

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **Jan-24**

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 | 03-Jan-24 | RAJEEV KUMAR | 38 | M | NIRMAL KUMAR | 59 | F | FATHER-IN-LAW | DOA: 29/12/23 DOD: 13/01/24 |
| 2 | 09-Jan-24 | PARVEEN KUMAR | 45 | M | JOTYI | 42 | F | SISTER | DOA: 05/01/24 DOD: 20/01/24 |
| 3 | 23-Jan-24 | WARIS MASIH | 34 | M | TARSEM MASIH | 68 | M | FATHER | DOA: 17/01/24 DOD: 03/02/24 |