

FORM 15

**APPLICATION FOR REGISTRATION OF EYE BANK, CORNEAL
TRANSPLANTATION CENTRE, EYE RETRIEVAL CENTRE UNDER
TRANSPLANTATION OF HUMAN ORGANS ACT
[See rule 24(1)]**

I. EYE BANKING:

A.	EYE BANK and institution affiliated Ophthalmic / General Hospital	
	1. Name 2. Address 3. Government/Private/Voluntary 4. Teaching /Non- teaching 5. IEC for Eye Donation	
B.	REMOVAL OF EYE BALLS AND STORAGE	
	1. Availability of adequate trained and qualified personnel for removal of whole globe or corneal (annex detail)	Yes/No
	2. Names, qualification and address of the designated staff who will be doing removal of whole globe / cornea retrieval. (annex details)	Yes/No
	3. Availability of following as per requirement:	Yes/No
	a. Whether register maintained for tissue request received from surgeon of corneal transplant centre.	
	b. Telephone arrangement available. (Dedicated Telephone Number.....)	Yes/No
	c. Transport facility for collecting Eyeballs from outside:	Yes/No
	d. Sets of instruments for removal of whole globe / cornea as per requirement	Yes/No
	e. Special bottles with stands for preservation of Eye balls/ cornea during transit.	Yes/No
	f. Suitable preservation media	Yes/No
	g. Biomedical Waste Management.	Yes/No
	h. Uninterrupted Power supply.	Yes/No
C.	Manpower 1. Incharge / Director (Ophthalmologist) -1 2. Eye Bank Technician- 2 3. Eye Donation Counsellors (EDC)-2 per attached HCRP (Hospital Cornea Retrieval Cornea Programme) Hospital, who will be posted at eye Bank. 4. Multi task Staff(MTS) -2	
D.	Space requirement for eye Banks (400sqft minimum)	Yes/No
E.	RECORDS	
	1. Arrangement for maintaining the records	Yes/No
	2. Arrangement for registration of pledges,/ donors and maintenance of utilization report	Yes/No
	3. Computer with internet facility and Printer	Yes/No

F.	EQUIPMENT:	
	1. Slit Lamp Biomicroscope-1 2. Specular Microscope for Eye Bank-1 3. Laminar flow(Class II)-1 4. Sterilization facility (In-house or outsourced) 5. Refrigerator with temperature monitoring for preservation of eye balls/Cornea-1	Yes/No
G.	LABORATORY FACILITIES	
	1. Facility for HIV, Hepatitis B and C testing.	Yes/No
	2. If no where do you avail it? Please mention Name and address of institute.	
	3. Facility for culture and sensitivity of Corneoscleral ring.	Yes/No
F.	RENEWAL OF REGISTRATION:	
	Period of renewal 5years after last registration. Minimum of 500 corneas to be collected in 5 years. Maintenance of eye bank standards(as per Guidelines)	

II. EYE RETRIEVAL CENTRE (ERC):

A.	RETRIEVAL CENTRE– A Centre affiliated to an Eye Bank 1. Name 2. Address 3. Government/Private/Voluntary 4. Teaching /Non- teaching 5. Information, Education and Communication Activities for Eye Donation 6. Name of Eye Bank to which ERC is affiliated.	
B.	REMOVAL OF EYE BALLS AND STORAGE: 1. Manpower : Adequate trained and qualified personnel for removal of eye balls/cornea (annex detail): a. Incharge / Director) -1 b. Technician -1 c. MTS (Multi task Staff) -1 2. Transport facility(or outsource) with storage medium	
C.	Names, qualification and address of the personnel who will be doing enucleation/ removal of cornea. (annex details)	
D.	AVAILABILITY OF FOLLOWING: 1. Telephone. (Number.....) 2. Ambulance/ vehicle or funds to pay taxi for collecting eyeballs from outside: 3. Sets of instruments for removal of Eye Balls/cornea 4. Special bottles with stands for preservation of 5. Eye balls/ cornea during transit: 6. Suitable preservation media 7. Waste Disposal (Biomedical waste Management)	

	8. Space requirement: Designated area	
E.	RECORDS 1. Arrangement for maintaining the records	
F.	EQUIPMENT: 1. Sterilization facility 2. Refrigerator temperature control 24 hrs for preservation of Eye balls/Cornea.(power back up) - 1 3. The retrieval centre is affiliated with an Eye bank and Eye Bank is only authorised to distribute corneas.	

III. CORNEAL TRANSPLANTATION CENTRE

A.	1. Name of the Transplant Centre /hospital: 2. Address: 3. Government/Private/Voluntary: 4. Teaching /Non- teaching: 5. IEC for Eye Donation: Yes/No 6. Name of the registered Eye Bank for procuring tissue:	
B.	Staff details: 1. No. of permanent staff member with their designation. (Note : Eye Surgeon's Experience : 3 month post MD/MS/DNB/DO)	
	2. No. of temporary staff with their designation	
	3. Trained persons for Keratoplasty and Corneal Transplantation with their names and qualifications: 2 (one Corneal Transplant surgeon should be on the pay roll of the Institute)	
C.	Equipment : Slit lamp, Clinical Specular, Keratoplasty or intraocular instruments	
D.	OT facilities	
E.	Safe Storage facility	
F.	Records Registration and follow up	
G.	Any other information	

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facility by authorised personnel. A Bank draft/cheque of Rs. 10000- for new registration and Rs 5000/ for renewal of registration drawn in favour of _____ is enclosed.

Head of the Institute

(Name and designation)