

**RAMAIAH****TISSUE BANK**

RECIPIENT FORM

Recipient Name: _____

Mother's name: _____

Recipient ID card type: Copy of Aadhar, PAN, Voter ID, DL etc. _____

Recipient ID number _____

Hospital IP number: _____ Sex: _____ Age: _____

Address: _____

Hospital Admitted in: _____

Date admitted: _____ Ward admitted: _____

Diagnosis: _____

OPERATION DETAILS:-

Date of surgery: _____

Surgeon: _____

Operation to be performed: _____

BONE TO BE USED:**YES**

Deep frozen bone	
Freeze dried bone	
Demineralized bone	

**RAMAIAH****TISSUE BANK****CORTICAL BONE****YES**

LONG BONE	
Whole	
Half	

CANCELLOUS BONE**YES**

Femoral head	
TKR slice	
Others specify	

TYPE OF RECONSTRUCTION**YES**

Structural reconstruction	
Filling	

SOFT TISSUE TO BE USED**YES**

Patella-Ligament-Tibial Tuberosity Complex	
Calcaneum-Tendon Achilles Complex	

ANY OTHER REQUIREMENT HITHERTO UNSPECIFIED

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RAMAIAH

TISSUE BANK

I, _____ patient / attendant do hereby give my consent to use the above mentioned allograft during my surgery. The advantages and disadvantages of using such a graft have been adequately explained to me and the associated risks such as transmission of infective diseases undetectable by present methods of testing are understood by me. I indemnify the Ramaiah Tissue Bank since adequate measures for preventing the transmission of these and other infective diseases have been taken.

Patient's (or attendant's) Name and signature: _____

If attendant, relationship to patient: _____

Contact Number: _____

I Dr. _____, the surgeon in charge of the patient in hospital, do hereby give my consent to allow Ramaiah Tissue Bank to mention my name and that of the surgery in the official website.

Requesting Doctor's Name and signature: _____

Hospital: _____

Contact Number: _____

For the use of Ramaiah Tissue Bank only

Recipient Number: _____

Graft number: _____

Payment mode and details: _____

Ramaiah Tissue Bank Officer's Name and Signature with date: _____