



Oregon

Theodore R. Kulongoski, Governor

**Oregon State Police
Medical Examiner Division**
13309 S.E. 84th Ave, Suite 100
Clackamas, OR 97015
(971) 673-8200
FAX (971) 673-8321

GUIDELINES FOR REQUESTING MEDICAL EXAMINER RECORDS

Forensic Pathologists:

Karen Gunson, M.D.
State Medical Examiner

Larry V. Lewman, M.D.
Clifford C. Nelson, M.D.
Christopher R. Young, M.D.
Deputy State Medical Examiner

Eugene S. Gray
Forensic Administrator

Oregon State Medical Examiner Laws state: "Any parent, spouse, child or personal representative of the deceased, or any person who may be criminally or civilly liable for the death, or their authorized representatives respectively, or those within the bounds of the Protection and Advocacy for Individuals with Mental Illness Act, may examine and obtain copies of any medical examiner's report, autopsy report or laboratory test report ordered by a medical examiner under ORS 146.117."

Those who fall under the above categories and would like to receive a copy of the Medical Examiner Report, Autopsy Report or Toxicology report please follow the guidelines. Any requests that do not include ALL needed documentation will be denied.

PARENT, SPOUSE, CHILD or PERSONAL REPRESENTATIVE OF THE DECEASED

- Please provide a handwritten or typed request that includes the following information:
(1) Full name of the deceased (2) Date of Death (3) County of Death (4) Your name (5) Your relationship to the deceased (6) Your reason for requesting the records (7) Your current mailing address (8) Your telephone number
- PERSONAL REPRESENTATIVES: must provide documentation showing their representation.

INSURANCE COMPANIES, ATTORNEYS

- Please provide a typed request on Agency Letter head that includes the following information:
(1) Full name of the deceased (2) Date of Death (3) County of Death
- Processing fee of \$25.00 made payable to "Oregon State Medical Examiner"
- Additional cost for other items.
- Please provide a release form from next of kin allowing you to receive Medical Examiner Records.
- Those who represent someone who may be criminally or civilly liable do not need to provide a next of kin release but must provide court documentation that a case against them exists.

PHYSICIANS, HOSPITALS, CLINICS, MENTAL HEALTH AGENCIES, ETC.

- Please provide a typed request on Agency Letter head that includes the following information:
(1) Full name of the deceased (2) Date of Death (3) County of Death (4) Mailing address and contact phone number
- A release from the next of kin allowing you to receive medical examiner records
- Those who may be criminally or civilly liable do not need to provide a next of kin release but must provide court documentation that a case against them exists.

LAW ENFORCEMENT, GOVERNMENT AGENCIES, ETC.

- Please provided a request on our form or your Agency Letter head that includes the following information:
(1) Full name of the deceased (2) Date of Death (3) County of Death (4) Your Name and Title (5) Your affiliation with this case (6) Mailing address and contact phone number

REQUESTS FOR MEDICAL EXAMINER RECORDS SHOULD BE SENT TO:

**Oregon State Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015**

or

**Oregon State Medical Examiner
State Record Requests
FAX # 971-673-8321**

Please contact Kari Ellis at 971-673-8200 with any questions or concerns about the release of Medical Examiner Records.



Oregon

Theodore R. Kulongoski, Governor

**Oregon State Police
Medical Examiner Division**
13309 S.E. 84th Ave, Suite 100
Clackamas, OR 97015
(971) 673-8200
FAX (971) 673-8321

REQUEST FOR MEDICAL EXAMINER RECORDS

Please see guidelines for requesting Medical Examiner Records

DATE: _____

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

COUNTY WHERE DEATH OCCURRED: _____

Forensic Pathologists:

Karen Gunson, M.D.
State Medical Examiner

Larry V. Lewman, M.D.
Clifford C. Nelson, M.D.
Christopher R. Young, M.D.
Deputy State Medical Examiner

Eugene S. Gray
Forensic Administrator

I would like to request the following reports from the State Medical Examiner:

_____ MEDICAL EXAMINER REPORT

_____ BLOOD ALCOHOL / TOXICOLOGY REPORT

_____ AUTOPSY REPORT

_____ OTHER

REQUESTER NAME: _____

RELATIONSHIP TO DECEASED: _____

AGENCY NAME (If not family): _____

MAILING ADDRESS: _____

TELEPHONE: _____

REASON FOR REQUEST: _____

REQUESTER SIGNATURE: _____

(NOTE: Toxicology processing may take 4 – 6 weeks before results are complete. Reports will be mailed together when all reports have been completed.)

REQUESTS FOR MEDICAL EXAMINER RECORDS SHOULD BE SENT TO:

**Oregon State Medical Examiner
13309 SE 84th Ave. Suite 100
Clackamas, OR 97015**

or

**Oregon State Medical Examiner
State Record Requests
FAX # 971-673-8321**

Please contact Kari Ellis at 971-673-8200 with any questions or concerns about the release of Medical Examiner Records.

Record Request Form 09/07/ke