

BRAIN ONLY AUTOPSY AUTHORIZATION

Instructions for completion:

Next-of-Kin filling out this form in person should complete parts 1, 2 and 3 & 5.
Health care personnel obtaining telephone authorization should fill out part 4 and parts 2, 3 & 5.

Date of Authorization (mm/dd/yy): _____

Time of Authorization (military time): _____

Patient Name _____

SSN# _____

Physician w/ address (to receive report)

PART 1:

In Person Claimant* Authorization Statement: I, the claimant of the body of the above-named decedent, assume responsibility for the decedent's burial and hereby authorize the UPMC, University of Pittsburgh Medical Center to conduct a post-mortem examination with removal and retention of the brain (consistent with an open-casket funeral viewing) to diagnose the neurologic condition and advance medical knowledge. The authority shall be limited to the following express conditions:

Place an X in one box

Brain Only **Additions/ Limitations:** _____

Claimant Signature	Relationship to Deceased		Witness Signature
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* Claimant should be spouse, but if spouse is incompetent, unavailable or does not choose to claim the body for burial, or if there is no surviving spouse, the individual who should sign this authorization is as follows, based upon the following order of priority: (1) adult children, (2) adult grandchildren, (3) parents, (4) brothers or sisters, (5) nephews or nieces, (6) grandparents, (7) uncles or aunts, (8) cousins, (9) step-children, (10) relative or next of kin of previously deceased spouse, (11) other relative or friend who assumes custody of the body for burial.

PART 2:

Do you consent to the possible use of some of the tissues obtained at autopsy for research, after diagnostic evaluation has been performed?

Check one: YES NO

PART 3:

For many diseases, such as Alzheimer's disease, some of the leading research for better diagnosis and treatment is at private for-profit companies. Do you consent to the commercial use of some of the tissue by such companies, with no identification of the patient, understanding that you also waive and release any claim of the patient's estate or otherwise, to products or proceeds resulting from such use?

Check one: YES NO

PART 4:

Telephone Authorization Statement:

I: _____ at the date and time above stated received a telephone

authorization from: _____ Relationship to Deceased: _____

The above person authorized the UPMC, University of Pittsburgh Medical Center to conduct a post-mortem examination with removal and retention of the brain (consistent with an open-casket funeral viewing) to diagnose the neurologic condition and advance medical knowledge. The authority shall be limited to the following express conditions:

Place an X in one box

No Limitations **Additions/ Limitations:** _____

Signature of Witness to Telephone Call

NOTE: Where authorization was received by telephone, this form was read twice to the person giving the authorization, and, upon being asked whether or not he or she understood the nature of the authorization, that person replied in the affirmative.

PART 5: Please complete name and address of the person giving permission:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____