

Welcome to State Level Human Organ Transplant Authorization Committee

Title- 1. organ transplant-state authorization committees
2. Human Organ & Tissue Transplantation Act

About US-

Welcome to the website of the STATE AUTHORIZATION COMMITTEE FOR ORGAN AND TISSUE TRANPLANTATION initiated on.....

We are the state authorization committee for approval of live organ transplants in the state of Maharashtra. It is designed to fulfill the requirements of a series of Government Orders issued by the Department medical education and research and ministry of Health and Family welfare.

Issues related to the approval of organ transplantation between live related or unrelated persons should be addressed to the Chairman/Dean, of Authorization Committee.

Govt. of Maharashtra orders/resolutions FROM Gazettes- scanned copies of gazettes regarding HOT ACT 1994

Structure of Authorization Committees-There is one Authorization Committee in each Revenue division as follows. 1. **Mumbai DMER -Kokan division** comprising districts of Mumbai, Mumbai suburbs, Raigad, Ratnagiri, Sindhudurg, Thane.

2. **Pune (B. J. Medical & Sasoon Hospital)** - Pune division comprising districts of Pune, Kolhapur, Sangli, Satara, Sholapur.
3. **Dhule(Bhausaheb Hire Medical College)** - Nashik division comprising districts of Nasik, Dhule, Nandurbar, Jalgaon, Ahmednagar
4. **Nagpur (Govt. Medical College)** - Nagpur division comprising districts of Nagpur, Bhandara, Chandrapur, Gadchiroli, Gondia, Wardha.
5. **Aurangabad(Govt. Medical College)** - Aurangabad division comprising districts of Aurangabad, Beed, Latur, Osmanabad, Nanded, Parbhani, Jalna, Hingoli.
6. **Yavatmal (V. N. Govt. Medical College)** - Amravati division comprising districts of Akola , Washim, Amravati, Buldhana, Yavatmal.

All authorization committees work independently however, they follows norms, guidelines, checklists prepared by Authorization committee at Mumbai. Committees take decision on each case as far as possible, within period of forty five days from the receipt of the application complete in all respects.

Names & Contact MEMBERS OF AUTHORIZATION COMMITTEES

PLACE	MEMBERS OF AUTHORIZATION COMMITTEE	ADDRESS
MUMBAI	1) Director, Directorate of Medical Education & Research, Mumbai- Chairman 2) Deputy Director, Health Services, Mumbai 3) Dean, GMC, Mumbai	Govt. Dental College & Hospital Building, St. George's Hospital Compound, Near V.T., Mumbai - 400 001. Tel. No. +91-22-22620361-65 Fax No.+91-22-22620562/22652168 authorizationcommittee@gmail.com Phone No.- (022) 22620361-65, 22620735
	Govt. Nominated Members 1) Mr. Faiz Ahmed Aziz Shaikh 2) Mr. Sudarshan Anant Sangle 3) Mr. Haroonbhai Mozawala 4) Dr. N. J. Rathod 5) Dr. G. V. Dawar 6) Dr. A.P. Chaudhari	
PUNE	1) Dean, B.J. Medical College, Pune 2) Deputy Director, Health Services, Pune 3) Civil Surgeon, Pune	B.J. Govt. Medical College and Sassoon General Hospitals Jai Prakash Narayan Road, Near Pune Railway Station, Pune - 411001
	Govt. Nominated Members 1) Dr. G. J. Khadase 2) Dr. Pratap Jagdale 3) Adv Mohan Aapte 4) Mr. Mahesh Shankarrao Suryawanshi 5) Mr. Shivdas G. Tambe 6) Mr. Sagar Shamrao Yewale	Tel: +91 20 26128000 Dean: +91 20 26126010 Fax: +91 20 26126868 Email: deanbjmcpune@gmail.com Website: www.bjmcpune.org
Nagpur	1) Dean, GMC, Nagpur 2) Deputy Director, Health Services, Nagpur 3) Civil Surgeon, Nagpur	Government Medical College Near Hanuman Nagar Nagpur- 440009. Phone no. : 0712-2744671 Dean no. : 0712-2701642
Dhule	1) Dean, Shri Bhausaheb Hire, Govt. Medical College, Dhule 2) Deputy Director, Health Services, Dhule 3) Civil Surgeon, Dhule	Shri Bhausaheb Hire, Govt. Medical College, Chakkarbardi, Malegaon Road Dhule, Maharashtra 424001 02562 239 408
	Govt. Nominated Members 1) Mr. Krushnarao N. Salunke 2) Mr. J. T. Desle 3) Mr. P. M. Patole 4) Mr. M. D. Patil 5) Mr. S. P. Pawar 6) Dr. Shrimati. D. V. Thakare	

Aurangabad	1) Dean, GMC, Aurangabad 2) Deputy Director, Health Services, Aurangabad 3) Civil Surgeon, Aurangabad	
	Govt. Nominated Members 1) Dr. P. R. Gade 2) Adv Mr. Hiralal M. Dongre 3) Major S. M. Sancheti 4) Shrimati Sulbha A. Khandare	Government Medical College, Panchakki Road. , Aurangabad. Pin: 431001 Fax No. : 0240-2402418 Ph No. : 0240-2402028 PBX No. : 0240-2402412-17
Yavatmal	1) Dean, Shree Vasantrao Naik Govt. Medical college, Yavatmal 2) Deputy Director, Health Services, Yavatmal 3) Civil Surgeon, Yavatmal	
	Govt. Nominated Members 1) Mr. D. S. Patil 2) Mr. J. A. Jeevani 3) Mr. Narayanrao Borkhe 4) Adv Mr. Jeevan Patil 5) Dr. Shrimati Sudha Rathi 6) Mr. Vijay Surushe	Dean, Shri. V. N. Govt. Medical College, Yavatmal-PIN- (07232) 242456 Fax 244148

PROCEDURE FOR APPROVAL

Meeting for the interviews of the recipient and donor by the Authorization Committees are being held at respective committees address generally on every 1st and 3rd Tuesday at 2.00 pm or as per convince of the committee and patients. For emergency liver transplant permission, meeting is held immediately if recipients file is complete in all respects according to HOTA guidelines. Approval letter for the same is issued immediately after the interview.

Related patients (as defined in the HOTA act) have to submit their file as per the checklist through concerned hospital where the transplant is going to take place. Unrelated patients can submit their file themselves directly to the authorization committee. If donor is from other state No Objection Certificate (NOC) from the donors native state's authorization committee is needed. If transplant is between two foreign nationals NOC from concerned embassy/High commissioner is must.

It is important to provide relationship proofs as defined in the HOTA act. Concerned hospital Transplant coordinator will provide necessary guidelines and help to the patients. It is binding on concerned hospitals to forward files which are compete in all respects as defined. After receiving the file, it is scrutinized by Asst. Professor- secretary of the committee.

The application shall be accepted for consideration by the Concerned Competent Authority / Authorization Committee only if it is complete in all respects and any omission of the documents or the information required in the prescribed forms, shall render the application incomplete. If file is complete in all respects as defined in the HOTA act 1994 and amendments made from time to time, both recipient and his donor are called for interview with their relatives .As per HOTA guidelines, committee will take interviews of all concerned, entire interview will be video graphed .After confirming their relationship with each other and ascertaining that there are no financial or any other considerations, approval will be granted by the Authorization committee.

Any person aggrieved by an order of the Authorization Committee under sub-section (6) of section 9 or by an order of the Appropriate Authority under sub-section (2) of section 15 and Section 16 of the Act, may, within thirty days from the date of receipt of the order, prefer an appeal to the State Government. Every appeal shall be in writing and shall be accompanied by a copy of the order appealed against. In our state, recipient can appeal to the Secretary, Medical Education and Drugs Department, G. T. Hospital Complex Building Dhobi Talao, Mumbai – 400001, 7th and 9th Floor Mantralaya, Mumbai.

Contacts

Despite continuing efforts at public education, misconceptions and inaccuracies about donation persist. It's a tragedy if even one person decides against donation because they don't know the truth. So, Following is a list of the most common faced questions about organ donation?

A) How to prove marriage/marital status?—

(a) A certified copy of a marriage certificate

OR

(b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.

(c) Family photographs

(d) Letter from member of Gram Panchayat / Tehsildar / Block Development Officer/Member of Legislative Assembly/Member of Parliament certifying factum and status of marriage.

OR

(e) Other credible evidence-birth certificates of children and family photographs

B) Whom to appeal if approval not granted by committee?

Any person aggrieved by an order of the Authorization Committee under sub-section (6) of section 9 or by an order of the Appropriate Authority under sub-section (2) of section 15 and Section 16 of the Act, may, within thirty days from the date of receipt of the order, prefer an appeal to the State Government. Every appeal shall be in writing and shall be accompanied by a copy of the order appealed against. In our state, recipient can appeal to the Secretary, Medical Education and Drugs Department, G. T. Hospital Complex Building Dhobi Talao, Mumbai – 400001, 7th and 9th Floor Mantralaya, Mumbai.

C) Is it necessary to provide form 16 as income proof or last 3years Bank Statement.

In case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.

D) What is “No Objection Certificate”? (NOC)

When the donor is unrelated and the donor and/or recipient belong to a State/Union Territory other than the State/Union Territory, where the transplant is intended to take place, , then the domicile state of the donor or recipient as the case may be, would provide the No Objection Certificate in respect of legal and residential status of donor / recipient as the case may be; while the approval for transplantation would be considered by the authorization committee of the State/District/hospital (as the case may be) where the transplantation is intended to be done. “No Objection Certificate” will not be required for near relatives including cases involving swapping of organs (permissible between near relatives only).

E) What is procedure for Transplantation between foreign nationals in India?

When the proposed donor or the recipient or both are foreigners:-

(i) A senior Embassy official of the country of origin has to certify the relationship between the donor and the recipient as per Form 14C. In case a country does not have an Embassy in India, the certificate of relationship, in the above format, shall be issued by the Government of that country.

(ii) Authorization Committee shall examine the cases of all Indian donors consenting to donate organs to a foreign national (who is a near relative), including a foreign national of Indian origin, with greater caution. Such cases should be considered rarely on case to case basis.

F) What is meaning of near relative and Next of kin relatives?

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.

Near relative means persons related to each other genetically especially brother/sister/mother/father/son /daughter, (grandmother, grandfather, grandson and granddaughter as per amendment 2011 but it is not applied for Maharashtra) as per their statement and the documentary evidences

Next of Kin means ‘closest living relative’ linked by direct relationship from either blood or marriage.

G) How to make affidavits and prepare documents?

The Authorization Committee/ Concerned Competent Authority as the case may be, focus attention on the following, namely:-

I. Where the proposed transplant is between near relatives i.e. persons related genetically especially Grandmother, Grandfather, Mother, Father, Brother, Sister, Son, Daughter, grandson and granddaughter above the age of eighteen years, the Concerned Competent Authority shall evaluate:-

(i) Results of tissue typing and other basic tests;

(ii) Documentary evidence of relationship e.g. relevant birth certificates and marriage certificate, certificate from Sub-divisional magistrate/ Metropolitan Magistrate/or Sarpanch of the Panchayat, or similar other identity certificates like Electors Photo Identity Card or AADHAAR (issued by **Unique Identification Authority of India**).

(iii) Documentary evidence of identity and residence of the proposed donor e.g. Ration Card or Voters identity Card or Passport or Driving License or PAN Card or Bank Account and family photograph depicting the proposed donor and the proposed recipient along with another near relative, or similar other identity certificates like AADHAAR (issued by **Unique Identification Authority of India**).

(iv) If in its opinion, the relationship is not conclusively established after evaluating the above evidence, it may in its discretion direct further medical tests prescribed as below:

a) Deoxyribonucleic Acid (DNA) Profiling

b) The tests referred to in sub-rules (i) and (iv) a) shall be got done from a laboratory accredited with NABL and certificate shall be given in Form 3.

c) Where the tests referred to in (I) and (IV) a) above do not establish a genetic relationship between the donor and the recipient, the same tests to be performed on preferably both or at least one parent. If parents are not available, same tests to be performed on such relatives of donor and recipient as are available and are willing to be tested failing which, genetic relationship between the donor and the recipient will be deemed to have not been established.

II. Forms 1 (A), 1(B), 1(C) as the case may be should be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

III. All documents should be attested, with clear dates mentioned on it.

IV. Bring originals for verification.

H) Which organ can be used for the transplantation?

Heart, kidneys, pancreas, lungs, liver and intestines. Tissue that can be donated include the eyes, skin, bone, heart valves and tendons.



DIRECTORATE GENERAL OF HEALTH SERVICES

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National Organ Transplant Programme

Background

The shortage of organs is virtually a universal problem but Asia lags behind much of the rest of the world. India lags far behind other countries even in Asia. It is not that there aren't enough organs to transplant. Nearly every person who dies naturally, or in an accident, is a potential donor. Even then, innumerable patients cannot find a donor.

Situation of shortage of organs in India

There is a wide gap between patients who need transplants and the organs that are available in India. An estimated around 1.8 lakh persons suffer from renal failure every year, however the number of renal transplants done is around 6000 only. An estimated 2 lac patients die of liver failure or liver cancer annually in India, about 10-15% of which can be saved with a timely liver transplant. Hence about 25-30 thousand liver transplants are needed annually in India but only about one thousand five hundred are being performed. Similarly about 50000 persons suffer from Heart failures annually but only about 10 to 15 heart transplants are performed every year in India. In case of Cornea, about 25000 transplants are done every year against a requirement of 1 lakh.

The legal Framework in India

Transplantation of Human Organs Act (THOA) 1994 was enacted to provide a system of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs. THOA is now adopted by all States except Andhra and J&K, who have their own similar laws. Under THOA, source of the organ may be:

- Near Relative donor (mother, father, son, daughter, brother, sister, spouse)
- Other than near relative donor: Such a donor can donate only out of affection and attachment or for any other special reason and that too with the approval of the authorisation committee.
- Deceased donor, especially after Brain stem death e.g. a victim of road traffic accident etc. where the brain stem is dead and person cannot breathe on his own but can be maintained through ventilator, oxygen, fluids etc. to keep the heart and other organs working and functional. Other type of deceased donor could be donor after cardiac death.

Brain Stem death is recognized as a legal death in India under the Transplantation of Human Organs Act, like many other countries, which has revolutionized the concept of organ donation after death. After natural cardiac death only a few organs/tissues can be donated (like cornea, bone, skin and blood vessels) whereas after brain stem death almost 37 different organs and tissues can be donated including vital organs such as kidneys, heart, liver and lungs.

Despite a facilitatory law, organ donation from deceased persons continues to be very poor. In India there is a need to promote deceased organ donation as donation from living persons cannot take care of the organ requirement of the country. Also there is risk to the living donor and proper follow up of donor is also required. There is also an element of commercial transaction associated with living organ donation, which is violation of Law. In such a situation of organ shortage, rich can exploit the poor by indulging in organ trading.

Government of India initiated the process of amending and reforming the THOA 1994 and consequently, the **Transplantation of Human Organs (Amendment) Act 2011** was enacted. Some of the important amendments under the (Amendment) Act 2011 are as under:-

- i. Tissues have been included along with the Organs.
- ii. 'Near relative' definition has been expanded to include grandchildren, grandparents.
- iii. Provision of 'Retrieval Centres' and their registration for retrieval of organs from deceased donors. Tissue Banks shall also be registered.
- iv. Provision of Swap Donation included.
- v. There is provision of mandatory inquiry from the attendants of potential donors admitted in ICU and informing them about the option to donate – if they consent to donate, inform retrieval centre.
- vi. Provision of Mandatory 'Transplant Coordinator' in all hospitals registered under the Act
- vii. To protect vulnerable and poor there is provision of higher penalties has been made for trading in organs.
- viii. Constitution of Brain death certification board has been simplified- wherever Neurophysician or Neurosurgeon is not available, then an anaesthetist or intensivist can be a member of board in his place, subject to the condition that he is not a member of the transplant team.
- ix. National Human Organs and Tissues Removal and Storage Network and National Registry for Transplant are to be established.
- x. There is provision of Advisory committee to aid and advise Appropriate Authority.
- xi. Enucleation of corneas has been permitted by a trained technician.
- xii. Act has made provision of greater caution in case of minors and foreign nationals and prohibition of organ donation from mentally challenged persons

In pursuance to the amendment Act, Transplantation of Human Organs and Tissues Rules 2014 have been notified on 27-3-2014

Directorate General of Health Services, Government of India is implementing National Organ Transplant Programme for carrying out the activities as per amendment Act, training of manpower and promotion organ donation from deceased persons.

National Organ Transplant Programme with a budget of Rs. 149.5 Crore for 12th Five year Plan aims to improve access to the life transforming transplantation for needy citizens of our country by promoting deceased organ donation.

Issues and Challenges

- v. High Burden (Demand Versus Supply gap)
- v. Poor Infrastructure especially in Govt. sector hospitals
- v. Lack of Awareness of concept of Brain Stem Death among stakeholders
- v. Poor rate of Brain Stem Death Certification by Hospitals
- vi. Poor Awareness and attitude towards organ donation--- Poor Deceased Organ donation rate
- v. Lack of Organized systems for organ procurement from deceased donor
- v. Maintenance of Standards in Transplantation, Retrieval and Tissue Banking
- v. Prevention and Control of Organ trading
- v. High Cost (especially for uninsured and poor patients)
- v. Regulation of Non- Govt. Sector

Objectives of National Organ Transplant Programme:

- To organize a system of organ and Tissue procurement & distribution for transplantation.
- To promote deceased organ and Tissue donation.
- To train required manpower.
- To protect vulnerable poor from organ trafficking.
- To monitor organ and tissue transplant services and bring about policy and programme corrections/ changes whenever needed.

NOTTO: National Organ and Tissue Transplant Organization

National Network division of NOTTO would function as apex centre for all India activities of coordination and networking for procurement and distribution of organs and tissues and registry of Organs and Tissues Donation and Transplantation in country. The following activities would be undertaken to facilitate Organ Transplantation in safest way in shortest possible time and to collect data and develop and publish National registry.

At National Level:

1. Lay down policy guidelines and protocols for various functions.
2. Network with similar regional and state level organizations.
3. All registry data from States and regions would be compiled and published.
4. Creating awareness, promotion of deceased organ donation and transplantation activities.
5. Co-ordination from procurement of organs and tissues to transplantation when organ is allocated outside region.
6. Dissemination of information to all concerned organizations, hospitals and individuals.
7. Monitoring of transplantation activities in the regions and States and maintaining data-bank in this regard.
8. To assist the states in data management, organ transplant surveillance & Organ transplant and Organ Donor registry.
9. Consultancy support on the legal and non-legal aspects of donation and transplantation
10. Coordinate and Organize trainings for various cadre of workers

For Delhi and NCR

1. Maintaining the waiting list of terminally ill patients requiring transplants
2. Networking with transplant centres, retrieval centres and tissue Banks
3. Co-ordination for all activities required for procurement of organs and tissues including medico legal aspects.
4. NOTTO will assign the Retrieval Team for Organ retrieval and make Transport Arrangement for transporting the organs to the allocated locations.
5. NOTTO will maintain the waitlist of patients. needing transplantation in terms of the following:-
 - Hospital wise
 - Organ wise
 - Blood group wise
 - Age of the patient
 - Urgency (on ventilator, can wait etc.)
 - Seniority in the waitlist (First in First Out)
6. Matching of recipients with donors.
7. Allocation, transportation, storage and Distribution of organs and tissues within Delhi and National Capital Territory region.
8. Post-transplant patients & living donor follow-up for assessment of graft rejection, survival rates etc.
9. Awareness, Advocacy and training workshops and other activities for promotion of organ donation

1. ROTTO: Regional Organ and Tissue Transplant Organization

Name of ROTTO	States covered
Seth GS medical college and KEM Hospital, Mumbai (Maharashtra)	Maharashtra, Gujarat, Goa, UTs of DNH, Daman, Diu, M.P., Chhattisgarh
Govt. Multispecialty Hospital, Omnadurar, Chennai (Tamil Nadu)	TN, Kerala, Telangana, Seem Andhra, Karnataka, Pondicherry, A & N Islands, Lakshadweep
Institute of PG Medical Education and Research, Kolkata (West Bengal)	West Bengal, Jharkhand, Sikkim, Bihar and Orissa
PGIMER Chandigarh(UT of Chandigarh)	Punjab, Haryana, HP, J &K , Chandigarh , Rajasthan, Uttar Pradesh and Uttarakhand
Guwahati Medical College (Assam)	Assam, Meghalaya, Arunachal Pradesh, Manipur, Nagaland, Mizoram, Tripura.

2. SOTTO: State Organ and Tissue Transplant Organization

It is envisaged to make 5 SOTTOs in new AIIMS like institutions.

3. Govt. supported Online system of Networking

A website by the name www.notto.nic.in has been hosted where information with regards to the organ transplantation can be obtained. An online system through website is being developed for establishing network for Removal and Storage of Organs and Tissues from deceased donors and their allocation and distribution in a transparent manner. A computerized system of State/Regional and National Registry of donors and recipients is also going to be put in place.

4. Training

There is provision of training of various cadres related to Transplant including Transplant Coordinators. ***Post-Doctoral Certificate in Dialysis Medicine*** course has been launched since 2012 academic session in collaboration with IGNOU, New Delhi to augment the availability of trained manpower for undertaking dialysis in the country.

5. Financial Support for immune- suppressants, maintenance of deceased donor:

There is provision for financial assistance to 100 needy and poor, BPL transplant recipients every year to provide financial support at the rate of Rs.6000/- per month for immunosuppressant therapy. The programme provides financial support for maintenance of deceased donor at the rate of Rs. 50000/ per donor when maintenance is done in a private hospital and organ is allocated to a Govt. Institution.

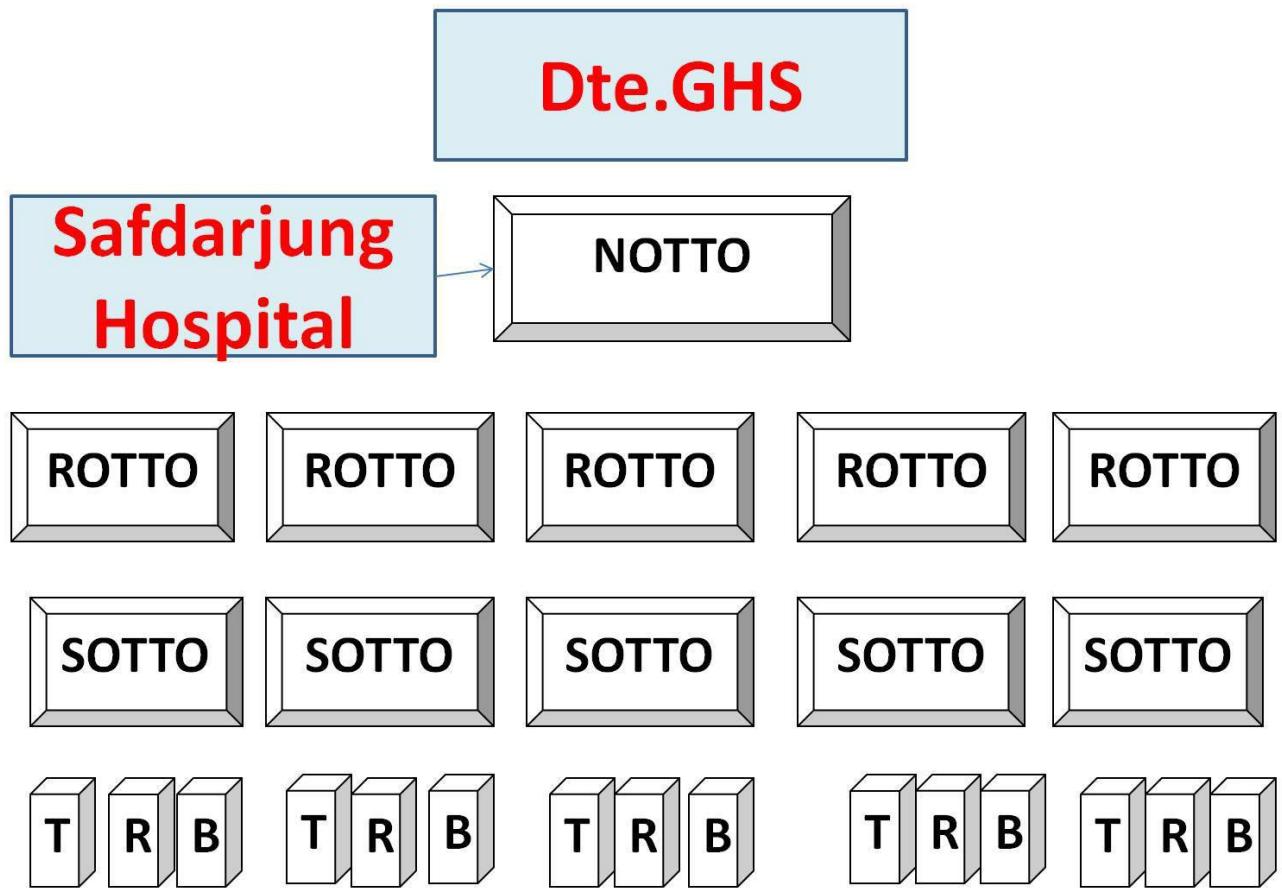
6. Coordination with Govt. Medical Colleges, Good Performing Private institutions and trauma Centers.

There is provision of providing transplant coordinators at identified Government Medical Colleges, Trauma Centers and good performing private Institutions.

7. Information, Education and Communication (IEC) activities :

The programme has main component of Information, Education and Communication (IEC) activities to promote organ donation from deceased donors.

1. National Human Organs and Tissues Removal and Storage Network



Acts related to human organ donation

1. The Transplantation of Human Organs Act. 1994

The Transplantation of Human Organs Act, 1994 was enacted by the Parliament during 1994 and came into force on February 4, 1995 in the States of Goa, Himachal Pradesh and Maharashtra and all the Union Territories. Thereafter it was adopted by all States except the States of Jammu & Kashmir and Andhra Pradesh, which have their own legislations to regulate transplantation of Human Organs.

The main purpose of the Act is to regulate the removal, storage and transplantation of human organs for therapeutic purposes and to prevent commercial dealings in human organs.

The Act contains detailed provisions relating to the authority for removal of human organs, preservation of human organs, regulation of hospitals conducting the removal, storage or transplantation of human organs, functions of appropriate authority, registration of hospitals and punishment/penalties for offences relating to aforesaid matters.

For more information, visit [**THOA Act - 1994**](#)

2. Transplantation of Human Organs (Amendment) Act. 2011

The Government of India enacted the Transplantation of Human Organs (Amendment) Act, 2011 that allows swapping of organs and widens the donor pool by including grandparents and grandchildren in the list. Some of the important amendments under this Act to promote organ donation are as follows.

1. Provision of 'Retrieval Centres' for retrieval of organs from deceased donors and their registration under the amended Act.
2. Definition of near relative expanded to include grandparents and grandchildren.
3. Brain death certification Board has been simplified and more experts have been permitted for this certification.
4. 'Mandatory' inquiry and informing option to donate in case of unfortunate event of brain stem death of ICU patient for the purpose of organ donation.
5. Mandatory 'Transplant Coordinator' for coordinating all matters relating to removal or transplantation of human organs.
6. National Human Organs and Tissues Removal and Storage Network at one or more places and regional network.
7. National Registry of Donors and Recipients.
8. Removal of eye has been permitted by a trained technician to facilitate eye donation.

3. Transplantation of Human Organs and Tissue Rules (THOT) 2014

The Transplantation of Human Organs and Tissues Rules (THOT), 2014 has many provisions to remove the impediments to organ donation while curbing misuse/misinterpretation of the rules. The following are a few:

1. The medical practitioner who will be part of the organ transplantation team for carrying out transplantation operation shall not be a member of the Authorisation Committee constituted under the Act.
2. When the proposed donor or recipient or both are not Indian nationals or citizens whether near relatives or otherwise, the Authorisation Committee shall consider all such requests and the transplantation shall not be permitted if the recipient is a foreign national and donor is an Indian national unless they are near relatives.
3. When the proposed donor and the recipient are not near relatives, the Authorisation Committee shall evaluate that there is no commercial transaction between the recipient and the donor and that no payment has been made to the donor or promised to be made to the donor or any other person
4. Cases of swap donation referred to under subsection shall be approved by Authorisation Committee of hospital or district or State in which transplantation is proposed to be done and the donation of organs shall be permissible only from near relatives of the swap recipients.
5. When the recipient is in a critical condition in need of life saving organ transplantation within a week, the donor or recipient may approach hospital in-charge to expedite evaluation by the Authorisation Committee.
6. The quorum of the Authorisation Committee should be minimum four and is not complete without the participation of the Chairman, Secretary (Health) or nominee and Director of Health Services or nominee.
7. Every authorised transplantation centre must have its own website. The Authorisation Committee is required to take final decision within twenty four hours of holding the meeting for grant of permission or rejection for transplant and the decision of the Authorisation Committee should be displayed on the notice board of the hospital and the website within twenty four hours of taking the decision. The website of transplantation centre shall be linked to State/Regional/National Networks through online system for organ procurement, sharing and transplantation.
8. There would be an apex national networking organization at the centre. There would also be regional and State level networking organizations where large of number of transplantation of organ(s) or tissue (s) are performed. The State units would be linked to hospitals, Organ/Tissue matching Labs and Tissue Banks within their area and also to regional and national networking organisations. Such networks shall coordinate procurement, storage, transportation, matching, allocation and transplantation of organs/tissues and shall develop norms and standard operating procedures.
9. A National Registry on Donors and recipients of Human Organ and Tissue accessible on-line through dedicated website having National, Regional and State level specificities will come into force. National/Regional registry shall be compiled based on similar registries at State level. The identity of the people in the database shall not be in public domain.