



KHYBER PAKHTUNKHWA

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GOVERNMENT OF KHYBER PAKHTUNKHWA
HEALTH DEPARTMENT

NOTIFICATION

Peshawar, dated the 11/ 08/ 2017.

No. E&A/Health/6-160/2016.- In exercise of the powers conferred by section 33 of the Khyber Pakhtunkhwa Medical Transplantation Regulatory Authority Act, 2014 (Khyber Pakhtunkhwa Act No. XI of 2014), the Government of the Khyber Pakhtunkhwa is pleased to make the following rules, namely:

THE KHYBER PAKHTUNKHWA MEDICAL TRANSPLANTATION REGULATORY AUTHORITY RULES, 2017.

1. Short title and commencement.---(1) These rules may be called the Khyber Pakhtunkhwa Medical Transplantation Regulatory Authority Rules, 2017.

(2) These rules shall come into force at once.

2. Definitions.---(1) In these rules, unless the text or context otherwise requires,-

- (a) "Act" means the Khyber Pakhtunkhwa Medical Transplantation Regulatory Authority Act, 2014 (Khyber Pakhtunkhwa Act No. XI of 2014);
- (b) "complaint" means a complaint filed by the complainant under these rules;
- (c) "complainant" means an aggrieved person, who files a complaint under these rules;
- (d) "Court" means the court of Magistrate First Class of the district concerned;
- (e) "Form" means the Form appended to these rules;
- (f) "non-close blood relative" means a relative, who is not a close blood relative but does not include an unrelated donor;
- (g) "recipient" means the recipient of an organ under the transplantation process; and

(h) "unrelated donor" means a donor who is neither close blood relative nor non-close blood relative of the recipient.

(2) Words and expressions which are used and not defined in these rules shall have the meaning as assigned to them under the Act.

3. Authorization for donation.--- (1) A person willing to donate his organ within the meaning of section 3 or section 4 of the Act, as the case may be, shall apply to the Transplant Evaluation Committee on either Form-I, Form-II or Form-III whichever is applicable.

(2) In addition to the Forms mentioned in sub-rule (1), both the donor and the recipient shall also sign Form-IV.

(3) After receiving an application under sub-rule (1), the Transplant Evaluation Committee shall forward the same to the recognized transplant surgeon or physician for further proceeding under rule 4 of these rules.

(4) A donation under section 3 of the Act may be revoked at any time during the life time of the donor as per terms and conditions specified in Form-V.

(5) No approval for removal or transplantation of any human organ or tissue from a living donor shall be given unless the effects, complications and hazards connected with the removal or transplantation to the donor and its outcome in the recipient, are explained to them by the recognized transplant surgeon or physician.

4. Duties of the recognized transplant surgeon or physician.--- (1) A recognized transplant surgeon or physician to whom the case is referred by the Transplant Evaluation Committee shall have the following duties, namely:

- (a) scrutiny of the application alongwith relevant documents;
- (b) verification of the veracity of the statements and information provided by both the donor and the patient;
- (c) explain the effects, complications and hazards connected with the transplantation both to the donor and patient and thereafter obtain their signatures and thumb impressions on Form-VI; and
- (d) carry out a detailed medical checkup of the donor and the patient to ensure that both the donor and patient are in proper state of health. For this purpose the recognized transplant surgeon or physician may carry out necessary tests, investigation and X-rays as may be necessary.

(2) The recognized transplant surgeon or physician shall, after fulfilling the requirements of sub-rule (1) shall sign the certificates on Form-VII and submit the same to the Transplant Evaluation Committee alongwith his certificate and details of the proceedings undertaken under sub-rule (1), for approval.

(3) In case of donation after death, the transplant surgeon or physician before forwarding the case to the Transplant Evaluation Committee shall satisfy himself that-

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- (a) the donor had, in the presence of two or more witnesses (at least one of whom is his close blood relative), unequivocally authorized the recognized institution and the Transplant Evaluation Committee, as specified in Form-VIII before his death, the removal of an organ of his body after his death, for therapeutic purposes;
- (b) written certification has been obtained from the Transplant Evaluation Committee that death has occurred;
- (c) the donor has not at any time during his lifetime revoked the authorization in writing to the concerned recognized institution and the Transplant Evaluation Committee; and
- (d) the person lawfully in possession of the dead body has signed a certificate as specified in Form-IX.

(4) A recognized transplant surgeon or physician shall, before removing a human organ from the body of adult person or a person less than eighteen years of age, as the case may be, in the event of his brain-stem death, satisfy himself that a certificate as specified in Form-X has been issued by the Transplant Evaluation Committee:

Provided that in case of brain-stem death of a person, less than eighteen years of age an authorization as specified in Form-XI has been signed by either of the parents or other close blood relative of such person.

5. Donation from close blood relatives.--- (1) Where the proposed transplant is between close blood relatives, the concerned Transplant Evaluation Committee shall evaluate-

- (a) the results of tests for Human Leukocyte Antigen (HLA), alleles A, B and DR performed by serology or DNA-PCR methods and, if necessary, further testing by contemporary technology i.e. Micro Satellite Gene Analysis to confirm relationship;
- (b) documentary evidence of relationship including computerized National Identity Card, birth certificates and marriage certificate; and
- (c) documentary evidence of identity and residence of the proposed donor including computerized National Identity Card, passport, driving license or bank account.

(2) If in the opinion of the Transplant Evaluation Committee, the relationship is not conclusively established after evaluating the above evidence, the Transplant Evaluation Committee may, in its discretion, direct further medical tests as applicable in that case under the prevalent medical best practices.

(3) Where the tests referred to above do not establish a genetic relationship between the donor and the patient, the same tests are to be performed on preferably both parents or at least one parent, if parents are not available, same tests are to be performed on such relatives of the donor and patient as are available the and are willing to be tested failing which, genetic relationship between the donor and the patient shall be deemed to have not been established.

(4) The papers for approval of transplantation shall be collected and processed by the recognized transplant surgeon or physician and the approval shall be granted or refused by the Transplant Evaluation Committee for the reasons to be recorded in writing.

6. Donation from non-close blood relatives.— (1) Where the proposed transplant is between the individuals who are non-close blood relatives as per sub-section (2) of section 3 of the Act, the Transplant Evaluation Committee shall-

- (a) obtain an affidavit, duly attested by the Notary Public and witnessed by at least two independent witnesses, along with a credible document of the National Database and Registration Authority or Director General of Immigration and Passports or concerned Village Council or Neighborhood Council from the recipient, containing the complete particulars and whereabouts of his all close blood relatives, so that it could be established without any doubt that no close blood relative, of the patient is available to donate any tissue or organ to him;
- (b) satisfy itself that a close blood relative donor exists but he is not medically fit for donation and the patient has produced all necessary details and credible documents in this regard;
- (c) satisfy itself that the donation is voluntary, genuinely motivated and there is no commercial transaction between the patient and the donor and no payment of money or money's worth has been made or promised to be made to the donor or any other person and in this connection, the Transplant Evaluation Committee shall take into consideration:
 - (i) an explanation regarding any link between them and the circumstances which led to the offer being made;
 - (ii) documentary evidence of the link including proof that they have lived together;
 - (iii) reasons why the donor intends to donate his body organ or tissue;
 - (iv) any gross disparity between the status of the two, which must be evaluated in the backdrop of the objective of preventing commercial dealing;
 - (v) the financial status of the donor and the patient may be probed by asking them to give appropriate evidence of their profession and income for the previous three financial years;
 - (vi) there is no middleman or agent involved;
 - (vii) the donor is not a drug addict and is capable of understanding about his intention to donate an organ, procedure of transplantation and the effects thereof on the donor and the patient;

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- (viii) the next of kin of the proposed donor is interviewed regarding awareness about his intention to donate an organ, the authenticity of the link between the donor and the patient and the reasons for donation; and
- (ix) any strong views of disagreement or objection of such kin may also be recorded and taken note of.
- (d) the approved proposed donor shall be subject to all such medical tests as required at the relevant stages to determine his biological capacity and compatibility to donate the organ in question;
- (e) psychiatrist clearance shall be mandatory to certify his mental condition, awareness, absence of any over or latent psychiatric disease and ability to give free consent; and
- (f) all Forms have been filled up by all relevant persons involved in the process of transplantation.

(2) In the course of determining eligibility of the donor to donate, the donor shall be personally interviewed by the Transplant Evaluation Committee and minutes of the interview should be recorded.

(3) In case where the donor is a female, greater precautions shall be taken and her identity and independent consent should be confirmed by a person other than the recipient.

(4) Any document with regard to the proof of the residence or domicile and particulars of parentage shall be relatable to the photo identify of the donor in order to ensure that the documents pertain to the same person, who is the proposed donor and in the event of any inadequate or doubtful information to this effect, the Transplant Evaluation Committee may in its discretion seek such other information or evidence as may be expedient and desirable in the peculiar facts of the case.

(5) The Transplant Evaluation Committee shall take the decision quickly, where no further documents, inquiry or tests are required and use its discretion judiciously and pragmatically, in all such cases.

7. Meetings of the Transplant Evaluation Committee.--- (1) The Transplant Evaluation Committee shall, for the performance of its functions, hold meetings as may be necessary but not less than twice a month, at the respective recognized institution on the date and time as shall mutually be decided by the members of the Transplant Evaluation Committee.

(2) The quorum for the Transplant Evaluation Committee shall be five members, however, the quorum shall not be complete without participation of at least one of the two local notables and the recognized surgical specialist.

(3) At the time of the meeting, the Transplant Evaluation Committee shall, in addition to the report submitted by the recognized transplant surgeon or physician under sub-rule (2) of rule 4, take proper cognizance of all relevant details and documents and in case it is considered necessary.

(4) The Transplant Evaluation Committee may require any additional information or conduct inquiry, in order to confirm the veracity or correctness of any information, declaration or document.

8. Transplantation of unclaimed brain dead persons.---(1) The cases of unclaimed brain dead hospitalized patients shall be presented to any of the Transplant Evaluation Committee for transplantation after an intense search for their relatives within twenty four hours, including search through National Database and Registration Authority, local police and any other method as may be deemed appropriate.

(2) The Transplant Evaluation Committee may approve any case, referred to in sub-rule (1), for transplantation of any organ or tissue, after-

- (a) determining the brain death of the person;
- (b) determining the identity of the person, if possible, through computerized national identity card, passport, driving license or any other method that the Transplant Evaluation Committee deems fit; and
- (c) determining propriety of removal of a human organ using brain death protocol, formulated by the Transplant Evaluation Committee.

9. Preservation of organs and tissues.--- The organ or tissue, removed, shall be preserved by the recognized institution according to the current and accepted scientific methods in order to ensure viability for the purpose of transplantation.

10. Registration of recognized institution.--- (1) An application for registration as recognized institution shall be made to the Regulatory Authority as specified in Form-XII.

(2) The application shall be accompanied by a fee of rupees one hundred thousand payable to the Regulatory Authority by means of a bank draft or postal order:

Provided that the Authority may revise the fee from time to time.

(3) The Regulatory Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements as prescribed in rule 11, grant a certificate of interim registration after physical inspection of the recognized institution through the Transplant Monitoring Committee.

(4) The Regulatory Authority shall, after the laps of six months from the date of the grant of interim certificate under sub-rule (3), grant a proper registration certificate and shall be valid for a period of three years from the date of its issuance and it shall be renewable after every three years.

11. Standards and essential conditions for grant of certificate of registration.--- (1) No hospital or institution shall be granted a certificate of registration unless it fulfills the following requirements, namely:

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- (a) twenty four hours availability of medical and surgical staff, both senior and junior;
- (b) twenty four hours availability of nursing staff, both general and specialty trained;
- (c) twenty four hours availability of intensive Care Units with adequate equipments, staff and supports system, including specialists in anesthesiology, intensive care;
- (d) twenty four hours availability of laboratory with multiple discipline testing facilities including but not limited to Microbiology, Bio- Chemistry, Pathology and Hematology and Radiology departments with trained staff;
- (e) twenty four hours availability of operation theatre facilities for planned and emergency procedures with adequate staff, support system and equipment;
- (f) twenty four hours availability of communication system, with power backup, including but not limited to multiple line telephones, public telephone systems, fax, computers and paper photo-imaging machine;
- (g) experts (other than the experts required for the relevant transplantation) of relevant and associated specialties including but not limited to and depending upon the requirements, the experts in internal medicine, diabetology, gastroenterology, nephrology, neurology, paediatrics, gynaecology, immunology and cardiology should be available in the transplantation centre;
- (h) equipment as per current and expected scientific requirements specified to organ or organs being transplanted; and
- (i) availability of the accessories, spare-parts, back-up and maintenance service support system in relation to all relevant equipments.

(2) The recognized transplant surgeon or physician shall possess the following experience and qualifications, namely:

- (a) for kidney transplantation (Surgeon), FCPS, Urology or equivalent qualification with three years post FCPS or M.S. training in a recognized centre in Pakistan or abroad and having attended to adequate number of renal transplantation as an active member of team;
- (b) for kidney transplantation (Nephrologist), FCPS or equivalent qualification with three years post FCPS training in a recognized centre in Pakistan or abroad and having attended to adequate number of renal transplantation as an active member of team;

- (c) for Transplantation of liver and other abdominal organs. FCPS General Surgery or equivalent qualification with at least three years post FCPS training in an established centre with reasonable experience of performing liver transplantation as an active member of team;
- (d) for Cardiac, pulmonary, cardio-pulmonary transplantation. FCPS, Cardio-thoracic and vascular surgery or equivalent qualification in Pakistan or abroad with at least three years experience as an active member of the team performing an adequate number of open heart operations per year and well-versed with coronary by-pass surgery and Heart-Valve surgery; and
- (e) for Cornea transplantation. FCPS, ophthalmology or equivalent qualification with at least one year post FCPS training in a recognized hospital carrying out corneal transplant operations.

12. **Renewal of registration.**--- (1) An application for the renewal of a certificate of registration of hospital or institution shall be made to the Regulatory Authority within a period of three months prior to the date of expiry of the original certificate of registration and shall be accompanied by a fee of rupees one hundred thousand payable to the Regulatory Authority by means of a bank draft or pay order.

(3) If after an inquiry including inspection of the hospital and scrutiny of its past performance through Transplant Monitoring Committee and after giving an opportunity to the applicant, the Regulatory Authority is satisfied that the applicant, since grant of certificate of registration or renewal of registration under these rules has not complied with the requirements of the Act or the rules made thereunder and conditions subject to which the certificate of registration has been granted, shall for reasons to be recorded in writing, refuse to grant renewal of the certificate of registration.

13. **Responsibilities of recognized institutions or hospitals.**--- (1) Every hospital or recognized institution shall maintain complete record of all transplants undertaken including details of the donors.

(2) All such hospitals or recognized institutions shall report to the Transplant Monitoring Committee on the follow up of the donor and the recipient as required under clause (c) of sub-section (2) of section 8 of the Act.

(3) The recognized institution shall maintain the record of follow-up in a manner as specified in Form-XIII.

(4) Transplant Registry as specified in Form-XIV is to be submitted to Regulatory Authority on the day of operation by electronic mail or fax, followed by a hard copy by post.

(5) The recognized institution shall maintain a website and the decision of the Transplant Evaluation Committee shall appear on the website of such recognized institution within twenty four hours of taking the decision.

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(6) The website of the recognized institution shall be updated regularly in respect of the total number of the transplantations done in that recognized institution along with the essential details of each transplantation.

14. Procedure for meetings of the Regulatory Authority.--- (1) The Chairperson may call meetings of the Regulatory Authority for conduct of its business, at such time and place, as he deems fit.

(2) The Chairperson shall, on the request of not less than three members, proceed to call a meeting of the Regulatory Authority within three days of the receipt of the requisition.

(3) The requisition, stating the objects of the meeting, shall be signed by the members and shall be submitted at the head office of the Regulatory Authority.

(4) The Chairperson may call a meeting of the Regulatory Authority forthwith or within such reasonable period depending upon the urgency of the proposed business.

(5) At least three days notice shall be given to all the members for a meeting of the Regulatory Authority and such notice shall set forth the purpose of calling the meeting:

Provided that the Chairperson may in his discretion, call a meeting at such shorter notice or with such arrangements as he may deem fit.

(6) All decisions in the meeting of the Regulatory Authority shall be taken by majority of votes and in case of a tie the Chairperson shall have a casting vote.

(7) A fair and accurate summary of the minutes of all proceedings of the meetings of the Authority, alongwith the names of those participating in such meetings shall be entered in properly maintained books.

(8) The Chairperson may co-opt any officer of the Regulatory Authority and such other persons as deemed expedient to attend meetings of the Regulatory Authority to assist it in the proceedings:

Provided that such officer or other person shall have no right of vote.

(9) The books containing the minutes of the meetings shall have a "subject index" of all the proceedings.

(10) The draft minutes of the meetings of the Regulatory Authority shall be circulated for confirmation, to all the members within three days of the conclusion of the meeting.

(11) The minutes of the meetings as finalized after taking into account the observations of the members, if any, shall be placed before the next meeting of the Regulatory Authority for confirmation.

(12) The proceedings of each meeting of the Regulatory Authority shall be signed and dated by the Chairperson, or in his absence, by the member presiding over the meeting, as soon as may be, after the confirmation of the minutes and the minutes so signed shall be conclusive evidence of the proceedings recorded therein.

(13) The decisions taken in a meeting of the Regulatory Authority shall be circulated to members of the Authority others concerned for necessary action.

(14) The Chairperson may authorize, with justification, an emergent matter to be disposed of through a resolution by circulation:

Provided that the resolution by circulation shall be signed by all the members and, in case of absence from Pakistan of any of the members, by at least three members.

15. Removal of non-official members.—(1) If a non-official member fails to attend three consecutive meetings, without obtaining leave of absence from the Chairperson, such member shall be deemed to have removed from membership of the Regulatory Authority.

(2) Government may, for reasons to be recorded in writing, remove a non-official member during his tenure if-

- (a) he has any interest which is or may be in conflict with the interest of the Regulatory Authority; or
- (b) he has been convicted of any offence involving moral turpitude or has been held to be liable in a proceeding under the Act; or
- (c) he is or has become physically or mentally incapable of performing his duties.

(3) Before removal a non-official member shall be given an opportunity-are being heard.

(4) In case of any vacancy due to removal, resignation or death of a non-official member, as the case may be, a new member shall be appointed for the remaining period.

16. Registration and procedure for complaint.—(1) There shall be a complaint management system under the Transplant Inquiry Committee which shall dispose of the complaints under these rules.

(2) If the complaint is not disposed of by the Transplant Inquiry Committee within thirty (30) days from the date of submission of the complaint, complainant may make a complaint to the Authority. The procedure as provided for complaints under these rules shall, *mutatis mutandis*, be applicable to the complaints made to the Authority.

(3) Every complaint shall be accompanied by an affidavit, bearing signature or the thumb impression, as the case may be, of the complainant. The Affidavit shall clearly indicate that—

- (a) the information provided in the complaint is true to the best of knowledge of the complainant;
- (b) no suit, appeal or any proceedings are pending in any Court regarding the complaint; or
- (c) no allegation in the complaint is made without reasonable and justifiable grounds and without any malicious intent to defame, harass, embarrass or pressurize the party complained against.

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(4) Every complaint shall also be accompanied by a copy of the computerized National Identity Card, address of the complainant, medical records correspondence with the recognized institution and other documents in support of the complaint if any.

(5) In case the complaint is proved to be false, the complainant shall be liable to pay fine, which may extend to rupees two hundred thousand (200,000/-).

(6) The Transplant Inquiry Committee shall not entertain the complaint if-

- (a) it is not accompanied by the requisite affidavit as elaborated in the rules.
- (b) the complaint is anonymous or pseudonymous;
- (c) the complaint is time barred;
- (d) the subject matter is sub-judice before a court of competent jurisdiction on the date of receipt of the complaint; and
- (e) the subject matter of the complaint does not fall within the purview of the Act.

17. Scope of complaints.--- (1) The Transplant Inquiry Committee may accept a complaint regarding medical negligence, maladministration, malpractice or failure in provision of the services in accordance with the Act and these rules.

(2) A recognized Institution or transplant surgeon or physician may be declared guilty of medical negligence on any one of the following grounds, namely:

- (a) the recognized institution where a transplant surgeon or physician renders services does not have the requisite human resource and equipment which it professes to have possessed; or
- (b) the transplant surgeon or physician or any of his associates do not possess the skills that they claim to possess, or they fail to exercise reasonable competence while rendering transplant services:

Provided that the recognized and known complications of a medical or surgical treatment shall not be considered as medical negligence.

(3) If the complaint has been rejected by the Transplant Inquiry Committee under these rules, the complainant, may within thirty (30) days from the date of the receipt of the decision of the Transplant Inquiry Committee, may file a representation before Regulatory Authority challenging the same.

(6) The decision of the Regulatory Authority on the representation shall be final.

18. Severity of complaint.--- (1) The severity of an act of medical negligence, maladministration, malpractice, or any other act or omission that resulted in compromised transplant service shall be categorized as follows:

- (a) severe— which has resulted in or contributed to the death of the patient;
- (b) moderate— which has resulted in or contributed to the permanent loss of function of a part of body; and
- (c) mild— which has resulted in or contributed to the temporary loss of function of a part of body, or it has delayed the process of recovery from a medical condition.

(2) After completion of the inquiry by the Transplant Inquiry Committee, if any person or organization is found guilty, it shall report the case, indicating therein the severity of the act of omission or commission, as the case may be, to the Transplant Monitoring Committee for appropriate action under the provisions of the Act and these rules.

19. Confidentiality of the Information.--- It shall be the duty of all involved in any proceedings pending before the Authority or any of its committee under the Act to keep all the information brought before them including but not limited to the details of the proceedings, confidential.

My full name
photograph

My permanent

My present home

Date of birth

(Day/month/year)

- Nationality
- Form
- Passport
- Driver's License
- Other

I hereby

my _____

(specify _____)

are as follows

FORM-I

(see sub-rule (1) of rule 3)

(To be completed by the prospective close blood donor)

My full name is..... and this is my
photograph.

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested by
Notary Public
after it is affixed.

My permanent home address is

.....
.....

Tel.....

My present home address is:

.....
.....

Tel.....

Date of birth.....

(Day/month/year)

- National Identity Card number and Date of issue & place.....
and / or
- Form B of National Data Registration Authority (NADRA) of that family unit.
and / or
- Passport number and country of issue.....
where available (photocopy attached)
and / or
- Driving License number, Date of issue, licensing authority.....
where available (photocopy attached)
And / or
- Other proof of identity and address.....

I hereby authorize removal for the therapeutic purposes/ consent to donate
my..... (state which organ) to my relative
(specify son/ daughter/ father/ mother/ brother/sister), whose name is
..... and who was born on
..... (day/ month/ year) and whose particulars
are as follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed
and attested by
Notary Public
after it is affixed.

- National Identity Card number and Date of issue & place.....
(Photocopy attached)
and / or
- Form B of National Data Registration Authority (NADRA) of that family unit.
and / or
- Passport number and country of issue.....
where available (Photocopy attached)
and/ or
- Driving License number, Date of issue, licensing authority.....
Where available (photocopy attached)
and/ or
- Other proof of identity and address.....

I solemnly affirm and declare that:

The relevant provisions of the Act have been explained to me and I confirm that:

1. I understand the nature of criminal offences.
2. No payment of money or money's worth has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my..... (Organ), of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my(organ). That explanation was given by..... (name of recognized transplant surgeon or physician).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date

My full name
this is my photo

My permanent

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(day/month/year)

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Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Registrar, as well.

FORM-II

(see sub-rule (1) of rule 3)

(To be completed by the prospective spousal donor)

My full name is..... and
this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested by
Notary Public
after it is affixed.

My permanent Home address is:.....
.....
Tel.....

My present Home address is:.....
..... Tel..... Date of birth.....
(day/month/year)

I authorize to removal for therapeutic purposes/ consent to donate my
.....(state which organ) to my husband/wife.....
.....whose full name is.....
and who was born on.....(day/ month/ year) and
whose particulars are as follows:

(Photograph of the Recipient)
(Attested by Notary Public)

To be affixed
and attested by
Notary Public
after it is affixed.

- National Identity Card number and Date of issue & place..... and/ or
- Passport number and country of issue..... where available (photocopy attached) and/ or
- Driving License number, Date of issue, licensing authority
- where available (photocopy attached)

and/ or

- Other proof of identity and address..... I submit the following evidence of being married to the recipient:-
- Certified copy of a marriage certificate.

or

- an affidavit of a 'close blood relative' confirming the status of marriage to be sworn before Class-I Magistrate / Notary Public.
-
- Family photographs/ marriage photographs.
- Letter from Nazim/ Councilor certifying factum and status of marriage.
- Other credible evidence including the Form B of National Data Registering Authority (NADRA) of that family unit.

I solemnly affirm and declare that:

The relevant provisions of the Act have been explained to me and I confirm that:

1. I understand the nature of criminal offences.
2. No payment of money or money's worth has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my.....
(organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my(organ). That explanation was given by(name of recognized transplant surgeon or physician).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Registrar, as well.

(To be
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Tel:.....
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Tel.....
Date of

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FORM-III

(see sub-rule (1) of rule 3)

To be affixed
and attested by
Notary Public
after it is affixed.

(To be completed by the prospective non close blood donor)

My full name is.....
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested by
Notary Public
after it is affixed.

My permanent Home address is:

.....
.....

Tel:.....

My present Home address: is.....

Tel.....

Date of birth.....(day/ month/ year)

- National Identity Card number and Date of issue & place.....
(photocopy attached) and / or
- Passport number and country of issue.....
where available (photocopy attached)
and/ or
- Driving License number, Date of issue, licensing authority
where available (photocopy attached)
and/ or
- Other proof of identity and address.....
- Details of last three years income and vocation of donor.....
- A description of the relationship / interaction with the recipient in the
past.....

I hereby authorize to remove for therapeutic purposes/ consent to donate my
..... (state which organ) to a person whose full name is
..... and who was born on (day/
month/ year) and whose particulars are

To be affixed and attested by Notary Public after it is affixed.

Photograph of the Donor
(Attested by Notary Public)

- National Identity Card number and Date of issue & place.....
(photocopy attached)
and / or
- Passport number and country of issue.....
where available (photocopy attached)
and/ or
- Driving License number, Date of issue, licensing authority
where available (photocopy attached)
and/ or
- Other proof of identity and address.....

I solemnly affirm and declare that:

The relevant provisions of the Act have been explained to me and I confirm that:

1. I understand the nature of criminal offences.
2. No payment of money or money's worth has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my.....(organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my(organ), that explanation was given by (name of recognized transplant surgeon or physician).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Registrar, as well.

(To

Photograph
(Self-attest

Whereas

I

aged

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suffering fr

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And where

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reason(s):-

a) by v

b) by r

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Evaluation

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options of

FORM-IV

(see sub-rule (2) of rule 3)

Application for Approval for Transplantation (Live Donor)

(To be completed by the proposed recipient and the proposed donor)

To be self-attested
across the affixed
photograph

Photograph of the Patient
(Self-attested)

Photograph of the Donor
(Self-attested)

Whereas

I S/o, w/o
aged residing at have
been advised by my doctor that I am
suffering from.....and may be benefited by transplantation of
.....into my body.

And whereas Is/o, d/o, w/o..... aged
..... residing at..... by the following
reason(s):-

- a) by virtue of being a close blood relative i.e.
- b) by reason of affection/attachment/otherspecialreasonasexplainedbelow:-

.....
.....
.....

I would therefore like to donate my to Mr./Mrs/
Ms..... We..... and.....
..... (Donor)

(Recipient)

To be self attested across the affixed photograph hereby apply to Transplant
Evaluation Committee for permission for such transplantation to be carried out.
We solemnly affirm that the above decision has been taken without any undue
pressure, inducement, influence or allurements and that all possible consequences and
options of organ transplantation have been explained to us.

Instructions for the applicants:-

1. Form B must be submitted along with the completed Forms.
2. Laboratory reports of tissue typing.
3. The doctor's advice recommending transplantation must be enclosed with the application.
4. In addition to above, in case the proposed transplant is between non close blood relative, appropriate evidence of vocation and income of the donor as well as the recipient preferably 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.
5. The application shall be accepted for consideration by the Evaluation 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.
6. A brief description of relationship / interaction in the past in case of non close blood relative.

We have read and understood the above instructions.

.....
Signature of the prospective donor

.....
Signature of Prospective

Recipient

Date.....

Date.....

Place.....

Place.....

I
aged.....
the pres
authoriza
organ/org
my body

Date.....

Signature

Witnesses

(1). Mr./
aged.....

Signature

(2). Mr./
aged.....

Tel.....

Date

FORM-V

(see sub-rule (4) of rule 3)

(To be completed by person in his lifetime revoking his authorization
to donate his organs / tissues after death)

I S/o, d/o, w/o Mr.....
aged..... resident of.....in
the presence of persons mentioned below hereby unequivocally revoke my
authorization dated.....and after my death my
organ/organs, namely shall not be removed from
my body for therapeutic purposes.

Date.....

Signature of Donor

Signature.....

Witnesses

(1). Mr./ Mrs./ Ms..... S/o, D/o, W/o, Mr.....
aged.....resident of..... Tel.....

Signature:

(2). Mr./ Mrs./ Ms..... S/o, D/o, W/o, Mr.....
aged.....resident of.....

Tel.....is a close blood relative to the donor as

Date

FORM-VI

(see clause (c) of sub-rule (1) of rule 4)

CONSENT FORM FOR TRANSPLANT (DONOR)

Patient's Name: _____

I hereby authorize Dr. _____ to perform the following surgery:

I have had explained to me in connection with the proposed surgery: (i) the nature and purpose of the proposed surgery; (ii) the foreseeable risks and consequences of the proposed surgery, including the risk that the proposed surgery may not achieve the desired objective; (iii), the alternatives to the proposed surgery and the associated risks and benefits to such alternatives; and (iv) the reasonably foreseeable risks and alternatives to the transfusion of blood and blood products should I need a blood transfusion.

Specifically, in obtain my informed consent to the surgery; I have been informed of the following reasonably foreseeable risks:

- | | |
|--|--|
| <input type="checkbox"/> Anesthesia risks | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Blood clot in lungs or legs | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Arrhythmias | <input type="checkbox"/> Cardiovascular collapse |
| <input type="checkbox"/> Wound or systemic infection | |
| <input type="checkbox"/> Diaphragm perforation or splenic injury | |
| <input type="checkbox"/> Technical complications of blood vessels or ureter needing repeat operation | |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Fluid collection |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Abdominal/ intestinal distress which may include bloating and/or nausea | <input type="checkbox"/> Scars |
| <input type="checkbox"/> Ileus, bowel obstruction or perforation | |
| <input type="checkbox"/> Hernia development | <input type="checkbox"/> Adhesions |
| <input type="checkbox"/> Decreased kidney function | |

Q Organ failure of the remaining organ

- The possible need for dialysis and/or organ transplant if remaining organ fails
- Death during or after surgery

I am aware that, in addition to the reasonably foreseeable risks described, there are other foreseeable risks, which have been discussed with me, but are not listed, I affirm that I understand the purpose and potential benefits of the proposed treatment and/or special procedure, that no guarantee has been made to me as to the results that may be obtained, and that an offer has been made to me to answer any of my questions about the proposed surgery.

I agree to the use of anesthesia and/or sedation/analgesia as required, and if applicable, the disposal of any tissue removed.

KHY

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long as

Signed
(Patient c

Doctor

Doctor

Date:

Witness

Date:

CONSENT FORM FOR TRANSPLANT (DONOR)

I also authorized the Hospital and the above-named physicians to photograph, video and/or use any other mediums which result in the permanent documentation of my image for medical, scientific or educational purpose, provided my identity is not revealed by them. I agree that any photographs taken pursuant to this authorization, which are not required by law to be retained, may be disposed of by the Hospital so long as the manner of disposition shall be permanent destruction.

Signed: _____ Date: _____ Time: _____
(Patient or legally authorized representative)

Doctor Signature: _____ Date: _____ Time: _____

PATIENT UNABLE TO SIGN PRIOR TO SURGERY BECAUSE:

Doctor Signature: _____

Date: _____ Time: _____

Witness: _____

Date: _____ Time: _____

FORM-VII

(see sub-rule (2) of rule 4)

PART-I

Fitness certificate by the recognized transplant surgeon or physician

I Dr. possessing qualifications
of registered as medical practitioner at serial
no. by the
Medical Council, certify that I have examined Mr./ Mrs. Ms.
S/o, D/o, W/o aged who has
given informed consent about donation of the organ, namely
to Mr./ Mrs./ Ms. who is a 'close blood relative' of the
donor/ non close blood relative of the donor, who had been approved by the
Transplant Evaluation Committee and that the said donor is in proper state of health
and is medically fit to be subjected to the procedure of organ removal.

Place.....
.....

Date.....

Signature of Doctor Seal

Photograph of the Donor
Photograph of the Recipient
(Attested by doctor) (Attested by doctor)

To be affixed and
attested by the doctor
concerned. The
Signatures and seal
should partially appear
on photograph and
document without
disfiguring the face in
photograph.

Cer

I, Dr. ...

.....

no.

Medical

S/o Mr.

.....

aged.....

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.....

Place...

.....

Date...

PART-II

Certificate of relationship by the recognized transplant surgeon or physician

I, Dr. possessing qualification of
..... registered as medical practitioner at serial
no. by the.....

Medical Council, certify that- (i).Mr.....
S/o Mr.....age.....resident of
.....and Mrs.....d/o, W/o Mr.....
aged.....resident of are related to each other as spouse/
close blood relatives/ non-close blood relatives according to the statement given by
them and their statement has been confirmed by means of following evidences by
Transplant Evaluation Committee before effecting the organ removal from the body
of the said Mr./ Mrs./ Ms.

Place.....
.....

Date.....

Signature of Doctor Seal

FORM-VIII

(see rule 4(3)(a))

(To be completed by person in his lifetime and willing to donate his organ/ tissues after death)

I S/o, d/o, w/o Mr,
aged.....resident of

.....
in the presence of persons mentioned below hereby unequivocally authorize the
removal of my body organs, namely.....
from my body after my death for therapeutic purposes.

.....
Signature of the donor

Date.....

Signature.....

Witnesses

(1). Mr./ Mrs./ Ms. S/o, D/o, W/o,
Mr..... aged.....resident of.....
.....
..... Tel.....

.....
Signature).....

(2). Mr./ Mrs./ Ms. S/o, D/o, W/o,
Mr..... aged.....resident of

.....
..... Tel..... as a close blood relative to the
donor as.....

Date

FORM-IX

(see clause (d) of sub-rule (3) of rule 4)

(To be filed by a person having lawful possession of the dead body)

IS/o, d/o, w/o Mr,.....
aged..... resident of
having lawful possession of the dead body of Mr./ Mrs./
Ms.....s/o/d/o/w/o Mr.....
.....aged of..... resident of
having known that the deceased has signed Form-VI for therapeutic purposes after
his/ her death and also having reasons to believe that no close blood relative of the
said deceased person has objection to any of his/ her organ being used for therapeutic
purposes, authorize removal of the body organs, namely.....

.....
Signature

Date:.....

Place.....

Person in lawful possession of the dead body Address;
.....

FORM-X

(see sub-rule (4) of rule 4)

(To be filled by the Transplant Evaluation Committee)

We, the following members of the Transplant Evaluation Committee after careful personal examination, hereby certify that Mr./Mrs./Ms..... aged.....S/o, d/o, w/o.....resident of is dead on account of permanent an irreversible cessation of all functions of the brain-stem. The tests carried out by us and the findings therein are recorded in the brain-stem death certificate annexed hereto.

Date.....

Signature.....

1. Medical Director or Medical Superintendent of the Hospital
2. A neuro surgeon/neuro physician; and
3. An intense visit.

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S/o, d
Sex:
2.
Tel#...
3.
4.
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of.....
5.
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.....
Date a
Date a
2.
(1)

Primary
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2. C
3. C
4. P

BRAIN-STEM DEATH CERTIFICATE

(A). Recipient Details:

1. Name of the patient: Mr. Mrs./Ms.....
S/o, d/o, w/o.....
- Sex: Male..... Female..... Age..... years
2. Address.....
Tel#.....
3. Hospital Number.....
4. Name and address of next of kin of person responsible for the patient (if none exist, this must be specified). resident of.....
5. Has the patient or next kin agreed to any transplant?
6. Is this a police case? Yes No

(B) Pre-conditions:

1. Diagnosis: Did the patient suffer from any illness or accident that led to irreversible brain damage? Specify details
.....
.....

Date and time of accident/ onset of illness.....

Date and onset of no-responsible coma?.....

2. Finding of Board of Medical Experts:

- (1) The following reversible causes of coma have been excluded:

- Intoxication (Alcohol)
- Depressant Drugs
- Relaxants (Neuromuscular Blocking agents)
- Others

First Medical Examination

Second Medical Examination

1st

2nd

1st

2nd

Primary hypothermia

Hypovolemic shock

Metabolic or endocrine Disorders

Tests for absent of Brain stem functions

2. Coma
3. Cessation of spontaneous breathing
4. Pupillary size

5. Pupillary light reflexes
6. Doll's Head eyes movement
7. Corneal reflexes (Both Sides)
8. Motor response in any cranial nerve distribution, any responses to stimulation of face, limb or trunk
9. Gag reflex
10. Cough (Tracheal)
11. Eye movements on caloric testing bilaterally
12. Apnea tests as specified
13. Were any respiratory movements seen?

.....
Date and time of first testing.....

.....
Date and time of second testing.....

This to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above.

Mr./ Mrs. Ms..... is declared brain- stem dead.

1. Medical Director or Medical Superintendent of the Hospital
2. Aneuro surgeon/neuro physician; and
3. An intensevist.

NB.

The minimum time interval between the first testing and second testing will be six hours.

I Mr. /
resident

.....
namely
son/ da
stem de

Signatu
Name .
Place...
Date ...

FORM-XI

(see sub-rule (4) of rule 4)

(to be filed by either parent or closed blood relative
of dead child under 18 years)

I Mr. / Mrs. / Ms.....Son of, wife of.....
resident of

.....hereby authorize removal of the organ/ organs
namely..... For therapeutic purposes from the dead body of my
son/ daughter, Mr/ Mrs agedwhose brain
stem death has been duly certified in accordance with the law

Signature.....

Name

Place.....

Date

FORM-XII

(see sub-rule (1) of rule 10)

APPLICATION FOR REGISTRATION OF INSTITUTION

Name of the Institution: _____
 Mailing Address _____ Tel No. _____
 _____ Fax no. _____
 Email _____
 Name of the Head of the Institution _____
 Designation _____ Mailing address _____
 _____ Tel No. _____ Fax no. _____
 _____ Email _____
 Name of institution Public Sector/ Private Sector/ Any other _____
 Units/ departments accredited with CPSP/PMDC/University _____

Sr.No.	Name of Specialty	Accreditation Authority	Name of Deptt. Heads with postgraduate qualification
1.	Urology (Kidney Transplant)		
2.	Nephrology (Kidney Transplant)		
3.	GI and Hepatology (Liver & Intestinal transplant)		
4.	Pulmonology (Lung Transplant)		
5.	Cardiology (Cardiac Transplant)		
6.	Hematology (BMT, Stem Cell Transplant)		
7.	Radiology		
8.	Anesthesiology		
9.	Pathology		

(Provide list of faculty in all specialties with qualification and experience in Transplantation as Annexure)

Total beds in the institution: _____ Male _____ Female _____
 Children _____
 No. of CPDs _____ Attendance/ year Male _____ Female _____
 Children _____

Total beds

Children

SUPPORT

Blood Bank

If no, pleas

Are cross m

Are blood p

If no, what

(Attach sep

Laboratory

Please supp

(Attach spa

Bio-Chemis

Histopathol

Microbiolo

Immunolog

Drug Moni

Radiology

Please furn

(Attach sep

Specified d

Ultrasound

CT Scan

Doppler

Intensive C

If yes No. c

Total Vent

AGB mach

Total beds of Transplant Unit: _____ Male _____ Female _____
 Children _____

SUPPORT FACILITIES Blood Bank

Blood Bank proposed? Yes No

If no, please specify about shortage _____

Are cross matching facilities available? Yes No

Are blood products available in house? Yes No

If no, what arrangements are in place for 24 hours availability _____

(Attach separate sheet if required)

Laboratory

Please supply a list of tests, which are done in the laboratory in the following area.

(Attach spate sheet if required)

Bio-Chemistry

Histopathology

Microbiology

Immunology

Drug Monitoring

Radiology

Please furnish a list of radiological tests routinely carried out in the institution

(Attach separate sheet if required)

Specified diagnostic facilities:

Ultrasound	Yes	No	MRI	Yes	No
CT Scan	Yes	No	Radioisotope	Yes	No
Doppler	Yes	No	Portable X-ray	Yes	No

Intensive Care Unit

If yes No. of ICU beds with high and monitoring and ventilation _____

_____ Number of Monitors _____

Total Ventilators available _____

AGB machine in ICU Yes No Other facilities

Dialysis Yes No Availability of dialysis facility in ICU Yes No

If yes No. of Dialysis in hospital _____ Number of sessions/ day _____

If the following specialties are not available in house please mention the arrangements for access at all times (Attach separate sheet if needed).

Cardiology

Pulmonology

GI/Hepatology

Infectious Disease

Neurology

Orthopedics

Operation Theatre and Anesthesiology

Please provide List of Equipment for transplant surgery as annexure.

Record Keeping

Systems of storage and retrieval of records _____

Do you produce Annual Report? Yes No

(if yes please furnish the copy of annual report of last year)

How are the case records maintained? Manual No computerized

Library Yes No

Working days of the Library _____ Daily working hours _____

(Please provide the list of Textbooks of Transplant Sciences and Journals available in the Institution Department)

Research Facilities

No. of in hand projects and title of research conducted by the faculty of the department:

(Attach separate sheet if needed)

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Nursing

Medical

(Transp

Isolation

Pharma

Seminar

Other re

Neurolog

Orthoped

Operatio

Please pr

Record K

Systems o

records _____

Do you pr

(if yes ple

How are t

Library.

Working

hours _____

(Please pr

the Institu

Research

No. of in h

departmen

Additional Essentials Activities/ Facilities	Adequate number and of sufficient seniority to cover transplant ward and ICU
Nursing :	
Medical Social Officer (Transplant Coordinator):	Depending on transplant activity minimum of 3 to help out pre transplant assessment and donor selection
Isolation Facility:	1 to 2 rooms for isolation of patients when required
Pharmacy:	Dedicated staff to respond to needs of transplant Patients specially immunosuppression, antibiotics and other drugs
Seminar Room;	For daily patient related Meetings (AM and PM) Morbidity Mortality review, Clinical Audits
Other resources:	Computers, Video films, internet access, multimedia Video conferencing facilities with reference centre in future.

Neurology

Orthopedics

Operation Theatre and Anesthesiology

Please provide List of Equipment for transplant surgery as annexure.

Record Keeping

Systems of storage and retrieval of
records _____

Do you produce Annual Report? Yes No

(if yes please furnish the copy of annual report of last year)

How are the case records maintained? Manual computerized

Library.

Working day of the Library _____ Daily working
hours _____

(Please provide the list of Textbooks of Transplant Sciences and Journals available in
the Institution Department)

Research Facilities

No. of in hand projects and title of research conducted by the faculty of the
department. (Attach separate sheet if needed)

Additional Essentials Activities/ Facilities:

Nursing : Adequate number and of sufficient seniority to cover transplant ward and ICU

Medical Social Officer (Transplant Coordinator): Depending on transplant activity minimum of 3 to help out pre transplant assessment and donor selection

Isolation Facility: 1 to 2 rooms for isolation of patients when required

Pharmacy: Dedicated staff to respond to needs of transplant Patients specially immunosuppression, antibiotics and other drugs

Seminar Room; For daily patient related Meetings (AM and PM) Morbidity Mortality review, Clinical Audits

Other resources: Computers, Video films, internet access, multimedia Video conferencing facilities with reference centre in future.

S. No. _____

Name _____

Age _____

Occupati _____

Address _____

Phone: _____

Education _____

Recipien _____

Relations _____

Nephrect _____

Date of M _____

Ha _____

Rehabilit _____

Reason fo _____

Illnesses in inte _____

M _____

C _____

Long Te _____

Name of _____

Family H _____

Martial I _____

Number of _____

Father: alive _____

Obstetric I _____

FTND _____

LSCS _____

Abortions _____

Still Births _____

Last Delive _____

FORM-XIII
(see sub-rule (3) of rule 13)

PROFORMA FOR DONOR FOLLOW-UP

S. No. _____ Date _____
 Name _____ s/w/d/o _____
 Age _____ Sex _____
 Occupation _____
 Address _____
 Phone: _____

Education Uneducated Primary School Secondary School
 Graduate Post-Graduate Professional

Recipient's Name: _____
 Relationship _____ Tax no. _____ Site of
 Nephrectomy: _____ Right Left

Date of Nephrectomy: _____

Habits: Cigarettes Pan Tuberculosis Gutka
 Naswar Bids Alcohol

Rehabilitation: • Working Not Working

Reason for not working _____

Illnesses in intervening period: Liver disease Tuberculosis UTI
 Malaria Hypertension Diabetes Surgery
 Others

Long Term Medications:

Name of Drugs	Dose	Duration

Family History: Diabetes Hypertension Renal Failure Angina / MI
Martial History Married Unmarried Divorced

Number of Wives _____ **Total Children** _____ **Males**
 Females _____

Father: alive / expired **Mother:** alive/ expired **Brothers** _____ **Sister** _____

Obstetric History:

Menstrual History

FTND _____

Menarche _____

LSCS _____

D/C _____

Abortions _____

Still Births _____

Flow _____

Last Delivery _____

LMP _____

Time Diet

- Breakfast
- Mid-Morning Snack
- Lunch
- Afternoon Snack
- Dinner
- Bed-Time Snack

Cooking: Medium Ghee Oil Atta Exercise: _____

General Examination: Weight _____ Height _____

BMI _____ Oedema Lymph Nodes Throid Pallor Jaundice Clubbing

Blood Pressure: Lying _____ Sitting _____ Standing _____

Systemic Examination:

JVP _____ Heart Sounds _____ Murmurs _____

Respiratory Systems:

Auscultation of Lung Fields _____ Advent _____ Sounds _____

GI:Oray Cavity: Tenth _____ Gums _____ Tongue _____

Abdomen:

Liver _____ Spleen _____ Kidney _____ Scar _____

Nervous System:

Cranial Nerves _____ Reflexes _____ Coordinator _____ Deep Reflexes _____

Psychoanalysis:

Depression _____ Satisfaction _____ Fear _____

Doctor's Name _____ Signature _____

Ref No
Admin
Medic
Khybe
Subjec

followi

S.No
01
02
03

Regards

FORM-XIV
(See sub-rule (4) of rule 13)

TRANSPLANT REGISTRY

Ref No. ----/----/-----

Dated. ----/----/-----

Administrator

Medical Transplantation Regulatory Authority (MTRA)
Khyber Pakhtunkhwa Peshawar.

Subject:- DETAIL OF SCHEDULE OF ----- TRANSPLANTATION

Reference to the subject cited above, the schedule of ----- patients for -----
----- transplantation at ----- Hospital/Institute/Health Facility ----- during
following days/weeks is hereby submitted

S.No	Recipient (Name, CNIC #, Address etc)	Donor (Name, CNIC #, Address etc)	Date of Approval From MTRA	Date of ----- Transplantation
01				
02				
03				

Regards

**Secretary to,
Government of Khyber Pakhtunkhwa,
Health Department.**