



JEEVANDAN

(CADAVER TRANSPLANTATION PROGRAMME)

Government of Telangana

APPLICATION FOR THE REGISTRATION OF NONTRANSPLANT ORGAN HARVESTING CENTRES (NTOHC) FOR DECEASED ORGAN DONATION

To

The Appropriate Authority for deceased donor organ transplantation _____ (State or Union Territory)

We hereby apply to be recognized as an institution to carry out deceased donor organ harvesting. The required data about the facilities available in the hospital are as follows:-

(A) Hospital:

1. Name _____

2. Location _____

3. Govt./Pvt. _____

4. Teaching/Non-teaching _____

5. Approached by:

Road: Yes No

Rail: Yes No

Air: Yes No

6. Total bed strength: _____

7. Name of the disciplines _____

in the hospital

8. Annual budget _____

9. Patient turnover/year _____

(B) Surgical Team:

1. No. of beds _____

2. No. of permanent staff _____

members with their

designations

3. No. of temporary staff _____

with their designations

4. No. of operations done _____

per year

5. Trained persons available _____

for transplantation (Please

specify organ for transplantation)

(C) Medical Team:

1. No. of beds _____

2. No. of permanent staff

members with their _____

designation

3. No. of temporary staff

members with their _____

designation

4. Patient turnover per year _____

5. No. of potential transplant

candidates admitted per _____

year

(D) Anaesthesiology:

1. No. of permanent staff _____

members with their

designations

2. No. of temporary staff

members with their _____

designations

3. Name and No. of

operations performed _____

4. Name and No. of

equipments available _____

5. Total no. of operation

theatres in the hospital _____

6. No. of emergency

operation-theatres _____

7. No. of separate transplant

operation theatre _____

(E) Neurosurgery:

1. No. of beds _____

2. No. of permanent staff _____

members with their

designations

3. No. of temporary staff _____

with their designations

4. No. of operations done _____

per year

5. Trained persons available _____

for transplantation (Please

specify organ for transplantation)

(F) Neurology:

1. No. of beds _____

2. No. of permanent staff

members with their _____

designation

3. No. of temporary staff

members with their _____

designation

4. Patient turnover per year _____

5. No. of potential transplant

candidates admitted per _____

year

(G) I.C.U./H.D.U. Facilities:

1. ICU/HDU facilities: Present _____ Not present _____

2. No. of ICU beds _____

3. Trained

Nurses _____

Technicians _____

4. Name and number of

equipments in ICU _____

(H) Laboratory Facilities:

a. Biochemistry

1. No. of permanent staff with their designations.
2. No. of investigations carried out in the Dept.

b. Microbiology

1. No. of permanent staff with their designations.
2. No. of investigations carried out in the Dept.

c. Pathology

1. No. of permanent staff with their designations.
2. No. of investigations carried out in the Dept.

(I) Imaging Services:

1. No. of permanent staff with their designations.
2. Names of the investigations carried out in the Dept
3. HLA Laboratory Facility:
4. PRA Testing Facility
5. Name and No. of equipment available.

(J) Haematology Services:

1. No. of permanent staff with their designations.
2. Names of the investigations carried out in the Dept.
3. Name and No. of equipment available.

(K) Blood Bank Facilities:

Provide screened blood and blood products

(L) Dialysis Facilities:

(M) Names of Non-transplant Organ Harvesting Team:

1. Medical Superintendent _____
2. Anaesthetist _____
3. Neurologist _____
4. Neurosurgeon _____
5. Cardiologist _____
6. Nephrologist _____
7. Medical Gastroenterologist _____
8. General Medicine _____
9. pulmonologist _____
10. CT Surgeon _____
11. Urologist _____
12. Surgical Gastroenterologist _____
13. Medico social worker _____
14. Transplant coordinator _____
15. Nursing staff _____

(N) Brain Death Declaration Team:

1. Medical Superintendent _____

2. An independent Medical

Practitioner nominated by Medical Superintendent

of the hospital/AACT _____

3. A Neurologist or Neurosurgeon nominated by Medical

Superintendent of the _____ hospital/AACT

4. The doctor on-duty treating the patient _____

(O) Other Supportive Facilities:

Data about other facilities available in the hospital.

The above said information is true to the best of my knowledge and I have

no objection to any scrutiny of our facility by authorized personnel. A Bank

Draft/Cheque of Rs. 5,000 is being enclosed.

Head of the Institution

Note: D.D in favour of “**NIMS JEEVANDAN SCHEME**”.