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

**DATE OF AUTHORIZATION COMMITTEE MEETING: 03.05.2023**

 **TIME : 01.00 PM**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **File No.** | **Organ** | **Status** |
| **1** | **AC/L0 417**  | **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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