**September 15, 2025**

**Monday**

**APPROVAL STATUS OF PROSPECTIVE PATIENT FOR**

**ORGAN TRANSPLANTATION**

**Date of Emergency Transplant Meeting September 15, 2025**

**Time 5:00 p.m.**

**(By Authorisation Committee)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Name of Recipient**  | **Name of Donor** | **Organ**  | **Status**  |
| **1.** | 3619671 | 3622475 | Liver  | Approved as an emergency  |

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