

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- Dec 2016

State: Punjab

S. No.	Type	Date of Transplant	Name	Address	Nationality	Age & Sex	CR No	Basic Diagnosis of Recipient	Donor relation with recipient a) Near Related b) Other then near related	Authorization Authority Approval Date & No.
1	Recipient	04/12/16	Anohk Singh	S/o Sh Mohan Singh Master Colony, Ward no-02, Tehsil Amlloh, Distt Fategarh Sahib, Punjab	Indian	49yrs/ male	177079	Chronic Kidney Disease Stage v, DM	Wife-Husband	Authorization Committee of Organ Transplantation Govt. Medical College Patiala, Approval on 09/11/2016, letter no-21587
	Donor	04/12/16	Shaminder Kaur	W/o Sh Anohk Singh Master Colony, Ward no-02, Tehsil Amlloh, Distt Fategarh Sahib, Punjab	Indian	49yrs/ female	310040		Wife-Husband	