



"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 BY NEXT-OF-KIN

I/We _____, represent that I am/we are the next-of-kin with authority to control disposition of the remains of _____, ME 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 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 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.

Signature Next-of-Kin

Date

Name of Lab: _____

Contact Person: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax No.: _____



For Office Use Only

Date Received: _____

Received By: _____

Payment Method:

Cash \$ _____ Check# _____ \$ _____ Money Order# _____ \$ _____

Sample Split By: _____ Specimen Amount: _____

Fed Ex Account No. _____

A payment in the amount of \$283.00 is needed in order to process this request. Please make checks and/or money orders payable to 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
Peace Officer Standards and Training Certified