



School of Medicine

CONTACT Brain Donation Pledge Form

I, (name) _____, am interested in learning more about donating my brain upon death to the brain bank of the Center for the Study of Traumatic Encephalopathy (CSTE) at Boston University School of Medicine through the CONTACT research study.

I understand that the mission of the CSTE is to conduct state-of-the-art research of Chronic Traumatic Encephalopathy, including its neuropathology and pathogenesis, the clinical presentation and course, the genetics and other risk factors for CTE, and ways of preventing this cause of dementia.

I give permission to CSTE and the Sports Legacy Institute to publicize that I am interested in joining this registry of living donors.

Signature: _____

Address: _____

City: _____

State: _____

ZIP: _____

Email: _____

Phone number (day): _____

Phone number (evening): _____

Professional sports: _____

Professional Athletes
Who Wish to Donate

- Ted Johnson, NFL
- Isaiah Kacyvenski, NFL
- Ben Lynch, NFL
- Bernie Parrish, NFL
- Ralph Wenzel, NFL
- Frank Wycheck, NFL
- Bruce Laird, NFL
- Mel Owens, NFL
- Brent Boyd, NFL
- Noah Welch, NHL
- Rob Van Dam, Pro wrestling
- Lance Storm, Pro wrestling
- Chris Nowinski, Pro wrestling
- Cindy Parlow, Soccer
- Paul Grant, NBA
- Malcolm Huckaby, NBA
- Termite Watkins, Boxing
- Jenny Thompson, Swimming

If you have any questions, please contact:

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Please FAX signed form to 617-414-1197