

FORM 7 For organ or tissue pledging

(To be filled by individual of age 18 year or above) [See rule 5(4)(a)] ORGAN(S) AND TISSUE(S) DONOR FORM

(To be filled in triplicate)

Registration Number (To be allotted by Organ Donor Registry).....

I.....S/o,D/o,W/o.....aged.....

And date of birthresident of

.....in the presence of persons mentioned below hereby unequivocally

Authorize the removal of following organ(s) and/or tissue(s), from my body after being declared brain stem dead by the board of medical experts and consent to donate the same for therapeutic purposes.

Please tick as applicable

(Following tissues can also be donated after brain stem death as well as cardiac death)

Heart Corneas /Eye Balls Lungs Skin Kidneys Bones Liver Heart
Valves

Pancreas Blood Vessels

Any Other Organ (Pl. specify) any other Tissue (Pl. specify).....

All Organs All Tissues

My blood group is (if known)..... Signature of Pledger.....

Address for correspondence.....

.....

Telephone No..... Email :

Dated:

(Signature of Witness 1)

1. Shri/Smt./Km.....S/o,D/o,W/o.....

aged.....resident of.....

Telephone No.....Email:.....

(Signature of Witness 2)

2. Shri/Smt./Km.....S/o,D/o,W/o.....

aged.....resident of Telephone

No.....Email:.....

is a near relative to the donor as

Dated.....

Place

Note: (i) Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.

(ii) One copy of the pledge form/pledge card to be with respective networking organization, one copy to be retained by institution where the pledge is made and one copy to be handed over to the pledger.

(iii) The person making the pledge has the option to withdraw the pledge