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
Seattle & King County

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

Date: _____

I, _____ am the _____

(NAME) (RELATIONSHIP TO DECEDENT)

To: _____ **Date of Death:** _____

(DECEDENT NAME) **Date of Birth:** _____

ME #: _____ Place of Death: _____

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)