

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-March 2016

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 *c) Cadaver (BD/CD)	Competent/ Authorization Authority Approval Date & No.
										(Whichever is applicable please indicate)
1	Recipient	13/03/2016	Pardeep Kumar	S/o Sh Amrit Singh H.no-226, Ward no-10, SBI Street Makhu, Tehsil Zira, Distt Fezorepur, Punjab	INDIAN	52yrs male	385508	HYPERTENSIVE NEPHROPATHY	wife(a)	AA-Office of the Principal -cum Chairman Authorization Committee for Human Organ Transplantation GGS Medical College Faridkot Punjab approval date- 15/02/2016
	Donor	13/03/2016	Vijay Kumari	W/o Sh Pardeep Kumar H.no-226, Ward no-10, SBI Street Makhu, Tehsil Zira, Distt Fezorepur, Punjab	INDIAN	45yrs female	385532		husband	AA-Office of the Principal -cum Chairman Authorization Committee for Human Organ Transplantation GGS Medical College Faridkot Punjab approval date- 15/02/2016