

**DONOR REGISTRATION FORM
BRAIN AND TISSUE BANK FOR DEVELOPMENTAL DISORDERS**

I, _____(name), wish to register myself or a dependent minor as a brain and tissue donor with the Brain and Tissue Bank for Developmental Disorders at the University of Miami. This donation grants permission for the Brain and Tissue Bank to make every attempt within its means to coordinate recovery of brain and other tissues upon death of the above named donor for the expressed purpose of furthering the research of developmental disorders.

DONOR NAME _____ NEXT OF KIN _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

STATE _____ ZIP _____ STATE _____ ZIP _____

PHONE DAY _____ PHONE DAY _____

PHONE EVE _____ PHONE EVE _____

DONOR'S DATE OF BIRTH _____ SEX _____ RACE _____

IF THE DONOR IS DIAGNOSED WITH A DISORDER, NAME THE DISORDER: _____

DIAGNOSED WHEN AND BY WHOM? _____

BRIEF MEDICAL/FAMILY HISTORY: _____

If YOU, (THE DONOR) ARE NOT AFFLICTED WITH A DISORDER, ARE YOU THE PARENT/RELATIVE OF SOMEONE WHO IS?

NO _____ YES _____ (DESCRIBE DISORDER AND RELATIONSHIP) _____

SIGNATURE OF DONOR OR LEGAL GUARDIAN _____ DATE _____

PLEASE TAPE AND RETURN (DO NOT STAPLE)

FEEL FREE TO INCLUDE ANY FURTHER INFORMATION

Please mail form to: BRAIN AND TISSUE BANK FOR DEVELOPMENTAL DISORDERS
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
DEPARTMENT OF PATHOLOGY (R-5)
P.O. BOX 016960
MIAMI, FL 33101