

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Dec-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	06-Dec-23	ASHOK KUMAR	27	M	KAMLESH KUMARI	47	F	MOTHER	DOA: 01/12/23 DOD: 27/12/23
2	14-Dec-23	GURPREET	21	M	TEJ PAUL	56	M	FATHER	DOA: 11/12/23 DOD: 26/12/23
3	19-Dec-23	BALJIT SINGH	48	M	ARANJIT KAUR	45	F	WIFE	DOA: 16/12/23 DOD: 28/12/23
4	28-Dec-23	MALOOK SINGH	66	M	JATINDER KAUR	64	F	WIFE	DOA: 23/12/23 DOD: 06/01/24