

Consent to donation of additional samples v2 30 November 2018

Name of Donor

(Please initial boxes)

I have read the information sheet v2 on donation of additional samples. I understand that this will involve additional incisions. I have had time to discuss with other family members, and opportunity to ask questions. If I am a consultee / representative I am not aware that the donor had any objections, or that another family member has objections to this.

I agree to donation of the following: *Please initial all those to which you are consenting.*

Samples of heart and vascular tissue

Samples of nervous tissue

Samples of muscles

Samples from other organs and glands

Eyes

Other (please specify)

I understand that these samples will be donated to NBTR for research purposes on the same conditions as the brain and spinal cord .

Signed

Consented by: