

PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

(Kidney)

Appropriate Authority Reg. 30-12-2016

Name of Hospital- Satguru Partap Singh Hospitals

Month - Apr-17

State- Punjab

S.No	TYPE	DATE OF TRANSPLANT	NAME	ADDRESS	NATIONALITY	AGE & SEX	CR No	Basic Diagnosis of Recipient	Donor relation with Recipient	Authorization Authority Approval Date & No.
				NIL						

