



**CITY OF PHILADELPHIA
MEDICAL EXAMINER'S OFFICE
TOXICOLOGY LABORATORY**

In order for a decedent's DNA sample to be released for analysis the decedent's next of kin will need to complete a *Consent for DNA Testing* form. In addition to completing the release form, the decedent's next of kin is required to select a laboratory to perform DNA testing. This form must include the name, address, and phone number of the lab selected to perform the DNA testing, as well as the lab's reference number if known. The lab chosen for DNA testing will send the Medical Examiner's Toxicology Lab the appropriate kit to transfer the sample. **Please note that the Medical Examiner's Toxicology Lab does not perform DNA testing.**

As of April 1, 2017 our toxicology lab will retain blood samples for DNA testing indefinitely. If the decedent's date of death is *before* April 1, 2017 a blood sample of their DNA is held for one year from the date of death. In the event that a blood sample is unavailable, we will hold a tissue sample for one year from the date of death. There may be some cases where a DNA sample is unavailable.

We cannot release any specimens until a *Consent for DNA Testing* form is completed by the decedent's next of kin, and a lab is chosen to perform DNA testing. If next of kin is unavailable, or refuses to consent to the release of a specimen, a court order is required to release any samples.

If unsure who the next of kin is, the order of precedence is as follows:

1. Legal spouse of decedent
2. Adult child(ren) of decedent. (Must be 18 or older.)
3. Parent(s) of decedent
4. Adult sibling(s) of decedent. (Must be 18 or older.)

(FOR PATERNITY TESTING: Please note that the mother of the child is not considered next of kin unless she falls into one of the categories above.)

If you have any questions on how to complete the *Consent for DNA Testing* form you may contact the Medical Examiner's office at 215-685-7456.

If hand-delivered to our office, the form does not require notarization but will require proof of identification. If mailed in, this form must be notarized and should be delivered to:

**Medical Examiner's Office – Record Room
321 S. University Ave.
Philadelphia, PA 19104**

The lab chosen to perform DNA testing should contact the Medical Examiner's Toxicology Lab with any questions at 215-685-7460. Once we verify that consent (or court order) and a specimen collection kit has been received we will release the specimen for testing. **The Medical Examiner's Toxicology Lab does not receive any DNA testing results.**



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 321 University Avenue
 Philadelphia, PA 19104

Consent for DNA Testing

Decedent's Information to be completed by Decedent's Legal Custodian/Next-of-Kin

Decedent's Name: (print) _____ Male Female
First Middle Last

Decedent's Date of Birth: (mm/dd/yyyy) ____ / ____ / ____

Decedent's Date of Death: (mm/dd/yyyy) ____ / ____ / ____ MEO Case Reference # _____
(If available)

Type of DNA Test:	Lab chosen to perform DNA testing: <small>(please print)</small>	
<input type="checkbox"/> Paternity <input type="checkbox"/> Maternity <input type="checkbox"/> Other	Name: _____ Address: _____ City/State/Zip: _____	Phone: _____ Email: _____ Reference #: _____ <small>(if available)</small>

I, _____, am the _____ of _____
(Name) (Relation) (Decedent)
 and I authorize the release of a specimen for _____ DNA testing.
(Type of test)

 Signature (Next-of-Kin/Custodian)

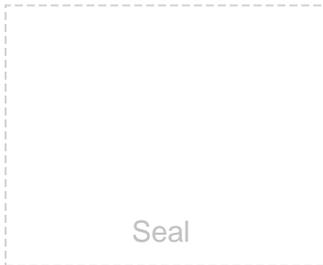
 Date (mm/dd/yyyy)

 Address

 Phone Number

This document does not need to be notarized if signed in the presence of Medical Examiner's Office personnel (ID will be required)

Notary Public:



State of _____ County of _____
 On this, the ____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that _____ executed the same for the purposes therein contained.
 In witness hereof, I hereunto set my hand and official seal.

 Notary Public Signature

For MEO use only:	
_____	_____
<small>(Type of ID/ID number)</small>	<small>(MEO employee signature)</small>