Report for Kidney Transplantation Patient for the Period January to August 2015 Recipient's Donor's

| S. | .No | Name/Father/Husbad Name and Address | Age | Name/Father Name and Address | Age | Name of the approved Authorization Committee | Date of Admission | Date of Discharge | Name of Surgeon and speciality | Date of surgery | Related/ unrelatd |
|----|-----|--|-----|---|------|--|----------------------|----------------------|--|-----------------|-------------------------------------|
| 1 | | Mr. Hari Singh S/o Late Shri Shadi Ram, V.P.O-Aujla,Distt-Jalandhar. | | Mr. Mahinder Singh S/o Late Shri Shadi Ram, R/O V.P.O-Aujla Phillar Bilga, Distt- Jalandhar. | 70/M | NR | 30/07/15 | 07/08/15 | Dr.Swapan Sood M.S.,M.Ch(Transplant Surgeon), Dr. Suresh Prasad Agrawal. | 01/08/15 | Related (Recipient) Brother (Donor) |
| | | | | | | | | | Agrawal. M.S., D.N.B. | | |

(Transplant Surgeon)
Dr. Himanshu Pandy

M.S., M.CH

Patel Hospital Civil Lines Jalandhar

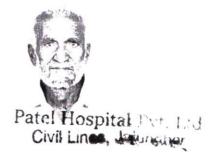








COMPENENT AUTHORITY OF PATEL HOSPITAL **JALANDHAR**



Whereas the joint application has been made by the below mentioned person for removal of kidney from a related live donor for transplantation in term of section 9(3) of human organ act 1994.

Recipient's Name

Mr. Hari Singh

Age-53year

S/o Sh.Shadi Ram R/O V.P.O-Auila. Distt-Jalandhar.

Donor's Name

Mr. Mahinder Singh

Age-68year

S/O- Sh.Shadi Ram R/O Village- Auila, Phillaur Bilga, Distt-Jalandhar.

Whereas I have considered the medical certification from the treating physician Dr. Ashutosh Soni JALANDHAR certifying that the recipient is suffering from the Chronic Renal Failure and require kidney transplantation for survival.

And whereas I have gone through the circumstances and documents of donation from a live near relation, the kidney transplantation between the above mentioned aonor and recipient in Patel Hospital is approved.

Dr. Ś.K Sharma

Managing Director

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Patel Hoppital Date ! Jalandhar Lines, Jalandina. Date: 31-08-2015