

Donor Name _____
(Please print) Last First

DONATION AGREEMENT

I wish that my brain and associated tissue, at the time of my death, be offered to the Tulane University School of Medicine (Tulane), to be used in such a manner as Tulane deems appropriate for education and/or research purposes. I understand that Tulane accepts human anatomical specimens of various types for use by various individuals and institutions in connection with education and research, with such goals as (1) assisting in the education and continuing education of current and future health care practitioners, anatomists, forensic scientists, and mortuary technicians, and (2) biomedical, biomechanical, forensic, and other scientific research that will assist in the development of knowledge, procedures and/or products with the general intent of improving the human condition. I understand that the donated brain and associated tissue may be chemically preserved or used in an un-embalmed state, and that a donated brain and associated tissue may be dissected, examined, studied, and preserved for a substantial period of time (possibly years) or indefinitely and may be used for more than one purpose. I understand that parts of the brain and associated tissue may be removed and separated from the whole brain, and that fluids and tissues may be analyzed and destroyed. I understand that a donated brain and associated tissue or portions thereof may be provided to educators, students, researchers, and others at any Tulane Campus, as well as to other educational institutions, researchers, non-profit entities, and for-profit entities. I understand that donors, survivors or other responsible parties cannot designate particular uses to which the donated brain and associated tissue will be put, or the persons or entities that will use them.. I understand that if a donated brain, or parts thereof, are used by persons or entities not associated with Tulane, Tulane is entitled to recover all of its acquisition, preservation, storage, transportation, and related costs (both fixed and non-fixed) from end-user(s), and that such recovery may be based upon an approximation of the average of such costs per donated brain and associated tissue.

I understand that, once a brain donation is accepted, Tulane has sole and exclusive discretion regarding whether and how the brain will be used, and that if the brain or parts thereof are transferred to other persons or entities for education or research purposes, such other persons or entities may be given full discretion to identify and carry out the particular education and/or research purposes for that donated brain and associated tissue.

I understand that acceptance of a brain donation does not occur until Tulane expresses its acceptance after the donor's death and takes physical custody of the brain. I understand that acceptance of a brain donation is made on a case by case basis at the time of death and that my brain might not be accepted. Tulane may refuse to accept the donation for any reason. I understand that if Tulane does not accept my brain, my survivors will be responsible for making alternate final disposition arrangements and all expenses will be the responsibility of the estate. It is my wish that, once accepted by Tulane, if it is later determined that, for any reason, my brain, or any part thereof, will not be used, custody will remain with Tulane and will not transfer to any other person, and my brain will be cremated and the cremated remains handled as set forth below. I authorize the release of pertinent radiographs and information from my medical records to Tulane, to be used anonymously for education and research purposes.

I authorize Tulane and its agents to cremate all or any part of the material hereby donated. Such cremation shall be at no cost to me or my family. I understand that because parts of the brain and associated tissue may be removed for and/or during its use, these parts may be disposed of in different manners, at different times, and at different locations. I agree that any such cremated remains shall be interred as determined by Tulane, and I understand that these remains may be commingled with others upon interment. I further understand that these cremated remains will not be returned to my family members or other survivors.

I hereby direct my next of kin, executor of administrator of my estate or such other person who handles by affairs following my death and any healthcare providers to notify Eric Beverly, Director of Operations at Tulane University Center for Sport of my death as soon as possible by calling (504) 913-4826. If Tulane elects to receive my donation, I understand it will be necessary at that time to for Tulane to make arrangements for the harvesting of my brain and any associated tissue from my body and for the transportation of the donated material to Tulane or to another location designated by Tulane.

BY MY SIGNATURE BELOW, I AFFIRM THAT I HAVE READ, OR HAD READ TO ME, AND CONSIDERED ALL OF THE INFORMATION CONTAINED IN THIS DONATION AGREEMENT, AND I CONSENT TO ALL OF THE TERMS OF THIS AGREEMENT.

DONOR SIGNATURE: _____ DATE: _____

Print Donor's Full Legal Name _____ Donor's Social Security Number _____ Donor's Date of Birth _____
Donor's Mailing Address: _____
Street City State Zip Code Donor's Phone Number (w/area code) _____

NOTARY: THE FOREGOING IS SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____

Notary's Signature _____ Notary's Printed Name _____ Notary's Bar or License No. _____ Notary's Commission Expiration Date _____

WITNESSES: We, the undersigned, affirm that we have witnessed the signing of this document by the donor.

Signature of Witness #1 _____ Signature of Witness #2 _____

Printed Name of Witness #1 _____ Printed Name of Witness #2 _____

Mailing Address: Street, City, State, Zip Code Phone Number _____ Mailing Address: Street, City, State, Zip Code Phone Number _____

DONOR'S NEXT OF KIN/EXECUTOR: _____
Name Address Phone Number

DONOR'S STATISTICAL INFORMATION:

Birthplace: _____
City State Country Citizenship (Country)

Usual Occupation _____ Kind of Business or Industry _____ Color or Race _____

Education – Circle highest level completed: School Grades 1 2 3 4 5 6 7 8 9 10 11 12 College Years 1 2 3 4 5

Male ___ Female ___ Ever in U.S. Armed Services: Yes ___ No ___ Marital Status: Married ___ Never Married ___ Widowed ___ Divorced ___

If Married, Spouse's Name (if wife, give maiden name) _____

Father's Name: _____ Father's Place of Birth: _____
Last First Middle City State

Mother's Maiden Name: _____ Mother's Place of Birth: _____
Last First Middle City State

PLEASE RETURN ORIGINAL FORM TO TULANE. KEEP SECOND COPY FOR YOUR RECORDS