreditation Council for Graduate Medical Education*

*ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories*  
*Peace Officer Standards and Training Certified*