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

**DATE OF AUTHORIZATION COMMITTEE MEETING: 24.05.2024**

**TIME : 01.30 PM**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **File No.** | **Organ** | **Status** |
| **1** | **AC/L0 499** | **Liver** | **Approved** |

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**