

Human Brain Tissue Repository (HBTR)

DONOR DECLARATION (FORM – 1)

TO

DATE:

Principal Coordinator/Associate Coordinator/
Human Brain Bank,
Department of Neuropathology,
National Institute of Mental Health and Neuro Sciences,
Bengaluru - 560029.
Phone - 08026995786

1. I (Mr/Mrs/Miss).....AgedYears wish to donate my Brain/Spinal cord/Peripheral nerve/Eye voluntarily after my death to the Human Brain Bank, NIMHANS, Bangalore for research /educational purposes. I authorize Human Brain Bank, NIMHANS to collect and store my brain / other tissues indicated above to utilize them for the above mentioned purposes. I or my family members do not seek any monetary benefit or otherwise in this donation. The material can be used for research purposes and communication of results in research journals if it will be of benefit to society ensuring that strict confidentiality of the donor's identity be maintained.
2. After the organ retrieval, (Brain/Spinal cord/Peripheral nerve/Eye/) my relatives may request to keep the body in the mortuary freezer for 2 to 3 days until their close relatives come from outstation/abroad to collect the body for cremation. This may kindly be honored.
3. I donate the whole body, which can be used for educational purposes.

Donor Name (In Capitals)	*Witness Name (Relationship to Donor)
Address	Address
Signature	Signature

*(The Family physician/ Legal heir/ Person not related to the family can also sign as a Witness)

NO OBJECTION CERTIFICATE FROM SPOUSE / SON / DAUGHTER / RELATIVE / GUARDIAN OF THE DONOR (FORM – 2)

TO

Human Brain Tissue Repository (Human Brain Bank),
Department for Neuropathology,
National Institute of Mental Health and Neuro Sciences,
Bengaluru- 560029

DATE:

Name of the Donor		Date of Birth/Age	
Age / Sex		Marital Status	
Permanent residential Address			
Residential Phone No / Mobile Number			

We, the undersigned solemnly affirm and declare that we have no objection for the brain/ other tissues (specify) donation by the donor to the Human Brain Tissue Repository.

I/We declare to abide by the donor's wish and agree to inform the Human Brain Bank, Department for Neuropathology, NIMHANS, Bangalore.

Name & Relationship to Donor	*Witness Name
Address with phone number(s)	Address with phone number(s)
Signature	Signature
Date/Place	Date/Place

*The Family physician/ Person not related to the family can sign as Witness.

Note: The donor/family members have the right to withdraw consent at any time without assigning any reason.

Declaration by Human Brain Tissue Repository (Human Brain Bank)

1. The material collected will solely be used for research/education/scientific publication and presentation. The material can be shared with other researchers at the discretion of the Brain Bank coordinators for scientific studies ensuring confidentiality of donor is strictly maintained. The human biological material will be used for research purposes adhering to the guidelines stipulated by Indian Council of Medical Research (ICMR) and with the approval of Institutional Scientific Ethics Committee.

This Donor Consent form has been approved by NIMHANS Institutional Ethics Committee

Ref No. NIMHANS/85th IEC/2013, Dt. 6th May 2013

2. We assure that strict confidentiality of the donor will be maintained.
3. The material can be subjected to biochemical/molecular biological/ molecular genetic studies in future for the promotion of knowledge.
4. The knowledge gained by the study of the brain/other material may be shared in general terms with the close relatives of the donor following specific written request at the discretion of the Coordinator of Human Brain Bank, NIMHANS. It is advisable to have the Family Physician/Treating Physician at the time of discussion for further future advice if needed and counseling to the family regarding the implications of the scientific knowledge acquired after studying the brain.
5. The body of the deceased can be stored in the freezer at the request of the relatives in the mortuary depending upon the availability of freezer space.