

**The Genetics of Late Onset Alzheimer Disease Study
(LOAD)
Autopsy Planning Form Directions**

Welcome to the Genetics of Late Onset Alzheimer Disease (LOAD) autopsy planning section. The below form may be submitted electronically, printed and faxed, or printed and mailed back to our offices. Please see below for submission details:

Regular USPS Mail:

The Genetics of Late Onset Alzheimer Disease
Indiana University School of Medicine
Division of Hereditary Genomics
410 W. 10th Street, HS 4000
Indianapolis, IN 46202-3002

Fax:
(317) 278-1100

At this time, LOAD is only able to plan autopsies for those individuals who are actively participating within our family study. Those eligible for participation in our autopsy program include both affected and unaffected family members. Please feel free to contact a LOAD coordinator at 1-800-526-2839 or by email at alzstudy@iu.edu for more information or to check your eligibility for our program.

Family Number: _____

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Autopsy Planning Form**

Donor Information:

Donor Name:		Birthdate:	
Address (if different from Next of Kin)		Phone#:	

Donor's Next of Kin:

Name:		Relationship:	
Address:		Phone#:	

Institution/Hospital where tissue Removal has been arranged:

Removal site:	TO BE ARRANGED BY	Note:	
Contact:	LOAD STAFF	Phone#:	
Address:		Emergency#:	
		Fax#:	

Primary Physician Information:

Physician:		Note:	
Address:		Phone#:	
		Fax#:	

Nursing Home Information:

Nursing Home:		Note:	
Contact:		Phone#:	
Address:		Fax#:	

Funeral Home Information:

Funeral Home:		Note:	
Contact:		Phone#:	
Address:		Fax#:	