

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

Appropriate Authority Reg. Valid Upto.:

Name of Organ: KIDNEY

Name of the Hospital: Satguru Partap Singh Hospitals

Month: JULY 2018

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	26/07/2018	Rajvir Kaur	w/o Sh.Gurwinder Singh ,VPO Bharolo, Tah. Banga,Distt. Shaheed Bhagat Singh Nagar.	Indian	35yrs female	569941	HTN, CKD Stage -V	Father in low	Distt Authorization Committee under Transplantation of Human Organ Act 1994 Govt. Medical College, Patiala, Approval on 23/07/2018, letter no-13478
	Donor	26/07/2018	Balbir Singh	S/o Late Sh. Gurdav Singh,,VPO Bharoli, Tah. Banga,Distt. Shaheed Bhagat Singh Nagar.	Indian	61yrs male	584601			