



SHILEY-MARCOS ALZHEIMER'S DISEASE RESEARCH CENTER
 (UCSD ADRC) East Campus Office Building
 9444 Medical Center Drive, Suite#J-100
 LA JOLLA, CA 92037
 (858) 822-4800 (PHONE) (858) 657-7365 (FAX)

UNIVERSITY OF CALIFORNIA, SAN DIEGO
 9500 GILMAN DRIVE (0948)
 LA JOLLA, CALIFORNIA 92093-094

Consent for Autopsy

I, _____, consent to having an autopsy performed on myself at the time of my death.

I consent to having an autopsy performed on the remains of _____ I am one of the following authorized by California law to decide the disposition of the deceased person's remains. In order of priority:

<input type="checkbox"/> 1. Spouse	<input type="checkbox"/> 3. Parent	<input type="checkbox"/> 5. Guardian
<input type="checkbox"/> 2. Adult Son/Daughter	<input type="checkbox"/> 4. Adult Brother/Sister	<input type="checkbox"/> 6. _____

I understand that a complete autopsy examination may include, but need not be limited to, head, eyes, spinal cord, chest, abdomen and extremities. Also included may be the removal and retention of organ(s) or tissue(s) for study, diagnosis, other scientific or therapeutic purposes, and even, when appropriate, the treatment of living patient.

My consent is limited to the following restrictions: BRAIN ONLY

My consent includes an autopsy of the BRAIN, in addition to the following organs:
 Specify additional organs (e.g. spinal cord, skin, full body): _____

Participant's signature

Print Name

Date/Time

Next of Kin's signature

Print Name

Date/Time

Person Obtaining Consent signature

Print Name

Date/Time

Please complete the reverse side of this form

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SANTA BARBARA • SANTA CRUZ

Protocol 170957

Please send a copy of the pathologist's summary of the autopsy findings to:

Name _____

Name _____

Street Address or PO Box

Street Address or PO Box

City, State, Zip Code

City, State, Zip Code

AT THE TIME OF DEATH, PLEASE CALL
THE UCSD ALZHEIMER'S DISEASE RESEARCH CENTER
AND ASK FOR ALZHEIMER'S DOCTOR ON CALL
58) 822-4800 - WEEKDAYS (619) 543-6737 -AFTER HOURS AND WEEKENDS

AFTER AUTOPSY, PLEASE CONTACT*:

(MORTUARY/SOCIETY)

TELEPHONE NUMBER

*If a mortuary is not designated at the time of brain donation, a per day storage fee may be charged