

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

Appropriate Authority Reg. Valid Up to: **02/01/2017**

Name of Organ: **Kidney**

Name of the Hospital: **Satguru Partap Singh HOSPITAL**

Month-April 2016

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	26/04/2016	Rajinder Kumar	S/o Lt Sh Darshan Lal H.no-19, Sector no-04, Sanjay Nagar, Jammu	INDIAN	41yrs male	387750	CGN, HYPERTENSIVE NEPHROPATHY	mother(a)	AA-Office of the DRME Punjab State Level Authorization Committee under Transplantation of Human Organ Act , SAS Nagar, approval date-09/03/2016, letter no-1/15/2016-5ME3/4934
	Donor	26/04/2016	Rano Devi	W/o Lt Sh Darshan Lal H.no-19, Sector no-04, Sanjay Nagar, Jammu	INDIAN	60yrs female	389687		son	AA-Office of the DRME Punjab State Level Authorization Committee under Transplantation of Human Organ Act , SAS Nagar, approval date-09/03/2016, letter no-1/15/2016-5ME3/4934

