**PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN**

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

Month **Nov-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 | 07-Nov-24 | GURJIT SINGH | 44 | M | SANTOKH KAUR | 45 | F | WIFE | DOA: 04/11/24<br>DOD: 16/11/24 |
| 2 | 09-Nov-24 | KOMALPREET KAUR | 24 | F | SURINDER KAUR | 49 | F | MOTHER | DOA: 04/11/24<br>DOD: 18/11/24 |
| 3 | 12-Nov-24 | VISHAL RAI MADHAR | 26 | M | NIRMAL KUMAR | 59 | M | FATHER | DOA: 09/11/24<br>DOD: 27/11/24 |
| 4 | 21-Nov-24 | MOHINDER PAL | 41 | M | ASHA RANI | 44 | F | SISTER | DOA: 18/11/24<br>DOD: 30/11/24 |
| 5 | 26-Nov-24 | TAJINDER SINGH | 57 | M | LAKHVIR KAUR | 52 | F | WIFE | DOA: 22/11/24<br>DOD: 06/12/24 |