### **Body Donation**

### TNMC & BYLNCH, Mumbai

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### **Institutional Committee for Body Donation**

As per NMC requirements every medical college needs to have Committee for Body Donation. Following are the committee members:

- 1. Dr. Shailesh C. Mohite, Dean (President)
- 2. Dr. Yuvaraj J. Bhosale, (Nodal Officer & Member Secretary)
- 3. Dr. Chetana Kantharia, Deputy Dean (Member)
- 4. Dr. K. Shyamkishore, Professor & Head of Anatomy (Member)
- 5. Dr. Rajesh C. Dere, Professor & Head of Forensic Medicine (Member)
- 6. Dr. Nayana Potdar, Professor & Head of Ophthalmology (Member)
- 7. Dr. Chitra Nayak, Professor & Head of Dermatology (Member)
- 8. Dr. Kusum Jasnani, Professor & Head of Pathology (Member)
- 9. Dr. Seema N. Khambatta, Additional Professor, Anatomy (Member)
- 10. Head, Department of Medical Social Worker, (Member)
- 11. Medical Record Officer, (MRO) (Member)

sd/-**DEAN** 

# Standard Operating Procedure for the body donation at Department of Anatomy TNMC & B.Y.L.N. Charitable Hospital Mumbai.

- 1. The relatives should bring the dead body to the institution within six hours of death or later if the body is preserved in cold storage.
- 2. They have to arrange for the transport of the body on their own. (The transport facility (Hearse) can be availed either from the Municipal Corporation of Greater Mumbai or from private trusts/ NGO).
- 3. The body can be brought to Nair hospital anytime. The relatives should contact the Anatomy department during office hours on +9122-23027166(Monday to Friday 9 am to 4 pm, Saturdays 9 am to 1 pm).
- 4. Beyond working hours, the AMO can be contacted on this number (+91 9820703190), who will arrange for the body to be kept in the mortuary after the consent form is filled. The acknowledgment slip will be issued by the on duty AMO.
- 5. The documents required while accepting the body are:
  - a. Medical certification of cause of death (form 4/ form 4A)
- b. Consent letter form, along with the id proof, is to be filled by the next of Kin in the order of spouse or parents or children or siblings. If either of the above mentioned next of kin are not present at the time of donation, the consent letter (along with the id proof) can be given via e-mail on <a href="mailto:anatomytnmc@gmail.com">anatomytnmc@gmail.com</a> and on whatsapp (+91 9820703190). If there is no next of kin, then the person who is in legal possession of the body can give consent.
  - c. One photocopy of Aadhaar card of deceased
  - d. One photocopy of Aadhaar card of accompanying relative
- 6. Facilities for skin and eye donation are available while the body is kept in the mortuary of the institution.
- 7. Bodies of patients with HIV/AIDS, Hepatitis B, Hepatitis C, gangrene and sepsis, bodies after Postmortem examination and medico-legal case (police cases) cannot be accepted.
- 8. Hard copy of the body donation certificate will be available during office hours in the Department of Anatomy (Room no. 505, fifth floor college building). If required, the certificate can be sent by post.
- 9. A donated body is preserved properly and is used for medical education and research by medical students and teachers.

sd/-

### **Consent for body donation**

Date/	Time -
To The Dean TNMC & BYLNCH Mumbai Central Mumbai 400 008	
Sir/ Madam, I,	, to
Thanking you, Yours	
Signature of relative - Name - Relation with the deceased - Address -	To The Mortuary
Mobile number - Aadhar card No -	Name & Signature of AMO
Enclosures: Copy of cause of death Copy of Aadhar card of deceased Copy of Aadhar card of relative	
Acknowled	
The body of the deceased (name) body donation at TNMC & BYL Nair Ch Hosp Dr	

Date & Time

Signature & Stamp

## हमीपत्र

मी, श्री/श्रीमती	
रहिवासी (संपूर्ण पता)	
वय(वर्ष)	
याची पुष्टी करतो की,	
श्री/श्रीमती	
वय(वर्षे),(तारीख आणि वेळ) रोजी	(ठिकाण)
येथे कालवश झाले.	
त्याच्या/तिच्या पश्चात त्याचा/तिचा पती/पत्नी, पालक आणि मुले असे कोणीही नाही	आणि मी त्याच्या/तिच्या
सर्वात जवळचा जिवंत नातेवाईक आहे	(नाते)
मी याद्वारे मुंबईतील टी एन एम सी आणि बी वाय एल नायर सीएच हॉस्पिटलमध्ये त्य माझी संमती देतो/देते.	ांच्या/तिच्या देहदानासाठी
ગારૂતા લાગલા	
१. ओळखपत्राची छायाप्रत	
२. पत्याच्या पुराव्याची छायाप्रत	
3. मोबाईल क्रमांक	

स्वाक्षरी

## **UNDERTAKING**

I , Mr /Ms	age	(yrs)
resident of (Full Address)		
solemnly affirm that		
Mr /Ms		
age(yrs), expired on (date & time)		
He /she is not survived by any as his /he	er spouse, parents and chil	dren & I am the
closest living relative as his /her	(relation).	
I hereby give my consent for his /her bo	dy donation at T N M C &	BYL Nair Ch
Hospital, Mumbai.		
<ol> <li>Photocopy of ID proof</li> <li>Photocopy of address proof</li> <li>Mobile number</li> </ol>		

Signature