

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month **Sep-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-Sep-24	JASDEEP SINGH	35	M	KAWALJIT KAUR	29	F	WIFE	DOA: 30/08/24 DOD: 19/09/24
2	17-Sep-24	KIRANPREET KAUR	33	F	PRABHJOT KAUR	28	F	SISTER	DOA: 14/09/24 DOD: 26/09/24
3	25-Sep-24	GURPREET SINGH	17	M	LAKHWINDER SINGH	46	M	FATHER	DOA: 23/09/24 DOD: