

# National Centralized Repository for Alzheimer's Disease and Related Dementias

## PROTOCOL FOR BRAIN TISSUE REMOVAL AND PREPARATION

Brain tissue should be removed as **soon as possible** after death **prior to embalming**. After removal, record the weight of the fresh brain and complete the lower portion of this form. **Please send this form with the brain to NCRAD**. Please contact the National Centralized Repository for Alzheimer's Disease and Related Dementias Staff at **1-800-526-2839** or by e-mail at [alzstudy@iu.edu](mailto:alzstudy@iu.edu) to inform us of brain shipment and with any questions.

### **FIXED PORTION: LEFT HEMISPHERE**

Hemisect the brain and fix the left cerebral hemisphere *with the whole attached brain stem* and in 10% formalin. **Please do not ship on Thursday or Friday.**

### **FROZEN PORTION: RIGHT HEMISPHERE**

Freeze the right cerebral and the right cerebellar hemispheres and store at -70<sup>o</sup> C. (if unable to ship right away). **Please do not ship on Thursday or Friday.**

**SHIPPING NOTE:** The fixed portion should be wrapped in formalin soaked gauze and placed in an airtight bag. The frozen portion should be placed in a separate container in a protective airtight bag and shipped on dry ice, **PRIORITY OVERNIGHT via FedEx**. Please do not ship the 2 halves of the brain in the same container. **Contact NCRAD for FedEx Account number. NCRAD brain tissue is to be sent to Deb Magnuson, RADC Lab, 1735 W. Harrison St, Cohn 436, Chicago, IL 60612; pager: 312-942-6000 ext 7962.**

Please complete the following:

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PATHOLOGIST \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ TIME OF DEATH \_\_\_\_\_

DATE OF AUTOPSY \_\_\_\_\_ TIME OF AUTOPSY \_\_\_\_\_

WHOLE BRAIN WEIGHT \_\_\_\_\_

LEFT HEMISPHERE \_\_\_\_\_ RIGHT HEMISPHERE \_\_\_\_\_