



NIH Brain and Tissue Repository Enrollment Card

Prefix: _____ (Ms, Mr, Mrs, etc.) *Required

*First Name: _____ *SSN Last 4: _____

*Last Name: _____ Middle: _____

*Address: _____ Suffix: _____ (Jr, Sr, etc)

*City: _____ State: _____ Zip: _____

*Phone: (____) _____ - Mobile: (____) _____

Preferred Contact Method (circle): Phone Mail Email (_____)

*Date of Birth: ____ / ____ / ____ *Sex: Male ____ Female ____

* I offer to donate my brain/spinal cord and related specimens to the NIH Brain and Tissue Repository for research/medical education:

- Brain Only Brain/Spinal cord

I wish to enroll in *NIH Brain and Tissue Repository* maintained by the *Mount Sinai School of Medicine / JJ Peters VA Medical Center*. I understand that by enrolling in the registry I am giving legal consent to the donation of Brain only or Brain/Spinal cord (as specified above) in the event of my death. I also understand that all pertinent medical records will be reviewed and duplicated as necessary and persons who know me may be interviewed. Specifically Personal Health Information relating to medical, psychological, psychiatric and neurological status; Name: first, last, middle names; Address: including apartment number, street, city, county, zip code, telephone number, fax number; Dates (day, month, year): including date of birth, date of admission(s), date of discharge(s), date or dates associated with medical or psychiatric diagnoses, date or dates associated with receipt of medications, date or dates associated with laboratory tests and medical or psychiatric procedures; and Medical record(s) number will be reviewed and information retained for research purposes. However, NO information that may identify me, other than age, will be intentionally revealed to anyone unless required by law. I understand that this document is for NBTR information and a declaration of my current intent. I may change my mind at any time. Authorization and consent for brain and tissue banking will be sought and may be given by my next of kin after my death.

Signature Date

Mail to: **NIH Brain and Tissue Repository**
 Attention: Alex Cline
 James J Peters VA Medical Center
 130 West Kingsbridge Road
 Room 5F-04D