



Protocol 170957

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### 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:
  - 1. Spouse                       3. Parent                       5. Guardian
  - 2. Adult Son/Daughter       4. Adult Brother/Sister       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., eyes, spinal cord): \_\_\_\_\_

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Participant's signature	Print Name	Date/Time
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Next of Kin's signature	Print Name	Date/Time
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**Please complete the reverse side of this form**

