

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 800-210-0233