

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

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

Month

Dec-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	10-Dec-24	LAKHWINDER SINGH	49	M	RAJNI BALA	36	F	WIFE	DOA: 06/12/24 DOD: 19/12/24
2	18-Dec-24	RAM LAL GUPTA	57	M	ANITA GUPTA	48	F	WIFE	DOA: 13/12/24 DOD: 27/12/24
3	31-Dec-24	BHPINDER KAUR	51	F	NIRMAL SINGH	59	M	HUSBAND	DOA: 26/12/24 DOD: 13/01/25