

**National Centralized Repository for Alzheimer's Disease and Related Dementias  
(NCRAD)  
Autopsy Planning Form Directions**

Welcome to the National Centralized Repository for Alzheimer's Disease and Related Dementias (NCRAD) 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:

National Centralized Repository for Alzheimer's Disease and Related Dementias  
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, NCRAD 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 NCRAD coordinator at 1-800-526-2839 or by email at [alzstudy@iu.edu](mailto:alzstudy@iu.edu) for more information or to check your eligibility for our program.

Family Number: \_\_\_\_\_

**National Centralized Repository for Alzheimer's Disease and Related Dementias  
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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 NCRAD STAFF	Note:	
Contact:		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#:	