

अनुसूची १
 (दफा ९ को उपदफा २ सँग सम्बन्धित)
 स्वास्थ्य संस्थाको त्रैमासिक प्रतिवेदन

death date					
medical complications if any					
surgical complications if any					
if previous transplant date					
back to dialysis date					
HLA mismatch					
mode of dialysis HD/PD					
duration of dialysis pre transplantation /months					
native diasease					
Relation					
sex					
Age					
Donor Name					
contact cell number					
donor recipient blood group					
duration of hospital stay ;days					
Date of Transplant					
address					
sex					
Age					
Name of recipient					
name of transplant center					
serial number					

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