



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 _____ Members 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. Anesthesiology:

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.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:

F.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:

G.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.

H. Blood Bank Facilities:

Provide screened blood and blood products

I. Dialysis Facilities:

J. Specialty 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. Neuro 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)

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. Pulmonologist

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

j. 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 _____

k. Names of Deceased Donor Transplantation Team:

1. Anesthetist _____
2. Neurologist _____
3. Neurosurgeon _____
4. Cardiologist _____
5. CT surgeon _____
6. Pulmonologist _____
7. Nephrologist _____
8. Urologist _____
9. Medical Gastroenterologist _____
10. Surgical Gastroenterologist _____
11. Medico social worker _____
12. Nursing staff _____
13. Transplant coordinator _____

K. Brain Death Declaration Team:

1. Medical Superintendent _____
2. An independent medical practitioner nominated by Medical Superintendent of the _____ hospital / AACT
3. Neurologist or Neurosurgeon nominated by medical Superintendent of the _____ hospital / AACT
4. The doctor on-duty treating the patient _____

L. 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.

The Bank Draft / Cheque of Rs. 1, 00,000/- is being enclosed. Head of the Institution.

Note:

D.D should be drawn in favor of “**NIMS JEEVANDAN SCHEME**”.

The amounts can also be remitted through ECS/NEFT/RTGS to Union Bank NIMS Branch to the account no: 1079101000023080-MICR code 500011063.

