

The Liver Results of the Authorization Committee Meeting, Chennai held on 30.12.2011

S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>Jokha Nasser Ali Al Jabri</b>	<b>Ali Nasser Ali Jabri</b>	<b>Cleared</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Superintendent  
**Global Hospital & Health City.,**  
439, Cheran Nagar,  
Perumbakkam,  
Chennai-100.

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S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>Shaheen Aziz</b>	<b>Ambereen Ali Khan</b>	<b>Patient has not attended.</b>	-----

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AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Superintendent  
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439, Cheran Nagar,  
Perumbakkam,  
Chennai-100.

The Renal Results of the Authorization Committee Meeting, Chennai held on 30.12.2011

S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>Devi</b>	<b>Selvi</b>	<b>Cleared</b>	-----
2.	<b>V.Yuvaraj</b>	<b>V.Indira</b>	<b>Cleared</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
The Dean,  
**Rajiv Gandhi Govt. General Hospital,**  
Chennai -3.

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S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>M.Dhanapal</b>	<b>R.Megala</b>	<b>Absent</b>	-----
2.	<b>P.Paramasivam</b>	<b>P.Maheswari</b>	<b>Cleared</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
The Dean,  
**Govt. Stanley Hospital,**  
Chennai.

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S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>T.S.Ganapathy Subramanian</b>	<b>T.S.Shanthi</b>	<b>Cleared</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Director,  
**Kovai Medical Centre and Hospital Ltd,**  
Coimbatore.

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S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>Majeed</b>	<b>Abdul Sattar</b>	<b>Donor does not know the complications and consequences of surgery. Donor dependent / spouse not attended. To appear next meeting.</b>	

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CHENNAI-10

To  
Medical Director,  
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1.	<b>Gunasekaran</b>	<b>Usharani</b>	<b>Absent</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Superintendent  
**Kavery Medical Centre and Hospital,**  
No.1, K.C.Road,  
Tennur,  
Trichy – 17.

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1.	<b>Kanchana</b>	<b>Meiyappan</b>	<b>Donor and donor spouse does not know the consequences of surgery. Advised to come next week.</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Director,  
**PSG Hospitals,**  
Avinashi Road,  
Peelamedu,  
Coimbatore-641 004

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1.	<b>A.Coulasegarane</b>	<b>C.Rani</b>	<b>Absent</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Superintendent  
**Chennai Kaliappa Hospital**  
52, second Main Road,  
Raja Annamalai Puram  
Chennai- 600 028.

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1.	<b>Shanthi Chandrasekar</b>	<b>M.Prema</b>	<b>Rejected</b>	<b>Both donor &amp; dependent given incoherent statement with regard to relationship &amp; friendship.</b>

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Superintendent  
**Malar Hospital**  
52, 1<sup>st</sup> Main Road,  
Gandhi Nagar,  
Adyar,  
Chennai- 600 023.

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S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>Elebe Wisdom Chibuikem</b>	<b>Elebe Peter Arisi</b>	<b>Cleared</b>	-----
2.	<b>R.C.Carthik</b>	<b>T.G.Uma Maheswari</b>	<b>Cleared</b>	-----

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CHENNAI-10

To  
Medical Superintendent  
**Global Hospital & Health City.,**  
439, Cheran Nagar,  
Perumbakkam,  
Chennai-100.

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1.	<b>S.A.Ramesh</b>	<b>E.Selvi</b>	<b>Cleared</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
Medical Superintendent  
**Aswene Soundara Hospital & Research Centre,**  
24, Kasthuri Rangan Road,  
Teynampet,  
Chennai-600 018.

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S.No.	Name of the Patient	Name of the Donor	Whether Cleared / Rejected	Remarks
1.	<b>Vinod Kumar Sharma</b>	<b>Sanjeev Sharma</b>	<b>Cleared</b>	-----

CHAIRMAN  
AUTHORISATION COMMITTEE AND  
DIRECTOR OF MEDICAL EDUCATION,  
CHENNAI-10

To  
**Medical Superintendent  
(Nephrology Department)  
Miot Hospitals,  
4/112, Mount Poonamallee Road,  
Manapakkam,  
Chennai – 600 089.**