

**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-January 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	16/01/2016	Manpreet Singh	S/o Sh Balbir Singh Muhalla Nanakpura, Outside Bansi Gate, Fezorepur, Punjab	INDIAN	27yrs male	383239	HYPERTENSIVE NEPHROPATHY	mother(a)	AA-Office of the Principal -cum Chairman Authorization Committee for Human Organ Transplantation GGS Medical College Faridkot Punjab approval date- 05/01/2016
	Donor	16/01/2016	Swaran Kaur	W/o Sh Balbir Singh Muhalla Nanakpura, Outside Bansi Gate, Fezorepur, Punjab	INDIAN	55yrs female	383616		son	AA-Office of the Principal -cum Chairman Authorization Committee for Human Organ Transplantation GGS Medical College Faridkot Punjab approval date- 05/01/2016

