

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

May-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	11-May-24	ARASHDEEP SINGH	21	M	RAJBIR KAUR	41	F	MOTHER	DOA: 08/05/24 DOD: 22/05/24
2	14-May-24	JAGROOP SINGH	32	M	BALWINDER KAUR	56	F	MOTHER	DOA: 06/05/24 DOD: 24/05/24
3	17-May-24	MAMTA KUMARI	36	F	SAROJ KUMAR	32	M	HUSBAND	DOA: 13/05/24 DOD: 27/05/24
4	23-May-24	KULWANT SINGH	39	M	BALKAR SINGH	79	M	FATHER	DOA: 20/05/24 DOD: 03/06/24
5	28-May-24	AMARJIT SINGH	56	M	RAJ KAUR	57	F	WIFE	DOA: 24/05/24 DOD: 08/06/24
6	30-May-24	HARSHARANPREET SINGH	45	M	BALJIT KAUR	46	F	WIFE	DOA: 27/04/24 DOD: 08/06/24