VENUMADHAV EYE BANK

WHO CAN DONATE EYES

1. After the age of 18 yrs. everyone can fill up eye donation registration form.
2. Eyes can be donated in another eye bank even if registered in some other eye bank.
3. For eye donation contact eye bank as soon as possible, it is a must that eyes should be removed within 6 hours of death.
4. untill eyes are removed eyelid should be closed and wet cloth / cotton is to be kept on closed eyelid. If possible fans in the room should be turned off.
5. After receiving call for eye donation minimum 30-45 minutes are required by ophthalmologist to reaching site to receive eye balls. No extra charges are required for that.
6. There is no noticeable defect seen after eye donation.
7. If case of whole body donation eyes are to be removed before other procedures. With a consent of near relatives eyes can be donated even if not registered before death. 0

When can eyes be donated

1. Eye donation can be accepted only after death.
2. Eye donation is not accepted for any reason’s while alive. Identification of the person for whom donated eyes are use should kept confidential. By law it cannot be revealed to the relatives of the deceased person.

Some facts about eye donation

1. Person having undergone ocular surgery and persons of any age can donate eyes.
2. Person with refractive error/ spectacles can donate eyes.
3. After accidental death if there is no injury to eye can donate eyes.
4. In case of minor (below 18 yrs.) parents can give consent for eye donation.
5. Death due to severe burns, jaundices, rabies or septicemia, eye donation is accepted but can be used for research purpose.

Venumadhav eye bank is working for 24 hours and has own vehicle for eye donation call so anyone can contact for eye donation on phone No. -40151000 anytime.
Venumadhav Eye Bank
Eye Donor Pledge Form

To
The Medical Director
Deenanath Mangeshkar Hospital,
Erandwane, Pune - 04.

I hereby pledge to donate my eyes after my death to the Venu Madhav Eye Bank. My eyes can be used to restore the sight of a blind person or for research purpose.

Name:__________________________________________Age:______________
Address:_________________________________________________________________
_________________________________________________________________
Phone No.: _____________________________Blood group : __________________
Signature :

Witness
1. Name:__________________________________________
Address:_________________________________________________________________
Relation:_______________________Phone No.:_______________________
Signature :

2. Name:__________________________________________
Address:_________________________________________________________________
Relation:_______________________Phone No.:_______________________
Signature :