

CONSENT FORM FOR HLA TYPING FOR SOLID ORGAN TRANSPLANT (Form 33)

Relationship between Recipient & Donor:

RECIPIENT

Name: **MR. VASANT MATTE**
Date of birth/Age: **62 y2**
Gender: **MALE**
Blood group: **BHADRAWATI**
Address: **9637254028**
Phone No/Email:

DONOR

Name:
Date of birth/Age:
Gender:
Blood group:
Address:
Phone No/Email:

Identifying document for Recipient:

*PAN card *Driver License *Aadhar Card

*Passport *Voter card

Identifying document for Donor:

*PAN card *Driver License *Aadhar Card

*Passport *Voter card

Photo of Recipient
pasted & signed
across the photo by
Competent
authority/Head of
Institution with
rubber stamp/Doctor

Photo of Recipient
pasted & signed
across the photo by
Competent
authority/Head of
Institution with
rubber stamp/Doctor

We confirm the above relationship


Signature of Recipient

Signature of Donor

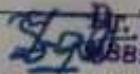
Signature & Stamp of the Competent

Authority / Head of the Institution
(As per Rule 18(2) of the Transplantation of the Human Organs and Tissues Rules, 2014)

I _____ employee code _____ say that I have collected the sample of the
person/s _____ signing this photo & form and he/she visibly appears to be the same as the photograph pasted above.

Date:

Signature of Phlebotomist


Dr. Trupti M. Atey (Satpute)
MBBS, MD. (Clinical Microbiologist)
Managing Director

(Stamp Signature & Date of the requesting Doctor)

Signature of COL/Lab/ PSC Incharge

110/200

Clinical Information of the Recipient

History of Dialysis:

History of Blood transfusion: Number of Pregnancies:

History of previous transplant/s:

Previous HLA typing if applicable (Attach report):

Date of last Dialysis:

Date of last transfusion:

History of Abortion/s:

Date of transplant:

Conditions:

1. Submit self- attested photocopy of the identification document & latest photo pasted & signed across the photo by competent authority/Head of Institution/ Authorized Doctor with rubber stamp.
2. Sign the consent form with date & time.
3. If below 18 years of age, consent to be signed by legal parent / legal guardian with their self-attested photocopy of the identification document.
4. Sagepath Labs Pvt Ltd, reserves the right to reject any sample in the absence of proper documents.
5. In case the test is directed by a Court of Law, a certified copy of the court order has to be submitted.
6. Blood samples shall be discarded 7 days after completion of the test.
7. Extracted DNA shall be preserved for 5 years from the date of testing.

DECLARATION & CONSENT FOR UNDERGOING THE TEST

I declare that:

1. I have read, understood & agree with the terms of performing this test.
2. Information provided by me is true & correct. All forms have been filled by me/in my presence and are true to the best of my knowledge.
3. I consent to give my blood sample for HLA testing & my sample maybe used for research purposes.
4. I will not hold the Lab responsible for losses due to human or technical error.
5. Sagepath Labs Pvt Ltd shall not be responsible for the genuineness of the documents submitted by me.
6. I undertake to indemnify Sagepath Labs Pvt Ltd for any liability that may arise due to mis-declaration /incorrect information made by me with respect to this test & its results.
7. I shall submit an affidavit of relationship in the manner of form 1, 2, 3 of the Transplantation of Human organ Act, 1994 for Form 5 to be issued by Sagepath Labs Pvt Ltd.
8. By agreeing to conduct the test, in no way, Sagepath Labs Pvt Ltd shall be deemed to be responsible for the authenticity of the documents submitted/statements made. It is the responsibility of the Patients as well as the Competent Authority/Head of the Institution or Hospital to ensure compliance of all the provisions of the Transplantation of Human Organs Act, 1994, the Transplantation of Human Organ Rules, 2014 and any other law.
9. Sagepath Labs Pvt Ltd will prepare its report(s) based on the sample(s), documents and the information provided to it by the Patient as well as the Competent Authority/Head of the Institution or Hospital. Sagepath Labs Pvt Ltd will not be responsible for any mis-declaration/incorrect information having been provided either by the patients and/or the Competent Authority/Head of the Institution or Hospital, in any manner whatsoever.

MR. VASANT MATTE

Signature/Thumb impression of Recipient

Date: 27/10/22

Dr. Trupti Ley (Satpute)
MBBS, MD, DNB, Microbiologist
Managing Director

Signature/Thumb impression of Donor

Date: 27/10/22