



Consent for Additional Testing

I hereby authorize ForensicDx personnel to order additional testing, checked/listed below, on the body fluids of _____, my _____ (state relationship).

Requested Tests: (Only order tests checked below):

- _____ Toxicology _____
- _____ Pharmacogenomics _____
- _____ Immunohistochemistry Stains _____
- _____ Special Stains _____
- _____ DNA Studies _____
- _____ Other _____

I certify that I am at least 18 years of age, and that I know of no closer kin than I available to assume custody of this body.

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____

NEXT OF KIN LEGAL ORDER OF AUTHORIZATION - Please Check One

- _____ Legal Guardian
- _____ Spouse
- _____ Adult Children
- _____ Adult Grandchildren
- _____ Parents
- _____ Adult Sister/Brother
- _____ Adult Niece/Nephew
- _____ Grandparent
- _____ Uncle or Aunt
- _____ Cousin
- _____ Stepchildren
- _____ Relatives or next of kin of patient's deceased spouse
- _____ Friend of patient

Charges: **Initial** _____ I understand I am responsible for the fee of the additional tests requested listed above.