**Choroideremia Research Foundation Eye Donor Program**

**RARE EYE DONOR AUTHORIZATION OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print Name)**

**In the hope that I may help others I hereby make this anatomical gift of my eyes for CHM medical research or education. Upon the event of my death immediately complete this donation per the collection and shipping instructions below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Donor Birthdate of Donor**

**Check one: \_\_\_\_\_\_ I am a CHM patient \_\_\_\_\_ I am a CHM female carrier**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address, City and State Date Signed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness 1 (Signature) Witness 2 (Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness 1 (Print Name) Witness 2 (Print Name)**

**This is a legal document under the Uniform Anatomical Gift Act or similar laws.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Eye Banks**

**Collection and shipping instructions:**

* After enucleation by a local eye bank, the eyes should be placed in a sterile container with saline soaked gauze (to keep the chambers moist)
* The containers are to be shipped overnight on wet ice in ziplock bags to the address below
* Please give as much advance notice as possible so preparations can be made to process donated eyes

**FedEx overnight to Dr. Malia Edwards at:**

Malia Edwards, Ph.D.

Wilmer Ophthalmological Institute

M023 Smith Building

400 North Broadway

Johns Hopkins Hospital

Baltimore, MD 21287

**Please advise Dr. Edwards of a pending donation as soon as possible:**

medwar28@jhmi.edu

Phone: 410-614-9888

Fax: 410-955-3447

CRF will provide a $1,000 donation to any eye bank assisting with the collection and transfer of donated eyes. To receive reimbursement, please send an invoice to: CRF, 23 E. Brundreth St., Springfield, MA 01109. [info@curechm.org](mailto:info@curechm.org) 800-210-0233

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