



# 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

Requester's Phone Number

Requester's Address

Requester's Address

Requester'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 **\$440.00** 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*