The Sacramento County Coroner's Office is staffed and available to perform autopsies for other county jurisdictions. This information sheet details the procedures that are followed by this office to ensure that out-of-county autopsies are completed in a timely manner and meet the high-quality standards developed for all work performed by the Coroner's Office.

1. All autopsies will be performed in accordance with the protocols and procedures used by the Sacramento Coroner's Office.
2. An "Out-of-County Autopsy Request" form must be completed by the requesting agency prior to transport of the body to the Coroner's Office. This form contains needed information regarding the decedent, the circumstances surrounding the death, and information needed so this office can bill the requesting county.
3. Please call (916) 874-9320 for questions regarding out-of-county autopsy requests. Completed "Out of County Autopsy Request" forms can be sent via fax to (916) 874-9257. All out-of-county autopsy requests must be approved by the Coroner or Assistant Coroner.
4. The Board of Supervisors has approved a rate of $3,086 for all autopsy requests. Please refer to Item 9 below for toxicology arrangements.
5. Special requests for body processing, autopsy instructions, or disposition of the body should be made in advance and approved by the Coroner or Assistant Coroner.
6. The out-of-county agency is responsible for delivering the body to the Sacramento County Coroner's Office at least two hours prior to the autopsy and for transporting the decedent back to the requesting county when the autopsy is completed. The decedent should be properly identified and in a sealed bag prior to transport.
7. Out-of-county autopsies are routinely performed at 8:30 am and 1:30 pm, Monday through Friday.
8. The following forms and reports should be faxed to the Sacramento County Coroner's Office or brought with the decedent on the date of the autopsy:
   - Coroner's Investigative Report
   - Agency investigative Report (i.e., Sheriff's Department or Police Department)
   - Medical Records, if applicable
   - Laboratory forms for toxicology referral

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9. All evidence, including toxicology samples, radiology films, decedent property, etc. will be given to the out-of-county agency following the completion of the autopsy. The requesting county is financially responsible for all toxicology testing, for ensuring that toxicology samples are delivered to the laboratory selected by the out-of-county agency, and for sending a copy of the toxicology report to the Sacramento County Coroner's Office so that the findings can be incorporated into the final autopsy report.

   **NOTE:** This Office can arrange to have toxicology samples shipped to NMS Labs, 3701 Welsh Road, Willow Grove, PA 19090 (800) 522-6671.

10. Out-of-county agencies may take pictures of the decedent prior to the start of the internal autopsy.
11. Law enforcement investigators are not allowed in the autopsy area during the internal autopsy procedure; however, they can meet with the Forensic Pathologist after the autopsy has been completed to discuss agency questions and initial medical findings. Homicide and rule-out homicide autopsies are performed in the Office’s homicide room that has an adjacent observation area so law enforcement personnel can view the procedure without entering the morgue.
12. The body will be released to the requesting agency upon completion of the autopsy. Cases processed as homicides or rule-out homicides will be held by the Coroner's Office for 24 hours after completion of the autopsy. Exceptions to this 24-hour guideline will be made on a case-by-case basis and must be approved by the Forensic Pathologist and the Coroner or Assistant Coroner.
13. The requesting agency will be responsible for all news media and family inquiries.
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: ________________________________

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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 #): ____________________________