



## Registration form for the Netherlands Brain Bank

Name donor \_\_\_\_\_  male  female

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postal code and city \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

I have read and understood the information regarding the procedure of donation of tissue to the Netherlands Brain Bank and give hereby my consent to a post-mortem autopsy and to removal of the following bodily material to be stored for indefinite period of time and to be used for scientific research.

Please check:                      Optional (only possible in combination with brain donation):

- Brain                       Spinal cord  
 Eyes  
 Cervical lymph nodes

- My medical (and, if applicable, psychological) records may be requested at my treating physician's office for viewing by the employees of the Netherlands Brain Bank.
- My medical records may be processed by the employees of the Netherlands Brain Bank and stored for an indefinite period of time for future scientific research.
- The bodily materials and the anonymized extraction of the medical records (containing no identifiable data) may be distributed to research projects which have been reviewed by the Netherlands Brain Bank. The research projects are conducted in the field of neurological and psychiatric diseases and normal physiological functioning of the brain.
- I understand that I can withdraw this consent at any time.

I  DO  DO NOT wish for my treating physician to inform my family of the neuropathological autopsy report.

<b>Do not fill in</b>
<b>Codicil code:</b>
<b>Codicil number:</b>



Brain donorship at the Netherlands Brain Bank can be combined with donorship for organ transplantation purposes (only skin and/or cornea). This has been well arranged with the national coordinator of Eurotransplant.

- Yes, I am a registered organ donor and I have made my organs and/or tissues available for transplantation purposes.

Unfortunately it is not possible to combine donorship at the Netherlands Brain Bank with donation of the whole body for medical research and education purposes.

To be filled in by donor:

Signature:

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_



## Co-signing

*This part of the form should be filled in by someone near to you, such as your spouse or other life partner. If you do not have a life partner (anymore), a signature by an adult child or other adult family member will suffice. If such a person is not available either, a signature by an adult heir or another chosen confidant(e) will suffice.*

I hereby declare to be aware of the donor's decision to register as a brain donor at the Netherlands Brain Bank. I am aware of the consequences of this registration and of the NBB's procedures. I understand that, unless he or she withdraws the consent, this consent will remain valid regardless of the time passing after its signing.

Last name \_\_\_\_\_  male  female

Initials \_\_\_\_\_

Relationship to the donor \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postal code and city \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile phone number \_\_\_\_\_

I  WOULD  WOULD NOT like to see the donor after his or her demise, before transportation to the hospital.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature

\_\_\_\_\_

