



King County Medical Examiner's Office

Harborview Medical Center
325 Ninth Avenue, Box 359792
Seattle, WA 98104-2499

206-731-3232 Fax 206-731-8555

TTY Relay: 711

www.kingcounty.gov/health

Public Health/King County Medical Examiner is not obligated to honor this request unless all portions are completed and a copy of the next of kin/legal representative's driver's license is included.

Authorization for Release of Specimens held by the King County Medical Examiner's Office

I, _____ am the _____
(RELATIONSHIP TO DECEDENT)
To: _____ ME #: _____
(DECEDENT NAME)

Choose *ONE* Payment Link Preference

E-mail : _____

Cell Phone: _____

I authorize the King County Medical Examiner's Office to release the requested specimens, on my behalf, to:

(Name of Organization)

(Street Address)

(City) (State) (Zip Code)

I understand that I am responsible for the laboratory selection and test selection. I acknowledge that I am responsible for all shipping and lab testing fees in addition to the \$50.00 non-refundable fee paid to the King County Medical Examiner's Office for processing, storage, retrieval and handling of biological specimens.

(Print Name of Next of Kin/Legal Representative)

(Signature of Next of Kin/Legal Representative)

(Date)

(Contact Phone Number)