

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

Appropriate Authority Reg. Valid Up to: **02/01/2017**

Name of Organ: **KIDNEY**

Name of the Hospital: **Satguru Partap Singh HOSPITAL**

Month-JULY 2016

State: **Punjab**

S. No.	Type	Date of Transplant	Name	Address	Nationality	Age & Sex	CR No	Basic Diagnosis of Recipient	Donor relation with recipient a) Near Related b) Other then near related	Authorization Authority Approval Date & No.
1	Recipient	09/07/2016	Nadeem Ahmed Chowdhary	S/o Lt Sh Bashir Ahmed H.no-38, Gujjar Colony, Opp Channe Hemmet, Jammu	INDIAN	50yrs male	413164	HYPERTENSIVE NEPHROPATHY	wife(a)	AA-Office of the DRME Punjab State Level Authorization Committee under Transplantation of Human Organ Act , SAS Nagar, approval date-28/06/2016, letter no-1/15/2016-5ME3/11769
	Donor	09/07/2016	Shabnam Chowdhary	W/o Sh Nadeem Ahmed Chowdhary H.no-38, Gujjar Colony, Opp Channe Hemmet, Jammu	INDIAN	45yrs female	413165		husband	AA-Office of the DRME Punjab State Level Authorization Committee under Transplantation of Human Organ Act , SAS Nagar, approval date-28/07/2016, letter no-1/15/2016-5ME3/11769

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Recipient	17/07/2016	Gurpal Singh	S/o Sh Sohan Singh Hindo Patti, Ghudani Kalan, Ludhiana, Punjab	INDIAN	39yrs male	416521	HYPERTENSIVE NEPHROPATHY	wife(a)	AA-Office of the Principal Punjab Distt Level Authorization Committee under Transplantation of Human Organ Act , Govt Medical College, Patiala, approval date- 08/07/2016, letter no- 12286
Donor	17/07/2016	Pawandeep Kaur	W/o Sh Gurpal Singh Hindo Patti, Ghudani Kalan, Ludhiana, Punjab	INDIAN	37yrs female	416722		husband	AA-Office of the Principal Punjab Distt Level Authorization Committee under Transplantation of Human Organ Act , Govt Medical College, Patiala, approval date- 08/07/2016, letter no- 12286

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

Appropriate Authority Reg. Valid Up to: **19/01/2021**

Name of Organ: **LIVER**

Name of the Hospital: **Satguru Partap Singh HOSPITAL**

Month-JULY 2016

State: **Punjab**

S. No.	Type	Date of Transplant	Name	Address	Nationality	Age & Sex	CR No	Basic Diagnosis of Recipient	Donor relation with recipient a) Near Related b) Other then near related	Authorization Authority Approval Date & No.
1	Recipient	15/07/2016	Paramjit Kaur	W/o Sh Kuldeep Singh VPO-Bhaini Shaib, Ludhiana, Punjab	INDIAN	45yrs female	10771	Hep C related Chronic Liver Disease	daughter(a)	AA-Office of the Principal Punjab Distt Level Authorization Committee under Transplantation of Human Organ Act , Govt Medical College, Patiala, approval date-08/07/2016, letter no-12285
	Donor	15/07/2016	Gurpreet Kaur	D/o Sh Kuldeep Singh VPO-Bhaini Shaib, Ludhiana, Punjab	INDIAN	25yrs female	4354		mother	AA-Office of the Principal Punjab Distt Level Authorization Committee under Transplantation of Human Organ Act , Govt Medical College, Patiala, approval date-08/07/2016, letter no-12285