



A Unit of M. S. Ramaiah Advanced Learning Centre,  
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## CONSENT FORM- LIVING DONOR

Hospital : \_\_\_\_\_

Department: \_\_\_\_\_

Ward: \_\_\_\_\_ Bed: \_\_\_\_\_

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

I, \_\_\_\_\_ (hospital No \_\_\_\_\_)

(Name of patient or Donor)

Have consented to the M S Ramaiah Tissue Bank to donate my (describe part)

\* \_\_\_\_\_ / Amputated limb to be used as  
allograft and for tissue banking only.

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 \_\_\_\_\_

Relationship if attendant:

\_Dated this \_\_\_\_\_ day of \_\_\_\_\_

**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:

Tuberculosis Y/N

Chest infection (Bronchopneumonia) Y/N

Urinary tract infection Y/N

Bed sores Y/N

Other infection Y/N

Malignancy Y/N

Auto-immune disease (Rheumatoid Arthritis) Y/N

Avascular necrosis Y/N

Renal failure Y/N

On long term steroids Y/N

Hepatitis Y/N

Jaundice Y/N

Liver disease Y/N

Drug addiction Y/N

Abnormal sexual behavior Y/N

Others Y/N

Specify \_\_\_\_\_

**Blood Investigation:**

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 \_\_\_\_\_

Culture:

Swab /Tissue Aerobic & Anaerobic C/S

+ve \_\_\_\_\_ -ve \_\_\_\_\_

Organism(s) (1) \_\_\_\_\_  
(2) \_\_\_\_\_

**ALLOGRAFT PROCUREMENT**

**SPECIMEN PROCURED:**

AMNION

BONE - FEMORAL Head  
- TKR SLICES  
- Other

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 MSR Tissue Bank if any subsequent conditions are noted.

Signature and date :

Name:

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For use by MSR Tissue Bank only

Donor Number :

Primary processing : Adequate / No

Received container in sealed condition : Yes / No

Received by \_\_\_\_\_ Date \_\_\_\_\_

Name and signature of technologist

Time \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Name and signature of technologist manager  
(Technical Director)