

FORM 8

[Refer rule 4(3) (a) and (b)]

We, the following members of the Board of Medical Experts after careful personal examination, hereby certify that Shri/ Smt. / Km aged about s / o, w /o, d / o, Shri resident of is dead on account of permanent and irreversible cessation of all functions of the brain-stem. The tests carried out by us and the findings therein are recorded in the brain-stem death certificate annexed hereto.

Date

Signature

1. R.M.P., Incharge of the Hospital in which brain-stem death has occurred.
2. R.M.P., nominated from the panel of names approved by the Appropriate Authority.
3. Neurologist / Neuro-Surgeon nominated from the panel of names approved by the Appropriate Authority.
4. R.M.P., treating the aforesaid deceased person.

BRAIN-STEM DEATH CERTIFICATE

(A) Patient Details:

1. Name of the Patient Shri/ Smt ./ Km.

S.O. / W.O. / D.O. Shri

Sex..... Age.....

2. Home Address

.....

.....
.....

3. Hospital Number

4. Name and address of next of kin or person

responsible for the patient (if none exists, this must be specified)

5. Has the patient or next of kin agreed to any transplant?

6. Is this a Police Case? Yes..... No.....

(B) Pre-Conditions:

1. Diagnosis: Did the patient suffer from any illness or accident that led to irreversible brain damage? Specify details:

Date and time of accident/onset of illness

Date and onset of non-responsible coma

2. Findings of Board of Medical Experts:

(1) The following reversible cause of coma have been excluded:-

Intoxication (Alcohol)

Depressant Drugs

Relaxants (Neuromuscular blocking agents)

First Medical Examination

Second Medical Examination

Primary hypothermia

Hypovolaemic shock

Metabolic or endocrine disorders

Test for absence of brain-stem functions

(2) Coma

(3) Cessation of spontaneous breathing

(4) Pupillary size

(5) Pupillary light reflexes

(6) Doll's head eye movements

(7) Corneal reflexes (Both sides)

(8) Motor response in any cranial nerve distribution, any responses to stimulation of face, limb or trunk

(9) Gag reflex

(10) Cough (Tracheal)

(11) Eye movements on coloric testing bilaterally

(12) Apnoea tests as specified

(13) Were any respiratory movements seen ?

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Date and time of first testing:

Date and time of second testing:

This is to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above,

Shri / Smt / Km..... is declared brain-stem dead.

1. Medical Administrator Incharge of the hospital.
2. Authorised Specialist.
3. Neurologist / Neuro-Surgeon.
4. Medical Officer treating the patient.

N.B

I. The Minimum time interval between the first testing and second

Testing will be six hours.

II. No. 2 and No. 3 will be co-opted by the Administrator Incharge of the hospital from the panel of experts approved by the Appropriate Authority.