



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL

अस्पताल के

अस्पताल के

OPR-6

MISES

एकक/Unit Dr. S/S/O
 विभाग/Dept. MCC
 नाम/Name

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 IRCH No. 274325 Reg. Date-18/01/22
 Clinic: Paed. Lymphoma/Leukemia Clinic Clinic No. 202202196
 Deptt. MEDICAL ONCOLOGY General I. No. _____
 नाम अणुराग कुमार UHID-10593107
 Name ANURAG KUMAR
 S/O: ASH K S O JI Sex/Age M / KY
 Phone No. 52109942 Room 13 (Shift Morning)
 Address K17/ROHNI KAWAL POST BHAGWANPUR GOPAL GANGI, BIHAR,
 PIN-851001, INDIA

जन्म तिथि/Date of Birth

105934107

निदान/Diagnosis

B-ALL/SR

IRCH

दिनांक/Date

उपचार/Treatment

- Wt-17kg.
Ht-124cm
- 6 ⊙ Blood donation - Main Blood bank.
 - Bonemarrow - Molecular ^{date given} R. No 15 2015/22
^{Request - Not} FISH (outside onquest) ^{sample}
 - ↑ Allopurinol 100mg $\frac{1}{2}$ - $\frac{1}{2}$ - $\frac{1}{2}$
<https://www.childhelpinghand.org/>
 - ↑ Septtran - DS $\frac{1}{2}$ tab Sat, Sun
 - Review on 23/5/22.

B. No 12
खान-पान
वाली मसम

(✓) MEDICAL RESIDENT
 NAME: _____
 DATE: 18/5/22 - (45)
 SIGN: _____

Neeraj

वरिष्ठ रेजीडेंट/SENIOR RESIDENT
 विकिरण अणुविकिरण/MEDICAL ONCOLOGY
 डॉ. बी. आर. अ. सं. के अ/डॉ. B.R.A. IRCH
 अ.भा.आ.सं. नई दिल्ली/AIIMS, New Delhi-29

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)
 बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



सं.
No.: NB- 17313968



सत्यमेव जयते

प्ररूप संख्या-5
Form-5



बिहार सरकार

बिहार सरकार
Government of Bihar
योजना एवं विकास विभाग
(DEPARTMENT OF PLANNING AND DEVELOPMENT)
अर्थ एवं सांख्यिकी निदेशालय
DIRECTORATE OF ECONOMICS AND STATISTICS



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा-12/17 तथा बिहार जन्म और मृत्यु रजिस्ट्रीकरण नियमावली, 1999 के नियम 8/13 के अन्तर्गत जारी किया गया।)

(Issued under Section-12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Bihar Registration of Births and Deaths Rules, 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल जन्म अभिलेख से ली गई है, जो कि (स्थानीय क्षेत्र) अनिठ

प्रह स्वाठ केन्द्र करिभा तहसील (अंचल/प्रखंड) फरकिया 06
जिला गोपालगंज 015 <https://www.childhelpinghand.org/> है।

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of tahsil (anchal/block) of district of state Bihar.

नाम/Name..... अनुराग कुमार लिंग/ Sex M

जन्म तिथि/ Date of Birth..... 18.06.2014 जन्म स्थान/Place of Birth..... APHC Kabanin

माता का नाम/Name of Mother..... समता देवी

पिता का नाम/Name of Father..... अशोक सिंह

बच्चे के जन्म के समय माता-पिता का पता/
Address of Parents at the time of birth of the child

माता-पिता का स्थायी पता/
Permanent address of the Parents
ग्राम - खरानी कवाड़
पोस्ट - अगवानपुर
जिला - गोपालगंज

पंजीकरण संख्या/ Registration No..... 163

पंजीकरण दिनांक/Date of Registration..... 18.06.14

टिप्पणी/ Remarks(if any)..... NO

जारी करने की तिथि/Date of issue..... 18.06.2014

प्राधिकारी का हस्ताक्षर/Signature of the Issuing authority

रुद्रिया देवी रेफरल अस्पताल

प्राधिकारी का पता/Address of the Issuing authority

मोहर/Seal

“ प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें/Ensure registration of every birth and death ”



UHID No:105934107

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2022/030/0037111

दिनांक DATE: 17/05/2022

समय TIME: 10:59:04 AM

NON-MLC

नाम NAME: MR ANURAG KUMAR

आयु AGE: 8 years 25 days

लिंग/SEX: M

S/O: ASHOK SINGH

पता ADDRESS:

मकान संख्या H.NO.

KHARONI KAWAI POST
 BHAGWANPUR GOPAL GANI

गली / मुहल्ला STREET/MOJ.

शहर/प्रखण्ड CITY/BLOCK

राज्य STATE:

BIHAR

पिन PIN

मोबाइल MOBILE NO:

8521073942

दूरभाष सं. PHONE NO:

8521073942

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/
 Unresponsive

HR

/min

BP

mmHg RR

Almat

spO2

%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

*A clo pre-B-ALL not on treatment
 now clo fever x 2 days / undrunk,
 no urd / uric / breast diffcult
 no vomit / loose stool / bleed / fever
 cry angry w/*

Primary Assessment (ABCDE): Assessment Pentagon

| | | |
|---|---|--|
| <p>Airway</p> <p>Open & stable? Yes/No If No.</p> <p>Breathing RR <i>20/4</i> Efforts: Normal/Poor/increased Auscultation: Air entry: <i>bu aap</i> Normal/poor/Differential</p> <p>Advent sounds: <i>bulear</i> Non/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air: <i>98%</i></p> | <p>Circulation</p> <p>CFT.....secs <i>L38u</i></p> <p>BP.....mmHg <i>99/66</i></p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others <i>Plt - cell mt</i></p> | <p>Disability</p> <p>GCS: <i>E4V5M6</i></p> <p>Pupil size: <i>3mm</i></p> <p>Pupillary Reactions: <i>sunna</i></p> <p>Motor activity: Normal/Symmetrical/Asymmetrical Postural 2 Fractility/Seizure</p> <p>Blood sugarmg/dl</p> <p>Exposure Temp: <i>98.5</i> Colour: Normal/pallor/cyanosis /mottled Any other skin lesions:</p> |
|---|---|--|

<https://www.childhelpinghand.org/>

Diagnosis

Plan
 CBC
 bloodils.
 Rupt - pre B ALL
 ? FN
 no fevers.

*5.25 PM
 Temp 98.6 F LFT/KFT
 Fever = 11.30 PM
 98.50 F*

Advice [17h]

① inj. piper 2.17g iv tds
 ② inj amikam 255mg
 iv OD
 ③ inj parv 170mg iv sos/
 6th hourly

Remarks:

Report Printout

Validated

Handwritten notes:
 59
 ID
 4107
 Date of Birth

Sample ID
 AUTO_SID42
 Department

Collection Date
 Physician

Patient Name
 ANURAG
 Age
 8Y

First Name
 Gender
 Male

Comments
 Operator Technician

Flags and Alarms

| | | | |
|-------|-------|----|----------------------------------|
| RBC | 2.30 | IL | 10 ⁹ /mm ³ |
| HGB | 7.8 | L | g/dL |
| HCT | 23.5 | IL | % |
| MCV | 102 | H | μm ³ |
| MCH | 34.0 | H | pg |
| MCHC | 33.3 | | g/dL |
| RDWcv | 18.1 | H | % |
| RDWsd | 67 | H | μm ³ |
| PLT | 69 | L | 10 ³ /mm ³ |
| MPV | 9.3 | | μm ³ |
| PCT | 0.064 | L | % |
| PDW | 20.8 | H | % |

Morphology Flags
 LL
 Quality Assurance Flags
 QC Expired
 Remarks

RBC of the Run 17/05/2022 12 12 57
 WBC of the Run 17/05/2022 12 12 57
 PLT of the Run 17/05/2022 12 12 57
 DIFF of the Run 17/05/2022 12 12 57

| | | | |
|-----|------|---|----------------------------------|
| WBC | 3.4 | L | 10 ³ /mm ³ |
| NEU | 26.3 | I | 0.90 IL |
| LYM | 68.9 | I | 2.35 I |
| MON | 3.1 | I | 0.11 I |
| EOS | 0.4 | I | 0.01 I |
| BAS | 1.3 | I | 0.04 I |
| ALY | 1.9 | I | 0.06 I |
| LIC | 1.1 | I | 0.04 I |

<https://www.childhelpinghand.org/>

एम.आर.-8 नर्सोंज डेली रिकार्ड
M.R.- 8 Nurses Daily Record

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Anurag Kr

उम्र
Age 8y

लिंग
Sex Male

वैवाहिक स्थिति
Marital Status

यू.एच.आई.डी. नं.
UHID No. 7

105934107

वा
Service

वार्ड
Ward

बेड
Bed

व्यवसाय
Occupation

धर्म
Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

| Date & Time | Medication & Treatment | Diet | Observation by the Nurse |
|-------------|-----------------------------------|------|--------------------------|
| | 17/5/22 | | |
| 12:15 PM | 1 inj Piptaz 1.7gm IV TDS | | |
| 12:15 PM | 1 inj Amikacin 255mg IV OD | | |
| 12:15 PM | 1 inj PCM 170mg IV SOS / 6 hourly | | |

<https://www.childhelpinghand.org/>

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

Mr. Anurag K., 8 yrs Male

तारीख DATE 17/5/22
समय 8 बजे प्रातः
Time 8 A.M. every morning

प्रविष्टियां मि.ली. में

All entries to be made in ml. (milli liters)

105934107

| TIME PREVIOUS DAY TIME | INTAKE | | | | OUTPUT | | | OTHERS |
|------------------------|-----------|-----------|-----------|--|--------|-------|---------|--------|
| | ORAL | | I.V. | | OTHERS | URINE | SUCTION | |
| Type Qty. | Type Qty. | Type Qty. | Type Qty. | | | | | |
| 8 A.M. | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 Noon | | | 100ml | | | | | |
| 1 P.M. | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| Midnight | | | | | | | | |
| 1 A.M. | | | | | | | | |
| 2 | | | | | | | | |
| TOTAL | | | | | | | | |

<https://www.childhelpinghand.org/>

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

| | | | |
|---------------|-------------|----------------------------------|------------------------------|
| उम्र Age | लिंग Sex | वैवाहिक स्थिति Marital Status | यू.एच.आई.डी. नं. UHID No. |
| वार्ड Ward | बेड Bed | व्यवसाय Occupation | धर्म Religion |

Anurag

8y/m

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

| Date & Time | Medication & Treatment | Diet | Observation by the Nurse |
|-------------|--|------|--|
| 11/5/22 | <p>SPB Hemat SR</p> <p>Newly used Pre B - All of fever on & off } 2 days of bone pain } no H/o bleeding from any site</p> <p>PE - GC critical. Afebrile Pulse 91/min. BP 100/66 mm Hg.</p> <p>RS - AEBE No added sound</p> <p>PA - soft non tender liver } NP spleen }</p> | | <p>YE - Pale (+) No icterus, lymphadenopathy</p> |

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

| Date & Time | Medication & Treatment | Diet | Observation by the Nurse |
|-------------|------------------------|------|--------------------------|
|-------------|------------------------|------|--------------------------|

IMP - Pre B. Au
 = febrile neutropenia

Adw

already given

~~Iy Piptaz 1.7 gm iu TD~~

~~Iy Amikacin 250y iu OD~~

T Septan SC OD thrice weekly

T Zyloric 100y OD

T Acini 200y BD

IVF NS & RL alt @ 30ml/hr.

- Admit ↓ Hematology
- Regret - no bed vacant in C₂ ↓ Hemat-
- Refer to emergency cmo for admission ↓ peripheral bed

सुदी प्र. विकासक
 Dept. of Emergency Medicine
 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

hp

NO bed available
 d/c Duty officer

Ref to other govt hosp

198
 17/5/22
 SC



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 105934107 Sex : Male
Patient Name : Mr ANURAG KUMAR Sample Received Date : 27-Apr-2022 11:18 AM
Age : 8Y Department : Hematology
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 27-Apr-2022 11:18 AM Sample Collection Date: 27-Apr-2022 09:30 AM
Recommended By: Dr. Manoranjan Mahapatra Lab Reference No: 2211101484

Sample Details : LH2704220359

Sample Type : Whole Blood

Report

HEMATOLOGY

| Test Name (Methodology) | Result | UOM | Reference |
|----------------------------------|--------|---------------------|-------------|
| Hb (SLS-photometry) | 7.20 | g/dL | 11.5 - 15.5 |
| Hematocrit (Direct Measure) | 23.80 | % | 35 - 45 |
| RBC count (Impedance) | 2.41 | 10 ⁶ /μL | 4.0 - 5.2 |
| WBC count (Fluo. flow cytometry) | 2.96 | 10 ³ /μl | 5.0 - 13.0 |
| Platelet count (Impedance) | 36.00 | 10 ³ /μL | 170 - 450 |
| MCV (Calculated) | 98.80 | fL | 77 - 95 |
| MCH (Calculated) | 29.90 | pg | 25 - 33 |
| MCHC (Calculated) | 30.30 | g/dL | 31 - 37 |
| RDW-CV (Calculated) | 18.50 | % | 11.6 - 14 |
| Neutro (Fluo. flow cytometry) | 12.10 | % | 23-53% |
| Lympho (Fluo. flow cytometry) | 85.50 | % | 23-53% |
| Eosino (Fluo. flow cytometry) | 0.00 | % | 1-4% |
| Mono (Fluo. flow cytometry) | 2.40 | % | 2-10% |
| NRBC | 6 | % | |
| Baso (Fluo. flow cytometry) | 0.00 | % | 0-1% |
| Neutro - Abs (Calculated) | 0.36 | 10 ³ /μl | 2.0-8.0 |
| Lympho- Abs (Calculated) | 2.53 | 10 ³ /μl | 1.0-5.0 |
| Eosino - Abs (Calculated) | 0.00 | 10 ³ /μl | 0.1 - 1.0 |
| Mono - Abs (Calculated) | 0.07 | 10 ³ /μl | 0.2 - 1.0 |
| Baso - Abs (Calculated) | 0.00 | 10 ³ /μl | 0.02 - 0.1 |

<https://www.childhelpinghand.org/>

Remarks: Impression: Pancytopenia. Kindly correlate clinically, drug history,

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Amod kumar saroj (M.D
Pathology)
27-Apr-2022 16:45

| DIET CHART / आहार चार्ट | | |
|-------------------------|--|-----------------|
| Time / समय | Food items / खाद्यवस्तुएं | Quantity/मात्रा |
| 6am - 7am | दूध (प्रोटीन पाउडर/ मेवा पाउडर)/नींबू पानी+बिस्किट | |
| 8am - 9am | वेज उपमा / वेज सेंवई / वेज पोहा / वेज डेली / वेज ओट्स / स्टफ्ड पराठे / इडली / डोसा / मक्खन टोस्ट + मिल्क / मिल्कशेक / लस्सी / दही / अंडा/ चीला / पनीर / स्प्राउट्स (उबला हुआ) / भुना हुआ चना | |
| 11am - 12pm | छाछ / लस्सी/ मोटा छिलके वाला फल (नारंगी, केला, तरबूज, खरबूजा, आम) | |
| 1pm - 2pm | रोटी (घी लगाओ) / पराठा / वेज पुलाव / खिचड़ी + https://www.childhelpinghand.org/ | |
| 4pm - 5pm | मिल्कशेक / लस्सी / छाछ / नारियल पानी | |
| 6pm - 7pm | गुड़ चिक्की / शीरा / बेसन चीला / मूंग फली / लड्डू / खीर / भुना हुआ चना / पनीर / स्प्राउट्स (उबले हुए) | |
| 8pm - 9pm | रोटी (घी लगाओ) / पराठा / वेज पुलाव / खिचड़ी + दाल / पनीर (घी डालें) + सब्जियां + दही | |
| 10pm | दूध + प्रोटीन पाउडर | |



ग्राम पंचायत राज एकडंगा

प्रखण्ड हथुआ (गोपालगंज)

इन्द्रजीत राम
"मुखिया"

निवास:-

ग्राम: एकडंगा

पोस्ट: भगवानपुर, थाना: मीरगंज

जिला: गोपालगंज

मो०: 8809040585

9128558999

पत्रांक.....66.....

दिनांक...18.05.2022

प्रमाणित किया जाता है कि अग्रज
कुमार सिंह प्रिय-श्री आनंद सिंह
माता- श्रीमति ममिता देवी ग्राम-
खलेनी देहा कपड़ी, पार-भगवानपुर
थाका- मीरगंज, जिला- गोपालगंज
में निवासी हैं मैं इन्हें अच्छी
रूप से जानता हूँ यह सच है

<https://www.childhelpinghand.org/>



Indrajeet Kumar

ग्राम पंचायत राज एकडंगा
प्रखण्ड-हथुआ (गोपालगंज)

Indrajeet Kumar

ग्राम पंचायत राज एकडंगा
प्रखण्ड-हथुआ (गोपालगंज)

LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr. BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048
Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

MATERIAL SENT

- (a) Bone marrow aspiration
- (b) BM touch preparation
- (c) Peripheral smear
- (d) Blood (ml)
- (e)

No. _____ Site _____
No. _____ Site _____

Molecular

(For Lab Use Only)

Lab. Ref. No. _____

Received on _____

at _____ AM/PM _____

SP

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 274325 Reg. Date-18/05/2022
Pa Clinic Paed. Lymphoma Leukemia Clinic Clinic No. 2022/20596
Deptt. MEDICAL ONCOLOGY
(bl) General 
Re नाम अणुराग कुमार UHID-105934107
Name ANURAG KUMAR
S/O- ASHOK SINGH Sex/Age M/8Y
Cl Phone No. 8521073942 Room 13 (Shift Morning)
N Address KHARONI KAWAI POST BHAGWANPUR GOPAL GANJ, BILWA R.
Pin:0, INDIA

Age _____ Sex _____

Ward / Bed No. _____

Consultant-in-Charge _____

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

B-ALL/SR <https://www.childhelpinghand.org/>

Molecular

meera
SR

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.) _____

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.) _____

RADIOLOGICAL DATE _____

CLINICAL DIAGNOSIS _____

H-110906/22



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

OPR-6

एकक / Unit _____ ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. _____
विभाग / Dept. _____

| नाम / Name | पिता / पत्र / पत्नी / पत्नी | लिंग | आयु / Age | पता / Address |
|---|--|------|-----------|---------------|
| Hematology OPD CL No: 2022/J/110906 UHID: 105934107 ANURAG 8Y3D | Hematology OPD Queue No: F15 Room: C-510 JHID 105934107 | | | h6 |

निदान / Diagnosis

Pre B-AW

| दिनांक / Date | उपचार / Treatment |
|---------------|---|
| 17 | <p>Needs Admission</p> <p>https://www.childhelpinghand.org/</p> <p>No been in C2</p> <p>Refer to Peds Gastrology</p> <p>T. Zyloric 100 mg</p> <p>T. Cansole Junior 15 mg</p> <p>T. Septran 55 mg (mlw/f)</p> <p>T. Auro 200 mg</p> <p>Dr. Magner 750 mg</p> |

G2 - Dr. Ruchit for admission

Dr. Dey
Dr. Ananya



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)



13-02



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
HEMATOLOGY OPD
Monday / Wednesday / Friday
3rd Floor OPR-6 Block, AIIMS

Follow Up Patient
Clinic No. 2022/110906
Dept Reg. 2022/024/0110906

व०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. 1110906/2022

Hematology/Hematology
OPD/Unit-I
नाम: अनुराग कुमार
Name: Mr. ANURAG KUMAR
पिता: अशोक सिन्घ
S/O ASHOK SINGH
कमरा/Room: C-510
Days: Queue No: F11
8Y पुल्स/M
Ph. 8521073942
UHID: 105934107
Date: 04/05/2022

| लिंग Sex | आयु Age | पता/Address |
|-------------|------------|-------------|
| | | |

निदान / Diagnosis

| दिनांक / Date | उपचार / Treatment |
|---------------|-----------------------------------|
| 8 | Supra- Ac. Leukemia AA |
| 20 | 2/5/22 |
| 4-22 | BM (100) / (100) / (100) |
| | ① collect BM / 100 / 100 |
| | ② T Leukemia (200) 100 |
| | ③ T Leukemia (200) 100 |
| | ④ Hexidine mouth wash 3-4 times d |
| | ⑤ BM < 60 20 |

<https://www.childhelpinghand.org/>



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)



201 NPW
203 NPW

SKIN

रूधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY
कमरा नं. 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ. सं., नई दिल्ली-110029
Room No. 204A, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

रूधिर विज्ञान
UMD 106884107
Dept No: 20220240110908

रूम / Room
C-808
Unit-1
Haematology Screening OPD
Queue No: N37

अनुराग कुमार
ANURAG KUMAR

22/04/2022

सि / म पुत्र
SIOASHOK SINGH

श्रीम. सु. सु. सु.
Mon, Wed, Fri (श्रीम. सु. सु. सु.)

Add: KHARON KAWA POST BHAGWANPUR
GOPAL GANJ, BIHAR PIN O, INDIA



Mob: 8521073942 New Patient General ₹ 10 Reporting 10.00 AM-10.30 AM

M. BIOPSY REQUISITION FORM

Age/Sex _____ Date _____

Lab No. _____

Ward/OPD/Clinic _____

fever, weight loss - 8 m^o
Recovered for last 1 m^o
also lethargy

Date of last BT :

PRBC 19/4
PRP

No. of Blood transfusion

PRBC (2)
PRP

Examination findings

Pallor (+)

Fever (-)

Bleeding manifestations (-)

Jaundice (-)

Liver (-)

Spleen (-)

Lymph nodes (-)

Sternal tenderness (-)

Others

Provisional Clinical Diagnosis

Acute leukemia

Radiological Findings (-)

Other Investigations (-)

Treatment History

IV antibiotics ← Ceftriaxone
Amikacin
Kinyolid

Recent Haemogram

25/4/22

Haemoglobin

7.6g

T.L.C. 2720

Platelets

2900

Previous Bone Marrow

Signature

Name of Doctor

Contact Tel. No.

Note : Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. BM Slides without PS will not be accepted.

DEPARTMENT OF HAEMATOLOGY, AIIMS, NEW DELHI
HEMOGRAM LABORATORY

XN series

Sample No.: C-1148
Patient ID:
Name:
Sample Comment:

Ward: *Anusag Kumar*
8/M
110906

Rack: 1

Position: 1 2022/04/25 11:57:51 WB

Doctor:

Birth:

Sex:

Nickname: XN-2000-1-L

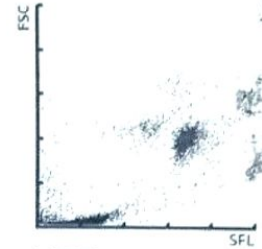
Positive

Diff. Morph. Count

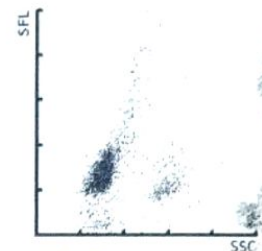
| | | | | |
|--------|--------|-----------------------|--------|-----------------------|
| WBC | 2.72 - | [10 ³ /uL] | WBC | (4.00 - 11.00) |
| RBC | 2.57 - | [10 ⁶ /uL] | RBC | (4.00 - 5.50) |
| HGB | 7.6 | [g/dL] | HGB | (12.0 - 16.5) |
| HCT | 21.9 - | [%] | HCT | (37.0 - 50.0) |
| MCV | 85.2 | [fL] | MCV | (83.0 - 101.0) |
| MCH | 29.6 | [pg] | MCH | (27.0 - 32.0) |
| MCHC | 34.7 + | [g/dL] | MCHC | (31.5 - 34.5) |
| PLT | 29 - | [10 ³ /uL] | PLT | (150 - 400) |
| RDW-SD | 53.8 | [fL] | RDW-SD | (37.0 - 54.0) |
| RDW-CV | 18.2 + | [%] | RDW-CV | (11.5 - 14.5) |
| PDW | 16.8 | [fL] | PDW | (5.0 - 17.0) |
| MPV | 11.2 + | [fL] | MPV | (7.2 - 11.1) |
| P-LCR | 37.5 | [%] | P-LCR | (13.0 - 43.0) |
| PCT | 0.03 - | [%] | PCT | (0.17 - 0.35) |
| NRBC | 0.24 | [10 ³ /uL] | 8.8 | [%] |
| NEUT | 0.27 * | [10 ³ /uL] | 9.9 * | [%] |
| LYMPH | 2.33 * | [10 ³ /uL] | 85.7 * | [%] |
| MONO | 0.09 * | [10 ³ /uL] | 3.3 * | [%] |
| EO | 0.00 | [10 ³ /uL] | 0.0 - | [%] |
| BASO | 0.03 | [10 ³ /uL] | 1.1 + | [%] |
| IG | 0.03 * | [10 ³ /uL] | 1.1 * | [%] |
| RET | 2.10 | [%] | 0.0540 | [10 ⁶ /uL] |
| IRF | 35.1 | [%] | RET% | (0.00 - 99.99) |
| LFR | 64.9 | [%] | | |
| MFR | 17.1 | [%] | | |
| HFR | 18.0 | [%] | | |
| RET-He | 31.3 | [pg] | | |
| MicroR | 6.7 | [%] | | |
| MacroR | 4.6 | [%] | | |

<https://www.childhelpinghand.org/>

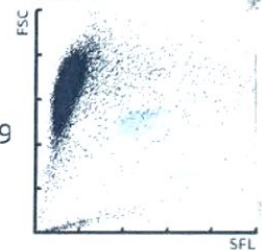
WNR



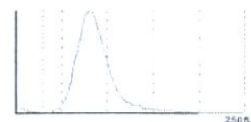
WDF



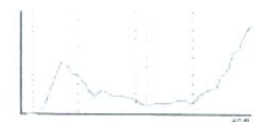
RET



RBC



PLT



WBC IP Message

Neutropenia
NRBC Present
Blasts/Abn Lympho?

RBC IP Message

Anemia

PLT IP Message

Thrombocytopenia

RBC are predominant normocytic normochromic with presence of some macrocytes. Polychromatophils seen.

Tu is reduced.

Platelets are reduced with anisocytosis + large forms.

Diff 2 P₀ L₀ M₀ E₀ Z

1 Atypical lymphoid (? Blast) (? Reactive)

U/L = w/12 y. of that lymphoid cells.

(? correlate with T-test)

ANC = 217 / uL

ARC = 54000 / uL

00-22 2022/04/25 11:57

1/1

(Senior Resident, Dept. Hematology)

Weight

एम.आर.-8 नर्सज डेली रिकार्ड
M.R.- 8 Nurses Daily Record

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

| | | | | |
|-----------------|---------------|-------------|----------------------------------|------------------------------|
| नाम Name | उम्र Age | लिंग Sex | वैवाहिक स्थिति Marital Status | यू.एच.आई.डी. नं. UHID No. |
| Anurag Kumar | 8yr | M. | | 105934107 |
| सेवा Service | वार्ड Ward | बेड Bed | व्यवसाय Occupation | धर्म Religion |

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

| Date & Time | Medication & Treatment | Diet | Observation by the Nurse |
|-------------|--|------|--|
| 12/05/22 | Inj Magnex 850mg IV TDS. Inj Amikacin 255mg IV OD. Syp. PCM (250/5ml) PO 5ml SOS | | 6AM child is conscious and oriented. Afebrile. orally allowed. |

<https://www.childhelpinghand.org/>

11/5/22

hart M.

120 M 24

एम.आर.-3 जनरल हिस्टरी
M.R.- 3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

| | | | | | | | |
|-----------------------------------|--------------|-------------|--------|-------------------|----------------|------------------------------|-----------|
| नाम Name | Anurag Kumar | उम्र Age | M/84yr | सर्विस Service | दिनांक Date | यू.एच.आई.डी. नं. UHID No. | 10593410Z |
| प्रोफेसर इंचार्ज Professor I/C | | | | | | Notes written by | Dr. Atash |

CLINICAL NOTES

15/11/22
15/11/22 Renal medicine

Symptomatic from 8 months

- no weight loss sept 2021 → A kidney stone

<https://www.childhelpinghand.org/>

↓
↓ PCUB - September, 2021

↓
Fracture taken

↓
Symptomatically better

↓
March → fever & hb, s.p.c

↓
at leg pain

↓
Corticosteroid → A BNA + BC → NO HT taken
as leukocytosis

| | | |
|-------------------|---------------------------|---------------------|
| ↓ Animes Delhi | ↓ BNA + BC + SPT - S/O | CTG-46x7 |
| | | MR BALL CD20 ⊖ W |

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

तारीख DATE 14/9/22
समय 8 बजे प्रातः
Time 8 A.M. every morning

सभी प्रविष्टियाँ मिली. में
All entries to be made in ml. (milli liters)

Anshu Kumar
FIM

105934107

| TIME PREVIOUS DAY TIME | INTAKE | | | | OUTPUT | | | OTHERS |
|------------------------|-----------|-----------|-----------|--|--------|-------|---------|--------|
| | ORAL | | I.V. | | OTHERS | URINE | SUCTION | |
| Type Qty. | Type Qty. | Type Qty. | Type Qty. | | | | | |
| 8 A.M. | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 Noon | | | | | | | | |
| 1 P.M. | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| Midnight | | | | | | | | |
| 1 A.M. | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| TOTAL | | | | | | | | |

<https://www.childhelpinghand.org/>

orally allowed
81M
200ml
coconut
water

3ml
→
self void
passed
ml

ACYCLOVIR TABLET (400MG) 10S STRIP
SPT220253 01-24 13
Total Item 4
Total Qty 41

EXAMINATION

Temp. Pulse Resp. B.P. Weight
Wt - 17kg

C/C - NO on/off fever
awake pain

- NO bleeding manifestation - currently

O/E

Palp (+) 0 (-) L (-) I (+) C (+) E (+)
conscious, afebrile

RA - normal

SS2 (+)

conscious oriented.

<https://www.childhelpinghand.org/>

11/05/22

8 | 3000 | 24,000
N17L78

A - PreBALL C FN 03/11/22

AIIMS FREE GENERIC PHARMACY
✓ MEDICINE RECEIVED
NAME:
DATE: 12/5/22
SIGN: (Signature)

Red caonalby CMO
10am, 12/5/22

advice

- NS/PL @ 50ml/hr
- Tab Zyloric 100mg - BD
- Tab Septtran 55 - (M/W/F)
- Tab Aciviv 200mg BD
- 750mg Magnex i/vi BD

- keepref NO bed in C2 ward

NO CMO for admission to haemat

Revised Haematology SR.
No slots & Haematology
for new subacute pts.
Referred to Medical oncology
or NCI Shajjar for
further management

Haematology refer
on peripheral

इसटी पर चिकित्सक
Doctor on Duty
Dept. of Emergency Medicine
100A-2010, नई दिल्ली-110029



UHID No:105934107

आपातकालीन नं. (Emergency No): 2022/030/0035484

दिनांक DATE: 11/05/2022

समय TIME: 03:07:18 PM
 NON-MLC

नाम NAME: MR ANURAG KUMAR

आयु AGE: 8 years 19 days

लिंग/SEX: M

S/O: ASHOK SINGH

पता ADDRESS:

मकान संख्या H.NO: KHARONI KAWAI POST
 BHAGWANPUR GOPAL GANJ

गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

पिन PIN: 0

राज्य STATE:

BIHAR

दूरभाष सं. PHONE NO: 8521073942

मोबाइल MOBILE NO:

8521073942

स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

*f/c/o Pre-B-ALL (Hematology)
 Sent from Hemat. OPD;*

NO bleeding manifest

*90: } fever (undocumented) x last 2 days
 } Bone tenderness (+)
 (Rt. leg pain).*

Primary Assessment (ABCDE): Assessment Pentagon

| | | |
|---|---|--|
| <p>Airway</p> <p>Open & stable <input checked="" type="radio"/> Yes/No If No.....</p> <p>Breathing: RR <i>16</i>/min Efforts: <i>Normal</i>/Poor/increased Auscultation: <i>NVBS (+)</i> Air entry: <i>bil equal</i> Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air: <i>99%</i></p> <p><i>Wt -> 17kg</i></p> | <p>https://www.childhelpinghand.org/</p> <p>HR: <i>102</i> min CFT: <i>2</i> secs. BP: mmHg Peripheral pulse: Poor <input checked="" type="radio"/> Good Central pulse: Poor <input checked="" type="radio"/> Good Skin temp: <input checked="" type="radio"/> Warm/cool Others</p> | <p>Disability</p> <p>GCS: <i>15/15</i></p> <p>Pupil size:/min Pupillary Reactions:</p> <p>Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure</p> <p>Blood Sugar: mg/dl Exposure: Temp: Colour: <input checked="" type="radio"/> Normal/pallor/cyanosis /mottled Any other skin lesions:</p> |
|---|---|--|

Diagnosis

Inw.

CBC

blood - c/s

*3000 / 84,000
 17.9 / 78.8
 ANC 540*

Adv. ->

1 Review & reports.

Needs admission but regret no bed available

4 Hemat. SR (will come & review) 5:30 pm

20 mg Magnex 850mg iv q 8hly.

20 mg Amikacin 250mg iv q 24hly.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

APPOINTMENT SLIP
अभियुक्त भर्ती
INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029
Follow-up Patient
Advance

Phones } 26588500
26588700

Done By:-Ms. POONAM SINGH 2 DEO C WING

General ₹ 0.0

Department Name: Hematology/Hematology OPD

Reporting Time: 8:00 AM-9:00 PM

Dated: Appointment Type: Appointment Date: 11/05/2022

Received From:
ON ACCOUNT OF
Name of Patient

10/05/2022

Room No.:

Sex

MR ANURAG KUMAR

Appointment No

2022051007281

Contact Details

Male

Age

8 years 18 days

Mobile: XXXXXXXXX942

Request Mode

counter

Remarks:

Your UHID Is : 105934107.

Your Clinic Number Is : 2022/H/110906.

Book Online appointment from : <https://ors.gov.in> Developed by NIC

<https://www.childhelpinghand.org/>

Payment Mode:
INR (Rs.) :
Rs. in Words

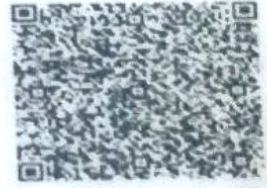
THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



भारत सरकार
GOVERNMENT OF INDIA

जन्म तिथि/ DOB:

पुरुष / MALE



4204 2119

मेरा आधार, मेरी पहचान

<https://www.childhelpinghand.org/>



भारत सरकार
Government of India

6



मेरा आधार, मेरी पहचान

सं०

No.- NB- 17313968

प्ररूप संख्या-5
Form-5



सत्यमेव जयते

बिहार सरकार

Government of Bihar

योजना एवं विकास विभाग

(DEPARTMENT OF PLANNING AND DEVELOPMENT)

अर्थ एवं सांख्यिकी निदेशालय

DIRECTORATE OF ECONOMICS AND STATISTICS

जन्म प्रमाण-पत्र

BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा-12/17 तथा बिहार जन्म और मृत्यु रजिस्ट्रीकरण नियमावली, 1999 के नियम 8/13 के अन्तर्गत जारी किया गया।)

(Issued under Section-12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Bihar Registration of Births and Deaths Rules, 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल जन्म अभिलेख से ली गई है, जो कि (स्थानीय क्षेत्र) अतिरिक्त

प्रह स्वाहा नैन्द्र करिभा बहसील (अंचल/प्रखंड) फलकरिया ०६
जिला गोपालगंज ०१५ राज्य बिहार के रजिस्टर में उल्लिखित है।

This is to certify that the following information is taken from the register for (local area/local body) of tahsil of district of state Bihar.

नाम/Name अनुराग कुमार लिंग/ Sex M

जन्म तिथि/ Date of Birth 18.06.2014 जन्म स्थान/Place of Birth APHC Karamia

माता का नाम/Name of Mother समता देवी

पिता का नाम/Name of Father अशोक सिंह

बच्चे के जन्म के समय माता-पिता का पता/
Address of Parents at the time of birth of the child

माता-पिता का स्थायी पता/
Permanent address of the Parents

ग्राम - स्वर्गी कौंड

पोस्ट - अगवानपुर

जिला - गोपालगंज

पंजीकरण संख्या/ Registration No. 163

पंजीकरण दिनांक/Date of Registration 18.06.14

टिप्पणी/ Remarks (if any) NO

जारी करने की तिथि/Date of issue 18.06.2014

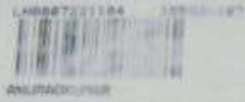
प्राधिकारी का हस्ताक्षर /Signature of the issuing authority

रुद्धिमा देवी रेफरल बस्पडा

प्राधिकारी का पता /Address of the issuing authority

मोहर/Seal

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें /Ensure registration of every birth and death "



स्पताल / A.I.I.M.S. HOSPITAL / Out Patient Department
 H-110906/22
 11/ SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

| | | | |
|---|---|---------------|-----|
| Unit | | OPD Regn. No. | |
| Dept | | | |
| Patient Name | Ref. No./Ref. Inst. | Sex | Age |
| Hematology OPD CL No 2022U/112906 UHD: 105934107 ANURAG 8Y3D | Hematology OPD Queue No: F15 Room: C-510 UHD: 105934107 11-05-2022 | | |
| Address | | H/O | |

From/Diagnosis ht B. an

Date 17 Order/Treatment

17

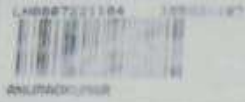
ht B. an

Needs Admission
to be in C2
Refer to Peds Consult

T. Zyloni 100 mg
T. Canrol Junior 15 mg
T. Septran 1500 (M/W/F)
T. Auro 200 mg
Dr. Mupret 750 mg

Dr. Rishi for admission

Dr. Singh



स्पताल / A.I.I.M.S. HOSPITAL / Out Patient Department
 H-110906/22
 11/ SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

Unit: _____
 Dept: _____

OPD Regn. No. / O.P.D. Regn. No. _____

| Pt. Name | Sex/Age/DOB | Age | Address |
|--|---|-----|---------|
| Hematology OPD CL No: 2022U/112906 UHD: 105934107 ANURAG 8Y3D | Hematology OPD Queue No: F15 Room: C-510 UHD: 105934107 11-05-2022 | | ns |

Form/Diagnosis: ht B. an

Date: 17 Order/Treatment: ht

G2 - Dr. Rishi for admission.

Dr. Singh

- Needs Admission
- to be in C2
- Refer to Peds Consult
- T. Zyloni 100 mg ∞
- T. Canvite Junior 15 mg ∞
- T. Septran 15 mg (mls/f)
- T. Auro 200 mg ∞
- Si Mupret 750 mg / 24h



CLEAN AND GREEN AIIMS / एक ही छत, एक ही धरती, एक ही आशा
 अर्गन डोनेशन / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O. AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



GST INVOICE/CASH MEMO

ORIGINAL

RAJDHANI PHARMACEUTICALS
 Chemist & Druggist.

52/1-2, BASEMENT YUSUF SARAI,
 NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 R/W

GST No. : 07AARFR358R1Z4

Inv.No. : RT0014164 DATE : 26/07/2022
 Name: ANURAG KUMAR
 Add.: CHILD HELPING HAND

Dr. : AIIMS

Reg.:

| QTY. | PACK | PARTICULARS | M.R.P. | BATCH | EXP | GST % | RATE | DIS | AMOUNT |
|--------|-------|-----------------------|---------|------------|-------|-------|----------|------|--------|
| 1.000 | 1 | a GROSHONG NXT FITCC4 | 17400.0 | FEEF11993 | 9/24 | 12.0 | 15000.00 | 0.00 | 15000 |
| 4.000 | 1 | b VINLON 1MG INT | 54.00 | VC12219AC | 2/24 | 5.0 | 50.00 | 0.00 | 200.00 |
| 4.000 | 1*1 | b DALNEON 20 MG INT | 254.00 | 36166 | 11/23 | 5.0 | 200.00 | 0.00 | 800.00 |
| 1.000 | 1 | b TRYCOPEG 3750 IU | 34000.0 | BFL12102ZB | 4/23 | 5.0 | 25000.00 | 0.00 | 25000 |
| 4.000 | 1 | b FOLITRAX 15MG INT | 64.15 | A1B63E22 | 1/24 | 5.0 | 55.00 | 0.00 | 220.00 |
| 4.000 | 1UNIT | b BIDBIN 100MG INT | 61.00 | BYX1149 | 4/24 | 5.0 | 50.00 | 0.00 | 200.00 |
| 12.000 | 1 | b ATRILON 50MG INT | 8704.50 | 3AL2200BAC | 2/24 | 5.0 | 2100.00 | 0.00 | 25200 |

HSN>a-9018,b-3004 GST->49161.962,5+2,5%-1229,059651+1229,050651,13392,8646+6%-803,575651+803,570651,

Rs. Sixty Six Thousand Six Hundred Twenty Only

PLEASE PAY = **66620.00**

All disputes subject to DELHI Jurisdiction only
 Medicines without Batch No.& Exp,
 will not be taken back.

Please consult Dr. Before using the medicines

E & O.E.

for RAJDHANI PHARMACEUTICALS

HDEC → MSSO → MS → listy
(9) C2

NP2
2nd floor
5th floor OPD

अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

बी० पी० एल०/निर्धन/गरीब रोगी के लिए दवाईयों/शल्यक उपभोग्यों की मांग हेतु प्रपत्र।
Proforma for requisition of medicines/Surgical consumables for BPL/Poor Indigent Patient.

नाम/Name : Anurag Kumar आयु/Age : 34 दिनांक /Date : 28/7
यू.एच.आई.डी.सं./UHID No. 10593407 सी.आर.नं./C.R. No. दाखिले की तिथि /Date of Admission
विभाग/एकक/Department/Unit : Hematology वाड/Ward : 20 विस्तर सं./Bed No. : (20)
निदान एवं उपचार योजना/Diagnosis & Treatment Plan : All - chemotherapy

उपर्युक्त उल्लेखित निर्धन एवं गरीब रोगी हेतु निम्नलिखित दवाईयों/शल्यक उपभोग्यों की आवश्यकता है। यह संस्तुति की जाती है कि रोगी को इन दवाईयों/शल्यक उपभोग्यों को अस्पताल भंडार से एक विशेष केस के रूप में जारी किया जाए।

The following medicines/surgical consumables are required for the above mentioned poor & indigent patient. It is recommended that the patient may be issued these medicines/surgical consumables from hospital store as a special case.

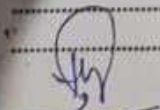
| क्र० सं० S.No. | दवाईयां/शल्यक वस्तुएँ Medicine/Surgical Items | खुराक एवं अवधि Dose & Duration | मात्रा Quantity |
|-------------------|--|-----------------------------------|--------------------|
| 1. | Crashling line 4f size | | 1 |
| 2. | bj Vinorelbine 1mg | 1mg x 4 days | 4 |
| 3. | bj Daunorubicin 20mg | 20mg x 4 days | 4 |
| 4. | L-Asparaginase (peg) 3450 IU | x 1 dose | 1 |
| 5. | bj Methotrexate 15mg | x 4 days | 4 |
| 6. | bj Cytarabine 100mg (50mg) | x 4 days | 4 |
| 7. | bj liposomal Amphotericin (AmBisome) | 3 x 4 days | 12 |

बी०पी०एल० कार्ड के विवरण (प्रतिलिपि संलग्न की जाए)/Details of BPL Card (Photocopy to be enclosed):
कार्ड सं०/Card No. वैधता: दिनांक/Validity: से० From.....तक/To.....

जारी करने वाला राज्य / Issued in the State of.....
जारी करने वाले प्राधिकारी के वैध हस्ताक्षर Valid signature of issuing Authority: उपस्थित/अनुपस्थित Present/Absent

स्थिति में यदि निर्धन/गरीब रोगी के पास वैध बी०पी०एल० कार्ड नहीं है तो उपचार करने वाला संकाय विशेष केस के रूप में अस्पताल से अपेक्षित दवाईयों/शल्यक उपभोग्यों की संस्तुति करने के लिए औचित्य के साथ विशिष्ट टिप्पणियाँ अवश्य दें।
If the poor/indigent patient does not have a valid BPL card, the treating faculty member must give specific remarks with justification for recommending provision of required medicines/surgical consumables from the hospital as a special case.

संकाय सदस्य की ईलाज हेतु टिप्पणियाँ /Comments of treating Faculty Member:



सीनियर रेजिडेंट/Senior Resident
अखिल भारतीय आयुर्विज्ञान संस्थान/Dept. of Hematology
अ.आ.नं., नई दिल्ली/AIIMS, New Delhi-29

(डा०/Dr.....

मोहर सहित हस्ताक्षर/Signature with seal

कृपया अनुमोदन हेतु प्रभारी अधिकारी (बी०पी०एल०/निर्धन/क० स्वा० यो० रोगियों हेतु विशेष मांग) के पास प्रस्तुत है।
Submitted to Officer I/C (Special Requisition for BPL/Poor Indigent Patients) for approval)

नोट-संस्तुति करने वाले चिकित्सक संबंधित रोगी उपचार क्षेत्र के नर्सिंग स्टाफ को निर्देश दें कि इस प्रकार से उपयुक्त उल्लिखित ई.एच.एस० लाभार्थी रोगी को जारी कोई भी दवाई/शल्यक उपभोग्य संबंधित अस्पताल भण्डार को वापस किए जाएं।
Note: Recommending physician will instruct the nursing staff of respective patient care area that any medicines/surgical consumables left unused after treatment / discharge of aforementioned EHS beneficiary are returned to respective hospital stores.



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसरी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029
फैसलीट (आई एच सुटली रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



FULL Receipt No.: ACCOUNTS-18-117531-202223 AMT. RS. 35

Day Care Admissions

| | | | |
|---|--|--|---------------|
| सी.ए.नं. C.R. No. | NON-MLC वार्ड/बिस्तर नं. WARD / BED NO. | दिनांक DATE | |
| H-369159-22 | Hematology Day Care/LL | 29/09/2022 | 09:02 am |
| नाम MR ANURAG KUMAR | पति/पिता का नाम / FATHER / HUSBAND NAME S/O ASHOK SINGH | राष्ट्र INDIA | धर्म Hindu |
| माता का नाम / MOTHER NAME | व्यवसाय / OCCUPATION Other | विवाह स्थिति / MARRITAL STATUS Single | |
| स्थायी पता अथवा पड़ोसी की पता LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS: | | संपर्क नं. / CONTACT NO. 8821073942 | |
| स्थायी पता / PERMANENT ADDRESS: | राज्य / STATE null INDIA | | |
| KHARONI KAWAI POST BHAGWANPUR GOPAL GANJ | | | |

विभाग का विवरण / DEPARTMENT DETAILS

| | | | | | |
|---|---|-------------------------------------|------------|------------|----------|
| विभाग / DEPARTMENT : | Hematology | दिनांक / DATE OF ADMISSION: | 29/09/2022 | समय / TIME | 09:02 am |
| यूनिट प्रमुख / UNIT HEAD: | Dr. https://www.childhelpinghand.org/ | राज्य / STATE: | | | |
| परामर्शदाता / CONSULTANT: | | राज्य / STATE: | | | |
| सी.ए.नं. / OPD CASUALTY NO. | UHD No. 105934107 | उत्सर्ग दिनांक / DATE OF DISCHARGE: | | | |
| सुटली के कर्मचारी का नाम / NAME OF CAO STAFF ON DUTY: | | | | | |

कॉपी जारी किया गया है / COPIES ISSUED
 परामर्शदाता के हस्ताक्षर / SIGN. OF CAO STAFF ON DUTY

निदान एवं अन्य / DIAGNOSIS & OTHERS

| | | | |
|--|--|------------|------------|
| अस्थायी निदान / PROVISIONAL DIAGNOSIS: | कोड नं. / CODE NO. | | |
| टिप्पणी / REMARKS: | अनुपस्थिति / ANAESTHESIA | समय / TIME | समय / TIME |
| अंतिम निदान / FINAL DIAGNOSIS: | अपेक्षित प्रक्रिया / OPERATIVE PROCEDURES: | | |
| द्वितीयक निदान एवं जटिलताएं SECONDARY DIAGNOSIS & COMPLICATIONS : | कोड नं. / CODE NO. | | |
| मृत्यु का कारण / CAUSE OF DEATH | | | |
| परामर्शदाता के हस्ताक्षर / SIGN. OF CONSULTANT | स्वयं परीक्षा: हां/नहीं AUTOPSY: YES/NO | | |

परिणाम उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/लामा/कमरे/गंभीर/मृत्यु होना।
 RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर
 NAME & SIGN. OF SR. RESIDENT:

परामर्शदाता के हस्ताक्षर
 SIGN. OF CONSULTANT

अ. धा. आ. संस्थान अस्पताल
A.I.I.M.S. HOSPITAL

प्रवेश-पत्र / Entry Pass

(केवल एक व्यक्ति के लिए / For One Person only)

रोगी का नाम
Name of the Patient Anurag

वार्ड/शैया सं.
Ward/Bed No. HDC/13

आवधि दिनांक
Period from 29/9 तक 29/9

पास जारी किया
कुल निकाला गया
For Medical Superintendent

उम्र/AGE: 85
राष्ट्रियता/NATIONALITY:
धर्म/RELIGION:
वैवाहिक स्थिति/MARITAL S
संपर्क सं./CONTACT S
आधार सं./AADHAR NO

STATE:
STATE: null INDIA

का विवरण/DEPARTMENT DETAILS

DEPARTMENT : Hematology
Dr. SR Haematology

UNIT HEAD:

CONSULTANT :

OPD CASUALTY NO.:

NAME OF CAD STAFF ON DUTY:

यूनिट/UNIT:
प्रवेश की तिथि/DATE OF ADMISS
निकास की तिथि/DATE OF DISCHA

UHID No. 105934107



रोग एवं अन्य/DIAGNOSIS & OTHERS



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHD: 00854107
Patient Name: **Mr. ANIRAG KUMAR**
Age: 87 Yrs
Lab Name: Dept. of Laboratory Medicine
Reg Date: 21-Sep-2022 17:45:35M
Recommended By: Dr. Manojkumar Mahapatra
Sample Details: LH2109220869

Sex: Male
Sample Received Date: 21-Sep-2022 17:43:05M
Department: Hematology
Lab Sub Center: Smart Lab - Smart OPD Block
Sample Collection Date: 21-Sep-2022 10:46:53M
Lab Reference No: 22101400

Sample Type: Whole Blood

Report

| HEMATOLOGY | Result | UOM | Reference |
|---|--------|----------------------|-------------|
| Test Name: Hemoglobin | 10.60 | g/dL | 11.5 - 15.5 |
| Hb (Hemoglobin) | 33.80 | % | 35 - 45 |
| Hematocrit (Hematocrit) | 3.32 | 10 ⁹ /µL | 4.0 - 5.2 |
| RBC count (Red Blood Cell Count) | 1.90 | 10 ¹² /µL | 5.0 - 11.0 |
| WBC count (White Blood Cell Count) | 158.00 | 10 ⁹ /L | 170 - 450 |
| Platelet count (Platelet Count) | 101.80 | PL | 77 - 95 |
| MCV (Mean Corpuscular Volume) | 31.90 | fL | 25 - 33 |
| MCH (Mean Corpuscular Hemoglobin) | 31.40 | pg | 31 - 37 |
| MCHC (Mean Corpuscular Hemoglobin Concentration) | 18.90 | g/dL | 31 - 37 |
| RDW-CV (Red Cell Distribution Width - Coefficient of Variation) | 48.50 | % | 11.9 - 14 |
| Neutro (Neutrophils) | 40.50 | % | 23 - 53% |
| Lympho (Lymphocytes) | 40.50 | % | 23 - 53% |
| Eosino (Eosinophils) | 0.00 | % | 1 - 4% |
| Mono (Monocytes) | 10.50 | % | 2 - 10% |
| NRBC (Nucleated Red Blood Cells) | 0.00 | % | 0 - 1% |
| Baso (Basophils) | 0.92 | 10 ⁹ /µL | 2.0 - 8.0 |
| Neutro - Abs (Neutrophils - Absolute) | 0.77 | 10 ⁹ /µL | 1.0 - 5.0 |
| Lympho - Abs (Lymphocytes - Absolute) | 0.00 | 10 ⁹ /µL | 0.1 - 1.0 |
| Eosino - Abs (Eosinophils - Absolute) | 0.20 | 10 ⁹ /µL | 0.2 - 1.0 |
| Mono - Abs (Monocytes - Absolute) | 0.01 | 10 ⁹ /µL | 0.02 - 0.1 |
| Baso - Abs (Basophils - Absolute) | 0.01 | 10 ⁹ /µL | 0.02 - 0.1 |

<https://www.childhelpinghand.org/>

Remarks: Leukopenia with mild to moderate neutropenia. No treatment and drug h/o. kindly correlate clinically.

—End of Report—

Dr. Sudeep Kumar Datta
(Biochemistry & Immunology)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suresh Meena
(Serology)

Dr. Chandan Mishra MD (Lab Medicine)
21-Sep-2022 16:39

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext. no. 2526

1/22
84107

Report Printout

Validated

| | | |
|--|--------------------------|-----------------|
| Final report date 09/22/2022 20:15:51 | Sample ID AUTO_SID123 | Collection Date |
| Type Child | Department | Physician |
| Comments | Patient Name ANURAG | First Name |
| Patient ID 185934107 | Age 8 Y | Gender Male |
| Date of Birth | | |
| Comments | | |
| Operator | Technician | |

Flags and Alarms

| | | | |
|-------|------|----|-------------|
| RBC | 3.68 | L | $10^9/mm^3$ |
| HGB | 11.9 | | g/dL |
| HCT | 32.0 | L | % |
| MCV | 87 | I | μm^3 |
| MCH | 32.4 | H | pg |
| MCHC | 37.3 | H | g/dL |
| RDWcv | 22.0 | H | % |
| RDWsd | 69 | H | μm^3 |
| PLT | 139 | *L | $10^3/mm^3$ |
| MPV | — | | μm^3 |
| PCT | — | | % |
| PDW | — | | % |

Morphology Flags
MIC
Analyzer Alarms
SCL
Quality Assurance Flags
QC Failed
Remarks
RBC of the Run 09/22/2022 20:15:49
WBC of the Run 09/22/2022 20:15:49
PLT of the Run 09/22/2022 20:15:49
DIFF of the Run 09/22/2022 20:15:49

WBC 42 L $10^3/mm^3$

<https://www.childhelpinghand.org/>

| | | | | |
|-----|------|--|------|---|
| LYM | 18.1 | | 0.75 | L |
| MDN | 4.7 | | 0.20 | |
| EOS | 0.9 | | 0.04 | |
| BAS | 0.5 | | 0.02 | |
| ALY | 0.4 | | 0.02 | |
| LIC | 0.8 | | 0.03 | |

~~Ashish~~
 6/11/20
 R. (cat-125M)
 1mg Emnet - 4mg Paracet.
 1mg DMS (2) 5-7ml/hr
 - - - - -
 R.

child re-assessed:

HR - 102/min.
 RR - 24/min
 CRT - <3Sec peripheries warm.
 BP - 100/62 mmHg
 No vomiting
 No signs of dehydration.
 Good oral intake.

Plan,

- ① P. Emnet 4mg TDS x 2 days.
- ② T. Paracet 200mg QID.
- ③ Rens in Haematology OPD
- ④ Dengue signs explained.
- ⑤


 Doctor on Duty
 Dept. of Emergency Medicine
 AIIMS, New Delhi-110029



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसरी नगर, नई दिल्ली 110029 / ANSARI NAGAR, NEW DELHI - 110029
 फेशीट (अर्पण एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



FULL Receipt No.: ACCOUNTS-18-114617/202223 AMT, RS. 35

Day Care
Admissions

कॉ.पं.सं. / C.R. No. H-367033-22

NON-MLC

वार्ड / बिस्तर सं. / WARD / BED No. Hematology Day Care/16

दिनांक / DATE 25/09/2022

समय / TIME 09:06 am

नाम / NAME: S/O ASHOK SINGH

पिता/माता का नाम / FATHER/MOTHER NAME: S/O ASHOK SINGH

वयु / AGE: 25 Y 5 M 3 D

लिंग / SEX: M

राष्ट्रियता / NATIONALITY: null INDIA

धर्म / RELIGION: Hindu

विवाह स्थिति / MARITAL STATUS: Unmarried

स्थानीय पता / LOCAL ADDRESS OF KIN WITH ADDRESS: [Blank]

संपर्क नं. / CONTACT NO.: 8521073942

आधार नं. / AADHAR NO.: 8521073942

राज्य / STATE: [Blank]

पिन / PIN: [Blank]

स्थायी पता / PERMANENT ADDRESS: [Blank]

राज्य / STATE: [Blank]

पिन / PIN: [Blank]

विभाग का नाम / DEPARTMENT: Hematology

यूनिट का नाम / UNIT: null INDIA

यूनिट के हेड / UNIT HEAD: [Blank]

संशोधक / CONSULTANT: [Blank]

ऑपीडी नं. / OPD CASUALTY NO.: [Blank]

यूनिट का नाम / NAME OF CASUALTY: [Blank]

अर्पण तिथि / DATE OF ADMISSION: 25/09/2022

छुट्टी की तिथि / DATE OF DISCHARGE: [Blank]

समय / TIME: 09:06

हस्ताक्षर / SIGNATURE: [Signature]

पद / DESIGNATION: CAO STAFF ON DUTY

निदान एवं अन्य / DIAGNOSIS & OTHERS

अस्थायी निदान / PROVISIONAL DIAGNOSIS: UHID No. 105934107

टिप्पणी / REMARKS: [Blank]

अंतिम निदान / FINAL DIAGNOSIS: [Blank]

द्वितीयक निदान एवं जटिलताएं / SECONDARY DIAGNOSIS & COMPLICATIONS: [Blank]

मृत्यु का कारण / CAUSE OF DEATH: [Blank]

शव परीक्षा: हां/नहीं / AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुप्राप्त करने पर छुट्टी की गई/लाभा/करार/गंभीर/मृत्यु होना। / RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजिडेंट का नाम एवं हस्ताक्षर / NAME & SIGN. OF SR. RESIDENT: [Blank]

पराभर्षदाता के हस्ताक्षर / SIGN. OF CONSULTANT: [Blank]

<https://www.childhelpinghand.org/>

पैस जारी किया
PASS ISSUED

अ.भा.आ.संस्थान अस्पताल
A.I.I.M.S. HOSPITAL

प्रवेश-पत्र / Entry Pass

(केवल एक व्यक्ति के लिए / For One Person only)

रोगी का नाम

Name of the Patient ANURAG

वार्ड/शैया सं.

Ward/Bed No. 4011

अवधि दिनांक

Period from 2/10/16 तक 2/10/16

जारी किया
PASS
कृते चिकित्सा अधीक्षक
For Medical Superintendent

अ.भा.आ.संस्थान अस्पताल
A.I.I.M.S. HOSPITAL

प्रवेश-पत्र / Entry Pass

(केवल एक व्यक्ति के लिए / For One Person only)

रोगी का नाम

Name of the Patient

वार्ड/शैय्या सं.

Ward/Bed No.

अवधि दिनांक

Period from

तक

to

कृते चिकित्सा अधीक्षक

For Medical-Superintendent

<https://www.childhelpinghand.org/>

NET WT 12.5 OZ (354g)

4m:9

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एम.आर. 8 नर्सों डेली रिकार्ड
M.R. - 8 Nurses Daily Record

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name: Anurag Kumar. उम्र Age: 8y. लिंग Sex: M. वैवाहिक स्थिति Marital Status:
 सेवा Service:
 वार्ड Ward: MDCC. बेड Bed:
 व्यवसाय Occupation:
 धर्म Religion:

रोग संज्ञा सं. न
UHD No
105.934107

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

| Date & Time | Medication & Treatment | Diet | Observation by the Nurse |
|-------------|-----------------------------------|------|--|
| 26/7/22 | Ij Pipraz 1.7 gm i.v TDS | | HR for check of conscious and oriented. Elix |
| | Ij Turo 170 mg i.v BD x 3 days | | |
| | Ij fup 170 mg i.v OD | | |
| | Ij GCSF 90 mg stat | | → SC |

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RES



एलआईएमएस / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसरी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029
रजिस्ट्रार (प्रवेश व प्रत्युत्सर्ग) / REGISTER (ADMISSION AND DISCHARGE RECORD)



FULL Receipt No.: ACCOUNTS-18-115881/202223 AMT. RS. 35

Day Care Admissions

रजिस्ट्रार का नंबर / C.A.No. NGN-MLC
रजिस्ट्रार का नंबर / WARD Hematology Day
दिनांक / DATE 27/09/2022
समय / TIME 09:07 am

रोगी का नाम / PATIENT NAME HAIR ANSHU KUMAR
रोगी का पता / LOCAL ADDRESS SO ASHOK SINGH
रोगी का पता / PERMANENT ADDRESS

रोगी का नाम / NAME R V S M S D
धर्म / RELIGION Hindu
विवाह की स्थिति / MARRITAL STATUS Single
संपर्क नंबर / CONTACT NO. 8521071942

रजिस्ट्रार का नाम / NAME OF SR RESIDENT Dr. SR Hematology

रिक्त स्थान / SIGNATURE WANPUR GOPAL
गण / DEPARTMENT null INDIA
यूनिट का हेड / UNIT HEAD
कंसल्टेंट / CONSULTANT
डिस्चार्ज का नंबर / DISCHARGE NO.
डिस्चार्ज का तिथि / DATE OF DISCHARGE 27/09/2022
रजिस्ट्रार का नाम / NAME OF SR RESIDENT Dr. SR Hematology
रजिस्ट्रार का हस्ताक्षर / SIGNATURE OF SR RESIDENT
रजिस्ट्रार का हस्ताक्षर / SIGNATURE OF CAO STAFF ON DUTY

रिक्त स्थान एवं अन्य / DIAGNOSIS & OTHERS
वैद्यकीय निदान / PROFESSIONAL DIAGNOSIS UHID No. 105934107
दवा / DRUGS
अंतिम निदान / FINAL DIAGNOSIS
द्वितीयक निदान एवं जटिलताएं / SECONDARY DIAGNOSIS & COMPLICATIONS
रोगी का नाम / NAME OF PATIENT CAC/Mr. surwan IPD
ऑटोप्सी / AUTOPSY YES/NO
परिणत: उपचार से ठीक हुए/सुधरा / बुरा/बर्त / अनिश्चित / अनिश्चित करने पर प्रकटी की गई / मरण / चला / मरी / मृत्यु / मरण
RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPINED
रजिस्ट्रार का नाम एवं हस्ताक्षर / NAME & SIGN. OF SR RESIDENT
कंसल्टेंट का नाम एवं हस्ताक्षर / NAME & SIGN. OF CONSULTANT

अ. आ. संस्थान अस्पताल
A.I.I.M.S. HOSPITAL

प्रवेश-पत्र / Entry Pass

(केवल एक व्यक्ति के लिए / For One Person only)

रोगी का नाम

Name of the Patient Anurag

वार्ड/सैबेड नं.

Ward/Bed No. H02/12

अवधि दिनांक

Period from 27.9.22 तक 27.9.22

पास जारी किया
PASS ISSUED
रोग चिकित्सा अधीक्षक
For Medical Superintendent

Hematology

Dr. SR Haematology

DIAGNOSIS & OTHERS

PROVISIONAL DIAGNOSIS:

UHID No. 105934107



संवेदनाहरण/ANAESTHESIA :

आपरेटिव प्रक्रियाएं/OPERATIVE PROC

दिनांक
DATE
27/09

वय/AGE :

राष्ट्रीयता/NATIONALITY : X Y 5

धर्म/RELIGION :

वैवाहिक स्थिति/MARITAL STATUS :

उपचार सं./पै. सं./ए. सं./EHS NO./CGH NO. :

संपर्क सं./CONTACT NO. :

आधार सं./AADHAR NO. :

राज्य/STATE :

राज्य/STATE :

ए. सं./UNIT :

भर्ती की तिथि:/DATE OF ADMISSION :

छुट्टी की तिथि:/DATE OF DISCHARGE :

REMARKS:



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 109134307 Sex: Male
Patient Name: Mr ANURAG KUMAR Sample Received Date: 26-Sep-2022 16:00 PM
Age: 6Y 5m Department: Hematology
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 26-Sep-2022 16:00 PM Sample Collection Date: 26-Sep-2022 12:27 PM
Recommended By: Dr. Manoranjan Mahapatra Lab Reference No: 221 629020

Sample Details : LH2609221210

Sample Type : Whole Blood

Report

HEMATOLOGY

| Test Name (Abbreviation) | Result | UOM | Reference |
|----------------------------------|--------|---------------------|-------------|
| Hb (Hb-photometry) | 9.20 | g/dL | 11.5 - 15.5 |
| Hematocrit (Direct Measure) | 28.30 | % | 35 - 45 |
| RBC count (Impedance) | 2.86 | 10 ⁶ /μL | 4.0 - 5.2 |
| WBC count (Fluo. flow cytometry) | 7.81 | 10 ⁹ /μL | 5.0 - 13.0 |
| Platelet count (Impedance) | 30.00 | 10 ³ /μL | 170 - 450 |
| MCV (Calculated) | 99.00 | fL | 77 - 95 |
| MCH (Calculated) | 32.20 | pg | 25 - 33 |
| MCHC (Calculated) | 32.50 | g/dL | 31 - 37 |
| RDW-CV (Calculated) | 17.90 | % | 11.6 - 14 |
| Neutro (Fluo. flow cytometry) | 75.40 | % | 23-53% |
| Lympho (Fluo. flow cytometry) | 21.30 | % | 23-53% |
| Eosino (Fluo. flow cytometry) | 0.10 | % | 1-4% |
| Mono (Fluo. flow cytometry) | 2.90 | % | 2-10% |
| NRBC | 0 | % | |
| Baso (Fluo. flow cytometry) | 0.30 | % | 0-1% |
| Neutro - Abs (Calculated) | 5.89 | 10 ⁹ /μL | 2.0-8.0 |
| Lympho - Abs (Calculated) | 1.66 | 10 ⁹ /μL | 1.0-5.0 |
| Eosino - Abs (Calculated) | 0.01 | 10 ⁹ /μL | 0.1 - 1.0 |
| Mono - Abs (Calculated) | 0.23 | 10 ⁹ /μL | 0.2 - 1.0 |
| Baso - Abs (Calculated) | 0.02 | 10 ⁹ /μL | 0.02 - 0.1 |

PS for (Others)

Remarks: RBC: Mild anisocytosis, Polychromasia, No spherocytes seen, WBC: As given, No atypical cells/blasts seen, Platelets: reduced, No MP/Hemoparasites seen in the smear examined. Impression: Normocytic Normochromic Anaemia, Thrombocytopenia. Advice: Kindly correlate clinically.

---End of Report---

Dr. Sandip Kumar Datta

Dr. Tushar Sehgal

Dr. Suneeta Meena

Dr. Rajeswari . Lab Medicine

Generated On 26-Sep-2022 19:47:33 1347 6036

(This is a computer generated report signature not required)

Page 1 of 2

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 2526



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 109134307 Sex: Male
Patient Name: Mr ANURAG KUMAR Sample Received Date: 26-Sep-2022 16:00 PM
Age: 6Y 5m Department: Hematology
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 26-Sep-2022 16:00 PM Sample Collection Date: 26-Sep-2022 12:27 PM
Recommended By: Dr. Manoranjan Mahapatra Lab Reference No: 221 629020

Sample Details : LH2609221210

Sample Type : Whole Blood

Report

HEMATOLOGY

| Test Name (Abbreviation) | Result | UOM | Reference |
|------------------------------|----------------------------|------------|-------------------|
| (Biochemistry & Immunoassay) | (Hematology & Coagulation) | (Serology) | 26-Sep-2022 19:46 |



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

| | | | |
|-----------------|-----------------------------|-------------------------|-------------------------|
| UHID: | 109934307 | Sex: | Male |
| Patient Name: | Mr ANURAG KUMAR | Sample Received Date: | 26-Sep-2022 19:16 PM |
| Age: | 34 Yrs | Department: | Hematology |
| Lab Name: | Dept of Laboratory Medicine | Lab Sub Centre: | Smart Lab New OPD Block |
| Reg Date: | 26-Sep-2022 15:41 PM | Sample Collection Date: | 26-Sep-2022 12:26 PM |
| Recommended By: | Dr. Manojkumar Mahapatra | Lab Reference No: | 221628194 |

Sample Details : LC2609221767

Sample Type : Serum

Report

BIOCHEMISTRY

| Test Name (Abbreviation) | Result | UOM | Reference |
|--|--------|--------|------------|
| Urea (Creatinine/LDH) | 12 | mg/dL | 17 - 49 |
| Creatinine (BUN) (creatinine) | 0.3 | mg/dL | 0.4-0.6 |
| Uric Acid (uric acid) (uric acid) | 1.5 | mg/dL | 3.4 - 7.0 |
| Calcium (Ca) (New) (total calcium) | 8.8 | mg/dL | 8.8 - 10.8 |
| Phosphorus (phosphate) (P) | 4.7 | mg/dL | 2.5-4.5 |
| Sodium (Na) (Sodium Chloride) | 137 | mmol/L | 135 - 145 |
| Potassium (K) (Potassium Chloride) | 3.6 | mmol/L | 3.5-5.1 |
| Chloride (Cl) (Sodium Chloride) | 100 | mmol/L | 98-107 |
| Bilirubin (T) (Total Bilirubin) | 0.52 | mg/dL | 0 - 1 |
| Bilirubin (D) (Direct Bilirubin) | 0.23 | mg/dL | 0 - 0.2 |
| Bilirubin (I) (Indirect Bilirubin) | 0.29 | mg/dL | 0 - 0.8 |
| ALT (AST) (without pyruvate phosphate) | 68 | U/L | 0 - 26 |
| AST (AST) (without pyruvate phosphate) | 26 | U/L | <=40 |
| ALP (ALP) | 292 | U/L | 142 - 335 |
| Total protein (Total) | 6.0 | g/dL | 6.0 - 8.0 |
| Albumin (ALB) | 4.2 | g/dL | 3.8 - 5.4 |
| Globulin (GLOB) | 1.9 | g/dL | 3.0 - 3.7 |
| A/G ratio (Albumin) | 2.2 | | 0.8-2.0 |

<https://www.childhelpinghand.org/>

---End of Report---

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr. Ramji Rao Ramijinni
26-Sep-2022 22:18

