**May 27, 2020**

**Wednesday**

**APPROVAL STATUS OF PROSPECTIVE PATIENT FOR**

**ORGAN TRANSPLANTATION**

**Date of Transplant Meeting May 27, 2020**

**Time 10:00 a.m.**

**(By Authorisation Committee)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Name of Recipient**  | **Name of Donor** | **Organ**  | **Status**  |
| **1.** | Ajay Mishra | Sunita Devi | Liver | Incomplete documentation. prove to establish long term evaluation needs to be presented |

***“This approval of Authorization Committee is valid for a period of one year from the date of issue, only at Sir Ganga Ram Hospital”.***