

EXAMINATION AND TESTING AUTHORIZATION



County _____ Coroner/Deputy _____ (Print)

Decedent Information:

Name _____ (Last) _____ (First)

D.O.B. ____ / ____ / ____ Time Pronounced: _____

D.O.P. ____ / ____ / ____ Age _____

Bag Seal # _____

REQUIRED INFORMATION
CIRCUMSTANCES:
LOCATION/POSITION OF DECEDENT:
ETOH, DRUGS, PARAPHERNALIA, WEAPONS ON SCENE:
PAST MEDICAL HX/MEDICATIONS:

I authorize the following procedure/testing on the above decedent/samples: (check one)
_____ Autopsy _____ Toxicology ONLY (Pathologist report requested Y / N)
_____ Hold/Storage ONLY

Signature of Requesting Coroner: _____