

ORGAN TRANSPLANT - RELATED/UNRELATED DONOR
CHECK LIST FOR APPLICATION TO AUTHORISATION COMMITTEE

Patient's Name: -----Hospital -----

Donor's Name: -----

Sr. No.	Document	Attached Yes/No	Remarks
1.	Applications from the Head of the hospital from Medical Director MD)/Hospital Administrator (HA)/Practitioner of the patient with name of donor, recipient, urologist and operating Surgeon, to the hospital based authorization committee and DMER for transplant approval.		
2.	Information in: Form No.1A/1B/1C - Form No.2, Form No.3 and Form No.10 with respective documents as per the format given in amendment of 2008 of the Transplantation of Human Organs Act 1994.		
3.	Certificate by MD/MA of the hospital that the Operating Surgeons are qualified as per the qualification given in THOA 1994		
4.	Treating Drs. /Nephrologist's certificate stating recipient's diagnosis and recommendation for organ transplant.		
5.	Histocompatibility reports of donor & recipient (H.L.A. Cross match, H.L.A. Typing) from NABL Accredited Lab, in form No.3, Blood group report of both R/D. Blood group report of Recipient and donor		
6.	Police verification report of recipient's donor's address and criminal records of unrelated, out of State/Country transplant cases. With Photograph of both recipient and donor duly stamped by concerned police station.		
7.	Copy of Ration Card, Pass-port, Election Card, Identity card, Marriage Certificate, Family Photo, Children Birth Certificate, Domicile/address proof Adhar card where necessary. (Original to be shown in the meeting)		
8.	Affidavit of recipient on Rs.20/- stamp paper stating the list of all family members and near relatives with profession, age, blood group and giving the reasons why family members can't donate the kidney with proofs and documents (e.g. Medical reports attested by MD/MA) of near relative if they cannot donate on medical grounds countersigned by notary.		
9.	Affidavit on Rs.50/- stamp paper of donor countersigned by notary giving reasons of donation and mentioning the facts & proof in support of reasons.		
10	Affidavit on Rs.20/50/100- stamp paper of donor's near relative preferably next kin giving permission/approval for donation In case of female donor, affidavit from maternal family members (father,mother,brother,sister,son,daughter) stating no objection for kidney donation by the donor ----- Relation)		
11.	All above affidavits should be registered in notary register & should bear same registration number. It should also indicate the name & sign of the person identifying the person making affidavit.		
12	For Maiden name attach marriage certificate, school leaving certificate or Gazette copy of change in name.		
13	Income particulars and vocation of recipient and donor for previous three financial years (as per Judgment of Supreme Court of India, New Delhi dated March 31, 2005) in case of unrelated, out of State/Country transplant cases.		

14.	If patient or donor or both are not domicile of Maharashtra, then approval/N.O.C. of concerned State Authorization Committee be obtained. (As per Judgment of Supreme Court of India. New Delhi in W.P. No.156/05, dated March 31, 2005)		
15.	In case of foreign nationals of transplant case attach Consulate's No Objection Certificate and certificate stating that the donation is free, voluntary and without any transaction. It Should also indicate relation between recipient and donor in related cases.		
16.	Hospital human organ transplant centre registration/renewal certificate from concerned DHS		
17.	Hospital local authorization committee approval		
18..	Donor's psychiatric fitness/evaluation report.		
19.	Cross Demand Draft of Rs.5000/- for video-audio recording in the name of Director of Medical Education & Research, Mumbai.		
	<p>Note-1. Family tree of both recipient and donor needed.</p> <p>2. kindly put all documents as per checklist serially with tags .</p> <p>3. Provide interview report of LAC(format attached)</p> <p>4. The application shall be accepted for consideration by the Concerned Competent Authority / Authorization Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.</p>		

All the original documents required for verification at the time of interview

Signature of Authorisation Committee
Name:

INTERVIEW REPORT (LAC)

A)RECIPIENT _____ Age ___ yrs., Sex _____

Blood Group----- Occupation:----- Address: _____

FAMILY HISTORY:

	Father	Mother	Brother	Sister	Patient's Wife/Husband	Patient's children	
						Son	Daughter
Name							
Age							

SUFFERING FROM: Critical Renal/Liver Failure Since _____ yrs./months On Dialysis since :-----

Frequency: -----per/week

1) Dialysis/Liver treatment taking (Hospital Name :) _____ Doctor Name :DR.-----

2) Doctor's Name advised for kidney/Liver transplant Dr -----

3)To be operated at Hospital _____ Doctor's name who is operating :Dr.-----

RELATIVES OF RECEIPIENT ATTENDED INTERVIEW:

Name : _____ Age: _____ Sex: _____ Blood Group: _____

Occupation: _____

Address: _____

_____ Relation with patient:-----

B)DONOR _____ Age ___ yrs., Sex _____ Blood Group -----

Address: _____

Occupation:----- Operating surgeon: Dr-----

DONOR'S FAMILY HISTORY

	Father	Mother	Brother	Sister	Donor's Wife/Husband	Donor's children	
						Son	Daughter
Name							
Age							

RELATIVES OF DONOR ATTENDED INTERVIEW:

Name : _____ Age: _____ Sex: _____ Blood Group: _____ Occupation: -----

Relation with Donor:-----

Address: _____

(For Office Use only)

File No. _____, Date:-

Remark of Competent Authority

Related/Unrelated /Out of state/Foreign Case /NRI/Swap/**Complete or Incomplete Application**

Director/Joint Director, DMER:

Lacunae:-

Asst.Professor:-

Receiving Clerk/Steno:-

Hospital Name _____

Patient's Name: -----

Donor's Name: -----

Relation:-----

Meeting date:-

Recipient's Name: -----

Donor's Name: -----

Hospital Name: -----

Relationship (case):-----

Relatives Appeared:-

Approved/Not Approved:-

1) Chairman

2) Director,

3) Dean,

Instructions for the applicants:

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
 2. The applicable Form i.e. Form 1(A) or Form 1(B) or Form 1(C) as the case may be, should be accompanied **with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.**
 3. Completed Form 3 to be submitted along with the laboratory report.
 4. The **doctor's advice recommending transplantation** must be enclosed with the application.
 5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate **evidence of vocation and income of the donor as well as the recipient for the last three years** must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
 6. **The application shall be accepted for consideration by the Concerned Competent Authority / Authorization Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.**
 7. When the donor is unrelated and the donor and/or recipient belong to a State/Union Territory other than the State/Union Territory, where the transplant is intended to take place, , then the domicile state of the donor or recipient as the case may be, would provide **the No Objection Certificate in respect of legal and residential status of donor / recipient** as the case may be; while the approval for transplantation would be considered by the authorization committee of the State/District/hospital (as the case may be) where the transplantation is intended to be done. **"No Objection Certificate" will not be required** for near relatives including cases involving swapping of organs (permissible between near relatives only).
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AFFIDAVIT BY RECIPIENT

(fill all the blanks in block letters)

I, Mr. /Mrs./Miss -----

Age-----yrs-----Occupation-----residing at -----

do hereby solemnly and sincerely affirm and state as follows:

1) That I am suffering from chronic renal /Liver disease since last -----years and is taking treatment at ---
-----Hospital under Dr. ----- . At present I am on dialysis for last -----
months/years. 2/3 / per week. at ----- . Treating Dr.-----has advised me to undergo
kidney/Liver transplantation which may prolong and improve the quality of life. My Blood Group is -----.

I say that my (relation) with donor -----Mr./Mrs./Miss-----age-----years Blood
group -----wish to donate me his/her kidney to me out of sincere love, affection, sympathy and mercy
for me. He/she has given consent to that effect after fully understanding the risk involved during the
surgery and the impact of kidney transplantation on him/her postoperative life. The blood group reports &
other medical problems of my all family members are enclosed herewith.

I say that there has been absolutely no monetary or any other kind of consideration between us or any
other person whosoever that served as an inducement for this donation. It is purely and solely a decision
on sympathetic and humanitarian consideration, coupled with genuine and sincere concern to save my
life.

Following are my family members with their relation, blood group and reason for not donating kidney/Part
of Liver to me.

Name	Age	Blood Group	Relation	Reason for not donating	Documentary evidence of relationship submitted
			Father		
			Mother		
			Brothers		
			Sisters		
			wife		
			son		
			daughter		

Whatever stated in above is true and correct to the best of my knowledge and information.

I further state that the aforementioned statements have been made by me of my own free will and violation
and without any persuasion, coercion or compulsions from anybody whomsoever and that these
statements are true and correct to the best of my knowledge information and belief.

Signature

Witness signature

Name

Address

Notary Register Page no. & Date

AFFIDAVIT BY DONOR

(fill all the blanks in block letters)

I, Mr. /Mrs./Miss -----

Age-----yrs-----Occupation-----residing at -----

do hereby solemnly and sincerely affirm and state as follows:

1) that my _____(relation) Mr/Mrs/Miss _____ is suffering from chronic renal/Liver disease since last -----years and is taking treatment at -----Hospital under Dr. ----- . At present he/she is on dialysis for last -----months/years. 2/3 / per week at ----- . Treating Dr.-----has advised him / her to undergo kidney/Liver transplantation. My Blood Group is ----- . I wish to donate my one kidney/Part of Liver to Mr/Mrs/Miss _____ who is my (relation) due to love and affection towards him/her and there is no monetary consideration between us. It is purely and solely a decision on sympathetic and humanitarian consideration, coupled with genuine and sincere concern to save her//his life.

In my family there are following members and they have given their consent for the donation of one kidney/part of Liver by me.

Name	Age	Blood Group	Relation	Documentary evidence of relationship submitted
			Father	
			Mother	
			Brothers	
			Sisters	
			wife	
			son	
			daughter	

Whatever stated in above is true and correct to the best of my knowledge and information.

I further state that the aforementioned statements have been made by me of my own free will and violation and without any persuasion, coercion or compulsions from anybody whomsoever and that these statements are true and correct to the best of my knowledge information and belief.

Signature

photo

Witness signature

Name

Address

Notary Register Page no. & Date

AFFIDAVIT BY NEXT TO KIN OF DONOR

I, Mr. /Mrs./Miss -----

Age-----yrs-----Occupation-----residing at -----

do hereby solemnly and sincerely affirm and state as follows: My () is suffering from chronic renal disease.

My (relation with donor)_____ Mr/Mrs/Ms_____ -age _____ yrs is donating his/her kidney to Mr/Mrs/Ms_____ due to love and affection. I hereby give my consent for kidney donation by Mr/Mrs.Ms _____ to

Mr. Mrs/Ms_____.

Signature

Photo

Witness Name

Address:

Notary Register Page no. & Date

AFFIDAVIT BY NEXT TO KIN OF RECEPIENT

I, Mr. /Mrs./Miss/Dr. -----

Age-----yrs-----Occupation-----residing at -----

do hereby solemnly and sincerely affirm and state as follows: My () is suffering from chronic renal disease/End stage of liver failure.

My (relation with recipient) _____ Dr/Mr/Mrs/Ms _____ -age _____ yrs is suffering from _____ and he/she has been diagnosed as -----by Dr..... fromHospital,Mumbai and He/She has been advised to undergo Kidney/liver transplantation. , Mr. /Mrs./Miss/.....Who Is my

Is willing on his/her own to donate one of his/her kidney/part of liver to Mr. /Mrs./Miss/.....who is my (relation).....,purely out of love ,affection and concern for his/her life.

I say that there has been absolutely no monetary or any other kind of consideration between us or any other person whosoever that served as an inducement for this donation. It is purely and solely a decision on sympathetic and humanitarian consideration, coupled with genuine and sincere concern to save recipients life.

Mr. Mrs/Ms _____.

Signature

Photo

Witness Name

Address:

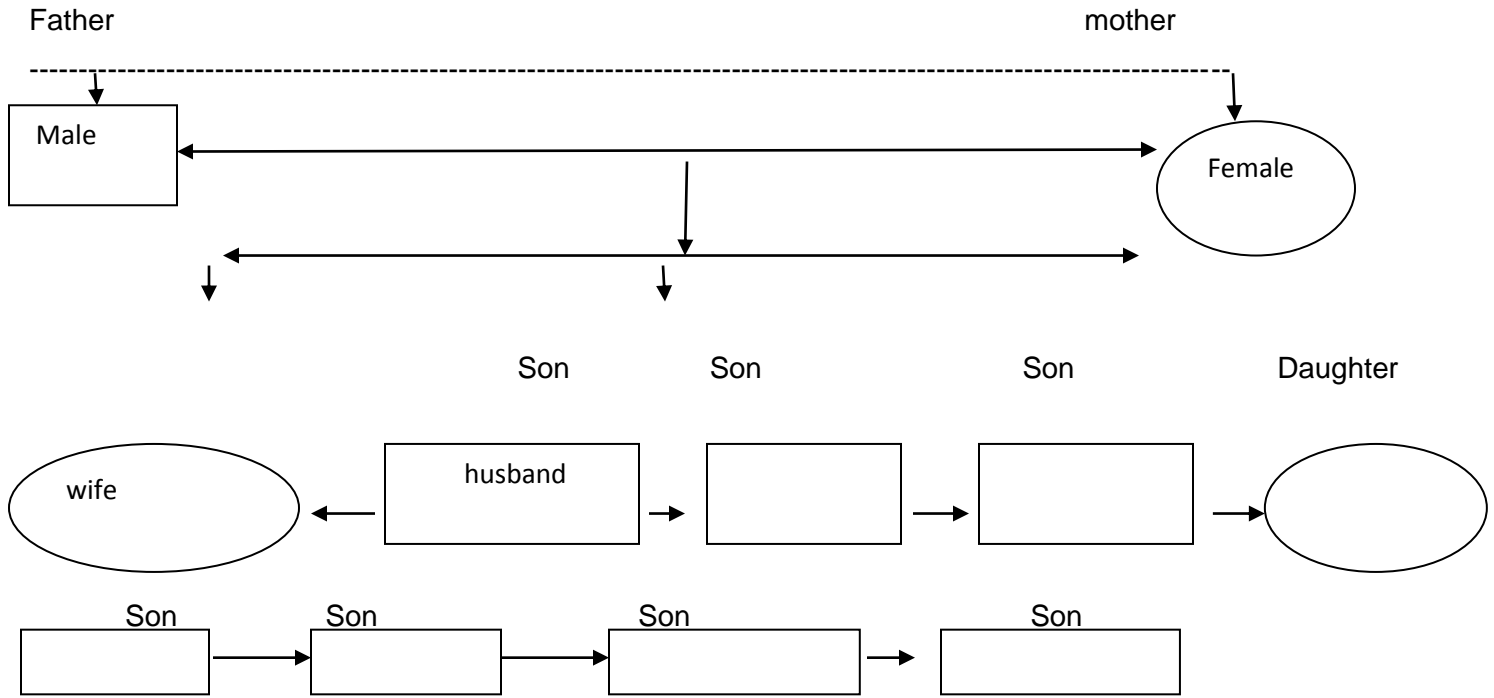
Notary Register Page no. & Date

AFFIDAVIT BY RECEPIENT STATING COMPLETE FAMILY TREE

I,

Age-----yrs-----Occupation-----residing at -----

do hereby solemnly and sincerely affirm and state that following is the complete family tree of mine.



I state that as shown in above family tree and documents submitted(name of documents) by me ,donor Mr/Mrs/Ms.....is my(relation).....

Signature

Photo

Witness Name

Address:

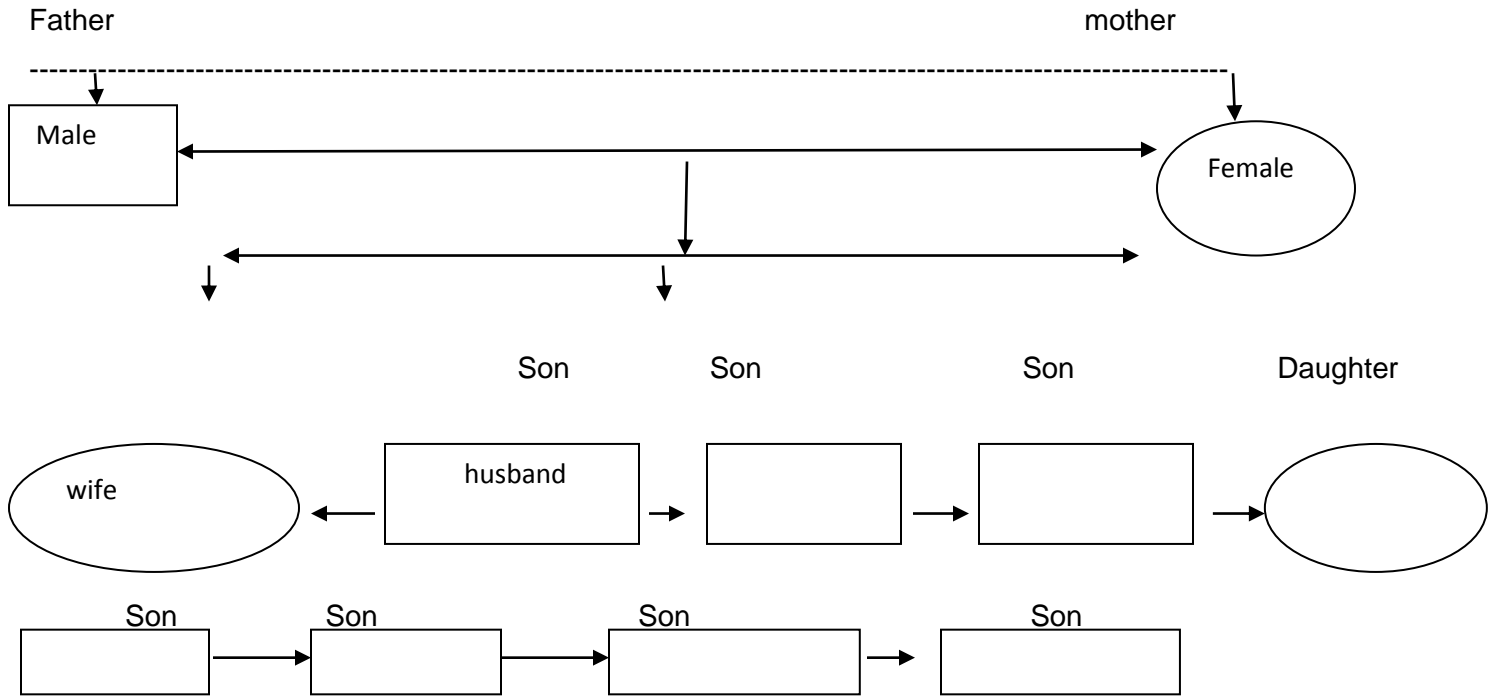
Notary Register Page no. & Date

AFFIDAVIT BY DONOR STATING COMPLETE FAMILY TREE

I,

Age-----yrs-----Occupation-----residing at -----

do hereby solemnly and sincerely affirm and state that following is the complete family tree of mine.



I state that as shown in above family tree and documents submitted(name of documents) by me ,recipient Mr/Mrs/Ms.....is my(relation).....

Signature

Photo

Witness Name

Address:

Notary Register Page no. & Date