

# The Maharashtra Kidney Transplantation Rules, 1989

MAHARASHTRA

India

## The Maharashtra Kidney Transplantation Rules, 1989

### Rule

### THE-MAHARASHTRA-KIDNEY-TRANSPLANTATION-RULES-1989 of 1989

- Published on 28 August 1989
- Commenced on 28 August 1989
- [This is the version of this document from 28 August 1989.]
- [Note: The original publication document is not available and this content could not be verified.]

The Maharashtra Kidney Transplantation Rules, 1989 Published vide Notification No. G.N., M.D., D.D., No. ACT.1083/ 2582/(CR-20/86)/ MED-8, dated 28th August, 1989 (M.G.G., Part 4B, dated 19.10.1989, pp. 1252 to 1259) In exercise of the powers conferred by sub-section (1) and causes (a), (b), (c), (d) and (e) of sub-section (2) of section 10 of the Maharashtra Kidney Transplantation Act, 1982 (Maharashtra XII of 1983), read with section 22 of the Bombay General Clauses Act, 1904 (Bombay I of 1904), and of all other powers enabling it in that behalf the Government of Maharashtra hereby makes the following rules, the same having been previously published as required by sub-section (1) of the said section 10, namely-

#### 1. Short Title.

- These rules may be called the Maharashtra Kidney Transplantation Rules, 1989.

#### 2. Definitions.

- In these rules, unless the context otherwise requires, -(a)'Act' means the Maharashtra Kidney Transplantation Act, 1982 (Maharashtra XII of 1983);(b)'Director' means the Director of Medical Education and Research of the Government of Maharashtra, Bombay;(c)'Form' means a form appended to these rules;(d)'Section' means the section of the Act;(e) words and expressions used but not defined in these rules shall have the meanings respectively, assigned to them under the Act.

#### 3. Manner in which a person may authorize the removal of kidneys for therapeutic purposes.

(1) Any person during his life time may express a request in Form 'A' that his kidneys be used for therapeutic purposes after his death. It shall be signed or bear a thumb impression of the donor with two or more witnesses. (2) The person lawfully in possession of his body after his death shall, unless he has reason to believe that the request was subsequently withdrawn authorize the removal of the kidney from the body of the deceased for therapeutic purposes in accordance with the provisions of the Act, in Form 'B'.

#### **4. Form and manner of authorization etc.**

(1) An authorization for the removal of kidneys for therapeutic purposes to be give by the person lawfully in possession of the body of a deceased person under clause (a) of sub-section (2) of section 10, shall be in Form 'B'. (2) An application for obtaining authorization on behalf of the person having the control or management of an approved institution by any offices or person designated in that behalf by the person having the Control or management of the approved institution, under clause (c) of sub-section (2) of section 10, for the removal and transplantation of kidneys, shall be in Form 'C'. (3) The certificate of authorization to be granted to a medical practitioner by an approved institution for removal or removal or transplantation of kidneys shall be in Form 'D'. (4) In the case of a body lying unclaimed in an approved institution, the person having the control or management of such approved institution, shall give authorization for removal and transplantation of kidneys from such unclaimed dead body, in Form 'E'.

#### **5. Form and manner of objection.**

(1) Any objection to the deceased person's Kidneys being used for therapeutic purposes may be taken by a near relative of the deceased or a person lawfully in possession of the body of the deceased person, in Form "F". (2) The reasons for the objection relating to the removal and transplantation of Kidneys of the deceased person shall be mentioned in the said objection.

#### **6. Manner for giving consent or directions by Coroner.**

(1) The consent or directions of the Coroner or any other person performing similar functions as Coroner, for the removal of kidneys from the body of the deceased person as required under section 5, may be given in Form 'C'. (2) Such consent or directions of the Coroner or any other officer referred to in sub-rule (1) may be given subject to such conditions as may be specified in Form 'G'. (3) If such consent of directions are given orally by the Coroner or such other officer, the same shall be confirmed in Form 'G' in writing by him as require under sub-section (3) of section 5.

#### **7. Maintenance of records and register.**

(1) Every head of the approved institution and the Coroner or any other officer performing similar functions as the Coroner, shall maintain a register in Form 'H' for recording therein the particulars and details of removal and transplantation of kidneys, enlistment of donors, recipients of kidneys and the conditions under which the approval of consent for removal and transplantation of kidney is

given.(2)The entries in the register shall be made serially and a fresh serial number shall be started at the commencement of each calendar year.(3)The approved institution and the Coroner shall produce such register whenever required by the State Government or by any officer authorised by it in this behalf.

Form 'A'[See rule 3(1)]Donor CardName ..... (name of donor)In the hope that I may help others, I Shri ..... Resident of ..... express a request, to take effect soon after my death, for anatomical gift of my Kidneys, if medically acceptable, be used for therapeutic purposes i.e. for transplantation. The words and marks below indicate my desires.I hereby, willingly donate my kidneys for the therapeutic purposes i.e. for transplantation.My blood group is .....Date of birth of donor .....Place: .....Date: .....Signature /Thumb impression of the donorWe the undersigned witnesses, hereby declare that this card is signed by the donor and by us in presence of each other.Name, signature and full Address of the witness:(1).....Name .....Address .....(2).....Name .....Address .....Form 'B'[See rules 3(2) and 4 (1)]AuthorisationI ..... residing at ..... being lawfully in possession of the body of the deceased.Shri..... hereby authorize the removal of kidneys from the said body to be used for therapeutic purposes.\*I further declare that the deceased had expressed a request that his kidneys be used for therapeutic purposes after his death and such request, was not subsequently withdrawn, at any time.Place .....Date .....Signature/ Thumb impression.....Signature of witness and full address\* Strike out the portion not relevant.

Form 'C'[See rule 4 (2)]Application for authorization for the removal and transplantation of KidneyTo.....Sir,I hereby apply for the authorization under section 3(3) 5(1)/7 of the Maharashtra Kidney Transplantation Act, 1982 for removal/ transplantation of the kidney.

1. Name of the applicant
2. Age
3. Full address with Telephone Nos.
  - (a) Hospital
  - (b) Residential
4. Technical qualification (MBBS onwards)

{|

5. Experience(1)

Year(2)

Instit

|-| 6.| Any other matter including; Positions held, seminars, Researchwork etc. for Consideration.|-| 7.| Institution where applicant would like to work for thispurpose.|-|}I undertake to abide by all the rule /regulations and guidelines issued by the Government and the Director of Medical Education and Research and other competent authorities in this respect. I request to grant me authorization for the purpose referred to above.Yours faithfully,(Signature of the applicant)I recommend the above application. He will be extended all the facilities for the purpose. The institution undertakes to abide by all the rules/ regulations and guidelines issued by Government/Director, Medical Education and Research and other competent authority in this respect.

Signature of the Head of the DepartmentNote: - (a) All the copies of the certificates duly attested by the Gazetted Officers may please be enclosed with the application, The original may

please be provided when asked for.(b)Please strike out the portion not relevant.Form 'D'[See rule 4 (3)]Certificate of AuthorisationThis is to authorize Dr. .... full address

..... under section ..... of the Maharashtra Kidney Transplantation Act, 1982, for removal/Transplantation of kidneys at the following Institution, namely:- .....This authorization is issued subject to the provisions of the Maharashtra Kidney Transplantation Act, 1982 and the rules made thereunder. Dr. .... will abide by the rules made under the said Act, and the guidelines issued by the Director, Medical Education and Research and any other authority in the matter.This authorization is liable to be revoked on failure to comply statutory requirements or breach of the conditions referred to above.Place: .....Date:

.....Signature.....AuthorityForm 'E'[See rule 4 (4)]Authorisation for Removal of Kidneys From Unclaimed Dead BodiesI, ..... being the person designated in that behalf by ..... the person in control and / or management of ..... hereby authorize the removal of the kidneys from the body of ..... lying unclaimed/likely to remain unclaimed in this Institution, for the use of therapeutic purposes.Designation: .....Place: .....Signature of the Head of Institution.Form 'F'(See rule 5)I ..... relation of .....(name of deceased, being residing at the deceased) ..... being lawfully in possession of the body of ..... deceased / near relative of the deceased object to the removal of the kidneys from the body of the said deceased on the following grounds namely

:-.....Date: .....Signature/Thumb impressionName and Signature of witness:

.....Form 'G'(See rule 6)Coroner's consent / directions for removal of KidneysI, .....the Coroner of Bombay hereby give consent/direction for the removal of the kidneys from the body of the deceased person ..... for therapeutic purposes subject to the following conditions

namely:-.....Date: .....Signature of the Coroner of Bombay with Seal.Form 'H'[See rule 7 (1)]Record of Removal and Transplantation of Kidneys

Serial No.	Date of admission	Name of Patient	Donor	Age	Address	Name and address of person lawfully in possessionof deceased person/near relative of deceased person
1	2	3	4	5	6	
Name of registered practitioner/approvedinstitution/ Coroner			Date of transplantation		Name of recipient of kidneys	Remarks, if any
7			8		9	10