

Research Donation Agreement

By signing this Research Donation Agreement, you agree to donate two small biopsy samples, each less than 1 cubic centimeter in size, from the preserved brain of either yourself or the person for whom you are the legal authorizing agent, to the Brain and Tissue Bank at Apex Neuroscience for research purposes.

Apex Neuroscience is a non-profit organization that is separate from Oregon Brain Preservation, dedicated to evaluating the quality of brain preservation and brain banking methods for the benefit of the public. Apex Neuroscience operates under an exemption from Institutional Review Board (IRB) oversight for its research on de-identified tissue samples, as determined by a review of its protocols by Pearl IRB. No funds will be transferred between the organizations related to this research donation.

The first biopsy sample will be taken within the first few months after the initial brain preservation procedure at Oregon Brain Preservation. The second sample will be taken years later to assess long-term preservation quality. Apex Neuroscience will study the samples using methods that may include light microscopy or electron microscopy to analyze the level of structural preservation achieved.

By signing below, you acknowledge and agree that:

- The data generated from the donated brain tissue biopsy samples may be made publicly available online in a de-identified manner. This could include macroscopic photos, brain imaging scans, and microscopy data from the samples.
- While names or other uniquely identifying data will not be released, it is theoretically possible that future AI systems may enable identification based on brain images in ways that cannot currently be anticipated.
- The prospects for eventual revival in brain preservation are completely unknown. Donating these small biopsy samples has the potential to lead to damage to information contained in the brain. We cannot guarantee this, but given their small size, we expect that any such damage would be minimal.
- The donation of these two small biopsy samples for research is required for participation in Oregon Brain Preservation's subsidized brain preservation program. The findings will provide valuable public feedback on the effectiveness of the preservation methods being used.

Name of Donor: _____

If someone else is signing on behalf of the donor, please also complete the following:

Name of Authorizing Individual: _____

Relationship to the Donor: _____

By signing this form, you voluntarily consent to donate two small brain biopsy samples as described above. You understand this is a required aspect of receiving subsidized brain preservation services through Oregon Brain Preservation's program. You can revoke this consent at any time prior to the preservation procedure by contacting us in writing.

Signature: _____ Date: _____

Optional DNA Contribution to Research

As an additional non-required option, we offer participants the opportunity to contribute to science by allowing us to profile their DNA, using a small muscle biopsy if possible. This research will be designed to help to determine the causes of neurobiological disorders such as Alzheimer's disease and schizophrenia. The goal of this research will be to contribute towards developing improved treatments for these disorders.

Access to genetic data may be granted to qualified researchers, research institutions, and collaborators, with the understanding that personal identifying information will be kept confidential to the extent possible under applicable laws and regulations.

Please note that DNA may not actually be profiled for several years as we await research funding and sufficient samples for this project. Additionally, we are not capable of returning DNA results to the next of kin.

Name of Donor: _____

If someone else is signing on behalf of the donor, please also complete the following:

Name of Authorizing Individual: _____

Relationship to the Donor: _____

By signing this form, you voluntarily consent to allow profiling, storage, and use of DNA and other genomic information for research purposes. You understand this is optional and not required to receive subsidized brain preservation services through Oregon Brain Preservation's program. You can revoke this consent at any time in the future prior to the preservation procedure by contacting us in writing.

Signature: _____ Date: _____