

**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	
	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: a) Whether register maintained for tissue request received from surgeon of corneal transplant centre. b) Telephone arrangement available. (Dedicated Telephone Number.....) c) Transport facility for collecting Eyeballs from outside: d) Sets of instruments for removal of whole globe /cornea as per requirement e) Special bottles with stands for preservation of Eye balls/ cornea during transit. f) Suitable preservation media g) Biomedical Waste Management. h) Uninterrupted Power supply.	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
C	Manpower 1. Incharge / Director (Ophthalmologist) -1 2. Eye Bank Technician- 2 3. Eye Donation Counselors (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 2. Arrangement for registration of pledges,/ donors and maintenance of utilization report 3. Computer with internet facility and Printer	Yes/ No Yes/ No 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. 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 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 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.	
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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	Staff details: 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)