

PROFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN

Appropriate Authority Reg. Valid Upto.:- July 2020

Name of Organ: Kidney

Month: April

Name of the Hospital: Max Super Speciality Hospital, Mohali

State: Punjab

S. No.	Type	Date of Retrieval/ Transplant	Name	Address	Nationality	Age & Sex	CR No	Basic Diagnosis of Recipient	Donor relation with recipient a) Near Related b) Other than near related ☆ c) Cadaver (BD/CD)	Competent / Authorization Authority Approval Date & No. (Whichever is applicable please indicate)
1	Donor	10/4/2019	HARI SINGH	VILL DAUN KALAN, PATIALA	Indian	60Y/M	108852		Related	19/3/2019
	Recipient		GURJIT SINGH	VILL DAUN KALAN, PATIALA	Indian	36Y/M	108853	ESRD		
2	Donor	17/4/2019	HARJEET KAUR	VILL& PO KATHOLI TEH JAWALI KANGRA HP	Indian	61Y/F	109262		Related	16/11/2019
	Recipient		NAVPREET KAUR	VILL& PO KATHOLI TEH JAWALI KANGRA HP	Indian	30Y/F	109261	ESRD		
3	Donor	26/4/2019	SATNAM SINGH	HNO-16/64 GALIN NO-1 DEBI WALA BAZAAR AMRITSAR-II ,AMRITSAR	Indian	33Y/M	109839		Related	23/4/2019
	Recipient		GURDEV SINGH	HNO-16/64 GALIN NO-1 DEBI WALA BAZAAR AMRITSAR-II ,AMRITSAR	Indian	46Y/M	109838	ESRD		
4	Donor	27/4/2019	RINKI SINGH	#C 4 GANDHI MAIDAN PATNA	Indian	36Y/F	109915		Spousal	23/4/2019
	Recipient		RAVINDER SINGH	#C 4 GANDHI MAIDAN PATNA	Indian	51Y/M	109912	ESRD		
5	Donor	30/4/2019	RASHMI BALA	VILL BHERE TEH MUKERIAN DISTT HOSHIARPUR	Indian	50Y/F	110022		Related	23/4/2019
	Recipient		VIPUL MAHAJAN	VILL BHERE TEH MUKERIAN DISTT HOSHIARPUR	Indian	24Y/M	110019	ESRD		

Additional Information:

- a. Total No. of deceased persons who donated organs in the month of :NIL
- i. after Brain Stem death
 - ii. after cardiac death

Poonam Koundal
KTP Co coordinator
Signature of In-charge with Name &
Email:-Poonam.Koundal@maxhealthcare.com
Contact No:-9915645711

☆ If Cadaver death please specify Brain Death or Cardiac Death