

Parkinson's UK Brain Bank
Division of Brain Sciences
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PARKINSON'S^{UK}
CHANGE ATTITUDES.
FIND A CURE.
JOIN US.

Consent for the procurement of tissue for research into Parkinson's and other neurological disorders

I (print name with title)

of (print full address)

.....
..... (postcode)

..... (telephone/mobile)

..... (email address)

- In the event of my death, I wish for the Parkinson's UK Brain Bank to collect and store my brain, spinal cord and samples of other tissues and fluids for respectful and ethical use in research, including genetic analysis.
- I have read the information sheet on the donation of tissue.
- I give the Parkinson's UK Brain Bank permission to access clinical information from my medical records once they have retrieved my tissue, and to use it and make it available to researchers on an anonymous basis who come from third party institutions.
- I am aware that my next-of-kin or legal representative should sign the enclosed form to indicate their agreement with my wishes.
- I will tell all healthcare professionals looking after me about my wish to donate tissue to the Parkinson's UK Brain Bank.
- I give permission for my tissue to be used for teaching purposes or for public display within the brain bank premises.

I appreciate how important it is that following my death someone immediately calls the 24hr Brain Bank Donor Line: **07 566 950 965** (this contact number will be printed on your donor card).

Signed: Date:

In association with
**Imperial College
London**

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Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ
T 020 7931 8080 **E** enquiries@parkinsons.org.uk **W** parkinsons.org.uk

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