GOVT. OF NCT OF DELHI HEALTH & FAMILY WELFARE DEPARTMENT 9[™] LEVEL, A-WING, DELHI SECTT., I.P. ESTATE, NEW DELHI

F. No.14/02/Misc./H&FW/2013/ 8/1026

Dated: 5/9/2014

To,

- 1. Director / Principal of all teaching of Medical Sciences, Delhi.
 - (i) AlIMS, Ansari Nagar, New Delhi.
 - (ii) Lady Hardinge Medical College, Near Shivaji Stadium, N.D.
 - (iii) Maulana Azad Medical College, Bhadur Shah Jafar Marg, N.D.
 - (iv) University College of Medical Science, Dilshad Garden, Delhi.
 - (v) Vardhman Mahavir Medical College / Safdarjung Hospital, N.D.
- The Registrar General, High Court of Delhi, Sher Shah Road, New Delhi - 110003
- The Commissioner of Police, Police Head Quarter, ITO New Delhi.

SUB: Guidelines for cadaver and whole body deceased donation.

Sir.

Please find enclosed herewith guidelines for cadaver and whole body deceased donation framed by the Department of Health & Family Welfare, Govt. of NCT of Delhi, in context of the Court order dated 30.04.2014 in the matter of WP(C) No. 2127 of 2014 for information and further necessary action.

Encl: As above.

(SUSHMA) SINGH)
DY. SECRETARY (H&FW)
Dated:

F. No.14/02/Misc./H&FW/2013/ \$1 /0-20 Copy to:-

1. Pr. Secretary to Lt. Governor, Raj Niwas, Delhi.

O.S.D. to Chief Secretary, GNCTD, Delhi Sectt., New Delhi.

3. The Secretary (Health), GNCTD, Delhi Sectt. New Delhi.

4. The Spl. Secretary (Health), GNCTD, Delhi Sectt. New Delhi.

(SU\$HMA SÍNGH) DY. SECRETARY (H&FW)

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI HEALTH & FAMILY WELFARE DEPARTMENT 9TH FLOOR, 'A' WING, DELHI SECRETARIAT, NEW DELHI – 110002

No. 14/02/Misc/H&FW/2013/

Date:

GUIDELINES FOR CADAVER AND WHOLE BODY DECEASED DONATION

In pursuance of the Delhi High court's directives in the matter of "Court on its own Motion Vs Union of India & Ors" in WP (C) No. 2127/2014 and with approval of the Lt. Governor, National Capital Territory of Delhi, following guidelines are hereby issued for the purpose of Cadaver donation of organs or Whole Body donation for medical education and research:

Cadaver Donation

As regards donation of organ & tissues from a Cadaver for the purpose of transplantation, the detailed procedure as specified in the Transplant of Human Organs Act, 1994 & its amendment, 2011 and the Transplantation of Human Organs & Tissues Rules, 2014 shall be followed.

II. Whole Body Donation

For the purpose of whole body donation for medical education & research, the following procedure will be followed:-

i) Registry of donation

All Government medical teaching institutions ("Medical Institutions"), under their respective Department of Anatomy, will maintain a live register where any person during his/her life time can register for whole body donation after death. The Head of Department of Anatomy will maintain that register and keep all the relevant information regarding the name, address, contact details, etc as provided by the applicant.

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(ii) Procedure for donation

- a) If the death occurs in a hospital and it is not a medico legal case (MLC), the following procedure will be followed for handing over the body to the Medical Institution, either for study or research.
 - Death certificate by a Registered Medical Practitioner.
 - Application will be made by one near relative, witnessed by another near relative, as per the format (Annexure-I) to the Head of the Anatomy Department of the concerned Medical Institution.
 - "Near relative" shall mean spouse, son, daughter, father, mother, brother, sister, grand-father, grand-mother, grand-son or granddaughter.
 - In case where spouse is alive, application/declaration from him or her is mandatory.
 - In case the deceased is a minor, application/declaration from any of both surviving parents or by the lone surviving parent, as the case may be, is mandatory. In the former case i.e. when both parents are surviving, application will be made by one parent, to be witnessed by the other parent.
 - b) If the death occurs at home or anywhere else, other than a hospital, the same procedure will be followed as above. However, in this case the Police Chowki of the Medical Institution will be duly informed in writing by the Medical Institution to which the donation is made, for purpose of record and future reference.
 - c) In case where the applicant declares or believes that the death is a MLC, then the No Objection Certificate from the Police shall be obtained before donation.

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NGOs with established and credible working in this field may facilitate d١ the process between an individual/his family and the Medical Institution, by

following the above procedures.

If the deceased had no near relative, then in that case it would be e) mandatory that the deceased, during his/her life time, had registered with any of the Medical Institutions his/her wish for whole body donation. Application in this case may be made by any relative as per format

(Annexure-I), and an NOC from the Police will be required.

It will be the discretion of the Medical Institution to accept or decline HI. the body for donation, considering the requirement, facility, fitness, etc. However, in case of a body found otherwise fit for donation but not accepted by the Medical Institution, reference will be made to other Medical Institution(s) who may have a need for it, through a system of networking

among the Medical Institutions.

These guidelines shall not apply to an unclaimed body which is IV.

covered under the Delhi Anatomy Act, 1953.

These guidelines shall apply to all Medical Institutions located in the National Capital Territory of Delhi.

(S.B. Shashank)

Spl. Secretary (Health)

Encl: Annexure-I

Annexure-I

Form of Application for Donation of Human Dead Body

Name of Institution.....

SECTION A: INFORMATION OF THE DECEASED:

- 1. Name of the deceased
- 2 Son/daughter/Wife of
- 3. Gender
- 4. Age at the time of death
- 5. Nationality
- 6. Profession of the deceased
- Permanent address of the deceased
- 8. Time & Date of death
- 9. Address of the place of death
- 10. Cause of death
- 11. Whether Accidental death
- 12. Status of death Autopsied/non-autopsied
 (Select one)

SECTION B: INFORMATION OF THE APPLICANT

- 1. Name
- 2. Address of the applicant
- 3. Relation with the deceased
- 4. Any specific disease that the deceased suffered from, known to me

SECTION C: UNDERTAKING BY THE APPLICANT

| 1 | | Son/D | aughte | r/Wife | of | | |
|-----------|--------------|-------------------|----------|----------|---------------|----------------------------------|-------|
| Aged | | resident | of | | (full | address | |
| | _ | | | | |) | |
| having | lawful | possession | of | the | dead | /Daughter/Wife of ageddeclare | |
| • • | | | MT-70-0 | | Son/Daugh | ter/Wife | of |
| · | | | | | aged | <u> </u> | |
| -asident | nf | | | | | dec | clare |
| that the | said decea | ased has not exp | pressed | any o | bjection to l | his/her w | hole |
| body bein | ig donatéd | for teaching/reso | earch p | urpose | s after his/h | er death a | and I |
| also have | e reason to | believe that no r | near rel | ative of | f the said de | ceased pe | rson |
| has any | objection | to his/her whole | body l | oeing u | ised for teac | hing/rese | arch |
| purposes | s. | | | | | | |

I, hereby declare that:

- 1. The body has been identified by me
- No foul play is suspected in this case
- 3. The information given here is correct and no relevant fact has been concealed.
- 4. I understand that embalming will be done at our risk and responsibility
- 5. I shall not hold the department of Anatomy/Institution responsible for consequences arising directly or indirectly out of process of body donation.
- 6. I understand that institution/department of Anatomy has the discretion to accept or decline the donation.
- 7. I have no objection if the institution informs the Police.

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| , Si | ignature | |
|---------------|--|----------|
| N | Name | |
| Α | Address | • |
| F | Phone | |
| | Signature | |
| | Name | |
| | Address | |
| | of name of near relatives who are spouse, parents and siblings o | <u>f</u> |
| List the c | of name of near relatives who are <u>relatives</u> deceased: | |
| 1. | | |
| 2 |) | |
| 3 | 3 | |
| 4 | 4 | |
| | *************************************** | |
| | | |
| | , | |
| | Signature of Applica Date | |
| | Place | |
| pa | aper to be submitted at the time of donation | |
| 1. | many landity proof of the deceased | |