

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

Hospital Name: **KIDNEY HOSPITAL & LIFELINE MEDICAL INSTITUTIONS, JALANDHAR 144001 (PB)**

Month

Jan-23

Name of Organ: **KIDNEY**

S. No.	Date of Surgery	Name of the Recipient	Age	Sex	Name of the Donor	Age	Sex	Relation of Recipient with Donor	Remarks
1	10-Jan-23	JAPNEEK SINGH	16	M	HARMEET KAUR	47	F	MOTHER	DOA: 07/01/23 DOD: 20/01/23
2	13-Jan-23	YOGESH KUMAR	38	M	KAVITA	34	F	WIFE	DOA: 09/01/23 DOD: 23/01/23
3	24-Jan-23	SHAMSHER SINGH	58	M	GURMEET KAUR	51	F	WIFE	DOA: 21/01/23 DOD: 04/02/23
4	31-Jan-23	PURAN SINGH	34	M	LAKHWANT KAUR	34	F	SISTER	DOA: 28/01/23 DOD: 11/02/23