**Approval Status of prospective patient for Organ Transplant**

**DATE OF AUTHORIZATION COMMITTEE MEETING: 19.05.2021**

**TIME : 2.30 PM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | | **File No.** | **Organ** | | **Status** |
| **1** | | **AC/L0288** | **Liver** | | **Approved** |
| **2** | **AC / L0289** | | | **Liver** | **Approved** |

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

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