



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Cancer Hospital
HOSPITAL

OPR-6

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

IRCH No. 240768

Clinic Paediatric Medical Oncology Clinic

Deptt. MEDICAL ONCOLOGY

General

Name GOVIND KUMAR

नाम

S/O- MR BALRAM SINGH

Phone No. 8447762352

Address VILL SONAMATTI, DISTT MADHUBANI, BE, BIHAR, INDIA

Reg. Date-13/01/2020

Clinic No. 5637/2020



UHID-105011442

Department

IN HOSPITAL PREMISES

त सं/O.P.D. Regn. No.

आयु
Age

जन्म तिथि/Date of Birth

एकक/Unit

विभाग/Dept.

निदान/Diagnosis

AML

दिनांक/Date

उपचार/Treatment

4/3/2020

द # 24

OK

Fv with

Choc on 4/3

[Signature]

8/3/2020

AbT - 10

सूत्रव 15

1.

2.

Inj. G-CSF 100mcg

5/3 on

x 3day

इति

3.

Fv with

Choc

on 11/3

01/3

[Signature]

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

CK-38704



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ
बहिरंग
अस्पताल के अन्दर

OPR-6

DR. B.R.A. IICLAIIMS, NEW DELHI

एकक/Unit Dr SB/ICDP
विभाग/Dept. Med onco
नाम/Name

IRCH No. 240768 Reg. Date-13/01/2020
Clinic Paediatric Medical Oncology Clinic Clinic No. 5637/2020
Dept. MEDICAL ONCOLOGY
General
Name GOVIND KUMAR UHID-105011442
Sex/Age M/6Y
S/O- MR BALRAM SINGH Room Board Room (Shift Morning)
Phone No. 8447762352 Address VILL SONAMATTI, DISTT MADHUBANI, BI, BIHAR, INDIA



निदान/Diagnosis Relapsed AML | d #23

दिनांक/Date

उपचार/Treatment

3/3/21
02 T M
5/3/21
02
✓ Hexidine mouth wash - ①
✓ potassium permanganate (tab) - ①

Inj. Magnex 2gm IV BD } x 5 days → Room 15
Inj. Meropenem 1gm IV BD }
Tab. Lincid (600) 1/2 tab P/O BD x to cont
Tab. Voriconazole (200) 1/2 tab P/O BD x to cont
HMW / SB / Steam TDS. DS M
Tab. PCM (500) 1/2 tab P/O BID
CBC — 1/2/21
Flu — 4/2/21 Rare
Sympt.

8/3/21

Inj. Magnex 2gm IV BD } x 5 days. 01 (M)
Inj. Meropenem 1gm IV BD } 8/3 + cont
Tab. Lincid (600) 1/2 tab P/O BD x to cont.
Continue voritrop. Rare
sympt.

Recome Madan
for govt

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

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डाईट चार्ट

50
100

Name: Ganid Kumar Age: 6y 11month / M IRCH No: 240768

Diagnosis: AML Wt: 21.8kg Ht: 114cm

Dietary Notes: Energy = 1732 kcal (2.5g) Protein = 54.5g (2.5g) fluid = 1.6ltr

Type of diet: _____

चित्र	खाद्य सूची	मात्रा
	- दूध / खीर / कस्टर्ड / मिल्कशेक / छाछ - दही / लस्सी / छाछ / रायता - पनीर - शरा	400ml 1-2 कटोरी 15-30g
	- अण्डा (उबला / ऑमलेट / भुजी) - मछली / मांस - शा	1-2
	- दाल (छिलके वाली / अकुरित / मुनी) <u>दालिया / रातू</u> - सोयाबीन की बड़ीया <u>लेसन / राजमा / धोले / चना</u>	2-3 कटोरी
	- अनाज (सेटी / परांठा / चंदन / पूरी) <u>उप्पा / पोहा / दालिया / ओट्स / जव</u>	5-6 बार <u>रिक्चर्ड</u>
	- हरेपत्तेदार सब्जियां <u>पालक / मिर्ची / लहसुआ / साग</u> - भौसमी सब्जियां <u>सूप</u>	2-3
	- जड़ वाली सब्जियां <u>आलू / खरकंदी</u>	2-3
	- फल <u>गोला / खिलका</u> <u>पतला खिलका - रिपोर्ट x</u>	1
	- बसा (घी / रिफाइन्ड तेल / मक्खन)	6-7 चम्मच
	- चीनी / शहद <u>गुड</u>	5-6 चम्मच
	- बादाम / अखरोट / मूंगफली / पिस्ता / काजू	8-7
	- दाल (काला / सफेद)	1-2 कटोरी





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID: 105011442 Sex: Male
Patient Name: Master. GOVIND KUMAR Sample Received Date: 03/03/2021 12 25 PM
Age: 7 years 1 month 21 days Department: Medical Oncology
Unit Name: Unit-1 Unit Incharge: Dr Lalit Kumar (HOD)
Lab Name: NCI CORE LAB Lab Sub Centre:
Reg Date: 13/01/2020 06 46 AM Sample Collection Date: 03/03/2021 09 13 AM
Report Generated Date: 03/03/2021 01 10 pm Dept / IRCH No: 240768
Recommended By: Mr nitin Lab Reference No: 335

Sample Details : E030321105

Report

Test Name	Result	Comment	Normal Range
CBC			
Hemoglobin	6.800 g/dL		• 13 - 17 g/dL
Hematocrit	19.932 %		• 40 - 50 %
RBC Count	2.200 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
WBC Count	0.970 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	62 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	90.600 fL		• 83 - 101 fL
MCH	30.9091 pg		• 27 - 32 pg
MCHC	34.116 g/dL		• 31.5 - 34.5 g/dL
RDW	14.000 %		• 11.6 - 15 %
DLC			
Neutrophils	3.300 %		• 40 - 80 %
Lymphocytes	84.100 %		• 20 - 40 %
Eosinophils	0.100 %		• 0 - 7 %
Monocytes	0.400 %		• 3 - 11 %
Basophils	0.100 %		• 0 - 2 %
Neutrophils - Abs	0.03201 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	0.81577 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	0.00097 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.00388 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.00097 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Authorised Signatory

Verified By
mahenpallabnci



Caring for you... For life

Hopkins Laboratories

Home Collection Facilities Available
Fully Computerized Lab
All Lab Tests
Ultrasound, Color Dopplar,
Digital X-Ray, ECG, EEG, EMG
NCV, ECHO, CT SCAN, MRI

LABORATORY REPORT

PATIENT NAME	: GOVIND KUMAR	AGE: 06 Yrs.	SEX:	M
REF.BY.	: AIIMS	REF.No.:35392/21	DATE:	07/03/2021

HAEMATOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
HAEMOGLOBIN (Hb)	5.5	gm%	13.0 - 17.0 (M) 11.5 - 13.5 (F)
TOTAL LEUCOCYTE COUNT (TLC)	1100	/cumm	4,000 - 11,000
PLATELETS COUNT	27000	lac/cmm	1.5 - 5.0
ANC	0.12	X10 ⁹ /L	2.0 - 7.0
MCV	83.8	fl	78 - 98

End of the reports

D. Anand
Lab Tech. sign

Dr. SUMERA AMIN
MBBS, DCP
Consultant Pathologist

68 1st Floor Yousuf Sarai Gautam Nagar Road Near PNB ATM New Delhi-16
Mob.: 9540450940, 9868343408
Timing : 8:00 (Mon-Sat) 8:00-2:00 (Sunday)

This is only a professional opinion, not the final diagnosis, if it is abnormal or do not correlate clinically, please inform the lab without hesitation

Not for Medical/Legal purpose

7-6

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Govind. Age/Sex : 7y/M Ref. Deptt./Unit : Pediatric Date : 02/03/21

Indoor (Bed No.) / Outdoor / Casualty _____

UHID No. : 105011442 LMP :

Examination Required :

Clinical History and Examination :

No Fever at Night

Chest X Ray - PA view.

Clinical / Working Diagnosis : Relapsed AML 2 FN.

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

Signature of Referring Physician / Date :

Dr.
02/03/21.

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.

69132

Signature of Patient / Date : _____

Your appointment is on : _____

Room No. : _____

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.

02/03/21



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID:	105011442	Sex :	Male
Patient Name :	Master. GOVIND KUMAR	Sample Received Date :	25/02/2021 06:24 PM
Age :	7 years 1 month 12 days	Department :	Medical Oncology
Unit Name :	Unit-1	Unit Incharge :	Dr. Lalit Kumar (HOD)
Lab Name :	NCI CORE LAB	Lab Sub Centre :	
Reg Date :	13/01/2020 06:46 AM	Sample Collection Date :	25/02/2021 10:50 AM
Report Generated Date :	25/02/2021 07:40 pm	Dept / IRCH No :	240768
Recommended By :	Mr. nitin .	Lab Reference No :	619

Sample Details : E250221163

Report

Test Name	Result	Comment	Normal Range
CBC			
Hemoglobin	<u>5.500</u> g/dL		• 13 - 17 g/dL
Hematocrit	16.9743 %		• 40 - 50 %
RBC Count	1.770 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
WBC Count	1.060 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	40 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	95.900 fL		• 83 - 101 fL
MCH	31.0734 pg		• 27 - 32 pg
MCHC	32.4019 g/dL		• 31.5 - 34.5 g/dL
RDW	16.200 %		• 11.6 - 15 %
DLC			
Neutrophils	3.300 %		• 40 - 80 %
Lymphocytes	91.700 %		• 20 - 40 %
Eosinophils	0.500 %		• 0 - 7 %
Monocytes	0.600 %		• 3 - 11 %
Basophils	0.100 %		• 0 - 2 %
Neutrophils - Abs	0.03498 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	0.97202 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	0.0053 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.00636 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.00106 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment : kindly correlate result clinically

Authorised Signatory

Verified By
bijenderlabnci



**Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI
DISCHARGE SLIP**

Date:02/03/2021

Indoor RegNo.:0 UHID:105011442 IRCH No.:240768 Ward:DayCare
Consultant Name:DR. LALIT KUMAR
Patient Name:GOVIND KUMAR Age:7 Sex:Male

Admission For:BLOOD TRANSFUSION Admission Date:02-03-2021 Discharge Date:02-03-2021

Treatment Given:

Diagnosis:

Chemo. Protocol: Cycle/Day:

DRUGS ADMINISTERED

BLOOD TRANSFUSION DETAILS

SNo.	Product	No of Units	Bllod Group	Bag No	Infusion	Date of Expiry
1	SDP	1				

Advice:Attend OPD for follow up assessment
Re-appointment In:OPD

On:

Prescribed Treatment
As Per OPD Card

Signature of Physician
Dr. JASMINE PORWAL



Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA-INSTITUTE OF MEDICAL SCIENCES NEW DELHI
DISCHARGE SLIP

Date:26/02/2021

Indoor RegNo.:0 UHID:105011442 IRCH No.:240768 Ward:DayCare
Consultant Name:DR. LALIT KUMAR
Patient Name:GOVIND KUMAR Age:7 Sex:Male

Admission For:BLOOD TRANSFUSION Admission Date:26-02-2021 Discharge Date:26-02-2021

Treatment Given:

Diagnosis:

Chemo. Protocol:

Cycle/Day:

DRUGS ADMINISTERED

BLOOD TRANSFUSION DETAILS

SNo.	Product	No of Units	Blood Group	Bag No	Infusion	Date of Expiry
1	PRBC	1	B+ve	C02459		

Advice:Attend OPD for follow up assessment

Re-appointment In:OPD

On:

Prescribed Treatment
As Per OPD Card

Signature of Physician
Dr. SUDHIR KUMAR

ECHOCARDIOGRAPHY REPORT

**DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029**

NAME..... Govind Kr AGE..... 6 SEX M F DATE..... 2/2/21
 ECHO No..... 1420/21 CV No. UHID No..... 10501142 C.R. No.....
 HEIGHT..... cm WEIGHT..... kg. BSA..... m² Ref. Physician..... 122
 Referring Diagnosis
 Quality of Imaging Poor/Adequate/Good Done by Dr..... Anish Checked by Dr.....

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming
 PML Normal/ Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/ Absent Score.....
 Doppler Normal / Abnormal
 Mitral stenosis Present / Absent RR interval.....msec
 EDG.....mmHg MDG.....mmHg MVA.....cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/ Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming
 Doppler Normal/ Abnormal
 Tricuspid stenosis Present/Absent RR interval.....msec
 EDG mmHg MDG.....mmHg
 Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Valocity.....m/sec Pred. RSVP-RAP+.....mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Domng/Vegetation
 Doppler Normal/Abnormal
 Pulmonary stenosis Present/Absent Level
 PSG.....mmHg Pulmonary annulus.....mm
 Pulmonary regulation Present/Absent
 Early diastolic gradient.....mmHg End diastolic gradient.....mmHg

AORTIC VALVE

Morphology Normal / Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
 Doppler Normal / Abnormal
 Aortic stenosis Present/Absent Level
 PSG.....mm Hg Aortic annulus.....mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe



DR. B.R.A. IRCHIAIIMS, NEW DELHI

IRCH No. 240768
Clinic Paediatric Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General

Reg. Date-13/01/2020

Clinic No. 5617/2020



UHID-105011442

श्री कैंसर अस्पताल Cancer Hospital HOSPITAL

OPR-6

Department
HOSPITAL PREMISES

Name GOVIND KUMAR

Jayanagar

Sex/Age M/6Y

एकक/Unit

विभाग/Dept.

SO- MR BALRAM SINGH

Room Board Room (Shift Morning)

Phone No. 8447762352

Address VILL SONAMATTI, DISTT MADHUBANI, BE, BIHAR, INDIA

I सं/O.P.D. Regn. No.

अव
Age

जन्म तिथि/Date of Birth

निदान/Diagnosis

AML - Completed

दिनांक/Date

उपचार/Treatment

15/6/2020

img G-CSF 100 mg qd SLC
x 10 days - 15/6
Folvite 5mg bid x 1 week

stop Magnesia / Annum

T. TAXIM-D 100mg bid x 5 day

Fu with CBC + PS on 15/6/2020

HLA typing

[Signature]

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

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

Measurements	Normal Values		Normal Values
Aorta 24	(21-22mm/m ²)	LA es 23	(21-22 mm/m ²)
LV es 24	(16-19mm/m ²)	LV ed 38	(19-32 mm/m ²)
IVS ed 9	(06-10mm)	PW(LV)ed 8	(07-11mm)
RV ed' 60%	(4-14mm/m ²)	RV Anterior wall	(upto 5mm)
EF 60%	(62-80%)		
IVS Motion	Normal/Flat/Paradoxical		
IAS			

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy Contraction Normal/Reduced
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

DLV for
EF 60%

TEE

No RWMA

Normal values

DIAGNOSIS

No clotting/PE

Final Impression

Normal study

[Signature]
Resident

Consultant



Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

Date: 11/02/2021

Indoor RegNo.: 0

UHID: 105011442

IRCH No.: 240768

Ward: DayCare

Consultant Name: DR. AJAY GOGIYA

Patient Name: GOVIND KUMAR

Age: 7

Sex: Male

Chemo. Protocol: Z-Others

Diagnosis: AML

Cycle/Day: c1d3

DRUGS ADMINISTERED

PREMEDICATION GIVEN

Inj Ondansetron 4 mg

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

SNo.	Drug Name	Drug Other	Final Dose	Unit	Soln	Infusion
1	OTHERS	inj duanomycin	40 mg	250 ml	NS	1/2 hr
2	OTHERS	Inj Etoposide	100 mg	500 ml	5%D	2 hrs
3	OTHERS	Inj Ara-C	80mg bid	IVP	-	IVP

Signature of Physician

Dr. SUDHIR KUMAR

Report Printout

Validated

Sample ID
AUTO_SID195
Collection Date
Department Physician

Patient Name
GOVIND
First Name
Age
Gender
Male

Technician

Flags and Alarms

RBC	2.48	L	10 ⁶ /mm ³
HGB	7.7	L	g/dL
HCT	23.6	L	%
MCV	95		µm ³
MCH	31.0		pg
MCHC	32.7		g/dL
RDWcv	12.3		%
RDWsd	42		µm ³
PLT	1	L	10 ³ /mm ³
MPV	—		µm ³

Morphology Flags

LIC

Analyzer Alarms

CO

Remarks

RBC of the Run 02/03/2021 01:37:04
WBC of the Run 02/03/2021 01:37:04
PLT of the Run 02/03/2021 01:37:04
DIFF of the Run 02/03/2021 01:37:04

WBC	0.7	L	10 ³ /mm ³
	%		#
NEU	1.8	*	0.01 *L
LYM	95.5	*	0.65 *L
MON	0.9	*	0.01 *I
EOS	0.9	*	0.01 *
BAS	0.9	*	0.01 *
ALY	0.5	*	0.00 *
LIC	3.2	*H	0.02 *

अखिल भारतीय आयुर्विज्ञान संस्थान अस्पताल, नई दिल्ली-११००२९
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029

Initial all orders Cancel by crossing through and initialing Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम / Name	उम्र / Age	लिंग / Sex	वैवाहिक स्थिति / Marital Status	यू.एच.आई. नं. / UHID No.
सर्विस / Service	वार्ड / Ward	बेड / Bed	व्यवसाय / Occupation	धर्म / Religion

Date order	Date cancelation	Doctor's orders with signature	The sister's signature with date
	2/2/24	<p>Relapsed AML G/boy on PDE Protocol</p> <p><u>42</u> fever x <u>5</u> on 24/2/24</p> <p>on resolving 2 days was on mg, and Amikacin x 5 days</p> <p>Resolved</p> <p>1 spike again on 1/3/24 No wch/Bleed/shortness of breath</p> <p>PR 110/mn or 80/6</p> <p>Bl. obs. 7.7 / 700/1000 1.87</p> <p>Plans - RFT - CXray - GO RDP Tx (if group specific not available take urgent for next compatible)</p> <p>9g 200mg 2g IV TDS</p> <p>9g Teicoplanin @ 200mg IV (3 doses) BD Flb 120mg IV OD to continue</p> <p>if fever doesn't remit to start on T. vancomycin 100mg BD</p>	

o/e
Admit 5/2/24

9g ACSF 100ug s/c OD

डा० बी० आर० ए० संस्थान रोटेरी कैंसर अस्पताल
DR. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL

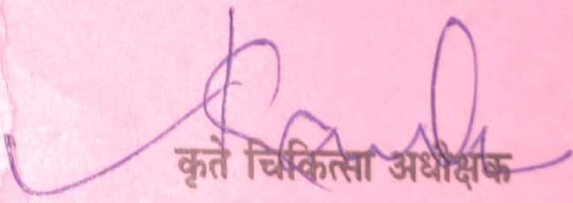
अ.भा.आ.वि. संस्थान अस्पताल
A.I.I.M.S. HOSPITAL

प्रवेश-पत्र / Entry Pass
(केवल एक व्यक्ति के लिए / For One Person only)

रोगी का नाम
Name of the Patient GOVIND KUMAR

वार्ड/शैय्या सं.
Ward/Bed No. M 120 Doul Dery
/5

अवधि दिनांक
Period from 18/1/20 तक 23/1/20
to


कृते चिकित्सा अधीक्षक
For Medical Superintendent

APHERESIS KIT

9540450940

✓ Optia Platelet Kit (Code : 10400) (SDP Kit)
(Optia Platelet Kit + 1 ACD)
Price : Rs. 7750.00
(Inclusive of All Taxes)

① Optia IDL Kit (Code:10310)
(Stem Cell or Granulocyte Kit)
(Optia IDL kit + 2 ACD)

Test
Hb - 10.0
Plt. - 1,50,000
HIV I & II
HCV
Hbs Ag
VDRL

Available At :

AARK PHARMACEUTICALS

Main Office : S-14, 1st Floor, Uphaar Cinema
Complex Mkt., Greek Park Extensions, New Delhi-110016
Ph. No.: 40167190, 40566902
Mob.No.: 9910197127, 9310155904

In Case of any Clarification/Compliant Contact:

AVN HEALTHCARE

WZ-48 A, OPPOSITE M-BLOCK, NEAR DDA MARKET,
SHAKURPUR, DELHI-110034
PH. NO.: 011-27154903

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

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

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Gourav Kr Age/Sex : 67/M Ref. Deptt./Unit : POD Date : 13/3/20

Indoor (Bed No.) / Outdoor / Casualty : ✓ UHID No. : 105011442 LMP :

Examination Required :

Clinical History and Examination :

X Ray Abdomen (Erect)

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

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 :

Your appointment is on : _____

Room No. : _____

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 ;

Dr. hb mm
13/3/20

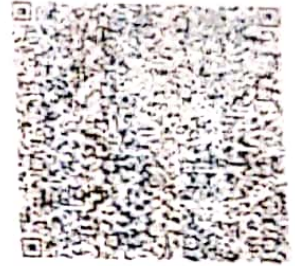
P.T.O.



भारत सरकार
Government of India



बलराम सिंह
Balaram Singh
जन्म तिथि/DOB: 02/05/1989
पुरुष/ MALE



6940 4094 3449

VID : 9131 9660 5247 1016

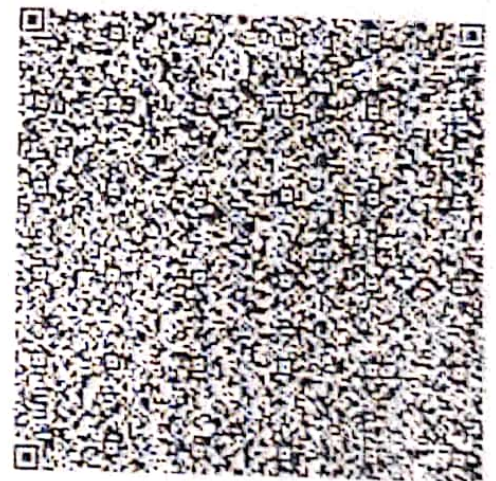
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O नथुनी सिंह, ग्राम सोनमती, पोस्ट पथराही, वॉर्ड न 02,
थाना बाबुबरही, पथराही, नधुबनी,
बिहार - 847227

Address:
S/O Nathuni Singh, gram sonmati, post
patharahi, ward no 02, thana babubarhi,
Pathrahi, Madhubani,
Bihar - 847227



QR Code with Photograph

6940 4094 3449

VID : 9131 9660 5247 1016



ma/pk/ce/india/gov.in

www.uidai.gov.in



भारत सरकार
GOVERNMENT OF INDIA

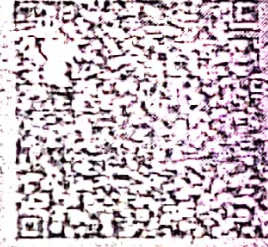


बबिता देवी

Babita Devi

जन्म तिथि/ DOB: 01/01/1991

महिला / FEMALE



7686 3512 2290



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

अर्धांगिनी: बलराम, महमाया
कुंज, कृष्णा विहार, बहटा
हाजीपुर, गाजियाबाद,
उत्तर प्रदेश - 201102

W/O: Balram, Mahamaya kunj,
Krishna vihar, Bahaila Hajeepur,
Ghaziabad,
Uttar Pradesh - 201102

7686 3512 2290

भारतीय विशिष्ट पहचान प्राधिकरण

School Base Code-10050202601

इस परिचय-पत्र को हमेशा
अपने साथ रखें ।

मो०



रा

प्राचार्य का हस्ताक्षर
प्रधानाध्यापक का ह०
तिथि

स्कूल/कॉलेज

परिचय-पत्र विवरण

संख्या 85 सत्र 2019-2020
छात्र/छात्रा का नाम गोविन्द कुमार
वर्ग 1ला क्रमांक 19
जन्म तिथि 16-02-2014
पिता का नाम श्री बलराम सिंह
माता का नाम श्रीमती- वाकता देवी
स्थायी पता ग्राम-सौनमती
स्थानीय पता 20
छात्र का हस्ताक्षर
तिथि 9.01.2020
वर्ग शिक्षक का ह०



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं.
बहिरंग रोग
अस्पताल के अन्दर धुप्रपान

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

OPR-6

3-85
16/1

एकक/Unit Dr. SB/OP
विभाग/Dept. Med Onco

IRCH No. 240768
Reg. Date-13/01/2020
Clinic Paediatric Medical Oncology Clinic
Clinic No. 5637/2020
Deptt. MEDICAL ONCOLOGY
General



Name GOVIND KUMAR

UHID-105011442

नाम/Name

नाम

Age of Birth

Govind Kumar

S/O- MR BALRAM SINGH

Sex/Age M/6Y

Phone No. 8447762352

Room Board Room (Shift Morning)

Address VILL SONAMATTI, DISTT MADHUBANI, BE, BIHAR, INDIA

निदान/Diagnosis

BL/120

Acute Myeloid Leukemia, P/3+7 induction

दिनांक/Date

उपचार/Treatment

Wed. 17/01/2020

24/01/2020

Adv. at discharge:

खाने से पहले

- ① Tab Emeset 4mg TDS X 3 days.
- ② Tab Voritrop (200mg) 1/2 - 1/2 tab B3 to continue.
- ③ Hydroxide mouthwash } TDS. 0-0-0
- Sitz bath }
- Steam inhalation }

④ Daily follow-up & documentation of fever → R No ⑫ @ 10am

⑤ R/V tomorrow (25/01/2020) → CBC

⑥ F/U CBC/LFT/KFT on 27/01/2020 in OPD (Board Room)

BUMC
kindly provide
Tab voritrop to the
patient

LSDP reperform
made
today (24/01/2020)
in 2 bags

25/1/2020
1/2 SDP - daycare

SDP date for 28/1/2020 (Apheresis lab)

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



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R.A. Ambedkar Institute Rotary Cancer Hospital

HOSPITAL

OPR-6

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

IRCH No. 240768

Reg. Date - 13/01/2020

Clinic Paediatric Medical Oncology Clinic

Clinic No. 5637/2020

Deptt. MEDICAL ONCOLOGY



General

UHID-105011442

Name

P.D. Regn. No. Emoc-5637

एकक/Unit DoS.B

विभाग/Dept.

नाम/Name नाम GOVIND KUMAR

Sex/Age M/6Y

S/O- MR BALRAM SINGH

Room Board Room (Shift Morning)

Phone No. 8447762352

Address VILL SONAMATTI, DISTT MADHUBANI, BE, BIHAR, INDIA

जन्म तिथि/Date of Birth

5/85
16/1

निदान/Diagnosis

Acute Leukemia

दिनांक/Date

उपचार/Treatment

~~CBC, LFT, KFT~~

~~KOH~~

~~Widal markers~~ RS

2D-ech

Bone marrow morphology
+ B - flow

molecular panel

cytogenetics → labour request
FISH

done on 13/1/2020

pediatric emergency → for PRP transfusion

6 @ blood donations

Thu 16/1/2020

चार्ज नं-5 @ 8:30am

Sundh

1. 2023-9
14/1
वस. की नं-9
↓
dept

us main
widing
Blood Bank

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



Unique ID : DL/2019/0240433

Reg. No. : 543

**CHILD
HELPING**

B

Laxi

2

Contact

803

Email : inf

ghand.org

donate@

and.org

Web : www

ghand.org

J. H. H. H.

Unique ID : DL/2019/024043

Reg. No. : 543

CHILD
HELPING
HANDS



L
Co
Email :
donate
d.
.org
nd.org





Unique ID : DL/2019/0240433

Reg. No. : 543

CHILD
HEALTH





DR. BRA INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Ref. No.F.1/IRCH/MR/2021-2022

Dated

ESTIMATE CERTIFICATE

TO WHOM IT MAY CONCERN

This is to certify that Govind Kumar, Age 07 years, Male, S/o Mr. Balram Singh, (UHID-105011442 & IRCH No. 240768/20) is a known case of **Acute Myeloid Leukemia** and is under treatment with Medical Oncology at DR. BRA IRCH, AIIMS since 13.01.2020.

The approximate cost for his treatment would be Rs. 5,00,000/- (Rupees Five Lakhs Only).

The item-wise breakup of the expenditure is as under:

S.No.	Name of Medicines with dosage/Consumables Required for treatment/operation	Duration of treatment	Approx. cost	Remarks (if any)
1.	Stem cell harvest	Single procedure	Rs. 1,00,000/-	
2.	Conditioning regimen	Single procedure	Rs. 1,50,000/-	
3.	Supportive care	Single procedure	Rs. 2,50,000/-	
	Total approximate cost of the treatment		Rs. 5,00,000/-	

The cheque/draft may be sent in favour of "DR. BRA IRCH, AIIMS, Ansari Nagar, New Delhi-29 (IRCH Patient Treatment Account)"

(NB: This estimate certificate is valid for six months from the date of issue)

Sanjeev Bhatnagar

(SIGNATURE BY CONSULTANT)

(COUNTER SIGNED BY HOD)

(COUNTER SIGNED BY M.S.)



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.स. अस्पताल/A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग/Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

IRCH No. 40708

105011442

एकांक/Unit MO अतिरिक्त पंजीकृत नं./O.P.D. Regn. No.
 विभाग/Dept. ASB/OP

नाम/Name	लिंग/व्य./मर्दा/मर्दा/पुत्री F/S/W/H/D of	लिंग Sex	उम्र Age	जनम तिथि/Date of Birth
GOVIND	Balram Singh	M	7yr	

निदान/Diagnosis AML - Relapse post 2nd HiDAC

दिनांक/Date	उपचार/Treatment
<u>3/05/2021</u>	<p>collect - GFR viral marker get funds arranged F/V OR <u>25/06/2021</u> CBC Deepan</p>

700 4392616


- SYRUP ITRACONAZOLE 10 mg/ml — (2)
- TT. POMSTAC — 5 mg — (30)
- KMnO₄ crystal —
- SDAP ADHERESIS KIT — (4)

Amur
29/06/21

29/06/21

- PIYA kit — (2)
- INJ PLEXIPAFOR 20 mg

Amur
29/06/21

- 1. POLYMER SWS - ①
- 2. NUCLEAR COE - ②
- 3. P-CONDENSATE 400 MS - ③
- 4. THE NUCLEAR SWS - ④
- 5.  400 MS DOUBLE LOOP NUCLEAR REACTOR - ①
- 6. 800 MS TRIPLE LOOP NUCLEAR REACTOR - ②
- 7. 1200 MS FULL POWER REACTOR - ③
- 8. CANDU - ④
- 9. DMSO - ⑤
- 10. SPAP APPLICABLE MIT - ⑥


 25/6/11

25/6/11



25/6/11



DOUBLE LOOP NUCLEAR REACTOR
 ①


 25/6/11

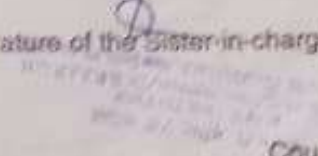
Dr. BRA Institute Rotary Cancer Hospital
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029

P-105011442

REFUND/RECOVERY PROFORMA GENERAL WARD

Name of the patient Crownal Kumar
CR No. : 66 8143 Ward : Med/Am7/704
Date of Admission : 24/6/21 Date of Discharge 17/7/21
Mode of Refund/Recovery Final bill clear

Receipt no. 18-22602/202122

Signature of the Sister-in-charge of the ward

Counter signature

TO BE FILLED BY THE BILLING SECTION

Receipt No. : _____

Date : _____ against which the advance was deposited

1. Amount recoverable from the patient : _____
2. Amount refundable to the patient : _____

Date of Birth



Dr. BIR Institute Rotary Cancer Hospital
All India Institute of Medical Sciences, New Delhi-110029

Department of Medical Oncology

DISCHARGE SUMMARY

Name: Govind Kumar	Date of Registration	: 13/01/2020
UHID: 105011442	Date of Admission	: 24/06/21
IRCH No: 240768	Date of Transplant	: 03/07/21
Age : 7 years Sex: male	Date of discharge	: 17/07/21
Ward: BMT WARD Bed no:708	Height	: 115cm
Ph: 8447762352	Weight	: 22 kg
	BSA	: 0.83m ²
	HCT-CI	: 0

Diagnosis: ACUTE MYELOID LEUKEMIA (ETO+),
MATCHED SIBLING DONOR TRANSPLANT IN CR 2

7 year old boy, master Govind Kumar, known case of AML, baseline diagnosis in January 2020,
Baseline CBC:

Hb 3.2, TLC 6560, PLT 13000, baseline marrow showing 50% blasts, started on conventional
3+7 induction WEF January 2020, completed consolidation in may 2020, patient relapsed after a
TFI of 8 months, in February 2021, he was started on ADE reinduction and completed 3rd
consolidation in may 2020, bone marrow in CR, MRD negative. Patient is currently being taken
up for matched sibling transplantation with elder sister Miss Kajal being the stem cell donor

Donor: kajal (elder sister) 6/6 match
Blood group discordant, recipient B+, donor O+,

Work up Pre transplant of patient:

- Bone Marrow aspirate (01/06/21) : 3 to 4% blasts
- MUGA scan: 54% Ejection fraction
- Estimated GFR - 92ml/min/m²
- Viral Markers: Negative
- Dental/Psychiatry: cleared
- CMV - IgG+
- Blood group- B+
- CI- 0

- Harvest summary of donor (kajal):

Stem cell harvest	2/7/21
Mobilisation	gcsf
Volume (ml)	230ml
Bag TLC (Cells/mm ³)	161000
CD34 %	0.25
CD34 + dose	4.62 million cells/kg
Recipient weight	22kg
Stem Cell Culture and Sensitivity	sterile

Stem cell transfused – 230ml, 4.62 million cells/kg (NON cryo)

CyBu Conditioning Regimen

- Cyclophosphamide: 60mg / kg × 2 days (D-7 & D-6) = 1320 mg x 2 = 2640 mg – 2600mg
- Mesna: 20 mg/kg = 440 – 450mg at 0, 6, 12, 18 hrs w.r.t Cyclophosphamide D-7 to D-4
- Busulfan (IV): 0.8 mg/kg q 6 hourly x 16 doses (D-5 to D-2) = 281 mg ≈ 280 mg

Date	26/06/21 Sat	27/06/21 Sun	28/06/21 Mon	29/06/21 Tue	30/06/21 Wed	01/07/21 Thu	02/07/21 Fri	03/07/21 Sat
Day	D-7	D-6	D-5	D-4	D-3	D-2	D-1	D 0
Endoxan IV	1.3 gm	1.3 gm	-	-	-	-	-	-
Mesna	450 mg q 6hrly	450 mg q 6hrly	450 mg q 6hrly	450 mg q 6hrly				
Busulphan (in mg) IV	-	-	20	20	20	20	10	10
			20	20	20	20	10	10
Stem cells	-	-	-	-	-	-	-	Stem cell
G-CSF	-	-	-	-	-	-	-	G-CSF 110 mcg OD 12 hrs later
Donor G-CSF			G-CSF 150 mcg BD	G-CSF 150 mcg BD	G-CSF 150 mcg BD	G-CSF 150 mcg BD	Stem cell harvest	

GVHD Prophylaxis:

1. Cyclosporine: 1.5 mg/kg/dose IV BD from day -1, then titrate to maintain CSA level between 100-300 mg/dl = 30 mg IV BD from day -1
2. Methotrexate:
 - Day +1: 15 mg/m² IVP = 12 mg IVP f/b leucovorin 15 mg IVP 6 hrly for 4 doses 24 hours after methotrexate administration.
 - Day +3, +6, +11: 10 mg/m² IVP = 8 mg IVP f/b leucovorin 15 mg IVP 6 hrly for 4 doses 24 hrs after methotrexate administration.

Transplant course and complications:

1. Febrile Neutropenia:

patient started having multiple fever episodes, starting from day 5, the focus being gram positive septicemia. Blood culture grew staph epidermidis, sensitive to Clindamycin, Targocid, Vancomycin and Linezolid. Initially patient was on magnex and Amikacin. After day 4 of fever, empirical antifungal in the form of Amphotericin b was added, which was later stopped after the culture report. Patient was later started on linezolid tablets following which his fever improved.

Date	Dose of Cyclosporin	CrA level
12/7/21	Increased to 400mg BID from 300mg	311
18/7/21	Increased to 800mg BID from 400mg	303
16/7/21	Changed to oral CrA 750mg BID	

1. Maximum grade of vomiting: Grade 1
2. Maximum grade of diarrhea: nil
3. Maximum grade of nausea: Grade 1
4. Maximum grade of mucositis: nil

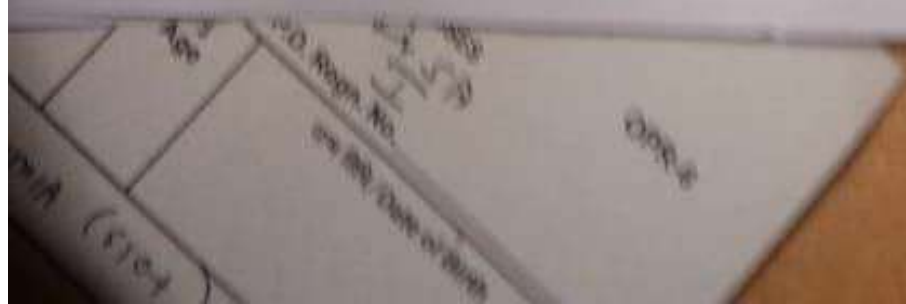
5. Blood counts details:

- Nadir Hb: ANC - 1300 on 15/7
- Nadir PLT - 14000 on 15/7
- Neutrophil engraftment on 15/10
- Platelet engraftment - 15/11
- No. of RBC transfusions - 2
- No. of SDF transfusions - 1
- No. of RDP transfusions - 0
- Day of Engraftment 15/11

Antibiotics Received during Hospital Stay:

Antibiotic	Start date	Stop date	Duration
magnex	7/7	11/7	3 days
amikacin	7/7	10/7	4 days
targocid	9/7	13/7	3 days
meropenem	10/7	13/7	3 days
Amphotericin b	10/7	12/7	3 days
zosyn	11/7		
Linezolid tablet	14/7	Continued at discharge	

Growth factors: inj G-CSF 110ug from 4/7/21 to 14/7/21



Other relevant investigations:

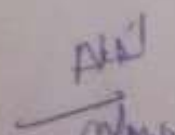
1. 28/6/21: urine routine: NAD
2. 3/7/21: stem cell culture: sterile
3. 8/7/21: Procalcitonin; 0.15
4. 7/7/21: blood culture: sterile
5. 9/7/21: blood culture- staph epidermidis: sensitive to Clindamycin, Linezolid, Vancomycin, rifampicin
6. 10/7/21: Procalcitonin- 2.21, GM: 0.2 negative

Advice on Discharge:

1. Syrup Cyclosporine 0.8 ml BD (7am, 7pm) (syrup 100mg/ml)
2. Tab Linezolid 300 mg BD x 4 days, then stop.
3. Tab Acivir-DT 200 mg PO BD (after food) M/W/F
4. Tab Septran DS 1 tab M/W/F
5. T. Emeset 4 mg SOS for vomiting
6. Hexidine mouth wash TDS
7. Steam Inhalation TDS
8. Sitz Bath TDS
9. Serum Cyclosporine levels twice a week (Monday and Thursday)
10. CMV RT-PCR once a week (Every Thursday)

In case of fever, diarrhoea, any emergency contact SR on call 9999739680 or 828400 (Dr Akhil) or report to emergency.

To follow up in OPD on 23/07/21 with CBC/KFT/LFT and Cyclosporine levels


Dr. Akhil Santhosh

Senior Resident

Dr. Sameer Bakhshi /Dr Deepam Pushpam

Consultant