PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN (Kidney)

Appropriate Authority Reg. on 30-12-2016 **Name of Hospital- Satguru Partap Singh Hospitals**

Month - Oct-17 **State- Punjab**

S.No	TYPE	DATE OF TRANSPLANT	NAME	ADDRESS	NATIONALITY	AGE & SEX	CR No	Basic Diagnosis of Recipient	Donor relation with Recipient	Authorization Authority Approval Date & No.
				NIL						