PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

Appropriate Authority Reg. Valid Upto.: 29/12/2021

Name of Organ: Kidney **Name of the Hospital:** Satguru Partap Singh Hospitals

Month: August 2018 **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)
		←		NIL		→				