

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **Jun-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	20-Jun-23	JYOTI NAHAR	44	F	USHA	62	F	MOTHER	DOA: 16/06/23 DOD: 30/06/23
2	27-Jun-23	NISHA RANI	51	F	JASPAL SINGH	60	M	BROTHER	DOA: 21/06/23 DOD: 07/07/23
3	28-Jun-23	BALJINDER SINGH	39	M	PRITAM KAUR	56	F	MOTHER	DOA: 23/06/23 DOD: 08/07/23