

## **Evaluation Committee Members SOPS**

### GENERAL INSTRUCTIONS

1. Evaluation committee members should be constituted according to criteria mentioned by PHOTA.
2. All the paper work must be completed by transplant coordinator at least 12hrs before commencement of meeting.
3. It is preferable to inform committee members about meeting at least 48 hrs before the meeting.
4. The evaluation committee should interview both recipient and donor separately.
5. Evaluation committee will evaluate the technical feasibility of the transplant.

### **SECTION A**

## **Proforma for Evaluation Committee of Kidney/Liver Transplant**

Recipient (Name): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Signature of patient: \_\_\_\_\_ N.I.C. No: \_\_\_\_\_

Father / Husband Name \_\_\_\_\_

N.I.C. No. / Other Identification: \_\_\_\_\_

Address as per file: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

NIC No: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

NIC No: \_\_\_\_\_

Donor name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

NIC No / Other identification: \_\_\_\_\_

Father / Husband Name \_\_\_\_\_

Address as per File: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

NIC No: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

NIC No: \_\_\_\_\_

#### DIRECTIONS FOR FILLING UP OF SECTION A

1. Must be filled by transplant coordinator.
2. Each portion of form must be filled, completed, signature of Recipient/Donor should be taken.

**SECTION B**

**QUESTIONS TO BE ASKED:**

1.	Relationship Establishment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Family Registration Certificate (FRC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Recipient/Donor Technical suitability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Evidence of Duress	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Evidence of Money Exchange	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Evidence of Foul Play	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Previous Transplantation	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The above mention Section B has to be evaluated by examination/interview of both recipient/donor individually and separately in front of approved hospital evaluation committee.

All the evaluation committee members would authenticate the varsity of the document

**Note: By signing the statement, the evaluation committee authenticate the varsity of the statements in Section B and also ensure that SOPs has been implemented.**

1. General Surgeon (Name) _____ Signature _____	2. Medical Specialist (Name) _____ Signature _____
3. Transplant Surgeon (Name) _____ Signature _____	4. Nephrologist _____ Signature _____
5. Neurologist (Name) _____ Signature _____	6. Intensivist _____ Signature _____
7. Notable (Name) _____ Signature _____	8. Notable _____ Signature _____
9. Hepatologist / Gastroenterologist _____ (For Liver Transplantation) Signature _____	

Dated: \_\_\_\_\_

**CLOSE BLOOD RELATIVES:**  
**DOCUMENTS REQUIRED FOR DONATION OF ORGAN BY CLOSE BLOOD**  
**RELATIVE/UN-RELATED PERSON**

**RECIPIENT:**

Name: \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_

National Identity Card (CNIC) No.: \_\_\_\_\_ (copy attached)

Age (D.O.B): \_\_\_\_\_ Blood Group: \_\_\_\_\_ Sex: \_\_\_\_\_

Referred by: \_\_\_\_\_ (Attach copy)

Tissue Typing: \_\_\_\_\_

S.#	Relation	Name	S/o, D/o, W/o	Blood Group	Reason of Ineligibility	CNIC
<b>WIFE/HUSBAND</b>						
<b>FATHER</b>						
<b>MOTHER</b>						
<b>BROTHERS</b>						
<b>SISTERS</b>						
<b>SONS</b>						
<b>DAUGHTERS</b>						

Administrator's Signature \_\_\_\_\_ Transplant Surgeon's Signature \_\_\_\_\_

Stamp: \_\_\_\_\_

Stamp: \_\_\_\_\_

**NON-CLOSE BLOOD RELATIVES:**

S.#	Relation	Name	S/o, D/o, W/o	Blood Group	Reason of Ineligibility	CNIC
<b>Uncles Paternal (Chacha)</b>						
<b>Uncles Maternal (Mamoo)</b>						
<b>Aunts Paternal (Phopho)</b>						
<b>Aunts Maternal (Khala)</b>						
<b>NEPHEWS</b>						
<b>NIECES</b>						

Administrator's Signature \_\_\_\_\_

Transplant Surgeon's Signature \_\_\_\_\_

Stamp: \_\_\_\_\_

Stamp: \_\_\_\_\_