**April 03, 2024**

**Wednesday**

**APPROVAL STATUS OF PROSPECTIVE PATIENT FOR**

**ORGAN TRANSPLANTATION**

**Date of Transplant Meeting April 02, 2024**

**Time 03:30 p.m.**

**(By Competent Authority)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** |  **Reg. No. of Recipient**  | **Reg. No. of Donor** | **Organ**  | **Status**  |
| **1.** | 3140393 | 3316191 | Kidney | **Approved** |
| **2.** | 0281214 | 3333505 | Kidney | **Approved** |
| **3.** | 3329737 | 3330107 | Kidney | **Approved** |
| **4.** | 2707538 | 3159630 | Kidney | **Approved** |
| **5.** | 2151215 | 3327738 | Kidney | **Approved** |

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