

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 March 2014

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	07/03/2014	kunal kumar	s/o Late Sh Kamal Kumar H.no-44, Ground Floor, H.I.G Pink Flats, Rajguru Nagar, Ludhiana, Punjab.	INDIAN	26 yrs male	291699	CHRONIC GLOMERULO NEPHRITIS	mother(a)	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER-2011/7066 Dated:14-11-11 approval date-5/3/14
	Donor	07/03/2014	sapna bagga	w/o Late Sh Kamal Kumar H.no-44, Ground Floor, H.I.G Pink Flats, Rajguru Nagar, Ludhiana, Punjab.	INDIAN	49 yrs female	291108		son	CA-Not Applicable as per THOA notification letter no. Endst.No:PS/SMER-2011/7066 Dated:14-11-11 approval date-5/3/14