Body Donation TNMC & BYLNCH, Mumbai

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Institutional Committee for Body Donation

Topiwala National Medical College & BYLN Ch Nair, Mumbai

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, Professor (Addl) & in charge, Dept of Anatomy (Nodal Officer & Member Secretary)**
3. **Dr. Chetana Kantharia, Deputy Dean (Member)**
4. **Dr. Rajesh C. Dere, Professor & Head, Dept of Forensic Medicine (Member)**
5. **Dr. Nayana Potdar, Professor & Head, Dept of Ophthalmology (Member)**
6. **Dr. Chitra Nayak, Professor & Head, Dept of Dermatology (Member)**
7. **Dr. Meenakshi Balasubramanian, Professor & Head, Dept of Pathology (Member)**
8. **Dr. Seema N. Khambatta, Professor(Addl), Dept of Anatomy (Member)**
9. **Head of Medical Social Worker, (Member)**
10. **Medical Record Officer, (MRO) (Member)**

Dean

TNMC & BYLNCh Hospital, Mumbai

Body Donation Helpline Number

8419903030

Body Donation Only.

Please do not use this helpline for other inquiries

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 *anatomytnmc@gmail.com* 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/-

DEAN

Consent for body donation

Date - _____/_____/_____ Time -

To
The Dean
TNMC & BYLNCH
Mumbai Central
Mumbai 400 008

Sir/ Madam,
I, _____, would like to donate the body of my
(Relation) _____,
(Name of the deceased -) _____, to
the Department of Anatomy, BYL Nair Ch Hospital, Mumbai Central.

Thanking you,
Yours

Signature of relative -
Name -
Relation with the deceased -
Address -

Mobile number -
Aadhar card No -

To The Mortuary

Name & Signature of AMO

Enclosures:
Copy of cause of death
Copy of Aadhar card of deceased
Copy of Aadhar card of relative

Acknowledgment slip

The body of the deceased (name) _____was received for body donation at TNMC & BYL Nair Ch Hospital, Mumbai Central by
Dr _____ (AMO on call).

Date & Time Signature & Stamp

UNDERTAKING

I , Mr /Ms_____age _____(yrs)

resident of (Full Address)_____

_____

solemnly affirm that

Mr /Ms_____

age___(yrs), expired on (date & time) _____ , at _____ (place).

He /she is not survived by any as his /her spouse, parents and children & I am the closest living relative as his /her _____ (relation).

I hereby give my consent for his /her body donation at T N M C & BYL Nair Ch Hospital, Mumbai.

1. Photocopy of ID proof
2. Photocopy of address proof
3. Mobile number

Signature

हमीपत्र

मी, श्री/श्रीमती _____

रहिवासी (संपूर्ण पत्ता)
_____

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 त्यांच्या/तिच्या देहदानासाठी माझी संमती देतो/देते.

१. ओळखपत्राची छायाप्रत

२. पत्त्याच्या पुराव्याची छायाप्रत

3. मोबाईल क्रमांक

स्वाक्षरी

DECLARATION FORM FOR THE BODY DONATION

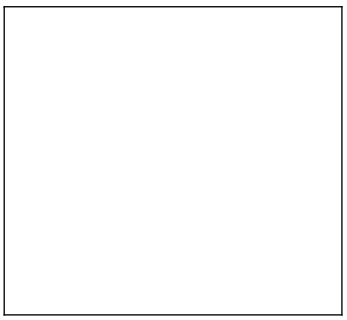
I ,_____

hereby declare that, after my death, my body is to be donated for educational & research purpose to the Department of Anatomy, T.N. Medical College, Mumbai- 400008.

My identification marks are :

1. ----------

2. ----------



Age at present ----------years

Donars full name in block letter :

Donars Mobile Number..... Home no.....

Donars full Address

---------- Pin

code.....

Consent of the donor's heir/s or close relatives for the donation

NAME	RELATION	MOBILE NO.	SIGN

In absence of close relatives,take signatures from Advocate/Doctor/ Social workers.

Date : ...../...../.20.....

Place : .....

Donors Signature

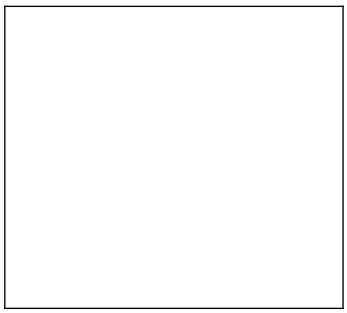
<u>देहदानाचे घोषणापत्र</u>

मी खाली सही करणार ----------असे जाहीर करतो / करते की माझ्या मृत्युनंतर माझा देह वैद्यकीय शैक्षणिक हेतुसाठी, शरीररचनाशास्त्र विभाग टो.रा.वै.महाविद्यालय येथे दान करण्यात यावा.

माझ्या शरीरावरील ओळखचिन्हे

1. ----------

2. ----------



सध्याचे वय ----------वर्षे

देह दान करण्या-या व्यक्तीचे पुर्ण

नाव----------

देहदान करणा-या व्यक्तीचा दुरध्वनी

क्रमांक.....

देहदान करणा-या व्यक्तीचा पुर्ण पत्ता

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पिन कोड क्र.....

देहदान करणा-या व्यक्तीच्या जवळच्या नातेवाईकांची संमती (पर्यायी)

नाव	नाते	दुरध्वनी क्र.	सही

जवळचे नातेवाईक नसल्यास वकील /डॉक्टर/समाजसेवक यांची सही घ्यावी.

दिनांक : ...../...../.20.....

ठिकाण् : .....

देहदान करणा-याची स्वाक्षरी