

**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: **June 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	Competent / Authorization Authority Approval Date & No.
									a) Near Related b) Other then near related ☆ c) Cadaver (BD/CD)	(Whichever is applicable please indicate)
1	Recipient	15/06/19	<b>Sukhjit Singh</b>	Sukhjit Singh S/o Sh.Davinder Singh VPO- Dhanasu, Distt. Ludhiana, Punjab	Indian	31yrs/male	636428	CKD V HTN	son	Distt Authorization Committee under Transplantation of Human Organ Act 1994 Govt. Medical College, Patiala, Approval on 04/06/2019, letter no- 11780
	Donor	15/06/19	<b>Davinder Singh</b>	Davinder Singh S/o Sh Karnail Singh VPO- Dhanasu, Distt. Ludhiana, Punjab	Indian	60yrs/male	672085		father	