

**FORM 15**

APPLICATION FOR REGISTRATION OF EYE BANK, CORNEAL TRANSPLANTATION CENTRE, EYE RETRIEVAL CENTRE  
UNDER TRANSPLANTATION OF HUMAN ORGANS ACT

[Refer rule 24(1)]

**I. EYE BANKING:**

A.	EYE BANK and institution affiliated Ophthalmic / General Hospital	
	<ol style="list-style-type: none"> <li>1. Name</li> <li>2. Address</li> <li>3. Government/Private/Voluntary</li> <li>4. Teaching /Non- teaching</li> <li>5. IEC for Eye Donation</li> </ol>	
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: <ol style="list-style-type: none"> <li>a) Whether register maintained for tissue request received from surgeon of corneal transplant centre.</li> <li>b) Telephone arrangement available. (Dedicated Telephone Number.....)</li> <li>c) Transport facility for collecting Eyeballs from outside:</li> <li>d) Sets of instruments for removal of whole globe /cornea as per requirement</li> <li>e) Special bottles with stands for preservation of Eye balls/ cornea during transit.</li> <li>f) Suitable preservation media</li> <li>g) Biomedical Waste Management.</li> <li>h) Uninterrupted Power supply.</li> </ol>	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
C	Manpower <ol style="list-style-type: none"> <li>1. Incharge / Director (Ophthalmologist) -1</li> <li>2. Eye Bank Technician- 2</li> <li>3. Eye Donation Counselors (EDC)-2 per attached HCRP (Hospital Cornea Retrieval Cornea Programme) Hospital, who will be posted at eye Bank.</li> <li>4. Multi task Staff(MTS) -2</li> </ol>	
D.	Space requirement for eye Banks (400sqft minimum)	Yes/No
E.	RECORDS <ol style="list-style-type: none"> <li>1. Arrangement for maintaining the records</li> <li>2. Arrangement for registration of pledges,/ donors and maintenance of utilization report</li> <li>3. Computer with internet facility and Printer</li> </ol>	Yes/ No Yes/ No Yes/ No
F.	EQUIPMENT: <ol style="list-style-type: none"> <li>1. Slit Lamp Biomicroscope-1</li> <li>2. Specular Microscope for Eye Bank-1</li> <li>3. Laminar flow(Class II)-1</li> <li>4. Sterilization facility ( In-house or outsourced)</li> <li>5. Refrigerator with temperature monitoring for preservation of eye balls/Cornea-1</li> </ol>	Yes/No
G.	LABORATORY FACILITIES <ol style="list-style-type: none"> <li>1. Facility for HIV, Hepatitis B and C testing.</li> <li>2. If no where do you avail it? Please mention Name and address of institute.</li> <li>3. Facility for culture and sensitivity of Corneoscleral ring.</li> </ol>	Yes/No Yes/No Yes/No
H.	RENEWAL OF REGISTRATION: Period of renewal 5years after last registration. Minimum of 50 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 <ol style="list-style-type: none"> <li>1. Name</li> <li>2. Address</li> <li>3. Government/Private/Voluntary</li> <li>4. Teaching /Non- teaching</li> <li>5. Information, Education and Communication Activities for Eye Donation</li> <li>6. Name of Eye Bank to which ERC is affiliated.</li> </ol>	
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B	<b>REMOVAL OF EYE BALLS AND STORAGE:</b> 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	<b>AVAILABILITY OF FOLLOWING:</b> 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	<b>RECORDS</b> 1. Arrangement for maintaining the records
F	<b>EQUIPMENT:</b> 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	<b>Staff details:</b> 1. No. of permanent staff member with their designation. 2. (Note : Eye Surgeon's Experience : 3 month post MD/MS/DNB/DO) 3. No. of temporary staff with their designation 4. Trained persons for Keratoplasty and Corneal Transplantation with their names and 5. 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)