



**GOVERNMENT OF THE PUNJAB
HEALTH DEPARTMENT**

Dated Lahore, the 25th August, 2012

NOTIFICATION

No.S.O.(H&D)7-19/2010(LEGISLATION). In exercise of the powers conferred under section 17 of the Transplantation of Human Organs and Tissues Act, 2010 (VI of 2010), Governor is pleased to make the following rules:

1. Short title and commencement.– (1) These rules may be cited as the Punjab Transplantation of Human Organs and Tissues Rules 2012.

(2) They shall come into force at once.

2. Definitions.– (1) In these rules:

(a) “Act” means the Transplantation of Human Organs and Tissues Act, 2010 (VI of 2010);

(b) “Form” means the form annexed to these rules;

(c) “non-close blood relative” means a relative, who is not a close blood relative but does not include an unrelated donor;

(d) “section” means the section of the Act; and

(e) “unrelated donor” means a donor who is neither close blood relative nor non-close blood relative of the recipient.

(2) All other words and expressions used and not defined in these rules shall have the meaning assigned to them under the Act.

3. Authorization for donation during lifetime.– A living donor, who is not less than eighteen years of age, may during his lifetime voluntarily donate any organ or tissue of his body to any other living person and the donation of organ or part or tissue by such person shall be authorized voluntarily by completing Forms 1, 2 or 3, whichever is applicable.

4. Authorization for donation after death.– (1) Any person who is not less than eighteen years of age, may before his death, in writing duly signed and verified by the concerned Evaluation Committee, donate any of his organ or tissue for transplantation and for this purpose may authorize any recognized medical institution or hospital by voluntarily completing Form 6 as per terms and conditions contained therein.

(2) A donation under sub-rule (1) may be revoked at any time during lifetime of the donor as per terms and conditions contained in Form 6A, under written intimation to the concerned recognized medical institution or hospital and the concerned Evaluation Committee.

5. Duties of the transplant surgeon or physician.– (1) A recognized transplant surgeon or physician shall, before removing a human organ from the body of a donor before his death, obtain complete application, documents, details and Forms as detailed below, from the patient and donor, and only after satisfying himself about the veracity of the documents and the information so obtained, the transplant surgeon or physician shall forward the same alongwith annexures, if any, to all the members of the concerned Evaluation Committee for proper evaluation of the case:

- (a) donor's application in Form 10 jointly with the recipient to grant approval for removal and transplantation of a human organ;
- (b) original CNIC of patient and the donor, issued by the National Database and Registration Authority;
- (c) donor's authorization for donation in Forms 1, 2 or 3, whichever is relevant;
- (d) the recognized transplant surgeon or physician shall, after ensuring that the donor is in proper state of health and fit to donate the organ or tissue, sign a certificate as specified in Form 4; and
- (e) in case the recipient is spouse of the donor, the donor shall give a statement to confirm that they are so related by signing a certificate in Form 2 and the recognized transplant surgeon or physician shall also sign and forward a certificate in this regard as specified in Form 5.

(2) In case of removal of any human organ or tissue from the body of a person after his death, the recognized transplant surgeon or physician before forwarding the case to the Evaluation Committee shall satisfy himself:

- (a) that the donor had, in the presence of two or more witnesses (at least one of whom is a close blood relative of such person), unequivocally authorized the concerned recognized medical institution or hospital and the Evaluation Committee as specified in Form 6 before his death, the removal of the human organ of his body, after his death, for therapeutic purposes;

- (b) that written certification has been obtained from the Evaluation Committee that death has occurred;
- (c) that the donor has not at any time during his lifetime revoked the authorization in the manner as per Form 6A, under written intimation to the concerned medical institution or hospital and the Evaluation Committee; and
- (d) that the person lawfully in possession of the dead body has signed a certificate as specified in Form 7.

(3) A recognized transplant surgeon or physician shall, before removing a human organ from the body of a person in the event of his brain-stem death, satisfy himself:

- (a) that a certificate as specified in Form 8 has been issued by the Evaluation Committee; and
- (b) that in the case of brain-stem death of a person, less than eighteen years of age, a certificate specified in Form 8 has been issued by the Evaluation Committee and an authorization as specified in Form 9 has been signed by either of the parents or other close blood relative of such person.

6. Functioning of Evaluation Committees.– (1) Every Evaluation Committee shall, for the performance of its functions, hold meetings as may be necessary but not less than twice a month, at the respective recognized medical institution or hospital on the date and time as shall mutually be decided by the members of the hospital Evaluation Committee.

(2) The quorum for the Evaluation Committee shall be five members; however, the quorum shall not be complete without participation of at least one of the two local notables and the transplant surgeon.

(3) The Evaluation Committee shall perform its functions as provided in the Act in accordance with these rules.

(4) Brain death of a person shall be determined in writing by the following members of the Evaluation Committee¹:

- (a) a neurosurgeon or neurophysician; and
- (b) an intensivist.

¹ Printed in the Gazette Notification as “committee”

(5) At the time of the meeting, the Evaluation Committee shall take proper cognizance of all relevant details and documents and in case it is considered necessary, the Evaluation Committee may require any additional information or conduct inquiry, in order to confirm the veracity or correctness of any information, declaration or document.

(6) No approval for removal or transplantation of any human organ or tissue from a living donor shall be given unless the effects, complications and hazards connected with the removal or transplantation to the donor and its outcome in the recipient, are explained to them by the transplant surgeon.

7. Donation from close blood relatives.– (1) Where the proposed transplant is between the close blood relatives, the concerned Evaluation Committee shall evaluate:

- (a) results of tests for Human Leukocyte Antigen (HLA), alleles A, B and DR performed by serology or DNA-PCR methods and, if necessary, further testing by contemporary technology that is micro satellite gene analysis to confirm relationship;
- (b) documentary evidence of relationship including computerized national identity card, birth certificates and marriage certificate; and
- (c) documentary evidence of identity and residence of the proposed donor including computerized national identity card, passport, driving licence² or bank account.

(2) If in the opinion of the Evaluation Committee, the relationship is not conclusively established after evaluating the above evidence, the Evaluation Committee may in its discretion direct further medical tests as applicable in that case under the prevalent medical best practices.

(3) Where the tests referred to above do not establish a genetic relationship between the donor and the recipient, the same tests are to be performed on preferably both parents or at least one parent, if parents are not available, same tests are to be performed on such relatives of donor and recipient as are available and are willing to be tested failing which, genetic relationship between the donor and the recipient shall be deemed to have not been established.

(4) The papers for approval of transplantation shall be collected and processed by the recognized transplant surgeon or physician and the approval shall be granted or refused by the Evaluation Committee for the reasons to be recorded in writing.

² Printed in the gazette notification as “license”

8. Donation from non-close blood relatives.– (1) Where the proposed transplant is between the individuals who are non-close blood relatives as per sub-section (2) of section 3 of the Act, the Evaluation Committee shall:

- (i) obtain an affidavit duly notified by the Notary Public and witnessed by at least two independent witnesses, along with a credible document of the National Database and Registration Authority or Director General of Immigration and Passports or concerned Union Council from the patient, containing the complete particulars and whereabouts of his all close blood relatives, so that it could be established without any doubt that no close blood relative, of the recipient is available to donate any tissue or organ to the patient;
- (ii) satisfy itself that a close blood relative donor exists but he is not medically fit for donation and the patient has produced all necessary details and credible documents in this regard;
- (iii) satisfy itself that the donation is voluntary, genuinely motivated and there is no commercial transaction between the recipient and the donor and no payment of money or moneys worth has been made or promised to be made to the donor or any other person and in this connection, the Evaluation Committee shall take into consideration:
 - (a) an explanation regarding any link between them and the circumstances which led to the offer being made;
 - (b) documentary evidence of the link including proof that they have lived together;
 - (c) reasons why the donor intends to donate his body organ or tissue;
 - (d) any gross disparity between the status of the two, which must be evaluated in the backdrop of the objective of preventing commercial dealing;
 - (e) the financial status of the donor and the recipient may be probed by asking them to give appropriate evidence of their profession and income for the previous three financial years;
 - (f) there is no middleman or tout involved;
 - (g) the donor is not a drug addict and is capable of understanding about his intention to donate an organ, procedure of transplantation and the effects thereof on the donor and the recipient;

- (h) the next of kin of the proposed donor is interviewed regarding awareness about his intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation; and
- (i) any strong views of disagreement or objection of such kin may also be recorded and taken note of.

(2) In the course of determining eligibility of the donor to donate, the donor should be personally interviewed by the Evaluation Committee and minutes of the interview should be recorded.

(3) In case where the donor is a female, greater precautions should be taken; her identity and independent consent should be confirmed by a person other than the recipient.

(4) Any document with regard to the proof of the residence or domicile and particulars of parentage should be relatable to the photo identify of the donor in order to ensure that the documents pertain to the same person, who is the proposed donor and in the event of any inadequate or doubtful information to this effect, the Evaluation Committee may in its discretion seek such other information or evidence as may be expedient and desirable in the peculiar facts of the case.

(5) The Evaluation Committee should state in writing its reasons for rejecting or approving the application of the proposed donor or patient and all approvals should be subject to the following conditions:

- (a) the approved proposed donor shall be subject to all such medical tests as required at the relevant stages to determine his biological capacity and compatibility to donate the organ in question;
- (b) psychiatrist clearance shall be mandatory to certify his mental condition, awareness, absence of any over or latent psychiatric disease and ability to give free consent; and
- (c) all prescribed forms have been filled up by all relevant persons involved in the process of transplantation.

(6) The Evaluation Committee shall take the decision quickly, where no further documents, inquiry or tests are required and use its discretion judiciously and pragmatically, in all such cases.

(7) The Evaluation Committee shall take final decision about donor's selection within twenty four hours of holding the meeting for grant of permission or refusal for transplant.

(8) Every recognized hospital or institution shall maintain a website and the decision of the Evaluation Committee shall appear on the website of the hospital or institution within twenty four hours of taking the decision.

(9) The website of the hospital or institution shall be updated regularly in respect of the total number of the transplantations done in that recognized institution along with the essential details of each transplantation.

9. Transplantation of unclaimed brain dead persons.– (1) The cases of unclaimed brain dead hospitalized patients shall be presented to any of the notified Evaluation Committees for transplantation after an intense search for their relatives within twenty four hours including search through National Database and Registration Authority, local police and any other method as may be deemed appropriate.

(2) The concerned Evaluation Committee may approve any case, referred to in sub-rule (1), for transplantation of any organ or tissue, after:

- (a) determining the brain death of the person;
- (b) determining the identity of the person, if possible, through computerized national identity card, passport, driving licence³ or any other method that the Evaluation Committee deems fit;
- (c) evaluating the efforts for search of the relatives of the person including search through National Database and Registration Authority, local police and any other method that the Evaluation Committee deems fit; and
- (d) determining propriety of removal of a human organ using brain death protocol, formulated by the Evaluation Committee.

10. Preservation of organs and tissues.– The organ or tissue removed shall be preserved by the recognized institution according to current and accepted scientific methods in order to ensure viability for the purpose of transplantation.

11. Functioning of Monitoring Authority.– (1) The Monitoring Authority shall monitor, supervise and scrutinize transplantation of human organs and tissues.

(2) The Government may, by notification, dissolve any Evaluation Committee after an enquiry conducted on the basis of a complaint received in writing or upon

³ Printed in the gazette Notification as “license”

receipt of complaint of negligence, misconduct or not complying with any provision of the Act or these rules and, in such an eventuality, the Government shall reconstitute Evaluation Committee within fifteen days of the dissolution of the earlier Committee.

(3) The Monitoring Authority may organize events to recognize and acknowledge the act of supreme altruism of living donors and the family of deceased donors.

(4) The Monitoring Authority shall create Punjab Organ Sharing Network and Organ Procurement Organization consisting of a doctor, a psychologist or sociologist and a nurse.

(5) The Punjab Organ Sharing Network shall obtain information and maintain record of brain death patients whose families have consented for donation and shall liaise with Organ Procurement Organization.

(6) The Organ Procurement Organization shall generate the request of brain death patients and refer the request to the Punjab Organ Sharing Network which may allocate organs according to the current international practices for allocation.

(7) The Monitoring Authority under sub-section (3) of section 8 shall request the Government to institute an endowment fund which shall be used by the Authority for the transplantation of indigent patients including post transplant care and medicines.

12. Registration and functions of recognized medical Institution or hospital.–

(1) An application for registration as recognized institution or hospital shall be made to the Monitoring Authority as specified in Form 11.

(2) The application shall be accompanied by a fee of rupees one hundred thousand payable to the Monitoring Authority by means of a bank draft or postal order.

(3) The Monitoring Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements, grant a certificate of interim registration as specified in Form 12 after physical inspection of⁴ the hospital or institution.

(4) The Monitoring Authority shall grant a certificate of registration in Form 13 and it shall be valid for a period of three years from the date of its issuance and it shall be renewable.

(5) Every hospital or institution shall maintain complete record of all transplants undertaken including details of the donors.

⁴ The preposition “of” added being missing in the Gazette Notification

(6) All such hospitals or institutions shall report to the Monitoring Authority and the Provincial Monitoring Committees on the follow up of the donor and the recipient as required under clause (c) of sub-section (2) of section 8.

(7) The hospital or Institution shall maintain the record of follow-up in a manner as laid down in Form 14 and Form 15.

(8) Transplant Registry Form (Form 16) is to be submitted to Human Organ Transplant Authority on day of operation by electronic mail or fax, followed by a hard copy by post.

13. Renewal of registration.– (1) An application for the renewal of a certificate of registration of hospital or institution shall be made to the Monitoring Authority within a period of three months prior to the date of expiry of the original certificate of registration and shall be accompanied by a fee of rupees one hundred thousand payable to the Monitoring Authority by means of a bank draft or pay order.

(2) A renewal certificate of registration shall be issued as specified in Form 17 and shall be valid for a period of three years.

(3) If, after an inquiry including inspection of the hospital and scrutiny of its past performance and after giving an opportunity to the applicant, the Monitoring Authority is satisfied that the applicant, since grant of certificate of registration or renewal of registration under these rules has not complied with the requirements of the Act or the rules made thereunder and conditions subject to which the certificate of registration has been granted, shall for reasons to be recorded in writing, refuse to grant renewal of the certificate of registration.

14. Essential conditions for grant of certificate of registration.– No hospital or institution shall be granted a certificate of registration unless it fulfills the following requirements of manpower, equipment, specialized services and facilities as laid down below:

- (i) General Manpower Requirement Specialized Services and Facilities:
 - (a) twenty four hours availability of medical and surgical, (senior and junior) staff;
 - (b) twenty four hours availability of nursing staff, (general and specialty trained);

- (c) twenty four hours availability of Intensive⁵ Care Units with adequate equipments, staff and supports system, including specialists in anesthesiology, intensive care;
 - (d) twenty four hours availability of laboratory with multiple discipline testing facilities including but not limited to Microbiology, Bio-Chemistry, Pathology and Hematology and Radiology departments with trained staff;
 - (e) twenty four hours availability of operation theatre facilities for planned and emergency procedures with adequate staff, support system and equipment;
 - (f) twenty four hours availability of communication system, with power backup, including but not limited to multiple line telephones, public telephone systems, fax, computers and paper photo-imaging machine;
 - (g) experts (other than the experts required for the relevant transplantation) of relevant and associated specialties including but not limited to and depending upon the requirements, the experts in internal medicine, diabetology, gastroenterology, nephrology, neurology, paediatrics, gynaecology, immunology and cardiology should be available to the transplantation centre;
- (ii) Equipment:
- equipment as per current and expected scientific requirement specify to organ or organs being transplanted and the transplant centre should have the availability of the accessories, spare-parts, back-up and maintenance service support system in relation to all relevant equipment;
- (iii) Experts and their qualifications:
- (a) kidney transplantation: FCPS, M.S. General Surgery, Urology or equivalent qualification with three years post FCPS or M.S. training in a recognized centre in Pakistan or abroad and having attended to adequate number of renal transplantation as an active member of team;
 - (b) transplantation of liver and other abdominal organs: FCPS, M.S. General Surgery or equivalent qualification with at least three years

⁵ Printed in the Gazette Notification as “intensive”

post FCPS or M.S. training in an established centre with reasonable experience of performing liver transplantation as an active member of team;

- (c) cardiac, pulmonary, cardio-pulmonary transplantation: FCPS, M.S Cardio-thoracic and vascular surgery or equivalent qualification in Pakistan or abroad with at least three years' experience as an active member of the team performing an adequate number of open heart operations per year and well-versed with coronary by-pass surgery and Heart-Valve surgery; and
- (d) cornea transplantation: FCPS, M.S. ophthalmology or equivalent qualification with at least one year post FCPS or M.S. training in a recognized hospital carrying out corneal transplant operations.

**SECRETARY
GOVERNMENT OF PUNJAB
HEALTH DEPARTMENT**

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 1

(To be completed by the prospective close blood related donor)

[Refer rule]

My full name isand
this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed.

My permanent Home address is

.....
.....
.....

Tel.....

My present Home address is

.....
.....

Tel.....

Date of birth
(day/month/year)

- National Identity Card number and Date of issue & place.....
(Photocopy attached)
and / or
- Form B of National Data Registration Authority (NADRA) of that family unit.
and / or
- Passport number and country of issue.....
where available (photocopy attached)
and/ or
- Driving Licence⁶ number, Date of issue, licensing authority
where available (photocopy attached)
and/ or
- Other proof of identity and address.....

I hereby authorize removal for the therapeutic purposes/ consent to donate my
..... (state which organ) to my relative
..... (specify son/ daughter/ father/ mother/ brother/
sister), whose name is and who was
born on (day/ month/ year) and whose particulars are as follows:

⁶ Printed in the Gazette notification as “license”

Photograph of the Recipient
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed.

- National Identity Card number and Date of issue & place.....
(Photocopy attached)
and / or
- Form B of National Data Registration Authority (NADRA) of that family unit.
and / or
- Passport number and country of issue.....
where available (Photocopy attached)
and/ or
- Driving Licence⁷ number, Date of issue, licensing authority
where available (photocopy attached)
and/ or
- Other proof of identity and address.....

I solemnly affirm and declare that:

Sections 2, 3 and 11 of The Punjab Transplantation of Human Organs and Tissues Ordinance 2012 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the Sections.
2. No payment of money or money's worth as referred to in the Sections of the Ordinance has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by (name of recognized transplant surgeon or physician).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....

.....

⁷ Printed in the Gazette notification as "license"

Signature of the prospective donor

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s)⁸ on the Notary Registrar, as well.

⁸ Printed in the Gazette notification as “signs(s)”

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 2

(To be completed by the prospective spousal donor)

[Refer rule 3]

My full name is
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed.

My permanent Home address is
.....
.....Tel.....
My present Home address is.....Tel.....
Date of birth..... (day/ month/ year)

I authorize to removal for therapeutic purposes/ consent to donate my
..... (state which organ) to my husband/ wife
.....whose full name is
..... and who was born on
..... (day/ month/ year) and whose particulars are as

Photograph of the Recipient
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed.

- National Identity Card number and Date of issue & place.....
(photocopy attached)
and / or
- Passport number and country of issue.....
where available (photocopy attached)
and/ or
- Driving License number, Date of issue, licensing authority
where available (photocopy attached)
and/ or
- Other proof of identity and address.....

I submit the following evidence of being married to the recipient:-

- a) a certified copy of a marriage certificate.
or
- b) an affidavit of a 'close blood relative' confirming the status of marriage to be sworn before Class-I Magistrate / Notary Public.
- c) Family photographs/ marriage photographs.

- d) Letter from Nazim/ Councilor certifying factum and status of marriage.
- e) Other credible evidence including the Form B of National Data Registration Authority (NADRA) of that family unit.

I solemnly affirm and declare that:

Sections 2, 3 and 11 of The Punjab Transplantation of Human Organs and Tissues Ordinance 2012 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the Sections.
2. No payment of money or money's worth as referred to in the Sections of the Ordinance has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by (name of recognized transplant surgeon or physician).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s)⁹ on the Notary Registrar, as well.

⁹ Printed in the Gazette notification as “signs(s)”

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 3

(To be completed by the prospective non close blood related donor)

[Refer rule 3]

My full name is
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed.

My permanent Home address is
.....
.....Tel.....

My present Home address is.....
Tel.....

Date of birth..... (day/ month/ year)

- National Identity Card number and Date of issue & place.....
(photocopy attached)
and / or
- Passport number and country of issue.....
where available (photocopy attached)
and/ or
- Driving Licence¹⁰ number, Date of issue, licensing authority
where available (photocopy attached)
and/ or
- Other proof of identity and address.....
- Details of last three years income and vocation of donor
- A description of the relationship / interaction with the recipient in the past.....

I hereby authorize to remove for therapeutic purposes/ consent to donate my
..... (state which organ) to a person whose full name is
..... and who was born on
(day/ month/ year) and whose particulars are:

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed.

- National Identity Card number and Date of issue & place.....
(photocopy attached)
and / or

¹⁰ Printed in the Gazette notification as “License”

- Passport number and country of issue.....
 where available (photocopy attached)
 and/ or
- Driving Licence¹¹ number, Date of issue, licensing authority
 where available (photocopy attached)
 and/ or
- Other proof of identity and address.....

I solemnly affirm and declare that:

Sections 2, 3 and 11 of the¹² Punjab Transplantation of Human Organs and Tissues Ordinance 2012 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the Sections.
2. No payment of money or money's worth as referred to in the Sections of the Ordinance has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ), that explanation was given by (name of recognized transplant surgeon or physician).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
 Signature of the prospective donor
 Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s)¹³ on the Notary Registrar, as well.

¹¹ Printed in the Gazette notification as “License”
¹² Printed in the Gazette notification as “The”
¹³ Printed in the Gazette notification as “signs(s)”

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 4

(To be completed by the recognized transparent surgeon or physician)
[Refer rule 5(1)(d)]

I, Dr. possessing qualification of registered as medical practitioner at serial no..... by the..... Medical Council, certify that I have examined Mr./ Mrs./ Ms. S/o, D/o, W/o.....aged who has given informed consent about donation of the organ, namely.....to Mr./ Mrs./ Ms. who is a 'close blood relative' of the donor/ non-close blood relative of the donor, who had been approved by the Evaluation Committee and that the said donor is in proper state of health and is medically fit to be subjected to the procedure of organ removal.

Place.....

.....

Date.....

Signature of Doctor Seal

To be affixed and attested by the doctor concerned. The Signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

To be affixed and attested by the doctor concerned. The Signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

Photograph of the Donor
(Attested by doctor)

Photograph of the recipient
(Attested by doctor)

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 5

(To be completed by the recognized transplant surgeon or physician)

[Refer rule 5(1)(e)]

I, Dr. possessing qualification of
registered as medical practitioner at serial no.
..... by the..... Medical Council,
certify that:

(i) Mr.....S/o Mr.....aged.....
Resident ofand Mrs.....d/o, w/o
Mr.....aged.....resident of
..... are related to each other as spouse
according to the statement given by them and their statement has been confirmed by
means of following evidences by Evaluation Committee before effecting the organ
removal from the body of the said Mr./ Mrs./ Ms.

Place.....

.....

Date.....

Signature of Doctor Seal

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 6A

(To be completed by person in his / her lifetime revoking his/ her authorization to donate his / her organs / tissues after death)

[Refer rule 4(2)]

I s/o, d/o, w/o Mr.....
aged.....resident of.....
.....in the presence of
persons mentioned below hereby unequivocally revoke my authorization dated
.....and after my death my organ/organs, namely,
..... shall not be removed from my
body for therapeutic purposes.

.....

Date.....
Signature.....

Signature of Donor

Witnesses:

(1). Mr./Mrs./Ms. s/o, d/o, w/o,
Mr.....aged..... resident of

.....
.....
.....Tel.....(Signature).....
.....

(2). Mr./Mrs./Ms. s/o, d/o, w/o,
Mr.....aged.....resident of

.....
.....
.....Tel.....is a close blood relative to the donor as
.....

Date

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 7

(To be filed by a person having lawful possession of the dead body)

[Refer rule 5(2)(d)]

I s/o, d/o, w/o Mr,aged.....
.....resident of
..... having lawful possession of the
dead body of Mr./Mrs./Ms.s/o/d/o/w/o, Mr.
..... aged of resident
ofhaving
known that the deceased has signed Form 6 before his death and not expressed any
objection to his/her organ/organs being removed for therapeutic purposes after his/ her
death and also having reasons to believe that no close blood relative of the said
deceased person has objection to any of his/her organs being used for therapeutic
purposes, authorize removal of his/her body organs,
namely.....

.....
Signature

Date.....

Place

Person in lawful possession of the dead body:

Address.....

The Punjab Transplantation of Human Organs and Tissues, Rules 2012

FORM 8

(To be filled by the Board of Medical Experts)

[Refer rule 5(3)(a)]

We, the following members of the Board of Medical Experts after careful personal examination, hereby certify that Mr./Mrs./Ms.....
.....aged..... s/o, d/o, w/o
Mr.....resident of.....

.....i
s dead on account of permanent an irreversible cessation of all functions of the brain-
stem. The tests carried out by us and the findings therein are recorded in the brain-
stem death certificate annexed hereto.

Date.....

Signature.....

1. Medical Director or Medical Superintendent of the Hospital;
2. A neurosurgeon / neurophysician; and
3. An intensivist.

BRAIN-STEM DEATH CERTIFICATE

(A). Patient Details:

1. Name of the patient: Mr. Mrs./Ms..... s/o, d/o,
w/o.....

Sex: Male Female Age..... years.

2. Address.....

Tel#.....

3. Hospital Number.....

4. Name and address of next of kin of person responsible for the patient (if none exist,
this must be specified). resident
of.....

5. Has the patient or next kin agreed to any transplant?

6. Is this a police case? yes No

(B) Pre-conditions:

1. Diagnosis: Did the patient suffer from any illness or accident that led to irreversible
brain damage? Specify details:.....

Date and time of accident/ onset of illness.....

Date and onset of no-responsible coma?.....

2. Finding of Board of Medical Experts:

(1) The following reversible causes of coma have been excluded:

- Intoxication (Alcohol)
- Depressant Drugs
- Relaxants (Neuromuscular blocking agents)
- Others

	First Medical Examination		Second Medical Examination	
	1 st	2 nd	1 st	2 nd
Primary hypothermia				
Hypovolaemic shock				
Metabolic or endocrine disorders				
Tests for absent of brain stem functions				

2. Coma
3. Cessation of spontaneous breathing
4. Pupillary size
5. Pupillary light reflexes
6. Doll's head eyes movement
7. Corneal reflexes (Both Sizes)
8. Motor response in any cranial nerve distribution, any responses to simulation of face, limb or trunk
9. Gag reflex
10. Cough (Tracheal)
11. Eye movements on caloric testing bilaterally
12. Apnoea tests as specified
13. Were any respiratory movements seen?

.....

.....

Date and time of first testing

.Date and time of second testing

This to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above.

Mr./ Mrs./ Ms..... is declared brain-stem dead.

1. Medical Director or Medical Superintendent of the Hospital;
2. A neurosurgeon / neurophysician; and
3. An intensivist.

NB.

The minimum time interval between the first testing and second testing will be six hours.

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FORM 6

(To be completed by person in his / her lifetime and willing to donate his/ her organ / tissues after death)

[Refer rule 4(1)]

I s/o, d/o, w/o Mr,
aged.....resident of
.....in the presence of persons
mentioned below hereby unequivocally authorize the removal of my body organs,
namely, from my body after my
death for therapeutic purposes.

.....

Date.....
Signature.....

Signature of the donor

Witnesses

(1). Mr./ Mrs./ Ms. s/o, d/o, w/o,
Mr.....aged.....resident of
.....

Tel.....
Signature).....

(2). Mr./ Mrs./ Ms. s/o, d/o, w/o,
Mr.....aged.....resident of
.....

.....#
Tel.....as a close blood relative to the donor as
.....

Date

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FORM 9

(to be filed by either parent of dead child under 18 years)

[Refer rule 5(3) (b)]

I Mr. / Mrs./ Ms..... son of, wife of.....
resident ofhereby
authorize removal of the organ/ organs namely.....
for therapeutic purposes from the dead body of my son/ daughter, Mr/ Mrs.....
aged whose brain stem death has been duly certified in
accordance with the law

Signature.....

Name

Place.....

Date

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FORM 10

Application for Approval for Transplantation (Live Donor)

(To be completed by the proposed recipient and the proposed donor)

[Rule 5(1) (a)]

To be self-attested across the affixed photograph

To be self-attested across the affixed photograph

Photograph of the Donor

(Self-attested)

Photograph of the Donor

(Self-attested)

Whereas

I s/o, w/o
aged residing at
have been advised by my doctorthat I am suffering from
..... and may be benefited by
transplantation ofinto my body.

And whereas Is/o, d/o, w/o.....
aged residing at.....
by the following reason(s):-

a) by virtue of being a close blood relative i.e.....

b) by reason of affection/ attachment/ other special reason as explained below:-

.....
.....
.....

I would therefore like to donate my to Mr./ Mrs. Ms.....

We.....and.....

(Donor)

(Recipient)

hereby apply to Evaluation Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurements and that all possible consequences and options of organ transplantation have been explained to us.

Instructions for the applicants:-

1. Form B must be submitted along with the completed Form 1(A), or Form 1(B) of Form 1(c) as may be applicable.
2. The applicable Form i.e. Form 1(A) or Form 1(B) or Form 1(C) as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Laboratory reports of tissue typing.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between non-close blood relative, appropriate evidence of vocation and income of the donor as well as the recipient preferably for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income-tax returns.
6. The application shall be accepted for consideration by the Evaluation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. A brief description of relationship / interaction in the past in case of non-close blood relative.

We have read and understood the above instructions.

.....
Signature of the prospective donor

.....
Signature of Prospective Recipient

Date.....

Date.....

Place

Place.....

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FORM 11

RECOGNITION OF INSTITUTION/ UNIT FOR TRANSPLANTATION

To be completed and sent to the Monitoring Authority, Ministry of Health, Islamabad.
Email. Secretary@health.gov.pk

Name of the Institution _____
 Mailing Address _____ Tel No. _____
 Fax no. _____
 Email _____
 Name of the Head of the Institution _____
 Designation _____ Mailing address _____
 Tel No. _____ Fax no. _____
 Email _____

Name of Institution Public Sector _____ Private _____ Any other _____

Units/ departments accredited with CPSP/PMDC/University _____

Sr.No.	Name of Specialty	Accreditation Authority	Name of Deptt. Heads With ¹⁴ postgraduate qualification
1.	Urology (Kidney Transplant)		
2.	Nephrology (Kidney Transplant)		
3.	GI and Hepatology (Liver & Intestinal Transplant ¹⁵)		
4.	Pulmonology (Lung Transplant)		
5.	Cardiology (Cardiac Transplant)		
6.	Hematology (BMT, Stem cell ¹⁶ Transplant)		
7.	Radiology		
8.	Anesthesiology		
9.	Pathology		

(Provide list of faculty in all specialties with qualification and experience in Transplantation as Annexure)

Total beds in the institution: _____ Male _____ Female _____ Children _____

No. of CPDs _____ Attendance/ year Male _____ Female _____

Children _____

¹⁴ Printed in the GAZETTE Notification as “With”

¹⁵ Printed in the Gazette Notification as “intestinal transplant”

¹⁶ Printed in the Gazette Notification as “cell”

Total beds of Transplant Unit: _____ Male _____ Female _____

Children _____

SUPPORT FACILITIES

Blood Bank

Blood Bank proposed? Yes No

If no, please specify about shortage _____

Are cross matching facilities available? Yes No

Are blood products available in house? Yes No

If no, what arrangements are in place for 24 hours availability

(Attach separate sheet if required)

Laboratory

Please supply a list of tests, which are done in the laboratory in the following area.

(Attach spate sheet if required)

Bio-Chemistry

Histopathology

Microbiology

Hematology

Immunology

Drug Monitoring

Radiology

Please furnish a list of radiological tests routinely carried out in the Institution

(Attach separate sheet if required)

Specified diagnostic facilities:

Ultrasound Yes No MRI Yes No

CT Scan Yes No Radioisotope Yes No

Doppler Yes No Portable X-ray Yes No

Intensive Care Unit Yes No

If yes, No. of ICU beds with high and monitoring and ventilation _____

Number of Monitors _____ Total Ventilators available _____

AGB machine in ICU Yes No Other facilities _____

Dialysis Yes No Availability of dialysis facility in ICU Yes No

If yes, No. of Dialysis in hospital _____ Number of sessions/ day _____

If the following specialties are not available in house please mention the arrangements for access at all times (Attach separate sheet if needed).

Cardiology

Pulmonology

GI/ Hepatology

Infectious Disease

Neurology

Orthopedics

Operation Theatre and Anesthesiology

Please provide List of Equipment for transplant surgery as annexure.

Record Keeping

Systems of storage and retrieval of records

Do you produce Annual Report? Yes No

(if yes please furnish the copy of annual report of last year)

How are the case records maintained? Manual computerized

Library Yes No

Working days of the Library _____ Daily working hours _____

(Please provide the list of Textbooks of Transplant Sciences and Journals available in the Institution/¹⁷ Department)

Research Facilities

No. of in hand projects and title of research conducted by the faculty of the department:
(Attach separate sheet if needed)

Additional Essentials Activities/ Facilities

¹⁷ Expression “/” added being missing in the Gazette Notification

Nursing Adequate number and of sufficient seniority to cover transplant ward and ICU

Medical Social Officer

(Transplant Coordinators) Depending on transplant activity minimum of 3 to help out pre transplant assessment and donor selection

Isolation Facility 1 to 2 rooms for isolation of patients when required

Pharmacy Dedicated staff to respond to needs of transplant patients specially immunosuppression, antibiotics and other drugs

Seminar Room For daily patient related Meetings (AM and PM). Morbidity Mortality Review¹⁸, Clinical Audits

Other resources Computers, Video films, internet access, multimedia Video conferencing facilities with reference centre in future.

Neurology_____

Orthopedics

Operation Theatre and Anesthesiology

Please provide List of Equipment for transplant surgery as annexure.

Record Keeping

Systems of storage and retrieval of records_____

Do you produce Annual Report? Yes No

(if yes please furnish the copy of annual report of last year)

How are the case records maintained? Manual Computerized

Library Yes No

Working days of the Library _____ Daily working hours_____

(Please provide the list of Textbooks of Transplant Sciences and Journals available in the Institution /¹⁹Department)

¹⁸ Printed in the Gaette notification as “review”

¹⁹ Expression “/” added being missing in the Gazette Notification

Research Facilities

No. of in hand projects and title of research conducted by the faculty of the department.

(Attach separate sheet if needed)

Additional Essentials Activities/ Facilities

Nursing Adequate number and of sufficient seniority to cover transplant ward and ICU.

Medical Social Officer

(Transplant Coordinator) Depending on transplant activity minimum of 3 to help out pre-transplant assessment and donor selection.

Isolation Facility 1 to 2 rooms for isolation of patients when required.

Pharmacy Dedicated staff to respond to needs of transplant patients specially immunosuppression, antibiotics and other drugs.

Seminar Room For daily patient related Meetings (AM and PM), Morbidity Mortality Review²⁰, Clinical Audits

Other resources Computers, Video films, internet access, multimedia Video conferencing facilities with reference centre in future.

²⁰ Printed in the gazette Notification as “review”

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FORM 12

CERTIFICATE OF INTERIM REGISTRATION

(As per government format)

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FORM 13

CERTIFICATE OF RECOGNITION

(As per government format)

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**FORM 14
PROFORMA FOR DONOR FOLLOW-UP**

S. No. _____ Date _____
 Name _____ s/w/d/o _____
 Age _____ Sex. Male...Female..... Occupation _____
 Address _____
 _____ Phone# _____

Education: Uneducated..... Primary School..... Secondary School..... Graduate..... Post-Graduate..... Professional.....

Recipient's Name _____ Relationship _____ TX No. _____
 Site of Nephrectomy: _____ Right Left Date of Nephrectomy _____
 Habits: Cigarettes Pan Tobacco Gutka
 Naswar Bidis Alcohol

Rehabilitation: Working Not working
 Reason for not working _____

Illnesses in intervening period: Liver disease Tuberculosis UTI
 Malaria Hypertension Diabetes Surgery
 Others

Long Term Medications:

Name of Drugs	Dose	Duration

Family History: Diabetes Hypertension Renal Failure
 Angina / MI
Martial History Married Unmarried Divorced
 Number of Wives _____ Total Children _____ Males _____
 Females _____
 Father: alive / expired Mother: alive/ expired , Brothers _____ sisters _____

Obstetric History **Menstrual History**
 FTND _____ LSCS _____ Menarche _____
 Abortions _____ D/C _____
 Still Births _____ Flow _____
 Last Delivery _____ LMP _____

Dietary Recal	Time	Diet
Breakfast		
Mid-Morning Snack		
Lunch		
Afternoon Snack		
Dinner		
Bed-Time Snack		

Cooking Medium Ghee Oil Atta Exercise: _____

General Examination Weight _____ Height _____ BMI _____
 Oedema Lymph Nodes Throid Pallor Jaundice
 Clubbing

Blood Pressure: Lying _____ Sitting _____ Standing _____

Systemic Examination:

Cardiovascular System:

JVP _____ Heart Sounds _____ Murmurs _____

Respiratory Systems:

Auscultation of Lung Fields _____ Advent. Sounds _____

GI: Oray Cavity: Tenth _____ Gums _____

Tongue _____

Abdomen: Liver _____

Spleen _____

Kidney _____

Scar _____

Nervous System: Cranial Nerves _____

Reflexes _____

Coordination _____

Deep Reflexes _____

Psychoanalysis: Depression Satisfaction Fear

Doctor's Name _____ Signature _____

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FORM 17

RENEVAL CERTIFICATE OF REGISTRATION

(As per government format)