

HARVARD BRAIN TISSUE RESOURCE CENTER

FRANCINE M. BENES, M.D. Ph.D., DIRECTOR

McLean Hospital ♦ 115 Mill Street ♦ Belmont, MA 02478

Phone: 1-800-BRAIN BANK or (617) 855-2400 ♦ Fax: (617)855-3199 ♦ Email: BTRC@mclean.harvard.edu
[1800-272-4622] <http://www.brainbank.mclean.org>

RETT SYNDROME PATHOLOGY PROTOCOL

Tissue to Procure Includes: Brain, Olfactory bulbs with tract, Cerebrospinal Fluid (CSF), Heart, Kidney, Liver, Spleen, Adrenal Gland, Small and Large Intestine, Peripheral Nerve, Skeletal Muscle, Serum

IMPORTANT NOTES:

- 1. PLEASE CALL THE BRAIN BANK 1-800-272-4622 BEFORE REMOVING THE BRAIN.**
 - 2. PLEASE PLACE DECEDENT INTO MORTUARY REFRIGERATION AS SOON AS POSSIBLE, BUT WITHIN 6 HOURS AFTER DEATH.**
 - 3. DO NOT EMBALM THE DECEDENT UNTIL AFTER THE BRAIN HAS BEEN REMOVED.**
 - 4. COMPLETE THE POSTMORTEM AS SOON AFTER DEATH AS POSSIBLE, PREFERABLY WITHIN 24 HOURS AFTER DEATH.**
 - 5. THE BRAIN BANK WILL SEND THE PROPER SHIPPING MATERIALS TO YOUR LOCATION.**
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PLEASE PROVIDE THE FOLLOWING INFORMATION AND COMPLETE THE FOLLOWING STEPS FOR DONATION OF RETT SYNDROME TISSUE SPECIMENS.

1. Complete the Pathologist Time Record Sheet provided.
 2. Record weight and length of patient and record weight of all organs on form provided.
 3. **CSF:** Before removing the brain from the skull, obtain a 5-10 ml sample of CSF from the lateral ventricles. Freeze the sample in plastic sample tubes.
 4. **Brain:** Remove the brain including brainstem and cerebellum, and record weight.
 - Remove both olfactory bulbs with tract and place into formalin
 - Bisect brain into right and left halves by cutting in the midsagittal plane through the corpus callosum, midbrain, cerebellum, and brainstem.
 - **Fix 1/2 Brain** in 10% buffered formalin. Place the flat, **MEDIAL SURFACE SIDE DOWN** in the plastic bucket. [Note: If glutaraldehyde is available, please put several 1 mm³ cubes of Frontal Cortex into this fixative, and refrigerate.]
 - **Freeze 1/2 Brain** in -70°C freezer, or on crushed dry ice. Cover the brain with plastic wrap and place into a freezer with the flat, **MEDIAL SURFACE SIDE DOWN** on a smooth flat surface.
 5. **Heart:** Fix whole heart in 10% buffered formalin
 6. **Kidney, Liver, Spleen, Adrenal Gland, Small and Large Intestine, Peripheral Nerve, Skeletal Muscle:**
 - Cut 2 sections of each tissue sample, at a size of 2x1x0.2 cm.
 - Place one piece in a labeled cassette and immerse in 10% buffered formalin.
 - Place one piece in a labeled, sealed bag and freeze at -70°C, or on crushed dry ice.
 7. **Serum:** Freeze 5-10 ml sample in plastic sample tubes.
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**Thank you for carefully following this preparation procedure.
Your generous assistance in providing valuable tissue for research is very much appreciated.**

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RETT SYNDROME WEIGHTS AND MEASURES FORM

PLEASE RECORD WHOLE ORGAN WEIGHTS FOR THE FOLLOWING DONATED ORGANS:

PATIENT'S NAME: _____ AUTOPSY #: _____

WEIGHT OF PATIENT: _____ LENGTH OF PATIENT: _____

BRAIN: _____

HEART: _____

KIDNEY: _____

LIVER: _____

SPLEEN: _____

ADRENAL GLAND: _____

SMALL INTESTINE: _____

LARGE INTESTINE: _____