

PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

Appropriate Authority Reg. Valid Upto.:

02/01/2017

Name of Organ: kidney

Name of the Hospital: SPS APOLLO HOSPITAL

Month January 2013

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	Competent/ Authorization Authority Approval Date & No.
										(Whichever is applicable please indicate)
1	Recipient	26/1/2013	narinder lohia	S/o Lt.Mulakh Raj H.NO-819-D Model Town Extension Ludhiana,Punjab	INDIAN	47yrs male	235919	DIABETIC NEPHROPATHY	wife(a)	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER-2011/7066 Dated:14-11-11 approval date 14/1/13
	Donor	26/1/2013	upasana lohia	w/o Narinder Lohia H.NO-819-D Model Town Extension Ludhiana,Punjab	INDIAN	45yrs female	238594		husband	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER-2011/7066 Dated:14-11-11 approval date-14/1/13