

***Gift to Life* Outpatient Autopsy Planning Program Enrollment**

Name of Patient: _____ Date of Birth: ___/___/___ MRN: _____

The *Gift to Life* program is designed to help your family obtain access to an autopsy. It does not guarantee that an autopsy can or will be performed.

By signing this form, you authorize the *Gift to Life* program to make the necessary pre-arrangements for a postmortem examination. In most cases, this examination will be limited to the brain and a small tissue sample. The autopsy's purpose is to identify the cause of your brain disease. It may not determine the immediate cause of death. For example, an examination of the brain will not reveal whether or not the patient had pneumonia.

Formal consent for the autopsy will be obtained when you sign the "Authorization for Performance of Autopsy" form. By signing this form, you give the Department of Pathology consent to perform an autopsy after your death. It is your family's responsibility to arrange for your body to be transported to the University. Even if you give consent for an autopsy to be performed, your family may choose to not pursue one.

There may be costs associated with the autopsy. Once you give *Gift to Life* permission to make autopsy arrangements for you, *Gift to Life* will determine what costs are likely to be associated with your autopsy. *Gift to Life* does not charge to make arrangements.

You may decide at anytime to not have an autopsy. If you want to withdraw your consent for an autopsy, please contact the *Gift to Life* Outpatient Autopsy Planning Program at 801-585-9989.

I understand the above information and authorize the Gift to Life Outpatient Autopsy Planning Program to make the arrangements necessary for an autopsy to identify the cause of my brain disease. I understand that there may be costs associated with the autopsy.

Patient/Authorized Representative

Signature

Date

Witness

Signature

Date

Please fill out contact information on back

Participant Information:

Name: _____

Is a U.S. Veteran? Yes

Date of Birth: _____ / _____ / _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Do you have a second residence where you will need autopsy arrangements? Yes

Second Address: _____

Should regular correspondence be sent to the participant? Yes

Additional Contact Information:

Send regular correspondence to this person? Yes

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Relationship: _____

Send regular correspondence to this person? Yes

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Relationship: _____