



JEEVANDAN

(CADAVER TRANSPLANTATION PROGRAMME)

Government of Telangana

APPLICATION FOR REGISTRATION OF HOSPITAL TO CARRY OUT DECEASED DONOR ORGAN TRANSPLANTATION (OTC)

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 transplantation for Kidney/Liver/heart/Lung/Pancreas. 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
equipment's available _____

5. Total no. of operation
theatres in the hospital _____

6. No. of emergency
operation-theatres _____

7. No. of separate transplant
operation theatre _____

(E) 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 _____

(F) 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.

(G) 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.

(H) 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.

(I) Blood Bank Facilities:

Provide screened blood and blood products

(J) Dialysis Facilities:

(K) Speciality Departments:

a. Surgical Gastroenterology:

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)

b. Urology:

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. 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)

d. CT Surgery:

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)

e. 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

f. Nephrology:

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. Medical Gastroenterology:

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

h. Cardiology:

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

I. Medico Social Worker

1. No. of permanent staff

members with their _____

designation

2. No. of temporary staff

members with their _____

designation

3. Nature of work _____

(L) Names of Deceased Donor Transplantation Team:

1. Anesthetist _____

2. Neurologist _____

3. Neurosurgeon _____

4. Cardiologist _____

5. CT surgeon _____

6. Nephrologist _____

7. Urologist _____

8. Medical Gastroenterologist _____

9. Surgical Gastroenterologist _____

10. Medico social worker _____

11. Nursing staff _____

12. Transplant coordinator _____

(M) 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 _____

(N) 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. 1,00,000 is being enclosed.

Head of the Institution

Note: D.D should be drawn in favour of "NIMS JEEVANDAN SCHEME, AP". The

amounts can also be remitted through ECS/NEFT/RTGS to Andhra Bank NIMS

Branch to the account no: 1079101000023080-MICR code 500011063