



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: _____

Physician-confirmed dystonia diagnosis (unless you are a Control): _____

Next-of-Kin Information

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____
Please include Area Code

E-mail: _____

Relationship to Donor: _____

Treating Physician

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please return this form to:
DMRF / Attn: Veronica Diaz

One East Wacker Dr., Suite 1730 • Chicago, IL 60601-1980 • Fax: 312-803-0138

If you have any questions, please contact us at 1-800-377-3978 or brainbank@dystonia-foundation.org