



"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 \$277.00 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