



JEEVANDAN

(CADAVER TRANSPLANTATION PROGRAMME Govt.of Telangana)

Andhra Pradesh Transplantation of Human Organs act 1995

APPROPRIATE AUTHORITY FOR CADAVER TRANSPLANTATION (AACT)

Form-A

Police Intimation Form

From,

Medical Officer,

_____ Hospital;

Address:_____

To,

Inspector of Police / Investigating Officer

----- Police Station.

Address:

Sir,

Sri/Smt ----- aged----- years of -----

(Address) sustained injuries (details) and was admitted in -----

Hospital on----- (dd/mm/yy).

2. The near relatives of the patient have expressed a positive inclination to donate the organs of the patient in the event of the patient's Brain death. The Braine Death Certification has been done, as per the Transplantation of human Organs Act, 1994(The Transplantation of Human Organs Rules, 1995, Bare Act)

at -----on-----

3. You are requested to immediately come to the hospital in order to expedite the conduct of the inquest and carry out necessary procedures to enable the Cadaver Organ donation.

Yours faithfully,

Copy to:-

Police station

SECTION OFFICER