



# Oregon

Theodore R. Kulongoski, Governor

**Oregon State Police  
Medical Examiner Division**  
13309 S.E. 84<sup>th</sup> 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, sibling, 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 should follow the guidelines listed below. Any requests that do not include ALL needed documentation will be denied.

### **PARENT, SPOUSE, SIBLING, CHILD or PERSONAL REPRESENTATIVE OF THE DECEASED**

- Please complete the Medical Examiner Record Request Form or provide a letter that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death (4) Requester name (5) Requester relationship to the deceased (6) Requesters reason for requesting the records (7) Requesters current mailing address (8) Requesters telephone number (9) Requesters signature.
- PERSONAL REPRESENTATIVES: must provide documentation showing their representation.

### **INSURANCE COMPANIES, ATTORNEYS**

- Please provide a letter on your agency letter head that states who you are representing and includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death
- A processing fee of \$25.00 made payable to the "Oregon State Medical Examiner" must be received before records are released.
- There may be an additional costs for other items.

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

- Please provide a letter on your agency letter head that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death (4) A current mailing address (5) Telephone number (6) The reason you are requesting the records.
- Mental Health Agencies must clearly state the jurisdiction under which they are investigating.

### **LAW ENFORCEMENT, GOVERNMENT AGENCIES, ETC.**

- Please complete the Medical Examiner Record Request Form or provide a letter on 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) Your mailing address and contact phone number

### **REQUESTS FOR MEDICAL EXAMINER RECORDS SHOULD BE SENT TO:**

**Oregon State Medical Examiner**  
13309 SE 84<sup>th</sup> 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.



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## **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: \_\_\_\_\_

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**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.)**

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Record Request Form 09/07/ke