

CONSENT FOR NEUROPATHOLOGICAL EXAMINATION OF THE BRAIN

The undersigned acknowledges that the brain of the decedent was retained following completion of the postmortem examination and that a detailed neuropathological study is proposed. The purpose of this examination is to evaluate for possible structural, degenerative, vascular, inflammatory, or other diseases affecting the brain, including white matter abnormalities, which may assist in clarifying the cause of death or neurological conditions of concern.

Scope of the Examination

- Gross inspection and dissection of the fixed brain.
- Preparation of histological slides and microscopic examination of representative brain regions.
- Special stains and/or immunohistochemical studies as deemed necessary by the examining pathologist.
- Preparation of a written neuropathology report summarizing the findings.
- No genetic testing or research studies will be performed without additional specific authorization.

Authorization

I, the undersigned, being the legal next of kin or authorized legal representative of the decedent, hereby authorize a neuropathological examination of the retained brain tissue as described above. I understand that the results of this examination will be provided in a written report available to me or my authorized representative upon completion.

Disposition of Brain Tissue

Following completion of the neuropathological study, the remaining tissue will be handled in accordance with applicable laws and professional standards, as selected below:

- Returned to the family for burial or cremation (if feasible).
- Retained by the pathologist for medical documentation and reference.
- Disposed of in accordance with biomedical waste regulations.

I have read and understood this consent form, and all questions have been answered to my satisfaction. I understand that this consent is voluntary and may be withdrawn in writing prior to commencement of the study.

Signature of Next of Kin / Legal Representative: _____

Printed Name: _____

Relationship to Decedent: _____

Date: _____ Telephone: _____

Witness (if required): _____ Date: _____