



# ADVANCE PATH LAB

Diagnostic Pathology Laboratory

**FULLY COMPUTRISED PATH LAB**



For : Heamatology, Bio-Chemistry, Microbiology,  
Serology, Urine, Stool, Cytology, Histopathology  
& Other Special Investigation

**Home Collection Facilities Available**

**FACILITY AVAILABLE : ULTRASOUND, X-RAY & ECG**

NAME	: Mrs. AFSHA	DATE	: 06/01/2020
AGE	: 23 Years.		
SEX	: FEMALE		
REF BY DR.	: IRSHAD KHAN		

## HAEMATOTOLOGY

TEST	RESULT	REF. RANGE & UNITS
H AEMOGLOBIN	<u>11.2</u>	M g/dl 13.0 - 18.0 F g/dl 11.5 - 16.5
TOTAL LEUCOCYTE COUNT	<u>11.800</u>	4000 - 11000 / mm <sup>3</sup>
<b>DIFFERENTIAL COUNT (D L C)</b>		
NEUTROPHILS	70	40 - 75 %
LYMPHOCYTES	27	20 - 45 %
MONOCYTES	01	2 - 10 %
EOSINOPHILS	02	0 - 6 %
ESR	<u>40</u>	M 0 - 9 (1 Hr.) F 0 - 20 (1 Hr.)
HAEMATOCRIT (PCV)	34.6	M 40-54, F 35-50 %
MCV	FL 80.1	90+-10 - 90+-10
MCH	PG 29.0	30+-4 - 30+-4
MCHC	% 31.4	34+-3 - 34+-3
RED BLOOD CELLS	4.10	4.5 - 6.5 x 10 MM <sup>3</sup>
PLATELETS COUNT	<u>1.50</u>	1.5 - 4.0 Lakh

LAB TECHNICIAN

DR. A.K. SHARMA  
M.B.B.S., MD.  
CONSULTANT PATHOLOGIST

Note : The above mentioned report is given on findings. This is the professional opinion not the diagnosis.  
It should be correlated clinically & diagnosis and should be confirmed by re and further investigation.  
The results of test may be very Lab to Lab. This report is not valid for medico legal or court cases.

- \* Lab : Payal Clinic, Shop No.-1, Tyagi Market (Near Koyle Ki Taal), Gali No.-7, Mandoli Chungi, Delhi-110093
- \* Collection Centre : F-81 Main Road, New Seemapuri, Delhi-95, Mobile : 9811066194



Daily Timing : 8.00 am to 9.30 pm, Sunday Timing : 8.00 am to 2.00 pm, Report Collection Time : 7.00 pm to 9.30 pm



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
 बहिरंग रोगी विभाग / Out Patient Department

न मना है। / SMOKING IS PROHIBITED IN HOSPITAL

DHH-198819006 101696845



AFSHAAFSHA

शरीर

एक

विभाग

ब० रोगी पंजीकृत सं० / O.P.U. Regn. No. \_\_\_\_\_

लिंग/पुत्री / D of	लिंग Sex	आयु Age	पता/Address

निदान/Diagnosis

HbE. 7.2

दिनांक/Date	उपचार/Treatment
<p>(46)</p> <p>CM</p> <p>S. 6.11</p> <p>RT Date</p> <p>4/11/1974</p> <p>28/12/1974</p> <p>22/1/75 An</p>	<p>R</p> <p>① Cap</p> <p>Hydrox ses (mm) 1-3</p> <p>② T</p> <p>fnu Ac 1 7</p> <p>③ T</p> <p>Desmax (500)</p> <p>④ T</p> <p>sholca (mm) 1 7</p> <p>20</p> <p>25/1/11</p>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

9810696509.



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाद्यं खतुं धर्मसाधनम्

OPR-6

HA-2409.

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम / Name	पिता/पत्नी/पुत्री ematology	लिंग	आयु Age	पता/Address
Hematology Screening CPD CL No 20160240074651 UHID 101696845 AFSHA 20Y3M12D	Uue No F6 oom C-505 HID 101696845 08-02-2021			Delhi 38103655 29.

निदान/Diagnosis

HSG. TND

दिनांक/Date

उपचार/Treatment

41

① Cap Hydra (m)  
① / ② A 19 n  
② T finite 1 m po  
③ T Desinat  
ITM my n  
X  
Zuke  
④ R < 70 20  
⑤ T PAN (ya) 1 m  
⑥ T shalca (m)  
L m

V/c Adna



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Manojendra Anand  
Professor  
Department of Hematology  
A.I.I.M.S., New Delhi  
My Hospital  
mraaspatal.nhp.gov.in



20



# Institute of Human Behaviour & Allied Sciences

Dilshad Garden, Delhi-110095; Phone No.: 22114021 / 29 / 32 extn 444

Deptt. of Microbiology: Flu Clinic

Antigen detection for SARS COV-2

(ICMR approved)

SRF No.: IHBAS/06Feb/Anti/COVID/ENG Patient ID Number: -

Patient's Name: Afsda Age: 23 Gender: F

Date of Specimen Tested (dd/mm/yy): 06/02/21 Date of Report (dd/mm/yy): 06/02/2021

Result : Sample tested Negative for SARS COV-2 by rapid antigen test -

Technologist: A

Checked and approved by:

**DEPARTMENT OF HAEMATOLOGY  
HAEMOLYTIC ANEMIA LABORATORY**

Room No. 209, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi - 110029

**REQUISITION FORM**

Name AFSAA Age/Sex 22yrs / f Date \_\_\_\_\_  
Hospital Regn. No. 101696845 Lab No. \_\_\_\_\_  
Department Hematology Ward/OPD/Clinic Hemat

Brief Clinical Summary :

Previous Investigations (with date)

Hb	TLC	Platelet Count	Retic count
Peripheral smear			
Serum bilirubin	Conjugated	Unconjugated	
Blood Urea/Creatinine		Date of 1st transfusion	
S. Proteins		Date of last transfusion	

No. of blood transfusions

History of drug intake (esp. iron medication) date and duration :-

Family history

Provisional Clinical Diagnosis

Tests asked for

Hb/HPLC

Plasma Hb  
Sickling test

Coomb's test by Gel Card (direct/undirect)

Incubated Osmotic fragility

G<sub>6</sub>PD screening

Heinz bodies

Ham's test  
Sucrose lysis test

Urine hemosiderin

Serum Ferritin :

Serum iron studies

Methaemoglobin

Cryoglobulins  
PNH by Gel Card CD55 / CD59

Signature  
Name of Doctor  
Contact Tel. No.

Note : Samples accompanying incomplete form will not be accepted and should reach the lab by 11.00 AM on all days and 10.30 A.M. on Saturdays. These tests are done by appointment.

204  
NPW  
8:30AM

प्रयोगशाला कायचिकित्सा विभाग  
DEPARTMENT OF LABORATORY MEDICINE  
रूधिर विज्ञान  
HEMATOLOGY

अखिल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029  
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

नाम/Name	Afsha.	आयु/Age	21y	लिंग/Sex	Female
UHID No.	101696845	Consultant	Rishi Dhanraj		
Ward/OPD	Hematology	Unit/Bed No.			
Date/Time					
Nature of Anticoagulant	EDTA / Citrate / Heparin / Nil				
Diagnosis / History	Thalassemia Intermedia				
Previous Lab. Ref. No.		Signature of Doctor	Rishi		
Today's Lab. Ref. No.	ON HU		Time of Receipt		

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

# विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

## ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: ACSA Age/Sex: 20/F Ref. Deptt./Unit: Heart Date:

Indoor (Bed No.) / Outdoor / Casualty: (Outdoor) OPD No. / UHID No.: LMP:

Examination Required:

HA 24.5 / 16

Ultrasound Doppler (Arterial / Venous) Interventional Procedure  
CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination:

A case of R Intercostal  
cf. Pns. Abscess. 3rd  
+ of any soft tissue

Clinical / Working Diagnosis:

Any Previous Studies (Please provide No. if available):  
Blood Urea / Serum Creatinine (for CT patients only):  
Any h/o allergy or asthma:

Signature of Referring Physician / Date: [Signature]

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date: \_\_\_\_\_

US / CT Number:

No. of Films used:

Signature of Radiographer / Date:





Galaxy Diagnostics

Date : 05/02/2021

Lab Ref No. : 8618

Patient's Name : Ms. AFSHA

Referred By : AIIMS

Print Date : 06/02/2021

Print Time : 6:08:09PM

Age : 23 Yrs.

Sex : FEMALE

TEST NAME	RESULTS	UNITS	REFERENCE RANGE
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**HAEMATOLOGY**

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	7.5	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7930	/cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Segmented Neutrophils	54	%	40-75
Lymphocytes	38	%	20-45
Eosinophils	06	%	01-06
Monocytes	02	%	01-10
Basophils	00	%	00-01

	Neutrophils (%)	Lymphocytes (%)	Eosinophils (%)	Monocytes (%)	Basophils (%)
Infant	31	61	1	6	<1
4Yrs.	42	50	3	4	<3
6Yrs.	51	42	1	3	<3
10Yrs.	54	38	1	4	<3

ABSOLUTE LEUCOCYTE COUNT(ALC)

Absolute neutrophil count	4.28	$\times 10^9/L$	2.0-7.0
Absolute lymphocyte count	3.01	$\times 10^9/L$	1.0-3.0
Absolute eosinophil count	0.48	$\times 10^9/L$	0.02-0.4
TOTAL R.B.C. COUNT	3.18	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	21.0	%	35-54
M C V	66.04	fL	76-96
M C H	23.58	pg	27.00-32.00
M C H C	35.71	g/dl	30.50-34.50
PLATELET COUNT	98	Thousand/mm <sup>3</sup>	150-400
E.S.R. (Westergren Method)	41	mm/1st hr.	0 - 20

-End of Report-

Checked By :-

**Dr. D. K. Garg**  
 (Consultant Pathologist)



ROHS Certification Pvt. Ltd.

**Timings :**  
 7:30 A.M. to 9:00 P.M.

If the result (s) or the test (s) is / are alarming or unexpected, the patient is advised to contact the LAB immediately for a recheck



Name Of Patient	: Mrs. AESHA	Reg. No.	: 0012102060086
Age/Gender	: 23 Years/Female	Collected On	: 06-Feb-2021 04:11 PM
Referred By	: Dr. AIIMS	Received On	: 06-Feb-2021 04:12 PM
Sample Type/ID	: Serum/00003260	Reported On	: 06-Feb-2021 05:55 PM
Client Panel	: DL009-DL009	Report Status	: Final Report

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Results	Biological Ref. Range/Unit
<b>FERRITIN</b>		
<b>FERRITIN</b>	>2000.0	10.0 - 120.0 ng/mL
<i>Method Name: CLIA</i>		

**Comment :**

Ferritin functions as an intracellular site of iron storage. Clinically significant concentrations are found in serum, and the concentration of serum ferritin is directly related to total body iron stores. Serum ferritin concentrations are determined to evaluate iron stores in normal patients, patients with iron deficiency and iron overload, and to monitor the response to iron therapy. The clinical use of the ferritin measurements have been extensively reviewed.

**CLINICAL COMMENTS:**

Ferritin is a protein that contains iron and is the primary form of iron stored inside of cells. The small amount of ferritin that is released and circulates in the blood is a reflection of the total amount of iron stored in the body. This test measures the amount of ferritin in the blood. Iron is an essential trace element and nutrient that, among other functions, is necessary for the production of healthy red blood cells (RBCs). The body cannot produce iron and must absorb it from the foods we eat or from supplements.

**INCREASED IN:**

- Hemosiderosis of excessive iron intake (e.g. repeated blood transfusion, iron therapy, iron containing vitamins).
- Decreased formation of RBCs (thalassemia, pyridoxal deficiency anaemia).
- Increased destruction of RBCs (hemolytic anaemia).
- Acute liver damage
- Progesteronal birth control pills & pregnancy
- Premenstrual elevation
- cute iron toxicity

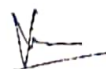
**DECREASED IN:**

- Iron deficiency anaemia
- Normochromic anaemia of infections & chronic diseases
- Nephrosis -Menstruation
- Diurnal variation: Normal in mid morning, low values in mid afternoon, and very low values near midnight.

\*\*\* End Of Report \*\*\*



Dr. Parwez Ali  
Consultant Microbiologist  
MBBS, DNB (Microbiology)  
DMC Regd. No. 64805



Dr. Anurudh Singh  
Microbiologist  
Ph.D (Microbiology)



Dr. Valbhav Girotra  
(Lab Director & Pathologist)  
MBBS, MD, DNB  
DMC Regd. No. 6204

**ALPHA INVITRO DIAGNOSTICS PVT. LTD.**

Rajco House, 23, 2nd & 3rd Floor, Paschim Vihar Extn., Opp Metro Pillar No. 194, Rohtak Road, New Delhi-110061

Please correlate with clinical condition. This Report is not for medico-legal purpose.  
The Patient's identity is not confirmed.



**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)**  
**Ansari Nagar, New Delhi-110029**

Phones } 26588500  
26588700

**APPOINTMENT SLIP**



**Receipt No:** Done By-10383 **Queue No-2 (New)** General ₹ 0.0 **Dated :**  
**Received From:** Department Name: Central Collection Facility/Central Collection Facility **Patient Type:** Appointment Date: 22/12/2018  
**OPD/ MRD NO.:** **Room No.:** Reporting Time: 8.00 AM

**ON ACCOUNT OF**

Doctor Name	Dr. Central Collection Facility 27	Appointment Request date	26/09/2018
Name of Patient	MISS. AFSHA AFSHA	Appointment No	2018092610323
Sex	Female	Age	22 years 6 months 9 days
Contact Details	Mobile: XXXXXXX529	Request Mode	counter

**Remarks:**

Your UHID Is : 101696845.

Timings For Blood collection : Mon-Fri 8.00-10.30 am & Sat-8.00-9.30 am .

शरीरमाद्यं खलु धर्मसाधनम्

**Payment Mode:**

**INR (Rs.) :**

**Rs. in Words**



# Dr. Aditi Mukherjee Roy

M.B.B.S. (Delhi) D.C.H. (Delhi)  
Formerly Child Specialist  
Kalawati Hospital, Consultant  
Paediatrician, Red Cross Hosp.  
Regn No. 10211

①

E-49A, Dilshad Garden  
Phone : 22312020  
11.00 am -12.00 Noon

F-188, Dilshad Colony  
(Opp. Bus Depot)  
Phone : 22353363  
9.30 a.m. -10.30 a.m.  
(Mon. to Sat.)  
6.30 p.m. -7.30 p.m.  
(Mon, Wed, Fri, Sat.)

Red Cross Hospital  
Mon. 11.30 a.m. - 12.30 p.m.

SUNDAY CLOSED  
for both clinics

Name: AFSA Date: 6/3/19

Rx

Known Case of Thalassemia

Age: 22y

Sex: F

wt - 49kg.

BP - 110/70

↳ Excessive bleeding & Irregular menses

ulr Pelvis

PCOD - protista

↳  
TAB Ethamsylate 1u 7u  
[ 0 0 0 ]  
TAB Divogen 1tal - OP - 1u



**TAX INVOICE**

**AMRIT PHARMACY-AIIMS, NEW DELHI**  
 (A DIVISION OF HLL LIFECARE LTD)  
 NEAR OPD CANTEEN AIIMS,  
 ANSARI NAGAR,  
 NEW DELHI-110029  
 Ph : 011-26589924,011-26589924 .E-mail : EMAIL  
 :amritpharmacy@lifecarehll.com

**18003830084034**

DL No.: S(2311)15R ,-

GSTIN : 07AAACH5598K1Z3  
 STATE : DELHI(07)

Patient Name : AFSHA

Mobile:

Doctor Name:

GSTIN :

UIN No. :

DL No.:

State : DELHI(07)

Inv No : 18003830084034

Dated : 26-09-2018 (01:26 PM)

Pay Type : CASH Invoice

S.Man : 303622

User : 303622

Card No:

Mfac	Description of Goods HSN /SAC Code	Qty	Ls Qty	Batch No Exp Dt.	Sale Rate	Mrp	Disc %	Disc Amt	Sch Disc	Taxable value	CGST %	SGST %	Amount
CIPLA	CYTODROX CAP 30049049	14		GJ80414 03-21	39.60	126.32	67.08	1186.36		554.40	2.50 13.86	2.50 13.86	582.12

Remark :

Amt In Words : Five Hundred Eighty Two Rupees only

TAX%	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	SGST%	SGST AMT	CGST%	CGST AMT
0%	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00
5%	554.40	0.00	0.00	554.40	2.5%	13.86	2.5%	13.86
12.0%	0.00	0.00	0.00	0.00	6.0%	0.00	6.0%	0.00
18.0%	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00

TOTAL	:	1768.48
DISCOUNT RS.	:	1186.36
TOTAL TAX AMT	:	27.72
PC/BC CHARGE	:	
ROUND OFF	:	-0.12
INV TOTAL	:	582.00

**MULTI PAY:**

**Terms & Conditions:**

1. Subject to Delhi Jurisdiction only.
2. Goods can be returned back within 15 days from the date of billing.
3. Temperature sensitive products used or tampered products can't be returned back.

Receiver's Signature :

For AMRIT PHARMACY-AIIMS, NEW DELHI

(Common Seal)

Authorized Signature



# Doctrine Diagnostics Care

ALL PATHOLOGICAL TESTS : • BLOOD • URINE • SEMEN • SPUTUM  
• ULTRASONOGRAPHY • DIGITAL X-RAY • ECG • ECHO

We believe in Accuracy

Patient Name : Mrs. AFSHA  
Age/Sex : 24 Yrs. / FEMALE  
Referred By : AIIMS

Registration No. : 6  
Registered On : 28/12/2020 2:30PM  
Reported On : 28/12/2020 2:30PM

REPORT	RESULTS	UNITS	REF.-RANGE
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**HAEMATOLOGY**



HAEMOGLOBIN

7.3

gm/dl

11.5-16.5

----(End of Report)----



Report Checked By:

Dr P.K SINGH  
MD (Pathology)  
Sr. Consultant Pathologist



DDC@UP Govt. द्वारा मान्यता प्राप्त ISO 9001:2015 Certified  
We believe in Accuracy







# Doctrine Diagnostics Care

ALL PATHOLOGICAL TESTS : • BLOOD • URINE • SEMEN • SPUTUM  
• ULTRASONOGRAPHY • DIGITAL X-RAY • ECG • ECHO

We believe in Accuracy

Patient Name : Mrs. AFSHA  
Age/Sex : 24 Yrs. / FEMALE  
Referred By : AIIMS

Registration No. : 22  
Registered On : 29/09/2020 3:36PM  
Reported On : 29/09/2020 5:51PM

REPORT	RESULTS	UNITS	REF.-RANGE
--------	---------	-------	------------

### HAEMATOLOGY

HAEMOGLOBIN

7.0

gm/dl

11.5-16.5

—(End of Report)—



Report Checked By:



*Signature*

Dr P.K SINGH  
MD (Pathology)  
Sr. Consultant Pathologist



DDC@UP Govt. द्वारा मान्यता प्राप्त ISO 9001:2015 Certified  
We believe in Accuracy







# ADVANCE PATH LAB

Diagnostic Pathology Laboratory

**FULLY COMPUTRISED PATH LAB**

For : Haematology, Bio-Chemistry, Microbiology,  
Serology, Urine, Stool, Cytology, Histopathology  
& Other Special Investigation

**Home Collection Facilities Available**

NAME	: Mrs. AFSHA	DATE	: 22/12/2018
AGE	: 22 Years.		
SEX	: FEMALE		
REF BY DR.	: IRSHAD KHAN		

## HAEMATOLOGY

TEST	RESULT	REF. RANGE & UNITS
HAEMOGLOBIN	<u>9.8</u>	M g/dl 13.0 - 18.0 F g/dl 11.5 - 16.5
TOTAL LEUCOCYTE COUNT	8.200	4000 - 11000 / mm <sup>3</sup>
<b><u>DIFFERENTIAL COUNT (D L C)</u></b>		
NEUTROPHILS	62	40 - 75 %
LYMPHOCYTES	34	20 - 45 %
MONOCYTES	01	2 - 10 %
EOSINOPHILS	03	0 - 6 %
ESR	<u>30</u>	M O - 9 (1 Hr.) F O - 20 (1 Hr.)
PLATELETS COUNT	1.57	1.5 - 4.0 Lakh

LAB TECHNICIAN

DR. L.K.SHARMA

M.B.B.S,MD.

CONSULTANT PATHOLOGIST

Note : The above mentioned report is given on findings. This is the professional opinion not the diagnosis.

It should be correlated clinically & diagnosis and should be confirmed by re and further investigation.

The results of test may be very Lab to Lab. This report is not valid for medico legal or court cases.

\* Lab : Payal Clinic, Shop No.-1, Tyagi Market (Near Koyle Ki Taal), Gali No.-7, Mandoli Chungi, Delhi-110093

\* Collection Centre : F-81 Main Road, New Seemapuri, Delhi-95, Mobile : 9811066194, 8802627505



Daily Timing : 8.00 am to 9.30 pm, Sunday Timing : 8.00 am to 2.00 pm, Report Collection Time : 7.00 pm to 9.30 pm

DEPARTMENT OF HEMATOLOGY

ROOM NO. 204, 2ND FLOOR, NEW PRIVATE WARD BLDNG, AIIMS, NEW DELHI 29

DATE: 2/1/2019 11:13:33 AM DATE OF BIRTH:  
 ID: HDCC 2480 SEX: AGE:  
 NAME: Afenq 22/F  
 COMMENTS: 101696845 HDCC

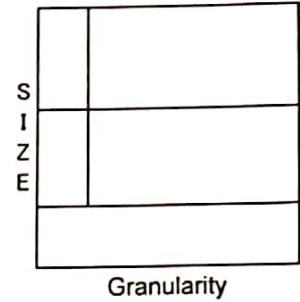
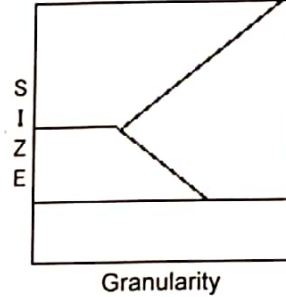
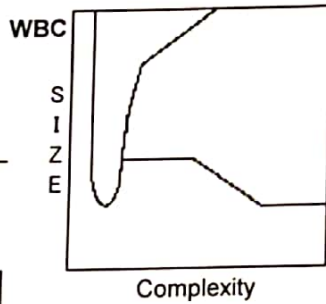
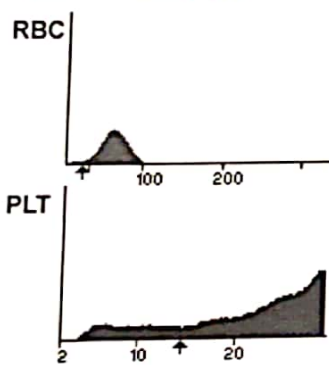
DEPARTMENT:  
 PHYSICIAN:  
 OPERATOR: Factory

SAMPLE MODE: CLOSED  
 RACK 105  
 PARAMETERS: CBC  
 SEQ#: 0073689  
 NORMAL RANGE: GROUP1  
 ANALYZER: MEK-8222(UNIT1)

WBC 8.7 H [ $10^3/\mu\text{L}$ ] ( 00 - 00) [WBC FLAG]  
 NE [%] ( 00 - 00 / 00 - 00)  
 LY [%] ( 00 - 00 / 00 - 00)  
 MO [%] ( 00 - 00 / 00 - 00)  
 EO [%] ( 00 - 00 / 00 - 00)  
 BA [%] ( 00 - 00 / 00 - 00)

RBC 3.36 \* [ $10^6/\mu\text{L}$ ] ( 000 - 000) [RBC FLAG]  
 HGB 6.7 H [g/dL] ( 00 - 00) Anemia  
 HCT 23.4 H [%] ( 00 - 00) Anisocytosis  
 MCV 69.6 H [fL] ( 00 - 00) Microcytosis  
 MCH 19.9 H [pg] ( 00 - 00) Hypochromia  
 MCHC 28.6 H [g/dL] ( 00 - 00)  
 RDW-CV 26.2 H [%] ( 00 - 00)

PLT 123 \* [ $10^3/\mu\text{L}$ ] ( 0 - 0) [PLT FLAG]  
 PCT 0.10 H [%] ( 0.00 - 0.00) PLT-RBC Interference  
 MPV 8.1 H [fL] ( 00 - 00)  
 PDW 13.0 H [%] ( 0.0 - 0.0)



P.S COMMENTS

RBC:

DLC:

PLT:

RETIC:

SIGNATURE  
 NAME OF DOCTOR

Date: 2/1/2019

Data FileName: C:\NihonKohden\DMS-Pro\MeasurementData\2019\02\20190201111333\_HDCC 2480.mek  
 Ac FileName: C:\Program Files\NIHON KOHDEN\DMS-Pro\ANALYSE\_V04\_02.ac3







अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

PR-6

एकक / Unit \_\_\_\_\_  
विभाग / Dept. \_\_\_\_\_

नाम / Name \_\_\_\_\_

General  
UNID: 101696845  
Dept. Regn. 2017/010/0035640  
Name: AFSHA  
D/O FAZAL, 21Y 7M 6D, F  
Ph: 9810365529  
E 44/B-311 NEW SEBHA PURI, DELHI,  
INDIA

DeptSeq: 244  
Dept: Obs and Gynae  
Unit: Unit-II  
Room: 5 obs  
N/12  
Days: Mon, Thurs  
App. Date: 23/10/2017

Appt. ID:



2017101809584



Address \_\_\_\_\_

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
4.	<p>Irregular cycle dysmenorrhoea Menorrhagia } x 1 yr</p> <p>M/H:- Menarche at 16 yrs</p> <p>from 1 yr 5-6 days 15 day - 2 mths, 2 pads/day, dysm (+), clots (-)</p> <p>previous 5-6 day, 1 pad/day, dysm (-) 28-30 day</p> <p>LMP → 19/10/17</p> <p>O/H → Unmarried, sexually mature</p> <p>P/H → K/O → Thalassemia since 2006 (No of multiple blood transfusion)</p> <p>F/H → NS</p> <p>eyes a/c - fair pallor (-) Hyd - ady</p>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





36

Vast Blood transfusion  
— 20/11/19

01/12/2019  
R

Ferritin - 1500 ng/ml — 17/12/19

CBC — HB: 11.2

WBC: 11800

Platelet: 1.50 lac/mm<sup>3</sup>

R

(1) Cap. Hydroxyurea 500mg (1) OD &  
(1) BD on alternate day

(2) T. Desmox 150mg PO OD  
Dissolved in 1 glass of water

(3) T. Folate 5mg (1) OD

(4) T. Sheleal 50mg 1 — 1

CBC — from AINS — next visit

LFT

KF

Transf

Dr. Richi Dikshit  
Assistant Professor  
Department of Hematology  
A.I.I.S., New Delhi-110029

2 unit PRBC y HB < 9g/dl

*[Signature]*  
Rishi



36

Vast Blood transfusion  
— 20/11/19

01/12/19  
R  
ED  
LABORATORY

Ferritin - 1500 ng/ml — 17/12/19

CBC — HB: 11.2

WBC: 11800

Platelet: 1.50 lac/mm<sup>3</sup>

R

(1) Cap. Hydroxyurea 500mg (1) OD &  
(1) BD on alternate day

(2) T. Desmox 150mg PO OD  
Dissolved in 1 glass of water

(3) T. Folate 5mg (1) OD

(4) T. Sheleal 50mg 1 — 1

CBC — from AINS — next visit

LFT

KF

Transf

2 unit PRBC if HB < 9g/dl

Dr. Richi Dikshit  
Assistant Professor  
Department of Hematology  
A.I.I.S., New Delhi-110029

*[Signature]*  
Rishi

उपचार/Treatment

	Hydroxides (mm)	(1)	(2)	A10
(1) •				
(2) •	fn + Ae			
(3) •	Desires			
(4) •	Shaded			

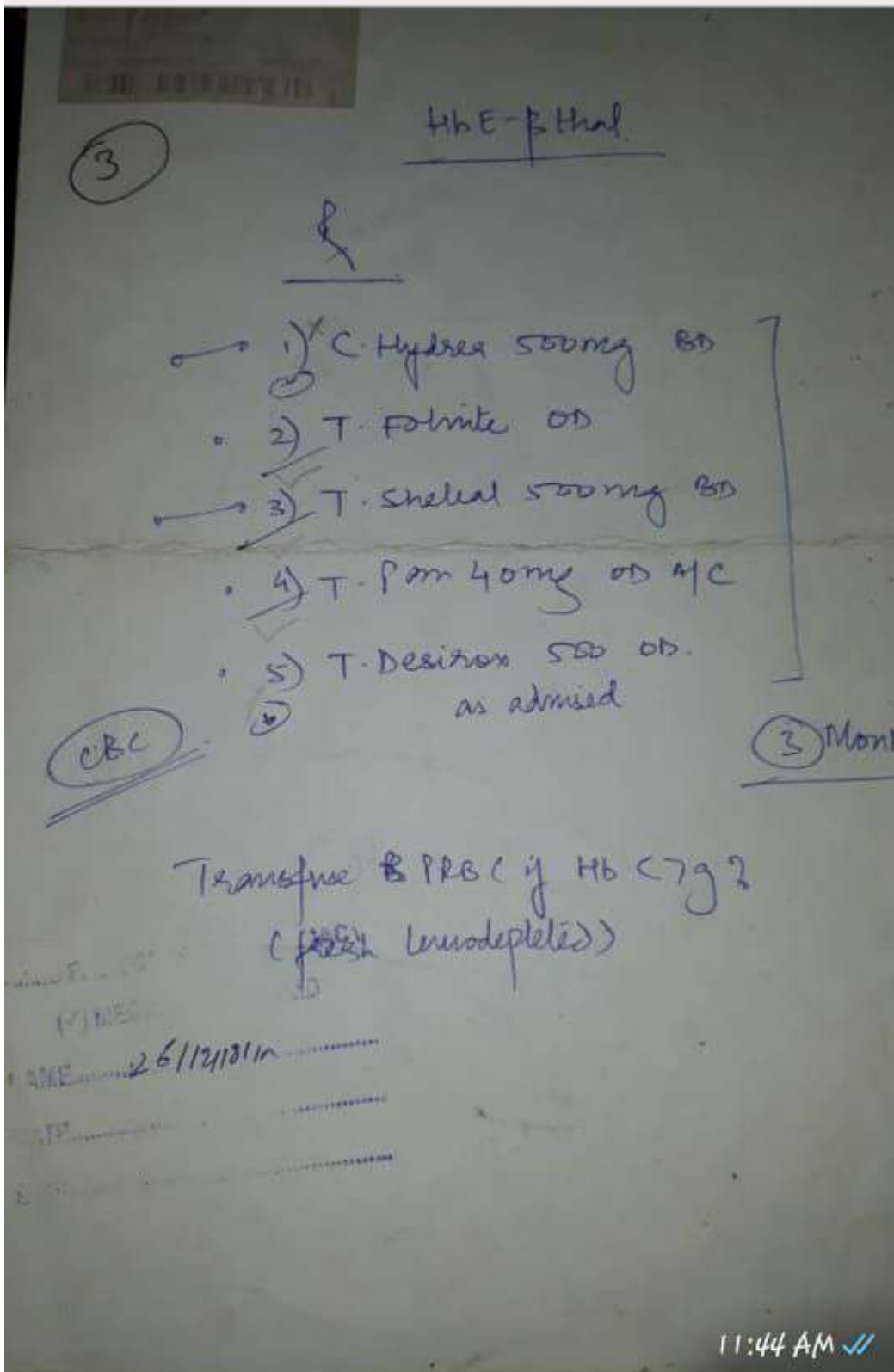
Handwritten signature and notes at the bottom right of the page.





You

4 photos • October 4, 2020







# बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना 21/SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरवाचं खलु धर्मसाधनम्

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम/Name \_\_\_\_\_

Follow Up Patient  
Dept Reg. 2021/001/0000283  
Paediatrics/Paediatric /Unit-III  
Name/Miss. ALSIFA  
D/O ASHQEEN  
General/W O  
भाग/Room: 14  
Days: WED  
Queue No: F16  
By नर्सिंग/R  
PH. 9105771401  
UHTD: 105280843  
Date: 21/05/2022

OPR-6

Regn. No. \_\_\_\_\_  
पता/Address \_\_\_\_\_

## निदान/Diagnosis

दिनांक/Date 5/6

13-5 kg

## उपचार/Treatment

Notes in copy  
Next visit - 25/5/22

*Dr. Aditya Gupta* sn

**DR. ADITYA GUPTA**  
SENIOR RESIDENT  
PEDIATRIC ONCOLOGY  
AIIMS, NEW DELHI



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26568360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

