

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER



1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033

Forensic Science Laboratories 323-343-0530

Jonathan R. Lucas, M.D. Chief Medical Examiner-Coroner

AUTHORIZATION FOR OUTSIDE TESTING

Date			
Name (person requesting test)		Relationship_	
Address	City	State	Zip Code
Phone Number		E-mail	
	OUTSIDE LABORATO	DRYINFORMATIO	N
Name of Lab (to perform testing)		Contact Persor	1
Address	City	State	Zip Code
Phone Number	Fax Number		
What is the test to be performed?			
What is the purpose of the test?			
disposition of the remains of	, C	oroner Case No	e the next-of-kin with authority to control , as provided in Health
and Safety code sections 7150 and Coroner to release blood specimens		nt authorization to	the Department of Medical Examiner-
I/We have no objection to this requestion. County Department of Medical Examplesting, I/We agree to hold harmless employees from and against any clamay arise in connection herewith.	niner-Coroner and in cons and indemnify the Coron	ideration of the Coler, County of Los A	roner's willingness to conduct this angeles and their officers, agents and
Next-of-Kin Signature		Date	

NOTE: A payment in the amount of \$169.00 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 - Coroner.

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