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-Sep 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	17/09/2016	Gurjeet Kaur	W/o Sh Sukhjit Singh H.no-5020/09, St no-07, Kwality Chowk, New Shimlapuri, Ludhiana, Punjab	INDIAN	32yrs female	309055	Chronic Kidney Disease Stage 5	daughter	Office of the Principal Punjab Distt Level Authorization Committee under Transplantation of Human Organ Act , Govt Medical College, Patiala, approval date-03/08/2016, letter no-14691
	Donor	17/09/2016	Sukhwinder Kaur	W/o Sh Kulwant Singh H.no-1395/14, St no-03, Mandeep Nagar, Near Rishi Nagar, Ludhiana, Punjab	INDIAN	63yrs female	330112		mother	