



# Franklin County Forensic Science Center

Office of the Coroner

Dr. Anahi Ortiz

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coroner.franklincountyohio.gov



## Out of County (OOC) Permit

I HEREBY REQUEST:

Complete Autopsy with Toxicology       External Examination with Toxicology

### JUSTIFICATION FOR REFERRAL TO FCFSC FOR EXAMINATION

#### Identification of the body:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Death and Time: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Who found the decedent? \_\_\_\_\_ Found When? \_\_\_\_\_

Decedent positively identified: Y    N    If yes, how was positive identification made: \_\_\_\_\_

Next of Kin Contact Information: \_\_\_\_\_

### INFORMATION RELATED TO CIRCUMSTANCES OR REQUEST FOR EXAMINATION

Narrative (describe the circumstances surrounding patient's death): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance Use History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drugs/Paraphernalia/Weapons/Suicide Note Found at scene: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are medical records available?            Y    N

Are death scene photographs available?    Y    N

Is the Scene Report available?            Y    N

Law Enforcement Agency: \_\_\_\_\_ Will attend autopsy?    Y    N

Contact with preliminary results?        Y    N

Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Only government issued email will be permitted to receive preliminary results*

Printed Name of Coroner or designee ordering examination: \_\_\_\_\_

Signature of Coroner or designee ordering examination: \_\_\_\_\_