Willed Body Program Release of Liability

I, ______________________, next of kin of ______________________

(Name of next of kin) (Name of deceased)

Authorize the Willed Body Program staff to perform the removal of the brain on the deceased for research purposes. This removal may also include the removal of the spinal cord, if indicated by the department requesting the removal.

I authorize the Willed Body Program staff to transport the remains of my deceased to their facility, if needed, to perform this removal.

________________________________________  __________________________
Next of kin (please print)                  Date and time signed

________________________________________
Signature of next of kin

________________________________________  __________________________
Signature of witness                          Date and time signed

Read Important Instructions
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Brain Autopsy and Donation Program Instructions

Attention families: Candidates for brain autopsy/donation must have been a regular patient of the Alzheimer’s and Related Diseases Research Clinic at UT Southwestern.

Important Steps for a family member to follow at the time of death:

**Step 1:**
If the donor dies in a nursing home or hospital: Call your funeral home and tell them that someone from the UT Southwestern Willed Body Program will contact them to make arrangements to remove the brain.

If the donor dies at home: If the patient is under the care of hospice call the hospice to report the death and they will help make arrangements. If a patient is not under the care of hospice you will first need to call 911 and the patient’s primary care physician.

**Step 2:**
*Call the UT Southwestern Neuropathology Office: (214) 648-2148,* seven (7) days a week, 24 hours a day, and state that you are calling regarding an Alzheimer’s Research Clinic autopsy and state that your family member was seen in the Alzheimer’s Research Clinic. A person from the Willed Body Program will call you back to help facilitate the process. You will need to give them information about the funeral home (location, phone number) and location of the donor.

**Step 3:**
The family will need to obtain and sign a form (the Willed Body Program Release of Liability form) giving written permission for the brain removal by the Willed Body Program. You can obtain this form ahead of time from research clinic staff or by going on the UTSW website at [www.utsouthwestern.edu](http://www.utsouthwestern.edu) and typing in “Alzheimer’s Disease Center” which will take you to the Alzheimer’s Disease Center website where the forms are available on the left side of the page. The form can also be faxed or emailed to you at the time of death. This form must be signed and available to the Willed Body Personnel in order for the procedure to be completed.

- All costs related to the research brain autopsy will be paid by the research clinic.
- A diagnostic report will be issued based on the autopsy and the family will be contacted regarding the results.

Thank you for your participation in this very important program.
If you have questions, please call us at (214) 648-0563 or (214) 648-2148.