

तार का पता- "मेडिनस्ट"
TELEGRAM - "MEDINST"

दूरभाष : २६५८८५००, २६५८८७००, २६५८६६००
Telephones : 26588500, 26588700, 26589900

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अन्सारी नगर, नई दिल्ली-११००२६ (भारत)
ANSARI NAGAR, NEW DELHI - 110029



संदर्भ सं० / Ref. No.....

**ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN**

दिनांक / Date 03/9/2021

This is to certify that Shri/Ms. Bandana Age 2.5 yrs Gender f
S/o, D/o, W/o Ajay Sah is getting treatment under Dr. Radhika Tandon Dept.

Wide registration no. 2019/003/0034182 UHID No. 104851236

is suffering from Retinoblastoma (R) (gpD)

He/She has been advised for Medicine/Surgery/Surgical items/procedure/package and the approximate

Cost of the total treatment is amount to Rs 63,850/-

(in words) Rupees sixty three thousand eight hundred & fifty only

(for 1 cycle)

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

Cost in Rs.

1.	Inj. Omnipaque	₹ 1000
2.	Inj. Nimodipine	₹ 1000
3.	Inj. Melphalan 50mg/10ml	₹ 2500
4.	Inj. Topotecan 2.5mg/2.5ml	₹ 4000
5.	Inj. Carboplatin 150mg/15ml	₹ 1000
6.	Miraj	₹ 12,000
7.	Manathan	₹ 28,000/-
8.	Pmo line -	₹ 200
9.	ECG electrodes -	₹ 20
10.	IV infusion set (B. Braun)	₹ 50

TOTAL COST: Rs. 63,850/-

Note:-

This Estimate certificate is being issued to avail financial assistance for treatment only.

The said estimate certificate is valid and applicable for avail financial assistance from Rastriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State Illness assistance fund, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), MP local area development fund, CM relief fund, and fund from other sources.

This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI

The Cheaque is to be issued in favor of "Director AIIMS, New Delhi".

11. Percutaneous arterial sheath 5F - ₹ 1000

12. Short connecting tube 2 3way - ₹ 50

13. Long connecting tube 2 3way - ₹ 80

14. Medicut/Puncture needle 21G - ₹ 50

15. Exchange guidewire (TERMO) 150cm 0.032 angled - ₹ 1500

16. Double large bore Y connector (MERT) - ₹ 100

डॉ. नुवेत लोमी / Dr. NEWETE LOMI
सहायक आचार्य नेत्रविज्ञान / Asst. Prof. of Ophthalmology
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र
Dr. R.P. Centre for Ophthalmic Sciences
आ.आ.स. नई दिल्ली / All India Institute of Medical Sciences, New Delhi-29

(Name & Signature of Consultant with Stamp)

3/9/2021



शरीरभायं खलु धर्मसाधनम्

एकक/Unit
विभाग/Dept.

नाम/Nam

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

स्मoking is prohibited in hospital premises

New Patient
Dept Reg: 2019/003/0034187

General/W 0

Paediatrics/Paediatric
Unit-III
Name: Miss BANDANA
KUMARI

कक्षा/Room: 4
Days :
Wed, Sat (पूर्, शनि)

माता: अजय कुमारी
D/O AJAY SAH
पिता: अजय साह

LY महिला/F

Ph: 732022303



UHID : 104851236 Date: 21/10/2019



O.P.D. Regn No.

पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
4	Paediatric Queue No: F14 Room 4 UHID 104851236 30-10-2019
10	B/L RB. E (L) aseptic cellulitis. EUA - pending (11/10/19) MRI (outside) B/L RB (L>R) - NO E.O extension Pln - course Omnacortil for cellulitis - Do an MRI in RC soon - CBC, LFT, RFT, viral mark



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)



- Mantoux Room ① ^{Reading on} ~~01/11/19~~ at 10am

- R/A EVA & reports

→ R/W Saturday (2/11/19) Room ⑦ / ⑩ / ⑭
9 am

Thurs Room ⑬ (2:30 pm)
MRI film review

ch
wash
52

8.7.6

① eye homogenous mass (enhancing (inf. quad))

- 10RB multifocal

② eye - Proptosis
contour deformity
Pell sclera bulge
? optic disc env.
ant. O.N. involved.
? preseptal cellulitis

↳ 60RB

2/11/19
CSF DAY
CARE
2PM PET
8am

Dr. Juicy
- CSF / BM data
- CBC / LFT / RFT
- Review Sat (2/11/19) after EVA

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029



अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

यू०एच०आई०डी० संख्या
UHID No. | 104851236

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Bandaru		F	24 yrs	
दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment		
03/05/21	(R) Group D RB (L) Emulsified RB	EUA done by Dr. Jomir Unit 6		
		- No of chemo cycles - (9) - Last chemo date - 19/8/21 - EBR7 ⊕ - IAC ⊖ - Periocular / intravitreal inj ⊕ - Last EUA date 9/4/21		

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

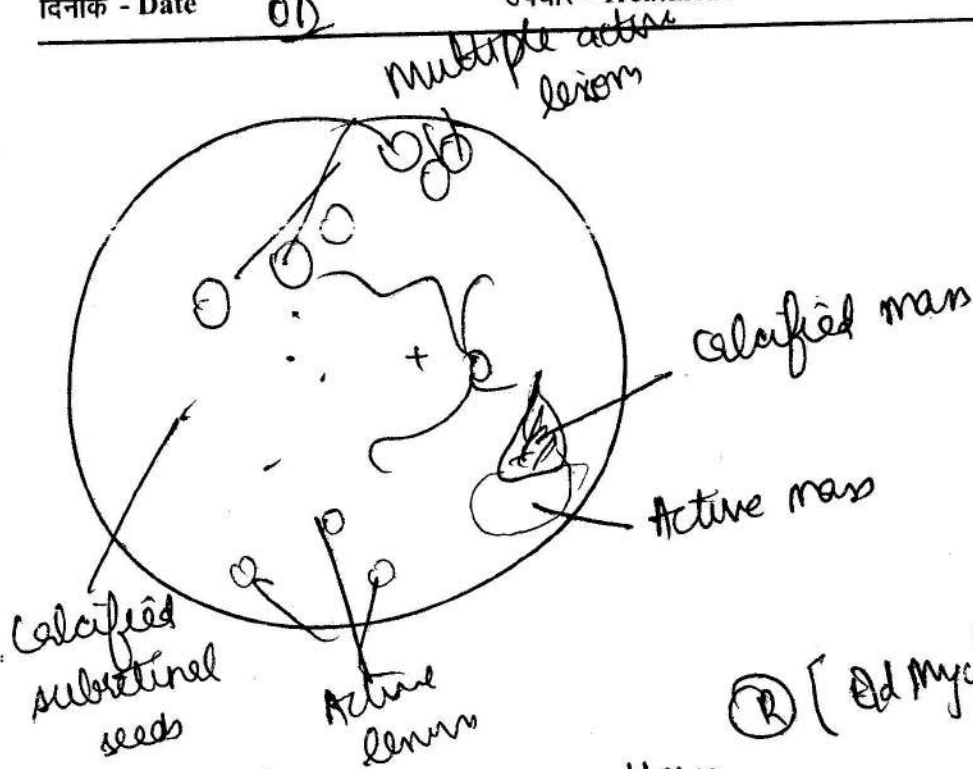
OP in Raliya - 3/1/21

दिनांक - Date

01

उपचार - Treatment

01



(R) [Ad Mycin TX x 5 day

Mixed Regression pattern

of/3 or 10mi

II/10 one eyed status & poor response to systemic chemotherapy as compared to ECA on 9/4/21, to be considered for IAC (triple regimen).

Refd to lister to coordinate for IAC (115)

[Handwritten signature]
Shankar

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है। इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।
Eyes are God's most precious gift to man kind and eye donation is the most noble deed.
Take full care of them so that they can take care of you.

श्री विवेक अजय कुमार साह मेरी बेटी का नाम लन्दना कुमारी साह
जिसका उम्र 7 साल 11 महीने 10 दिन का है।
मेरा पता राजधानीपुर, थाना भद्रवानपुर जिला: सिवान
का रहा है। मैं अत्यंत गरीब हूँ।

मेरी बेटी लन्दना कुमारी साह को ऑपरेशन
करवाना था जिसको इलाज के दौरान उसे निकाल दिया
जाया है। मेरी वार्षिक आय 28,000 है मैं शक्ति शकरी हूँ।
लन्दना को इलाज के दौरान मेरे इंजन लगवाना
है जिसके लिए मुझे वार्षिक व्यय की आवश्यकता
है।

कृपया मेरी मदद करे जिसके लिए मैं

आपका सहायकारी हूँ। CHUD HELPING HAND
N40 की तरह से मुझे IAC में Support मिल
सकें।

Patent is
very poor and
we need IAC
support from you.

डॉ. निवेते लोमी / Dr. NEIWETE LOMI
सहायक आधुनिक / Assistant Professor
डॉ. राजेश प्रसाद नेत्र चिकित्सक
M. P. Centre for Ophthalmic Sciences
आर. पी. सी. नई दिल्ली / A. J. S. New Delhi-28
6/9/2021



DEPARTMENT OF NEUROIMAGIN & INTERVENTOIN NEURO RADIOLOGY
N.S. CENTRE, AIIMS

PATIENT NAME: Bardam UHID: 104851236
OPD/WARD: 2 1/2 / F OPD/CR NO: _____

LIST OF COMMON CONSUMABLES ITEMS TO PROCURE FOR ANGIOGRAPHY/EMBOLIATION

- ✓ Injection Omnipaque 300mg/Iomeron 300mg
- Injection Omniscan 20ml
- ✓ Three way connector (BD)
- ✓ ECG Electrodes
- I.V. Infusion set (B.Braun)
- Normal saline (Polypack) 500ml
- ✓ Short connecting tube with three way
- ✓ Long connecting tube with three way
- ✓ Luer Lock syringes 10ml / 01ml - ①
- Sterile Disposable gloves size 7
- ✓ Medicut 18G/Puncture needle 18G
- Inj. Protamin
- Inj. NTG
- Inj. Nimodipin
- ✓ Exchange Guidewire (TERMO) 150 cm 35 38 Angled
- Neuro Intervention disposable KIT
- Single Y connector (MERIT)
- ✓ Double large bore Y connector (MERIT) ✓
- ✓ Femoral sheath (Arrow) 6F/7F/8F/9F 5F / 7.5cm
- 200 ml luer lock syringe with quick fill tube
- 60" connecting tube with male/female lock
- Inflation Device (Encore)
- Picard 5 F.

-200ml 50ml
2 vials
1 pcs.
6 pcs.
3 sets.
5 nos.
2 nos.
2 nos.
5 nos.
10 nos.
1 nos.
1 nos.
1 amp
1 amp
1 nos.
1 pkt.
2 nos.
1 nos.
1/2 nos.
1 nos.
1 nos.
1 nos.
1 nos.

Bank
9654887585
9953034293

MERIT
-991011963
987158424

Envoy 5F - ① Codman - 8826072222
Monathon - ① EV3 9717700594 / 7290022800
Hybrid - ① Balt - 8470033411
Doughs.



OP In Raviya - 3/1/21

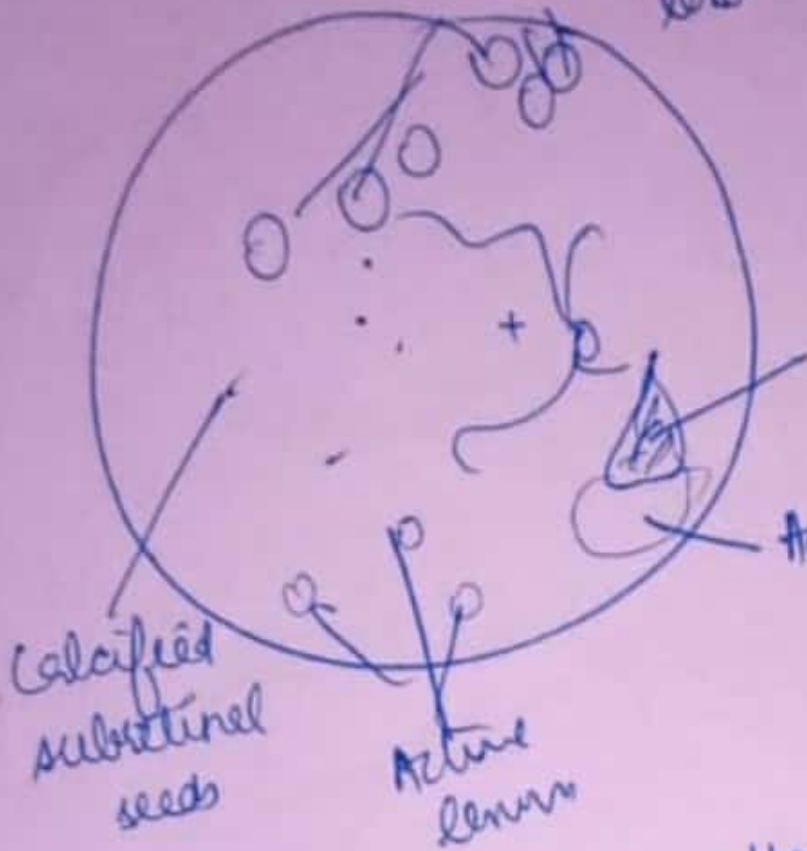
दिनांक - Date

01

उपचार - Treatment

01

Multiple active lesions



Calcified mass

Active mass

Eld moxiap (4) (R)
Eld Tear drops (4) (R)

(R) [~~At Mycin IV~~ x 5 day]

Mixed Regression pattern

of S/B or Lomi

I/V/O one eyed status & poor response to systemic chemotherapy as compared to EUA on 9/4/21 to be considered for IAC (triple regimen) ^{9/4/21} S/B SENR

Provisionally posted for IAC on 22/10/21
Admit on 21/10/21

Refd to sister to coordinate for IAC (114)

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है। इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।
Eyes are God's most precious gift to man kind and eye donation is the most noble deed. Take full care of them so that they can take care of you.

Patient Details

Name : *Bandana*

Age / Gender : *24y / F.*

Father's Name : *Ajay Ash*

Address :

Contact No : *7325022303 / 7632333088*

POC / PCSC No.:

Diagnosis : *B/LRB (R) gp D (L) (ORB)*

Remarks :

HIV Status 1
HBV 0 2

8/10/21

Inj Emeset 2mg IV
Inj Emeset-Dexa 2mg IV / stat

Inj Etoposide 40mg/100ml NS IV over 1hr

Enrolled

Admitted

Inj G-CSF 60µg SC OD till ANC
recovery.

~~5 days~~

mean.

CBC on D₅ → [7339001260]

Department of Pediatrics
Division of Pediatrics Oncology
All India Institute of Medical Sciences, New Delhi

Cover it



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : .. Bandana ..

UHID : .. 104851236 ..

Diagnosis : .. B/LRB: (R) Group DRB (L) Enucleated ..

DEPARTMENT OF NEUROIMAGIN & INTERVENTOIN NEURO RADIOLOGY
N.S. CENTRE, AIIMS

PATIENT NAME: Bandana UHID: 104851236
OPD/WARD: 2 1/2 / F OPD/CR NO: _____

LIST OF COMMON CONSUMABLES ITEMS TO PROCURE FOR ANGIOGRAPHY/EMBOLIATION

- | | | |
|---|----------|------|
| ✓ Injection Omnipaque 300mg/Iomeron 300mg | 200ml | coml |
| ▪ Injection Omniscan 20ml | 2 vials | |
| ✓ Three w2ay connector (BD) | 1 pcs. | |
| ✓ ECG Electrodes | 6 pcs. | |
| ▪ I.V. Infusion set (B.Braun) | 3 sets. | |
| ▪ Normal saline(Polypack) 500ml | 5 nos. | |
| ✓ Short connecting tube with three way | 2 nos. | |
| ✓ Long connecting tube with three way | 2 nos. | |
| ✓ Luer Lock syringes 10ml / 01ml - ① | 5 nos. | |
| ▪ Sterile Disposable gloves size 7 | 10 nos. | |
| ✓ Medicut 18G/Puncture needle 18G | 1 nos. | |
| ▪ Inj. Protamin | 1 nos. | |
| ▪ Inj. NTG | 1 amp | |
| ▪ Inj. Nimodipin | 1 amp | |
| ✓ Exchange Guidewire (TERMO) 150 cm. 35.38 Angled | 1 nos. | |
| ▪ Neuro Intervention disposable KIT | 1 pkt. | |
| ▪ Single Y connector (MERIT) | 2 nos. | |
| ✓ Double large bore Y connector (MERIT) ✓ | 1 nos. | |
| ✓ Femoral sheath (Arrow) 6F/7F/8F/9F 5F/7.5cm | 1/2 nos. | |
| ▪ 200 ml luer lock syringe with quick fill tube | 1 nos. | |
| ▪ 60" connecting tube with male/female lock | 1 nos. | |
| ▪ Inflation Device (Encore) | 1 nos. | |
| ▪ Picard 5 F. | 1 nos. | |

Bank
9854887585
9953034293

MERIT
-9910119636
9871584242

Envy 5F — ① Codman - 8826072222
Monathon — ① EV3 9717700594 / 7290022800
Hybrid — ① Balt - 8470033411
Drugs.



CP En Raliya - 3/1/21

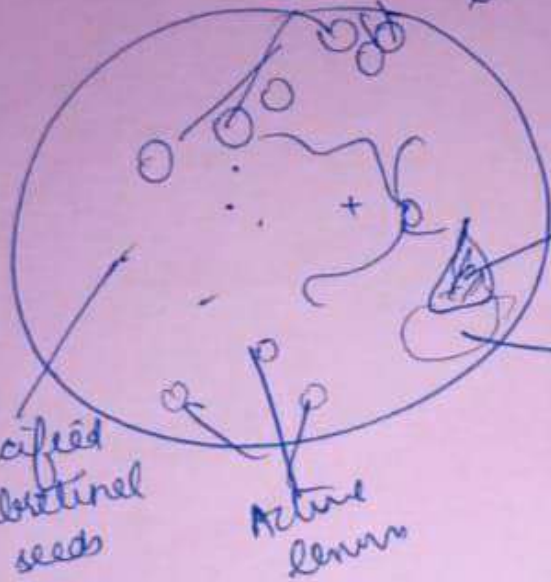
दिनांक - Date

01

उपचार - Treatment

01

Multiple active lesions



Calcified mass

Active mass

Epd monicup (4) (R)
Epd Tear drops (4)

(R) [~~Ad Mycin TX~~ x 5 days]

Mixed Regression pattern

4/5/3 or 4/6/1

I/V/O one eyed status & poor response to systemic chemotherapy as compared to EUA on 9/4/21 to be considered for IAC (triple regimen)

9/9/21
4/5/3 SENR
Provisionally posted for IAC on 22/10/21;
Admit on 21/10/21

Refd to sister Sophie to coordinate for IAC (11/13)

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

Signature

8/10/21
Inj Emscet 2mg IV
Inj Emscet-Dexa 2mg IV / stat
Inj Etoposide 40mg / 100ml NS IV over 1hr

Enrolled

Amara

Inj GCSF 60µg SC QD till ANC
x5 days recovery.

Meant.

CBC on D₅ → [7339001260]

Patient Details

Name : Bandana

Age / Gender : 24y / F.

Father's Name : Ajay Sah

Address :

Contact No : 7325022303 / 7632533088

POC / PCSC No.:

Diagnosis : B/LRB (R) gp D (L) (DRB)

Remarks :

AG.....

HIV Status.....

HBV 0..... 1..... 2.....

IBT.....

Department of Pediatrics
Division of Pediatrics Oncology
All India Institute of Medical Sciences, New Delhi

Cover is



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Bandana.....

UHID : 104851236.....

Diagnosis : B/LRB: (R) group DRB (L) Enucleated
Eo

डा० राजेन्द्र प्रसाद नर विज्ञान कन्द्र
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S.
Ansari Nagar, New Delhi-110029

Section

Consultant *Dr. Radhika Tandon* Sr. Resident *Dr. Kulkarni* Jr. Resident *Dr. Harary*

C.R. No.	O.P.D. No.	Sp. Clinic No.	Ward / Bed No.
----------	------------	----------------	----------------

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

UHID: 104851236 Date: 21/10/2021 02:15:04 PM

CR No.: R-024431-21 Ward Name: 1A Bed No: 123

Name: MR. BANDANA KUMARI Sex: Nationality: Age: 2 Y 11 M 26 D F

Unit In-charge: Dr. Radhika Tandon Unit-VI

ACCOUNTS- RS 21-41047/202122 140

Address: VILL. SULTANPUR THANA- BHAGWANPUR HAT SAGHAR DIST. SIWAN 841417 BIHAR

Name	Sex	Nationality	Occupation
Family Name	Single / Married		Permanent Address

D.O.A. Time	Local Address
D.O.D. Time	
Previous Admission / CR No.	Tele No.
Admission-Routine / Emergency / EHS /	

DIAGNOSIS	Primary	2nd	3rd	Code No.
Right Eye altant 3/60	(RE) Recalcitrant Glaucoma RB			1) 2) 11 cycles CT 3) (last done 6/10/21)
Left Eye Cataract 6/19 @ 50cm	(LE) Enucleated for GORB			1) 2) 3)

Medical / Operation Treatment

Result : Cured / Relieved / Stationary / Failure

Photographs No. *wt-14/19*

X-Ray No. Histopath Report No.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

COVID-19

UHID:104851236	Date: 21/10/2021 02:15:04 PM
CR No.:R-024431-21	Ward Name: 1A Bed No: 123
Name: MR. BANDANA KUMARI	Unit In-charge: Dr Radhika Tandon
Age: 2 Y 11 M 26 D F	Unit-VI
D/O AJAY SAH	ACCOUNTS- RS. 21-41047/202122 140
Address: VILL- SULTANPUR THANA- BHAGWAN PUR HAT SAGHAR DIST- SIWAN 841417 BIHAR	

रोगी का नाम:

PatientName:

आयु:

Age:

UHID No



मैं जानता/जानती हूँ कि

प्रकार के संक्रमण की रोकथाम के लिए प्रत्येक एहतियात रखूँगा/रखूँगी परंतु यदि मुझे अथवा मेरे किसी साथी को इस प्रकार का संक्रमण हो जाता है तो चिकित्सकों तथा अरु पताल रू टा को जिम्मेदार नहीं ठहराऊँगा/ ठहराऊँगी।

I am aware that I may get an infection from the hospital or from a doctor, and I will take every precaution to prevent this from happening, but I will not at all hold the hospital and its staff accountable if such infection occurs to me or my accompanying persons.

यदि अरु पताल में आने के बाद मेरे अथवा मेरे साथी को कोविड 19 संक्रमण हो जाता है तो मैं यथाशीघ्र अरु पताल प्राधिकारियों को सूचित कर दूँगा/दूँगी ताकि मेरे आगमन वाले दिन उपस्थित रू टाफ सदस्यो तथा रोगियो/परिचरों की उचित प्रकार से पता लगाया जा सके और उनका रू यान रखा जा सके।

In case I or my attendant get the COVID 19 infection after the visit to the hospital, I will inform the hospital authorities at the earliest, so that appropriate tracking of the patients/attendants and hospital staff present on the day of my visit can be done.

मैं सूचित करता/करती हूँ कि इस प्रसंग में मेरे द्वारा प्रदान की गई सूचना सत्य एवं सही है। मैं जानते हुए एवं सब कुछ ज्ञात होते हुए, कोविड-19 महामारी के दौरान उपचार को पूरा करने की सहमति प्रदान करता/करती हूँ। यदि मैं अपने तथ्य तथा संबंधित विवरणों को छुपाता/छुपाती हूँ और मेरे जनिबुझकर अथवा अनजाने में किए गए रू यवहार अथवा कार्य के कारण अरु पताल रू टाफ संक्रमित हो जाता/जाते हैं तो न्यायालय में उचित क्षतिपूर्ति हेतु जिम्मेदार माना जाऊँगा/जाऊँगी।

I declare that the information provided in this form is truthful and accurate. I knowingly and willingly consent to the treatment provided during the COVID-19 pandemic. If I hide my facts and relevant details and because of my knowing or unknowing behavior or action the hospital staff gets infected, I may be held responsible for appropriate action and compensation in the court of law.

रोगी की हस्ताक्षर/अंगूठकोनिशान

SIGNATURE/THUMB IMPRESSION OF PATIENT

X-RAY REQUISITION FORM

123 1A

Clinical Dept./Unit (V1) Dept. of Ophthalmology Date of Requisition 21/10/21

UHID No. Ward & Bed No.

(रोगी का नाम / Patient's Name) Chandana आयु / Age 1 1/2 लिंग / Sex F

(साफ अक्षरों में / In Block Letters)

जन्म तिथि / Date of Birth: 10/4/51 236 वजन / Weight कि.ग्रा / Kg.

Examination Required Chest X-Ray PA view

चिकित्सक की जांच रिपोर्ट / Clinical Information :

RB

Signature of Medical Officer

चिकित्सक के हस्ताक्षर
SIGNATURE OF MEDICAL OFFICER

Your appointment is on

Time Slot :	9:00	9:30	10:00	10:30	11:15	11:45	12:15
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X-Ray No. Date..... Size & No. of Films Radiographer's Signature

REPORT/ रिपोर्ट

एक्स-रे चिकित्सक
RADIOLOGIST

FORMAT TO BE FILLED FOR ALL RADIOLOGY REQUISITIONS

Patient Details: Name, Age/ Sex., Unit, UHID, Bed No.

Investigation Required : *xray chest PA view*

Clinical details: *RB*

RFTs (If contrast enhanced):

History of allergy:

Please tick one of the following

Bhandana 1 1/2 yr / R
21/10/21
Unit VI Dept of ophthalmology
104851236
(123) (A)

1. Patient is COVID-19 Positive: In this case, any imaging / intervention will be done in TC
2. Patient is COVID-19 suspect awaiting test result: In this case, any imaging / intervention will be done after the swab results.
3. Patient is not COVID-19 suspect: In this case imaging / intervention will be done

Certified by:

Faculty In-charge Name :

Department: *ophthalmology.*

~~*[Signature]*~~
Signature (SR/ Faculty)

Name *21/10/21*

Date & Time *[Signature]*

12. I also give consent to the disposal by hospital authorities of any tissues of parts which may be removed during the course of operative procedure / treatment.
13. **SPECIAL CONSENT FOR REMOVAL OF AN EYE (ENUCLEATION / EVISCERATION / EXENTERATION) :** I hereby consent to removal of my right/left eye. I have been explained the consequences and fully understand that I will be losing the eye with no possibility of vision in the future.

I CERTIFY THAT THE STATEMENTS MADE IN THE ABOVE CONSENT LETTER HAVE BEEN READ OVER AND EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT AND FURTHER SUBMIT THAT STATEMENTS THEREIN REFERRED TO WERE FILLED IN AND ANY INAPPLICABLE/PARAGRAPHS STRICKEN OFF BEFORE I SIGNED / PUT MY THUMB IMPRESSION.

Date: 21 / 11 / 2021 Signature of Patient/ Thumb Impression: _____ Name & Address of the nearest relative: _____
 Name: _____
 Signature, Name and Address of the witnesses:
 1. Paula 2. _____ Tel. (O) _____ (R) _____
 Fax _____

WHEN PATIENT IS A MINOR OR UNABLE TO AFFIX SIGNATURE DUE TO MENTAL OR PHYSICAL DISABILITY.

1.	Name <u>Benedicta Kum</u>	Signature / Thumb Impression of natural guardian / guardian <u>[Signature]</u>
	Signature _____	Name (in block letters) <u>[Name]</u>
	Address <u>[Address]</u>	Address <u>[Address]</u>
2.	Name _____	Relationship with patient _____
	Signature _____	Tel. (O) _____ (R) <u>7632933088</u>
	Address _____	

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION/TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.

SIGNATURE OF DOCTOR-IN-CHARGE
 NAME _____
 DESIGNATION _____

TE: _____

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
 Dr. Rajendra Prasad Centre for Ophthalmic Sciences
 अ.भा.आ.सं., नई दिल्ली - ११००२९
 A.I.I.M.S., New Delhi-110029
 इलेक्ट्रोकार्डियोग्राम परीक्षा हेतु प्रार्थना
 REQUEST FOR ELECTROCARDIOGRAPHIC EXAMINATION
 आपात / तुरंत / रूटीन
 EMERGENCY/URGENT/ROUTINE

123

दिनांक
 Date 21/10/21
 पूर्व ई.सी.जी.
 Previous ECG
 नाम
 Name of Patient Bhandara
 बेड सं.
 Bed No.
 कार्डिक क्लिनिक सं.
 Cardiac Clinic No.
 संक्षिप्त क्लिनिकल सारांश
 Brief Clinical Summary RB
 (बी.पी. डिजिटल्स)
 (B.P. Digitals)

10 487 236 .
 दिनांक
 Date 21/10/21

पूर्व ई.सी.जी. सं०
 Previous ECG No.
 ई.सी.जी. सं.
 ECG No.
 ओ.पी.डी. सं.
 OPD No.
 वार्ड
 Ward
 उम्र 114 लिंग F
 Age Sex
 परामर्शदाता
 Consultant
 सह. अध्यापक अथवा
 व. रेजिडेंट के हस्ताक्षर
 Signature of Sr. Resident
 or Asstt. Professor

SIGNATURE OF MEDICAL OFFICER

Your appointment is on

Time Slot :	9:00	9:30	10:00	10:30	11:15	11:45	12:15
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X-Ray No. Date..... Size & No. of Films Radiographer's Signature

REPORT/ रिपोर्ट

एक्स-रे चिकित्सक
 RADIOLOGIST



Genomia Diagnostics

Research

the results you can trust

NABL Certificate No: MC-4454
ICMR Registration No: GEDPLDD

Patient Name : **BANDANA KUMARI**
Age/Gender : 3 Years (Female)
SRF ID : 0767001779356
National Identity No : 514920048955

Sample Collected : Oct 20, 2021, 03:02 p.m.
Sample Received : Oct 20, 2021, 03:29 p.m.
Approved Date : Oct 20, 2021, 08:09 p.m.
Sample ID :



2049010

Investigations

Result(s)

SARS CoV-2 Qualitative RT PCR

Specimen Type	Nasopharyngeal & Oropharyngeal
N gene	Not Detected
E gene	Not Detected
RdRp gene	Not Detected
Final Result	Negative
Internal Control	Pass

Interpretation

Result	Remarks
Positive	RNA Specific to SARS CoV-2 Detected
Negative	RNA Specific to SARS CoV-2 Not Detected
Inconclusive	A Repeat Sample is Suggested in Case Of Clinical Suspicion

Clinical Significance:

COVID-19 is caused by a coronavirus, or present with symptoms of fever, cough, and shortness of breath. Severe cases could lead to pneumonia, severe acute respiratory syndrome and sometimes death. One should avoid medical services if a symptomatic patient has been in close contact with a person known to have COVID-19 or live in or have recently traveled from an area with ongoing spread of COVID-19. COVID-19 is considered as a pandemic, but need to be controlled by early diagnosis and following standard and proper precautions to prevent transmission.

LOD: 10 copy

Limitations of the Assay:

One of these negative results does not rule out the possibility of COVID-19 virus infection. A number of factors could lead to a negative result in an infected individual, including poor quality of the specimen, low amount of virus, timing of specimen collection (earliest or very early in the infection), inappropriate sample handling and shipping, inherent technical reasons like virus inactivation or PCR inhibition.

Disclaimer:

- This test is intended for use in conjunction with clinical presentation and other laboratory markers.
- Improper specimen collection, handling, storage and transportation may result in false negative results.

****END OF REPORT****

Dr. ASIF ANAS
Lab Director & Microbiologist



Dr. Ehasanullah Khan
Consultant Molecular Biologist

Scan to Validate



A Molecular Diagnostic Lab

M: +91- 7906006859, +91- 9818678963, +91- 6393821412
G-10, GF, Shaheen Bagh, Okhla, New Delhi-110025 | genomiadiagnostic@gmail.com