

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: February 2019

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	14/02/19	Surjit Singh	Surjit Singh S/o Sh Gurbachan Singh R/o H.no-80, Street no-04, New Guru Nanak Nagar, 33 Futa Road, Bhamian Khurd, Ludhiana Punjab	Indian	33yrs/male	598375	CKD V HTN	BROTHER	Distt Authorization Committee under Transplantation of Human Organ Act 1994 Govt. Medical College, Patiala, Approval on 25/01/2019, letter no-2443
	Donor	14/02/19	Manpreet Kaur	Manpreet Kaur W/o Sh Mehar Singh R/o H.no-16-D, New Majithia Enclave, Patiala, Punjab	Indian	37yrs/female	602693		SISTER	
2	Recipient	28/02/19	Jas Beir	Jas Beir S/o Sh Om Parkash R/o H.no-577, Gali no-03, Ward no-01, Arjun Nagar, Patti Afgan, Kaithal, Haryana, Punjab	Indian	31yrs/male	614588	CKD V HTN	HUSBAND	Director Medical Education & Research Punjab, State Authorization Committee under Transplantation of Human Organ Act 1994 Mohali, Approval on

										12/02/2019, letter no-1/15/2018-PB-5ME3/3239
2	Donor	28/02/19	Rekha	Rekha W/o Jas Beir R/o H.no-577, Gali no-03, Ward no-01, Arjun Nagar, Patti Afgan, Kaithal, Haryana, Punjab	Indian	30yrs/female	614642		WIFE	