

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

Appropriate Authority Reg. Valid Upto.:30-12-2021

Name of Organ: **KIDNEY**

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

Month: **JULY 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) |
|-------|-----------|----------------------------------|--------------|---|-------------|-----------------|--------|------------------------------|---|--|
| I | Recipient | 26/07/2018 | Rajvir Kaur | w/o Sh.Gurwinder Singh, VPO Bharolo, Tah. Banga, Distt. Shaheed Bhagat Singh Nagar. | Indian | 35yrs female | 569941 | HTN, CKD Stage -V | Father in low | Distt Authorization Committee under Transplantation of Human Organ Act 1994 Govt. Medical College, Patiala. Approval on 23/07/2018, letter no- 13478 |
| | Donor | 26/07/2018 | Balbir Singh | S/o Late Sh. Gurdav Singh, VPO Bharoli, Tah. Banga, Distt. Shaheed Bhagat Singh Nagar. | Indian | 61yrs male | 584601 | | | |

Dr. Ajay Angirish
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DR. AJAY ANGRISH

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