

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 December 2014

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	07/12/2014	vikram gill	s/o Sh Charnpreet Singh VPO-Dala, Tehsil & Distt Moga, Punjab.	INDIAN	18yrs male	311664	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-4/12/12
	Donor	07/12/2014	hardeep kaur	W/o Sh Charnpreet Singh VPO-Dala, Tehsil & Distt Moga, Punjab.	INDIAN	44yrs female	319953		son	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER-2011/7066 Dated:14-11-11 approval date-4/12/12