

BRAIN ENDOWMENT for AUTISM RESEARCH SCIENCES (BEARS)



BEARS Brain Donor Registration Form

The Brain Endowment for Autism Research Sciences (BEARS) Program is committed to advancing research in the area of neurodevelopmental disorders. Completion of this registration form will provide us with the necessary information to coordinate tissue recovery when a potential donor passes away. All of the information will be kept confidential and used solely by the BEARS Tissue Program.

Donor information

I, _____ wish to register myself (or my dependent) as a tissue donor with the UC Davis MIND Institute Brain Endowment for Autism Research Sciences (BEARS) Program.

Name of donor _____ Date of birth _____

Street address _____

City _____ State _____ Zip code _____

Phone (day) _____ Phone (evening) _____

Email _____

Gender: ☐ Female ☐ Male

Ethnicity: ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ American Indian ☐ Pacific Islander

Please check all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Aspergers | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Depression | <input type="checkbox"/> Tuberous Sclerosis |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> 22q Deletion | <input type="checkbox"/> Williams Syndrome | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Sensory Issues | <input type="checkbox"/> Tourette Syndrome | <input type="checkbox"/> Neurofibromatosis | <input type="checkbox"/> None or other conditions: _____ |
| <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Fragile X | | |

Date of diagnosis(es) of the condition(s) _____

Parent/guardian, spouse or caregiver

Name _____ Relationship to donor _____

Street address _____

City _____ State _____ Zip code _____

Phone (day) _____ Phone (evening) _____

Fax _____ Email _____

Please check the following if you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Receiving information about our BEARS Tissue Program | <input type="checkbox"/> Educational opportunities |
| <input type="checkbox"/> Receiving a copy of the BEARS brochure | <input type="checkbox"/> Making a financial contribution |
| <input type="checkbox"/> Volunteering for the BEARS Tissue Program and/or for fundraising events | <input type="checkbox"/> Receiving current research news |

Receive all materials/information through: ☐ Email ☐ Regular Mail