

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 April 2013

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	20/4/2013	raj kumar	s/o Chiman Lal HNo.26, Street no-3, Sant Nagar, City Hisar, Haryana.	INDIAN	31yrs male	242220	CHRONIC GLOMERULO NEPHRITIS	mother(a)	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER- 2011/7066 Dated:14-11-11 approval date-6/4/13
	Donor	20/4/2013	Usha Rani	w/o Chiman Lal HNo.26, Street No.3, Sant Nagar, City Hisar, Haryana.	INDIAN	58yrs female	242614		son	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER- 2011/7066 Dated:14-11-11 approval date-6/4/13
2	Recipient	20/4/2013	jagseer singh	s/o Raja Singh Village Chak Suhele Wala, Tehsil Jalalabad(w), Distt Fazilka, Punjab.	INDIAN	23yrs male	249306	CHRONIC GLOMERULO NEPHRITIS	mother(a)	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER- 2011/7066 Dated:14-11-11 approval date-6/4/13
	Donor	20/4/2013	karmjeet kaur	w/o Raja Singh Village Chak Suhele Wala, Tehsil Jalalabad(w), Distt Fazilka, Punjab.	INDIAN	45yrs female	249962		son	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER- 2011/7066 Dated:14-11-11 approval date-6/4/13