

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- **May 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)
					NIL					