

पुरानी राजकुमारी OPD



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Department of Nuclear Medicine

New Delhi-110029

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

IRCH No. 285099

Reg. Date-16/11/2022

Clinic Paed Lymphoma Leukemia Clinic

Clinic No. 2022/20775

Deptt. MEDICAL ONCOLOGY

General



26593210, 26593245

Position Emission Tomography (PET) Scan

be done if form is not properly filled)

नाम

UHID-106364545

आयु. _____ वर्ष लिंग म. पु.
Age: _____ Yrs. Sex: M F

Name PARTH TYAGI

S/O- Raju tyagi

Sex/Age M/5Y

Phone No. 9810147410

Room 13 (Shift Morning)

Requisition Date : _____

Address MOHALLA RAJA DERWAJA PARIKSHIT GARH, MAWNA
MEERUT, UTTAR PRADESH, Pin-250406, INDIA

Paid Online

Brief Clinical history :

Clinical Diagnosis :

Past history DM HT TB Renal failure Previous Malignancies

Investigations :

Bld. Sugar Fasting PP Random Date :

Ultrasound/ECHO/

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

DO HODUKINS
Lymphoma

CT/MRI/Plain/Contrast :

Technetium Assessment
Date for first 3 week
week

Previous Nuclear Medicine/PET

Treatment History :

Desired Study : Whole Body PET (NECK to mid thigh) Brain only Cardiac only

Instruction to patients :

1. Please bring DD/Pay order for Rs. 5000/7500 in favour of "DIRECTOR AIIMS" and the name of patient on reverse DD with date of scan. **Payment is to be made on the day of the test.**
2. No food after midnight if study is scheduled before 1 p.m.
3. No food after 7 am if study is scheduled after 1 p.m. (patient may eat light breakfast before 7 am)
4. Must bring all old records.
5. Study is subject to availability of RADIOISOTOPE
6. Report shall be available 24-48 hrs. after test.
7. No CD will be given

Appointment Date : 23/03/23

Time : 9am

Payment : W Body _____ Cardiac _____ Brain _____

Receipt No/DD No. _____ Amount _____ Dt. _____ drawn on _____

CONSENT

1. I hereby authorise the A.I.I.M.S. and those the Institute may designate as staff to perform upon _____
the following diagnostic procedures _____
2. The nature and purpose of the procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complications in the investigative procedures/investigations and treatment of my condition/diagnosis have been fully explained to me and I understand the same.



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

Witness

Shruti K...
DM ⊖
CG + orgy
AI ⊖
CY
Ling

Patient

SR. Faculty

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi ,

LABORATORY OBSERVATION REPORT

UHID: 106364545
Name: Mr. PARTH TYAGI
Sex: Male
Department: Medical Oncology
Unit In-charge:
Sample Received Time: 19/12/2022 12:34 PM

Reg Date: 16/11/2022 08:24 AM
Ward Name :
Age: 5 years 5 months 11 days
Unit Name: Unit-I
Sample Collection Date: 19/12/2022 09:24 AM
Report Time: 19/12/2022 01:23 PM

Sample Details :E191222103 (Blood) /

Test Name	Result	Reference Range	Verification Comment
141			
Hemoglobin	10.700 g/dL	13 - 17 g/dL	
Hematocrit	33.7896 %	40 - 50 %	
RBC Count	4.680 $10^6/\mu\text{L}$	4.5 - 5.5 $10^6/\mu\text{L}$	
WBC Count	8.080 $10^3/\mu\text{L}$	4 - 10 $10^3/\mu\text{L}$	
Platelet Count	241 $10^3/\mu\text{L}$	150 - 400 $10^3/\mu\text{L}$	
MCV	72.200 fL	83 - 101 fL	
MCH	22.8632 pg	27 - 32 pg	
MCHC	31.6665 g/dL	31.5 - 34.5 g/dL	
RDW	18.000 %	11.6 - 15 %	
142			
Neutrophils	56.500 %	40 - 80 %	
Lymphocytes	33.800 %	20 - 40 %	
Eosinophils	3.200 %	0 - 7 %	
Monocytes	3.800 %	3 - 11 %	
Basophils	0.400 %	0 - 2 %	
Neutrophils - Abs	4.5652 $10^3/\mu\text{L}$	2 - 7 $10^3/\mu\text{L}$	
Lymphocytes - Abs	2.73104 $10^3/\mu\text{L}$	1 - 3 $10^3/\mu\text{L}$	
Eosinophils - Abs	0.25856 $10^3/\mu\text{L}$	0.02 - 0.5 $10^3/\mu\text{L}$	
Monocytes - Abs	0.30704 $10^3/\mu\text{L}$	0.2 - 1 $10^3/\mu\text{L}$	
Basophils-Abs	0.03232 $10^3/\mu\text{L}$	0 - 0.1 $10^3/\mu\text{L}$	

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

2249410

Ck-69457



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

अ

अस्पताल

Biopsy NO 2249410

ITAL 2nd floor OPR-6

PREMISES

R. No 243

एकक/Unit PMJ SR

विभाग/Dept. MO

नाम/Name

IRCH No. 285099

Chief. Paed. Lymphoma Leukemia Clinic

Dept. MEDICAL ONCOLOGY

General

पिता

Name PARTH TYAGI

NO- Raja Tyagi

Phone No. 9810147410

Address MOHALLA RAJA DERWAJA PARKSHIT GARHMAWNA

MEERUT, UTTAR PRADESH, Pin-250406, INDIA

Paed Oncology

Reg. Date-16/11/2022

Club No. 2022/20775



UHID-106364545

Regn. No.

Priya Riya

जन्म तिथि/Date of Birth

निदान/Diagnosis

HL - stage I

दिनांक/Date

उपचार/Treatment

16 NOV 2022

Adv:-

- CBC
- Hfr/Lfr

- Viral markers

- LDH, ESR

- 30 blood donation

- Bx block review

- 2D-Echo

- BMA + Bx

- FW on 23/11/22

OLL
Bam
BT

बुधवार कमरा

Phanti

न 13 सुबह

8:30

Am

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 धरमशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

निरुतिविज्ञान विभाग, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029

UTE OF MEDICAL SCIENCES, NEW DELHI-110029

इण्ड, प्रथम तल, दूरभाष सं.- 4282, कक्ष - 1079

BLOCK, FIRST FLOOR, Phone No.- 4282, Room- 1079

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

IRCH No. 285699

Clinic: Patel Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date-16/11/2022

Clinic No. 2022/20773



UHID-106364545

नाम

Name: PARTH TYAGI

S/O- Rajendra

Phone No. 9810147410

Address: MOHALLA RAJA DORWAJA PARIKSHIT GARHMAWNA
MEERUT, UTTAR PRADESH, Pin 250406, INDIA

Sex/Age: M/5Y

Room 13 (Shift Morning)

आयु Age 5Y लिंग Sex M वैवाहिक / एकल Married / Single
कक्ष/वार्ड/ओ.पी.डी./नेदानिक वित्तर सं. Room/Ward/OPD/Clinical Bed No.
प्रभारी परामर्शदाता प्रभारी रेजीडेंट
Consultant-in-charge Resident-in-charge
नाम/Name (Capital letter) हस्ताक्षर/Signature

STAMP

नदानक एकक

Clinical Unit

Specimen Collected On

At

AM/PM

PATH

FIXED : YES

NO

FORMALIN

ACC

Special Instruction :

No.

Specimen On

MATERIAL SUBMITTED

Bsm Ax

Partinent Clinical and laboratory data including operative findings

KINDLY PAY Rs. 15/-
TO CASHIER

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

CENTRAL ADMISSION OFFICE

HL

chemical LAP

staging evaluation

Radiological data

Clinical diagnosis

DURATION OF

LESS THAN ONE YEAR

Operative diagnosis

STAY IN DELHI

MORE THAN ONE YEAR

Previous Biopsy

Yes

No

Date

Ref. No.

PLEASE DO NOT FOLD

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 No. _____ Site _____
- (b) BM touch preparation No. _____ Site _____
- (c) Peripheral smear _____
- (d) Blood (ml) _____
- (e) Any other _____

(For Lab Use Only)

Lab. Ref. No. _____

Received on _____

at _____ AM/PM _____

SPECI/ _____ (IF ANY)

Patient

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

IRCH No. 285099

(block c

Clinic Paed. Lymphoma Leukemia Clinic

Registr

Dept. MEDICAL ONCOLOGY

General

Clinica

Name PARTH TYAGI

Name

S/O- Raju tyagi

Phone No. 9810147410

Address MOHALLA RAJA DERWALA TARIKSHIT GARHMAWNA

MEERUT, UTTAR PRADESH, Pin 250406, INDIA

Reg. Date-16/11/2022

Clinic No. 2022/20771



UHID-106364545

Sex/Age M/5Y

Room 13 (Shift Morning)

Age _____ Sex _____

Ward / Bed No. _____

tant-in-Charge Prof. S.R.

Manali

DIAGNOSIS AND TREATMENT

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

Hodgkin lymphoma

↓ evaluation

staging

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

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

RADIOLOGICAL DATE _____

CLINICAL DIAGNOSIS _____

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

IRCH No. 235099

Clinic: Prod. Lymphoma Leukemia Clinic

Dept. MEDICAL ONCOLOGY
General

प.स.

Name PARTH TYAGI

S/O- Raju tyagi

Phone No. 9810147410

Address MOHALLA RAJA DERWAJA PARIKSHIT GARH, MAWNA

Reg. Date-16/11/2022

Clinic No. 2022/20775



UHID-106364545

Date	26/12/22
NCI	
Cycle	C# 11A
Emetogenic Potential	Highly

Sex/Age M/5Y

Room 13 (Shift Morning)

PROTOCOL - BVD (Part A / B)

Every	2 weeks (Part A / B)	Maximum	6 cycles
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Premedication:

As in Envelope (Inj Fosap 150mg in 100ml NS over 30 minutes OR Inj. Placebo
100ml Normal saline over 30 minutes)

Tab. Olanzapine 5mg once stat

Cap Fosap 125 mg 01/100 mg

Inj / Tab. Dexamethasone 12mg in 100ml NS iv over 30minutes

Inj Ondansetron 16mg IVP only

Chemotherapy:

Inj Adriamycin (25mg/m²) 25 mg in 250ml NS IV over 30minute

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

Inj Bleomycin (10 IU/m²) 10 U slow intravenous push

Inj Vinblastine (6mg/m², Cap 10mg) 6 mg slow intravenous push

Inj Dacarbazine (375mg/m²) 375 mg, 500ml NS intravenous over 60 minutes

Flush with 100ml NS after the chemotherapy

Post Chemo Supportive Care: On Day 2, 3, 4

Tab Olanzapine 5mg per oral, once in morning x 3days

Dexamethasone only if significant nausea / emesis in previous cycle

Tab. Dexamethasone 8mg once after food x 3 days

Tab. Pantoprazole 40mg empty stomach with Dexamethasone only

Discharged in stable condition

To follow up in MO clinic as advised with CBC, LFT/KFT

In case of any problem, please call us on: 9999653960 Or

Visit Emergency at any time, on any day

Signature	Doctor <i>Part</i>	Nursing Officer
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Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

Indoor Reg No: 285099. IRCH NO: _____ Ward: _____
 Consultant Name: _____
 Patient Name: Pam Tyagi Age: _____ Sex: _____

Admission For: _____ Admission Date: 12/11. Discharged Date: _____

Diagnosis: H2.

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

S.No.	Product	No. of Unit	Blf Group	Bag No.	Date of Expiry
		<u>Pre-med.</u>			

Advice

↓.

Re-appointment in

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

Re-appointment In Day Care

Ing. Doxorubicin. 25mg IV
Ing. Bleomycin. 10mg IV port
Ing. vinblastine 6mg IV p
Ing. Dacarbazine 375mg. IV
Tyagi.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi ,

LABORATORY OBSERVATION REPORT

UHID: 106364545
Name: Mr. PARTH TYAGI
Sex: Male
Department: Medical Oncology NCI
Unit In-charge: Dr. .
Sample Received Time: 02/01/2023 12:21 PM

Reg Date: 16/11/2022 08:24 AM
Ward Name :
Age: 5 years 5 months 25 days
Unit Name: Unit-1
Sample Collection Date:02/01/2023 08:23 AM
Report Time:02/01/2023 02:37 PM

Sample Details :S020123050 (Blood) /

Test Name	Result	Reference Range	Verification Comment
179			
Albumin	4.400 g/dL	3.2 - 4.8 g/dL	
Gamma-Glutamyl Transferase	40	0.00-0.00	
DIRECT BILIRUBIN	0.100 mg/dL	< 0.3 mg/dL	
INDIRECT BILIRUBIN.	0.2 mg/dL	0.1-0.15	
SGPT/ALT	24 U/L	10 - 49 U/L	
SGOT/AST	27 U/L	< 34 U/L	
TOTAL PROTEIN	6.800 g/dL	5.7 - 8.2 g/dL	
ALKALINE PHOSPHATASE	178 I.U.	140 - 840 I.U.	
GLOBULIN	2.4	2.5 - 3.4 g/dL	
A/G Ratio	1.83333 ratio	1.2 - 2.2 ratio	
TOTAL BILIRUBIN	0.300 mg/dL	0.3 - 1.2 mg/dL	
180			
Uric Acid	3.800 mg/dL	3.7 - 9.2 mg/dL	
UREA	21 mg/dL	< 50 mg/dL	
CREATININE	0.310 mg/dL	0.7 - 1.3 mg/dL	
CALCIUM	9.200 mg/dL	8.7 - 10.4 mg/dL	
PHOSPHOROUS	4.300 mg/dL	2.4 - 5.1 mg/dL	
SODIUM (NA)	135 mmol/L	132 - 146 mmol/L	
POTASSIUM (K)	5.100 mmol/L	3.5 - 5.5 mmol/L	
CHLORIDE(CL-)	103 mmol/L	99 - 109 mmol/L	

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi ,

LABORATORY OBSERVATION REPORT

UHID: 106364545

Name: Mr. PARTH TYAGI

Sex: Male

Department: Medical Oncology NCI

Unit In-charge: Dr. .

Sample Received Time: 02/01/2023 12:53 PM

Reg Date: 16/11/2022 08:24 AM

Ward Name :

Age: 5 years 5 months 25 days

Unit Name: Unit-1

Sample Collection Date:02/01/2023 08:22 AM

Report Time:02/01/2023 03:00 PM

Sample Details :E020123051 (Blood) /

Test Name	Result	Reference Range	Verification Comment
141			
RBC Count	4.800 $10^6/\mu\text{L}$	4.5 - 5.5 $10^6/\mu\text{L}$	
Platelet Count	326 $10^3/\mu\text{L}$	150 - 400 $10^3/\mu\text{L}$	
142			
Neutrophils	61.500 %	40 - 80 %	
Eosinophils	0.500 %	0 - 5 %	
Monocytes	4.300 %	3 - 11 %	
Basophils	0.100 %	0 - 2 %	

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

Lab Technologist

Laboratory In-charge



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

UHID:	106364545	Sex :	Male
Patient Name :	Mr. PARTH TYAGI	Sample Received Date :	17/11/2022 05:06 PM
Age :	5 years 4 months 9 days	Department :	Medical Oncology
Unit Name :	Unit-I	Unit Incharge :	
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	16/11/2022 08:24 AM	Sample Collection Date:	17/11/2022 12:05 PM
Report Generated Date:	17/11/2022 08:00 pm	Dept / IRCH No:	285099
Recommended By:	Mr. nitin .	Lab Reference No:	1480

Sample Details : E171122354

Report

Test Name	Result	Comment	Normal Range
CBC			
Hemoglobin	10.700 g/dL		• 13 - 17 g/dL
Hematocrit	33.9264 %		• 40 - 50 %
RBC Count	4.560 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
RBC Count	4.560 $10^6/\mu\text{L}$		• 4.5 - 5.5 $10^6/\mu\text{L}$
WBC Count	4.000 $10^3/\mu\text{L}$		• 4 - 10 $10^3/\mu\text{L}$
Platelet Count	409 $10^3/\mu\text{L}$		• 150 - 400 $10^3/\mu\text{L}$
MCV	74.400 fL		• 83 - 101 fL
MCH	23.4649 pg		• 27 - 32 pg
MCHC	31.5389 g/dL		• 31.5 - 34.5 g/dL
RDW	16.100 %		• 11.6 - 15 %
DLC			
Neutrophils	42.400 %		• 40 - 80 %
Neutrophils	42.400 %		• 40 - 80 %
Lymphocytes	31.000 %		• 20 - 40 %
Eosinophils	14.400 %		• 0 - 7 %
Monocytes	8.700 %		• 3 - 11 %
Basophils	1.000 %		• 0 - 2 %
Basophils	1.000 %		• 0 - 2 %
Neutrophils - Abs	3.76512 $10^3/\mu\text{L}$		• 2 - 7 $10^3/\mu\text{L}$
Lymphocytes - Abs	2.7528 $10^3/\mu\text{L}$		• 1 - 3 $10^3/\mu\text{L}$
Eosinophils - Abs	1.27872 $10^3/\mu\text{L}$		• 0.02 - 0.5 $10^3/\mu\text{L}$
Monocytes - Abs	0.77256 $10^3/\mu\text{L}$		• 0.2 - 1 $10^3/\mu\text{L}$
Basophils-Abs	0.0888 $10^3/\mu\text{L}$		• 0 - 0.1 $10^3/\mu\text{L}$

Over All Comment :

Authorised Signatory

(*Forrest Dr wino for research*)
Dr.

Verified By

डॉ० बी० आर० अम्बेडकर संस्थान रोटरी कैंन्सर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं., अन्सारी नगर, नई दिल्ली
All India Institute of Medical Sciences, Ansari Nagar, New Delhi

क्लीनिकल पैथोलोजी / CLINICAL PATHOLOGY
HEMATOLOGY

PARTH TYAGI-05/12



106364545-214

DR. B.R.A. IICHAHMS, NEW DELHI
IRCH No. 285099
Chair: Paed. Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
Genral
नाम
Name: PARTH TYAGI
S/O- Raju tyagi
Phone No. 98101
Address (MO)
MEERUT, U.P.
Reg. Date: 16/11/2022
Clinic No. 2022/20775
UHID-106364545
Sex/Age: M/5Y
Room 13 (Shift Morning)
ASHI GARI MAWNA
INDIA



आयु/ Age _____ लिंग/ Sex _____
Consultant _____
Unit/Bed No. _____
Signature of Doctor _____
Time of Receipt _____

Q
6/12/22
Gate No-4
7am

Today's Lab. Re...

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

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

Routine CBC		Routine WBC Differential		Routine Retic		Baso Rate		Peroxo Rate	
WBC	4.49	x10 ³ cells/ μ L	L	4.49	%	H	4.20	%	
RBC	4.53	x10 ⁶ cells/ μ L	Neut	36.2	%	CHc	26.5	%	
HGB	10.0	g/dL	Lymph	35.7	%	Chm	21.9	%	
HCT	34.5	%	Monc	13.2	%				
MCH	22.2	pg	Eos	9.0	%				
MCHC	29.1	g/dL	Baso	0.5	%				
CHCM	29.3	g/dL	PLT	5.3	x10 ³ cells/ μ L				
CH	22.2	pg	MPV		fL				
RDW	18.2	%	WBCP		x10 ³ cells/ μ L				
RDW	2.89	g/dL							
PLT	519	x10 ³ cells/ μ L							
MPV	8.6	fL							

Additional Routine Parameters		Morphology Flags	
%Ret	2.1	MICRO	++
%Hyp	0.2	HYPO	+++
%Hyp	34.3	ANISO	+++
%Macro	0.5	LEFT SHIFT	+
%Micro	10.3	BLASTS	+
%Fragments	0.04	ATYPS	+
RBC Osmots	0.02		
Neut X	60.2		
Neut Y	77.4		
MPhx	13.7		
MPhy	14.0		
MPN	53.5		
%PMNs	45.6		
Cellular HGB	10.1		

SID 100364545-214
 Aspiration Date/Time 12/05/2022 05:55:35 PM
 Sample Type PATIENT
 Rack & Position 5 10
 Cal Factors Current
 FOR LABORATORY USE ONLY

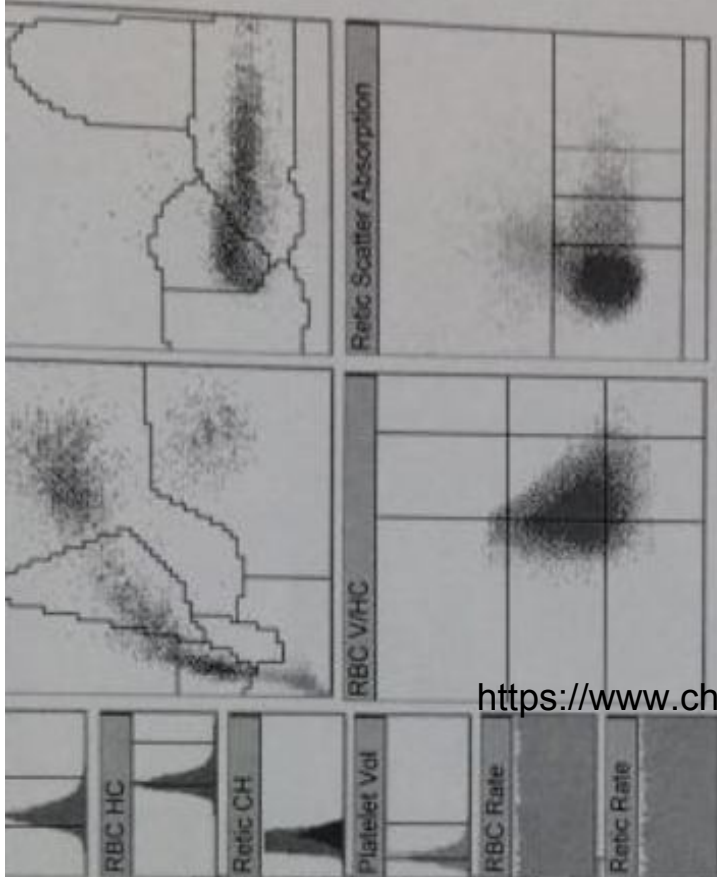
Routine CBC			Routine WBC Differential		
WBC	L 4.49	$\times 10^3$ cells/ μ L	WBC	L 4.49	$\times 10^3$ cells/ μ L
RBC	4.53	$\times 10^6$ cells/ μ L	Neut	L 36.2	L 1.63 $\times 10^3$ cells/ μ L
HGB	L 10.0	g/dL	Lymph	35.7	L 1.60 $\times 10^3$ cells/ μ L
HCT	L 34.5	%	Mono	H 13.2	0.59 $\times 10^3$ cells/ μ L
MCV	L 76.2	fL	Eos	H 9.0	0.41 $\times 10^3$ cells/ μ L
MCH	L 22.2	pg	Baso	0.5	0.02 $\times 10^3$ cells/ μ L
MCHC	L 29.1	g/dL	LLUC	H 5.3	0.24 $\times 10^3$ cells/ μ L
CHCM	L 29.3	g/dL	NRBC		
CH	22.2	pg	LI		2.12
RDW	H 18.2	%	MPXI		-0.2
RDW	2.89	g/dL	WBPC		4.28 $\times 10^3$ cells/ μ L
PLT	H 519	$\times 10^3$ cells/ μ L			
MPV	8.6	fL			

Routine Retic		
Retic	H 4.20	%
CHR		26.5 pg
DHm		21.9 pg

Morphology Flags	
MICRO	+++
HYPO	+++
ANISO	+++
LEFT SHIFT	+
BLASTS	+
ATYPS	+



Additional Routine Parameters		
%Blast Suspect	2.1	
%Hyper	0.2	
%Hypo	34.3	
%Macro	0.5	
%Micro	10.3	
RBC Fragments	0.04	$\times 10^6$ cells/ μ L
RBC Ghosts	0.02	$\times 10^6$ cells/ μ L
Neut X	60.2	
Neut Y	77.4	
MNw	13.7	
MPw	54.0	
%MN	53.5	
%PMN	45.6	
Cellular HGB	10.1	g/dL



System Flags

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

29/10/2022

Master Path. 747 mole

- Clo Rt cervical lymphadenopathy
x 8 month

Pract. 510 HL

- WB PET/CT Scan - Rt Neck nodes.
→ no more etaki LAP

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

01-11-2022

Excision lymph node biopsy Isthms CA

done on 01.11.2022

Rx T. PCNA (paraclonal) 25mg bid for 3 days
+ OFlox 200mg bid tab 20

Review o biopsy report

08826272421

For Appointment Contact: +91 8279850050, 9068117999

22



LABORATORY ONCOLOGY UNIT, Dr B.R.A. IRCH, AIIMS, New Delhi & NCI-JHAJJAR, AIIMS

Remission form for Routine Investigations

Address MOHALLA RAJA DERWAJA PARIKSHIT GARHUMANA
MEERUT, UTTAR PRADESH, Pin 250406, INDIA

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

UHID: 106364545

IRCH No. 285099

नाम

Name PARTH TYAGI



General

- Clinical Diagnosis:
- Clinical Details:

- Payment status:
 Paying
 EHS (No :)
 Exempted by (Sign and Stamp)

Investigation Requested

Parameters	Cost	Parameters	Cost	Parameters	Cost	Parameters	Cost
CBC+DLC	Free	Total Bilirubin	Free	FSH	200	HIV	Free
CBC+DLC+ Reticulocyte	Free	Direct Bilirubin	Free	LH	200	HBsAg	Free
PT	Free	SGPT/ALT	Free	Estradiol	225	HCV	Free
INR	Free	SGOT/AST	Free	Progesterone	225	IgG	Free
APTT	Free	Total protein	Free	Cortisol	200	IgA	Free
TT	Free	Alkaline Phosphotase	Free	Testosterone	200	IgM	Free
D Dimer	Free	GGT	Free	TSH	200	AFP	Free
Fibrinogen	Free	Amylase	Free	FT3	Free	CA125	500
Glucose R	Free	Lipase	Free	FT4	Free	CA19.9	100
Glucose F	Free	Magnesium	Free	T3	200	CEA	225
Glucose PP	Free	Cholesterol	125	T4	200	PSA	275
GTT-50g Glucose	Free	Triglyceride		Vitamin B12	100	Free PSA	Free
GTT-75g Glucose	Free	VLDL		Folate	Free	β-HCG	Free
GTT-100g Glucose	Free	LDL		Homocysteine	Free	HbA1c	150
Urea	Free	HDL	25	Iron	Free	Requesting Doctor Name Sign Seal	
Creatinine	Free	LDH		Ferritin	100		
Uric Acid	Free	CRP		TIBC	Free		
Calcium	Free	IL-6		Troponin	35		
Phosphorus	Free	Procalcitonin		CK-NAC	125		
Sodium	Free	Prolactin		CK-MB	100		
Potassium	Free	PTH					
Chloride	Free						

Remarks:



National Cancer Institute
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Jhajjar, Haryana, Pin-124105

Printed on 09 Jan 2023 11:28:05 AM

Dept No: 0

Receipt No: ACCOUNTS-22/37356/202223 [Original]NCI Billing Receipt NCI No : 0 UHD : 106364545
Received From: MR. PARTH TYAGI ,Age : 5 Yrs 6 Mon 1 Days DATED: 09/01/2023
Payment By: Debit Card Billing Type : General

On ACCOUNT OF

Sl No.	Service Name	Quantity	Rate	Net Amount
1	ADVANCE - SHORT ADMISSION	1	60	60

Payment Mode : Debit Card

Card Holder's Name : raju , Approval No : 401609

RS.: 60.0

Rupees Sixty Only

MS.POONAM BILLING Bed No : 34

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

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

UHID: 106364545

IRCH No. 285099

नाम

Name PARTH TYAGI

S/O- Raju tyagi

Phone No. 9810147410



General

Sex/Age M/5Y

Date

24/11/22

NCI

Cycle

C# 1 A

Emetogenic Potential

Highly

Protocol - ADV D (Part A / B)

Every 2 weeks (Part A / B) Maximum 6 cycles

Premedication:

aprecep → D1 125 D2 125 D3 125

As in Envelope (Inj Fosap 150mg in 100ml NS over 30 minutes OR Inj. Placebo 100ml Normal saline over 30 minutes)

Tab. Olanzapine 5mg once stat

Inj / Tab. Dexa 12mg in 100ml NS iv over 30minutes

Inj Ondansetron 16mgIVP only

Chemotherapy:

InjAdriamycin (25mg/m2) 25 mg in 250ml NS IV over 30minute

Inj Bleomycin(10 IU/m2) 10 IU <https://www.childhelpinghand.org/>

Inj Vinblastine (6mg/m2, Cap 10mg) 6mg mg slow intravenous push

Inj Dacarbazine(375mg/m2) 375 mg, 500ml NS intravenous over 60 minutes

Flush with 100ml NS after the chemotherapy

Post Chemo Supportive Care: On Day 2, 3, 4

Tab Olanzapine 5mg per oral, once in morning x 3days

Dexa only if significant nausea / emesis in previous cycle

Tab. Dexamethasone 8mg once after food x 3 days

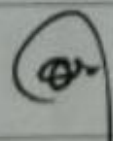
Tab. Pantoprazole 40mg empty stomach with Dexaonly

Discharged in stable condition

To follow up in MO clinic as advised with CBC, LFT/KFT

In case of any problem, please call us on: 9999653960 Or

Visit Emergency at any time, on any day

Signature	Doctor 	Nursing Officer
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IRCH No. 285099

Reg. Date-16/11/2022

Clinic Paed. Lymphoma Leukemia Clinic
Deptt. MEDICAL ONCOLOGY
General

Clinic No. 2022/20775



Date

9/1/23

NCI

Cycle

C# 2B

Emetogenic
Potential

Highly

नाम

UHID-106364545

Name PARTH TYAGI

S/O- Raju tyagi

Sex/Age M/5Y

Phone No. 9810147410

Room 13 (Shift Morning)

Address MOHALLA RAJA DERWAJA PARIKSHIT GARH, MAWNA
MEERUT, UTTAR PRADESH, Pin 250406, INDIA

Protocol - ABVD (Part A / B)

Every 2 weeks (Part A / B) Maximum 6 cycles

Premedication:

As in Envelope (Inj Fosap 150mg in 100ml NS over 30 minutes OR Inj. Placebo
100ml Normal saline over 30 minutes) Cap Aprucap 125mg O1

Tab. Olanzapine 5mg once stat

Inj / Tab. Dexamethasone 12mg in 100ml NS iv over 30 minutes

Inj Ondansetron 16mg IVP only

Chemotherapy:

Inj Adriamycin (25mg/m²) 25 mg in 250ml NS IV over 30 minutesInj Bleomycin (10 IU/m²) 10 U slow intravenous pushInj Vinblastine (6mg/m², Cap 10mg) 6 mg slow intravenous pushInj Dacarbazine (375mg/m²) 375 mg, 500ml NS intravenous over 60 minutes

Flush with 100ml NS after the chemotherapy

Post Chemo Supportive Care: On Day 2, 3, 4

Tab Olanzapine 5mg per oral, once in morning x 3 days

Dexamethasone only if significant nausea / emesis in previous cycle

Tab. Dexamethasone 8mg once after food x 3 days

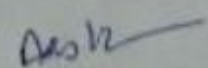
Tab. Pantoprazole 40mg empty stomach with Dexamethasone only

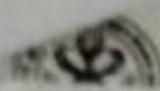
Discharged in stable condition

To follow up in MO clinic as advised with CBC, LFT/KFT

In case of any problem, please call us on: 9999653960 Or

Visit Emergency at any time, on any day

Signature	Doctor 	Nursing Officer
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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
/A.I.I.M.S. HOSPITAL

22-49410

at Patient Department
 NO PROHIBITED IN HOSPITAL PREMISES

OPR-6

DR. B.R.A. INSTITUTE, NEW DELHI
 Reg. No. 1411/2002
 F. No. 2003/20714
 Regd. MEDICAL CHEMISTS
 License
 Name: PARTH TYAGI
 MD Pathology
 Phone No. 26583660
 Address: MEDICAL & RASL DEPARTMENT, PLOT NO. 1, DABHULMARGA
 MEDICAL CITY, NEW DELHI, INDIA



संस्थान/कॉलेज नं./O.P.D. Regn. No.

Sex	Age	Date (DD/MM/YY)
		PORTN TYAGI-05/12
 106364545-214		

रिपोर्ट/Diagnosis

ML

106364545

दिनांक/Date	उपचार/Treatment
23/11/22	IA
	inj. DOXDAUBICIN 25mg in 100ml IV
	inj. BLEOMYCIN 10mg IV
	inj. VINBLASTINE 0mg IV
	inj. DACARBAZINE 375mg IV
	inj. 27fen 4mg IV
	inj. Demora 4mg IV
	inj. 27fen 1mg IV
	inj. Demora 2mg IV

Hand of 100ml
 Day Care
 20min 8-10 June
 838926783

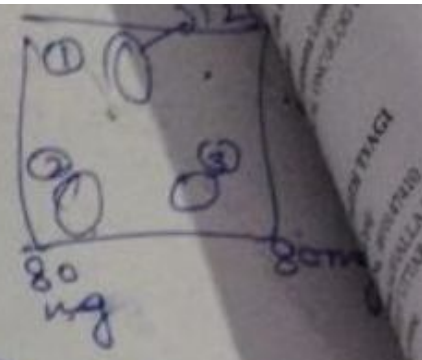
14/11/22 (20)

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)

बिना किसी शुल्क के अंगदान की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

Cap. Apretop d1-125mg
 d2- 80mg
 d3- 80mg



Fu with CBC on 7/12/22

Sameer Bakshi

Dr. SAMEER BAKHSI
 Senior Resident, Hematopath. Medical Oncology
 Dr. B.S. Puri Institute of Postgraduate Medical Education & Research (IPGMER), New Delhi-29
 NCT of Delhi, India. NCMC Registration No. 1893.

7/12/22

IB
 Rpt. alone cycle
 Fu with CBC on 21/12

OK
 12/12

Dr. SAMEER BAKHSI
 Senior Resident, Hematopath. Medical Oncology
 Dr. B.S. Puri Institute of Postgraduate Medical Education & Research (IPGMER), New Delhi-29
 NCT of Delhi, India. NCMC Registration No. 1893.

CBC IA
 21/12/22

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

21/12/22

→ Cycle II A
 - To repeat as overdose (26/12)
 - F/U & CBC - on 04/01/23

CBC IA
 9/1/23

Dr. SAMEER BAKHSI
 Senior Resident, Hematopath. Medical Oncology
 Dr. B.S. Puri Institute of Postgraduate Medical Education & Research (IPGMER), New Delhi-29
 NCT of Delhi, India. NCMC Registration No. 1893.

28/12/22

04/01/23

Cycle II B - Repeat on 9/1/23
 (to check CBC)

- F/U → on 19/01/23
- Syp. LCZ (2.5mg/5ml)
- Steam inhalation



भारत सरकार

GOVERNMENT OF INDIA



राजू त्यागी
Raju Tyagi

जन्म तिथि/DOB: 18/06/1989
<https://www.childhelpinghand.org/>

पुरुष/ MALE



9837 8987 4815

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

पता:

S/O: Kailash Tyagi, 226, kila, Mavi,
Meerut,
Uttar Pradesh - 250406

S/O: कैलाश त्यागी, 226, किला, मावी
मेरठ,
उत्तर प्रदेश - 250406

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

9837 8987 4815



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

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Bengaluru-560 001