

**PLEASE CHECK THE 'BRAIN DEATH CERTIFICATE'
APPENDIX IN THE LATEST VERSION OF THE INDIAN ACT
ON THE INTERNET**

APPENDIX B

**FORM 8
BRAIN DEATH CERTIFICATE**

We the following members of the Board of Medical Experts after careful personal examination hereby certify that Shri/Smt/Kum _____ aged about ___ years, son of / wife of / daughter of _____, resident of _____ (address) 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 Certificates annexed hereto.

Signature

Dated

(A) PATIENT DETAILS		
1	Patient's Name	Mr/Ms. _____ s/o , d/o , w/o Mr. _____
	Sex	
	Age	
2	Home Address	
3	Hospital Number	
4	Name & Address of next of kin or person responsible for 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-responsive coma			
2		Findings of Board of Medical Experts			
(i)	The following reversible causes of coma have been excluded:	<ul style="list-style-type: none"> ▪ Intoxication (Alcohol) ▪ Depressant Drugs ▪ Relaxants (Neuromuscular blocking agents) 			
		First Medical Examination		Second Medical Examination	
		1 st	2 nd	1 st	2 nd
	- Primary hypothermia				
	- Hypovolaemic shock				
	- Metabolic or endocrine disorders				
	- Tests for absent of brain-stem functions				
(ii)	Coma				
(iii)	Cessation of spontaneous breathing				
(iv)	Pupillary Size				
(v)	Pupillary light reflexes				
(vi)	Doll's head eye movement				
(vii)	Corneal reflexes (both sides)				

(viii)	Motor response in any cranial nerve distribution, any responses to stimulation of face, limb or trunk				
(ix)	Gag reflex				
(x)	Cough (Tracheal)				
(xi)	Eye movements on caloric testing bilaterally				
(xii)	Apnoea tests as specified				
(xiii)	Were any respiratory movements seen?				
	Date and Time of first testing			
	Date and Time of second testing			
This 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, Mr./Ms. is declared brain-stem dead.					
SIGNATURES					
..... 1. R.M.P In-charge 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 Appropriate Authority.	 4. R.M.P. treating the aforesaid deceased person			
* RMP is Registered Medical Practitioner					