

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

Agreement of the next-of-kin or legal representative to the donation of tissue

I (print name with title)
of (print full address)
.....
..... (telephone number)
Being the (relationship)
of (print name of person donating tissue)

- Agree with their wish to donate their brain, spinal cord and samples of other tissues and fluids to the Parkinson's UK Brain Bank
- Do not object, and I am not aware of objections being raised by other relatives, to the Parkinson's UK Brain Bank collecting and storing donated tissue and fluids for their respectful and ethical use in research, including genetic analysis.
- Have read the information sheet on the donation of tissue.
- Understand that I have the right to withdraw my consent at a later date.
- I would like to receive the following information regarding the neuropathological findings
 No information Short report Full report

Signed: Date:

Please give details of another person (next-of-kin or close friend) who is aware of the bequest to the Parkinson's UK Brain Bank:

..... (print name)
of (print full address)
..... (telephone number)

In association with
**Imperial College
London**

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