EXAMINATION PROTOCOL

FOLLOW FORM EXACTLY AS PRINTED
CIRCLE OR CHECK ONE OR THOSE THAT APPLY
REMEMBER THE FORM IS PRINTED ON BOTH SIDES

Page 1 of 2

The body is identified by toe tags. Diagram(s) & form(s) used 20

The body ☐ is clothed ☑ was not clothed
and I ☐ inspected the clothing. ☑ did not see the clothing.

The clothing can be described as ______________________________________________________________________

☑ Rigor has presumably been altered/abolished as has livor.
☐ Rigor mortis is present. Livor mortis is ______________________________________________________________________

Appears: ☐ Asian ☐ Black ☑ Caucasian ☐ Hispanic ☐ Indian
Sex: ☐ Male ☑ Female. Appears the stated age of: 60 years

The body weighs approximately 171 pounds, measures approx 61 inches and is

☐ cachectic. ☑ mildly/moderately/extremely obese. ☑ poorly nourished
☐ thin. ☑ well-built, muscular and fairly well-nourished.
☐ status post hospitalization. (see diagram)

Embalmed: ☑ No ☐ Yes ☑ Decomposed ☐ Mutilated
Irides: ☑ Blue ☐ Brown ☑ Grey ☐ Hazel
Sclera: ☑ Normal ☑ Icteric Congested with/without Petechial Hemorrhage
Conjunctival Petechial Hemorrhage: ☑ No ☑ Yes Facial Petechial Hemorrhage ☑ No ☑ Yes
Head Hair: ☑ Black ☑ Blond ☑ Brown ☑ Gray ☑ Red ☑ White
☐ Long ☑ Short ☑ Curly ☑ Straight ☑ Tightly Curled ☑ Wavy
Balding is: ☑ Absent ☑ Present Located: temple/frONTAL/occipital
Mustache: ☑ Absent ☑ Present
Teeth: ☑ Absent ☑ Present
Dentures: ☑ Absent ☑ Present
Scars: ☑ None ☑ Present (includes needle track scars)
Wrist scars: ☑ None ☑ Present

Beard: ☑ Absent ☑ Present
Comment:

Comment:

Comment: ____________________________________________________________
Autopsyfiles.org - Carrie Fisher Autopsy Report

EXAMINATION PROTOCOL

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER - CORONER

CASE NUMBER 16-9419

page 2 of 2

Tattoos: Absent Present

Deformities: Absent Present

Comment: 

There is no deformity or abnormal mobility of the extremities except for 

Resuscitative marks are not present over the precordium. The chest has a mildly increased anterior-posterior diameter.

The abdomen is

☐ distended.
☒ flat.
☐ not unusual.
☐ obese.
☐ scaphoid.

The genitalia are those of an adult

☒ female.
☐ male.

Examination of the back & buttocks reveals see diagram

Examination of the skin reveals

IF A TRAUMA CASE STATE: Injury date: Hospital Date(s): 12/23 to 12/31/16

TRAUMA COMMENTS: None

Photographs ☐ Yes ☐ No

Fluoroscopy ☐ Yes ☒ No

X-Rays ☒ Yes ☒ No (CT scan)

Cultures ☐ Yes ☐ No

Toxicology ☒ Yes ☐ No

Cassettes ☐ Yes ☐ No

GSR ☐ Yes ☒ No

Evidence ☐ Yes ☒ No

Indicate other form number(s) attached 20

OPINION (please print)

See attached opinion

Date 12/30/16

DEPUTY MEDICAL EXAMINER

REV. 08/14
OPINION:

This decedent was unresponsive following emesis near the end of a long flight on 12-23-16. She had a history of sleep apnea and bipolar disorder, which was under therapy. Cardiopulmonary resuscitation was performed during the flight and while being transported to a local hospital. Urine toxicology on admission to the hospital was positive for cocaine, methadone, ethanol, and opiates. She was pronounced dead on 12-27-16 after a four-day survival.

She was brought to the Coroner’s Office on 12-27-16. A CT scan on 12-27 showed skeletal degenerative arthritis and spondylisis, mild diffuse cerebral atrophy, and mild cardiomegaly with sites of coronary artery calcification. An external examination was done on 12-30-16, as the family objected to autopsy.

An extensive toxicology screen was conducted on the hospital serum specimen from the day of admission, and postmortem bile, liver and vitreous (see report). However, limited toxicology specimens were available. Based on the available toxicological information, limited history of present illness, lack of correlating symptoms and medical observation, there are significant limitations in one’s ability to interpret the toxicology results and their contribution to cause of death.

Based on the current information, the cause of death is “Sleep apnea and other undetermined factors”, other conditions “Atherosclerotic heart disease, drug use”, how injury occurred “Multiple drug intake, significance not ascertained”, manner of death undetermined.

Christopher Rogers, M.D.
Acting Chief Medical Examiner-Coroner

Lakshmanan Sathyavagiswaran, M.D.
Consultant and Director of Operations

CR:LS:mtm
T: 5/8/17
REQUEST:

Sixty-year-old Caucasian woman with history of sleep apnea who had unexpected cardiac arrest and lived 4 days. Please examine CT scan for disease or injury.

RADIOGRAPHIC IMAGES:

Whole Body Computed Tomographic (CT) Radiographic Survey.

Screening CT scan examination of the decedent's body were performed, with the body in the supine position, including axial images of the head, neck, torso and major portions of the upper and lower extremities. Coronal and sagittal reformatted images of the head, cervical spine and torso were included. The images were reviewed utilizing bone and soft tissue factors.

Head and Neck: The scalp and superficial soft tissues are unremarkable. There is no visible free intracranial blood. There is mild diffuse cerebral cortical atrophy c/w the decedent's recorded age. There is extensive soft tissue and/or fluid density within paranasal sinuses, middle and inner ear portions of the temporal bones, and mastoid air cells. Extensive metallic dental restoration is present which obscures portions of the face. There are a few intracranial air density collections which appear intravascular. There is extensive severe arthritic change throughout the cervical spine. There are no visible skull or cervical spine fractures. The pre-vertebral soft tissues are normal. Basivertebral and spinal alignment are normal.

Torso and Included Extremities: The superficial soft tissues, including the subcutaneous fat, are normal. The lungs are poorly aerated, with extensive opacification c/w post mortem atelectasis. The cardiac structure appears to be mildly enlarged. There are sites of mild coronary artery calcification. Numerous air bubbles are seen within the heart and aorta (both intrathoracic and intraabdominal). Intravascular air density is present within several abdominal organs. No free air is seen within the chest or abdomen. Moderate to severe degenerative changes are seen throughout the thoracic and lumbar spine, as well as the pelvis. Skeletal structures are otherwise normal. Specifically there is no visible skeletal fracture or evidence of other skeletal trauma. Iatrogenic left inguinal intravenous catheter is present. No other foreign body is visible. There is faint increased density within the right renal pelvis which, in the absence of intravenous contrast, could represent early formation of a renal calculus.

IMPRESSION:

The peripheral soft tissues and the skeletal structures are normal except for extensive skeletal degenerative arthritis and spondylitis. There is no evidence of significant congenital or developmental skeletal anomaly. There is no CT radiographic evidence of intracranial bleeding. There is mild diffuse cerebral cortical atrophy, probably age related, and mild cardiomegaly with sites of mild coronary artery calcification. There is extensive soft tissue and/or fluid density within paranasal sinuses, middle and inner ear portions of the temporal bones, and mastoid air cells, etiology indeterminate. There is intravascular air density within head, chest and abdomen, also etiology indeterminate. There is no visible tumor or other mass.

Donald C. Boger, M.D.
Radiology Consultant

DCB: ksp
1/24/17
2) **Send out samples for amphetamines**

Bile: Positive for methylene-dioxy-amphetamine (MDA) 18ng/mL (GC/MS)
Liver: Negative for all amphetamine derivatives (GC/MS)

3) **Bile fluid**

- Positive for morphine 0.82 mcg/mL
- Negative for 6-MAM, codeine, hydrocodone, hydromorphone
- Negative for oxycodone, oxymorphone

4) **Liver**

- Positive for diphenhydramine 1.4 mcg/g
- Positive for fluoxetine 18 mcg/g / norfluoxetine 7.4 mcg/g
- Positive for meperidine 0.74 mcg/g / normeperidine negative
- Positive for methadone 2.0 mcg/g
- Positive for morphine 0.09 mcg/mL
- Negative for normeperidine, codeine, hydrocodone, hydromorphone
- Negative for oxycodone, oxymorphone

5) **Vitreous sample**

- Positive for 6-monoacetyl morphine (6-MAM)
- Positive for morphine 0.12 mcg/mL
- Negative for codeine, hydrocodone, hydromorphone
- Negative for oxycodone, oxymorphone

A full body CT was also performed, which revealed degenerative arthritic findings, mild cardiomegaly with age-related calcifications, and no evidence of bleeds/masses.

With regard to the substance detected in blood and other tissues, I will go through them systematically here:
1) **Cocaine:** The presence of cocaine was detected initially on urine drug screen via ELISA immunoassay on the first day of hospitalization. ELISA does not confirm the presence of cocaine parent compound necessarily. Subsequent testing of serum hospital blood sample showed confirmation of benzoylecgonine, which is a metabolite of cocaine. The quantity of blood was not sufficient enough to confirm the presence of cocaine parent compound. The reason that this is relevant is that a positive confirmation of the parent compound would suggest exposure within approximately 24 hours of the sample that was obtained. Confirmation of only benzoylecgonine tells us that the exposure to cocaine took place sometime approximately in the last 72 hours of the sample that was obtained. This means that the cocaine was administered possibly as early as 12-20-16, and there is no way to estimate the dose or the time of exposure based on the current information about benzoylecgonine in this case. One factor that supports the hypothesis of a more remote exposure is the negative result for cocaethylene. Cocaethylene is a substance that the liver synthesizes, when cocaine and ethanol are both present in the body at the same time. We have toxicological evidence that ethanol was present on 12-23-16. Therefore, the lack of cocaethylene detected would suggest that the cocaine exposure likely took place before the ethanol exposure took place. This is a relatively broad estimation based on very limited available data, but it would qualitatively reduce the potential contribution of cocaine to the cause of death. At this time, the significance of cocaine cannot be established in this case.

2) **Opiates/opioids, including methadone, meperidine, morphine, and 6-MAM:**

The presence of 6-MAM in the vitreous sample indicates that exposure to heroin took place. This compound (6-MAM) has a short half-life at approximately 2 hours. The detection of 6-MAM in the vitreous sample with the absence of 6-MAM in other tissue samples suggests that there was an exposure to heroin, but that the dose and time of exposure cannot be pinpointed. Therefore we cannot establish the significance of heroin regarding the cause of death in this case. The other opiate/opioid substances detected included morphine, methadone, and meperidine. The morphine may simply be present as a metabolite of heroin, or it may have been administered separately, though this cannot be confirmed based on the available information. All of the above substances are capable of suppressing breathing/respiratory drive. However, the available information is insufficient to establish the significance of opiates and opioids in this case regarding cause of death.

3) **Methylene dioxy methamphetamine (MDA):**

MDA is the chief metabolite of MDMA. This was detected only on the bile sample, with a presumptive positive by ELISA on the serum blood sample. This result suggests that there was a remote exposure to MDMA, but it is not possible to pinpoint the exposure time or the dose. Therefore, the significance of MDA cannot be established regarding cause of death in this case.
4) *Diphenhydramine and fluoxetine*:

Fluoxetine was detected in serum blood from the 12-23-16 sample. The level would not suggest a toxic amount of fluoxetine. The diphenhydramine is also present in a very low concentration. The significance of these substances is likely very low regarding the cause of death in this case.

Overall, this case contains limited available toxicological information. Drugs of abuse such as cocaine, heroin, and amphetamine derivatives are very difficult to interpret based on quantitative levels in tissue or blood postmortem. Also, antemortem levels of these drugs are also difficult to evaluate, with a lack of correlating symptoms and medical observation. We have a very limited history of presenting illness as well, which further limits the interpretation of the toxicological data.

Ms. Fisher suffered what appeared to be a cardiac arrest on the airplane, accompanied by vomiting and with a history of sleep apnea. Based on the available toxicological information, we cannot establish the significance of the multiple substances that were detected in Ms. Fisher’s blood and tissue, with regard to the cause of death.

This assessment is based on my review of the available records at the Department of Coroner on 3-15-17.

![Signature]

CYRUS RANGAN, MD FAAP, FACMT
CONSULTANT IN MEDICAL TOXICOLOGY

CR:mtm
T: 5/08/17
Medical Toxicology Consultation (3-15-17):

I was requested by Dr. Lakshmanan Sathyavagiswaran to review and comment upon the toxicology lab results for the case of Carrie Fisher #2016-09419. In brief summary, Ms. Fisher was on an airplane as a passenger on 12-23-16. She was reportedly sleeping in a sitting position next to her personal assistant. She had a past medical history of sleep apnea and bipolar disorder. The records I reviewed indicate that Ms. Fisher routinely had apneic episodes during sleep. Approximately 15 minutes before landing, she had an episode of vomiting and was subsequently unarousable. CPR was initiated by other passengers. Upon landing, paramedics administered sodium bicarbonates and epinephrine. A pulse was observed in the 70’s, and she remained unarousable. She was transported to Ronald Reagan/UCLA Hospital. There, she underwent a urine screen for drugs of abuse which was positive for cocaine, methadone, ethanol, and opiates, and negative for amphetamines, barbiturates, benzodiazepines, cannabinoids, and oxycodone. Testing method was ELISA immunoassay. EKG revealed S-T abnormalities, but it was not recorded whether these were new changes or old findings. She had a BP 130/60 on arrival, with dilated pupils. Ms. Fisher underwent therapeutic hypothermia and hemodialysis during her hospitalization. On 12-27-16, Ms. Fisher had cardiac arrest in the AM, and was pronounced after approximately 90 minute of ACLS. Past medical history included sleep apnea and also bipolar disorder, for which she was reportedly on Abilify (aripiprazole), Prozac (fluoxetine), and Lamictal (lamotrigine). Doses and intervals were not available to me at the time of this consultation.

Additional toxicological testing was obtained by the Medical Examiner/Department of Coroner. Findings included the following:

1) **Hospital serum from 12-23-16 sample of blood**

<table>
<thead>
<tr>
<th>Positive for benzoylecgonine</th>
<th>Positive for cocaine and metabolite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative for cocaethylene</td>
<td>Positive for methadone</td>
</tr>
<tr>
<td>QNS for cocaine present compound</td>
<td>Positive for methamphetamine/MDMA</td>
</tr>
<tr>
<td></td>
<td>Positive for opiates</td>
</tr>
<tr>
<td></td>
<td>Negative for PCP, codeine, oxycodone, hydrocodone</td>
</tr>
</tbody>
</table>

   **GC/MS**

   **ELISA Presumptive positive**
15

DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE: (A) sleep apnea and other undetermined causes

DUE TO, OR AS A CONSEQUENCE OF:

(C) other undetermined causes

DUE TO, OR AS A CONSEQUENCE OF:

(D) other undetermined causes

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

- Acute atherosclerotic heart disease, drug use

- Multiple drug intake, significance not established

TOXICOLOGY SPECIMEN

COLLECTED BY:

- Jugular blood

- Stomach contents

- Femoral blood

- Vitreous

TOX SPECIMEN RECONCILIATION BY:

- Regular (No.)

- Oversize (No.)

- Histopath Cut: Autopsy

- Other

REQUESTED MATERIAL ON PENDING CASES

- Police Report

- Medical History

- Histo

- Investigations

- Microbiology

- Eye Path. Cons.

- Radiology Cons.

- Consult on:

- Brain Submitted

- Neuro Consult

- DME to cut

- Criminalistics

- GSR

- Sexual Assault

- Other

(Rev. 9/13)
Rogers, Christopher M.D.
Acting Chief Medical Examiner-Coroner
1104 North Mission Road
Los Angeles, CA 90033

March 13, 2017

ADDENDUM: 2016-09419 Toxicology Report

Decedent: Fisher, Carrie Francis

Hospital Serum was analyzed by the following services: ELISA-Imunoassay, Cocaine-GC/MS, and Opiates-GC/MS. Aliquots were sampled from two (2) different vials of Hospital Serum; the collection information is as follows:

1. The ELISA-Imunoassay analysis was performed on an aliquot from a light blue top vial with a printed date of 12-23 and a printed time of 1332 hours.
2. The Cocaine-GC/MS and Opiates-GC/MS analyses were performed on aliquots from a light blue top vial with a printed date of 12-23-16 and a printed time of 1332 hours.

This addendum was prepared by:

[Signature]

Caitlin Miller, M.S., D-ABFT-FT
Supervising Criminalist, Toxicology
(323) 343-0659, cmiller@coroner.lacounty.gov

Accreditations:
National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education
American Society of Crime Laboratory Directors/LAB-International
Peace Officer Standards and Training Certified
Law and Science Serving the Community
# Laboratory Analysis Summary Report

**Coroner Case Number:** 2016-09419  **Decedent:** FISHER, CARRIE FRANCES

<table>
<thead>
<tr>
<th>SPECIMEN</th>
<th>SERVICE</th>
<th>DRUG</th>
<th>RESULT</th>
<th>ANALYST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bile</td>
<td>Opiates-GC/MS</td>
<td>6-Monoacetylmorphine</td>
<td>ND</td>
<td>E. Fu</td>
</tr>
<tr>
<td></td>
<td>Opiates-GC/MS</td>
<td>Codeine, Free</td>
<td>ND</td>
<td>E. Fu</td>
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<tr>
<td></td>
<td>Opiates-GC/MS</td>
<td>Hydrocodone, Free</td>
<td>ND</td>
<td>E. Fu</td>
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<tr>
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<td>Opiates-GC/MS</td>
<td>Hydromorphone, Free</td>
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<tr>
<td></td>
<td>Opiates-GC/MS</td>
<td>Morphine, Free</td>
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<td>E. Fu</td>
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<td>Opiates-GC/MS</td>
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<td>ND</td>
<td>E. Fu</td>
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<td>Opiates-GC/MS</td>
<td>Oxymorphone, Free</td>
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<tr>
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<td>Done</td>
<td>NMS Labs. Inc.</td>
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<tr>
<td>Liver</td>
<td>Bases-GC/NPD &amp;/or MS</td>
<td>Diphenhydramine</td>
<td>1.4 ug/g</td>
<td>B. Ciullo</td>
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<tr>
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<td>ND</td>
<td>E. Fu</td>
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<td>Opiates-GC/MS</td>
<td>Hydrocodone, Free</td>
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<td>Opiates-GC/MS</td>
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<tr>
<td></td>
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<td>E. Fu</td>
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<tr>
<td></td>
<td>Opiates-GC/MS</td>
<td>Oxymorphone, Free</td>
<td>ND</td>
<td>E. Fu</td>
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<tr>
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<td>Outside Test</td>
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<td>Done</td>
<td>NMS Labs. Inc.</td>
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<tr>
<td>Serum, Hospital</td>
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<td>S. DeQuintiana</td>
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<td>QNS</td>
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<td>Cocaine and Metabolites</td>
<td>PP</td>
<td>J. Gadway</td>
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<tr>
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<td>ELISA-Imunoassay</td>
<td>Fentanyl</td>
<td>ND</td>
<td>J. Gadway</td>
</tr>
</tbody>
</table>
**Coroner Case Number:** 2016-09419  **Decedent:** FISHER, CARRIE FRANCES

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<tr>
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<td>Methadone</td>
<td>PP</td>
<td>J Gadway</td>
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<tr>
<td>ELISA-Immu</td>
<td>Methamphetamine &amp; MDMA</td>
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<td>J. Gadway</td>
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<td>Opiates: Codeine &amp; Morphine</td>
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<td>J. Gadway</td>
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<tr>
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<td>Opiates: Hydrocodone &amp; Hydromorphone</td>
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<td>J. Gadway</td>
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<tr>
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<td>J. Gadway</td>
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<td>ND</td>
<td>E Fu</td>
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</tr>
<tr>
<td>Opiates-G</td>
<td>Hydrocodone, Free</td>
<td>ND</td>
<td>E Fu</td>
<td></td>
</tr>
<tr>
<td>Opiates-G</td>
<td>Hydromorphone, Free</td>
<td>ND</td>
<td>E Fu</td>
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</tr>
<tr>
<td>Opiates-G</td>
<td>Morphine, Free * QNS*</td>
<td>ND</td>
<td>E Fu</td>
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<tr>
<td>Opiates-G</td>
<td>Oxycodone, Free</td>
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<td>E Fu</td>
<td></td>
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<tr>
<td>Opiates-G</td>
<td>Oxymorphone, Free</td>
<td>ND</td>
<td>E Fu</td>
<td></td>
</tr>
</tbody>
</table>

**Vitreous**

| Opiates-G   | 6-Monoacetylmorphine | Present | E Fu |
| Opiates-G   | Codeine, Free        | ND      | E Fu |
| Opiates-G   | Hydrocodone, Free    | ND      | E Fu |
| Opiates-G   | Hydromorphone, Free  | ND      | E Fu |
| Opiates-G   | Morphine, Free 0.12 ug/mL | ND       | E Fu |
| Opiates-G   | Oxycodone, Free      | ND      | E Fu |
| Opiates-G   | Oxymorphone, Free    | ND      | E Fu |

**NOTE:** * = Volume of specimen not sufficient for confirmation/quantitation.

**Legend:**

- mg/dL: Milligram per Deciliter
- mg/L: Milligram per Liter
- ND: Not Detected
- ug/g: Micrograms per Gram
- ug/mL: Micrograms per Milliliter
- mg: Milligrams
- ng/g: Nanograms per Gram
- ng/mL: Nanograms per Milliliter
- PP: Presumptive Positive
- QNS: Quantity Not Sufficient

In accordance with the Department’s Evidence Retention Policy, the blood specimen(s) will be retained for one-year and all other specimens for six-months from Autopsy.

Administratively reviewed by: Caitlin Miller, M.S., D-ABFT-FT
Supervising Criminalist TOXICOLOGY
(323) 343-0659 cmiller@coroner.lacounty.gov

**Report Date:** Wednesday, February 08, 2017  **Laboratory Accreditation:** ASCLD/LAB-International Testing
NMS Labs
3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900  Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report
Report Issued 01/13/2017 14:00

10139
Los Angeles County Coroner Medical Examiner
Attn: Mark Schuchardt
1104 N. Mission Road
Los Angeles, CA 90033

Patient Name NP
Patient ID 2016-09419
Chain 17003338
Age Not Given  DOB Not Given
Gender Not Given
Workorder 17003338
Received 01/05/2017 16:13

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Sample ID 17003338-001
Matrix Fluid
Patient Name NP
Patient ID 2016-09419
Container Type Blue Vial

Collect Dt/Tm 01/04/2014 09:00
Source Bile
Approx Vol/Weight 5 mL

Receipt Notes None Entered

Analysis and Comments

<table>
<thead>
<tr>
<th>Analysis and Comments</th>
<th>Result</th>
<th>Units</th>
<th>Reporting Limit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8600FL Amphetamines Panel, Fluid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis by High Performance Liquid Chromatography/TandemMass Spectrometry (LC-MS/MS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ephedrine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Pseudoephedrine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Phenylpropanolamine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Synonym(s): Norephedrine; PPA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norpseudoephedrine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Synonym(s): Cathine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norpseudoephedrine is a metabolite of Pseudoephedrine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Phentermine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Synonym(s): Adipex-P®; Ionamin®; Pro-Fast®</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results for sample 17003338-001 are continued on next page

LA Medical Examiner-Coroner Forensic Laboratory
Ok to Release 1/18/17 O. Pleitez
Page 1 of 5

NMS v.39.0
<table>
<thead>
<tr>
<th>Analysis and Comments</th>
<th>Result</th>
<th>Units</th>
<th>Reporting Limit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This test reports Methamphetamine as the total of the undifferentiated d and l enantiomers. The ratio of these enantiomers is important in determining whether the source of Methamphetamine is from over the counter medications, prescribed medication or controlled substances. Call lab for further information on d to l enantiomer ratio determination.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDA</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>5.0</td>
<td></td>
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<tr>
<td>Synonym(s):</td>
<td>3,4-Methylenedioxyamphetamine; Adam; MDMA Metabolite</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MDMA</td>
<td>18</td>
<td>ng/mL</td>
<td>5.0</td>
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<tr>
<td>Synonym(s):</td>
<td>3,4-Methylenedioxyamphetamine; Ecstasy</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MDEA</td>
<td>None Detected</td>
<td>ng/mL</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Synonym(s):</td>
<td>3,4-methylenedioxyamphetamine; Eve</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample ID  17003338-002
Matrix     Fluid
Patient Name  NP
Patient ID   2016-09419
Container Type Blue Vial

Collect Dt/Tm  01/04/2017 09:00
Source Tissue Homogenate
Approx Vol/Weight  4.5 mL

Receipt Notes  None Entered

Fluid specimen required homogenization: 17003338-002

No testing performed on this sample.
**Sample ID**: 17003338-003  
**Matrix**: Fluid  
**Patient Name**: NP  
**Patient ID**: 2016-09419  
**Container Type**: Homogenate Container  
**Collect Dt/Tm**: 01/04/2017 09:00  
**Source**: Tissue Homogenate  
**Liver**: (Y)  
**Approx Vol/Weight**: Not Given

**Receipt Notes**: None Entered

NMS Labs generated homogenized Fluid sample: 17003338-003

### Analysis and Comments

#### 8600FL Amphetamines Panel, Fluid

Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

<table>
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<th>Notes</th>
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<tbody>
<tr>
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<td>ng/mL</td>
<td>10</td>
<td></td>
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<td>None Detected</td>
<td>ng/mL</td>
<td>10</td>
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</tr>
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<td>ng/mL</td>
<td>20</td>
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<td>Synonym(s): 3,4-methylenedioxyamphetamine; Eve</td>
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</table>

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LA Medical Examiner-Coroner Forensic Laboratory  
Ok to Release: 1/18/17  
O. Pleitez  
Page 4 of 5  
NMS v.39.0
Workorder 17003338 was electronically signed on 01/13/2017 13:20 by:

Edward J. Barbieri, Ph.D.
Forensic Toxicologist
Autopsyfiles.org - Carrie Fisher Autopsy Report

**CASE REPORT**

**COUNTY OF LOS ANGELES**

**APPEAR MODE**

ACCIDENT/ NATURAL

**SPECIAL CIRCUMSTANCES**

Media Interest

**CASE NO**

2016-09419

**CRYPT**

SEC1

**LAST, FIRST MIDDLE**

FISHER, CARRIE FRANCES

**ADDRESS**

27200 TOURNEY RD.

**SEX**

FEMALE

**RACE**

APPEARS CAUCASIAN

**DOB**

10/21/1956

**AGE**

60

**HEIGHT**

61 in.

**WEIGHT**

171 lbs

**EYES**

BROWN

**HAIR**

GRAY

**TEETH**

INCOMPLETE

**FACIAL HAIR**

NONE

**ID VIEW**

Yes

**CONDITION**

FAIR

**MARK TYPE**

TATTOO

**MARK LOCATION**

RIGHT ANKLE

**MARK DESCRIPTION**

MOON & STARS

**ID METHOD**

BODY VIEWED AT HOSPITAL

**METHOD**


**PLACE OF DEATH / PLACE FOUND**

HOSPITAL

757 WESTWOOD BLVD.

WESTWOOD

90095

**PLACE OF INJURY**

AT WORK

**DATE**

12/27/2016

**TIME**

08:55

**FINDING OR PRONOUNCED BY**

DR. STERN-NEZER

**PLACE OF INJURY**

AT WORK

**DATE**

12/27/2016

**TIME**

08:55

**FINDING OR PRONOUNCED BY**

DR. STERN-NEZER

**OTHER AGENCY IN OFFICER**

LAPD ROBBERY HOMICIDE DIVISION - GABLE #3

**PHONE**

(213) 486-6890

**REPORT NO**

161227001969

**NOTIFIED BY**

NO

**PREPARED BY**

RUDY MOLANO

**TO**

LOS ANGELES FSC

**DATE**

12/27/2016

**TIME**

14:45

**SYNOPSIS**

CASE ON SECURITY HOLD. SEE CASE NOTES AND INVESTIGATOR'S REPORT/FORM 3 FOR MORE INFORMATION.

**INVESTIGATOR**

VANANDA CHOLAKIANS

**DATE**

12/27/2016

**TIME**

18:01

**REVIEWED BY**

6/15/17
Investigation:

On 12/27/2016 at 1122 hours Nurse Supervisor Debra Rothhaar reported this apparent natural versus accidental drug-related death to the Los Angeles County Department of Medical Examiner - Coroner. It was reported that the decedent went into cardiac arrest on a flight from London to Los Angeles on 12/23/2016 and was transported to UCLA Ronald Reagan Medical Center where she remained inpatient until death was pronounced. Her full medical history was not reported due to the medical chart under an alias name not being merged yet, but a history of drug abuse was reported. On 12/27/2016 at 1050 hours I was assigned this field case by Lieutenant E. Fleak. I responded to UCLA Ronald Reagan Medical Center and arrived at 1140 hours. Assistant Chief E. Winter had also just arrived at the hospital. I met with Nursing Supervisor D. Rothhaar and Head of Security, Mr. V. Goodwin. Los Angeles Police Department West Los Angeles Officers Rocida and Sawyer responded to the hospital and obtained information for a death investigation report. I obtained medical records from Nursing Supervisor Rothhaar before conducting my body examination. Investigator R. Molano obtained admission blood samples from the UCLA Medical Center laboratory. I cleared UCLA Medical Center at 1346 hours. Captain J. Kades and Investigator R. Molano transported the decedent to the Forensic Science Center. On 12/27/2016 at 1345 hours Lieutenant E. Fleak emailed a request for medical records to UCLA Medical Center (ksalveson@mednet.ucla.edu). I was not able to interview informants to obtain past medical history information prior to my report completion.

Location:

Injury: Unknown.

Death: UCLA Ronald Reagan Medical Center. 757 Westwood Plaza, Los Angeles CA 90095.

Informant/Witness Statements:

According to the Los Angeles Fire Department Prehospital Care Report Summary on 12/23/2016 at 1214 hours LAFD Rescue Ambulance 51 was dispatched to “7S LAX”, Los Angeles International Airport, and made contact with the decedent at 1224 hours. The decedent was reportedly sleeping during the flight when approximately 15-20 minutes prior to landing she started to vomit and immediately became unresponsive. An RN began CPR immediately and applied an AED which advised no shock. Paramedics arrived and discovered the decedent supine in the aircraft and in aystole with CPR in progress. Her Glasgow coma score was evaluated to be 1-1-1 (3). CPR was continued, bilateral intravenous lines were placed, and she was intubated. There was a return of spontaneous circulation at 1242 hours. Her blood pressure fluctuated during transport but her pulse remained at approximately 75-80. She arrived at UCLA Ronald Reagan emergency department at 1317 hours. Her past medical history was documented as “Psychiatric Problems”.

According to the Ronald Reagan UCLA Medical Center medical records, the decedent arrived to the emergency department by ambulance on 12/23/2016 at 1247 hours. An EKG showed no evidence for acute myocardial infarction and an ECHO showed grossly normal ejection fraction and no obvious wall motion abnormality. A chest CT scan showed: multiple bilateral anterior rib fractures and buckle deformities; opacities in the lungs likely reflecting sequelae of aspiration pneumonia; and bibasilar opacities likely reflecting atelectasis. She was admitted with diagnosis of metabolic and respiratory acidosis, most likely related to aspiration versus drug overdose, and underwent dialysis. Urine toxicology collected on 12/23/2016 at 1417 hours was positive for
cocaine, methadone, opiates, and ethanol. A CT of the head on 12/23 showed no significant edema and a repeat scan on 12/24 was stable. She remained in the ICU with electrolyte abnormalities and acidosis. There was a suspected diagnosis of anoxic brain injury due to lack of circulation and an MRI was planned for 12/27. On 12/27/2016 she went into cardiac arrest around 0721 hours. Despite all resuscitative efforts, death was pronounced inpatient at 0855 hours by Dr. Sara Stern-Nezer. Her past medical history was documented as polysubstance abuse, bipolar disorder, severe sleep apnea, and recurrent pneumonias. She used Abilify, Prozac, and Lamictal, which were prescribed by a medical doctor. She also used oxycodone which was not prescribed. She was reportedly with her personal assistant flying from London back home to Los Angeles. Her personal assistant reported that the decedent was last awake and normal at the beginning of the flight. Throughout the flight she had multiple apneic episodes, which was her baseline, and near the end of the ten hour flight she was not able to be aroused. A few minutes later the decedent vomited profusely then slumped over. It was not bloody or bilious vomit.

Scene Description:
Coroner personnel did not visit the scene.

Evidence:
I did not collect evidence for this case.

Body Examination:
The body examination was conducted at Ronald Reagan UCLA Medical Center in Room #B540. The decedent was observed supine on a steel table wrapped in a sheet and body bag. An identification tag attached to the outside of the bag, an identification tag attached to the left foot, and identification bands around both wrists were labeled as TRAUMA, VILLA248 and MRN: 5210362. The decedent was an adult Caucasian female with shoulder length gray hair, brown eyes, and teeth which appeared to be dental implants. The sclera appeared yellow. Gauze was taped to the bilateral neck and right groin. Intravenous lines were taped to the left groin and left antecubital area. The wrists and ankles were secured together with thin string. There was a tattoo of a moon and stars on the right lateral ankle. There was red discoloration across the body especially centered at the chest and abdomen. Rigor mortis observed at 1250 hours was absent. At 1255 hours livor mortis was observed on the posterior body and blanched with fingertip pressure.

Identification:
On 12/27/2016 the decedent was visually identified as Carrie Frances Fisher (DOB 10/21/1956) at the hospital by her daughter, as documented on the Form 5. I confirmed this with California Driver License #N6627814 photograph comparison.

Next of Kin Notification:
On 12/27/2016 the decedent's daughter and legal next of kin was notified of the death by hospital personnel.

Tissue Donation:
Family members did not consent to tissue donation by the time of report completion.

Autopsy Notification:
There is no request for autopsy notification.
Autopsyfiles.org - Carrie Fisher Autopsy Report

Case Number: 2016-09419
Decedent: FISHER, CARRIE FRANCES

INVESTIGATOR CHOLAKIANS
#604323

01/03/2017
Date of Report
FISHER, CARRIE FRANCES
ACC/NAT.
12/27/2016
2016 - 09419

DATE & TIME FOUND: 12/27/2016 0855 HRS
LAST KNOWN ALIVE: SAME

APPROX. AGE: 60
SEX: F
EST. HEIGHT: 61
EST. WEIGHT: 171
CLOTHED: YES □ NO □ IF YES, DESCRIBE:

DESCRIPTION AS TO WHERE REMAINS FOUND AND CONTACT MATERIAL TO BODY:
SUPINE ON STEEL TABLE.

SCENE TEMPERATURE REGULATED? YES □ NO □ IF YES, THERMOSTAT SET AT ______ DEGREES F
LIVOR MORTIS: TIME OBSERVED: 1255
RIGOR MORTIS: TIME OBSERVED: 1255

NECK FLEXION:
ANTERIOR: ☐
POSTERIOR: ☐
RT LATERAL: ☐
LT LATERAL: ☐

JAW: ☐
HIP: ☐
SHOULDER: ☐
KNEE: ☐
ELBOW: ☐
ANKLE: ☐
WRIST: ☐

SCALE
0: ABSENT/NEGATIVE
1:
2:
3:
4: EXTREME DEGREE

USE SCALE TO DESCRIBE INTENSITY OF RIGOR MORTIS

SHADE DIAGRAMS TO ILLUSTRATE THE LOCATION OF LIVOR MORTIS.

DESCRIBE INTENSITY OF COLORATION AND WHETHER LIVOR MORTIS IS PERMANENT OR BLANCHES UNDER PRESSURE

CHOUAKIANS #604323
CORONER'S INVESTIGATOR

NOTE: ALL DATA COLLECTED FOR THIS FORM MUST BE COLLECTED AT SCENE.
<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>757 Westwood Blvd</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF DECENT</td>
<td>Carrie Frances Fisher</td>
</tr>
<tr>
<td>SOURCE OF IDENTIFICATION</td>
<td>10 - Family</td>
</tr>
<tr>
<td>DOB</td>
<td>10/01/56</td>
</tr>
<tr>
<td>AGE</td>
<td>60</td>
</tr>
<tr>
<td>SEX</td>
<td>F</td>
</tr>
<tr>
<td>RACE</td>
<td>Caucasian</td>
</tr>
<tr>
<td>DATE OF DEATH</td>
<td>12/27/2016</td>
</tr>
<tr>
<td>TIME</td>
<td>0855</td>
</tr>
<tr>
<td>PRONOUNCED BY</td>
<td>Sam Stein-Nezer</td>
</tr>
<tr>
<td>MEDICAL RECORD OR PATIENT FILE #</td>
<td>5210362</td>
</tr>
</tbody>
</table>

**ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR THE CORONER OR ACCOMPANY DECENT DO NOT DISCARD**

<table>
<thead>
<tr>
<th>DATE ENTERED HOSPITAL</th>
<th>12/27/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>0855</td>
</tr>
<tr>
<td>AMBULANCE (Name or R.A#)</td>
<td>RA-51</td>
</tr>
<tr>
<td>ER DEATH?</td>
<td>72</td>
</tr>
<tr>
<td>IN PATIENT DEATH?</td>
<td>72</td>
</tr>
<tr>
<td>FROM</td>
<td></td>
</tr>
<tr>
<td>STATE (WHETHER HOME, HOSPITAL OR OTHER)</td>
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</tr>
<tr>
<td>GIVE ADDRESS</td>
<td></td>
</tr>
<tr>
<td>(IF HOSPITAL ATTACH THEIR HISTORY)</td>
<td></td>
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</tbody>
</table>

| ADMITTED BY         | Paul Wespa, M.D. |
| PRIMARY ATTENDING PHYSICIAN | Kiefe, Awh, Thcc, M.D. |
| OFFICE PHONE #      | 310-407-9400     |
| INJURIES             |              |
| CAUSE                |              |
| DESCRIBE INJURIES    |              |

**CLINICAL HISTORY.**

<table>
<thead>
<tr>
<th>SURGICAL PROCEDURES</th>
<th>STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED</th>
</tr>
</thead>
</table>

| WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? | SPECIFY |
| LABORATORY REPORT ON PATHOLOGY SPECIMENS TAKEN | DATE & TIME |
| LABORATORY PHONE NUMBER | |
| MICROBIOLOGY CULTURE RESULTS | NO | YES (ATTACH REPORT) |
| TOXICOLOGY SCREEN | NO | YES (ATTACH RESULTS) |
| RADIOLOGICAL STUDIES | NO | YES (ATTACH RESULTS) |

**REMARKS. ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE**

| IN MY OPINION, THE CAUSE OF DEATH | |
| BY | |
| OR | |

**THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS**

UCLA Form #10008 (Rev 9/15)