

LIST OF FORMS REQUIRED FOR ORGAN DONATION & TRANSPLANT

(As per The Transplantation of Human Organs (Amendment) Act, 2011)

- FORM 1- FOR ORGAN/TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR (to be completed by **Donor**).
- FORM 2- FOR ORGAN/TISSUE DONATION BY LIVING SPOUSAL DONOR (to be completed by **Donor**).
- FORM 3- FOR ORGAN/TISSUE DONATION BY OTHER THEN NEAR RELATIVE LIVING DONOR (to be completed by **Donor**).
- FORM 4- FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR (to be given by The **Registered Medical Practitioner**).
- FORM 5- FOR CERTIFICATION OF GENETIC RELATIONSHIP OF LIVING DONOR WITH RECIPIENT (to be filled by the head of **Pathology Laboratory** certifying relationship).
- FORM 6- FOR SPOUSAL LIVING DONOR (to be filled by concerned **competent authority*** and Authorization Committee, of the hospital or district or State in case of foreigners)
- FORM 7- FOR ORGAN TISSUE PLEDGING (To be filled by **individual** pledging for donation after death).
- FORM 8- FOR DECLARATION CUM CONSENT (To be filled by **near relative/ Lawful possessor** of brain-stem dead person).
- FORM 9- FOR UNCLAIMED BODY IN A HOSPITAL/PRISON (To be completed by **person in lawful possession** of the unclaimed
- FORM 10- body). FOR CERTIFICATION OF BRAIN STEM DEATH (To be filled by the **team of experts** certifying brain-stem death).
- FORM 11- APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR (to be completed by the proposed **Recipient & the proposed Living Donor**).
- FORM 12- APPLICATION FOR REGISTRATION OF HOSPITAL TO CARRY OUT ORGAN/TISSUE TRANSPLANTATION OTHER THEN CORNEA (To be filled by **head of the institution**).



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(As per The Transplantation of Human Organs (Amendment) Act, 2011)

- FORM 13- APPLICATION FOR REGISTRATION OF HOSPITAL TO CARRY OUT ORGAN/TISSUE RETRIEVAL OTHER THEN EYE/ CORNEA RETRIEVAL (to be filled by head of the ***institution***)
- FORM 14- APPLICATION FOR REGISTRATION OF TISSUE BANKS OTHER THEN EYE BANKS (to be filled by head of the ***institution***).
- FORM 15- APPLICATION FOR REGISTRATION OF EYE BANK & CORNEAL TRANSPLANTATION CENTRE, EYE RETRIEVAL CENTRE UNDER THE **THOA**.
- FORM 16- CERTIFICATE OF REGISTRATION FOR PERFORMING ORGAN/TISSUE TRANSPLANTATION/RETRIEVAL AND /OR TISSUE BANKING.
- FORM 17- CERTIFICATE OF RENEWAL OF REGISTRATION (To be given by the ***appropriated authority*** on the letter head).
- FORM 18- CERTIFICATE BY THE ***AUTHORIZATION COMMITTEE*** OF HOSPITAL (If Hospital authorization committee is not available then the Authorization Committee of the district/state) where the transplantation has to take place (To be issued on the letter head).
- FORM 19- CERTIFICATE BY CONCERNED ***COMPETENT AUTHORITY*** (as defined at Rule 2(c) for Indian near relative, other than spouse, cases (In case of spousal donor, Form 6 will be applicable).
- FORM 20- VERIFICATION CERTIFICATE IN RESPECT OF DOMICILE STATUS OF RECIPIENT OR DONOR {To be issued by Tehsildar or any other ***authorized officer*** for the purpose (required only for the donor-other than near relative/recipient if they do not belong to the state where transplant hospital identified for operation is located)}.
- FORM 21- CERTIFICATE OF RELATIONSHIP BETWEEN DONOR AND RECIPIENT IN CASE OF FOREIGNERS (To be issued by the ***Embassy concerned***).

