Form A -3 only for ALS PATIENT
Provisional Consent for Brain and Cervical Spine Autopsy and Teeth Removal Pre-
Arrangements by a Legally Competent Adult

Directions:
This form is to be completed by a legally competent adult wishing to indicate his/her own desire to set up pre-arrangements for an autopsy with brain, cervical spine, and teeth (molars only) donation to the University of Michigan Brain Bank.

In the hope that this authorization will further the understanding of neurological disease,

I, ____________________________________________________________,
(Print Name)

authorize the pre-arrangements necessary for a post-mortem donation of my brain, cervical spine, and teeth (molars only) for research and clinical purposes in the interest of advancing medical knowledge.

__________________________________________  ________________________
Signature of Patient                          Date

☐ Patient unable to sign, but verbally authorized the pre-arrangements necessary for a post-mortem examination of brain, cervical spine, and teeth (molars only) for research and clinical purposes in the interest of advancing medical knowledge.

__________________________________________  ________________________
Signature of Witness                          Date

__________________________________________  ________________________
Signature of Witness                          Date

Most likely, the patient’s spouse or an adult son or daughter will sign the autopsy consent. The physician will determine who the appropriate legal next-of-kin is at that time and whether their consent for autopsy is valid.

Note: There is no charge to ALS patients for the arrangement and performance of the autopsy or teeth removal. The University of Michigan, Department of Neurology will be billed directly for any transportation costs or the family will be reimbursed for any transportation costs that may be billed to them by their funeral home.
Form A -4 only for ALS PATIENT

Provisional Consent for Brain and Cervical Spine Autopsy and Teeth Removal Pre-Arrangements for a Patient Who is Unable to Give Consent

Directions:
This form is to be completed by a legally competent adult (as listed below) on behalf of a patient who is unable to give consent. This completed form indicates his/her wish to have the patient donate their brain, cervical spine, and teeth (molars only) to the University of Michigan Brain Bank.

I, being a legally authorized (spouse, son, daughter, brother, sister, or Guardian) representative of _______________________________________________________________________________________,

(Print Name of Patient)
authorize the pre-arrangements necessary for a post-mortem donation of brain and cervical spine tissue and teeth (molars only) for research and clinical purposes in the interest of advancing medical knowledge. I understand that the legal autopsy consent must be given after the patient has expired.

__________________________________________ _______________________
Signature Relationship Date

__________________________________________ _______________________
Signature of Witness Relationship Date

The autopsy consent form can only be signed by the legal next-of-kin after a person has passed away. However, a non-binding pre-arrangement for autopsy can be made by any one of the following individuals:
a. The spouse
b. An adult son or daughter
c. Either parent
d. An adult brother or sister
e. A guardian of the deceased at the time of death
f. Any other person authorized or under obligation to dispose of the body
Most likely, the patient’s spouse or an adult son or daughter will sign the autopsy consent. The physician will determine who the appropriate legal next-of-kin is at that time and whether their consent for autopsy is valid.

Note: There is no charge to ALS patients for the arrangement and performance of the autopsy or teeth removal. The University of Michigan, Department of Neurology will be billed directly for any transportation costs or the family will be reimbursed for any transportation costs that may be billed to them by their funeral home.