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

**DATE OF AUTHORIZATION COMMITTEE MEETING :** 06.03.2019

**TIME :** 02:30 PM

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **File No.** | **Organ**  | **Status**  |
| 1 | AC/L0231 | Liver | Approved  |
| 2 | AC/L0232 | Liver | Approved  |

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