

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

Appropriate Authority Reg. Valid Upto.:

02/01/2017

Name of Organ: kidney

Name of the Hospital:

Satguru Partap Singh HOSPITAL

Month April 2015

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	11/04/2015	naveen garg	s/o Manoj Garg H.no-B- XIV/1083, Sekha Road, Street no-1, Barnala , Punjab	INDIAN	25yrs male	292420	CHRONIC GLOMERULO NEPHRITIS	paternal aunt(b)	AA-Authorization committee of organ transplatation govt. medical college patiala letter no-4722 date-17/3/15
	Donor	11/04/2015	parveen rani	W/o Mehar Chand Lakhi Colony, Street no-11, Barnala , Punjab	INDIAN	58yrs female	322681		nephew	AA-Authorization committee of organ transplatation govt. medical college patiala letter no-4722 date-17/3/15