



"Enriching Lives"

# COUNTY OF LOS ANGELES

## DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033

**Forensic Science Laboratories  
323-343-0530**



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

### 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 \_\_\_\_\_, Coroner Case No. \_\_\_\_\_, as provided in Health and Safety code sections 7150 and 7151. I/We do hereby grant authorization to the Department of Medical Examiner-Coroner 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-Coroner and I/We agree to hold harmless and indemnify the Coroner, 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.

|                                |                       |
|--------------------------------|-----------------------|
| _____<br>Signature Next-of-Kin | _____<br>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 \$88.00 is needed in order to process this request. Please make checks and/or money orders payable to Los Angeles County Department of Medical Examiner-Coroner.

#### Accreditations:

|  |   |
|--|---|
| <i>National Association of Medical Examiners</i>                   | <i>American Society of Crime Laboratory Directors/LAB-International</i> |
| <i>California Medical Association-Continuing Medical Education</i> | <i>Peace Officer Standards and Training Certified</i>                   |
| <i>Accreditation Council for Graduate Medical Education</i>        |   |