

HARVARD BRAIN TISSUE RESOURCE CENTER

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Phone: 1-800-BRAIN BANK or (617) 855-2400 ♦ Fax: (617) 855-3199 ♦ E-mail: BTRC@mclean.harvard.edu
[1-800-272-4622] http://www.brainbank.mclean.org

NURSES PROCEDURE SHEET

**THIS PATIENT WILL BE PARTICIPATING IN A BRAIN DONATION PROGRAM
FOR RESEARCH PURPOSES.**

**PLEASE KEEP THIS SHEET ON THE INSIDE FRONT COVER OF THE PATIENT'S CLINICAL
RECORDS.**

Steps to take at the time of death:

- 1. PLEASE CALL THE BRAIN BANK AT THE TIME OF DEATH USING OUR 24-HOUR PHONE NUMBER: 1-800-272-4622.**
- 2. PLEASE PLACE DECEDENT INTO MORTUARY REFRIGERATION AS SOON AS POSSIBLE, BUT WITHIN 6 HOURS AFTER DEATH.**
- 3. IF MORTUARY REFRIGERATION IS NOT IMMEDIATELY AVAILABLE, PACK THE DECEDENT'S HEAD IN WET ICE UNTIL DECEDENT CAN BE BROUGHT TO A REFRIGERATED AREA.**
- 4. DO NOT ALLOW EMBALMING UNTIL AFTER THE BRAIN HAS BEEN REMOVED.**
- 5. YOU CAN ASSIST IN OBTAINING AUTHORIZATION FOR BRAIN DONATION FROM THE NEXT-OF-KIN, WHOSE NAME IS IDENTIFIED BELOW. THIS CAN BE DONE BY TELEPHONE, USING TWO WITNESSES, THROUGH THE BRAIN BANK OFFICE OR THROUGH THE LOCAL HOSPITAL WHERE THE DONATION PROCEDURE WILL BE COMPLETED.**

NAME OF PATIENT: _____

NAME OF NEXT-OF-KIN: _____

ADDRESS: _____

PHONE NUMBER: _____ **RELATIONSHIP:** _____

- 6. NOTIFY THE PHYSICIAN IN CHARGE OF THE CASE SO THAT HE/SHE MAY HELP ARRANGE FOR THE DONATION PROCEDURE WITH A LOCAL PATHOLOGIST, IF THIS HAS NOT ALREADY BEEN ARRANGED.**

- 7. PLEASE RECORD THE DATE AND TIME OF DEATH:**

DATE OF DEATH: _____ **TIME OF DEATH:** _____ **AM**
_____ **PM**

**THANK YOU FOR CAREFULLY FOLLOWING THIS PROCEDURE.
YOUR ASSISTANCE WITH HELPING TO FACILITATE A BRAIN DONATION FOR RESEARCH IS VERY
MUCH APPRECIATED.**