Tissue Donation Consent

I, _____ (print name), Birth Date: _____,

Currently residing at: _____

express my desire to donate fixed slide tissue samples of my brain and spinal cord to the Superficial Siderosis Tissue Research Project. I understand these tissues may be used for research, education, or other scientific purposes. My closest relatives, next of kin, or legal guardian have been informed of my wishes. Upon my death or when my medical condition becomes critical, they have been instructed to immediately notify the project coordinator by phone number **(903) 559-4123**.

My survivors will assume responsibility for the disposition of my remains, excluding the donated tissues. This gift is voluntary, without obligation or compensation to me or my family. I may revoke or amend this consent through a signed or witnessed statement, communication to a physician, or electronic delivery to the Project. This gift becomes irrevocable upon my death.

This agreement is governed by the laws of Massachusetts, USA. I authorize Michael Levy MD, PhD to access, receive, and use my medical records after my death for research purposes. No identifying information will be shared with third parties.

Donor Signature: _____

Print Name: _____ Date: _____

If the donor is unable to sign the LEGAL NEXT OF KIN and one witness must sign.

Legal Next of Kin:

_____ _____

Signature Print Name

Date: _____

Witness:

_____ _____

Signature Print Name

Date: _____