

FORM-XII

(see sub-rule (1) of rule 10)

APPLICATION FOR REGISTRATION OF INSTITUTION

Name of the Institution: _____

Mailing Address _____ Tel No. _____

_____ Fax no. _____

Email _____

Name of the Head of the Institution _____

Designation _____ Mailing address _____

_____ Tel No. _____ Fax no. _____

_____ Email _____

Name of institution Public Sector/ Private Sector/ Any other _____

Units/ departments accredited with CPSP/PMDC/University _____

Sr.No.	Name of Specialty	Accreditation Authority	Name of Deptt. Heads with postgraduate qualification
1.	Urology (Kidney Transplant)		
2.	Nephrology (Kidney Transplant)		
3.	GI and Hepatology (Liver & Intestinal transplant)		
4.	Pulmonology (Lung Transplant)		
5.	Cardiology (Cardiac Transplant)		
6.	Hematology (BMT, Stem Cell Transplant)		
7.	Radiology		
8.	Anesthesiology		
9.	Pathology		

(Provide list of faculty in all specialties with qualification and experience in Transplantation as Annexure)

Total beds in the institution: _____ Male _____ Female _____

Children _____

No. of CPDs _____ Attendance/ year Male _____ Female _____

Children _____

Total beds of Transplant Unit: _____ Male _____ Female _____

Children _____

SUPPORT FACILITIES Blood Bank

Blood Bank proposed? Yes No

If no, please specify about shortage _____

Are cross matching facilities available? Yes No

Are blood products available in house? Yes No

If no, what arrangements are in place for 24 hours availability _____

(Attach separate sheet if required)

Laboratory

Please supply a list of tests, which are done in the laboratory in the following area.

(Attach spate sheet if required)

Bio-Chemistry

Histopathology

Microbiology

Immunology

Drug Monitoring

Radiology

Please furnish a list of radiological tests routinely carried out in the institution

(Attach separate sheet if required)

Specified diagnostic facilities:

Ultrasound	Yes	No	MRI	Yes	No
CT Scan	Yes	No	Radioisotope	Yes	No
Doppler	Yes	No	Portable X-ray	Yes	No

Intensive Care Unit

If yes No. of ICU beds with high and monitoring and ventilation _____

_____ Number of Monitors _____

Total Ventilators available _____

AGB machine in ICU Yes No Other facilities

Dialysis Yes No Availability of dialysis facility in ICU Yes No
If yes No. of Dialysis in hospital _____ Number of sessions/ day _____

If the following specialties are not available in house please mention the arrangements for access at all times (Attach separate sheet if needed).

Cardiology

Pulmonology

GI/Hepatology

Infectious Disease

Neurology

Orthopedics

Operation Theatre and Anesthesiology

Please provide List of Equipment for transplant surgery as annexure.

Record Keeping

Systems of storage and retrieval of records _____

Do you produce Annual Report? Yes No

(if yes please furnish the copy of annual report of last year)

How are the case records maintained? Manual No computerized

Library Yes No

Working days of the Library _____ Daily working hours _____

(Please provide the list of Textbooks of Transplant Sciences and Journals available in the Institution Department)

Research Facilities

No. of in hand projects and title of research conducted by the faculty of the department:

(Attach separate sheet if needed)

Additional Essentials	Adequate number and of sufficient seniority to
Activities/ Facilities	cover transplant ward and ICU
Nursing :	
Medical Social Officer	Depending on transplant activity minimum of 3
(Transplant Coordinator):	to help out pre transplant assessment and donor
	selection
Isolation Facility:	1 to 2 rooms for isolation of patients when
	required
Pharmacy:	Dedicated staff to respond to needs of transplant
	Patients specially immunosuppression,
	antibiotics and other drugs
Seminar Room;	For daily patient related Meetings (AM and PM)
	Morbidity Mortality review, Clinical Audits
Other resources:	Computers, Video films, internet access,
	multimedia Video conferencing facilities with
	reference centre in future.

Neurology

Orthopedics

Operation Theatre and Anesthesiology

Please provide List of Equipment for transplant surgery as annexure.

Record Keeping

Systems of storage and retrieval of records

Do you produce Annual Report? Yes No

(if yes please furnish the copy of annual report of last year)

How are the case records maintained? Manual computerized

Library.

Working day of the Library _____ Daily working hours _____

(Please provide the list of Textbooks of Transplant Sciences and Journals available in the Institution Department)

Research Facilities

No. of in hand projects and title of research conducted by the faculty of the department. (Attach separate sheet if needed)
