

**For staff use only:**

Hospital number:

Surname:

First names:

Date of birth:

NHS no: \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Use hospital identification label

**Consultant:**

## Consent Form

For donation of brain and related bodily fluids  
by a person in a qualifying relationship

Specimen

## A Patient details

Name of deceased: ..... Date of death: .....

Name and contact details of donor's GP: .....

Telephone: .....

This form enables you to consent to a brain donation from the above named person. **Please read it carefully, add your initials where indicated, and sign this document to record your consent.**

**You have the right to change your mind at any time without giving a reason or explanation.**

If you wish to change your mind, please contact the Cambridge Brain Bank on 01223 217336.

## B Provision of information

I confirm that I have had the opportunity to read and understand the attached leaflet ***The donation of brain tissue after death V2 March 2012***, and that I have a copy to keep.

Yes  No

Initials .....

I confirm that my questions about post mortem brain donation have been answered to my satisfaction and understanding.

Yes  No

Initials .....

### Creutzfeldt Jakob disease (CJD)

To your knowledge, was the donor notified that they were at risk of CJD or variant CJD for public health purposes?

If yes, please inform your health professional.

Yes  No

## C Consent to the retention and use of tissue

The gift of brain tissue and related fluids will be placed in the custody of the Cambridge Brain Bank, licensed by the Human Tissue Authority with Licence Number 12318. If you agree, the whole brain, a sample of blood and a sample of cerebrospinal fluid will be used for ethically approved medical research, including genetic research. Please indicate whether you consent to this by placing your initials in the appropriate box.

I consent to the donation of the above named person's brain, a sample of blood and cerebrospinal fluid, on their death to the Cambridge Brain Bank, who will have custody of this material for use in \*ethically approved research studies (including genetic research) and/or \*ethically approved commercial sector research (\*please delete as appropriate).

Yes  No

Initials .....



# Specimen

## **Tissue Bank Contact details**

### **Human Research Tissue Bank Manager**

01223 217336

### **Senior Research Nurse**

[brbank@addenbrookes.nhs.uk](mailto:brbank@addenbrookes.nhs.uk)

01223 217336 or mobile 07847 808704

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