Informed Consent to Act as a Research Participant in:

Study Title: Alzheimer's Disease Neuroimaging Initiative 3 **(ADNI3)**
Brain Donation Consent Form

Supported by: Northern California Institute for Research and Education (NCIRE) with the Alzheimer's Therapeutic Research Institute (ATRI) through a grant from the National Institute on Aging (NIA).

Investigator: [enter PI full name]
[enter site name]
[enter site phone number]

Brain Donation Program

As a participant in the Alzheimer's Disease Neuroimaging Initiative 3 (ADNI3) study, the investigators would like you to consider the donation of your brain after your death. Donation will allow ADNI investigators to further scientific research.

In the ADNI study, participants undergo several tests that help researchers determine if memory problems are caused by Alzheimer's disease (AD) – these tests include memory and thinking tests, brain scans, biomarker tests and genetic tests. However, the only way to diagnose Alzheimer's disease definitively, and the only way to diagnose similar diseases that can mimic AD is through direct examination of the brain after death. Studying the brain tissue of ADNI participants, with or without signs and symptoms of AD, is essential in understanding if the tools used in this study are effective in diagnosing AD. This will lead us closer to the ultimate goal of identifying causes of and effective treatments for AD.

Donation also provides an opportunity for family members to receive a report summarizes any neuropathologic findings (observations of the brain tissue under a microscope). The study pathologist will use special tissue staining techniques and a microscope to identify any abnormalities and establish whether your memory problems, if any, were caused by Alzheimer's disease and/or other pathological changes (tissue) or disease that can mimic AD.

To ensure a smooth donation process, it is essential that your family is aware and supportive of your decision to agree to brain donation. We strongly advise that you discuss your decision with your family and that you have them read this information. Planning before time of death will be much easier for the family and it will help a planned donation to proceed as arranged.

Please refer to the informed consent document you signed for the main study for information regarding benefits, treatment, compensation, confidentiality, and contacts.

What is expected of me?

Participation will require approximately 30 minutes of your time for initial enrollment.

During your regularly scheduled ADNI in clinic visit and/or telephone visit/check, we will confirm your decision to participate and will continue to follow up with you, on this decision every 6 to 12 months, until the time of your passing.

<u>If you agree to participate in the ADNI Brain Donation Program you will be asked to:</u>

- Complete donor registration forms
- Identify an individual (spouse, relative or friend), called a "study partner," who is willing to communicate changes in your health status and contact information over the period of this study, should you become unable to communicate changes to us directly; this individual should also be willing and prepared to communicate recent changes in your health status and potentially obtain additional relevant medical information at the time of your passing.
- Notify us of changes to your study partner, primary care provider, and, if applicable, your residential or care facility and designated mortuary.
- Arrange for your study partner, family or caretaker to contact us when your death seems imminent (likely) or immediately upon your passing.

By signing this informed consent form, you grant permission to carry out a post-mortem (after death) brain examination. To conduct this examination for diagnostic and research purposes, the brain is removed and dissected, and then the tissue is examined under a microscope and stored. Once the neuropathology report is finalized, it will be made available so that your family may be informed of the findings.

Initial Enrollment (30 minutes)

You will be enrolled in the ADNI Brain Donation Program once you and/or your authorized representative have signed this consent form.

Participation will require approximately 30 minutes of your time for initial enrollment. Study staff will discuss the donation program procedures with you. You will be given registration forms to complete, including contact information for yourself, your study partner, your primary care provider, residential care facility and designated mortuary, if applicable.

You will be provided a wallet-size enrollment card, for you to sign and carry with you if you choose, as well as copies of your completed registration forms. You and your study partner will receive information about how to contact site staff at time of death.

Once your enrollment is complete, we will notify the relevant people of your intent for brain donation upon death, including the donor technician, your study partner, your designated mortuary, and your

residential or care facility staff, if applicable. We also can send information to your primary care provider, upon request. This will help the post-mortem (after death) arrangements to be carried out smoothly.

Phone Check-Ins (15 minutes)

Every 6 to 12 months, study staff will call you and your study partner to verify that previously collected information remains current. We encourage your study partner join these calls, but it's not required. This may be done during your regular ADNI in-clinic visit, telephone visit or telephone check, if already scheduled. After you have completed your in-person visits for the ADNI study, these annual phone check-ins will continue until time of death.

Each phone check-in will take approximately 15 minutes.

If you live in a residential or care facility, we ask that you or a family member confirm periodically with the staff that they remain aware of your enrollment in the brain donation program and of the importance of ADNI site staff being contacted promptly upon death.

Time of Death Procedures

At time of death, **no matter the time of day**, your study partner, family or caretakers should **immediately** call and speak to one of the following people:

_____NAME_____, ADNI Study Coordinator: XXX-XXX-XXXX
_____NAME_____, ADNI Donor Coordinator: XXX-XXX-XXXX
_____NAME_____, ADNI Site Investigator: XXX-XXX-XXXX

The ADNI study team will need to provide a properly signed and dated consent form before proceeding with donation. It is very important that the time between the moment of your death and an autopsy be as short as possible so that your brain tissue is usable for the research.

Tissue removal is carried out with great care by an experienced, knowledgeable technician. It does not interfere with open-casket arrangements, nor does it delay other services. Any funeral or memorial services will then be conducted by your designated mortuary.

The donor technician will usually travel to the mortuary you have designated or hospital morgue to perform the tissue removal. If the mortuary is closed, then donation can be done promptly when it reopens the next morning. If it does not have the facilities for our technician to perform the removal, then we will work with your family to make alternative arrangements, such as using another mortuary or cremation service, and arrange for the return of the deceased to your originally chosen mortuary after the donation is done.

After the donation is complete, your body will be transported back to your originally chosen mortuary.

There are rare instances that make donation impractical (such as major traumatic brain injury, certain infectious diseases, a long delay between death and autopsy, or if death occurs far away from autopsy

location); if such an event occurs, ADNI may not be able to accept a brain donation for diagnosis and research.

Brain Tissue Sample Storage and Future Use

Your brain tissue will be sent to the ADNI Neuropathology Core at Washington University in St. Louis, Missouri for examination and storage.

The brain tissue will be examined by a highly qualified ADNI neuropathologist. The neuropathologist will look for the following key changes, among others, in the brain:

1. Plaques and tangles — the hallmarks of Alzheimer's disease;
2. Lewy bodies — a hallmark of Parkinson's disease and Dementia with Lewy Bodies;
3. Areas of complete tissue loss that would signal a "stroke" or other vascular disease.

Because microscopic examination requires a considerable amount of time, it may take up to 12 months to complete. Relevant clinical information will also be submitted from the ADNI site to the ADNI Neuropathology Core, to assist with the diagnostic examination and completion of the neuropathology report. Your ADNI site clinician will contact your next of kin for information regarding your memory and thinking and events surrounding your death as well as cause of death at the time of your passing.

A summary of the final neuropathology report can be provided to your family. Because these reports are technical in nature, we invite your family to contact us if there are any further questions.

Your tissue samples and neuropathological data will be labeled with a coded research identifier to protect your identity. Study investigators will maintain and be responsible for deciding how your data and tissue will be used for future research. All links with your identity will be removed from the data before they are shared. Although the researchers of the ADNI Neuropathology Core will get some identifying information, only de-identified data, which does not include anything that might directly identify you, will be shared with other ADNI members or with the general scientific community for research purposes.

What are the possible risks?

This research is considered minimal risk. Since the brain donation (autopsy) will occur after death, there is no risk to the participant. There is a small risk that information collected in this study may be breached even when there are safeguards in place to keep confidential information secure. There may be other risks of the study that are not yet known.

All data will be kept in locked files or secure computer servers, and only de-identified data will be shared with other researchers. However, some personal information about you will be available to those individuals involved in the processing or analysis of tissue samples. It is possible that information about you could be obtained by persons not involved in this study.

Will I benefit from the study?

Your participation in the brain donation program may allow your family to receive information on your brain-autopsy research findings; otherwise, there are no direct benefits to you for participation in this study

We hope the knowledge gained will be beneficial to society in improving our understanding of risk for cognitive decline in older individuals.

WE CANNOT AND DO NOT GUARANTEE OR PROMISE THAT YOU WILL RECEIVE ANY DIRECT BENEFITS FROM THIS STUDY.

What are my alternatives to being in this study?

This is not a treatment study.

The alternative to participating in this brain donation portion of ADNI would be simply not to participate in this study. Information is being collected for research purposes only.

You do not have to participate in this research study or this portion of the research study (brain donation) in order to receive treatment for any medical condition.

Will I get paid?

No payment is offered for participation in the brain donation program.

Will I have to pay anything?

You will not have to pay anything to be in the brain donation program.

The usual costs related to funeral arrangements, death certificates and paperwork, and transport to funeral home or elsewhere post autopsy will be the responsibility of your family or estate.

Do I have to be in this study?

No, your participation is voluntary. A decision not to participate will not result in any penalty or loss of benefits to which you may be entitled.

Can I change my mind later and stop being in this study?

Yes, you can withdraw from the study at any time without penalty or loss of any benefits. You may also re-enroll after withdrawing if you change your mind.

Will my information be protected from the public?

We will keep your name and all the information you tell us in this study confidential as possible. Your health information will be used and disclosed as described in the main consent form.

We may publish the results of this study for others to read about, but you will not be identified in any articles about the study by name, social security number, address, telephone number, or any other direct personal identifier. No information regarding the biomarker research will be entered into your regular medical record.

The samples will be retained indefinitely.

The researchers of the ADNI Neuropathology Core will get some identifying information but only de-identified data, which does not include anything that might directly identify you, will be shared with other ADNI members or with the general scientific community for research purposes.

By signing this page, you are confirming the following:

- You have read all of the information in this consent form, and you have had time to think about it.
- All of your questions have been answered to your satisfaction.
- You voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the study doctor, nurses, or other staff members, as requested.
- You may freely choose to stop being a part of this study at any time.

You will receive a copy of this signed consent form to keep.

You are authorizing the use of your data and biological materials for large scale, multi-center studies that will combine data from similar populations. These multi-center studies are being conducting by the Alzheimer's Disease Neuroimaging Initiative (ADNI), a neuroscience consortium of universities and research institutions. Your data and biological samples will be stored with a coded research identifier to protect your identity. Only de-identified data, which does not include anything that might directly identify you, will be shared with ADNI members and the general scientific community for research purposes. This data will be entered into study databases to be used from this date and going forward. Genetic data may be made available on NIH-approved secure databases.

Are you currently participating in any other research studies, or organ donation programs (including having marked 'organ donor' on your driver's license)?

_____ **Yes** _____ **No** If yes, please discuss with the research team before beginning this study

_____ **Participant Initials**

By signing below, you voluntarily agree to participate in the brain donation portion of the ADNI3 study.

Study Participant Name (print)	**Signature**	**Date**
Person Obtaining Consent (print) *if applicable*	**Signature**	**Date**
Legal Representative/Next of Kin (print) if applicable	**Signature**	**Date**