

(4)

H-130  
05/07

अस्पताल परिसर में धूम्रपान करना एवं शूकना सख्त मना है।  
क.रा.बी.निगम अस्पताल, साहिबाबाद, गाजियाबाद-201005  
E.S.I.C. HOSPITAL, Sahibabad, Ghaziabad-201005

विभाग/Deptt. 28/29

बाह्य रोगी पर्ची  
**OPD TICKET**

औषधालय  
**DISP.**

ब.रो.वि.सं./O.P.D. No. U7 2300078 बीमा सं./Ins. No. 6717464743

नाम/Name Arijun बीमाकृत/परिवार/IP/Family \_\_\_\_\_

आयु/Age 7/4 लिंग/Sex Male निदान/Diagnosis \_\_\_\_\_

दिनांक Date	इलाज/TREATMENT
क.रा.बी.निगम अस्पताल साहिबाबाद, गाजियाबाद (उ.प्र.) ESIC Hospital, Sahibabad, Ghaziabad (U.P.)  05 JUL 2023  वाह्य रोगी सं./OPD No. _____ विभाग/Department _____	<u>Fucof Acute Myeloid Leukemia</u> <u>Under treatment AIIMS Delhi</u>  <u>AML Relapse - 30% Blast. ⊕</u> <u>dated 29/5/2023</u>  <u>chemotherapy - due on 08/06/2023</u>  <u>Gr. Spelly</u> <u>Vital fresh</u> <u>Char. Bld &amp; Ar</u> <u>Clear</u> <u>WBC 8, 8 ⊕</u> <u>Pt. soft 8 ⊕</u> <u>Hb 20m Bm</u> <u>Spk 20m Bm</u>

cat-20-16g

CBC  
to PS report  
Atypical cells

PT Refer to AIIMS Delhi  
for further treatment  
Mar

डॉ. हरि ओम / Dr. HARI OM  
डीपीएम, एम.बी. (शिशु रोग) / DCH, MD (Pediatrics)  
स्पेशलिस्ट ग्रेड-II (बाल विभाग) / Specialist Grade-II  
क.रा.बी.नि. अस्पताल साहिबाबाद / ESIC Hospital Sahibabad

एड्स एक जानलेवा बीमारी है, इसका कोई इलाज नहीं, केवल जानकारी ही बचाव है।

Card Case



Division of Pediatric Oncology  
AIIMS, New Delhi  
Treatment for AML relapse

Name: Arjun Age: 7y  
Gender: M POC: .....

Baseline disease  
Date of diagnosis: 20/11/21 Morphology/ Subtype: .....  
Karyotype: .....  
Molecular work up: t(8;21) +ve  
Initial risk stratification: GR  
Therapy received: MRC-15

Date of relapse: 17/5/23

Duration of CR: 18 months

CBC: .....

PS: 54% blasts

BMA: .....

Flow cytometry: AML

Karyotype: .....

Molecular work up/NGS: .....

Weight: 19.5kg Height: 122cm BMA: 0.8m<sup>2</sup>

HIV: ..... HBsAg: ..... HCV: .....

Mantoux: ..... CXR: .....

Echocardiography: .....

HLA typing: .....

1. ....
2. ....
3. ....



HiDAC Based:

HiDAC induction (Course-1)

Name..... Arjun ..... Weight..... 19.54 ..... Height..... 122cm ..... BSA..... 0.8 m<sup>2</sup> ..... ECHO..... Wef = 55%

Days	Date given	ARA-C (3 g/m <sup>2</sup> /dose)	TIT (Age appropriate doses)
1.		<u>Kamprya 14/1/23</u>	—
2.		<u>15/1/23</u> given	—
3.		<u>slumun: 16/1/23</u>	—
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			

D/w prof. R. Sethi  
 DB request this #  
 as pt had FN (for p/dose)  
 require intervention of  
 7 days.

Drugs	Doses	Route	Frequency	Days
ARA-C	1.5 g/m <sup>2</sup> /dose -Age less than 1 year/wt <10 kg- 50 mg/kg/dose	IV over 4 hours	12 hourly	1,3,5

TIT dose	<1 year	1-2 year	2-3 year>	>3year
MTX	6	8	10	12
Hydrocortisone	6	8	10	12
ARA-C	12	16	20	24



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

MCB DAYCARE SHORT ADMISSION

DISCHARGE SUMMARY

Name	Arjun	Gender	M
Age	6 Years	Unit	III
UHID	105671721	DOA	26.05.2023
Diagnosis	AML	DOD	26.05.2023
Consultant	Dr S.K KABRA/ DR.RACHNA SETH/DR. K.R JAT/ DR.ADITYA GUPTA/DR. J.P. MEENA		

**Procedure and monitoring note:**

Child was admitted for bone marrow aspiration ,flow cytometry, cytogenetics ,molecular studies and NGS. Samples were sent for BMA , flow cytometry, cytogenetics ,molecular studies and NGS. Procedure was done under aseptic conditions. Child remained hemodynamically stable throughout the hospital stay.

**Advice on discharge:**

1. Plenty of oral fluids
2. Follow up in POPD on Wednesday/Saturday as per appointment
3. Collect reports from IRCH Room no. 8 / Teaching Block Room No . 1056
4. Remove dressing after 2 days

Senior resident  
Dr Pramod / Dr Uma Tenu

Junior resident  
Dr Dilip/ Dr Chiranjeev





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

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

LH0707230757 105671721



AR JUNAR JUN

www.iiim.ac.in  
UHID: 105671721  
Dept No: 20210030013900

Room/Room

OPR-6

क/Unit

भाग/Dept.

नाम/Name

अर्जुन अर्जुन  
ARJUN  
TY 4M 22D / M (पुरुष)  
Rt: AYR AMAL PS  
Add: FAZABAD, UTTAR PRADESH, INDIA

7  
OPR-6  
Paediatric  
Queue No: 15  
20/05/2023

Regn. No.

पता/Address

Mob: 8081002188 Follow Up... General 15 Reporting: 10:00 AM-11:00 AM

रिपोर्ट/Report

AML relapse

दिनांक/Date

उपचार/Treatment

20/5/23

8.5  $\left\{ \begin{array}{l} 5270 \\ 563 \end{array} \right\} \left\{ \begin{array}{l} 48,000 \end{array} \right.$

Adv:

Bone marrow aspirate, flow, cytogenetic  
molecular, extra sample, AGS  
(Ms. Harshita)

dated 24/5/23.

8am empty  
stomach

T. Allopurinol 1 —  $\frac{1}{2}$  —  $\frac{1}{2}$

T. Septran-DS 1 tab A/D.

T. Voriconazole 200mg. 1 — 0 — 1

Echocardiogram (CWI Centre)

Viel markers, CBC on 23/5/23.



CLEAN AND GREEN AIIMS / एम्स का 5ी 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)

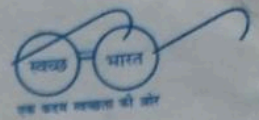


मेरा अस्पताल  
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meraaspatal.nhp.gov.in





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

शरीरमांस खलु धम

रोगी विभाग  
UHID: 105671721  
Dept No: 20210030013900

Ward/Room

OPD

एकक/Unit  
विभाग/Dept

अर्जुन अर्जुन  
ARJUN  
TY BM 100 / (M/पुरष)  
SIDLAHA AMALPE  
Add: FAZABAD, UTTAR PRADESH, INDIA

C-209  
Queue No: F10  
08/07/2023

रुप रति  
Wed Sat (रुप रति)



Mob: 8081002148 Follow Up General: F0 Reporting: 8:00 AM, 9:00 AM

LH2807231099



ARJUNARJUN

MBL-080723099 105671721



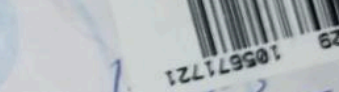
MY-GL-080723017 105671721



RPB-080723012 105671721



MY-GL-280723019 105671721



RPB-280723329 105671721

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

20.18

In copy

Aditya Gupta

रोगी विभाग  
UHID: 105671721  
Dept No: 20210030013900

Ward/Room

C-209  
Queue No: F12

12/07/2023

रुप रति  
Wed Sat (रुप रति)



Mob: 8081002148 Follow Up... General: F0 Reporting: 8:00 AM, 9:00 AM

Monday - 1  
PCL

34

19.05

OPC  
LPC/PPC

2pm

Allow to stay in  
Dharmshala

Dr. SHIVAM BANSAI  
Senior Resident  
Pediatric Oncology  
AIIMS, New Delhi



प्रधानमंत्री जन आरोग्य योजना  
(pmjay.gov.in)

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)

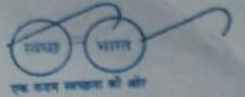


मेरा अस्पताल  
My Hospital  
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# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department



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

सरीरवाहक बहु धर्मसाध

एकक / Unit  
विभाग / Dept.

राज्य चिकित्सा विभाग  
UHID: 105671721  
Dept No: 20210030013800  
Clinic No: 2021/POC/297

कक्षा / Room

OPR-6

C-210

कृत सं० / O.P.D. Regn. No.

पता / Address

ना  
अर्जुन अर्जुन  
ARJUN  
7Y BM 26D / मपुरम  
SOLAMM AMAJUN  
Add: FAIZABAD UTTAR PRADESH, INDIA

Queue No. F18  
24/07/2023



MOB: 8081002186 Follow Up... General F0 Reporting: 1:30 PM

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

29

20/7

Flu. On. 26/7/23. E-CBE.

Blood culture.

Groebacterium.

Del  
m, P.O.

MY-GL-240723054 105671721

MBL-240723140 105671721

LH2407231772 105671721



ARJUNARJUN

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)



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My Hospital  
merzaspatal.nhp.gov



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

UHID: 105671721 Sex: Male  
Patient Name: Mr ARJUN ARJUN Sample Received Date: 28-Jul-2023 16:08 PM  
Age: 7Y 7m Department: Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date: 28-Jul-2023 16:08 PM Sample Collection Date: 28-Jul-2023 12:02 PM  
Recommended By: Dr. S. K. KABRA Lab Reference No: 2312721027

Sample Details : LH2807231099

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	6.90	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	20.40	%	35 - 45
RBC count (Impedance)	2.17	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	2.96	$10^3/\mu\text{L}$	5.0 - 13.0
Platelet count (Impedance)	15.00	$10^3/\mu\text{L}$	170 - 450
MCV (Calculated)	94.00	fL	77 - 95
MCH (Calculated)	31.80	pg	25 - 33
MCHC (Calculated)	33.80	g/dL	31 - 37
RDW-CV (Calculated)	14.90	%	11.6 - 14
Neutro (Fluo. flow cytometry)	---	%	23-53%
Lympho (Fluo. flow cytometry)	---	%	23-53%
Eosino (Fluo. flow cytometry)	---	%	1-4%
Mono (Fluo. flow cytometry)	---	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	----	%	0-1%
Neutro - Abs (Calculated)	---	$10^3/\mu\text{L}$	2.0-8.0
Lympho- Abs (Calculated)	---	$10^3/\mu\text{L}$	1.0-5.0
Eosino - Abs (Calculated)	---	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	---	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	---	$10^3/\mu\text{L}$	0.02 - 0.1

Remarks: K/C/O-Acute myeloid Leukemia(F-2121/23),Examined ps show-52% Blasts.,kindly correlate clinically.

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

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr Arvindra Rahul  
29-Jul-2023 12:54

25-Jul-2023 13:41:10 824.9283

This is a computer generated report signature not required

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

Dr Rani-





Central R.I.A Facility (C.R.I.A), Room No-5010  
DEPARTMENT OF REPRODUCTIVE BIOLOGY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (NEW DELHI)

UHID: 105671721 Sex: Male  
Patient Name: Mr ARJUN ARJUN Sample Received Date: 28/07/2023 12:19 PM  
Age: 7 years 6 months 30 days Department: Paediatrics  
Unit Name: Unit-III Unit Incharge: Dr. S. K. KABRA  
Lab Name: Reproductive Biology Lab Sub Centre: Reproductive Biology (Main Building 2nd floor Room No.2090)  
Reg Date: 10/11/2021 09:21 AM Sample Collection Date: 28/07/2023 12:19 PM  
Report Generated Date: 28/07/2023 04:40 pm Dept / IRCH No: 20210030013800  
Recommended By: Lab Reference No: 101

Sample Details : RPB-280723329

Report

Test Name	Result	Comment	Normal Range
Procalcitonin (PCT)	0.09 ng/ml		• 0 - 0.07 ng/ml

Over All Comment :

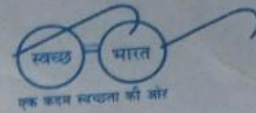
Authorised Signatory  
Dr.Surabhi Gupta

Verified By  
marymathew





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

बाल विकिरण विभाग  
UHID: 105671721  
Dept No: 20210030013800  
Clinic No: 2021POC/297

OPR-6

एकक / Unit  
विभाग / Dept.

नाम

अर्जुन अर्जुन  
ARJUN  
TY 7M 2D / मयूर  
SOLAXM ANAJUN  
Add: FAIZABAD, UTTAR PRADESH, INDIA

C-210  
Unit-1  
POC  
Queue No: F12  
31/07/2023

त सं० / O.P.D. Regn. No.

पता / Address

Mob: 8081002188 Follow Up... General FO Reporting: 1:30 PM

निदान / Diagnosis

Re-AML

दिनांक / Date

उपचार / Treatment

19-8/23

Azibuli

No go bleeding from any site

No go cough / cough

1/52 52-1. Blast

BCT = 0.09

Blood count (S)

SGM = 0.327

CXR - @ Paracardiac  
infiltration

- on Ofloxacin  
+ Acyclovir

adv  
- M/V POPD on 2/8/23  
CBC / UA / PFT

⊕ voriconazole & septtran

शरीरभाद्यं खलु धर्मसाधनम्



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)



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प्रधानमंत्री जन आरोग्य योजना  
(pmjay.gov.in)





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

UHID: 105671721 Sex: Male  
Patient Name: Mr ARJUN ARJUN Sample Received Date: 07-Jul-2023 12:32 PM  
Age: 7Y 6m Department: DEPT. OF EMERGENCY MEDICINE  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date: 07-Jul-2023 12:32 PM Sample Collection Date: 07-Jul-2023 10:24 AM  
Recommended By: Dr. Praveen Aggarwal Lab Reference No: 2312628298

Sample Details : LH0707230757

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	7.00	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	22.40	%	35 - 45
RBC count (Impedance)	2.22	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	25.99	$10^3/\mu\text{l}$	5.0 - 13.0
Platelet count (Impedance)	30.00	$10^3/\mu\text{L}$	170 - 450
MCV (Calculated)	100.90	fL	77 - 95
MCH (Calculated)	31.50	pg	25 - 33
MCHC (Calculated)	31.30	g/dL	31 - 37
RDW-CV (Calculated)	22.30	%	11.6 - 14
Neutro (Fluo. flow cytometry)	---	%	23-53%
Lympho (Fluo. flow cytometry)	---	%	23-53%
Eosino (Fluo. flow cytometry)	---	%	1-4%
Mono (Fluo. flow cytometry)	---	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	---	%	0-1%
Neutro - Abs (Calculated)	---	$10^3/\mu\text{l}$	2.0-8.0
Lympho- Abs (Calculated)	---	$10^3/\mu\text{l}$	1.0-5.0
Eosino - Abs (Calculated)	---	$10^3/\mu\text{l}$	0.1 - 1.0
Mono - Abs (Calculated)	---	$10^3/\mu\text{l}$	0.2 - 1.0
Baso - Abs (Calculated)	---	$10^3/\mu\text{l}$	0.02 - 0.1

Remarks: RBC- Normocytic Normocytic. Platelet: as given, Thrombocytopenia seen., WBC- Leukocytosis seen. DLC: Blast- 65% .Myelo-2% ,Meta-3% , N-5% , L-20% ,M5%, Impression: Acute leukemia. Adv: 1) Immunophenotyping 2) Bone marrow study 3) Molecular studies. Advise: Kindly correlate clinically.



**अखिल भारतीय आयुर्विज्ञान संस्थान**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
 अंसारी नगर, नई दिल्ली-११००२६  
 ANSARI NAGAR, NEW DELHI-110029

**TRANSFUSION CHART**

नाम : Arjun. आयु 7yrs लिंग M यू.एच.आई.डी.सं. 105671721  
 NAME : Arjun. AGE : 7yrs SEX: M UHID No. : 105671721  
 WARD : P00PN BED NO. : \_\_\_\_\_ DIAGNOSIS : AML  
 PATIENT'S BLOOD GROUP : \_\_\_\_\_ UNIT CHIEF : \_\_\_\_\_

Date	Starting time	Bag No.	C O M P O N E N T S							Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
			WB	RBC	PLT	FFP	PLSM	CRYO								
<u>22/7/23</u>	<u>5:40pm</u>	<u>B-25599</u>							<u>'A'</u>	<u>Neg.</u>						
		<u>B-25616</u>							<u>'A'</u>	<u>+++</u>						

- W.B. = WHOLE BLOOD
- R.B.C. = RED BLOOD CELL
- P.L.T. = PLATELET
- PLAM = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY. = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE \_\_\_\_\_

DETAILS OF BLOOD REACTION, IF ANY	
ACTION TAKEN	
CAUSE OF BLOOD REACTION	
OUTCOME	





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

UHID: 105671721 Sex : Male  
Patient Name : Mr ARJUN ARJUN Sample Received Date : 24-Jul-2023 18:53 PM  
Age : 7Y 6m Department : Paediatrics  
Lab Name : Dept of Laboratory Medicine Lab Sub Centre : Smart Lab New OPD Block  
Reg Date : 24-Jul-2023 18:53 PM Sample Collection Date : 24-Jul-2023 16:20 PM  
Recommended By: Lab Reference No: 2312700829

Sample Details : LH2407231772

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SI.S-photometry)	8.30	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	24.20	%	35 - 45
RBC count (Impedance)	2.60	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	2.43	$10^3/\mu\text{l}$	5.0 - 13.0
Platelet count (Impedance)	20.00	$10^3/\mu\text{L}$	170 - 450
MCV (Calculated)	93.10	fL	77 - 95
MCH (Calculated)	31.90	pg	25 - 33
MCHC (Calculated)	34.30	g/dL	31 - 37
RDW-CV (Calculated)	15.80	%	11.6 - 14
Neutro (Fluo. flow cytometry)	—	%	23-53%
Lympho (Fluo. flow cytometry)	—	%	23-53%
Eosino (Fluo. flow cytometry)	—	%	1-4%
Mono (Fluo. flow cytometry)	—	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	---	%	0-1%
Neutro - Abs (Calculated)	—	$10^3/\mu\text{l}$	2.0-8.0
Lympho- Abs (Calculated)	—	$10^3/\mu\text{l}$	1.0-5.0
Eosino - Abs (Calculated)	---	$10^3/\mu\text{l}$	0.1 - 1.0
Mono - Abs (Calculated)	—	$10^3/\mu\text{l}$	0.2 - 1.0
Baso - Abs (Calculated)	---	$10^3/\mu\text{l}$	0.02 - 0.1

Remarks: RBC- Normocytic Normocytic. polychromatophil cells+. Platelet: as given, Thrombocytopenia seen..WBC- Leukopenia seen.DLC: Blast- 88% L-8% ,M4 % ,Impression: Acute leukemia ,Adv: 1) Immunophenotyping 2) Bone marrow study 3)Molecular studies,Advise: Kindly correlate clinically.

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

Dr. Sudip Kumar Datta  
(Biochem.stry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr Arvindra Rahul  
25-Jul-2023 12:27

13  
ntion: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be led strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage 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  
Department of Microbiology



MAC-3267

UHID: 105671721 Reg Date : 10/11/2021 09:21 AM  
Patient Name : Mr ARJUN ARJUN  
Sex : Male Age : 7 years 6 months 24 days  
Department : Paediatrics Unit Name : Unit-I  
Unit Incharge : Dr. Praveen Aggarwal Sample Collection Date: 22/07/2023 12:47 PM  
Lab Name: Microbiology Lab Sub Centre: Blood Culture (Microbiology Room No. 2071)  
Sample Received Date: 22/07/2023 09:34 PM Report Generated Date: 25/07/2023 12:13 PM  
Dept / IRCH No: 20210030013800 Recommended By: Dr. Dilip SR Paeds  
Lab Reference No: 19540  
Ward Name: DAY CARE PEDS MCH GF /2

Sample Details : MBL-220723106 (Blood)

TEST NAME : BLOOD FOR CULTURE

TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE

Culture Result Sterile  
{Conventional  
Method}:

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated.  
Partial reproduction of the report is not permitted.

Authorized Signatory



**विकिरण नैदानिक विभाग**  
 अ० बा० आ० सं०, नई दिल्ली-११००२६  
**DEPARTMENT OF RADIODIAGNOSIS**  
**A.I.I.M.S., NEW DELHI - 110029**

**PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM**

Name :

Ref. Dept./Unit :

Date :

UHID No. :

LMP :

विकिरण विभाग  
 UHID: 106871121  
 Dept No: 202 10200/802

C-205  
 205  
 205  
 205

अर्पण अर्पण  
 ARJUN  
 IV 20 / 20 / 20  
 SOLAN WALIA  
 A-1 PAZABAD UTTAR PRADESH INDIA

20/7/23  
 20/7/23  
 20/7/23  
 20/7/23

Web Site: [www.aism.ac.in](#)

Mob: 8861002188 Patient ID: 041879 PC Reporting 20/7/23

*CXR*

**Clinical / Working Diagnosis :**

Blood Urea / S. Creatinine :  
 Any h / o allergy or asthma :  
 (for IVU patients only) :

*Aditya - Singh*

Signature of Referring Physician / Date :

**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 *28/7/23*

*Aditya*

Your appointment is on : *10:42*

Room No. : *158*

Time Slot : 8:30    9:00    9:30    10:00    10:30    11:00    11:30    12:00    12:30

X- Ray No. : \_\_\_\_\_ Size / No. of Films \_\_\_\_\_

Date : \_\_\_\_\_ Kvp/mAS: \_\_\_\_\_

Sign. of Radiographer :

P.T.O.







आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)



UHID No:105671721

आपातकालीन नं.(Emergency No): 2023/030/0070919

दिनांक DATE: 02/08/2023

समय TIME: 04:21:21 AM

NON-MLC

नाम NAME: MR ARJUN ARJUN

आयु AGE : 7 years 7 months 4 days

लिंग /SEX : M

S/O : LAXMI AMAUNI

पता ADDRESS:

मकान संख्या H.NO: FAIZABAD  
 शहर/प्रखंड CITY/BLOCK:  
 राज्य STATE: UTTAR PRADESH  
 मोबाइल MOBILE NO: 8081002188

गली / मुहल्ला STREET/MOH:  
 पिन PIN: 8081002188  
 दूरभाष सं. PHONE NO:  
 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : MOTHER

Criticality: Red Yellow Green

Triage: Responsive/ Unresponsive  
 HR /min  
 BP  
 Shifted to Paeds/ Main/ New Emergency

↓ Paeds ~~Relapse~~ Due to  
 10 AM Relapse / t(872) / 12 AF,  
 HR 140 /min RR 23 /min SpO2 99%

Presenting Complaints

ARA (39/m/day)  
 16/7/23

now ⊕ to fever x 1 day.  
 cough cold x 1 day.  
 No vomiting loose stool  
 No R/O pain abdomen

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable (Yes/No) If No.....	HR 140/min	GCS 15/15
Breathing: RR 24/min	CFT 23 secs	Pupil size...../min
Efforts: Normal/Poor/increased	BP 113/78 mmHg	Pupillary Reactions.....
Auscultation:	Peripheral pulse: Poor/Good	Motor activity:
Air entry:	Central pulse: Poor/Good	Normal & Symmetrical/Asymmetrical/Posturing/Flacidity/Seizure
Normal/poor/Differential	Skin temp: Warm/cool	Blood Sugar.....mg/dl
Added sounds:	Others	Exposure:
None/Stridor/Wheeze/Crackles		Temp.....
SpO2 on Room air 99		Colour: Normal/pallor/cyanosis/mottled
		Any other skin lesions.....

Diagnosis

Fever

we can't  
 - CBC, DB4  
 - CRP

- do 42 Blood cl2 report

wt = 18.9 kg Imp clo sur relapse & fever  
 R/O 1 FN

R → review & report

→ Rds one & R to review

→ R as chertel



q/s/B Peds Onco SR

qo AML Late Relapse / Recovered from FN  
Recvd Antibiatics 17/7 - 26/7  
(Had herpetic lesion)

Temp of ~~P~~ since yesterday - 103°F

~~Temp~~ Running nose

No cough / fast breathing / loose stools / vomiting / abd. pain

No oral ulcers / skin rash / perianal lesion.

o/e - Vitals - Stable, Pallor (+)

Chest - Clear

P/A - Soft no HSM

No oral ulcers

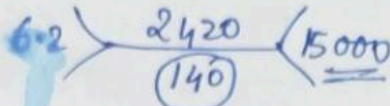
24/7 Blood c/s - Sterile

28/7 PCT = 0.09 ng/mL

S.GM - 24/7 = 0.327

28/7 = 1.564

Temp -> FN / ? Invasive Aspergillosis



Adv

Cont Zosyn & Amikacin, oral Voriconazole & Septan

~~Get CECT Chest + PNS~~ Get CECT Chest + PNS imo suspected Aspergillosis (GM +)

PRBC & RDP transfusion

CXR

Peds Onco SR shall review

U: 30pm

Temp (+) - 101°F in afternoon

RDP -> No transfusion done by attendants BB referring to give RDP

Cough (-)

OA - good

Adv

1) 2x Zosyn / Amikacin / Voriconazole / Septan

2) 2x Amikacin

3) 2x Teicoplanin 190mg qv 60x2d  
1x 60mg qv OD

- 2x P. um 200mg qv 60x5

- to discuss CECT chest -> confirm Noun

- to be on ambulatory basis

- (Lact. T. pem (5amp)) 1/2 tab 60x5 (3/3/2)

- to be in MCB DC + FN SR on 3/3/2



**PAEDIATRIC EMERGENCY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI-110029**

PATIENT'S NAME : Arjun

AGE/SEX : 18.91/ey

UHID :

ED NO.

DIAGNOSIS AME relapse

**TREATMENT CHART**

DOCTOR'S NAME TIME	MEDICATIONS (DOSE, ROUTE AND FREQUENCY)	DOSE (mg/kg/)	DATE: <u>2/8/23</u>		DATE: <u>3/8/23</u>	
			TIME	NURSING OFFICER'S NAME	TIME	NURSING OFFICER'S NAME
	<u>Tab parv</u> <u>(750/100P)</u> <u>180mg iv</u> <u>TDS</u>		<u>7:30 AM</u>	<u>@ 24</u>	<u>7 AM</u>	<u>h</u>
	<u>Tab Pip Jar 2</u> <u>1.8g/m</u> <u>iv TDS</u> <u>in 10ml NS over 30min</u>		<u>7:30 AM</u>	<u>@ 24</u>	<u>7 AM</u>	<u>h</u>
	<u>Tab Amikacin</u> <u>280mg iv</u> <u>in 20ml NS over</u> <u>1hr q 24hrly</u>		<u>7:30 AM</u>	<u>@ 24</u>		
<u>Arje</u>	<u>Tab Ticloplatin 190mg</u> <u>iv q 12hrly for 3 doses</u> <u>followed by</u> <u>Ticloplatin 190mg q 24hrly.</u> <u>To transfuse 190 mL PRBC</u> <u>To transfuse 10 RDP</u>				<u>5 PM</u>	<u>h</u>
					<u>over 4 hours</u>	<u>in midway last</u> <u>190mg</u>

Please Inform to Nursing Officers after writing each new medication.



22/7/23

AML Late relapse / U2AF1 mut<sup>n</sup> (+)

t(8:21) HiDAC reind<sup>n</sup> - last dose on 16/7/23  
(interrupted due to FN)

FN = Rt. foot swelling - Stab put by Dtko team

D6 Karyn + Oral voriconazole.  
D6 Teicoplanin

Fever persisting - 101°F - 2-3 spikes/day

along = cough - dry in nature = mild coryza

No fast breathing, no bleeding manif<sup>n</sup>

Countip<sup>n</sup> (+)

21/7

8.2 → 1750 → 10,000

o/e - Vitals - Stable

Chest - Clear

? Nasal polyp (+)

No oral ulcers/skin rash

Has grouped small vesicular sores over  
mucocut. junct<sup>n</sup> of upper lip  
? Herpetic lesion.

Peds Casualty →

CBC, Blood c/s

Trunk smear from lip

RDP transfusion

Add D<sub>1</sub>: Aciclovir 200 mg iv TDS

Upgrade to D<sub>1</sub>: Meropenem 800 mg iv TDS

Cont D<sub>1</sub>: Teico / oral voriconazole

Plan Ceft Chest + PNS

ENT review for nasal polyp.

Peds Onco SR shall review

to keep chemo w/H

*[Signature]*

Peds III OPD  
26/7/23



Dietary counselling done to improve appetite  
Dietary Review on 26/07/2023  
JFK  
22/07/2023

To,

CMO Paeds casualty

Kindly transfuse 2 @ RDP, last platelet count < 10,000 /cmm.  
Surgical Stott's Blood Bank closed today.

Thanks.

Shreyas

24/7/23

cto.

AML relapse. / t(8,21) / U<sub>2</sub> AF1 meth. ⊕.

↓.

HR as per ELM.

post. 3 doses of Hi'DAC  
(last on 16/7/23).

Developed FN on 18th.

- Piptaz/Telco. x 5 days flb. Mero. Day 3.
  - Oral voriconazole Day 3. Tercio Day 7. Aeydover Day 3.
- Afebrile for 24 hrs.

Plan

- cont Ty. Mero/Tercio/Aeydover/voriconazole
  - RPT CBC tomorrow & RIW in OPD.
- on. 26/7/23 <sup>21</sup> CBE, Blood culture, Galactonam <sub>65</sub>



Diet Note

Ht :- 122cm  
 Wt :- 20kg.  
 MUA :- 14.5m  
 BMI :- 13.4kg/m<sup>2</sup>  
 (Mild Thinness)

Current :- 800 kcal and 25gP  
 Recommended Intake :- 1560 kcal and 50gP

Advise - Pentasme 2.0 1/comp  
 in 150 ml milk DD.  
 4 he 3tp/day.

26/07/2023

Afebrile x 2days  
 8.3/2.43/20.

Blast = 88% ? → could be regenerating

B<sub>L</sub><sup>C</sup> sterile.

father Es1 hemifacial

No fever.

O/E stable.

*[Signature]*  
 26/07/23

① Ortho review  
 ↳ if stable needed

② Rev c in

if negative x CBL. fine

Can restart chemo

- Galactomaman
- PCT
- CXR.
- CBC & DLC.

- sys Acyclovir (400/5) 3ml PO TDS x 7d
- ~~sys~~ Ofloxacin (200mg/5ml) 5ml BD. x 7d.
- Tab Voriconazole (200) 1 tab BD.
- Tab Sephan to continue
- Rev c in on Saturday Monday

POC 31/7/23





DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Room No. 92, Ground Floor, Teaching Block, Near Academic Section

Ansari Nagar, New Delhi-110 029, India

Tel : (+91-11) 2659 4638, 2659 4446 Email : deptofimmunology2015@gmail.com

REQUISITION FORM HEMATOPOIETIC STEM CELL TRANSPLANTATION

Recipient Information

Name : ARJUN
S/o, W/o, D/o RAM
Age / Sex 7y / M Ethnicity INDIAN
Date & Place of Birth 29/12/2015
Address
Phone 808100288
E-mail

Referring Hospital

UHID No. 105671721
Hospital AIIMS
Unit / Ward B.L.S.S
Physician Dr. Arun Gupta
Phone 9890350002
Email

BMT-

Patient Arjun
Sibling 1 Ashu
2 Ashu
3
Mother Lakshmi
Father Ram Lalhaage

Clinical Details

Date of Diagnosis Clinical Remission Yes No Date History of relapse Yes No Date
Details of previous chemotherapy 2ADE + 2HiDAE
Is patient on special protocols? (Steroids or Immunosuppression etc)

History of Blood Transfusions

Blood Group Number of units given so far Date last Transfused
TLC Counts HIV Pos Neg Hbs Ag Pos Neg
Other relevant information

Original Disease

- AML, ALL, CML, Multiple Myeloma, MDS, Thalassemia, Aplastic Anemia, Others

Immunogenetics Tests Requested (see note below)

Low Resolution

HLA-Class I (ABC) HLA-Class II (DR/DQ/DP)

High Resolution

HLA-Class I (ABC) HLA-Class II (DR/DQ/DP)

Anti HLA - Antibody (see note below)

Panel Reactive Antibody (PRA) Sreening Donor Specific Antibody (DSA)

Note

- Samples will be accepted/collected ONLY with completely filled requisition form.
Treating physician signature is mandatory.
Family information should be provided overleaf
Specimen requirement : (a) HLA Testing- 4ml EDTA blood, (b) Antibody testing-2ml plain blood
Testing Details : Samples collected on Monday, with prior appointment only.



Signature of Dr. Arun SETH, Professor, Department of Transplant Immunology & Immunogenetics, AIIMS, New Delhi

CONSULTANT'S SIGNATURE & SEAL
Date:



DEPARTMENT OF PEDIATRICS  
 DIVISION OF PEDIATRIC ONCOLOGY  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCE, NEW DELHI -29

ESTIMATE CERTIFICATE

Ref.No.....

Date 19/07/2022

TO WHOM SO EVER IT MAY CONCERN

This is Certify that Shri / Kum. ARJUN Aged 7 YEAR Sex M  
 UHID 105671721 S/O/D/O RAM is getting treatment in Division of Oncology at  
 Department of Pediatrics AIIMS for diagnosis Relapsed AML

It is proposed to treat the patient with Chemotherapy/ Bone Marrow Transplantation/ Surgery/ Radiotherapy/  
 Others.

The approximate cost of the total treatment is ₹ Fifteen lakh only/-

The approximate breakdown is given under the subheadings listed below. The cost under one subheading may  
 exceed the projected estimate and excess would then be met from the other subheadings.

- |                                       |             |                       |
|---------------------------------------|-------------|-----------------------|
| 1. Chemotherapy                       | 3,00,000/-  | } Not for crowd funds |
| 2. Antibiotics / Antifungal           | 2,00,000/-  |                       |
| 3. Blood Component Kits and Tests     | 2,00,000/-  |                       |
| 4. Investigations                     | 2,00,000/-  |                       |
| 5. Room Charges                       | 2,00,000/-  |                       |
| 6. Post Transplant Immune Suppression | 3,00,000/-  |                       |
| 7. Miscellaneous Charges              | 2,00,000/-  |                       |
| 8. Total                              | 15,00,000/- |                       |

Note :- This certificate is issued to avail financial assistance only. The Cheque/ Demand Draft may be issued  
 in favour of:

- AIIMS RAN & HMDG A/C 40207561985
  - AIIMS PATIENT TREATMENT A/C 10874588593
  - AIIMS P.M. PATIENT A/C 37671405137
  - AIIMS DELHI AROGYA KOSH A/C 33477690609
- For Account Transaction Please Contact : 94746, 011-26546084

(Name & Signature of Consultant)  
Aditya Gupta  
 डॉ. आदित्य कुमार गुप्ता/Dr. Aditya Kumar Gupta  
 सह आचार्य/Associate Professor  
 बालरोग अकोलाजी/Pediatric Oncology  
 बालरोग चिकित्सा विभाग/Department of Pediatrics  
 अ.मा.आ.स., नई दिल्ली/A.I.I.M.S., New Delhi-110029

(Counter Signature of HOD)  
[Signature]

25/7/22  
 डॉ. अरविंद बग्गा  
 Dr. Arvind Bagga  
 आचार्य एवं विभागाध्यक्ष /Professor & Head  
 बालरोग चिकित्सा विभाग/Department of Pediatrics  
 अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-29  
 All India Institute of Medical Sciences, New Delhi



8081002188

CK-57688

8081002188

Laxmi

General Form of Antibiotics for Ambulatory Patients

2-161/A, National Centre, Sector - 3, Block - Indian Oil Building

Telephone: 011-49512467, 011-45512466

Name: Anjan Age: 74y 1m Sex:

1400: 105671721

Diagnosis: Ac-AML

Sex:

WT: 20kg

on 22/7 D/C

18/7  $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
19/7  $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
20/7  $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
21/7  $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
22/7  $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$

Date of referral: 18/7

C. Voriconazole (loading) 3  $\checkmark$  22/7  
1 tab BID meropenem 300mg tid  $\checkmark$

22/7  $\checkmark$   
23/7  $\checkmark$   
24/7  $\checkmark$   
25/7  $\checkmark$   
26/7  $\checkmark$

1  $\checkmark$  Amp Acyclovir 200mg tid  $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$

2  $\checkmark$  T etico 200 mg OD  $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   
 $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$   $\checkmark$

22/7  $\checkmark$   $\checkmark$   $\checkmark$   
23/7  $\checkmark$   $\checkmark$   $\checkmark$   
24/7  $\checkmark$   $\checkmark$   $\checkmark$   
25/7  $\checkmark$   $\checkmark$   $\checkmark$









UNIQUE ID- DL/2019/0240433  
REG NO - 543

# Child Helping Hand

B-28, Maurya complex  
Laxmi Nagar, Delhi - 110092  
Phone Number- 011-40452803  
www.childhelpinghand.org  
info@childhelpinghand.org  
Year : 2022







भारत सरकार  
Government of India



लक्ष्मी  
Laxmi  
जन्म तिथि/DOB: 01/01/1990  
महिला/ FEMALE



2355 1775 5206

मेरा **आधार**, मेरी पहचान

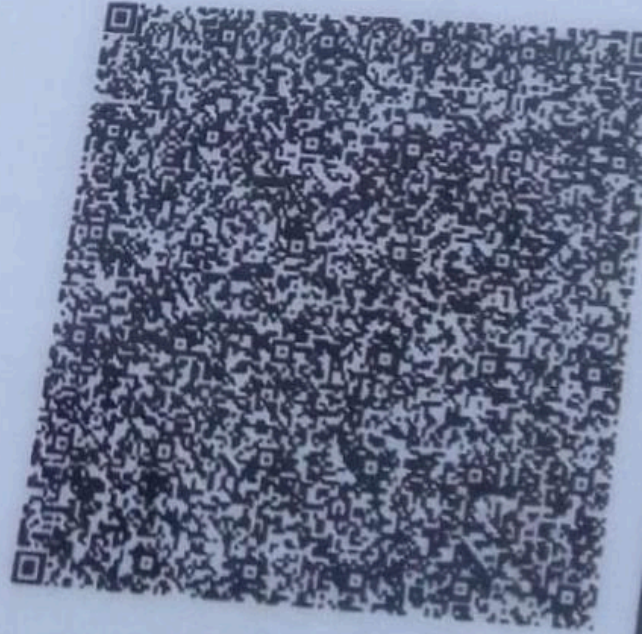




भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

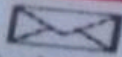
पता:  
अर्धांगिनी: राम सुभागे, अमौनी, फैजाबाद,  
उत्तर प्रदेश - 224161

**Address:**  
W/O: Ram Subhage, Amauni, Faizabad,  
Uttar Pradesh - 224161



2355 1775 5206

1947

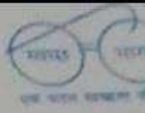






अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
 बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना नैः: SMOKING IS PROHIBITED IN HOSPITAL PREMISES



कक्षा / Room

OPR-6

बारा सिविल विभाग  
 UHID: 105671721  
 Dept No: 20210030019800  
 Clinic No: 2021POC/297

C-210  
 Unit: 1  
 POC  
 Queue No: F21  
 18/09/2023

ब०रो०दि० पंजीकृत सं०/O.P.D. Regn. No.

अर्जुन उर्जुन  
 ARJUN  
 7: 6M 2CD / M, पुरुष  
 S/O: LAXMI AMALINI  
 Age: PALABAD, UTTAR PRADESH, INDIA  
 Mob: 9011003188 Follow Up: General F.O Reporting: 1.30 PM



सं	आयु	पता / Address
IX	Age	

Diagnosis

उपचार / Treatment

दिनांक / Date

20.9.22  
 HB. 7.2  
 PLT 38K  
 WBC 2.94 x 10<sup>3</sup>  
 50%  
 Blast -

N/V ——— 20.9.22



18/9/23

IRCM (paucity)

50% BLASTS (7)

Salvage options

FLAG-IDA

Mitox-based

Requires admission  
is high

TRM on day 10

- To be decided by

parents on future therapy

(to be put in  
custody  
etc)

- N/V

Wednesday

20/9/23

} missed  
appointment

N/V on 21/09/23 in PCBC  
clinic 2pm.

20/9/23

Child requires admission in out-home for 10-15 days (if flag  
was)

Estimated expenditure (3000 x 15 = ₹ 4,5000)  
(Room/day)

is  
required.

Member