RECIPIENT FORM

Recipient Name: _____ Age:_____ Yrs | Sex: _____

Mother's Name: _____

Recipient ID card Type: Copy of: ☐ Aadhaar ☐ PAN ☐ Voter ID, ☐ DL ☐ Passport (attach/submit)

Recipient ID Number: _____

Admitted Hospital Name: _____

Address: _____

Admitted Hospital UHID/IP Number: _____

Date of Admission: _____ **Bed Category:** _____

Diagnosis: _____

_____

OPERATION DETAILS:-

Date of Surgery: _____ **Surgeon**:_____

Operation to be performed: _____

** At present, there is no evidence to suggest the spread of Corona Viruses by blood transfusion or bone allograft.

BONE TO BE USED:

☐ Deep Frozen Bone

☐ Freeze Dried Bone

☐ Demineralized Bone

CANCELLOUS BONE:

☐ Femoral Head

☐ TKR Slice

☐ Others Specify

CONSENT FORM

I, _____ patient / attendant do hereby give my consent to use the above mentioned allograft during my surgery. The advantages and disadvantages of using such a graft have been adequately explained to me and the associated risks such as transmission of infective diseases undetectable by present methods of testing are understood by me. I indemnify the C K Birla Hospitals, CMRI Bone Bank since adequate measures for preventing the transmission of these and other infective diseases have been taken.

Patient's (or attendant's) Name and Signature: _____

If attendant, relationship to patient: _____

Contact Number: _____

I **Dr**. _____, the surgeon in charge of the patient in hospital, do hereby give my consent to allow C K Birla Hospitals, CMRI Bone Bank to mention my name and that of the surgery in the official website.

Requesting Doctor's Name and Signature: _____

Hospital: _____

Contact Number: _____

For the use of C K Birla Hospitals, CMRI Bone Bank only

Recipient Number: _____

Graft Number: _____

Payment mode and details: _____

C K Birla Hospitals, CMRI Bone Bank Officer's Name and Signature with date: _____