



## Brain Donor Registration Form for the Dystonia Brain Collective

Thank you for your commitment to become a brain donor and advance dystonia research. Please provide the following information and return the form to the address below if you wish to pre-enroll as a brain donor with the *Harvard Brain Tissue Resource Center (HBTRC)*. The DMRF will code you in our database as a registered brain donor and send you a laminated wallet-sized donor card which contains contact information for the Harvard Brain Tissue Resource Center and notification instructions in the event of death.

### Donor Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
*Please include Area Code*

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Neurologic diagnosis (if applicable): \_\_\_\_\_

### Next-of-Kin Information

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
*Please include Area Code*

E-mail: \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

*Please return this form to:*  
Julie Mack  
DMRF  
One East Wacker Dr., Suite 2810  
Chicago, IL 60601-1905  
Fax: 312-803-0138

*If you have any questions, please contact us at 1-800-377-3978 or [brainbank@dystonia-foundation.org](mailto:brainbank@dystonia-foundation.org)*