

**KIDNEY HOSPITAL & LIFELINE MEDICAL INSTITUTIONS  
PMF TRUST**

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**REPORT FOR KIDNEY TRANSPLANTATION FOR THE MONTH FEBRUARY - 2007**

<b>S.NO</b>	<b>RECIPIENT'S NAME</b>	<b>AGE</b>	<b>DONOR'S NAME</b>	<b>AGE</b>	<b>DATE OF ADMISSION</b>	<b>DATE OF DISCHARGED</b>	<b>DATE OF SURGERY</b>
	NIL						