

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Apr-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	04-Apr-23	SATISH KUMAR	43	M	MAMTA	33	F	WIFE	DOA: 29/03/23 DOD: 13/04/23
2	05-Apr-23	YUDHVIR CHAUKRIA	17	M	USHA	46	F	MOTHER	DOA: 01/04/23 DOD: 15/04/23
3	18-Apr-23	SUBEGH SINGH	31	M	HARVINDER KAUR	55	F	MOTHER	DOA: 10/04/23 DOD: 28/04/23
4	26-Apr-23	PAWANDEEP SINGH	31	M	AMANDEEP KAUR	32	F	SISTER	DOA: 22/04/23 DOD: 06/05/23