

National Ataxia Foundation Brain Donation Donor Information Form

I am interested in putting a pre-plan in place for my brain to be donated for research in ataxia.

Donor's Contact Information:

Last Name _____ First Name _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip code _____

Phone Number (____) _____ Cell Phone Number (____) _____

Email Address _____

What is your specific ataxia diagnosis? _____

How was your diagnosis made? _____

Current health status: _____

Does next-of-kin know of your desire to donate your brain upon your death? _____

Who is your neurologist? _____

Have you been seen at an ataxia or movement disorder clinic at a University? _____

If so, what University? _____

Have you selected a funeral home? _____ If so, what is the name, address, and phone number of the funeral home? _____

Do you want an open-casket funeral? _____ Have you selected cremation? _____

Secondary Contact Information:

Last Name _____ First Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip code _____

Phone Number (____) _____ Cell Phone Number (____) _____

Email Address _____

I give permission to the National Ataxia Foundation (NAF) to contact universities and other institutions or organizations on my behalf who in turn may contact me regarding a pre-plan for brain donation.

Signature: _____ Date _____

If you have any questions or choose to withdraw from NAF your interest in brain donation, please contact the National Ataxia Foundation at 763-553-0020 or susan@ataxia.org.