



Brain Donation and Autopsy Referral

Please circle field site: BU CU PT

TOP PORTION (GREY BOX) TO BE FILLED OUT BY RA

Participant Name:

Current Address:

Name of Place (personal home or name of SNF, hospice, hospital etc):

Street:

City, State, ZIP:

Phone Number:

Email Address:

This information sheet has been sent to Donovan Laing
(dal2190@cumc.columbia.edu)

Q1. Date referred to Brain Bank: __ / __ / ____ (DD/MM/YYYY)

Following Section to be Filled out by Donovan Laing at the NY Brain Bank:

1. Designated Next-of-Kin to contact for permission at the time of death and

Primary Contact Name:

Telephone Numbers (home and cell):

Email address:

Secondary Contact Name:

Telephone Numbers (home and cell):

Email address:

Next of kin given the 24/7 brain donation emergency phone number and email address to contact at or near time of death

2. Funeral Home:

This section may be left blank, if the information is currently unavailable

Director's Name:

Telephone Numbers (home and cell):

Email address:

Address:

Funeral Home Name:

Street:

City, State, ZIP:

3. Contact Information of local diener

This section may be left blank, if the information is currently unavailable

Name:

Address:

Street:

Apt #:

City, State, ZIP:

Telephone Numbers (work, home, cell):

Stated Diener fee: \$ _____