



PES Institute of Medical Sciences & Research

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NAAC Criterion 8: Part B - Medical

8.1 Medical Indicator

8.1.5: Instructional sessions for students introduced by the College on the Medical, Legal, Ethical and Social Issues involved in organ transplantation





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Additional Information



Instructional sessions on Medical, Legal, Ethical and Social Issues Involved in Organ Transplantation

Approximately 500,000 people die in India per year due to a shortage of organs for transplant. Every year, an estimated 1.5-2 lakh people need a kidney transplant. Many organs and tissues, including the cornea, bone marrow, heart, kidney, liver, pancreas, skin and ligaments, have the potential for transplantation. India conducts the third highest number of transplants in the world. Organs from deceased donors accounted for nearly 17.8% of all transplants in 2022. India introduced the “**Transplantation of Human Organs Act’ (THOA) in 1994**”. This legislation aimed to establish an ethical framework for the Transplantation of Human Organs Act, 1994 provides various regulations for the removal of human organs and its storage. It regulates the transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs. In 2011, an amendment to the act was ratified by the parliament, leading to the formulation of **revised rules in 2014**. These rules brought about significant changes and provided clearer definitions terms used within the act.

Organ transplantation is taught during MBBS course in our institute. The National Medical Commission recently included formal education on the medico – legal and social aspects of organ transplantation in the medical undergraduate curriculum. Following these guidelines PESIMSR has taken required steps to educate the students on the national and state guidelines pertaining to medical, legal, ethical, and social aspects in organ transplantation procedures.

The structured teaching sessions are taught under following headings.

1. Medical issues :

- History, time line of successful organ transplantation, & Types of transplants
- Type of donors
- Principles of transplantation
- Procedure of various major transplants
- Transplant rejection & Immuno - suppressive drugs

2. Legal issues involved in organ transplantation:

- History of illegal organ trafficking & Consent issues.
- Global Laws in relation to organ transplantation
- National policy & State guidelines
- Authorization committees
- Offences and penalties

3. Ethical issues involved in organ transplantation:

- Basic ethical principles of medicine & organ transplantation
- Ethical issues in organ allocation, cadaveric organ donation in various religions.
- Fetal organ donations
- Executed prisoners in organ transplantation
- Use of stem cells and cloning in organ transplantation

4. Social issues involved in organ transplantation:

- Need & benefits of organ transplantation
- Cost analysis of organ transplantation

In the current CBME curriculum, the ethical and legal aspects of the organ transplantation are included as AETCOM module and are taught by the Departments of Forensic Medicine and Community Medicine. The legal and ethical issues regarding organ donation are debated and discussed as student seminars. Laws pertaining to the Human Organ Transplantation Act and its implications are taught with the new CBME batches according to the NMC curricular guidelines during II MBBS Phase-I. Multidisciplinary symposia are held with the involvement of the Departmental of Surgery, Pathology, Pharmacology, Forensic Medicine and Community Medicine for Final year MBBS.



भारत का राजपत्र The Gazette of India

असाधारण

EXTRAORDINARY

भाग II—खण्ड 1

PART II—Section 1

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं० 22] नई दिल्ली, बुधवार, सितम्बर 28, 2011/ अश्विन 6, 1933 (शक)
No. 22] NEW DELHI, WEDNESDAY, SEPTEMBER 28, 2011/ ASVINA 6, 1933 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE

(Legislative Department)

New Delhi, the 28th September, 2011/Asvina 6, 1933 (Saka)

The following Act of Parliament received the assent of the President on the 27th September, 2011, and is hereby published for general information:—

THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) ACT, 2011

(No. 16 of 2011)

[27th September, 2011.]

An Act to amend the Transplantation of Human Organs Act, 1994.

WHEREAS it is expedient to amend the said law enacted by Parliament relating to regulation of removal, storage and transplantation of human organs for therapeutic purposes and for prevention of commercial dealings in human organs;

AND WHEREAS Parliament has no power to make or amend laws for the States with respect to any of the matters aforesaid except as provided in articles 249 and 250 of the Constitution;

AND WHEREAS in pursuance of clause (1) of article 252 of the Constitution, resolutions have been passed by all the Houses of the Legislatures of the States of Goa, Himachal Pradesh and West Bengal to the effect that the aforesaid Act should be amended by Parliament;

BE it enacted by Parliament in the Sixty-second Year of the Republic of India as follows:—

1. (1) This Act may be called the Transplantation of Human Organs (Amendment) Act, 2011.

Short title,
application
and
commencement.

(2) It applies, in the first instance, to the whole of the States of Goa, Himachal Pradesh and West Bengal and to all the Union territories and it shall also apply to such other State which adopts this Act by resolution passed in that behalf under clause (1) of article 252 of the Constitution.

(3) It shall come into force in the States of Goa, Himachal Pradesh and West Bengal and in all the Union territories on such date as the Central Government may, by notification, appoint and in any other State which adopts this Act under clause (1) of article 252 of the Constitution on the date of such adoption; and any reference in this Act to the commencement of this Act shall, in relation to any State or Union territory, mean the date on which this Act comes into force in such State or Union territory.

Amendment
of long title.

2. In the Transplantation of Human Organs Act, 1994 (hereinafter referred to as the principal Act), in the long title, for the words "human organs for therapeutic purposes and for the prevention of commercial dealings in human organs", the words "human organs and tissues for therapeutic purposes and for the prevention of commercial dealings in human organs and tissues" shall be substituted.

42 of 1994.

Amendment
of section 1.

3. In section 1 of the principal Act, in sub-section (1), for the words "Human Organs", the words "Human Organs and Tissues" shall be substituted.

Substitution
of references
to certain
expressions
by certain
other
expressions.

4. Throughout the principal Act [except clause (h) of section 2, sub-section (5) of section 9, sub-section (1) of section 18 and section 19], unless otherwise expressly provided, for the words "human organ" and "human organs", wherever they occur, the words "human organ or tissue or both" and "human organs or tissues or both" shall respectively be substituted with such consequential amendments as the rules of grammar may require.

Amendment
of section 2.

5. In section 2 of the principal Act,—

(a) after clause (h), the following clauses shall be inserted, namely:—

'(ha) "Human Organ Retrieval Centre" means a hospital,—

(i) which has adequate facilities for treating seriously ill patients who can be potential donors of organs in the event of death; and

(ii) which is registered under sub-section (1) of section 14 for retrieval of human organs;

'(hb) "minor" means a person who has not completed the age of eighteen years;'

(b) for clause (i), the following clause shall be substituted, namely:—

'(i) "near relative" means spouse, son, daughter, father, mother, brother, sister, grandfather, grandmother, grandson or granddaughter;'

(c) in clause (o), the word "and" shall be omitted;

(d) after clause (o), the following clauses shall be inserted, namely:—

'(oa) "tissue" means a group of cells, except blood, performing a particular function in the human body;

'(ob) "Tissue Bank" means a facility registered under section 14A for carrying out any activity relating to the recovery, screening, testing, processing, storage and distribution of tissues, but does not include a Blood Bank;'

(e) after clause (p), the following clause shall be inserted, namely:—

'(q) "transplant co-ordinator" means a person appointed by the hospital for co-ordinating all matters relating to removal or transplantation of human organs or tissues or both and for assisting the authority for removal of human organs in accordance with the provisions of section 3.'

6. In section 3 of the principal Act,—

Amendment
of section 3.

(a) after sub-section (1), the following sub-sections shall be inserted, namely:—

“(1A) For the purpose of removal, storage or transplantation of such human organs or tissues or both, as may be prescribed, it shall be the duty of the registered medical practitioner working in a hospital, in consultation with transplant co-ordinator, if such transplant co-ordinator is available,—

(i) to ascertain from the person admitted to the Intensive Care Unit or from his near relative that such person had authorised at any time before his death the removal of any human organ or tissue or both of his body under sub-section (2), then the hospital shall proceed to obtain the documentation for such authorisation in such manner as may be prescribed;

(ii) where no such authority as referred to in sub-section (2) was made by such person, to make aware in such manner as may be prescribed to that person or near relative for option to authorise or decline for donation of human organs or tissues or both;

(iii) to require the hospital to inform in writing to the Human Organ Retrieval Centre for removal, storage or transplantation of human organs or tissues or both, of the donor identified in clauses (i) and (ii) in such manner as may be prescribed.

(1B) The duties mentioned under clauses (i) to (iii) of sub-section (1A) from such date, as may be prescribed, shall also apply in the case of registered medical practitioner working in an Intensive Care Unit in a hospital which is not registered under this Act for the purpose of removal, storage or transplantation of human organs or tissues or both.”;

(b) in sub-section (4), the following proviso shall be inserted, namely:—

“Provided that a technician possessing such qualifications and experience, as may be prescribed, may enucleate a cornea.”;

(c) in sub-section (6), in clause (iii),—

(i) the word “and” shall be omitted; and

(ii) the following proviso shall be inserted, namely:—

“Provided that where a neurologist or a neurosurgeon is not available, the registered medical practitioner may nominate an independent registered medical practitioner, being a surgeon or a physician and an anaesthetist or intensivist subject to the condition that they are not members of the transplantation team for the concerned recipient and to such conditions as may be prescribed.”.

7. In section 9 of the principal Act,—

Amendment
of section 9.

(a) after sub-section (1), the following sub-sections shall be inserted, namely:—

(1A) Where the donor or the recipient being near relative is a foreign national, prior approval of the Authorisation Committee shall be required before removing or transplanting human organ or tissue or both:

Provided that the Authorisation Committee shall not approve such removal or transplantation if the recipient is a foreign national and the donor is an Indian national unless they are near relatives.

(1B) No human organs or tissues or both shall be removed from the body of a minor before his death for the purpose of transplantation except in the manner as may be prescribed.

(1C) No human organs or tissues or both shall be removed from the body of a mentally challenged person before his death for the purpose of transplantation.

Explanation.— For the purpose of this sub-section,—

(i) the expression “mentally challenged person” includes a person with mental illness or mental retardation, as the case may be;

(ii) the expression “mental illness” includes dementia, schizophrenia and such other mental condition that makes a person intellectually disabled;

(iii) the expression “mental retardation” shall have the same meaning as assigned to it in clause (r) of section 2 of the Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.”

1 of 1996

(b) after sub-section (3), the following sub-section shall be inserted, namely:—

“(3A) Notwithstanding anything contained in sub-section (3), where—

(a) any donor has agreed to make a donation of his human organ or tissue or both before his death to a recipient, who is his near relative, but such donor is not compatible biologically as a donor for the recipient; and

(b) the second donor has agreed to make a donation of his human organ or tissue or both before his death to such recipient, who is his near relative, but such donor is not compatible biologically as a donor for such recipient; then

(c) the first donor who is compatible biologically as a donor for the second recipient and the second donor is compatible biologically as a donor of a human organ or tissue or both for the first recipient and both donors and both recipients in the aforesaid group of donor and recipient have entered into a single agreement to donate and receive such human organ or tissue or both according to such biological compatibility in the group,

the removal and transplantation of the human organ or tissue or both, as per the agreement referred to above, shall not be done without prior approval of the Authorisation Committee.”;

(c) for sub-section (4), the following sub-section shall be substituted, namely:—

“(4) (a) The composition of the Authorisation Committees shall be such as may be prescribed by the Central Government from time to time.

(b) The State Government and the Union territories shall constitute, by notification, one or more Authorisation Committees consisting of such members as may be nominated by the State Governments and the Union territories on such terms and conditions as may be specified in the notification for the purposes of this section.”.

Amendment
section 10.

8. In section 10 of the principal Act, in sub-section (1),—

(a) in clause (b), the word “and” occurring at the end shall be omitted;

(b) in clause (c), the word “and” shall be inserted at the end;

(c) after clause (c), the following clause shall be inserted, namely:—

“(d) no Tissue Bank, unless registered under this Act, shall carry out any activity relating to the recovery, screening, testing, processing, storage and distribution of tissues.”.

Amendment
section 13.

9. In section 13 of the principal Act, in sub-section (3),—

(a) for clause (iii), the following clause shall be substituted, namely:—

“(iii) to enforce such standards, as may be prescribed,—

(A) for hospitals engaged in the removal, storage or transplantation of any human organ;

(B) for Tissue Banks engaged in recovery, screening, testing, processing, storage and distribution of tissues;”;

(b) after clause (iv), the following clause shall be inserted, namely:—

“(iva) to inspect Tissue Banks periodically;”.

10. After section 13 of the principal Act, the following sections shall be inserted, namely:—

Insertion of new sections 13A, 13B, 13C and 13D.

“13A. (1) The Central Government and the State Governments, as the case may be, by notification, shall constitute an Advisory Committee for a period of two years to aid and advise the Appropriate Authority to discharge its functions.

Advisory Committees to advise Appropriate Authority.

(2) The Advisory Committee shall consist of—

(a) one administrative expert not below the rank of Secretary to the State Government, to be nominated as Chairperson of the Advisory Committee;

(b) two medical experts having such qualifications as may be prescribed;

(c) one officer not below the rank of a Joint Director to represent the Ministry or Department of Health and Family Welfare, to be designated as Member-Secretary;

(d) two eminent social workers of high social standing and integrity, one of whom shall be from amongst representatives of women’s organisation;

(e) one legal expert who has held the position of an Additional District Judge or equivalent;

(f) one person to represent non-governmental organisations or associations which are working in the field of organ or tissue donations or human rights;

(g) one specialist in the field of human organ transplantation, provided he is not a member of the transplantation team.

(3) The terms and conditions for appointment to the Advisory Committee shall be such as may be prescribed by the Central Government.

13B. The Appropriate Authority shall for the purposes of this Act have all the powers of a civil court trying a suit under the Code of Civil Procedure, 1908 and, in particular, in respect of the following matters, namely:—

Powers of Appropriate Authority.

(a) summoning of any person who is in possession of any information relating to violation of the provisions of this Act or the rules made thereunder;

(b) discovery and production of any document or material object;

(c) issuing search warrant for any place suspected to be indulging in unauthorised removal, procurement or transplantation of human organs or tissues or both; and

(d) any other matter which may be prescribed.

13C. The Central Government may, by notification, establish a National Human Organs and Tissues Removal and Storage Network at one or more places and Regional Network in such manner and to perform such functions, as may be prescribed.

National Human Organs and Tissues Removal and Storage Network.

National
registry.

13D. The Central Government shall maintain a national registry of the donors and recipients of human organs and tissues and such registry shall have such information as may be prescribed to an ongoing evaluation of the scientific and clinical status of human organs and tissues.”.

Amendment
of section 14.

11. In section 14 of the principal Act,—

(a) in sub-section (1), for the words “No hospital”, the words “No hospital (including Human Organ Retrieval Centre)” shall be substituted;

(b) after sub-section (3), the following sub-section shall be inserted, namely:—

“(4) No hospital shall be registered under this Act, unless the Appropriate Authority is satisfied that such hospital has appointed a transplant co-ordinator having such qualifications and experience as may be prescribed.”.

Insertion of
new section
14A,
Registration of
Tissue Bank.

12. After section 14 of the principal Act, the following section shall be inserted, namely:—

“14A. (1) No Tissue Bank shall, after the commencement of the Transplantation of Human Organs (Amendment) Act, 2011, commence any activity relating to the recovery, screening, testing, processing, storage and distribution of tissues unless it is duly registered under this Act:

Provided that any facility engaged, either partly or exclusively, in any activity relating to the recovery, screening, testing, processing, storage and distribution of tissues immediately before the commencement of the Transplantation of Human Organs (Amendment) Act, 2011, shall apply for registration as Tissue Bank within sixty days from the date of such commencement:

Provided further that such facility shall cease to engage in any such activity on the expiry of three months from the date of commencement of the Transplantation of Human Organs (Amendment) Act, 2011, unless such Tissue Bank has applied for registration and is so registered, or till such application is disposed of, whichever is earlier.

(2) Every application for registration under sub-section (1) shall be made to the Appropriate Authority in such form and in such manner and shall be accompanied by such fees as may be prescribed.

(3) No Tissue Bank shall be registered under this Act unless the Appropriate authority is satisfied that such Tissue Bank is in a position to provide such specialised services and facilities, possess such skilled manpower and equipments and maintain such standards as may be prescribed.”.

Amendment of
section 15.

13. In section 15 of the principal Act, in sub-section (1), for the words “grant to the hospital”, the words “grant to the hospital or to the Tissue Bank, as the case may be,” shall be inserted.

Amendment of
section 16.

14. In section 16 of the principal Act, for the word “hospital”, wherever it occurs, the words “hospital or Tissue Bank, as the case may be,” shall be substituted.

Amendment of
section 17.

15. In section 17 of the principal Act, after the words, brackets and figure “under sub-section (6) of section 9, or any hospital”, the words “or Tissue Bank, as the case may be,” shall be inserted.

Amendment of
section 18.

16. In section 18 of the principal Act,—

(a) in sub-section (1), for the words “five years and with fine which may extend to ten thousand rupees”, the words “ten years and with fine which may extend to twenty lakh rupees” shall be substituted;

(b) in sub-section (2), for the words "two years", the words "three years" shall be substituted.

(c) after sub-section (2), the following sub-section shall be inserted, namely:—

"(3) Any person who renders his services to or at any hospital and who conducts, or associates with or helps in any manner in the removal of human tissues without authority, shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to five lakh rupees."

17. In section 19 of the principal Act,—

Amendment of section 19

(a) after clause (f), the following clause shall be inserted, namely:—

"(g) abets in the preparation or submission of false documents including giving false affidavits to establish that the donor is making the donation of the human organs, as a near relative or by reason of affection or attachment towards the recipient."

(b) for the words "two years but which may extend to seven years and shall be liable to fine which shall not be less than ten thousand rupees but may extend to twenty thousand rupees", the words "five years but which may extend to ten years and shall be liable to fine which shall not be less than twenty lakh rupees but may extend to one crore rupees" shall be substituted;

(c) the proviso shall be omitted.

18. After section 19 of the principal Act, the following section shall be inserted, namely:—

Insertion of new section 19A.

"19A. Whoever—

Punishment for illegal dealings in human tissues.

(a) makes or receives any payment for the supply of, or for an offer to supply, any human tissue; or

(b) seeks to find person willing to supply for payment and human tissue; or

(c) offers to supply any human tissue for payment; or

(d) initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply, any human tissue; or

(e) takes part in the management or control of a body of persons, whether a society, firm or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d); or

(f) publishes or distributes or causes to be published or distributed any advertisement—

(i) inviting persons to supply for payment of any human tissue; or

(ii) offering to supply any human tissue for payment; or

(iii) indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause (d); or

(g) abets in the preparation or submission of false documents including giving false affidavits to establish that the donor is making the donation of the human tissues as a near relative or by reason of affection or attachment towards the recipient,

shall be punishable with imprisonment for a term which shall not be less than one year but which may extend to three years and shall be liable to fine which shall not be less than five lakh rupees but which may extend to twenty-five lakh rupees."

Amendment
of section 20.

19. In section 20 of the principal Act, for the words "three years or with fine which may extend to five thousand rupees", the words "five years or with fine which may extend to twenty lakh rupees" shall be substituted.

Amendment
of section 24.

20. In section 24 of the principal Act, in sub-section (2),—

(a) after clause (a), the following clauses shall be inserted, namely:—

"(aa) the human organs or tissues or both in respect of which duty is cast on registered medical practitioner, the manner of obtaining documentation for authorisation under clause (i) of sub-section (1A) of section 3;

(ab) the manner of making the donor or his relative aware under clause (ii) of sub-section (1A) of section 3;

(ac) the manner of informing the Human Organ Retrieval Centre under clause (iii) of sub-section (1A) of section 3;

(ad) the date from which duties mentioned in sub-section (1A) are applicable to registered medical practitioner working in a unregistered hospital under sub-section (1B) of section 3;

(ae) the qualifications and experience of a technician under the proviso to sub-section (4) of section 3;"

(b) after clause (b), the following clause shall be inserted, namely:—

"(ba) the conditions for nomination of a surgeon or a physician and an anaesthetist or intensivist to be included in the Board of medical experts under the proviso to clause (iii) of sub-section (6) of section 3;"

(c) after clause (c), the following clauses shall be inserted, namely:—

"(ca) the manner of removal of human organs or tissues or both from the body of a minor before his death for transplantation under sub-section (1B) of section 9;

(cb) the composition of the Authorisation Committees under sub-section (4) of section 9;"

(d) after clause (d), the following clauses shall be inserted, namely:—

"(da) the qualifications of medical experts and the terms and conditions for appointment to Advisory Committee under sub-sections (2) and (3) of section 13A;

(db) the power of the Appropriate Authority in any other matter under clause (d) of section 13B;

(dc) the manner of establishment of a National Human Organs and Tissues Removal and Storage Network and Regional Network and functions to be performed by them under section 13C;

(dd) the information in the national registry of the donors and recipients of human organs and tissues and all information under section 13D;"

(e) after clause (e), the following clauses shall be inserted, namely:—

"(ea) the qualifications and experience of a transplant co-ordinator under sub-section (4) of section 14;

(eb) the form and the manner in which an application for registration shall be made, and the fee which shall be accompanied, under sub-section (2) of section 14A;

(kc) the specialised services and the facilities to be provided, skilled manpower and the equipments to be possessed and the standards to be maintained by a Tissue Bank, under sub-section (3) of section 14A;”;

(f) in clause (f), for the word “hospital”, the words “hospital or Tissue Bank” shall be substituted.

V.K. BHASIN,
Secy. to the Govt. of India.

GUIDELINES AND REQUIRED DOCUMENTS FOR PROCESSING THE APPLICATION OF LIVE DONOR ORGAN TRANSPLANTATION

- 1) Recipient and donor should apply to the Chairman, Authorization Committee, Jeevandan AP in Form-11 & treatment certificate given by the treating Nephrologist and Urologist and Transplant Surgeon / Liver Transplant Surgeon along with necessary documents for granting permission for transplantation.
- 2) The application should be forwarded by the Hospital Administrator / Medical Superintendent / Medical Director of the hospital concerned where the transplantation is proposed to be carried out along with all necessary documents. The decision of the committee will be sent to the hospital from which hospital the application is forwarded, but not directly to the recipient.
- 3) Family structure certificate should include self, father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with name, age and address.
- 4) The status of the medical fitness of the family members and reasons for not considering them as possible donor should be certified by the treating Nephrologist and Transplant Surgeon with all necessary investigations. They should also certify that all other alternative modalities of management of End Stage Renal / Liver Disease have been discussed with the recipient and also the possible long term results of transplantation.
- 5) The recipient should enclose a notarized affidavit on a Rs.10/- value non-judicial stamp paper for his / her willingness to undergo transplantation with the donor.
- 6) The family structure certificate and certificate of residence of the Recipient as well as Donor separately issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or First Class Magistrate/officer not below the rank of Deputy Secretary should be produced. Copies of any two among the following six (6) i.e. telephone bill, electricity bill, ration card, election voter identity card, driving license and pass port must be enclosed for corresponding address proof.
- 7) The prospective donor should enclose a notarized affidavit on Rs.10/- value Non-judicial stamp paper about his / her willingness to donate his / her kidney / Liver.
- 8) The donor's next of kin like father, mother, brother or sister in that order if unmarried and wife/husband & Children (major) if married should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper expressing their consent for the prospective donor to donate his/her kidney / Liver and he/she should be available at the time of interview / authorized committee and also during surgery.
- 9) The permission given is valid for a particular patient and donor, the hospital, doctors (Nephrologist and Transplant Surgeon) from which the application is forwarded to the committee and cannot be transferable.
- 10) In case the patient desires to change the hospital or his / her doctor, he / she has to apply to the committee from the hospital in which he / she wishes to undergo transplantation through the hospital from which he/she has earlier applied with specific reasons.
- 11) No foreigner can undergo transplantation with an Indian donor. They can bring the donor from their country of origin duly forwarded by their Embassy for transplantation in India.
- 12) Filled in application (Form-10) along with necessary documents should be submitted to the Authorization Committee.
- 13) Incomplete / unsigned and application submitted without necessary documents and enclosures shall not be considered.

**AUTHORISATION COMMITTEE FOR DONOR ORGAN TRANSPLANTATION, GOVT.
OF. A.P., VIJAYAWADA**

DOCUMENTS REQUIRED FOR LIVE DONOR ORGAN TRANSPLANTATION

RECIPIENT:

- 1) Application of the Recipient with signature duly forwarded by the Head/Administrator of the hospital.
- 2) Treatment Certificate issued by the treating doctors i.e. Kidney / Liver Transplant Surgeon of the hospital concerned.
- 3) A letter addressed to the Chairman, AACT, Jeevandan AP for issue of the NOC requesting by the treating doctors i.e. Nephrologist & Transplant Surgeon / hospital authorities of the hospital concerned.
- 4) Recipient and Donor joint application in Form-11 must be submitted alongwith the completed Form 1 or Form 2 or Form 3 as may be applicable duly affixing the passport size photos with notary attestation.
- 5) Recipient and Donor joint application in Form-1 is to be submit in case of near realarive duly affixing the passport size photos with notary attestation.
- 6) Form - 4 to be submit for medical fitness of the donor and recipient issued by the treating doctors i.e. Nephrologist / Urologist & Transplant Surgeon of the hospital concerned.
- 7) Form - 2 to be submitted in case of spousal donor alongwith Wedding card / Marriage Photos / Marriage certificate.
- 8) In case of genetic relation Form - 5 to be submit along with genetic reports.
- 9) Recipient and Donor joint application in Form - 3 is to be submit incase of other than near relative duly affixing the passport size photos with notary attestation.
- 10) HLA and Cross match reports of the donor and recipient should be submitted.
- 11) Form - 16 / 17 (Registration/Renewal certificate for retrieval of organs of the concerned hospital) has to be submitted.
- 12) The team of the surgeons with their names has to be submit by the concerned hospital.
- 13) Relationship Certificate (if the recipient and donor are relatives) issued by the Mandal Revenue Officer (M.R.O.) and counter signed by the Revenue Divisional Officer (R.D.O.) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
- 14) Residence Certificate (not less than the period of six (6) months) of the Recipient issued by the Mandal Revenue Officer (MRO) and countersigned by Revenue Divisional Officer (RDO) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
- 15) Family Structure Certificate of the Recipient issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1st class magistrate duly attesting the photographs of all the family members.(family structure should include self (recipient), father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with their name and age MRO & RDO Should write their names in their own hand writing with Signature.

- 16) Police verification certificate issued by not below the rank of Inspector of Police and counter signed by the Deputy Superintendent of Police (DSP)/Dy. Commissioner of Police concerned. CI & DSP should write their names with their own hand writing and Signature.
- 17) Any family function (previous) photograph of the recipient and the donor has to be submitted.
- 18) Blood group reports of the Recipient and his/her all the family members duly attested the photographs by the Blood Bank incharge of the hospital concerned.
 - a) Medical certificate, investigations, prescriptions, treatment certificate and old medical records, If any member is medically un-fit for kidney /Liver donation duly mentioning the specific disease and reasons.
 - b) If minor(s) in the family, proof of Age certificate or School Certificate.
- 19) Notarized Affidavit of the recipient with photograph on Rs.10/- value non-judicial bond paper.
- 20) Notarized Affidavit of next kin of the recipient like father, mother, brother or sister in that order if unmarried. If married, wife / husband & Children (major) should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper.
- 21) Xerox copies of Aadhar card with signatures of the concerned (self attestation).
- 22) Any two of the following permanent address proofs as mentioned in the application.

a) Election Voter Identity card	b) Ration card
c) Electricity bill	d) Telephone bill
e) Driving License	f) Pass port
- 23) Two spare pass port size photographs of the recipient.

DONOR:

- 1) Application of the Donor and his/her next of kin with signatures and photos.
- 2) Residence Certificate (not less than the period of six (6) months) of the Donor issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
- 3) Family Structure Certificate of the Donor issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1st class magistrate duly attesting the photographs of all the family members. (family structure should include self (donor), father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with their name and age. MRO & RDO Should write their names in their own hand writing with Signature.
- 4) Police verification certificate of the Donor issued by not below the rank of Inspector of Police and counter signed by the Deputy Superintendent of Police (DSP)/Dy. Commissioner of Police concerned. CI & DSP should write their names with their own hand writing and Signature.
- 5) Donor's blood group report duly attested photographs by the Blood Bank incharge of the hospital concerned.
- 6) Notarized Affidavit of the donor with photograph on Rs.10/- value non-judicial bond paper.
- 7) Notarized Affidavit of next kin of the donor like father, mother, brother or sister in that order if unmarried. If married, wife / husband & Children (major) should also give a notarized affidavit on

Rs.10/- value Non-judicial stamp paper.

- 8) Xerox copies of Aadhar card with signatures of the concerned (self attestation).
- 9) Any two of the following permanent address proofs as mentioned in the application.
 1. Election Voter Identity card
 2. Ration card
 3. Electricity bill
 4. Telephone bill
 5. Driving License
 6. Pass port
- 10) Two spare pass port size photographs of the Donor.

TREATMENT CERTIFICATE

(From Nephrologist and Transplant Surgeon)

This is to certify that Mr / Mrs / Miss _____
S/o, D/o, W/o, H/o, Mr/Mrs/Miss _____ residing at
H. No. _____ is suffering from End Stage Renal / Liver Disease
due to _____.

We have discussed with Mr/Mrs/Miss _____ (recipient)
about the various modalities of treatment available for the management of End State Renal / Liver
Disease. Mr / Mrs /Miss _____ has decided to undergo
renal / liver transplantation. We have screened his/her immediate family members based on the details of
the family submitted by him/her. The immediate family members are not considered as prospective kidney
/ liver donors for the following reasons.

Sl. No.	Name	Age	Relationship	Blood Group	Reason
1					
2					
3					
4					
5					
6					
7					
8					

Mr / Mrs /Miss _____ desires to have kidney / liver
transplantation with Mr / Mrs /Miss _____ S/o, D/o, W/o, H/o
_____ H.No. _____
who is not an immediate biological family members as the kidney / liver donor.

We have discussed with Mr. /Mrs. /Miss _____
(recipient) the possible outcome and complications of renal transplantation and the need to take regular
medication lifelong to prevent rejection. He /she is also informed that long term results of kidney / liver
transplanted from an immediate relative are better than that transplanted from unrelated donor.

We have also discussed with Mr. / Mrs. / Miss _____
(prospective donor) and his next of kin Mr/Mrs/Miss _____

about the nature and complications of removing a kidney surgically and also the need to have regular health check up lifelong.

Signature of the Nephrologist
Name in block letters & Seal

Date:

Signature of Transplant Surgeon
Name in block letters & Seal

Date:

FORM 11

APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR
(To be completed by the proposed recipient and the proposed living donor)
[Refer rules 5(3)(d), 5(3)(e) and 10]

To be self
attested across
the affixed
photograph
without
disfiguring face

To be self
attested across
the affixed
photograph
without
disfiguring face

Photograph of the Donor

Photograph of the Recipient

Whereas I, _____ S/o, D/o, W/o
_____ aged _____ residing at (full address).
_____ have been advised by my
doctor _____ that I am suffering from _____
_____ and may be benefited by transplantation of _____ (organ)
into my body.

And whereas I, _____ S/o, D/o, W/o
_____ aged _____ residing at (full address) H.No.
_____ by the following reason(s):-

a) by virtue of being a near relative i.e. -----

b) by reason of affection/attachment/other special reason as explained below:-

I would therefore like to donate my (name of the organ) _____ to Shri/Smt

we ----- (Donor) and -----
----- (Recipient).

hereby apply to competent authority/Authorisation Committee for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without undue any pressure, inducement, influence or allurements and that all possible consequences and options of organ transplantation have

been explained to us.

Instructions of the applicants:-

- 1) Form 11 must be submitted along with the completed Form-1 or Form-2 or Form-3 as may be applicable.
- 2) The applicable Form i.e., Form-1 or Form-2 or Form-3 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- 5 must be submitted along with 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 competent authority / Authorisation 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 Tehsildar or the officer authorised for the purpose of the domicile state of the donor or recipient as the case may be, would provide the verification certificate of domicile of donor / recipient, as the case may be as per Form - 20. The approval for transplantation is intended to be done. Such verification Certificate will not be required for near relatives including cases involving swapping of organs (permissible between near relative only).

We have read and understand the above instructions.

Signature of the prospective donor

Signature of the prospective recipient

.....

.....

Address for correspondence:

Address for correspondence:

Date:

Date:

Place:

Place:

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

FORM 1

**FOR ORGAN OR TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR
(To be completed by him or her)**

(Refer rules 3 and 5(3)(a))

My full name (proposed donor) is

and this is my photograph.

Photograph of the Donor
(Attested by Notary Public across the photo
after affixing)



My permanent home address is

.....Tel:.....

My present address for correspondence is.....

.....Tel:.....

Date of birth (Day/month/year).

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Any other valid proof of identity and address reflecting near relationship

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my relative (Specify son / daughter /father / mother /brother/ sister/ grand-father/grand-mother /grand-son /grand-daughter), whose particulars are as follows and name isand who was born on (day/month/month):

Photograph of the Recipient
(Attested by Notary Public across the photo
after affixing)



The copies of following documents of recipient are enclosed (attach attested photocopy of at least two relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or

- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Any other valid proof of identity and address reflecting near relationship

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that:

- 1) I understand the nature of criminal offences referred to in the sections.
- 2) No payment as referred to in the sections of the Act 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
(name of organ/tissue) 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 (name of organ)/tissue). That explanation was given by
(name of registered medical practitioner).
- 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 the best of my knowledge and belief and nothing material has been concealed by me

.....

Date:

.....

Signature of the prospective donor
(Full Name)

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

FORM 3

FOR ORGAN OR TISSUE DONATION BY OTHER THAN NEAR RELATIVE LIVING DONOR

(To be completed by him/her)
(Refer rules 3, 5(3)(a) and 5(3)(e))

My full name is _____ and this
is my photograph.

Photograph of the Donor
(Attested by Notary Public
across the photo after
affixing)



My permanent home address is _____
Tel: _____ My present address for correspondence is _____
_____ Tel: _____
date of birth _____(day/month/year).

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to prove your identify):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Other proof of identity and address.....

Details of last three years income and vocation of donor (enclose documentary evidence.....
.....)

I authorize removal for therapeutic purposes and consent to donate my
(Name of organ/tissue) to a person 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 across the photo
after affixing)



(attach attested photocopy of at least two relevant documents to prove identity of recipient):

- Ration/Consumer Card number and Date of issue and place and/or

- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Other proof of identity and address.....

I solemnly affirm and declare that sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 (42 of 1994) have been explained to me and I confirm that:

- 1) I understand the nature of criminal offences referred to in the sections.
- 2) No payment of money or money's worth as referred to in the Sections of the Act 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
(name of organ/tissue) of my own free will without any undue pressure, inducement, influence or allurements.

(P.T.O)

- 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/tissue). That explanation was given by _____ (name of registered medical practitioner).
- 5) I understand the nature of that medical procedure and of the risks to me as explained by the 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 the best of my knowledge and belief and nothing material has been concealed by me

.....
Date:

.....
Signature of the prospective donor
(Full Name)

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

FORM 2

**FOR ORGAN OR TISSUE DONATION BY LIVING SPOUSAL DONOR
(To be completed by him/her)**

(Refer rules 3, 5(3)(a) and 5(3)(d))

My full name (proposed donor) is

and this is my photograph.

Photograph of the Donor
(Attested by Notary Public across the photo
after affixing)



My permanent home address is

.....Tel:.....

My present address for correspondence is.....

.....Tel:.....

Date of birth (Day/month/year).

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my husband/wife whose particulars are as follows and name isand who was born on (day/month/year):

Photograph of the Recipient
(Attested by Notary Public across the photo
after affixing)



I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No (Issued by Unique Identification Authority of India) and/or
- Any other valid proof of identity and address reflecting near relationship

I submit the following as evidence of being married to the recipient:-

- (a) A certified copy of a marriage certificate.

OR

- (b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.
- (c) Family photographs.
- (d) Letter from Head of Gram Panchayat / Tehsildar / Block Development Officer/Member of Legislative Assembly/Member of Legislative Council (MLC)/Member of Parliament with seal certifying factum and status of marriage.

OR

- (e) Other credible evidence

I solemnly affirm and declare that

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that:

- 1) I understand the nature of criminal offences referred to in the sections.
- 2) No payment as referred to in the sections of the Act 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 (name of organ/tissue) 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 (name of organ)/tissue). That explanation was given by (name of registered medical practitioner).
- 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 the best of my knowledge and belief and nothing material has been concealed by me.....

.....
Date:

.....
Signature of the prospective donor
(Full Name)

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

FORM 4

**FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR
(To be given by the Registered Medical Practitioner)**

[Refer proviso to rule 5(3)(b)]

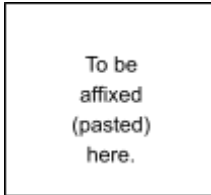
I Dr possessing qualification of registered as medical practitioner at serial No. by the Medical Council certify that I have examined Shri/Smt/km S/o, D/o, W/o, Shri aged who has given informed consent for donation of his/her (Name of the organ) to Shri/Smt/Km who is a "near relative" of the donor / other than near relative of the donor and has been approved by the competent authority or Authorisation Committee (as the case may be) and it is certified that the said donor is in proper state of health, not mentally challenged* and is medically fit to be subjected to the produce of organ or tissue removal.

Place:

.....

Date:

Signature of the
doctor Seal



Photograph of the Donor
(Attested by doctor)



Photograph of the recipient
(Attested by the doctor)

The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

*In case of doubt for mentally challenged status of the donor, the Registered Medical Practitioner may get the donor examined by psychiatrist.

FORM 5

FOR CERTIFICATION OF GENETIC RELATIONSHIP OF LIVING DONOR WITH RECIPIENT

(To be filled by the head of Pathology Laboratory certifying relationship)

[Refer rules 5(3)(c) and 18(3)]

I Dr./Mr./Miss working as
..... At and possessing
qualification of certify that Shri/Smt/Km
..... aged the donor and Shri/Smt/km
..... S/o, D/o, W/o Shri / Smt
aged the prospective recipient of the organ to be donated by the said donor are related to
each other as brother/sister/mother/father/son/daughter, grandmother, grandfather, grandson and
granddaughter as per their statement. The fact of this relationship has been established/not established
by the results of the tests for DNA profiling. The results of the tests are attached.

Place:

Date:

.....

Signature

(To be signed by the Head of the Laboratory)

Seal

APPLICATION TO BE FILLED BY THE RECIPIENT
(To be forwarded by the Hospital Administrator)

To
The Chairman,
AACT / Authorization Committee for Organ Transplantation,
Jeevandan,
Govt. of Andhra Pradesh,
Vijayawada.

Sir / Madam,

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address)
H.No. _____ am suffering from End Stage
Renal / Liver Disease due to _____. I am currently undergoing
treatment at _____ under the care of Dr.____
(Nephrologist / Liver Transplant Surgeon). After considering all the treatment options, I am advised to
undergo kidney / Liver transplantation. Due to the following reasons my immediate family members are
not in a position to donate kidney / Liver for transplantation.

Sl. No.	Name	Age	Relationship	Blood Group	Reasons
1					
2					
3					
4					
5					
6					
7					
8					

Mr./Mrs./Miss _____
S/o, D/o, W/o, H/o. _____ residing at
(full address) H.No. _____
is willing to donate his/her kidney / liver to me for the purpose of transplantation out of love and
affection.

I request you to kindly consider my application for this purpose and do the
needful. Place: _____ Yours faithfully,

Date: _____

(Recipient's signature & Name)

Forwarded by (signature)

Name of the Head/Administrator Hospital _____

Seal

(Here print the address to which the communication should be sent)

GOVERNMENT OF ANDHRA PRADESH
(REVENUE DEPARTMENT)



SSID No.

Appln. No.

Date:

CERTIFICATE OF RESIDENCE

This is to certify that Sri/Smt/Kum _____

S/o, D/o, W/o, H/o. _____, resident of
H.No. _____ Village/Street/Colony, _____
_____ Mandal /Town, _____ District and is residing at the above
address since last _____ years.

In words _____.

This certificate is issued for the purpose of perusal of "Authorization committee for organ Transplantation".

Signature of
Mandal Revenue Officer
Name & Seal

Counter signed by
Revenue Divisional Officer
Name & Seal

FAMILY STRUCTURE CERTIFICATE OF THE RECIPIENT

(Issued by M.R.O. & counter signed by R.D.O)

No. _____

Date: _____

Certified that Sri/Smt/Miss. _____

S/o, D/o, W/o, H/o. _____ residing at (full address)

H.No. _____, Village/street/Colony, _____ Mandal / Town

_____ District. His / Her family structure particulars are as follows.

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: If parents are no more late to be applied to their names.

If children are minors, age proof to be enclosed.

If he/she has no brothers, sisters and children etc., it should be mentioned in this family structure certificate.

Ex: He has no brothers / sisters / children etc.,

Signature of the
Mandal Revenue Officer
Name & Seal

Counter signed by
Revenue Divisional Officer (RDO)
Name & Seal

POLICE VERIFICATION CERTIFICATE OF THE RECIPIENT

(Issued by C.I and counter signed by D.S.P.)

No.

Date:

We have verified the particulars of Sri. / Smt./ _____

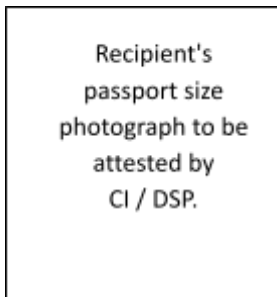
S/o, D/o, W/o, H/o. _____ resident of (full address)

H.No.

His / Her family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"



Signature of the recipient/
Left Thumb Impression

Signature of the Inspector of Police
Name & seal

Counter sign by the
Dy. Supdt. of Police (D.S.P).
Name & seal

AFFIDAVIT TO BE FILED BY THE RECIPIENT

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address) H.No.

am suffering from renal /liver failure. My treating doctors Dr. _____
(Nephrologist / Gastroentrolgist) and Dr. _____
(Urologist & Kidney / Liver Transplant Surgeon) of _____
hospital _____ advised me to undergo renal / liver transplantation. Due
to the reasons mentioned in the application form, my immediate family members are not in a
position to donate a kidney / liver for my treatment.

Mr./Mrs./Miss _____ S/o, W/o, D/o
_____ residing at (full address) H.No.

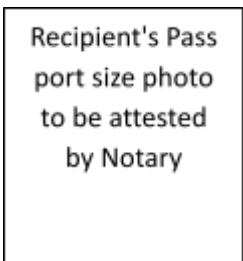
is willing to donate his/her kidney / liver to me for the purpose of transplantation. He /She is
donating his/her kidney / liver purely out of love and affection to me and there is absolutely no
monetary transaction of any nature. I am fully aware that any violation of the human
transplantation Act and any submission of my false statement to the Appropriate Authority will
make me liable for criminal prosecution.

I have been informed by my treating doctors about the various other alternative
modalities of treatment for End Stage Renal / Liver Disease and also about the possible
complications during surgery and post operation and about the need to take regular medication
for the rest of my life to prevent rejection kidney/liver. I am also aware that the long term results
are better if donated by any other person. Having been explained about these problems in
detail. I have decided to undergo transplantation surgery with a kidney / liver donated by
Mr.Mrs./Miss _____

I am totally responsible for this decision and i will not hold any of the treating doctors responsible
for any controversy or litigation that may arise in future.

Signature and Name
of the Recipient

Witness:



1. Signature:

Name :

Full address:

2. Signature:

Name :

Full address:

APPLICATION OF THE DONOR

Where as I, Sri/Mrs/Miss _____
 S/o, D/o, W/o _____ age _____
 years, Blood Group _____ residing at (full address) H.No. _____

by reason of love, affection and attachment because (reason to be filled in) _____
 _____ and hence I would like to donate my one

of kidney / liver to Sri/Mrs/Miss _____

S/o, D/o, W/o, H/o _____ residing
 at (full address) H.No. _____

who is currently undergoing treatment at _____

hospital, _____ under the care of Dr. _____

_____ (Nephrologist / Gastroentriologist) and Dr. _____

(Transplant Surgeon). My family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Where as I, Mr/Mrs/Miss/ _____
 _____ S/o,D/o,H/o _____ state

_____ that my

_____ (relationship) has a desire to donate one of his / her

kidney / liver out of love and affection for the purpose of transplantation to Mr/Mrs/Miss/

_____ S/o, D/o, W/o, H/o _____

_____ and I have no objection for his / her kidney / liver

donation.

We solemnly affirm that the above decision has been taken without any under any pressure, inducement, influence or allurement and that possible consequences and options of organ transplantation have been explained to us.

Photo to be
pasted with
signature of the
donor

Photo to be
pasted with
signature of the
next kin of donor

Signature of the donor

Signature of next kin of donor

GOVERNMENT OF ANDHRA PRADESH
(REVENUE DEPARTMENT)



SSID No.

Appln. No.

Date:

CERTIFICATE OF RESIDENCE

This is to certify that Sri/Smt/Kum _____

S/o, D/o, W/o, H/o. _____, resident of

H.No. _____ Village/Street/Colony, _____

Mandal /Town, _____ District and is residing at the above

address since last _____ years.

In words _____.

This certificate is issued for the purpose of perusal of "Authorization committee for organ Transplantation".

Signature of
Mandal Revenue Officer
Name & Seal

Counter signed by
Revenue Divisional Officer
Name & Seal

FAMILY STRUCTURE CERTIFICATE OF THE DONOR

(Issued by M.R.O. & counter signed by R.D.O)

No. _____

Date: _____

Certified that Sri/Smt/Miss. _____

S/o, D/o, W/o, H/o. _____ residing at (full address)

H.No. _____, Village/street/Colony, _____ Mandal / Town

_____ District. His / Her family structure particulars are as follows.

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: If parents are no more late to be applied to their names.

If children are minors, age proof to be enclosed.

If he/she has no brothers, sisters and children etc., it should be mentioned in this family structure certificate.

Ex: He has no brothers / sisters / children etc.,

Signature of the
Mandal Revenue Officer
Name & Seal

Counter signed by _____

Revenue Divisional Officer (RDO)
Name & Seal

POLICE VERIFICATION CERTIFICATE OF THE DONOR

(Issued by C.I and counter signed by D.S.P.)

No. _____

Date: _____

We have verified the particulars of Sri. / Smt./ _____

S/o, D/o, W/o, H/o. _____ resident of (full address)

H.No. _____ Village / Street / Colony
_____ Mandal / Town
_____ District

_____ His / Her family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

Donor's passport size photograph to be attested by CI / DSP.

Signature of the Donor
Left Thumb Impression

Signature of the Inspector of Police
Name & seal

Counter sign by the
Dy. Supdt. of Police (D.S.P).
Name & seal

AFFIDAVIT TO BE FILED BY THE DONOR

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address) H.No. _____

hereby affirm that I wish to donate of my kidney / liver to Mr/Mrs/Miss _____
_____ S/o, D/o, W/o, H/o _____
residing at (full address) H.No. _____

as he / she is suffering from End Stage Renal / Liver Disease. Presently he/she is undergoing
treatment at _____ hospital _____
under the care of Dr. _____ (Nephrologist / Gastroentriologist) and
Dr. _____ (Urologist & Kidney / Liver Transplant
Surgeon). I am committing this act as an altruistic donation purely out of my love and affection to
Mr/Mrs/Miss _____.

I here by state that there is absolutely no monetary transaction what so ever to influence
me in making this decision. I have discussed this matter in detail with my immediate falimy
members and next kin Mr/Mrs/Miss _____ who is
my _____ (relationship) has given his/her consent. An affidavit
signed by him/her allowing me to donate my kidney/liver is also submitted.

I was fully explained by Dr. _____ (Nephrologist
/ Gastroentriologist / concerned doctor) and Dr. _____

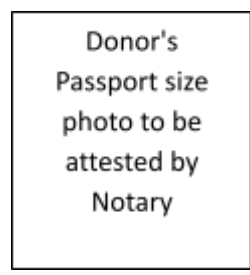
_____ (transplant Surgeon) about the nature of operation. I understood that removing a kidney/liver is
major operation and involves certain risks that can occur with any major surgery and anesthesia.
I also understood that i will be left with only one kidney / liver after the operation and that I have
to undergo regular health check-up for the rest of my life. Having understood all these
implications to Mr/Mrs/Miss. _____

I am fully aware that any submission of wrong statement by me will make me liable for
criminal prosecution under the Human Organs Transplantation Act.

I am totally responsible for this decision and I will not hold any other person responsible
for any controversy or litigation that may arise in future.

Signature and Name
of the Donor

Witness:



1. Signature:

Name :

Full address:

2. Signature:

Name :

Full address:

GOVERNMENT OF ANDHRA RADESH
A B S T R A C T

HM&FW Dept. – The Andhra Pradesh Transplantation of Human Organs Act, 1995 and the Andhra Pradesh Transplantation of Human Organs Rules, 1995 – Cadaver Transplantation Advisory Committee – Report approved – Jeevandan Scheme Orders – Issued.

HEALTH, MEDICAL & FAMILY WELFARE (M1) DEPARTMENT

G.O.Ms.No. 184

Dated:

16-08-2010.

Read the following: -

1.G.O.Ms.No.107, HM&FW (M1) Department, dated: 18-03-1995.

2.G.O.Rt.No.1462, HM&FW(M1) Department, dated: 11.11.2009

<<0>>

ORDER: -

Parliament had enacted the Human Organs Transplantation Act, 1994 with the objective of promoting and regulating the transplantation of human organs like kidney, liver and heart - both live as well as cadaver. The Legislative Assembly of Andhra Pradesh had also adopted the aforesaid Central Act in the form of Andhra Pradesh Transplantation of Human Organs Act, 1995. The Government of Andhra Pradesh had also framed the “Andhra Pradesh Transplantation of Human Organs Rules 1995”, which, *inter-alia*, specify the duties of the authorities and also the formats for various purposes under the Act.

2. Despite the elapse of 14 years since the passing of the Act and Rules by the Legislature and Government, the number of transplantations occurring in the State, especially the “cadaver transplantations” have not increased significantly, primarily because of lack of a centralized coordination mechanism and the absence of a streamlined procedure for facilitating and regulating the cadaver transplantations on an end-to-end basis. With a view to give a fillip to the cadaver transplantations, the Government of Andhra Pradesh vide G.O. 2nd read above appointed a high level advisory committee called the **Cadaver Transplantation Advisory Committee (CTAC)** headed by the Principal Secretary, HM & FW Dept., and consisting of experts in the field of organ transplantation, with a direction to make its recommendations on the following aspects:

- (a) Prescribing criteria for qualifications and experience of the Institutions to be eligible to be registered as Organ Transplantation Centers or organ harvesting centers in terms of the infrastructure, staff and other facilities.
- (b) Evolving a mechanism for coordination of all the aspects relating to donation and transplantation of organs;
- (c) Creation of a Registry (preferably on-line) for donations and potential recipients;
- (d) Design of guidelines for allotment of organs, separately for kidney, liver and heart and for authorization of cadaver transplantations.
- (e) Recommendations on the creation of an organizational structure for the Cadaver Transplantation Coordination Authority (CTCA) and its functions and powers along with financial implications in establishing the same.

3. The CTAC submitted its report to the Government on 27.04.2010 along with a set of recommendations. The CTAC observed that a large number of patients are suffering on account of irreversible organ ailments involving heart, liver, pancreas and kidney and a lot of them could lead healthy lives if they had the opportunity to have transplant surgery. Considering the ethical issues surrounding live and deceased donor organ donation, there is a need for streamlining procedures for Deceased Donor Organ Transplantation (DDOT), otherwise called "Cadaver Transplantation" in registered Government and Private Hospitals. Essentially the Committee recommended the introduction of a comprehensive scheme called "Jeevandan", which addresses the various issues relating to **declaration of brain death, infrastructure, coordination and public awareness.**

/p.t.o./

4. Government after a careful consideration of the report of the CTAC, hereby approve the recommendations of the Committee and accordingly issue the following orders:-

- (i) The proposed Scheme for cadaver organ transplantation shall be called “Jeevandan”, connoting donation of life.
- (ii) **The Cadaver Transplantation Advisory Committee (CTAC)** shall be the APEX level body charged with the responsibilities of policy design, monitoring and implementation oversight of the scheme of Jeevandan. The structure, functions and responsibilities of CTAC shall be as specified in Para 5.
- (iii) The legal authority for governing the various aspects like registration of hospitals and patients as well as allocation of organs and those relating to the organ transplantation shall be vested with the entity called the **Appropriate Authority for Cadaver Transplantation (AACT)**. The structure, functions and responsibilities of AACT shall be as specified in Para 6.
- (iv) **AP Network for Organ Transplantation (APNOS)**, shall be established to act as a virtual coordinating mechanism within the AACT, with the necessary infrastructure and governance structure for providing 24 x 7 services to the donors, recipients, hospitals, NGOs and the general public. The structure, functions and responsibilities of APNOS shall be as specified in Para 7.
- (v) **The Non-Transplantation Organ Harvesting Centres (NTOHC)** are hospitals registered as such, to play a pivotal role in the initial but critical stages like declaration of brain death, extraction of the organs and their storage and preservation. The infrastructure and manpower requirements as well as the functions and responsibilities of NTOHC shall be as specified in Para 9.
- (vi) **The Organ Transplant Centres (OTCs)** are hospitals registered as such to perform the most critical aspect of the Jeevandan scheme viz., undertaking of the actual transplantation for saving the lives of the recipients. The infrastructure and manpower requirement, functions and responsibilities of OTCs shall be as specified in Para 8.
- (vii) The success of the Jeevandan Scheme depends critically on sharing the real-time information about the availability of organs and allocating them to the needy patients with matching requirements. This shall be achieved through the establishment of a portal (www.jeevandan.org) which will provide information and also alerts all the appropriate persons on a real time basis so as to facilitate the management of cadaver organ harvesting and transplantation on an end-to-end basis. In essence, the proposed portal shall ensure efficiency, effectiveness and transparency in the entire operations forming part of the Jeevandan scheme. The features of the proposed portal shall be as indicated in Para 10.

5. Cadaver Transplantation Advisory Committee (CTAC):

5.1. The **Cadaver Transplantation Advisory Committee (CTAC)** shall be the APEX level body authorized to take appropriate managerial decisions in relation to implementing the Jeevandan Scheme.

5.2. The CTAC shall comprise of the following members:-

1. Spl. Chief Secretary / Prl. Secretary / Secretary, HM & FW	..	Chairman
2. Director, Medical Education	..	Member
3. Superintendent, Osmania General Hospital	..	Member
4. Prof. of Surgical Gastroenterology, Osmania Medical College (OMC).	..	Member
5. Professor of Nephrology, O.M.C.	..	Member
6. Professor of Urology, O.M.C.	..	Member
7. Superintendent, Gandhi General Hospital	..	Member

- | | | |
|---|----|------------------------|
| 8. Professor of Nephrology, Gandhi Medical College | .. | Member |
| 9. Professor of Urology, KGH, Visakhapatnam. | .. | Member |
| 10. Professor of Nephrology, Kurnool Medical College | .. | Member |
| 11. Prof. of Urology/Nephrology, SVIMS, Tirupathi | .. | Member |
| 12. A representative of an NGO working in the area of
Organ Transplantation to be nominated by the Govt. | .. | Member |
| 13. A Senior Police Officer of the rank of DIG or above
to be nominated by the DGP | .. | Member |
| 14. Director, Nizam's Institute of Medical Sciences, Hyderabad. | .. | Member-Convener |

The Committee can co-opt a multi-organ transplantation expert to advise it in the discharge of its functions.

Contd..3.

5.3 Functions and responsibilities of CTAC:

The CTAC shall be responsible for the following:

- (i) Taking appropriate decisions on establishing and/ or managing various procedures, provisions and protocols relating to registration of NTOHC and OTCs, declaration of brain-stem death, harvesting of organs from the deceased persons, storage, preservation and transportation of organs for transplantation.
- (ii) Reviewing the performance of AACT, OTCs and NTOHCs atleast once in every 6 months.
- (iii) Making appropriate recommendations to the Government for sanction of funds for running of the Jeevandan Scheme.
- (iv) Providing appropriate guidance and issuing directions to the AACT as may be needed in the overall interest of implementation of Jeevandan Scheme;
- (v) Causing enquiries into the complaints and grievances arising out the implementation of the Scheme.

6. Appropriate Authority for Cadaver Transplantation (AACT):

6.1. The **Appropriate Authority for Cadaver Transplantation (AACT)** shall be the legal entity authorized with the statutory powers under the APTHOA 1995. It shall act as the Appropriate Authority under the Section 13 of the APTHOA 1995. It shall be housed in NIMS, Hyderabad.

6.2. Composition of AACT:

The composition of AACT shall be as shown below.

- | | | | |
|-------|-----------------------------------|----|------------------------|
| (i) | Director, Medical Education | .. | Chairman |
| (ii) | Director, NIMS , Hyderabad | .. | Co-Chairman |
| (iii) | Chief Transplantation Coordinator | | Member-Convener |

AACT can co-opt another member who is a multi-organ transplantation expert to assist it, subject, however, to the condition that that such a person shall not have any affiliation to any hospital registered as a OTC or NTOHC.

6.3. Functions and Responsibilities of AACT:

The AACT shall discharge the following functions and responsibilities

- (i) Registration of hospitals as NTOHCs or OTCs;
- (ii) Supervision and regulation of the functioning of NTOHCs and OTCs, including exercising the powers to suspend the registration in the event of any deviation or misconduct;
- (iii) Allocation of the organs available from cadavers to the registered patients (recipients) strictly following the priority laid down in this regard.
- (iv) Establishment and management of AP Network for Organ Sharing (APNOS);
- (v) Establishment, management and maintenance of Jeevandan Portal;
- (vi) Empanelment of specialists, especially in the specialties of Neuro Surgery, Neurology and Anesthesia, whose services can be availed by NTOHC or OTC to be a part of the Medical Board for the purpose of declaring brain death under the statute.
- (vii) Undertake programs to raise awareness in general public, such as mass media communication, conduct of annual events, establishing a system of online and postal pledging of organs by willing individuals in a central registry through Jeevandan portal, and issuing donor cards.
- (viii) Any other functions and responsibilities for the effective implementation of Jeevandan Programme.

6.4. Staffing and infrastructure of AACT:

(a) Staffing

The AACT shall be supported by appropriate staff to enable the authority to discharge its functions effectively. Jeevandan program shall be headed by the **Chief Executive Officer**, to be appointed by the AACT, and designated as **Chief Transplantation Coordinator (CTC)**. The CTC shall be responsible to discharge the day-to-day functions of the AACT, including, most importantly, the allocation of organs on a case-to-case basis, strictly conforming to the priorities laid down for the purpose and specified in Para 11.5.

The initial staffing of the AACT shall consist of, apart from the CTC, a senior medical professional conversant with the transplantation procedures and 3 administrative / financial officers.

Contd..4.

(b) Infrastructure

The AACT shall have the following infrastructure:-

- (i) Office space of 2000 sft.
- (ii) 2 dedicated telephone lines
- (iii) Broad-band internet for online service
- (iv) IT infrastructure for management of Jeevandan Portal;
- (v) A Training Centre for training of transplantation coordinators, counselors, and specialists belonging to the NTOHCs and OTCs.

(c) Sub-Committees of AACT:

The AACT shall constitute 4 sub-committees consisting of experts from the respective areas to assist it in its functioning for allocation of:

- (i) Liver / Pancreas
- (ii) Heart / Lung
- (iii) Kidney
- (iv) Other organs

The sub-committees shall be required to make appropriate recommendations to the Chief Transplantation Coordinator for allocation of various organs in special situations and cases referred to them by the Chief Transplantation Coordinator, including those specified in Para 11.6. Any queries in allocation of organs even in regular situation can be referred to subcommittee for opinion.

7. AP Network for Organ Sharing (APNOS):

The **AP Network for Organ Sharing (APNOS)** shall be established as a virtual organization to be promoted by the AACT for achieving the overall convergence of the efforts of various agencies in the implementation of the Jeevandan Programme, to benefit thousands of patients suffering from organ failure. The APNOS may be registered as a Society with the members of the AACT as its Governing Body, in addition to 3 members, one each from among the OTCs, NTOHCs and NGOs. The following procedure shall govern the establishment and functions of the APNOS:

- (i) APNOS shall be registered as a Society with a corpus fund of Rs. 10 lakhs;
- (ii) The members of AACT shall be ex-officio members of the Society;
- (iii) Every hospital registered as NTOHC or OTC shall become a member of APNOS in order to avail services under the Jeevandan scheme;
- (iv) All the NGOs who intend to participate in the Jeevandan scheme, for training, counseling or for providing financial assistance to the deserving recipients shall also become members of the APNOS.
- (v) The APNOS shall charge the following membership fee:
 - a) OTC .. Rs. 1,00,000/-
 - b) NTOHC .. Rs. 5000/-
 - c) Recipient Registration fee.. Rs. 5,000/-Rs 10,000 and Rs 1000 shall be charged annually per OTC and NTOHC towards renewal of membership.

(vi) The APNOS shall undertake the following activities:

- (a) Formulation and undertaking of Training Programmes;
- (b) Advocacy and promotion;
- (c) Coordinating with various authorities for arranging railway / bus passes, health insurance, jobs as per eligibility to the members of the donors' family.

8. Organ Transplant Centre (OTC):

8.1. The **Organ Transplant Centre (OTC)** shall be a hospital with the stipulated infrastructure which has been legally authorized to undertake transplantation of human organs in terms of the APTHOA 1995 and the rules framed there under. An OTC automatically acts and discharges the functions of NTOHC specified in Para- 9.

8.2. Registration of hospital as OTC

- (i) The AACT shall be the authority competent to register hospitals as OTCs
- (ii) The hospitals desirous to register themselves as OTC shall apply to the AACT in the prescribed format accompanied by a fee of Rs. 100,000.
- (iii) On receipt of the application from a hospital, the AACT shall cause inspection of the hospital by a team of specialists to satisfy itself, that the requirements for permitting establishment of OTC, shall be as specified in Para 6.4(c) exist in the applicant hospital.
- (iv) On satisfaction of the adequacy of the applicant-hospital with reference to the requirements, the AACT may register the hospital as OTC for a period of 5 years.

Contd..5.

- (v) The AACT may renew the registration from time to time, each time for a period of 5 years, subject to the hospital paying a renewal fee of Rs.50,000/- and subject to the continued conformance to the requirements shall be as specified in Para 6.4(b).

8.3. Functions and Responsibilities of OTC:

The following are the functions and responsibilities of OTC:

- (i) Shall have its own waiting list for each organ, basing on the date of registration.
- (ii) Shall provide the prioritized waitlist of patients in each category mentioned above to 'Jeevandan' by posting the same in the Jeevandan portal.
- (iii) Shall update the list with Jeevandan portal, whenever a new patient is added.
- (iv) Ensure that the patients on the hospital waiting list for DDOT are promptly registered with 'Jeevandan'.
- (v) Shall promptly report all incidents of brain death declaration.
- (vi) Shall update recipient details of DDOT as well as Living donor Organ Transplantation (LDOT), within 48 hours of completion of procedure, in the Jeevandan portal.
- (vii) Shall take the responsibility of transporting the organ allocated to their center from another OTC or NTOHC. It is their responsibility to carry all equipment, preservation fluids (HTK, Renograph, UW solutions in sufficient quantity) and ice boxes to transport the organs to the allocated center.

8.4. The OTC shall have the bed strength of a minimum 100 beds with the following departments:

I. Common Requirement for all OTCs

- (i) Biochemistry/ Microbiology /Pathology/ Heamatology
- (ii) Radiology with Ultrasound Doppler, Flouroscopy, X ray
- (iii) Anesthesia
- (iv) Operation theatre /Intensive care department

II. Specific Additional Requirement for OTCs specializing in transplantation of particular organs

A. For transplantation of Kidney

- (i) Nephrology
- (ii) Urology
- (iii) Dialysis

B. For transplantation of Heart

- (i) Cardiothoracic Surgery
- (ii) Cardiology
- (iii) Blood Bank
- (iv) Dialysis
- (v) Cardiac ICU with Echocardiogram
- (vi) Cath laboratory

C. For transplantation of Liver

- (i) Surgical Gastroenterology/Hepatobiliary and Liver Transplant/
- (ii) Transplant surgery
- (iii) Anesthesia
- (iv) Blood Bank with facilities to Provide Screened blood and blood products (

- FFP, Platelets, Cryoprecipitate)
- (v) Dialysis
- (vi) Endoscopy

8.5. Equipment requirement of OTC:

The departments specified above shall be equipped with diagnostic and surgical facilities as per the norms established by MCI or as prescribed by the AACT from time to time.

8.6. Professional Staffing requirement of OTC:

The Organ Transplantation Centre shall mandatorily have the following specialists, apart from the required supporting staff:

- (a) **Kidney transplantation:** M.Ch(Urology) or M.S (Gen)Surgery with three years' post M.S. training in a hospital in India or abroad registered for kidney transplantations and having attended to adequate number of renal transplantations as an active member of team.

Contd..6.

- (b) **Transplantation of Liver & other abdominal organs:** M.Ch/DNB (Surgical Gastro-enterology) or M.S./DNB (Gen) Surgery with 3 years' post MS /DNB training in Hepatopancreatobiliary and Liver /Pancreas transplant unit in a hospital in India or abroad registered for organ transplantations and having attended to adequate number of Liver /Pancreas transplantations as an active member of team.
- (c) **Cardiac, Pulmonary, Cardio-Pulmonary Transplantation:** M.Ch. (Cardio-thoracic and vascular surgery) or equivalent qualification in India or abroad with atleast 3 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.

(d) Support staff

- (a) Surgical staff
- (b) Cardiology staff
- (c) Nursing staff
- (d) Transplant Coordinator

9. Non-Transplantation Organ Harvesting Centre (NTOHC):

9.1. The primary purpose of establishing the **Non-Transplantation Organ Harvesting Centre (NTOHC)** is to create the facilities for retrieval of organs in a network of hospital with the appropriate authority of exercising all the functions relating to organ harvesting, when there is willingness among the relatives to donate the organs of a deceased person and thereby increase the number of organs available for transplantation. The NTOHC is a hospital which has been authorized by the competent authority to declare brain-death in respect of a person admitted to their hospital following the prescribed procedure, to perform the procedures relating to the removal of the donated organs and to store and arrange to transport them for the purpose of transplantation for therapeutic purposes in an authorized Organ Transplantation Centre (OTC).

9.2. Registration of hospitals as NTOHC

The following procedure is prescribed for registration of Hospitals as NTOHC:

- (i) The AACT shall be the authority competent to register hospitals as NTOHCs
- (ii) The hospitals desirous to register themselves as NTOHC shall apply to the AACT in the prescribed format accompanied by a fee of Rs. 1000.
- (iii) On receipt of the application from a hospital, the AACT shall cause inspection of the hospital by a team of specialists to satisfy itself that the requirements for permitting establishment of NTOHC, specified in Paras 9.3 and 9.4 exist in the applicant hospital.
- (iv) On satisfaction of the adequacy of the applicant-hospital with reference to the requirements, the AACT may register the hospital as NTOHC for a period of 5 years.
- (v) The AACT may renew the registration from time to time, each time for a period of 5 years, subject to the hospital paying a renewal fee of Rs.1000/- and subject to the continued conformance to the requirements under Paras 9.3 and 9.3.

9.3. Infrastructure requirements for NTOHC

The following infrastructure shall be available in the hospital applying for registration as NTOHC:

- (i) A minimum bed strength of 100 beds;
- (ii) Operation theatre conforming to the specifications to be notified by the AACT.
- (iii) Intensive Care Unit conforming to the specifications to be notified by the AACT.

- (iv) Own ambulance
- (v) A room earmarked for grief counselor
- (vi) Blood bank or facilities to acquire blood products from recognized blood banks

9.4. Manpower requirement

The following manpower shall be available in the hospital applying for registration as NTOHC

- (i) Medical Superintendent
- (ii) Neuro Surgeon (MCh Neurosurgery with 3 years of experience) on call
- (iii) Neurologist (DM (Neuro) with 3 years of experience)on call
- (iv) General Surgeon

Contd..7.

- (v) Supporting Staff:
 - (a) 3 Staff Nurses (qualified in specialty nursing)
 - (b) 3 Technicians (qualified to operate equipment specified)
 - (c) Greif counselor/ Donor coordinator

9.5. Functions and Responsibilities of NTOHC

The following shall be the functions and responsibilities of a hospital registered as NTOHC:

- (i) Arranging for declaration of brain-stem death following the due procedure prescribed under Section 2 (d) and 2 (e) of the A.P. Transplantation of Human Organs Act, 1995.
- (ii) Conducting an appropriate counseling to the relatives of the deceased persons to enable them to take an appropriate decision on organ donation.;
- (iii) Notifying the admission of such critical patients to the AACT through the Jeevandan website;;
- (iv) Instantaneously notify through the website of the Jeevandan Programme about the availability of donated organs for transplantation;
- (v) . Providing operating room, basic surgical equipment and nursing, medical and paramedical staff to assist the harvesting team
- (vi) Arranging for handing over of the donated organs to the team of specialists of the OTC or OTCs authorized by the AACT to receive the organs for transplantation
- (vii) Facilitating the conduct of postmortem simultaneously and the procedures relating to harvesting of the organs in medico legal cases.

10. Jeevandan Portal:

The efficient and effective functioning of Jeevandan Scheme depends substantially on the Jeevandan Portal, which shall act as the back-bone for the scheme. The Portal shall be designed, got developed and maintained by the AACT. The following shall be the salient features and functional requirements of the proposed Portal.

- (i) Receiving applications of hospitals for registration as NTOHC and OTC;
- (ii) Receiving applications for registration with the APNOS by OTCs, NTOHCs and NGOs;
- (iii) General information relating to various entities registered / participating in the activities relating to the Jeevandan Scheme.
- (iv) Online central registry of patients requiring organ transplantation along with details of hospitals where they are currently receiving the treatment and basic details for cross-matching of compatibility of the donor's organs.
- (v) Facility for the NTOHC / OTC for updating the availability of organs from cadaver.
- (vi) Online workflow for allocation of organs to the registered patients strictly observing the priority prescribed under rules;
- (vii) Security of information
- (viii) Privacy of the personal data of patients and donors
- (ix) Details of training programs
- (x) Promotional information
- (xi) Technical information about the cadaver transplantation
- (xii) Information required by the RTI
- (xiii) Grievance Redressal module
- (xiv) MIS and Dashboard

11. Procedures relating to Jeevandan Scheme:

11.1. It is absolutely essential to build and maintain transparency in all the activities and operations relating to the Jeevandan scheme, so as to generate the necessary confidence, credibility and trust among the donors as well as the recipients in particular and general public at large. This is possible only if the procedures and processes required to be fulfilled for organ donation and harvesting and transplantation are very precise, standards-based and simple to understand and implement. Accordingly, the following procedures are prescribed for the various steps involved in cadaver transplantation.

11.2. Declaration of brain death:

(a) The procedure prescribed under Section(3) & (4) of the APTHOA Act, 1995 shall be strictly followed;

Contd..8.

- (b) The medical board comprising of the following members shall be constituted by the NTOHC or OTC as the case may be for the declaration of brain death, in each case:
- (i) Medical Superintendent of the Hospital
 - (ii) An independent Registered Medical Practitioner, i.e. Post graduate with 5 years post PG experience (Physician / Surgeon / Intensivist) (specialist to be nominated by the Medical Superintendent of the Hospital from the panel of names approved by the AACT)
 - (iii) A Neurologist or Neurosurgeon (to be nominated by the Medical Superintendent of the Hospital from the panel of names approved by the AACT)
 - (iv) The doctor on-duty treating the patient

11.3 Other procedural requirements:

Post mortem and panchanama in case of Medico-legal cases to be done at the same place and the same time of harvesting. Availability of Police and Forensic experts round the clock shall be made mandatory for the smooth running of brain death organ donation process.

11.4. Procedure for harvesting of the organs

The NTOHCs and OTCs shall adopt the procedure as specified below for harvesting of organs from a deceased person.

- (i) Form 6, as laid out in the A.P. Transplantation of Human Organs Rules 1995, shall duly be signed by the person(s) in possession of the brain dead patient. In the case of children below the age of eighteen years, the appropriate Form 9 of the Transplantation of Human Organs Rules, 1995 requires to be signed by the persons concerned before organ retrieval.
- (ii) Retrieval of organ(s) shall not be carried out on a brain dead patient merely due to an earlier declaration by the said patient in Form 5 of the A.P. Transplantation of Human Organs Rules, 1995. While such a declaration shall presuppose the previous intention of the brain dead patient to donate the organ(s), consent in Form 6 of the A.P. Transplantation of Human Organs Rules, 1995, is necessary to continue with the process of organ retrieval.

11.5. Procedure for allocation of organs

Equitable allocation of organs harvested from deceased persons is critical to the effective functioning of the Jeevandan scheme. There are two dimensions to the process of allocation of organs – the administrative process and the technical process. These are specified below:

11.5.1. Administrative process of allocation of organs:

- (i) All the prospective recipients of organs shall register themselves with the APNOS, in the prescribed format, through the Jeevandan portal, on payment of the registration fee of Rs.5,000/-. The application for registration of the recipients shall be counter-signed online by the OTC, where such patient receives or intends to receive treatment and to undergo the required transplantation.
- (ii) The NTOHCs shall notify the details of all the organs harvested from the deceased persons admitted to their hospitals.
- (iii) The Jeevandan portal shall have an appropriately designed application for matching the organs available from cadavers with the requirements of one or more recipients on the waiting list, strictly following the priority laid down in this section. It should also simultaneously send an alert to the Chief Transplantation Coordinator of AACT, legally assigned the responsibility of allocation of the organ.

- (iv) The allocation is done by the chief transplant coordinator strictly according to the criteria laid down in Para 11.5.
- (v) Immediately after the allocation has been approved by the Chief Transplantation Coordinator of AACT, the Portal shall send appropriate communications and alerts to the recipient(s), the OTC(s) with which the recipient(s) is(are) registered for treatment/ transplantation, the NTOHC where the organ is available and all others concerned with the cadaver transplantation(s).
- (vi) The NTOHC and the OTC(s) shall update the progress of the cadaver transplantations within 24 hours at the Jeevandan portal.

Contd..9.

11.5.2. Technical process (priorities) for allocation of organs:

The following priority shall be strictly followed for allocation of organs harvested from cadavers:-

- (1) First priority shall be given to the OTC where the deceased donor is located, for liver, heart and one kidney, except in special situations defined in this section. The other kidney and any other transplantable unutilized organs shall be allocated using criteria of allocation of General pool organs.
- (2) Second priority shall be given to the senior-most patient registered for the organ available, in the combined list of patients, in all the OTCs who are taking part in deceased organ donation transplant program (General Pool Criteria).
- (3) Third priority shall be give to the hospitals (OTCs) outside the State, provided earlier information and such a request has been registered with the APNOS.
- (4) Finally, if the organ(s) remains unutilized after exhausting all the above criteria, it may be offered to a foreign national registered in a Government or Private hospital within and then outside state
- (5) General pool:

Organs retrieved in following situations are defined as general pool

- A. Organs retrieved at non transplant centers (NTOHCs).
- B. Organs retrieved at transplant centers on deceased donors shifted from non-transplant centers (NTOHCs) either before or after brain death declaration.
- C. Retrieved organs unutilized at transplant center or the second kidney of deceased person declared brain-dead at an OTC.

The general pool organs shall be allocated according to the following criteria:

- (1) Heart/Lung will be allocated to the patients listed, as per date of their registration with Jeevandan.
- (2) Liver will be allocated to the patients listed, as per date of their registration with Jeevandan.
- (3) Kidney will be allocated to the patients listed, as per date of their registration with Jeevandan. There is no out of turn allocation for Kidney recipients.

(6) Special situations for allotment:

(a) Multi-organ recipient

If there is a patient who is to be a multi organ recipient (Heart/Lung, Heart / Kidney, Liver /Kidney, Kidney/Pancreas) and a Matching (blood group and size) organ donor is available, then the multi organ recipient takes precedence over all others on the regular waiting list.

(b) Urgent Listings

Lifesaving organs, namely heart and liver may be listed as **Urgent** in certain situations. These conditions do not require a waiting time on the list and a respective committee will clear the urgent organ request.

Liver

- A. Hepatic Artery Thrombosis following a liver transplant.
- B. Primary Non function of a graft
- C. Fulminant hepatic failure (Kings College criteria)

Heart

- A. Patients with Left Ventricular Assist Device (LVAD).
- B. Followed by patients with Intra Aortic Balloon Pump (IABP)

The allocations under the category of 'Urgent Listings' shall have to be cleared by special committees constituted by AACT for the purpose.

Heart committee: A cardiologist and a cardiothoracic surgeon with transplant

experience from Govt. /Private Institutions will form the committee and oversee the Urgent heart allocation.

Liver committee: Hepatologist /Gastroenterologist/ Surgical Gastroenterologist with Liver transplant experience / Liver transplant surgeon from Govt. and private hospitals will oversee the urgent Liver allocations.

Note: Patients on the urgent list supersede the standard list and the hospital misses its regular turn on the rota.

(c) Child Deceased organ donors

In case of children below the age of eighteen years, the appropriate form mentioned in the APTHOA, 1995 requires to be signed by the persons concerned before organ retrieval. The organs thus retrieved from the Child deceased donor organs have to be offered to the children waiting for a deceased donor organ who are registered at Jeevandan.

Contd..10.

12. Promotion of Jeevandan Scheme:

One of the critical success factors for a scheme like Jeevandan is the increasing awareness and popular support. The general public at large should be addressed for a behavioral change so that there is more empathy to the idea behind the Jeevandan scheme. Such empathy would enable the relatives of the deceased donors to take a decision in favour of donation at the appropriate time. This would involve mass media campaign at the appropriate time during the early period of launch of Jeevandan scheme. The Director of Information and Public Relations (DIPR) shall design and implement appropriate media campaign for this purpose, in-consultation with AACT. Besides this, workshops and seminars shall be held in all the Medical Colleges and major hospitals both in Public and Private Sector.

13. Transplantation Coordinators:

All the NTOHCs and OTCs shall have a full time Coordinator, who can be a doctor or nurse not directly involved in the retrieval/transplantation activities. The Transplantation Coordinator identified for each institution shall be got trained in communication skills and also handling the situation arising out of the proposed donation and transplantation. The coordinator shall develop rapport with the family members of prospective "Brain-death" patients; counsel them suitably on donation of organs. They shall also be responsible for sending a monthly report on prospective "Brain-death" patients.

14. Maintenance of Cadaver

A time period of a few hours / few days may elapse from the time of initiation of the process for declaration of brain death till the time the organs are harvested and the body handed over to the relatives. The cadaver has to be maintained by the NTOHC or OTC till such period. It may not be appropriate to charge from the relatives of the deceased in such cases. Therefore the hospital (NTOHC only) be compensated at Rs. 10,000/- per each day, counted from the date of declaration of brain death to the date of handing over the body to the relatives of the deceased donor. This will act as an incentive for the NTOHC to readily take up the cases which can prospectively become cases for cadaver transplantation and thus, increase the availability of organs in the State.

15. Counseling

Counseling plays a very critical role in enabling the relatives of the deceased persons to take a decision in favour of donation of the organ (s). Professionally trained counselors will have to be appointed at all the NTOHCs and OTCs, so as to be on-call. The expenditure relating to the appointment and maintenance of the counselors in respect of NTOHCs will have to be borne either by the hospital or by an NGO attached to the NTOHC. In this regard, it is desirable that each NTOHC shall necessarily be attached to one or more NGOs which can not only promote the concept of Jeevandan but also render critical service relating to counseling.

16. Nodal Centers for training & awareness

- (a) Given the fact that the cadaver transplantation and Jeevandan scheme are being promoted newly in the State, it is necessary to undertake a systematic training for the Coordinators of NTOHCs and OTCs. Osmania Medical College (OMC) shall be the **Nodal place** for training of Coordinators. A team of three members shall be identified from the OMC and other public / private hospitals for training. The OMC shall run a two-day course once in two months with the help of the three faculty members.
- (b) There is also immense need for a continuous promotion of the donation Programme. The Gandhi Medical College / Hospital shall be made as the **Nodal**

Organization for undertaking promotional activities by engaging a professional agency for the purpose. They may also conduct liaison with the various regulatory authorities like RTA, Passport Office, Chief Rationing Officer etc., to inculcate the habit or 'organ pledging' at the time of applying for or receiving driving license, passport, ration card etc. While such a pledge may not have any legal sanctity, it will still serve the purpose of sending the message to a large cross section of people that donation of organs is life-saving in nature and beneficial to the society.

Contd..11.

17. Funding of Jeevandan Scheme:

(a) Implementation of Jeevandan Scheme has the following estimated financial implications:

(i) Establishment of AACT (at NIMS), Hyderabad (CTC @ Rs 2 lakhs p.m; one Sr. medical professional @ Rs.1,00,000 p.m.+3 Jr. personnel @Rs.25,000 p.m)	..	Rs.45.00 lakhs
(ii) Infrastructure at NIMS, Hyderabad	..	Rs.25.00 lakhs
(iii)Promotion at Gandhi Hospital, Secunderabad	..	Rs.25.00 lakhs
(iv)Training at Osmania Hospital, Hyderabad	..	Rs.5.00 lakhs
Total:	..	<u>Rs.100.00 lakhs</u>

(b) The estimated expenditure for the first year is likely to be of the order of Rs.1.00 crore. The AACT and APNOS shall make efforts to ensure that the Scheme becomes financially self-sufficient in the 2nd year through the registration fee as well as contributions from the NGOs and other philanthropic organizations which may be mobilized in due course of time. The seed money of Rs. 1.00 crore shall be mobilized within the overall budget allocated to DME and APVVP by way of re-appropriation, following due procedure.

18. Accordingly all the Heads of Departments under the control of HM&FW Department the Director, NIMS, Hyderabad and all other Government departments, shall take necessary action, with which they are concerned.

19. This order issues with the concurrence of the Finance Department vide their U.O.No.7665/151/A1/EM&H.I/2010, dated: 09.06.2010.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

J. SATYANARAYANA,
SPECIAL CHIEF SECRETARY TO GOVERNMENT

To

All the Heads of Departments under the control of HM&FW Department.

The Director General of Police, Hyderabad.

All the District Collectors in the State.

The Director, Nizam's Institute of Medical Sciences, Hyderabad.

S.F. / S.Cs.

//forwarded :: by order//

SECTION OFFICER.

GUIDELINES AND REQUIRED DOCUMENTS FOR PROCESSING THE APPLICATION OF LIVE DONOR ORGAN TRANSPLANTATION

- 1) Recipient and donor should apply to the Chairman, Authorization Committee, Jeevandan AP in Form-11 & treatment certificate given by the treating Nephrologist and Urologist and Transplant Surgeon / Liver Transplant Surgeon along with necessary documents for granting permission for transplantation.
- 2) The application should be forwarded by the Hospital Administrator / Medical Superintendent / Medical Director of the hospital concerned where the transplantation is proposed to be carried out along with all necessary documents. The decision of the committee will be sent to the hospital from which hospital the application is forwarded, but not directly to the recipient.
- 3) Family structure certificate should include self, father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with name, age and address.
- 4) The status of the medical fitness of the family members and reasons for not considering them as possible donor should be certified by the treating Nephrologist and Transplant Surgeon with all necessary investigations. They should also certify that all other alternative modalities of management of End Stage Renal / Liver Disease have been discussed with the recipient and also the possible long term results of transplantation.
- 5) The recipient should enclose a notarized affidavit on a Rs.10/- value non-judicial stamp paper for his / her willingness to undergo transplantation with the donor.
- 6) The family structure certificate and certificate of residence of the Recipient as well as Donor separately issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or First Class Magistrate/officer not below the rank of Deputy Secretary should be produced. Copies of any two among the following six (6) i.e. telephone bill, electricity bill, ration card, election voter identity card, driving license and pass port must be enclosed for corresponding address proof.
- 7) The prospective donor should enclose a notarized affidavit on Rs.10/- value Non-judicial stamp paper about his / her willingness to donate his / her kidney / Liver.
- 8) The donor's next of kin like father, mother, brother or sister in that order if unmarried and wife/husband & Children (major) if married should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper expressing their consent for the prospective donor to donate his/her kidney / Liver and he/she should be available at the time of interview / authorized committee and also during surgery.
- 9) The permission given is valid for a particular patient and donor, the hospital, doctors (Nephrologist and Transplant Surgeon) from which the application is forwarded to the committee and cannot be transferable.
- 10) In case the patient desires to change the hospital or his / her doctor, he / she has to apply to the committee from the hospital in which he / she wishes to undergo transplantation through the hospital from which he/she has earlier applied with specific reasons.
- 11) No foreigner can undergo transplantation with an Indian donor. They can bring the donor from their country of origin duly forwarded by their Embassy for transplantation in India.
- 12) Filled in application (Form-10) along with necessary documents should be submitted to the

Authorization Committee.

- 13) Incomplete / unsigned and application submitted without necessary documents and enclosures shall not be considered.

**AUTHORISATION COMMITTEE FOR DONOR ORGAN TRANSPLANTATION, GOVT.
OF. A.P., VIJAYAWADA**

DOCUMENTS REQUIRED FOR LIVE DONOR ORGAN TRANSPLANTATION

RECIPIENT:

- 1) Application of the Recipient with signature duly forwarded by the Head/Administrator of the hospital.
- 2) Treatment Certificate issued by the treating doctors i.e. Kidney / Liver Transplant Surgeon of the hospital concerned.
- 3) A letter addressed to the Chairman, AACT, Jeevandan AP for issue of the NOC requesting by the treating doctors i.e. Nephrologist & Transplant Surgeon / hospital authorities of the hospital concerned.
- 4) Recipient and Donor joint application in Form-11 must be submitted alongwith the completed Form 1 or Form 2 or Form 3 as may be applicable duly affixing the passport size photos with notary attestation.
- 5) Recipient and Donor joint application in Form-1 is to be submit in case of near realarive duly affixing the passport size photos with notary attestation.
- 6) Form - 4 to be submit for medical fitness of the donor and recipient issued by the treating doctors i.e. Nephrologist / Urologist & Transplant Surgeon of the hospital concerned.
- 7) Form - 2 to be submitted in case of spousal donor alongwith Wedding card / Marriage Photos / Marriage certificate.
- 8) In case of genetic relation Form - 5 to be submit along with genetic reports.
- 9) Recipient and Donor joint application in Form - 3 is to be submit incase of other than near relative duly affixing the passport size photos with notary attestation.
- 10) HLA and Cross match reports of the donor and recipient should be submitted.
- 11) Form - 16 / 17 (Registration/Renewal certificate for retrieval of organs of the concerned hospital) has to be submitted.
- 12) The team of the surgeons with their names has to be submit by the concerned hospital.
- 13) Relationship Certificate (if the recipient and donor are relatives) issued by the Mandal Revenue Officer (M.R.O.) and counter signed by the Revenue Divisional Officer (R.D.O.) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
- 14) Residence Certificate (not less than the period of six (6) months) of the Recipient issued by the Mandal Revenue Officer (MRO) and countersigned by Revenue Divisional Officer (RDO) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
- 15) Family Structure Certificate of the Recipient issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1st class magistrate duly attesting the photographs of all the family members.(family structure should include self

(recipient), father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with their name and age MRO & RDO Should write their names in their own hand writing with Signature.

- 16) Police verification certificate issued by not below the rank of Inspector of Police and counter signed by the Deputy Superintendent of Police (DSP)/Dy. Commissioner of Police concerned. CI & DSP should write their names with their own hand writing and Signature.
- 17) Any family function (previous) photograph of the recipient and the donor has to be submitted.
- 18) Blood group reports of the Recipient and his/her all the family members duly attested the photographs by the Blood Bank incharge of the hospital concerned.
 - a) Medical certificate, investigations, prescriptions, treatment certificate and old medical records, If any member is medically un-fit for kidney /Liver donation duly mentioning the specific disease and reasons.

- b) If minor(s) in the family, proof of Age certificate or School Certificate.
- 19) Notarized Affidavit of the recipient with photograph on Rs.10/- value non-judicial bond paper.
- 20) Notarized Affidavit of next kin of the recipient like father, mother, brother or sister in that order if unmarried. If married, wife / husband & Children (major) should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper.
- 21) Xerox copies of Aadhar card with signatures of the concerned (self attestation).
- 22) Any two of the following permanent address proofs as mentioned in the application.
- | | |
|---------------------------------|-------------------|
| a) Election Voter Identity card | b) Ration card |
| c) Electricity bill | d) Telephone bill |
| e) Driving License | f) Pass port |
- 23) Two spare pass port size photographs of the recipient.

DONOR:

- 1) Application of the Donor and his/her next of kin with signatures and photos.
- 2) Residence Certificate (not less than the period of six (6) months) of the Donor issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
- 3) Family Structure Certificate of the Donor issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1st class magistrate duly attesting the photographs of all the family members. (family structure should include self (donor), father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with their name and age. MRO & RDO Should write their names in their own hand writing with Signature.
- 4) Police verification certificate of the Donor issued by not below the rank of Inspector of Police and counter signed by the Deputy Superintendent of Police (DSP)/Dy. Commissioner of Police concerned. CI & DSP should write their names with their own hand writing and Signature.
- 5) Donor's blood group report duly attested photographs by the Blood Bank incharge of the hospital concerned.
- 6) Notarized Affidavit of the donor with photograph on Rs.10/- value non-judicial bond paper.
- 7) Notarized Affidavit of next kin of the donor like father, mother, brother or sister in that order if unmarried. If married, wife / husband & Children (major) should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper.
- 8) Xerox copies of Aadhar card with signatures of the concerned (self attestation).
- 9) Any two of the following permanent address proofs as mentioned in the application.
- | | |
|---------------------------------|-------------------|
| 1. Election Voter Identity card | 2. Ration card |
| 3. Electricity bill | 4. Telephone bill |

5. Driving License

6. Pass port

10) Two spare pass port size photographs of the Donor.

TREATMENT CERTIFICATE

(From Nephrologist and Transplant Surgeon)

This is to certify that Mr / Mrs / Miss _____
S/o, D/o, W/o, H/o, Mr/Mrs/Miss _____ residing at
H. No. _____ is suffering from End Stage Renal / Liver Disease
due to _____.

We have discussed with Mr/Mrs/Miss _____ (recipient)
about the various modalities of treatment available for the management of End State Renal / Liver
Disease. Mr / Mrs /Miss _____ has decided to undergo
renal / liver transplantation. We have screened his/her immediate family members based on the details of
the family submitted by him/her. The immediate family members are not considered as prospective kidney
/ liver donors for the following reasons.

Sl. No.	Name	Age	Relationship	Blood Group	Reason
1					
2					
3					
4					
5					
6					
7					
8					

Mr / Mrs /Miss _____ desires to have kidney / liver
transplantation with Mr / Mrs /Miss _____ S/o, D/o, W/o, H/o
_____ H.No. _____
who is not an immediate biological family members as the kidney / liver donor.

We have discussed with Mr. /Mrs. /Miss _____
(recipient) the possible outcome and complications of renal transplantation and the need to take regular
medication lifelong to prevent rejection. He /she is also informed that long term results of kidney / liver
transplanted from an immediate relative are better than that transplanted from unrelated donor.

We have also discussed with Mr. / Mrs. / Miss _____
(prospective donor) and his next of kin Mr/Mrs/Miss _____

about the nature and complications of removing a kidney surgically and also the need to have regular health check up lifelong.

Signature of the Nephrologist
Name in block letters & Seal

Date:

Signature of Transplant Surgeon
Name in block letters & Seal

Date:

FORM 11

APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR

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

[Refer rules 5(3)(d), 5(3)(e) and 10]

To be self
attested across
the affixed
photograph
without
disfiguring face
Photograph of the Donor

To be self
attested across
the affixed
photograph
without
disfiguring face
Photograph of the Recipient

Whereas I, _____ S/o, D/o, W/o
_____ aged _____ residing at (full address).
_____ have been advised by my
doctor _____ that I am suffering from _____
_____ and may be benefited by transplantation of _____ (organ)
into my body.

And whereas I, _____ S/o, D/o, W/o
_____ aged _____ residing at (full address) H.No.
_____ by the following reason(s):-

a) by virtue of being a near relative i.e. -----

b) by reason of affection/attachment/other special reason as explained below:-

I would therefore like to donate my (name of the organ) _____ to Shri/Smt

we ----- (Donor) and -----
----- (Recipient).

hereby apply to competent authority/Authorisation Committee for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without undue any pressure, inducement, influence or allurements and that all possible consequences and options of organ transplantation have

been explained to us.

Instructions of the applicants:-

- 1) Form 11 must be submitted along with the completed Form-1 or Form-2 or Form-3 as may be applicable.
- 2) The applicable Form i.e., Form-1 or Form-2 or Form-3 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- 5 must be submitted along with 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 competent authority / Authorisation 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 Tehsildar or the officer authorised for the purpose of the domicile state of the donor or recipient as the case may be, would provide the verification certificate of domicile of donor / recipient, as the case may be as per Form - 20. The approval for transplantation is intended to be done. Such verification Certificate will not be required for near relatives including cases involving swapping of organs (permissible between near relative only).

We have read and understand the above instructions.

Signature of the prospective donor

Signature of the prospective recipient

.....

.....

Address for correspondence:

Address for correspondence:

Date:

Date:

Place:

Place:

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

FORM 1

**FOR ORGAN OR TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR
(To be completed by him or her)**

(Refer rules 3 and 5(3)(a))

My full name (proposed donor) is

and this is my photograph.

Photograph of the Donor
(Attested by Notary Public across the photo
after affixing)



My permanent home address is

.....Tel:.....

My present address for correspondence is.....

.....Tel:.....

Date of birth (Day/month/year).

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Any other valid proof of identity and address reflecting near relationship

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my relative (Specify son / daughter /father / mother /brother/ sister/ grand-father/grand-mother /grand-son /grand-daughter), whose particulars are as follows and name isand who was born on (day/month/month):

Photograph of the Recipient
(Attested by Notary Public across the photo
after affixing)



The copies of following documents of recipient are enclosed (attach attested photocopy of at least two relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or

- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Any other valid proof of identity and address reflecting near relationship

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that:

- 1) I understand the nature of criminal offences referred to in the sections.
- 2) No payment as referred to in the sections of the Act 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
(name of organ/tissue) of my own free will without any undue pressure, inducement, influence or allurements.
- 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 (name of

organ)/tissue). That explanation was given by
(name of registered medical practitioner).

- 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 the best of my knowledge and belief and nothing material has been concealed by me

.....

Date:

.....

Signature of the prospective donor
(Full Name)

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

FORM 3

FOR ORGAN OR TISSUE DONATION BY OTHER THAN NEAR RELATIVE LIVING DONOR

(To be completed by him/her)
(Refer rules 3, 5(3)(a) and 5(3)(e))

My full name is _____ and this
is my photograph.

Photograph of the Donor
(Attested by Notary Public
across the photo after
affixing)

To be affixed
here.

My permanent home address is _____
Tel: _____ My present address for correspondence is _____
Tel: _____
date of birth _____(day/month/year).

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to prove your identify):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Other proof of identity and address.....

Details of last three years income and vocation of donor (enclose documentary evidence.....)

I authorize removal for therapeutic purposes and consent to donate my
(Name of organ/tissue) to a person 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 across the photo
after affixing)

To be affixed here.

(attach attested photocopy of at least two relevant documents to prove identity of recipient):

- Ration/Consumer Card number and Date of issue and place and/or

- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No and/or
- Other proof of identity and address.....

I solemnly affirm and declare that sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 (42 of 1994) have been explained to me and I confirm that:

- 1) I understand the nature of criminal offences referred to in the sections.
- 2) No payment of money or money's worth as referred to in the Sections of the Act 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
(name of organ/tissue) of my own free will without any undue pressure, inducement, influence or allurement.

(P.T.O)

- 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/tissue). That explanation was given by _____ (name of registered medical practitioner).
- 5) I understand the nature of that medical procedure and of the risks to me as explained by the 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 the best of my knowledge and belief and nothing material has been concealed by me

.....
Date:

.....
Signature of the prospective donor
(Full Name)

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

FORM 2

**FOR ORGAN OR TISSUE DONATION BY LIVING SPOUSAL DONOR
(To be completed by him/her)**

(Refer rules 3, 5(3)(a) and 5(3)(d))

My full name (proposed donor) is

and this is my photograph.

Photograph of the Donor
(Attested by Notary Public across the photo
after affixing)

To be affixed here.

My permanent home address is

Tel:.....

My present address for correspondence is.....

Tel:.....

Date of birth (Day/month/year).

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my husband/wife whose particulars are as follows and name isand who was born on (day/month/month):

Photograph of the Recipient
(Attested by Notary Public across the photo
after affixing)

To be affixed here.

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituency and/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authority and/or
- Permanent Account Number (PAN) and/or
- AADHAAR No (Issued by Unique Identification Authority of India) and/or
- Any other valid proof of identity and address reflecting near relationship

I submit the following as evidence of being married to the recipient:-

- (a) A certified copy of a marriage certificate.

OR

- (b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.
- (c) Family photographs.
- (d) Letter from Head of Gram Panchayat / Tehsildar / Block Development Officer/Member of Legislative Assembly/Member of Legislative Council (MLC)/Member of Parliament with seal certifying factum and status of marriage.

OR

- (e) Other credible evidence

I solemnly affirm and declare that

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that:

- 1) I understand the nature of criminal offences referred to in the sections.
- 2) No payment as referred to in the sections of the Act 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 (name of organ/tissue) 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 (name of organ)/tissue). That explanation was given by (name of registered medical practitioner).
- 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 the best of my knowledge and belief and nothing material has been concealed by me.....

.....
Date:

.....
Signature of the prospective donor
(Full Name)

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

FORM 4

**FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR
(To be given by the Registered Medical Practitioner)**

[Refer proviso to rule 5(3)(b)]

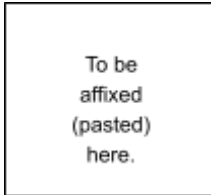
I Dr possessing qualification of registered as medical practitioner at serial No. by the Medical Council certify that I have examined Shri/Smt/km S/o, D/o, W/o, Shri aged who has given informed consent for donation of his/her (Name of the organ) to Shri/Smt/Km who is a "near relative" of the donor / other than near relative of the donor and has been approved by the competent authority or Authorisation Committee (as the case may be) and it is certified that the said donor is in proper state of health, not mentally challenged* and is medically fit to be subjected to the produce of organ or tissue removal.

Place:

.....

Date:

Signature of the
doctor Seal



Photograph of the Donor
(Attested by doctor)



Photograph of the recipient
(Attested by the doctor)

The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

*In case of doubt for mentally challenged status of the donor, the Registered Medical Practitioner may get the donor examined by psychiatrist.

FORM 5

FOR CERTIFICATION OF GENETIC RELATIONSHIP OF LIVING DONOR WITH RECIPIENT

(To be filled by the head of Pathology Laboratory certifying relationship)

[Refer rules 5(3)(c) and 18(3)]

I Dr./Mr./Miss working as
..... At and possessing
qualification of certify that Shri/Smt/Km
..... aged the donor and Shri/Smt/km
..... S/o, D/o, W/o Shri / Smt
aged the prospective recipient of the organ to be donated by the said donor are related to
each other as brother/sister/mother/father/son/daughter, grandmother, grandfather, grandson and
granddaughter as per their statement. The fact of this relationship has been established/not established
by the results of the tests for DNA profiling. The results of the tests are attached.

Place:

Date:

.....

Signature

(To be signed by the Head of the Laboratory)

Seal

APPLICATION TO BE FILLED BY THE RECIPIENT
(To be forwarded by the Hospital Administrator)

To
The Chairman,
AACT / Authorization Committee for Organ Transplantation,
Jeevandan,
Govt. of Andhra Pradesh,
Vijayawada.

Sir / Madam,

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address)
H.No. _____ am suffering from End Stage
Renal / Liver Disease due to _____. I am currently undergoing
treatment at _____ under the care of Dr.____
(Nephrologist / Liver Transplant Surgeon). After considering all the treatment options, I am advised to
undergo kidney / Liver transplantation. Due to the following reasons my immediate family members are
not in a position to donate kidney / Liver for transplantation.

Sl. No.	Name	Age	Relationship	Blood Group	Reasons
1					
2					
3					
4					
5					
6					
7					
8					

Mr./Mrs./Miss _____
S/o, D/o, W/o, H/o. _____ residing at
(full address) H.No. _____
is willing to donate his/her kidney / liver to me for the purpose of transplantation out of love and
affection.

I request you to kindly consider my application for this purpose and do the
needful. Place: _____ Yours faithfully,

Date: _____

(Recipient's signature & Name)

Forwarded by (signature)

Name of the Head/Administrator Hospital _____

Seal

(Here print the address to which the communication should be sent)

GOVERNMENT OF ANDHRA PRADESH
(REVENUE DEPARTMENT)



SSID No.

Appln. No.

Date:

CERTIFICATE OF RESIDENCE

This is to certify that Sri/Smt/Kum _____

S/o, D/o, W/o, H/o. _____, resident of
H.No. _____ Village/Street/Colony, _____
_____ Mandal /Town, _____ District and is residing at the above
address since last _____ years.

In words _____.

This certificate is issued for the purpose of perusal of "Authorization committee for organ Transplantation".

Signature of
Mandal Revenue Officer
Name & Seal

Counter signed by
Revenue Divisional Officer
Name & Seal

FAMILY STRUCTURE CERTIFICATE OF THE RECIPIENT

(Issued by M.R.O. & counter signed by R.D.O)

No. _____

Date: _____

Certified that Sri/Smt/Miss. _____

S/o, D/o, W/o, H/o. _____ residing at (full address)

H.No. _____, Village/street/Colony, _____ Mandal / Town

_____ District. His / Her family structure particulars are as follows.

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: If parents are no more late to be applied to their names.

If children are minors, age proof to be enclosed.

If he/she has no brothers, sisters and children etc., it should be mentioned in this family structure certificate.

Ex: He has no brothers / sisters / children etc.,

Signature of the
Mandal Revenue Officer
Name & Seal

Counter signed by _____

Revenue Divisional Officer (RDO)
Name & Seal

POLICE VERIFICATION CERTIFICATE OF THE RECIPIENT

(Issued by C.I and counter signed by D.S.P.)

No.

Date:

We have verified the particulars of Sri. / Smt./ _____

S/o, D/o, W/o, H/o. _____ resident of (full address)

H.No.

His / Her family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

Recipient's
passport size
photograph to be
attested by
CI / DSP.

Signature of the recipient/
Left Thumb Impression

Signature of the Inspector of Police
Name & seal

Counter sign by the
Dy. Supdt. of Police (D.S.P).
Name & seal

AFFIDAVIT TO BE FILED BY THE RECIPIENT

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address) H.No.

am suffering from renal /liver failure. My treating doctors Dr. _____
(Nephrologist / Gastroentrolgist) and Dr. _____
(Urologist & Kidney / Liver Transplant Surgeon) of _____
hospital _____ advised me to undergo renal / liver transplantation. Due
to the reasons mentioned in the application form, my immediate family members are not in a
position to donate a kidney / liver for my treatment.

Mr./Mrs./Miss _____ S/o, W/o, D/o
_____ residing at (full address) H.No.

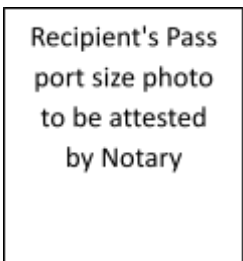
is willing to donate his/her kidney / liver to me for the purpose of transplantation. He /She is
donating his/her kidney / liver purely out of love and affection to me and there is absolutely no
monetary transaction of any nature. I am fully aware that any violation of the human
transplantation Act and any submission of my false statement to the Appropriate Authority will
make me liable for criminal prosecution.

I have been informed by my treating doctors about the various other alternative
modalities of treatment for End Stage Renal / Liver Disease and also about the possible
complications during surgery and post operation and about the need to take regular medication
for the rest of my life to prevent rejection kidney/liver. I am also aware that the long term results
are better if donated by any other person. Having been explained about these problems in
detail. I have decided to undergo transplantation surgery with a kidney / liver donated by
Mr.Mrs./Miss _____

I am totally responsible for this decision and i will not hold any of the treating doctors responsible
for any controversy or litigation that may arise in future.

Signature and Name
of the Recipient

Witness:



1. Signature:

Name :

Full address:

2. Signature:

Name :

Full address:

APPLICATION OF THE DONOR

Where as I, Sri/Mrs/Miss _____
 S/o, D/o, W/o _____ age _____
 years, Blood Group _____ residing at (full address) H.No. _____

by reason of love, affection and attachment because (reason to be filled in) _____
 _____ and hence I would like to donate my one

of kidney / liver to Sri/Mrs/Miss _____

S/o, D/o, W/o, H/o _____ residing
 at (full address) H.No. _____

who is currently undergoing treatment at _____

hospital, _____ under the care of Dr. _____

_____ (Nephrologist / Gastroentrolgist) and Dr. _____

(Transplant Surgeon). My family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Where as I, Mr/Mrs/Miss/ _____
 _____ S/o,D/o,H/o _____ state

_____ that my

_____ (relationship) has a desire to donate one of his / her

kidney / liver out of love and affection for the purpose of transplantation to Mr/Mrs/Miss/

_____ S/o, D/o, W/o, H/o _____

_____ and I have no objection for his / her kidney / liver

donation.

We solemnly affirm that the above decision has been taken without any under any pressure, inducement, influence or allurement and that possible consequences and options of organ transplantation have been explained to us.

Photo to be
 pasted with
 signature of the
 donor

Photo to be
 pasted with
 signature of the
 next kin of donor

Signature of the donor

Signature of next kin of donor

GOVERNMENT OF ANDHRA PRADESH
(REVENUE DEPARTMENT)



SSID No.

Appln. No.

Date:

CERTIFICATE OF RESIDENCE

This is to certify that Sri/Smt/Kum _____

S/o, D/o, W/o, H/o. _____, resident of

H.No. _____ Village/Street/Colony, _____

Mandal /Town, _____ District and is residing at the above
address since last _____ years.

In words _____.

This certificate is issued for the purpose of perusal of "Authorization committee for organ
Transplantation".

Signature of
Mandal Revenue Officer
Name & Seal

Counter signed by
Revenue Divisional Officer
Name & Seal

FAMILY STRUCTURE CERTIFICATE OF THE DONOR

(Issued by M.R.O. & counter signed by R.D.O)

No. _____

Date: _____

Certified that Sri/Smt/Miss. _____

S/o, D/o, W/o, H/o. _____ residing at (full address)

H.No. _____, Village/street/Colony, _____ Mandal / Town

_____ District. His / Her family structure particulars are as follows.

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note: If parents are no more late to be applied to their names.

If children are minors, age proof to be enclosed.

If he/she has no brothers, sisters and children etc., it should be mentioned in this family structure certificate.

Ex: He has no brothers / sisters / children etc.,

Signature of the
Mandal Revenue Officer
Name & Seal

Counter signed by _____

Revenue Divisional Officer (RDO)
Name & Seal

POLICE VERIFICATION CERTIFICATE OF THE DONOR

(Issued by C.I and counter signed by D.S.P.)

No. _____

Date: _____

We have verified the particulars of Sri. / Smt./ _____

S/o, D/o, W/o, H/o. _____ resident of (full address)

H.No. _____ Village / Street / Colony
_____ Mandal / Town
_____ District

_____ His / Her family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

Donor's passport size photograph to be attested by CI / DSP.

Signature of the Donor
Left Thumb Impression

Signature of the Inspector of Police
Name & seal

Counter sign by the
Dy. Supdt. of Police (D.S.P).
Name & seal

AFFIDAVIT TO BE FILED BY THE DONOR

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address) H.No. _____

hereby affirm that I wish to donate of my kidney / liver to Mr/Mrs/Miss _____
_____ S/o, D/o, W/o, H/o _____
residing at (full address) H.No. _____

as he / she is suffering from End Stage Renal / Liver Disease. Presently he/she is undergoing
treatment at _____ hospital _____
under the care of Dr. _____ (Nephrologist / Gastroentriologist) and
Dr. _____ (Urologist & Kidney / Liver Transplant
Surgeon). I am committing this act as an altruistic donation purely out of my love and affection to
Mr/Mrs/Miss _____.

I here by state that there is absolutely no monetary transaction what so ever to influence
me in making this decision. I have discussed this matter in detail with my immediate family
members and next kin Mr/Mrs/Miss _____ who is
my _____ (relationship) has given his/her consent. An affidavit
signed by him/her allowing me to donate my kidney/liver is also submitted.

I was fully explained by Dr. _____ (Nephrologist
/ Gastroentriologist / concerned doctor) and Dr. _____

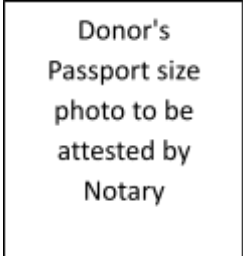
_____ (transplant Surgeon) about the nature of operation. I understood that removing a kidney/liver is
major operation and involves certain risks that can occur with any major surgery and anesthesia.
I also understood that i will be left with only one kidney / liver after the operation and that I have
to undergo regular health check-up for the rest of my life. Having understood all these
implications to Mr/Mrs/Miss. _____

I am fully aware that any submission of wrong statement by me will make me liable for
criminal prosecution under the Human Organs Transplantation Act.

I am totally responsible for this decision and I will not hold any other person responsible
for any controversy or litigation that may arise in future.

Signature and Name
of the Donor

Witness:



1. Signature:

Name :

Full address:

2. Signature:

Name :

Full address:

GOVERNMENT OF ANDHRA
PRADESH A B S T R A C T

HM&FW Dept. – The Andhra Pradesh Transplantation of Human Organs Act, 1995 and the Andhra Pradesh Transplantation of Human Organs Rules, 1995 – Cadaver Transplantation Advisory Committee – Report approved – Jeevandan Scheme Orders – Issued.

HEALTH, MEDICAL & FAMILY WELFARE (M1) DEPARTMENT

G.O.Ms.No. 184

Dated:

16-08-2010.

Read the following: -

1.G.O.Ms.No.107, HM&FW (M1) Department, dated: 18-03-1995.

2.G.O.Rt.No.1462, HM&FW(M1) Department, dated: 11.11.2009

<<0>>

ORDER: -

Parliament had enacted the Human Organs Transplantation Act, 1994 with the objective of promoting and regulating the transplantation of human organs like kidney, liver and heart - both live as well as cadaver. The Legislative Assembly of Andhra Pradesh had also adopted the aforesaid Central Act in the form of Andhra Pradesh Transplantation of Human Organs Act, 1995. The Government of Andhra Pradesh had also framed the “Andhra Pradesh Transplantation of Human Organs Rules 1995”, which, *inter-alia*, specify the duties of the authorities and also the formats for various purposes under the Act.

2. Despite the elapse of 14 years since the passing of the Act and Rules by the Legislature and Government, the number of transplantations occurring in the State, especially the “cadaver transplantations” have not increased significantly, primarily because of lack of a centralized coordination mechanism and the absence of a streamlined procedure for facilitating and regulating the cadaver transplantations on an end-to-end basis. With a view to give a fillip to the cadaver transplantations, the Government of Andhra Pradesh vide G.O. 2nd read above appointed a high level advisory committee called the **Cadaver Transplantation Advisory Committee (CTAC)** headed by the Principal Secretary, HM & FW Dept., and consisting of experts in the field of organ transplantation, with a direction to make its recommendations on the following aspects:

- (a) Prescribing criteria for qualifications and experience of the Institutions to be eligible to be registered as Organ Transplantation Centers or organ harvesting centers in terms of the infrastructure, staff and other facilities.
- (b) Evolving a mechanism for coordination of all the aspects relating to donation and transplantation of organs;
- (c) Creation of a Registry (preferably on-line) for donations and potential recipients;
- (d) Design of guidelines for allotment of organs, separately for kidney, liver and heart and for authorization of cadaver transplantations.
- (e) Recommendations on the creation of an organizational structure for the Cadaver Transplantation Coordination Authority (CTCA) and its functions and powers along with financial implications in establishing the same.

3. The CTAC submitted its report to the Government on 27.04.2010 along with a set of recommendations. The CTAC observed that a large number of patients are suffering on account of irreversible organ ailments involving heart, liver, pancreas and kidney and a lot of them could lead healthy lives if they had the opportunity to have transplant surgery. Considering the ethical issues surrounding live and deceased donor organ donation, there is a need for streamlining procedures for Deceased Donor Organ Transplantation (DDOT), otherwise called "Cadaver Transplantation" in registered Government and Private Hospitals. Essentially the Committee recommended the introduction of a comprehensive scheme called "Jeevandan", which addresses the various issues relating to **declaration of brain death, infrastructure, coordination and public awareness.**

/p.t.o./

4. Government after a careful consideration of the report of the CTAC, hereby approve the recommendations of the Committee and accordingly issue the following orders:-

- (i) The proposed Scheme for cadaver organ transplantation shall be called “Jeevandan”, connoting donation of life.
- (ii) **The Cadaver Transplantation Advisory Committee (CTAC)** shall be the APEX level body charged with the responsibilities of policy design, monitoring and implementation oversight of the scheme of Jeevandan. The structure, functions and responsibilities of CTAC shall be as specified in Para 5.
- (iii) The legal authority for governing the various aspects like registration of hospitals and patients as well as allocation of organs and those relating to the organ transplantation shall be vested with the entity called the **Appropriate Authority for Cadaver Transplantation (AACT)**. The structure, functions and responsibilities of AACT shall be as specified in Para 6.
- (iv) **AP Network for Organ Transplantation (APNOS)**, shall be established to act as a virtual coordinating mechanism within the AACT, with the necessary infrastructure and governance structure for providing 24 x 7 services to the donors, recipients, hospitals, NGOs and the general public. The structure, functions and responsibilities of APNOS shall be as specified in Para 7.
- (v) **The Non-Transplantation Organ Harvesting Centres (NTOHC)** are hospitals registered as such, to play a pivotal role in the initial but critical stages like declaration of brain death, extraction of the organs and their storage and preservation. The infrastructure and manpower requirements as well as the functions and responsibilities of NTOHC shall be as specified in Para 9.
- (vi) **The Organ Transplant Centres (OTCs)** are hospitals registered as such to perform the most critical aspect of the Jeevandan scheme viz., undertaking of the actual transplantation for saving the lives of the recipients. The infrastructure and manpower requirement, functions and responsibilities of OTCs shall be as specified in Para 8.
- (vii) The success of the Jeevandan Scheme depends critically on sharing the real-time information about the availability of organs and allocating them to the needy patients with matching requirements. This shall be achieved through the establishment of a portal (www.jeevandan.org) which will provide information and also alerts all the appropriate persons on a real time basis so as to facilitate the management of cadaver organ harvesting and transplantation on an end-to-end basis. In essence, the proposed portal shall ensure efficiency, effectiveness and transparency in the entire operations forming part of the Jeevandan scheme. The features of the proposed portal shall be as indicated in Para 10.

5. Cadaver Transplantation Advisory Committee (CTAC):

5.1. The **Cadaver Transplantation Advisory Committee (CTAC)** shall be the APEX level body authorized to take appropriate managerial decisions in relation to implementing the Jeevandan Scheme.

5.2. The CTAC shall comprise of the following members:-

1. Spl. Chief Secretary / Prl. Secretary / Secretary, HM & FW	..	Chairman
2. Director, Medical Education	..	Member
3. Superintendent, Osmania General Hospital	..	Member
4. Prof. of Surgical Gastroenterology, Osmania Medical College (OMC).		Member
5. Professor of Nephrology, O.M.C.	..	Member
6. Professor of Urology, O.M.C.	..	Member
7. Superintendent, Gandhi General Hospital	..	Member

- | | | |
|---|----|------------------------|
| 8. Professor of Nephrology, Gandhi Medical College | .. | Member |
| 9. Professor of Urology, KGH, Visakhapatnam. | .. | Member |
| 10. Professor of Nephrology, Kurnool Medical College | .. | Member |
| 11. Prof. of Urology/Nephrology, SVIMS, Tirupathi | .. | Member |
| 12. A representative of an NGO working in the area of
Organ Transplantation to be nominated by the Govt. | .. | Member |
| 13. A Senior Police Officer of the rank of DIG or above
to be nominated by the DGP | .. | Member |
| 14. Director, Nizam's Institute of Medical Sciences, Hyderabad. | .. | Member-Convener |

The Committee can co-opt a multi-organ transplantation expert to advise it in the discharge of its functions.

Contd..3.

5.3 Functions and responsibilities of CTAC:

The CTAC shall be responsible for the following:

- (i) Taking appropriate decisions on establishing and/ or managing various procedures, provisions and protocols relating to registration of NTOHC and OTCs, declaration of brain-stem death, harvesting of organs from the deceased persons, storage, preservation and transportation of organs for transplantation.
- (ii) Reviewing the performance of AACT, OTCs and NTOHCs atleast once in every 6 months.
- (iii) Making appropriate recommendations to the Government for sanction of funds for running of the Jeevandan Scheme.
- (iv) Providing appropriate guidance and issuing directions to the AACT as may be needed in the overall interest of implementation of Jeevandan Scheme;
- (v) Causing enquiries into the complaints and grievances arising out the implementation of the Scheme.

6. Appropriate Authority for Cadaver Transplantation (AACT):

6.1. The **Appropriate Authority for Cadaver Transplantation (AACT)** shall be the legal entity authorized with the statutory powers under the APTHOA 1995. It shall act as the Appropriate Authority under the Section 13 of the APTHOA 1995. It shall be housed in NIMS, Hyderabad.

6.2. Composition of AACT:

The composition of AACT shall be as shown below.

- | | | | |
|-------|-----------------------------------|----|------------------------|
| (i) | Director, Medical Education | .. | Chairman |
| (ii) | Director, NIMS , Hyderabad | .. | Co-Chairman |
| (iii) | Chief Transplantation Coordinator | | Member-Convener |

AACT can co-opt another member who is a multi-organ transplantation expert to assist it, subject, however, to the condition that that such a person shall not have any affiliation to any hospital registered as a OTC or NTOHC.

6.3. Functions and Responsibilities of AACT:

The AACT shall discharge the following functions and responsibilities

- (i) Registration of hospitals as NTOHCs or OTCs;
- (ii) Supervision and regulation of the functioning of NTOHCs and OTCs, including exercising the powers to suspend the registration in the event of any deviation or misconduct;
- (iii) Allocation of the organs available from cadavers to the registered patients (recipients) strictly following the priority laid down in this regard.
- (iv) Establishment and management of AP Network for Organ Sharing (APNOS);
- (v) Establishment, management and maintenance of Jeevandan Portal;
- (vi) Empanelment of specialists, especially in the specialties of Neuro Surgery, Neurology and Anesthesia, whose services can be availed by NTOHC or OTC to be a part of the Medical Board for the purpose of declaring brain death under the statute.
- (vii) Undertake programs to raise awareness in general public, such as mass media communication, conduct of annual events, establishing a system of online and postal pledging of organs by willing individuals in a central registry through Jeevandan portal, and issuing donor cards.
- (viii) Any other functions and responsibilities for the effective implementation of Jeevandan Programme.

6.4. Staffing and infrastructure of AACT:

(a) Staffing

The AACT shall be supported by appropriate staff to enable the authority to discharge its functions effectively. Jeevandan program shall be headed by the **Chief Executive Officer**, to be appointed by the AACT, and designated as **Chief Transplantation Coordinator (CTC)**. The CTC shall be responsible to discharge the day-to-day functions of the AACT, including, most importantly, the allocation of organs on a case-to-case basis, strictly conforming to the priorities laid down for the purpose and specified in Para 11.5.

The initial staffing of the AACT shall consist of, apart from the CTC, a senior medical professional conversant with the transplantation procedures and 3 administrative / financial officers.

Contd..4.

(b) Infrastructure

The AACT shall have the following infrastructure:-

- (i) Office space of 2000 sft.
- (ii) 2 dedicated telephone lines
- (iii) Broad-band internet for online service
- (iv) IT infrastructure for management of Jeevandan Portal;
- (v) A Training Centre for training of transplantation coordinators, counselors, and specialists belonging to the NTOHCs and OTCs.

(c) Sub-Committees of AACT:

The AACT shall constitute 4 sub-committees consisting of experts from the respective areas to assist it in its functioning for allocation of:

- (i) Liver / Pancreas
- (ii) Heart / Lung
- (iii) Kidney
- (iv) Other organs

The sub-committees shall be required to make appropriate recommendations to the Chief Transplantation Coordinator for allocation of various organs in special situations and cases referred to them by the Chief Transplantation Coordinator, including those specified in Para 11.6. Any queries in allocation of organs even in regular situation can be referred to subcommittee for opinion.

7. AP Network for Organ Sharing (APNOS):

The **AP Network for Organ Sharing (APNOS)** shall be established as a virtual organization to be promoted by the AACT for achieving the overall convergence of the efforts of various agencies in the implementation of the Jeevandan Programme, to benefit thousands of patients suffering from organ failure. The APNOS may be registered as a Society with the members of the AACT as its Governing Body, in addition to 3 members, one each from among the OTCs, NTOHCs and NGOs. The following procedure shall govern the establishment and functions of the APNOS:

- (i) APNOS shall be registered as a Society with a corpus fund of Rs. 10 lakhs;
- (ii) The members of AACT shall be ex-officio members of the Society;
- (iii) Every hospital registered as NTOHC or OTC shall become a member of APNOS in order to avail services under the Jeevandan scheme;
- (iv) All the NGOs who intend to participate in the Jeevandan scheme, for training, counseling or for providing financial assistance to the deserving recipients shall also become members of the APNOS.
- (v) The APNOS shall charge the following membership fee:
 - a) OTC .. Rs. 1,00,000/-
 - b) NTOHC .. Rs. 5000/-
 - c) Recipient Registration fee.. Rs. 5,000/-Rs 10,000 and Rs 1000 shall be charged annually per OTC and NTOHC towards renewal of membership.

(vi) The APNOS shall undertake the following activities:

- (a) Formulation and undertaking of Training Programmes;
- (b) Advocacy and promotion;
- (c) Coordinating with various authorities for arranging railway / bus passes, health insurance, jobs as per eligibility to the members of the donors' family.

8. Organ Transplant Centre (OTC):

8.1. The **Organ Transplant Centre (OTC)** shall be a hospital with the stipulated infrastructure which has been legally authorized to undertake transplantation of human organs in terms of the APTHOA 1995 and the rules framed there under. An OTC automatically acts and discharges the functions of NTOHC specified in Para- 9.

8.2. Registration of hospital as OTC

- (i) The AACT shall be the authority competent to register hospitals as OTCs
- (ii) The hospitals desirous to register themselves as OTC shall apply to the AACT in the prescribed format accompanied by a fee of Rs. 100,000.
- (iii) On receipt of the application from a hospital, the AACT shall cause inspection of the hospital by a team of specialists to satisfy itself, that the requirements for permitting establishment of OTC, shall be as specified in Para 6.4(c) exist in the applicant hospital.
- (iv) On satisfaction of the adequacy of the applicant-hospital with reference to the requirements, the AACT may register the hospital as OTC for a period of 5 years.

Contd..5.

- (v) The AACT may renew the registration from time to time, each time for a period of 5 years, subject to the hospital paying a renewal fee of Rs.50,000/- and subject to the continued conformance to the requirements shall be as specified in Para 6.4(b).

8.3. Functions and Responsibilities of OTC:

The following are the functions and responsibilities of OTC:

- (i) Shall have its own waiting list for each organ, basing on the date of registration.
- (ii) Shall provide the prioritized waitlist of patients in each category mentioned above to 'Jeevandan' by posting the same in the Jeevandan portal.
- (iii) Shall update the list with Jeevandan portal, whenever a new patient is added.
- (iv) Ensure that the patients on the hospital waiting list for DDOT are promptly registered with 'Jeevandan'.
- (v) Shall promptly report all incidents of brain death declaration.
- (vi) Shall update recipient details of DDOT as well as Living donor Organ Transplantation (LDOT), within 48 hours of completion of procedure, in the Jeevandan portal.
- (vii) Shall take the responsibility of transporting the organ allocated to their center from another OTC or NTOHC. It is their responsibility to carry all equipment, preservation fluids (HTK, Renograph, UW solutions in sufficient quantity) and ice boxes to transport the organs to the allocated center.

8.4. The OTC shall have the bed strength of a minimum 100 beds with the following departments:

I. Common Requirement for all OTCs

- (i) Biochemistry/ Microbiology /Pathology/ Heamatology
- (ii) Radiology with Ultrasound Doppler, Flouroscopy, X ray
- (iii) Anesthesia
- (iv) Operation theatre /Intensive care department

II. Specific Additional Requirement for OTCs specializing in transplantation of particular organs

A. For transplantation of Kidney

- (i) Nephrology
- (ii) Urology
- (iii) Dialysis

B. For transplantation of Heart

- (i) Cardiothoracic Surgery
- (ii) Cardiology
- (iii) Blood Bank
- (iv) Dialysis
- (v) Cardiac ICU with Echocardiogram
- (vi) Cath laboratory

C. For transplantation of Liver

- (i) Surgical Gastroenterology/Hepatobiliary and Liver Transplant/
- (ii) Transplant surgery
- (iii) Anesthesia
- (iv) Blood Bank with facilities to Provide Screened blood and blood products (

- FFP, Platelets, Cryoprecipitate)
- (v) Dialysis
- (vi) Endoscopy

8.5. Equipment requirement of OTC:

The departments specified above shall be equipped with diagnostic and surgical facilities as per the norms established by MCI or as prescribed by the AACT from time to time.

8.6. Professional Staffing requirement of OTC:

The Organ Transplantation Centre shall mandatorily have the following specialists, apart from the required supporting staff:

- (a) **Kidney transplantation:** M.Ch(Urology) or M.S (Gen)Surgery with three years' post M.S. training in a hospital in India or abroad registered for kidney transplantations and having attended to adequate number of renal transplantations as an active member of team.

Contd..6.

- (b) **Transplantation of Liver & other abdominal organs:** M.Ch/DNB (Surgical Gastro-enterology) or M.S./DNB (Gen) Surgery with 3 years' post MS /DNB training in Hepatopancreatobiliary and Liver /Pancreas transplant unit in a hospital in India or abroad registered for organ transplantations and having attended to adequate number of Liver /Pancreas transplantations as an active member of team.
- (c) **Cardiac, Pulmonary, Cardio-Pulmonary Transplantation:** M.Ch. (Cardio-thoracic and vascular surgery) or equivalent qualification in India or abroad with atleast 3 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.

(d) Support staff

- (a) Surgical staff
- (b) Cardiology staff
- (c) Nursing staff
- (d) Transplant Coordinator

9. Non-Transplantation Organ Harvesting Centre (NTOHC):

9.1. The primary purpose of establishing the **Non-Transplantation Organ Harvesting Centre (NTOHC)** is to create the facilities for retrieval of organs in a network of hospital with the appropriate authority of exercising all the functions relating to organ harvesting, when there is willingness among the relatives to donate the organs of a deceased person and thereby increase the number of organs available for transplantation. The NTOHC is a hospital which has been authorized by the competent authority to declare brain-death in respect of a person admitted to their hospital following the prescribed procedure, to perform the procedures relating to the removal of the donated organs and to store and arrange to transport them for the purpose of transplantation for therapeutic purposes in an authorized Organ Transplantation Centre (OTC).

9.2. Registration of hospitals as NTOHC

The following procedure is prescribed for registration of Hospitals as NTOHC:

- (i) The AACT shall be the authority competent to register hospitals as NTOHCs
- (ii) The hospitals desirous to register themselves as NTOHC shall apply to the AACT in the prescribed format accompanied by a fee of Rs. 1000.
- (iii) On receipt of the application from a hospital, the AACT shall cause inspection of the hospital by a team of specialists to satisfy itself that the requirements for permitting establishment of NTOHC, specified in Paras 9.3 and 9.4 exist in the applicant hospital.
- (iv) On satisfaction of the adequacy of the applicant-hospital with reference to the requirements, the AACT may register the hospital as NTOHC for a period of 5 years.
- (v) The AACT may renew the registration from time to time, each time for a period of 5 years, subject to the hospital paying a renewal fee of Rs.1000/- and subject to the continued conformance to the requirements under Paras 9.3 and 9.3.

9.3. Infrastructure requirements for NTOHC

The following infrastructure shall be available in the hospital applying for registration as NTOHC:

- (i) A minimum bed strength of 100 beds;
- (ii) Operation theatre conforming to the specifications to be notified by the AACT.
- (iii) Intensive Care Unit conforming to the specifications to be notified by the AACT.

- (iv) Own ambulance
- (v) A room earmarked for grief counselor
- (vi) Blood bank or facilities to acquire blood products from recognized blood banks

9.4. Manpower requirement

The following manpower shall be available in the hospital applying for registration as NTOHC

- (i) Medical Superintendent
- (ii) Neuro Surgeon (MCh Neurosurgery with 3 years of experience) on call
- (iii) Neurologist (DM (Neuro) with 3 years of experience)on call
- (iv) General Surgeon

Contd..7.

- (v) Supporting Staff:
 - (a) 3 Staff Nurses (qualified in specialty nursing)
 - (b) 3 Technicians (qualified to operate equipment specified)
 - (c) Greif counselor/ Donor coordinator

9.5. Functions and Responsibilities of NTOHC

The following shall be the functions and responsibilities of a hospital registered as NTOHC:

- (i) Arranging for declaration of brain-stem death following the due procedure prescribed under Section 2 (d) and 2 (e) of the A.P. Transplantation of Human Organs Act, 1995.
- (ii) Conducting an appropriate counseling to the relatives of the deceased persons to enable them to take an appropriate decision on organ donation.;
- (iii) Notifying the admission of such critical patients to the AACT through the Jeevandan website;;
- (iv) Instantaneously notify through the website of the Jeevandan Programme about the availability of donated organs for transplantation;
- (v) . Providing operating room, basic surgical equipment and nursing, medical and paramedical staff to assist the harvesting team
- (vi) Arranging for handing over of the donated organs to the team of specialists of the OTC or OTCs authorized by the AACT to receive the organs for transplantation
- (vii) Facilitating the conduct of postmortem simultaneously and the procedures relating to harvesting of the organs in medico legal cases.

10. Jeevandan Portal:

The efficient and effective functioning of Jeevandan Scheme depends substantially on the Jeevandan Portal, which shall act as the back-bone for the scheme. The Portal shall be designed, got developed and maintained by the AACT. The following shall be the salient features and functional requirements of the proposed Portal.

- (i) Receiving applications of hospitals for registration as NTOHC and OTC;
- (ii) Receiving applications for registration with the APNOS by OTCs, NTOHCs and NGOs;
- (iii) General information relating to various entities registered / participating in the activities relating to the Jeevandan Scheme.
- (iv) Online central registry of patients requiring organ transplantation along with details of hospitals where they are currently receiving the treatment and basic details for cross-matching of compatibility of the donor's organs.
- (v) Facility for the NTOHC / OTC for updating the availability of organs from cadaver.
- (vi) Online workflow for allocation of organs to the registered patients strictly observing the priority prescribed under rules;
- (vii) Security of information
- (viii) Privacy of the personal data of patients and donors
- (ix) Details of training programs
- (x) Promotional information
- (xi) Technical information about the cadaver transplantation
- (xii) Information required by the RTI
- (xiii) Grievance Redressal module
- (xiv) MIS and Dashboard

11. Procedures relating to Jeevandan Scheme:

11.1. It is absolutely essential to build and maintain transparency in all the activities and operations relating to the Jeevandan scheme, so as to generate the necessary confidence, credibility and trust among the donors as well as the recipients in particular and general public at large. This is possible only if the procedures and processes required to be fulfilled for organ donation and harvesting and transplantation are very precise, standards-based and simple to understand and implement. Accordingly, the following procedures are prescribed for the various steps involved in cadaver transplantation.

11.2. Declaration of brain death:

(a) The procedure prescribed under Section(3) & (4) of the APTHOA Act, 1995 shall be strictly followed;

Contd..8.

- (b) The medical board comprising of the following members shall be constituted by the NTOHC or OTC as the case may be for the declaration of brain death, in each case:
- (i) Medical Superintendent of the Hospital
 - (ii) An independent Registered Medical Practitioner, i.e. Post graduate with 5 years post PG experience (Physician / Surgeon / Intensivist) (specialist to be nominated by the Medical Superintendent of the Hospital from the panel of names approved by the AACT)
 - (iii) A Neurologist or Neurosurgeon (to be nominated by the Medical Superintendent of the Hospital from the panel of names approved by the AACT)
 - (iv) The doctor on-duty treating the patient

11.3 Other procedural requirements:

Post mortem and panchanama in case of Medico-legal cases to be done at the same place and the same time of harvesting. Availability of Police and Forensic experts round the clock shall be made mandatory for the smooth running of brain death organ donation process.

11.4. Procedure for harvesting of the organs

The NTOHCs and OTCs shall adopt the procedure as specified below for harvesting of organs from a deceased person.

- (i) Form 6, as laid out in the A.P. Transplantation of Human Organs Rules 1995, shall duly be signed by the person(s) in possession of the brain dead patient. In the case of children below the age of eighteen years, the appropriate Form 9 of the Transplantation of Human Organs Rules, 1995 requires to be signed by the persons concerned before organ retrieval.
- (ii) Retrieval of organ(s) shall not be carried out on a brain dead patient merely due to an earlier declaration by the said patient in Form 5 of the A.P. Transplantation of Human Organs Rules, 1995. While such a declaration shall presuppose the previous intention of the brain dead patient to donate the organ(s), consent in Form 6 of the A.P. Transplantation of Human Organs Rules, 1995, is necessary to continue with the process of organ retrieval.

11.5. Procedure for allocation of organs

Equitable allocation of organs harvested from deceased persons is critical to the effective functioning of the Jeevandan scheme. There are two dimensions to the process of allocation of organs – the administrative process and the technical process. These are specified below:

11.5.1. Administrative process of allocation of organs:

- (i) All the prospective recipients of organs shall register themselves with the APNOS, in the prescribed format, through the Jeevandan portal, on payment of the registration fee of Rs.5,000/-. The application for registration of the recipients shall be counter-signed online by the OTC, where such patient receives or intends to receive treatment and to undergo the required transplantation.
- (ii) The NTOHCs shall notify the details of all the organs harvested from the deceased persons admitted to their hospitals.
- (iii) The Jeevandan portal shall have an appropriately designed application for matching the organs available from cadavers with the requirements of one or more recipients on the waiting list, strictly following the priority laid down in this section. It should also simultaneously send an alert to the Chief Transplantation Coordinator of AACT, legally assigned the responsibility of allocation of the organ.

- (iv) The allocation is done by the chief transplant coordinator strictly according to the criteria laid down in Para 11.5.
- (v) Immediately after the allocation has been approved by the Chief Transplantation Coordinator of AACT, the Portal shall send appropriate communications and alerts to the recipient(s), the OTC(s) with which the recipient(s) is(are) registered for treatment/ transplantation, the NTOHC where the organ is available and all others concerned with the cadaver transplantation(s).
- (vi) The NTOHC and the OTC(s) shall update the progress of the cadaver transplantations within 24 hours at the Jeevandan portal.

Contd..9.

11.5.2. Technical process (priorities) for allocation of organs:

The following priority shall be strictly followed for allocation of organs harvested from cadavers:-

- (1) First priority shall be given to the OTC where the deceased donor is located, for liver, heart and one kidney, except in special situations defined in this section. The other kidney and any other transplantable unutilized organs shall be allocated using criteria of allocation of General pool organs.
- (2) Second priority shall be given to the senior-most patient registered for the organ available, in the combined list of patients, in all the OTCs who are taking part in deceased organ donation transplant program (General Pool Criteria).
- (3) Third priority shall be give to the hospitals (OTCs) outside the State, provided earlier information and such a request has been registered with the APNOS.
- (4) Finally, if the organ(s) remains unutilized after exhausting all the above criteria, it may be offered to a foreign national registered in a Government or Private hospital within and then outside state
- (5) General pool:

Organs retrieved in following situations are defined as general pool

- A. Organs retrieved at non transplant centers (NTOHCs).
- B. Organs retrieved at transplant centers on deceased donors shifted from non-transplant centers (NTOHCs) either before or after brain death declaration.
- C. Retrieved organs unutilized at transplant center or the second kidney of deceased person declared brain-dead at an OTC.

The general pool organs shall be allocated according to the following criteria:

- (1) Heart/Lung will be allocated to the patients listed, as per date of their registration with Jeevandan.
- (2) Liver will be allocated to the patients listed, as per date of their registration with Jeevandan.
- (3) Kidney will be allocated to the patients listed, as per date of their registration with Jeevandan. There is no out of turn allocation for Kidney recipients.

(6) Special situations for allotment:

(a) Multi-organ recipient

If there is a patient who is to be a multi organ recipient (Heart/Lung, Heart / Kidney, Liver /Kidney, Kidney/Pancreas) and a Matching (blood group and size) organ donor is available, then the multi organ recipient takes precedence over all others on the regular waiting list.

(b) Urgent Listings

Lifesaving organs, namely heart and liver may be listed as **Urgent** in certain situations. These conditions do not require a waiting time on the list and a respective committee will clear the urgent organ request.

Liver

- A. Hepatic Artery Thrombosis following a liver transplant.
- B. Primary Non function of a graft
- C. Fulminant hepatic failure (Kings College criteria)

Heart

- A. Patients with Left Ventricular Assist Device (LVAD).
- B. Followed by patients with Intra Aortic Balloon Pump (IABP)

The allocations under the category of 'Urgent Listings' shall have to be cleared by special committees constituted by AACT for the purpose.

Heart committee: A cardiologist and a cardiothoracic surgeon with transplant

experience from Govt. /Private Institutions will form the committee and oversee the Urgent heart allocation.

Liver committee: Hepatologist /Gastroenterologist/ Surgical Gastroenterologist with Liver transplant experience / Liver transplant surgeon from Govt. and private hospitals will oversee the urgent Liver allocations.

Note: Patients on the urgent list supersede the standard list and the hospital misses its regular turn on the rota.

(c) Child Deceased organ donors

In case of children below the age of eighteen years, the appropriate form mentioned in the APTHOA, 1995 requires to be signed by the persons concerned before organ retrieval. The organs thus retrieved from the Child deceased donor organs have to be offered to the children waiting for a deceased donor organ who are registered at Jeevandan.

Contd..10.

12. Promotion of Jeevandan Scheme:

One of the critical success factors for a scheme like Jeevandan is the increasing awareness and popular support. The general public at large should be addressed for a behavioral change so that there is more empathy to the idea behind the Jeevandan scheme. Such empathy would enable the relatives of the deceased donors to take a decision in favour of donation at the appropriate time. This would involve mass media campaign at the appropriate time during the early period of launch of Jeevandan scheme. The Director of Information and Public Relations (DIPR) shall design and implement appropriate media campaign for this purpose, in-consultation with AACT. Besides this, workshops and seminars shall be held in all the Medical Colleges and major hospitals both in Public and Private Sector.

13. Transplantation Coordinators:

All the NTOHCs and OTCs shall have a full time Coordinator, who can be a doctor or nurse not directly involved in the retrieval/transplantation activities. The Transplantation Coordinator identified for each institution shall be got trained in communication skills and also handling the situation arising out of the proposed donation and transplantation. The coordinator shall develop rapport with the family members of prospective "Brain-death" patients; counsel them suitably on donation of organs. They shall also be responsible for sending a monthly report on prospective "Brain-death" patients.

14. Maintenance of Cadaver

A time period of a few hours / few days may elapse from the time of initiation of the process for declaration of brain death till the time the organs are harvested and the body handed over to the relatives. The cadaver has to be maintained by the NTOHC or OTC till such period. It may not be appropriate to charge from the relatives of the deceased in such cases. Therefore the hospital (NTOHC only) be compensated at Rs. 10,000/- per each day, counted from the date of declaration of brain death to the date of handing over the body to the relatives of the deceased donor. This will act as an incentive for the NTOHC to readily take up the cases which can prospectively become cases for cadaver transplantation and thus, increase the availability of organs in the State.

15. Counseling

Counseling plays a very critical role in enabling the relatives of the deceased persons to take a decision in favour of donation of the organ (s). Professionally trained counselors will have to be appointed at all the NTOHCs and OTCs, so as to be on-call. The expenditure relating to the appointment and maintenance of the counselors in respect of NTOHCs will have to be borne either by the hospital or by an NGO attached to the NTOHC. In this regard, it is desirable that each NTOHC shall necessarily be attached to one or more NGOs which can not only promote the concept of Jeevandan but also render critical service relating to counseling.

16. Nodal Centers for training & awareness

- (a) Given the fact that the cadaver transplantation and Jeevandan scheme are being promoted newly in the State, it is necessary to undertake a systematic training for the Coordinators of NTOHCs and OTCs. Osmania Medical College (OMC) shall be the **Nodal place** for training of Coordinators. A team of three members shall be identified from the OMC and other public / private hospitals for training. The OMC shall run a two-day course once in two months with the help of the three faculty members.
- (b) There is also immense need for a continuous promotion of the donation Programme. The Gandhi Medical College / Hospital shall be made as the **Nodal**

Organization for undertaking promotional activities by engaging a professional agency for the purpose. They may also conduct liaison with the various regulatory authorities like RTA, Passport Office, Chief Rationing Officer etc., to inculcate the habit or 'organ pledging' at the time of applying for or receiving driving license, passport, ration card etc. While such a pledge may not have any legal sanctity, it will still serve the purpose of sending the message to a large cross section of people that donation of organs is life-saving in nature and beneficial to the society.

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17. Funding of Jeevandan Scheme:

(a) Implementation of Jeevandan Scheme has the following estimated financial implications:

(i) Establishment of AACT (at NIMS), Hyderabad (CTC @ Rs 2 lakhs p.m; one Sr. medical professional @ Rs.1,00,000 p.m.+3 Jr. personnel @Rs.25,000 p.m)	..	Rs.45.00 lakhs
(ii) Infrastructure at NIMS, Hyderabad	..	Rs.25.00 lakhs
(iii)Promotion at Gandhi Hospital, Secunderabad	..	Rs.25.00 lakhs
(iv)Training at Osmania Hospital, Hyderabad	..	Rs.5.00 lakhs
Total:	..	<u>Rs.100.00 lakhs</u>

(b) The estimated expenditure for the first year is likely to be of the order of Rs.1.00 crore. The AACT and APNOS shall make efforts to ensure that the Scheme becomes financially self-sufficient in the 2nd year through the registration fee as well as contributions from the NGOs and other philanthropic organizations which may be mobilized in due course of time. The seed money of Rs. 1.00 crore shall be mobilized within the overall budget allocated to DME and APVVP by way of re-appropriation, following due procedure.

18. Accordingly all the Heads of Departments under the control of HM&FW Department the Director, NIMS, Hyderabad and all other Government departments, shall take necessary action, with which they are concerned.

19. This order issues with the concurrence of the Finance Department vide their U.O.No.7665/151/A1/EM&H.I/2010, dated: 09.06.2010.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

J. SATYANARAYANA,
SPECIAL CHIEF SECRETARY TO GOVERNMENT

To

All the Heads of Departments under the control of HM&FW Department.

The Director General of Police, Hyderabad.

All the District Collectors in the State.

The Director, Nizam's Institute of Medical Sciences, Hyderabad.

S.F. / S.Cs.

//forwarded :: by order//

SECTION OFFICER.