**May 04, 2024**

**Saturday**

**APPROVAL STATUS OF PROSPECTIVE PATIENT FOR**

**ORGAN TRANSPLANTATION**

**Date of Transplant Meeting May 04, 2024**

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

**(By Competent Authority)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** |  **Reg. No. of Recipient**  | **Reg. No. of Donor** | **Organ**  | **Status**  |
| **1.** | 3345958 | 3345959 | Kidney | **Approved** |
| **2.** | 3262504 | 3330609 | Kidney | **Approved** |
| **3.** | 3316815 | 3333051 | Kidney | **Approved** |
| **4.** | 2726680 | 3212551 | Kidney | **Approved** |
| **5.** | 3350182 | 3350305 | 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”.***