Consent form

For donation of brain, spinal cord, pituitary tissue and cerebrospinal fluid by the donor
A Patient details

Name of donor: .................................................................

Thank you for agreeing to consider brain, spinal cord, pituitary tissue and cerebrospinal fluid (CSF) donation. This form enables you to consent to a brain, spinal cord, pituitary tissue and CSF donation. Please read it carefully, ticking the appropriate box, adding your initials where indicated, and sign this document to record your consent.

The gift of brain, spinal cord, pituitary tissue, and CSF will be placed in the custody of the Cambridge Brain Bank, licensed by the Human Tissue Authority with Licence Number 12318.

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 leaflet The donation of brain, spinal cord, pituitary tissue and CSF after death, PIN3698, and that I have a copy to keep.

I confirm that my questions about post mortem brain, spinal cord, pituitary tissue and CSF donation have been answered to my satisfaction and understanding.

Creutzfeldt Jakob disease (CJD)

To your knowledge, have you been notified that you have been at risk of CJD or variant CJD by a health professional?

C Consent to the retention and use of tissue

If you agree your whole brain, spinal cord, pituitary tissue and CSF will be used for ethically approved medical research, including genetic research. Please indicate if you agree with the following statements by ticking the appropriate box and adding your initials below.

I consent to the donation of my brain, spinal cord, pituitary tissue, and CSF on my death to the Cambridge Brain Bank, who will have custody of this material for use in ethically and scientifically approved research studies (*including genetic research) and/or *ethically approved commercial sector research (*please delete as appropriate).

Initials .............
I agree that approved projects may have access to my Medical records for research purposes, and understand that confidentiality and anonymity will be maintained.

☐ Yes  ☐ No  Initials ……

I consent to the retained samples being used for teaching, quality assurance, public health surveillance and clinical audit.

☐ Yes  ☐ No  Initials ……

I agree that a summary of the findings of a detailed examination of my brain, spinal cord and pituitary tissue may be provided to *Person in a Qualifying Relationship, *a Nominated Individual (for definitions see last page of patient information leaflet) or *my GP (*please delete as appropriate).

☐ Yes  ☐ No  Initials ……

D Signatures

I confirm that in the event of my death I wish to donate my brain, spinal cord, pituitary tissue and CSF to the Cambridge Brain Bank for use as indicated on this form.

I understand that I have the right to change my mind about any of the decisions I have made. If you wish to make changes or withdraw your consent at any time, please contact the Cambridge Brain Bank on 01223 217336.

Signed (donor): ................................................................. Date: .........................

Name (PRINT): ..............................................................................

Address: ...................................................................................

Telephone: ................................................................................

Signed (witness): ................................................................. Date: .........................

Name (PRINT): ..............................................................................

Address: ...................................................................................

Telephone: ................................................................................

Signed (for CBB): ................................................................. Date: .........................

Name and job title (PRINT): ............................................................

Contact details: ...........................................................................
E Contact details

Donor's GP
Name: .................................................. Address: ..................................................
Telephone number: .......................................................... ..................................................

Nominated Individual (if applicable)
Name: .................................................. Address: ..................................................
Relationship to donor: .......................................................... ..................................................
Telephone number: .......................................................... ..................................................

Person in a Qualifying Relationship
Name: .................................................. Address: ..................................................
Relationship to donor: .......................................................... ..................................................
Telephone number: .......................................................... ..................................................

CBB contact details
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