

# MAYO JACKSONVILLE INFORMATION SHEET – Part A/Pathology

*\*The pathologist/pathology technician MUST complete this form during the procurement, and MUST enclose a copy in each of the two shipping containers to Mayo Jax!*



## Brain Donation Program Mayo Clinic Jacksonville

**4500 San Pablo Road • Jacksonville • Florida 32224**

### Pathology Information:

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Name of Person Giving Consent: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Contact Info for Consenter: \_\_\_\_\_

Pathologist/Pathology Technician: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Head Iced Before Reaching Place of Procurement?: Yes No

Body Refrigerated at Place of Procurement?: Yes No If No, Head Iced at Place of Procurement? Yes No

Postmortem Interval (hrs): \_\_\_\_\_ Fresh Brain Weight: \_\_\_\_\_

At Place of Procurement, Means Used, if any, To Freeze Right Half: Dry Ice Wet Ice Freezer

Delay, if any, Of Freezing Right Half (hrs): \_\_\_\_\_ Method of Freezing: Dry Ice Freezer

If Freezer, Temperature of Stored Frozen Right Half Before Shipment: \_\_\_\_\_