



Oregon Body Gift Brain Donation Registration Form

Dear Donor or Authorized Agent,

Thank you so much for your interest in brain donation. Below are the components of the registration form. Please complete the sections relevant to your situation. Once we receive this form, we may contact you with additional follow-up questions. We will let you know if we are able to accept the donation.

- **Informed Consent for Brain Donation to Oregon Body Gift** - This document must be reviewed and signed in all circumstances.

- **Donor History and Donation Process Questions** - Must be completed in full if the donor is deceased. For living donors, completion is greatly appreciated, especially if death is expected soon, though some information may be unavailable. If you prefer, these questions can be answered over the phone.

- **Contact Information for Additional Next of Kin Document** - Required only if multiple agents have equal priority and there is a known objection from one individual. In that case, this provides contact information for the other decision makers.

- **Witnesses for Donor or Authorized Person Unable to Sign Document** - Required only if the donor or authorized person cannot physically sign the main informed consent document. In that case, this section documents witnesses signing on their behalf. Only required in this specific circumstance.

Submitting Your Form: For convenience, you may want to use our web form, which requires email confirmation to complete the submission. If you prefer to download and complete the documents, please follow the instructions below to submit your documents by email or regular mail:

Email

- Save the completed documents with an electronic signature.
- Or print, fill out, and scan or take photos of the documents.
- Attach the documents to an email.
- Send to: donation@oregonbodygift.org
- Subject: Donation Form

Mail: Print the form and mail the completed pages to:

Oregon Body Gift
3265 Marietta St SE
Salem, OR 97317

Please keep a copy of the submitted documents for your records. We will confirm receipt. If you have any questions, please contact us via email at donation@oregonbodygift.org.



Informed Consent for Brain Donation to Oregon Body Gift

Donor's Full Legal Name*: _____

Donor's Date of Birth*: Day: _____ Month: _____ Year: _____

Has death occurred*? Yes No Date/time of death if known: _____

Please note: This form can be completed by the individual wishing to donate their brain or, in cases where the individual is unable to provide their own consent, by the next of kin or designated authorizing agent, as per the hierarchy explained below. "Authorizing agent" in this document refers to the person giving consent for the brain donation.

By signing this form, I provide consent for brain donation after the death of the donor to Oregon Body Gift. This donation will be used for research and education purposes. I understand that brain donation is an altruistic act, and neither the donor nor their estate will receive any form of compensation.

Oregon Body Gift, as a non-profit organization, partners with research institutions to advance medical knowledge. Primarily, the use of the brain will be in neuroscience medical research. The donor's brain may undergo embalming, dissection, preservation, and other procedures. Images and videos may be recorded solely for the purposes of research and education, while protecting privacy and dignity.

The donor's data or tissue may be shared with partner institutions. Unless consent is given for additional data sharing, we will remove any uniquely identifying data first. Tissue may be preserved indefinitely to enable future research. I also authorize access to the donor's medical records, which will be accessed and stored securely.

Oregon Body Gift will make every effort to accept the donation. Our current exclusion criteria are to protect the safety of our staff. We are unable to accept donations from individuals with certain active infectious diseases, such as hepatitis, tuberculosis (TB), and HIV, or prion diseases like Creutzfeldt-Jakob Disease. In emergency situations or due to other unforeseen circumstances at the time of death, we may not be able to accept the donation.

Oregon Body Gift will pay for the costs associated with brain removal, preservation, and shipment of the brain to our facility. However, other funerary expenses, such as cremation, burial, memorial services, or other disposition arrangements, remain the responsibility of the donor's estate or next of kin. Oregon Body Gift does not provide financial assistance for these additional services, which should be arranged and paid for independently through a funeral home or crematory of your choice.



Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

If the offer of brain donation is rescinded in writing by the authorizing agent prior to the donor's death, or if Oregon Body Gift is unable to accept the donation for any reason, then the authorizing agent will be solely responsible for making alternate arrangements for the disposition of the donor's remains, including any associated costs.

By signing, I confirm that to the best of my knowledge, I am the authorizing agent with the authority to consent for brain donation. If I have questions about this consent, I can contact Oregon Body Gift by phone or email. This consent is revocable at any time prior to the donation by notifying Oregon Body Gift in writing. I confirm that I have read and understood this consent information and that I am an adult able to make this decision. A copy of this will be made available to you or the next of kin at any time.

Name*: _____

Signature*: _____ Date*: _____

Mailing Address*: _____

Phone*: _____ Email*: _____

Relationship to the Donor (or "Self" if completing for yourself)*: _____

For Next of Kin Donation Cases Only

As specified in ORS 97.965 and ORS 97.130, the authorizing agent has the authority to provide consent for brain donation. The order of priority starts with the living person themselves, followed by a healthcare power of attorney, a spouse, an adult child, a parent, and continues on. If there are multiple individuals at the same level of priority, and there is a known objection from one of those individuals, please fill out the Contact Information for Additional Next of Kin Document. In this case, a majority of the reasonably available individuals at that level must consent. A person at a lower level of priority cannot consent if someone higher in priority is reasonably available to consent or object. When any wishes of the donor are known, the consent must also align with those. If you have any questions, please contact us. Oregon Body Gift will make the determination of which individual has priority as the authorizing agent based on the available information.



Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

Donor History Questions

Please note: We kindly request some additional information about you or your loved one. This information will be kept confidential. This will allow us to maximize the benefits of the donation, while treating the information with the utmost respect and discretion. If you're more comfortable, please feel free to leave any sensitive details blank here and relay them over the phone. In many cases, we may also request medical records to be sent to us.

For Living Donors: Pre-filling this entire document will not be possible. Please fill as much as possible and update Oregon Body Gift with any significant changes.

Any known pacemaker? Yes No Unknown Details: _____

Any other known implanted devices? Yes No Unknown

Details: _____

Any surgery on the brain, head, neck, or heart? Yes No Unknown

Details: _____

Any known history of radiation (IV or implanted)? Yes No Unknown

Details: _____

Any known history of transmissible, long-term diseases like HIV, hepatitis, TB, or Creutzfeldt-Jakob Disease? Yes No Unknown Details: _____

Has there been a severe decline in memory that worsened rapidly within the past 2 years?
Yes No Unknown Details: _____

Has there been an onset of shaking, trembling, or sudden uncontrolled movements in the past 2 yrs?
Yes No Unknown Details: _____

Has there been an onset of poor coordination or difficulty walking within the past 2 years?
Yes No Unknown Details: _____

Any diagnosis of dementia or neurocognitive disorder? Yes No Unknown
If yes, what year was it first diagnosed? _____ Details: _____

Any other known neurologic or psychiatric diagnoses, which may be valuable for associating the brain tissue with specific conditions for research purposes? Yes No Unknown

Details: _____

Has the donor been diagnosed with any terminal conditions? Yes No Unknown
Details: _____



Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

Questions Only for Deceased Donors

Most likely cause(s) of death if known (for example, if suspected or told by a healthcare professional):

Was the donor known to be taking or given any blood thinners or anticoagulants in the days prior to death (e.g. heparin, Coumadin, or Eliquis)? Yes No Unknown

Details: _____

Was the donor on life support with a ventilator/breathing machine immediately before death?

Yes No Unknown Details/Duration: _____

Donation Process Questions

Is there anything else you would like us to know? _____

Do you have any suggestions for the website, these documents, or other recommendations for our organization? _____



Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

Witnesses for Donor or Authorized Person Unable to Sign

Per ORS 97.957, if the donor or other person authorized to make an anatomical gift is physically unable to sign the informed consent document, but is mentally competent, it may be signed at their direction by another individual and witnessed as followed.

This consent document has been signed at the direction of the donor/authorized person because they are physically unable to sign:

Donor/Authorized Person's Name: _____

We hereby witness this consent at their request:

Witness 1 Name: _____

Witness 1 Signature: _____ Date: _____

Witness 2 Name: _____

Witness 2 Signature: _____ Date: _____

By signing, we verify:

- This consent document was signed at the direction and request of the donor or authorized person, who is mentally competent.
- The donor/authorized person is physically unable to sign this consent document themselves.
- We are both adults and at least one of us is a "disinterested witness."

Note that as per ORS 97.953:

- (a) "Disinterested witness" means a witness other than:
 - o (A) A spouse, child, parent, sibling, grandchild, grandparent or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift; or
 - o (B) An adult who exhibited special care and concern for the individual.
- (b) "Disinterested witness" does not include a person to whom an anatomical gift could pass under ORS 97.969.



Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

If Needed – Contact Information for Additional Next of Kin

Per ORS 97.965, if there are multiple members in the same priority class for authorizing donation who are reasonably available, please provide any contact information. This is only required if there is a known objection by one member of the class to make an anatomical gift. If an aspect of the information is not available, please write "Unknown." If you have any questions about this document, please contact us.

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____



Frequently Asked Questions

What is brain donation?

Brain donation is when a person consents to donate their brain after death for medical research and education. It is a selfless act that helps advance science and medicine.

Who can choose to donate their brain?

Any adult can choose to donate their brain. The consent needs to be given by the person themselves or their next of kin who is authorized to provide consent according to state law. In Oregon, the relevant statute for determining next of kin authorization is ORS 97.965.

If I enroll with Oregon Body Gift prior to death, are there any steps I should take?

Please let your loved ones know about your desire to donate your brain to science, so that they can contact our organization immediately after death occurs to start the donation process.

If I donate my brain to Oregon Body Gift, will there any cost to me or my family?

There is no cost directly associated with the brain removal. Oregon Body Gift will pay for removal of the brain, preservation, and shipment to our facility for research and education. However, other funeral-related expenses remain the responsibility of the donor's estate or family. This includes costs for cremation, burial, memorial services, or other disposition arrangements. These services should be arranged and paid for independently through a funeral home or crematory of your choice.

Can I change my mind after I have consented to brain donation?

Yes, you maintain the right to rescind this consent at any time by notifying Oregon Body Gift in writing.

How does Oregon Body Gift maintain confidentiality?

We strictly adhere to confidentiality guidelines for all protected health information. We remove any individually identifying data before sharing any biomedical data or tissue with research institutions, unless specific consent is given in a separate document.

What is the role of Oregon Body Gift in determining the cause of death?

Oregon Body Gift does not perform any clinical examinations with the goal of determining the cause of death. We recommend for families to consult with medical professionals to ascertain this information.

How does the brain donation process contribute to scientific research?

Your generous gift supports scientific studies that can lead to medical advancements. Primarily, the tissue will be used in medical research, to help develop better methods for studying the brain and identifying the causes of neurobiological disorders. The ultimate goal of this research is to develop better medical treatments and aid future generations.

Will my brain be treated with respect?

Yes, all donors receive the utmost respect, in strict adherence to the highest ethical principles.

Who can I contact with questions?

Please email donation@oregonbodygift.org or call 503-581-1942 with any questions about the donation process. We are happy to explain further.



Oregon Body Gift Donation Program
3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

Letter of Appreciation

Dear Brain Donation Program Participant,

On behalf of the entire team at Oregon Body Gift, we extend our heartfelt thanks for your consideration in joining our brain donation program. Your choice represents a deeply valued act of kindness that we believe will greatly aid in the advancement of medical research.

This act of generosity will enable research that aims to enhance understanding, help develop better treatments, and improve our ability to address to medical challenges in the study of the brain. Your altruism embodies the highest form of giving, with enduring benefits to medical research and the betterment of human health. You have our utmost respect and gratitude.

Sincerely,

A handwritten signature in black ink that reads "Andrew McKenzie". The signature is written in a cursive style and is enclosed within a large, loopy oval shape.

Andrew McKenzie, MD, PhD
Research Scientist, Oregon Body Gift