**May 06, 2020**

**Wednesday**

**APPROVAL STATUS OF PROSPECTIVE PATIENT FOR**

**ORGAN TRANSPLANTATION**

**Date of Transplant Meeting May 06, 2020**

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

**(By Authorisation Committee)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Name of Recipient**  | **Name of Donor** | **Organ**  | **Status**  |
| **1.** | Shikha Ali | Liaquat Ali | Kidney | **Approved** |
| **2.** | Shruti Sachdev | Rita Sachedv | Kidney | **Approved**  |

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