



JEEVANDAN
(CADAVER TRANSPLANTATION PROGRAMME Govt.of Telangana)
Andhra Pradesh Transplantation of Human Organs act 1995
APPROPRIATE AUTHORITY FOR CADAVER TRANSPLANTATION (AACT)

FORM 8
[See rule 4(3)(a) and (b) of the THO Rules 1995]

We, the following members of the Board of medical experts after careful personal examination, hereby certify that **Shri/Smt./Km.** **aged about** **s/o, d/o, w/o,** resident of

Is dead on account of permanent and irreversible cessation of all functions of the brain-stem.

The tests carried out by us and the findings therein are recorded in the brain-stem death Certificate annexed hereto.

Dated

1. In charge of the Hospital in which brainstem panel of names approved by death has occurred. the Appropriate Authority.

2. Nominated from the

3. Neurologist/Neuro-Surgeon Nominated from the panel of Deceased person. Names approved by the Appropriate Authority.

4. Treating the aforesaid