

**PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN**

Appropriate Authority Reg. Valid Upto.:

02/01/2017

Name of Organ: kidney

Name of the Hospital:

Satguru Partap Singh HOSPITAL

Month. june2015

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	06/06/2015	sukhdev singh	S/o Late Sh Mohinder Singh Patti Jaid, VPO-Kaunke Kalan, Tehsil Jagrraon, Distt Ludhiana, Punjab	INDIAN	47yrs male	344296	CHRONIC INTERSTITIAL NEPHRITIS	brother(a)	CA-Not Applicable as per THOA notification letter no. <b>Endst.No:PS/SMER-2011/7066</b> Dated:14-11-11 approval date-22/5/15
	Donor	06/06/2015	baldev singh	S/o Late Sh Mohinder Singh Patti Jaid, VPO-Kaunke Kalan, Tehsil Jagrraon, Distt Ludhiana, Punjab	INDIAN	39yrs male	346856		brother	CA-Not Applicable as per THOA notification letter no. <b>Endst.No:PS/SMER-2011/7066</b> Dated:14-11-11 approval date-22/5/15