

## HARVARD BRAIN TISSUE RESOURCE CENTER

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### PATHOLOGIST TIME RECORD INFORMATION SHEET

**PATHOLOGIST NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOSPITAL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

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\_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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**DONOR' NAME:** \_\_\_\_\_

**CAUSE OF DEATH:** \_\_\_\_\_

**AUTOPSY #:** \_\_\_\_\_ **FRESH BRAIN WEIGHT:** \_\_\_\_\_ **GRAMS**

**TIME OF DEATH:** \_\_\_\_\_ **A.M.**  
\_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_

**TIME BODY PLACED INTO REFRIGERATION:** \_\_\_\_\_ **A.M.**  
\_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_

**TIME BODY WAS REMOVED FROM REFRIGERATION:** \_\_\_\_\_ **A.M.**  
\_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_

**TIME FRESH BRAIN PLACED INTO PLASTIC BAG AND** \_\_\_\_\_ **A.M.**  
**PAIL OF CHILLED WATER:** \_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_  
(skip if brain has been fixed and/or frozen)

**TIME BRAIN PLACED INTO FORMALIN** \_\_\_\_\_ **A.M.**  
**AND/OR FROZEN:** \_\_\_\_\_ **P.M.** **DATE:** \_\_\_\_\_  
(skip if brain is being shipped as fresh specimen)

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