



Neuropathology Research Division
Icahn School of Medicine at Mount Sinai

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**ANATOMICAL GIFT PROGRAM
NEUROPATHOLOGY RESEARCH DIVISION
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI**

Being of sound mind and over the age of 18, I hereby make this anatomical gift of my/my ward's body to the Neuropathology Research Division of the Icahn School of Medicine at Mount Sinai, to take effect upon my/my ward's death. I direct that after my/my ward's death, my/my ward's body be delivered to Mount Sinai at Fifth Avenue and 100th Street, New York City, New York. My/my ward's body will be used for organ donation to the research tissue repository under the direction of Dr. John F. Crary at the Icahn School of Medicine at Mount Sinai, as authorized by law. I understand that this is not binding, and that I may revoke this gift at any time. I understand that I may place restrictions upon what will be donated to the bank, as stipulated below.

- No restrictions**
- Restricted donation:** _____

After organ donation, I hereby direct that my/my ward's body be released to my/my ward's next of kin or to an individual stipulated by me/my ward prior to my/my ward's death.

Date: _____

Signature of Donor: _____

Name of donor (Print): _____

Address: _____

City, State and Zip: _____

Telephone: _____

Date of Birth: _____

Signed by the donor in the presence of the following who sign as witnesses:

Signature of Witness

Signature of Witness

Address

Address

This Section For IRB Official Use Only

This Consent Document is approved for use by Mount Sinai's Institutional Review Board (IRB)

Form Approval Date: **06/02/2018**

DO NOT SIGN AFTER THIS DATE →

06/01/2019