

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

**Relationship between Recipient & Donor:**

**RECIPIENT**

Name:  
 Date of birth/Age:  
 Gender:  
 Blood group:  
 Address:  
 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 Donor  
 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**

(Stamp Signature & Date of the requesting Doctor)

Signature of COL/Lab/ PSC Incharge

**Clinical Information of the Recipient**

History of Dialysis:

Date of Dialysis:

History of Blood transfusion : Number of Pregnancies:

Date of last transfusion:

History of previous transplant/s:

History of Abortion/s:

Previous HLA typing if applicable (Attach report):

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. Pathkind Labs 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. Pathkind Labs shall not be responsible for the genuineness of the documents submitted by me.
6. I undertake to indemnify Pathkind Labs 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 Pathkind Labs.
8. By agreeing to conduct the test, in no way, Pathkind Labs 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 of Human Organ Rules, 2014 and any other law.
9. Pathkind Labs 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. Pathkind Labs 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.

Signature/Thumb impression of Recipient

Signature/Thumb impression of Donor

Date:

Date: