

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Sep-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	02-Sep-23	TASBIR SINGH	42	M	SUKHWINDER KAUR	66	F	MOTHER	DOA: 22/08/23 DOD: 16/09/23
2	05-Sep-23	ZORAWAR SINGH	25	M	JASVIR KAUR	60	F	MOTHER	DOA: 29/08/23 DOD: 22/09/23
3	12-Sep-23	PANKAJ SHARMA	32	M	MADHU BALA	60	F	MOTHER	DOA: 11/09/23 DOD: 23/09/23
4	15-Sep-23	SAHIL LUTHRA	30	M	RAJ PAL	63	M	FATHER	DOA: 11/09/23 DOD: 26/09/23
5	19-Sep-23	AMRITPAL SINGH	21	M	GURDEV SINGH	46	M	UNCLE (CHACHA)	DOA: 15/09/23 DOD: 02/10/23
6	21-Sep-23	HARISH KUMAR	45	M	JANGIR CHAND	54	M	BROTHER	DOA: 16/09/23 DOD: 05/10/23