

# Human Brain and Spinal Fluid Resource Center

Helping Scientists Help Patients

Supporting the

[National Neurological Research Specimen Bank and Multiple Sclerosis Human Neurospecimen Bank]

VA W Los Angeles Healthcare Ctr, 11301 Wilshire Blvd., Los Angeles, CA 90073

Phone: (310) 268-3536; Fax (310) 268-4768; 24 hr pager (310) 636-5199; email: brainbnk@ucla.edu

## PLEASE KEEP THIS FORM TO NOTIFY US OF ANY FUTURE CHANGES

Date: \_\_\_\_\_

Name of Donor \_\_\_\_\_

Next of Kin Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

**IS THE ADDRESS FOR THE DONOR A NURSING/ASSISTED LIVING HOME? YES \_\_\_ NO \_\_\_**

**IS THE DONOR IN A HOSPICE PROGRAM? YES \_\_\_ NO \_\_\_**

Current Physician \*

(neurologist)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Nursing

Home \_\_\_\_\_

Contact name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\*(if more than one physician please add name, address, telephone on reverse side)

Mortuary

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Is the body to be cremated? Yes/No

\_\_\_\_\_

Will the mortuary/crematorium allow us into their facility to remove tissue on a 24 hour basis? Yes \_\_\_ No \_\_\_ Is there a charge for the use of the facility? Yes \_\_\_ No \_\_\_ Estimated Amt \$ \_\_\_\_\_

Donor's Current Weight: \_\_\_\_\_ lbs. Current Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

**Do you need a new membership card sent to you? Yes \_\_\_ No \_\_\_**

**For any further changes, additions, or comments,  
please use the reverse side of this form.**