

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: **September 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)
1	Recipient	11/09/2018	Baby Muskan	Village Dosanjh Khurd,the Phillaur,Distt Jalandhar	Indian	13y/female	580739	HTN,CKD stage v	Mother	Distt Authorization Committee under Transplantation of Human Organ Act 1994 Govt. Medical College, Amritsar, Guru Nanak Dev Hospital Approval on 08/08/2018, letter no-8258
	Donor	11/09/2018	Mrs. SITO	Village Dosanjh Khurd,the Phillaur,Distt Jalandhar	Indian	41y/female	582213			



Dr Shivani Tandon
Medical Superintendent
Satguru Partap Singh Hospitals,
Sherpur Chowk, G.T Road
Ludhiana, Punjab-141003

Medical Superintendent
SPS HOSPITALS
LUDHIANA