



## LYMPHORETICULAR TISSUE COLLECTION CONSENT

Dear Legal Next of Kin,

You have already authorized the 'National Prion Disease Pathology Surveillance Center' to perform a brain-only autopsy on your loved one. The Center has instituted one additional **research-only program** (results will not be released) to aid in diagnosing prion disease.

This form is to authorize the following additional procedures:

□ **Lymphoretical Tissue Collection**

- Appendix
- Parietal & Visceral Lymph Nodes (abdominal lymph nodes)
- Spleen (upper-left quadrant of abdomen)
- I DO NOT AUTHORIZE**

<b>LEGAL NEXT OF KIN NAME (PRINT)</b>	
<b>LEGAL NEXT OF KIN SIGNATURE</b>	
<b>DATE (MM/DD/YYYY)</b>	
<b>RELATIONSHIP TO DECEASED</b>	

The samples will be stored at the following address:

**National Prion Disease Pathology Surveillance Center**  
2085 Adelbert Road,  
Cleveland, Ohio 44106  
Phone: (216) 368-0587

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