**April 06, 2024**

**Saturday**

**APPROVAL STATUS OF PROSPECTIVE PATIENT FOR**

**ORGAN TRANSPLANTATION**

**Date of Transplant Meeting April 06, 2024**

**Time 03:00 p.m.**

**(By Competent Authority)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** |  **Reg. No. of Recipient**  | **Reg. No. of Donor** | **Organ**  | **Status**  |
| **1.** | 2738096 | 3337733 | Kidney | **Approved** |
| **2.** | 3209888 | 3296210 | Kidney | **Approved** |
| **3.** | 0470370 | 3319529 | Kidney | **Approved** |
| **4.** | 3334830 | 3337092 | Kidney | **Approved** |
| **5.** | 2411344 | 3335724 | Liver | **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”.***