

Intent to Obtain an Autopsy and Request Pre-Arrangements By a Legally Competent Adult

Directions: This form is to be completed by a legally competent adult wishing to indicate his/her own desire to set up prearrangements for an autopsy with an examination of the brain through the *Gift to Life or Gift to Life Plus* Autopsy Program at the University of Utah.

Once you have completed and signed this form, please submit it to Health Educator, Kathy Moran, who can be reached at (801) 581-4771.

In the hope that this authorization will further the understanding of neurological disease,

I _____ (Date of Birth: ____ / ____ / _____),
(Print Name)

authorize the pre-arrangements necessary for a postmortem examination to identify the cause of my brain disease and in the interest of advancing medical knowledge. I understand that formal consent for an autopsy must be obtained from the next of kin after death.

Signature of Patient	Date
Signature of Witness	Date

Please provide the following information:

Designated Contact: Name: _____
Please list the person we may contact re: your enrollment (usually next-of-kin or a family member)
 Phone: _____
 Email: _____
 Address: _____
 Please provide at least one way we may contact this person:

Primary Care Physician: Name: _____
Please provide your doctor's name and contact info
 Phone: _____
 Address: _____

How did you hear about the Gift to Life programs? *(Please check all that apply)*

<input type="checkbox"/> Patient of Alzheimer's Center	<input type="checkbox"/> Patient of University Health Care
<input type="checkbox"/> Alzheimer's Association	<input type="checkbox"/> Internet
<input type="checkbox"/> Primary care physician	<input type="checkbox"/> Other (please explain: _____)

Intent to Obtain an Autopsy and Request Pre-Arrangements For a Patient Who Is Unable to Give Consent

Directions: This form is to be completed by a legally competent adult (as listed below) on behalf of a patient who is unable to give consent. This completed form indicates his/her wish to have the patient enrolled for pre-arrangements of an autopsy with an examination of the brain through *Gift to Life or Gift to Life Plus* Program at the University of Utah.

Once you have completed and signed this form, please submit it to Health Educator, Kathy Moran, who can be reached at (801) 581-4771.

*In the hope that this authorization will further the understanding of neurological disease,
I, being a legally authorized (spouse, son, daughter, brother, sister, or Guardian)*

*representative of _____ (Date of Birth: ___ / ___ / _____),
(Print Name of Patient)*

authorize the pre-arrangements necessary for a postmortem examination to identify the cause of brain disease and in the interest of advancing medical knowledge. I understand that formal consent for an autopsy must be obtained from the next of kin after death.

Signature Relationship Date

Signature Relationship Date

Please provide the following information:

Designated Contact: Name: _____
Please list the person we may contact re: your enrollment (usually next-of-kin or a family member) Please provide at least one way we may contact this person:
 Phone: _____
 Email: _____
 Address: _____

Primary Care Physician: Name: _____
Please provide your doctor's name and contact info Phone: _____
 Address: _____

How did you hear about the Gift to Life programs? (Please check all that apply)

Patient of Alzheimer's Center Patient of University Health Care
 Alzheimer's Association Internet
 Primary care physician Other (please explain: _____)