

**PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN**

Appropriate Authority Reg. Valid Upto.:

02/01/2017

Name of Organ: kidney

Name of the Hospital: SPS APOLLO HOSPITAL

Month: MAY2012

State: punjab

S. No.	Type	Date of Retrieval/ Transplant	Name	Address	Nationality	Age & Sex	CR No	Basic Diagnosis of Recipient	Donor relation with recipient a) Near Related b) Other then near related	Competent/ Authorization Authority Approval Date & No.
										(Whichever is applicable please indicate)
1	Recipient	19/5/2012	Ritu Kaushal	w/o Ashish Kumar HNo.245, Sector 12-A, Panchkula, Hry.	INDIAN	27yrs female	205949	CHRONIC GLOMERULO NEPHRITIS	mother(a)	competent authority CA-Not Applicable as per THOA notification letter no. <b>Endst.No:PS/SMER- 2011/7066</b> Dated:14-11-11 approval date-27/4/12
	Donor	19/5/2012	Kiran Kumari	w/o Surinder Singh HNo.2999, WNo.13, K harar, SAS Nagar, Mohali.	INDIAN	57yrs female	207265		daughter	competent authority CA-Not Applicable as per THOA notification letter no. <b>Endst.No:PS/SMER- 2011/7066</b> Dated:14-11-11 approval date-27/4/12