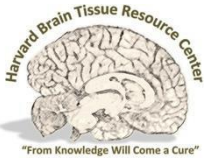




**McLean HOSPITAL**  
HARVARD MEDICAL SCHOOL AFFILIATE



**HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL**

## **HARVARD BRAIN TISSUE RESOURCE CENTER (HBTRC)**

Sabina Berretta, M.D. - Director

**Phone:** 1-800-BRAIN BANK or (617) 855-2400 ♦ **Fax:** Office hours (617) 855-3199 – After hours (617) 850-8711

**E-mail:** Office hours [HBTRC@mclean.harvard.edu](mailto:HBTRC@mclean.harvard.edu) - After hours [HBTRCoc@mclean.harvard.edu](mailto:HBTRCoc@mclean.harvard.edu)  
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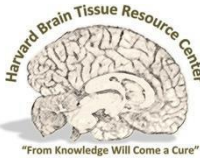
### **\*\*\*\* CONFIDENTIALITY NOTICE \*\*\*\***

Please note that documents you will receive from the HBTRC, pertinent to the present tissue harvesting procedure, contain confidential information belonging to the donor and their family that is legally privileged. This information is intended only for your own procedures and records. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to return or destroy the information after its stated need has been fulfilled, unless otherwise required by state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the content of these documents is strictly prohibited. If you have received the fax in error, please notify the McLean Privacy Officer at 617-855-4860 to arrange for their destruction or return.

**FOR RECORDS PROTECTED BY CONFIDENTIALITY RULES (42) CFR PART 2:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFT Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



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<http://mcleanhospital.org/hbtrc/>

**TISSUE RECOVERY INFORMATION SHEET**

(fresh tissue protocol)

**Pathologist Name:** .....

**Affiliation** (*if applicable*):  
.....

**Address:** .....

**Phone:** .....

**Fax:** .....

**Email:** .....

**Donor's Name:** .....

**Cause of Death:** .....

**Time of Death:** .....  A.M.  P.M.  EST  CST  MST  PST **Date:** .....

**Fresh Brain Weight:** ..... grams

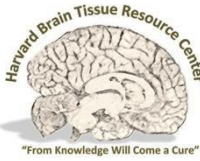
**Location of Recovery:** .....

**Time body was placed in refrigeration:**  N/A .....  A.M.  P.M.  EST  CST  MST  PST  
**Date:**.....

**Time body was removed from refrigeration:**  N/A .....  A.M.  P.M.  EST  CST  MST  PST  
**Date:**.....

**Time tissue was placed into wet ice:** .....  A.M.  P.M.  EST  CST  MST  PST  
**Date:**.....

**YOUR GENEROUS ASSISTANCE IN PROVIDING VALUABLE TISSUE FOR RESEARCH IS VERY MUCH APPRECIATED.**



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### WHOLE FRESH BRAIN TISSUE PROTOCOL

#### INSTRUCTIONS FOR TISSUE PREPARATION, PACKAGING, & SHIPPING

1. Please call the HBTRC at 1-800-272-4622 before removing the brain
2. Do not embalm the decedent until after the brain has been removed
3. Please place decedent into mortuary refrigeration as soon as possible (at least within 6 hours after death)
4. Complete the brain removal as soon as possible after death
5. Complete the tissue recovery information sheet provided
6. Label samples with donor's T# ID code.

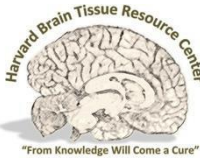
#### PREPARATION: BRAIN AND OTHER TISSUES:

##### TISSUES SAMPLES TO BE COLLECTED

Brain       Meninges (Dura Mater)       Blood       CSF       Muscle       Hair

**• DO NOT ADD CHEMICAL SOLUTIONS**      **• SEAL EACH BAG SECURELY.**

1. **Blood:** Collect 2 tubes of blood in a red top tube [no additives].
2. **Cerebrospinal Fluid:** Please collect a screw-top tube of cerebrospinal fluid.
3. **Brain:** Place whole fresh brain into double plastic bags. Please be gentle so that the olfactory bulbs and tract are not damaged in the process. Place **WET ICE** into the gallon plastic pail and set the brain on it. Add more wet ice to surround the brain to keep it cold (see also Instruction Diagram).
4. **Pituitary Gland:** After removing the brain, dissect out the intact pituitary gland, place it into a labeled small plastic bag or cassette and place it into the plastic pail.
5. **Meninges (Dura Mater):** Collect the dura mater and include it in the pail with the brain
6. **Muscle:** Collect a small sample (equivalent to approximately 1-2 cm<sup>3</sup>) from cranial muscle. Place it into a labeled small plastic bag or cassette and place it into the plastic pail.
7. **Hair:** Collect a few strands from the back of the head (near incision). Place it into a labeled small plastic bag or cassette and place it into the plastic pail.
8. Press lid on firmly to seal pail. **Label pail with donor's T# ID code.**



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### ADDITIONAL TISSUES SAMPLES -

➤ **REMOVAL ARRANGED IN CONSULTATION WITH HBTRC**

On a case by case basis, depending on specific disorders and requirements from NIH and investigators, the HBTRC may request that additional tissues may also be collected. Please, be advised that removal needs to be explicitly discussed with an HBTRC representative

**IMPORTANT: Kidney, Heart, Lung and Liver can only be donated for research once use for organ transplant has been ruled out.**

Spinal Cord       Intestines       Kidney       Heart       Lung       Liver

### PREPARATION

**Spinal Cord:** Remove the whole spinal cord and place it into double plastic bags, seal securely and set in wet ice in the plastic pail. **DO NOT ADD CHEMICAL SOLUTIONS.**

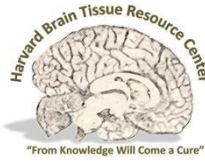
**Intestines:** Two samples from the **ascending colon** (6 cm section, open and laid flat) and the **terminal ileum** (6 cm section, open and laid flat)

**Kidney:** Two samples (1 cm x 3 cm x 3 cm each)

**Liver:** One sample (1 cm x 3 cm x 3 cm)

**Lung:** One sample (1 cm x 3 cm x 3 cm)

**Heart:** Two samples (1 cm thick) cross section through left and right ventricles



## HARVARD BRAIN TISSUE RESOURCE CENTER (HBTRC)

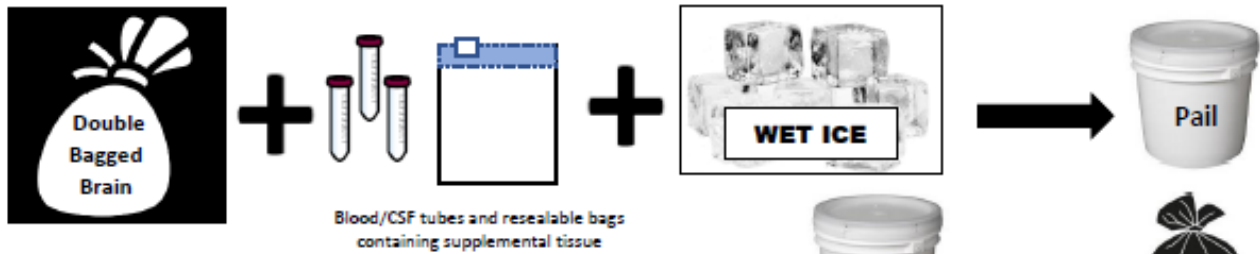
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### Brain Donation Packaging Steps

**IMPORTANT: IT IS CRITICAL TO KEEP THE TISSUE COLD. PLEASE PACK WITH AS MUCH ICE AS POSSIBLE.**

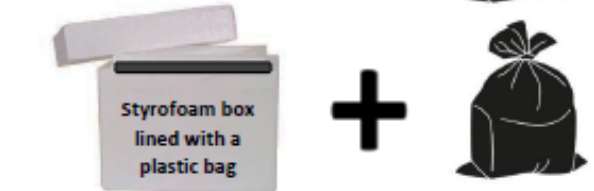
**Step 1:** Loosely double bag brain and place in pail. Place blood tubes, CSF tube, pituitary gland, dura, and additional tissues in separate bags and into pail. Fill pail with wet ice.



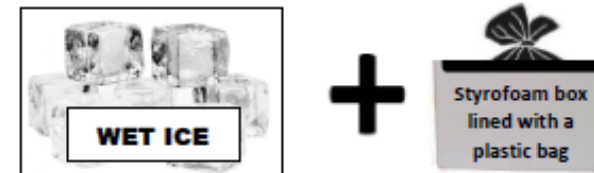
**Step 2:** Place Pail in a bag and seal



**Step 3:** Line styrofoam box with a bag. Place bagged pail within lined box.

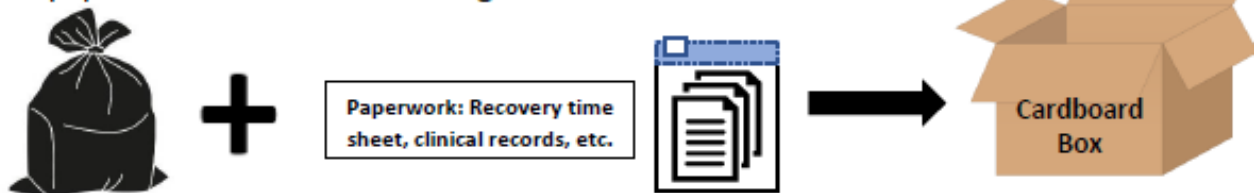


**Step 4:** Fill lined styrofoam box with ice so that it fully surrounding the bagged pail. Seal bag within Styrofoam box so that bagged pail and ice are contained together.



**Step 5:** Place cover on styrofoam box and place into an additional bag and seal it.

**Step 6:** Place bagged styrofoam box into a cardboard box. Before sealing cardboard box, place paperwork into a resealable bag and into the box.



**Step 7:** Write T# case ID on the outside of the cardboard box. Tape address label for HBTRC on the outside of box. The courier will provide a shipping label when they pick it up. Make sure to notify the HBTRC ahead of time that the package will be ready for pick-up.

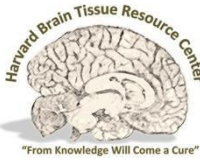


Cardboard Box with HBTRC address label & T# case ID

**IMPORTANT: IT IS CRITICAL TO KEEP THE TISSUE COLD. PLEASE PACK WITH AS MUCH ICE AS POSSIBLE.**



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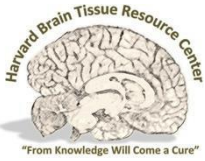
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### **Materials List for Preparation of Whole Fresh Brain Tissue**

- CHIPPED WET ICE (ENOUGH TO FILL PAIL AND COOLER, APPROX. 15-20 LBS.)
- GALLON PLASTIC PAIL WITH LID
- 1 STYROFOAM COOLER (APPROXIMATELY 16 X 12 X 12 INCHES)
- 1 CARDBOARD SHIPPING BOX (APPROXIMATELY 16 X 12 X 12 INCHES)
- 2 RED TOP TUBES [NO ADDITIVES] FOR BLOOD
- 50ML FALCON TUBE FOR CEREBROSPINAL FLUID
- 2 PLASTIC BAGS (BIG ENOUGH TO HOLD WHOLE FRESH BRAIN, APPROX. 1 GAL.)
- 4 SMALL ZIPLOCK BAGS AND/OR CASSETTES FOR PITUITARY, MUSCLE, HAIR
- ADDITIONAL PLASTIC BAGS FOR SUPPLEMENTAL TISSUE(S) IF APPLICABLE
- 1 LARGE PLASTIC BAG TO HOLD 1 GAL. PAIL
- 2 LARGE TRASH BAGS (TO LINE INSIDE AND OUTSIDE OF THE COOLER)
- 1 LARGE ZIPLOC BAG (TO HOLD DOCUMENTS INCLUDING TISSUE RECOVERY INFO SHEET)
- PERMANENT MARKER FOR LABELING
- BRAIN BANK SHIPPING LABEL
- PACKING TAPE



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**SHIPMENT LABEL**

Please tape label to the outside of the shipment box

The T# ID code provided by an HBTRC representative should be stated on the outside of the shipment box

**Harvard Brain Tissue Resource Center  
Mailman Research Center,  
Cold Room, Second Floor,  
Via: Security - Admissions Building  
McLean Hospital  
115 Mill Street  
Belmont, MA 02478-9106**

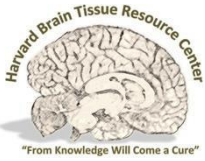
**Phone: (617) 855-2400**

**T# \_\_\_\_\_**

Please call the HBTRC when the tissue is expected to be ready for shipping. To facilitate transportation, we will need your exact location and the time the shipping box will be ready. Courier arrangements will be made to pick-up the box from the facility. Providing the HBTRC with an hour or more notice of when the package will be available for pick-up by the courier is extremely helpful.



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### **Invoicing Instructions**

Your invoice should include all of the following:

- 1) **Our case #: T-\_\_\_\_\_ (Do NOT include the donor's name on the invoice.)**
- 2) **Date of service**
- 3) **For Service: "Brain Removal for Research Purposes"**
- 4) **One "All-Inclusive" Fee: \$ XXX.00 (Do NOT itemize)**
- 5) **Complete billing address**
- 6) **Your Tax I.D. or SSN**

You can either mail your invoice to the following address:

**Harvard Brain Tissue Resource Center  
McLean Hospital, MRC, Mail Stop #138  
115 Mill Street,  
Belmont, MA 02478**

Or email your invoice as an email attachment to [HBTRC@mclean.harvard.edu](mailto:HBTRC@mclean.harvard.edu)  
(It needs to be able to be printed as a "stand-alone" document.)

**No faxed invoices please.**

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Approved 8/27/2019