



**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF MEDICAL EXAMINER-CORONER**  
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



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

**Forensic Science Laboratories**  
**Extended Evidence Retention Request**

Date

**Request for Evidence Hold**

Coroner's Case Number

Decedent's Name

Name of Requestor

Requestor's Agency

Requestor's Phone Number

Requestor's Address

Requestor's Address

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 **\$157.00** 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 Coroner - Medical Examiner's Office  
 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