Registration of intent

For donation of brain, spinal cord, pituitary tissue and cerebrospinal fluid by a Nominated Individual or Person in a Qualifying Relationship
A Patient details

Name of donor:  

Contact details of donor:  

Telephone:  

Thank you for agreeing to consider a brain, spinal cord, pituitary tissue and cerebrospinal fluid (CSF) donation from the above named person. This form enables you to register your intent for this donation to the Cambridge Brain Bank. Please read it carefully, ticking the appropriate box, adding your initials where indicated, and sign this document to record your wishes.

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: H0618.

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, spinal cord, pituitary tissue and CSF after death, MRRG_00914, up to December 2017 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, has the donor been notified that they were at risk of CJD or variants of CJD by a health professional?

C Consent to the retention and use of tissue

I understand that the Cambridge Brain Bank would have custody of the brain, spinal cord, pituitary tissue and CSF given by this donation.

For staff use only:
Hospital number:  
Surname:  
First names:  
Date of birth:  
NHS no: _ _ _ / _ _ _ / _ _ _ 
Use hospital identification label
I wish to register intent to donate the brain, spinal cord, pituitary tissue and CSF from the above named person to the Cambridge Brain Bank as indicated on this form.

I understand that I have the right to change my mind about any of the decisions I have made even after I have signed this form. I understand that I will also need to sign a consent form upon the death of the above named person for the donation to proceed.

If you wish to make changes or withdraw this registration of intent at any time, please contact the Cambridge Brain Bank on 01223 217336.

Signed (Nominated Individual / Person in a Qualifying Relationship):
for definitions see last page of patient information leaflet

Name (PRINT):

Address:

Telephone:

Signed (witness):

Name (PRINT):

Address:

Telephone:

Signed (for CBB):

Name and job title (PRINT):

Contact details:

Telephone:

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no:  /  /  
Use hospital identification label

Please turn over
E  Contact details

Donor’s GP

Name: ................................................................. Address: .................................................................

Telephone number: ............................................... Address: .................................................................

Nominated Individual / Person in a Qualifying Relationship

Name: ................................................................. Address: .................................................................

Relationship to donor: ............................................. Address: .................................................................

Telephone number: ............................................... Address: .................................................................

Other contacts

Name: ................................................................. Address: .................................................................

Relationship to donor: ............................................. Address: .................................................................

Telephone number: ............................................... Address: .................................................................

Name: ................................................................. Address: .................................................................

Relationship to donor: ............................................. Address: .................................................................

Telephone number: ............................................... Address: .................................................................

CBB contact details

Human Research Tissue Bank Manager

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Senior Research Nurse

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