



RAMAIAH

TISSUE BANK

CONSENT FORM- LIVING DONOR

Hospital: _____

Department: _____

Ward: _____ Bed: _____

Section A (for patients who wish to donate tissue to Ramaiah Tissue Bank)

I, _____ (*Name of patient or Donor*) (hospital IP No. _____),
have consented to donate my (describe part) _____ /
Amputated limb to be used as allograft for tissue banking / research, to the Ramaiah Tissue Bank.

I understand that the hospital and tissue bank authorities will work to the best of their ability to procure and process the limb or its part for allografting.

I also agree to allow the hospital to do the required blood test for AIDS (HIV1, HIV2) and Hepatitis B and C before they accept my donated tissue.

Signature of patient/attendant: _____

ID proof: Copy of Aadhar, PAN, Voter ID, DL etc., _____

ID number: _____

Relationship if attendant: _____

Dated this _____ day of _____

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Section B (to be certified by the Doctor procuring)**LIVING DONOR FORM**

Donor Name: _____

Mother's Name: _____

Hospital Number: _____ Sex: _____ Age: _____

Address: _____

Date of Operation: _____

Diagnosis: _____

Type of Operation: _____

Allograft Procured: _____

Surgeon Procuring Bone: _____

Medical History _____

Specific History:

	YES	NO
Tuberculosis		
Chest infection (Bronchopneumonia)		
Urinary tract infection		
Bed sores		
Other infection		
Malignancy		
Auto-immune disease (Rheumatoid Arthritis)		
Avascular necrosis		
Renal failure		
On long term steroids		
Hepatitis Jaundice Liver disease		
Drug addiction		
Abnormal sexual behavior		
Others		

Specify : _____



At procurement

HIV-1 (Anti-HIV-1)	+ve_____	-ve_____
HIV-2(Anti-HIV-2)	+ve_____	-ve_____
Hepatitis C (Anti- HCV)	+ve_____	-ve_____
Hepatitis B (HbSAg)	+ve_____	-ve_____
Others	+ve_____	-ve_____

Swab /Tissue Aerobic & Anaerobic C/S	+ve_____	-ve_____
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Organism(s) 1) _____
2) _____

SPECIMEN PROCURED:

AMNION	-
BONE	- Femoral Head
	- TKR Slices
OTHER	-



RAMAIAH

TISSUE BANK

I, Dr. _____, who is the surgeon in charge of the patient in hospital; and have procured the above mentioned Allograft, do hereby certify that the above statements are true to the best of my knowledge. I shall notify the Ramaiah Tissue Bank if any subsequent conditions are noted.

Signature and date: _____

Name: _____

For use by Ramaiah Tissue Bank only

Donor Number: _____

Primary processing: Adequate / No

Received container in sealed condition: Yes / No

Received by: _____ *(Name and signature of Technologist)*

Verified by : _____ Date : _____