

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Apr-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	06-Apr-24	TONY KUMAR	36	M	SONIA	41	F	SISTER	DOA: 27/03/24 DOD: 15/04/24
2	09-Apr-24	HARPREET KAUR	40	F	HARJINDER SINGH	43	M	BROTHER	DOA: 02/04/24 DOD: 09/04/24 (EXPIRED)
3	16-Apr-24	MANI GILL	35	M	MANJU	50	F	MOTHER	DOA: 11/04/24 DOD: 26/04/24
4	18-Apr-24	MUKESH MAHAJAN	36	M	SATYA	59	F	MOTHER	DOA: 12/04/24 DOD: 30/04/24
5	23-Apr-24	HARMINDER SINGH	45	M	PAWANDEEP KAUR	40	F	WIFE	DOA: 20/04/24 DOD: 02/05/24