

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	RYINFORMATIO	N	
Name of Lab (to perform testing)		Contact Perso	n	
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	, Cc	, represent that I am/we are the next-of-kin with authority to cont		
•	, ,	nt authorization to	the Department of Medical Examiner-	
Coroner to release blood specimens	s for testing.			
I/We have no objection to this reque	st. I/We understand that th	is testing is not at	the request of the Los Angeles	
County Department of Medical Exan	niner-Coroner and in consi	deration of the Co	roner's willingness to conduct this	
testing, I/We agree to hold harmless	and indemnify the Corone	r, County of Los A	Angeles and their officers, agents and	
employees from and against any cla	ims suits, damages or cau	se of actions of a	ny nature including legal costs that	
may arise in connection herewith.				
		Date		

NOTE: A payment in the amount of \$94.00 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 American Society of Crime Laboratory Directors/LAB-International Peace Officer Standards and Training Certified