

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: **July 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	02/07/19	Pargat Singh	Pargat Singh S/o Sh.Harbajan Singh H.no-2238, St no-10, Suraj Nagar, Ward no-63, Shimla puri, Millerganj, Distt. Ludhiana, Punjab	Indian	25yrs/male	463411	CKD V HTN	brother	Distt Authorization Committee under Transplantation of Human Organ Act 1994 Govt. Medical College, Patiala, Approval on 04/06/2019, letter no-11782
	Donor	02/07/19	Gagandeep Singh	GagandeepSingh S/o Sh.Harbajan Singh H.no-2238, St no-10, Suraj Nagar, Ward no-63, Shimla puri, Millerganj, Distt. Ludhiana, Punjab	Indian	28yrs/male	600783		brother	