

**HARVARD BRAIN TISSUE RESOURCE CENTER**

*FRANCINE M. BENES, M.D. PH.D., DIRECTOR*

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[1-800-272-4622]

<http://www.brainbank.mclean.org>

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**PATHOLOGIST TIME RECORD INFORMATION SHEET**

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

**PATHOLOGIST NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOSPITAL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_

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**DONOR' NAME:** \_\_\_\_\_

**CAUSE OF DEATH:** \_\_\_\_\_

**AUTOPSY #:** \_\_\_\_\_

**FRESH BRAIN WEIGHT:** \_\_\_\_\_ **GRAMS**

**TIME OF DEATH:** \_\_\_\_\_ **A.M.**  
\_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_

**TIME BODY PLACED INTO REFRIGERATION:** \_\_\_\_\_ **A.M.**  
\_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_

**TIME BODY WAS REMOVED FROM REFRIGERATION:** \_\_\_\_\_ **A.M.**  
\_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_

**TIME FRESH BRAIN PLACED INTO PLASTIC BAG AND** \_\_\_\_\_ **A.M.**  
**PAIL OF CHILLED WATER:** \_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_  
(skip if brain has been fixed and/or frozen)

**TIME BRAIN PLACED INTO FORMALIN** \_\_\_\_\_ **A.M.**  
**AND/OR FROZEN:** \_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_  
(skip if brain is being shipped as fresh specimen)