SACRAMENTO COUNTY CORONER'S OFFICE
PROTOCOL FOR OUT-OF-COUNTY AUTOPSY REQUEST

Please print and complete form. Fax or mail to Sacramento County Coroner's Office
(4800 Broadway, Suite 100, Sacramento, CA 95820; fax (916) 874-9257)

This form must be completed and sent to the Sacramento County Coroner's Office before this office will accept a case. Please refer to "Protocol for Out-of-County Autopsy Request" for a listing of expectations and procedures for requesting an autopsy.

Requesting County Information *(To be completed by requesting agency)*

Requesting County _____

Agency _____

Date of Request _____

Time of Request _____

Person Making Request _____

Telephone _____

FAX Number _____

Agency Case Number _____

Autopsy Requested: Homicide ☐   Rule Out Homicide ☐   Non-Homicide ☐

Media Contact Person _____

Telephone _____

Decedent Information *(To be completed by requesting agency)*

Decedent's Full Name _____

Sex _____

Race _____

Date of Death _____

Time of Death _____

Date of Birth _____

Age _____

Social Security Number _____

Initial Classification   _____

Location of Death   _____

Personal Property on Body   _____

_____

_____

Next of Kin and Relation   _____

Brief Description of Circumstances Surrounding the Death   _____

_____

_____

Any possibility of a contagious disease?   ☐ **Yes** ☐ **No**
If Yes, please explain

_____

Toxicology Requests

☐ NMS Labs – Authorize Sacramento Coroner to send out specimens for toxicology testing to NMS labs. Requesting county will be charged all toxicology/lab fees

☐ Requesting County designated lab - Send all specimens for toxicology testing to the lab designated below. Provide all lab order forms, account numbers, and packaging materials.
Lab name: _____
Lab address: _____
Lab phone #: _____

☐ Requesting agency will take custody of specimens at conclusion of autopsy and take responsibility for sending out for analysis.

☐ No toxicology requested

Body Release

☐ Release body to designated mortuary/transport service: _____

☐ Release body to mortuary/transport service chosen by NOK upon mortuary presentation of NOK signed release form. Authorized NOK signature name/relationship: _____

Agency representative to contact for body release questions (name/telephone #): _____