

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Jul-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	01-Jul-23	HARSUKHMANDEEP SINGH	23	M	SIMARJIT KAUR	52	F	MOTHER	DOA: 28/06/23 DOD: 14/07/23
2	05-Jul-23	JOGA SINGH	49	M	JASPAL SINGH	44	M	BROTHER	DOA: 01/07/23 DOD: 15/07/23
3	11-Jul-23	GAGANDEEP KAUR	30	F	KULDEEP KAUR	56	F	MOTHER	DOA: 08/07/23 DOD: 27/07/23
4	18-Jul-23	DEEPAK SINGH	28	M	AMARJIT KAUR	50	F	MOTHER	DOA: 15/07/23 DOD: 27/07/23
5	26-Jul-23	MOHAN SINGH	28	M	SUKHWINDER KAUR	66	F	MOTHER	DOA: 24/07/23 DOD: 05/08/23