CARE PROMISE WELFARE SOCIETY (REGD)

APPLICATION FOR FINANCIAL HELP TO CANCER-HEPATITIS PATIENTS

Photo of the patient

NAME — Mr. Abhishek

FATHER'S/HUSBAND NAME — Mr. Brij

AGE — 17 Years SEX — Male

PRESENT ADDRESS — E-II/297-

PARMANENT ADDRESS — Madangir —

FINANCIAL STATUS — BPL-Delhi-62

MONTHLY INCOME — 6000/-

OCCUPATION — Labour

DESCRIPTION OF THE DISEASE — Blood Cancer

INTRODUCED BY — Mrs. Mamta Sharma

It should be verified by any of these persons: a Gazatted Officer, M.L.A, Municipal Councilor or M.P. In case of student it should be verified by the Principal of the school.

Please enclose the following documents with the application:

1. Two Photos (attested) ✓
2. Proof of Residential address ✓
3. Age proof certificate/ID ✓
4. Photocopies of – medicine Bills, copies of the prescriptions. ✓
5. Approximate expense of the treatment, letter from hospital.
6. Photocopy of first page and last 6 months statement from bank.
7. An application from patient stating the circumstances leading to disease and his/her financial position and the size of the family with proof of income.
8. In case the patient unable to come to collect the help then give the name of the authorized person: .....

Passed by

Director
Signature & Name

Secretary
Signature and Name

Case if needed
Some help
and we should go for it.

सेवा में,

जनरल सैक्रेटरी साहब
केयर प्रोमिस वेलफेयर सोसायटी
दिल्ली

विषय :- आर्थिक सहायता हेतु

महोदय,

सविनय निवेदन यह है कि मैं बृजपाल निवासी E-II/296 मदनगीर में रहता हूं मेरे पुत्र अभिषेक का अचानक से एक गंभीर बिमारी से ग्रस्त है। मैं एक दिहाड़ी मजदूर हूं मैं अपने पुत्र का इलाज कराने मे असक्षम मे आपसे मेरा (Blood cancer) अनुरोध है कि मेरी आर्थिक सहायता करे ताकि अपने पुत्र का इलाज करा सकूं। मैं आपका आजीवन आभारी रहूंगा।

धन्यवाद

बृजपाल
E-II/296 मदनगीर
दिल्ली-110062

Hb 8.6 | TLC 6020 | ANC 710 | PLT 9000 — Gum bleed (+)

- S. Cyclosporine trough level
- LFT | KFT

1) Tab cyclosporine 150mg bd
2) Tab. Eltrombopag (Revolade) 100 OD
3) 6 PRP | 10 SDAP

DR. SUMITA CHAUDHRY
M.D. (MEDICINE)
Senior Medical Specialist
Department of Medicine and Clinical Hematology
Safdarjung Hospital, New Delhi-110029

24/1/2019

Admit in ward 36b
Hemat for PLT transfusion

DR. SUMITA CHAUDHRY
M.D. (MEDICINE)
Senior Medical Specialist
Department of Medicine and Clinical Hematology
Safdarjung Hospital, New Delhi-110029

24/1/19

Hb 6.7 | TLC 4360 | PLT 14000 | ANC 380

KFT | LFT (a)

CSA trough level 238 µg/L

04/02/19

Hb - 6.5 | TLC - 4,600 | PLT - 12×10^3
c/o bleeding gums (+)

c/o

Adv/

- LFT | S. enz | KFT

1. Tb. cyclosporin 150mg BD
2. Tb. Eltrombopag (Revolade) 100mg OD
3. 6 (1) PRP | 10 (1) SDAP

Admit in ward. 36.
Hematology (Dr. B.K. Gupta)
for transfusion.

04/02/19

DR. [illegible]
M.D. [illegible]
Senior Medical Specialist
Department of Medicine
Safdarjung Hospital
New Delhi-110029

DR. [illegible]
V.M.M.C. & S.J.
NEW DELHI-110029

21/2/19
kindly review pt
21/2/19

c/o gum bleed (+)

Hb - 5.9 g% | TLC - 4,470 | Plt - 23×10³

LFT

Urea/creat - 32/0.7
Na/K - 137/3.5
SGOT/PT - 38/29
ALP - 99
T. Bil - 0.9

Adv.

(1) Tb Tranexa 500 mg TDS
(2) Tb FA 1 tab OD
× 2 weeks.

Adv/

- Cap cyclosporine 150 mg BD
- 2 (+) PRBC transfusion (on donat.) × 1 week.

21/2/19

28/2/19

Hb - 6.2 g% | TLC - 5,830 | Plt - 24×10³

c/o gum bleed.

LFT/KFT - awaited → (n)

Adv/

Plan - To ↓ cyclosporine + Add Eltrombopag (low dose)

1) Cap cyclosporine 150 mg BD
2) Tb Eltrombopag 50 mg 1 tab/day
3) Tan × gum paint. × 2 wk

28/2/19

LFT/S Ca2

DR. ANOOP KUMAR ODWEA
SENIOR RESIDENT MD INTERNAL MEDICINE
DEPTT. OF HAEMATOLOGY
V.M.M.C. & SAFDARJANG HOSPITAL
NEW DELHI -110029

एस० जे० एच०/SJH-25

आय
INCOME

H-11607/18

बाह्य रोगी विभाग पंजी संख्या
O.P.D. Reg. No.

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJANG HOSPITAL, NEW DELHI
(बाह्य रोगी का निर्देश पत्र)
(OUT-PATIENTS REFERENCE CARD)

रुधिर विज्ञान विभाग
Deptt. of Haematology
सफदरजंग अस्पताल, नई दिल्ली
Safdarjang Hospital, New Delhi
नए रोगी – सोमवार व गुरुवार
New Case - Monday & Thursday
9 am to 11.30 am

उत्तर चिकित्सक/चिकित्सक का नाम
Name of Surgeon/Physician

विभाग
Deptt.

नाम Name	पिता/पति का नाम Father's / Husband's Name	आयु Age	लिंग Sex	पता Address
Abhishek		17	M	

निदान Diagnosis: Severe Aplastic anemia, PNH-Negative, Post ATG (21/12 – 24/12/18)

दिनांक Dated		उपचार Treatment
	Hb- 5.2 / TLC- 3,830 / PLT - 14×10³	
11/2/19	ANC- 780.	
	Adv.	
5/2	S Bil - 2.5 (D- 1.2)	
	AST/ALT - 24/26	① W/H Cap cyclosporine +
	ALP - 101	W/H Tb Ethrombopag (Revolade).
LFT/KFT - done today		② Tb FA 1 tab OD
	report awaited	x 2 wks
		Dr. SHIVANI GUPTA MD(GSM) 11/2/19.
T. Bil - 2.5 (D- 0.3)	[2 dlt Fluent Acivir]	
AST/ALT - 18/13		
ALP - 99		
Urea/Cr - 37/0.8		
• To review in OPD/emw		
in CGO blud/fever		

SECTION OF HAEMATOLOGY
DEPTT. OF MEDICINE
V.M.M.C. & SAFDARJUNG HOSPITAL
NEW DELHI -110029

Dr Marilyn

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

EMERGENCY CARD ISSUED BY

UHID No:104109357

आपातकालीन नं.(Emergency No): 2018/030/0127436 दिनांक DATE: 05/11/2018 समय TIME: 10:06:48 AM

NON-MLC

नाम NAME: **MR. ABHISHEK .** आयु AGE : **17 years** लिंग /SEX : **M**

S/O : BRIJ PAL

पता ADDRESS: मकान संख्या H.NO: E-IIND 297 गली / मुहल्ला STREET/MOH: MADAN GIR

शहर/प्रखड CITY/BLOCK: पिन PIN:

राज्य STATE: DELHI दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 9818939420 स्थान Location: SCREENING

द्वारा BROUGHT BY: Relative : Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive **HR** 102 /min **BP** 132/92 mmHg **RR** 18 /min **spO2** 100 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

c/o multiple ecchymotic patches
& Hematuria
bleeding PR
Oral ulcers
outside report - PLT - 20,000

Primary Assessment (ABCDE) : Assessment Pentagon

? ITP

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

Diagnosis

EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

Final report date 05/11/2018 11:06:12	Sample ID AUTO_SID53	Collection Date
Type Man	Department	Physician
Comments		
Patient ID 104109357	Patient Name ABHISHEK	First Name
Date of Birth	Age 17 Y	Gender Male
Comments		
Operator ABX		

RBC	2.28	L	$10^6/mm^3$
HGB	7.4	L	g/dL
HCT	22.3	L	%
MCV	98		μm^3
MCH	32.4	h	pg
MCHC	33.1		g/dL
RDWcv	14.5		%
RDWsd	51		μm^3
PLT	1	IL	$10^3/mm^3$
MPV	—		μm^3

Flags and Alarms

Remarks

RBC of the Run 05/11/2018 11:06:10
WBC of the Run 05/11/2018 11:06:10
PLT of the Run 05/11/2018 11:06:10
DIFF of the Run 05/11/2018 11:06:10

Hb ↓

WBC	5.1		$10^3/mm^3$	
	%		#	
NEU	21.8		1.11	L
LYM	73.3		3.74	
MON	4.2		0.21	
EOS	0.4		0.02	
BAS	0.3		0.02	
ALY	1.1		0.05	
LIC	0.4		0.02	

TLC ⊗

N > L

P/L

(7)

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 : ABHISHEK Age/Sex : 17/M Ref. Deptt./Unit : Date : 5/11/18

Indoor (Bed No.) / Outdoor/ Casualty UHID No. : 10410957 LMP :

Examination Required :

Clinical History and Examination : c/o :- Haematuria & pain abdomen.

USG + KUB.

Clinical / Working Diagnosis : To look for any renal stones / pyelonephritis / cystitis / Kidney size

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

Signature of Referring Physician / Date : [signature]

Consent :

I hereby give consent for the performance of any diagnositc 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 :

P.T.O.

अखिल भारतीय आयुर्विज्ञान संस्थान

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली–110029

ANSARI NAGAR, NEW DELHI - 110 029

TRANSFUSION CHART

नाम : आयु. लिंग यू.एच.आइ.डी.

NAME : Abhishek AGE : 17 Sex : M UHID Mo. : 104109357

WARD : NCW BED NO. : JR DIAGNOSIS :

PATIENT'S BLOOD GROUP : UNIT CHIEF :

Date	Starting Time	Bag No.	COMPONENTS WB	RBC	PLT	FFP	PLSM	CRYC	Bag Group	RH	Checked By	Started By	Given By	Stop time	Reaction
5/11	6:00p	31397			✓				A	Pv	JR	R			

WB WHOLE BLOOD

PLAM	-	PLASMA
CRYO	-	CRYOPRECIPRATE
QTY	-	QUANTITY
FFP	-	FRESH FROZEN PLASM

ISSUE / COMPATIBILITY LABEL

Sample ID : **2018-R36980**
Patient : **Mr. ABHISHEK .**
Patient's Blood Group : **A Pos** UHID: **104109357**
Hosp/Dr : AIIMS Hospital /
Pt. Hosp. Req. No.:
Wd-Bed No.:

Product : **IRR-RDP** Issue No: 38479
Blood Group : **A Pos** Issue Dt :05/Nov/2018 05:04 PM
Bag ID : **2018-B31397** Colln. Dt : 03/Nov/2018
XMatching Report : ABO Compatible Exp. Dt : **08/Nov/2018**
X-matched By : Riyaz Issued By : Riyaz

Main Blood Bank,Department of Transfusion Medicine AIIMS
Ansari Nagar , New Delhi- 110029 Lic.No. 646/81

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

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

नाम Name: Abhishek
उम्र Age: 22/male
सर्विस Service:
दिनांक Date: 5/11/18
यू.एच.आई.डी. नं. UHID No.:

प्रोफेसर इंचार्ज
Professor I/C

Note written by.....

CLINICAL NOTES

c/s / by sk hematology.

=> Spontaneous echymotic patches
=> gum bleeding
} x 15 days

=> bleeding PR x 2 days

O/E: Pallor (+) echymotic patches (+)
no LN / HSM no sternal tenderness

CBC => 7.4 / 5100 / 1000
N: 21.8 ANC = 1110

Imp ? aplastic anemia
?? acute leuk.

Adv: PRP 6 (o) transfusion
- Tab cip 500mg 2 SOS
Cont.

एम. आर–8 नर्सेज डेली रिकार्ड
M.R.-8 (Nurses Daily Record)

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

नाम / Name	उम्र / Age	लिंग / Sex	वैवाहिक स्थिति / Marital Status	यू.एच.आई.डी.नं. / UHID No.
Abhishek	17	Male		10410935 7

सेवा / Service	वार्ड / Ward	बेड / Bed	व्यवसाय / Occupation	धर्म / Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
6/11/18 5:00pm	(C/S/B DR JR/NA ↓SR EM)		
	c/o - spontaneous echymotic patches gum Bleeding Bleeding PR x 2 days — No H/o fever / cough		
	O/E Pulse - 84/min B.P = 110/70 mmHg R.R - 18/min Pt is conscious & well oriented to T/P/P	Imp → ? Aplastic Anemia ?? Acute leuk.	
	Hb - 7.5 PLT → 4000	Adv - — Tab Clip 500 mg 2 SOS	

6/11/18

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

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

नाम Name Abhishek | उम्र Age 22m | सर्विस Service | दिनांक Date 6/11/18 | यू.एच.आई.डी. नं. UHID No. 10410935 7

प्रोफेसर इंचार्ज
Professor I/C

Note written by.....

CLINICAL NOTES

CISTB - JR INA 7/SEEM.

P/ Presented c Rashes patache oraly and gum bleed

A - Patent
B - RIB - B/L clear | RR - 14/min
C - S1S2 Ent | HR - 72/min | BP - 120/70 mmHg
P/A - Soft non tender

Adv
1. CBC PRP request sent

EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

Final report date 06/11/2018 1:01:26	Sample ID AUTO_SID265	Collection Date
Type Nice Comments	Department	Physician
Patient ID 1311 09357	Patient Name ABHISHEK	First Name
Date of Birth	Age 17 Y	Gender Male
Comments Operator ABX		

RBC	2.29	L	$10^6/mm^3$
HGB	7.5	L	g/dL
HCT	22.3	L	%
MCV	97		μm^3
MCH	32.5	h	pg
MCHC	33.4		g/dL
RDWcv	14.0		%
RDWsd	49		μm^3
PLT	4	IL	$10^3/mm^3$
MPV	----		μm^3

Flags and Alarms

Remarks
RBC of the Run 06/11/2018 1:01:24
WBC of the Run 06/11/2018 1:01:24
PLT of the Run 06/11/2018 1:01:24
DIFF of the Run 06/11/2018 1:01:24

WBC	6.8		$10^3/mm^3$	
	%		#	
NEU	16.8		1.15	L
LYM	77.0		5.26	H
MON	5.4		0.37	
EOS	0.4		0.03	
BAS	0.4		0.03	
ALY	1.4		0.09	
LIC	0.3		0.02	

EMERGENCY MEDICINE
AIIMS

Report Printout

Validated

Machine procedure CBC/LT^SIP 17^1142	Sample ID AUTO_SID143	Collection Date
Type Man	Department	Physician
Comment		
Patient ID 04180957	Patient Name ABHISHEK	First Name
Date of Birth	Age 17 Y	Gender Male
Comments		
Operator ABX		

Flags and Alarms

RBC	2.48	L	$10^6/mm^3$
HGB	8.1	L	g/dL
HCT	24.3	L	%
MCV	98		μm^3
MCH	32.5	h	pg
MCHC	33.1		g/dL
RDWcv	13.4		%
RDWsd	47		μm^3
PLT	11	!L	$10^3/mm^3$
MPV	11.3	h	μm^3

Remarks

RBC of the Run 06/11/2018 17:54:41
WBC of the Run 06/11/2018 17:54:41
PLT of the Run 06/11/2018 17:54:41
DIFF of the Run 06/11/2018 17:54:41

WBC	4.5	$10^3/mm^3$	
	%	#	
NEU	23.0	1.04	L
LYM	71.0	3.20	
MON	4.8	0.22	
EOS	0.8	0.04	
BAS	0.4	0.02	
ALY	1.0	0.05	
LIC	0.3	0.01	

MEDICAL RECORD

Progress Notes

NOTE DATED: 11/06/2018 17:58
LOCAL TITLE: ED TRANSFER SUMMARY
STANDARD TITLE: DAILY NOTE
VISIT: 11/06/2018 17:58 DR OFFICE

DEPARTMENT OF EMERGENCY MEDICINE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR,NEW DELHI-110029

****
Unless otherwise specified all dates mentioned in this note are in the format MM/DD/YYYY
****

NEW EMERGENCY TRANSFER SUMMARY
****

UHID: 104-10-9357 NON MLC

PATIENT NAME: ABHISEK,ABHISEK AGE/SEX: 17MALE
DOA/TOA: Nov 5,2018@10:05
DATE AND TIME OF TRANSFER:Nov 6,2018@17:58
ADDRESS:
CONTACT NO: 9818939420

TRANSFER TYPE: REGRET NO BEDS, REFER TO SAFDARJUNG/OTHER HOSPITAL

PRESENTING COMPLAINTS:

SPONTANEOUS ACHYMOTIC PATCHES
GUM BLEEDING
BLEEDING PR

PROVISIONAL DIAGNOSIS

?AA

INVESTIGATIONS

ATTACHED

TREATMENT GIVEN:

ATTACHED

VITALS AT TIME OF TRANSFER
PT CONSCIOUS,ORIENTED,ORIENTED
PR:84/MT
RR:18/MT
BP:110/70MMHG

DRAFT COPY - DRAFT COPY -- ABOVE NOTE IS UNSIGNED-- DRAFT COPY - DRAFT COPY

6/11/18

LPL - FPSC VED MEDICOS
VED MEDICOS, 5/81, DDA FLATS, MADAN GIR
NEW DELHI

NABL ACCREDITED MC-2113 | CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS | ISO 9001: 2008 FS 60411 | ISO/IEC 27001 Information Security Management IS 616681

Name	: Mr. ABHISHEK	Collected	: 21/11/2018 11:41:00AM
Lab No.	: 143752793 Age: 17 Years Gender: Male	Received	: 21/11/2018 11:57:54AM
		Reported	: 21/11/2018 6:51:33PM
A/c Status	: P Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Electrical Impedance & VCS,Photometry)			
Hemoglobin	8.10	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	24.10	%	40.00 - 50.00
RBC Count	2.58	mill/mm3	4.50 - 5.50
MCV	93.20	fL	80.00 - 100.00
MCH	31.30	pg	27.00 - 32.00
MCHC	33.60	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	17.50	%	11.50 - 14.50
Total Leukocyte Count (TLC)	4.10	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	11.20	%	40.00 - 80.00
Lymphocytes	82.60	%	20.00 - 40.00
Monocytes	5.90	%	2.00 - 10.00
Eosinophils	0.20	%	1.00 - 6.00
Basophils	0.10	%	<2.00
Absolute Leucocyte Count			
Neutrophils	0.46	thou/mm3	2.00 - 7.00
Lymphocytes	3.39	thou/mm3	1.00 - 3.00
Monocytes	0.24	thou/mm3	0.20 - 1.00
Eosinophils	0.01	thou/mm3	0.02 - 0.50
Basophils	0.00	thou/mm3	0.01 - 0.10
Platelet Count	20.0	thou/mm3	150.00 - 450.00

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood

Advised

Platelet Count, Fluorescent (PLT-F) & Immature Platelet Fraction (IPF)

Comments

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
@ Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), NABL (MC-2113) and ISO (FS 60411) accredited laboratory

VED MEDICOS
DICOS, 5/81, DDA FLATS, MADAN GIR
DELHI

NABL ACCREDITED MC-2113 | CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS | ISO 9001: 2008 FS 60411 | bsi. ISO/IEC 27001 Information Security Management IS 696931

Name	: Mr. ABHISHEK		
Lab No.	: 143752793	Age: 17 Years	Gender: Male
A/c Status	: P	Ref By : SELF	

Collected : 21/11/2018 11:41:00AM
Received : 21/11/2018 11:57:54AM
Reported : 21/11/2018 6:51:33PM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
anisocytosis +,			

Predominantly normocytic normochromic RBCs.
There is moderate neutropenia.
There is mild lymphocytosis.
Platelets appear markedly reduced.
Imp: Pancytopenia
Advised:
Bone marrow aspiration and trephine biopsy if clinically indicated.
Followup and clinical correlation
Urgent review with Fresh EDTA sample.

Dr. Anil Arora
MD (Pathology)
HOD Hemat & Imm - NRL

Dr. Arvind Semalti
MD (Pathology)
Consultant Pathologist

----------End of report----------

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
Tests conducted at National Reference Lab, New Delhi, a CAP (71710011), NABL (MC-2113) and ISO/IEC (8641)

H-11607/18

8/11

FDA

सं०जं०अ०-11
S.J.H.-11

DoPR.

सफदरजंग अस्पताल, नई दिल्ली.110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029

विवरण-पत्र
CASE-SHEET

97367

संख्या No.	नाम Name Abhisnek.	पुरुष/स्त्री Sex 17year/M	जाति Caste	आयु Age
	व्यवसाय Occupation	पता Address Madan gir santnagar		
	प्रवेशन तिथि Date of admission 7/11/18			
वर्ष Year	उन्मोचन तिथि Date of discharge 16/11/18			
	रोग Disease ? steroid induced paraplegia ? aplastic anemia under evaluation		आहार DIET	
दिनांक Date	परिणाम Result			

Patient referred from AIIMS c/o
Bleeding PR
Blood in urine | x 4 days back for 2 day

no fresh complaint, no c/o bleeding since 48 hrs
no H/o DM/HTN, no c/o fever, cough, cold, c/o T B lower back.
H/O 3 O PRP transfusion in AIIMS.

O/E: conscious oriented

BP = 124/65 mmHg.

CVS / CNS | WNL

Chest = B/L AE+ve

P/A = soft, NT

MGIPMRND—1471SJH—8.8.2018.

Khanna
Dr. Sharma

Rs- 150 paid

22/11/18

सफ्जं॰अ॰-51 (ए)
S.J.H.-51 (A)

सफदरजंग अस्पताल, नई दिल्ली-110029
SAFDARJANG HOSPITAL, NEW DELHI-110029
नैदानिक विकृति विज्ञान (रुधिर विज्ञान)
CLINICAL PATHOLOGY (FLUIDS & EXCERTIONS)

नाम/Name Abhishek तारीख/Date 14/11

उम्र/Age A/m. लिंग/Sex

रजि॰नं॰/Regn. No./M.R.D. No. M-116071/18 8/11

यूनिट/Unit Haemat बा॰रो॰वि॰/O.P.D. Haemat

वार्ड नं॰/Ward No. शय्या संख्या/Bed No.

अपेक्षित जांच/INVESTIGATION REQUIRED BMA - Biopsy

1) Processing

2) H+E stain

3) Reticulin stain

नैदानिक टिप्पणी/Clinical Notes:

हस्ताक्षर/*Signature*
चिकित्सा अधिकारी का नाम एवं मुहर
Name of Medical Officer with Seal

TAX INVOICE

AMRIT PHARMACY-SAFDARJUNG, NEW DELHI
(A DIVISION OF HLL LIFECARE LTD)
SAFDARJUNG HOSPITAL
NEW DELHI-110029
Ph : 011-26181992,011 26181992 :E-mail : amritsdj@lifecarehll.com

180218300113199

DL No.: : DL - MLN-103484 ,DL - MLN- 103485

GSTIN :07AAACH5598K1Z3
STATE : DELHI(07)

Patient Name : ABHISEK
Mobile
Doctor Name:
GSTIN :
URN No. :
DL No.:
State : DELHI(07)

Inv No :180218300113199
Dated :16-11-2018 (05:35 PM)
Pay Type :CASH Invoice
S.Man :MUKESH
User : MUKESH
Card No:

Mfac	Description of Goods HSN /SAC Code	Qty	Ls. Qty	Batch No Exp Dt	Sale Rate	Mrp	Disc %	Disc Amt	Sch Disc	Taxable value	CGST % Amt	SGST % Amt	Amount
CIPLA	CIPCAL 500MG TAB 30049039	1		AFB8682 04-20	20.79	75.00	70.52	55.70		20.79	6.00 1.25	6.00 1.25	23.29
FRANC	DEXORANGE CAP 30'S 30049039	1		F18147 06-20	90.06	117.11	13.86	16.23		90.06	6.00 5.4	6.00 5.4	100.86
ABBOT	NIDOTAC 150MG TABLET 30049039	2		PUNUAP109 05-20	4.63	7.29	28.81	4.20		9.26	6.00 0.56	6.00 0.56	10.38

Amt in Words : One Hundred Thirty Five Rupees only

TAX %	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	SGST%	SGST AMT	CGST%	CGST AMT
0%	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00
5%	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00
12.0%	120.11	0.00	0.00	120.11	6.0%	7.21	6.0%	7.21
18.0%	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00

TOTAL :	210.66
DISCOUNT RS :	75.33
TOTAL TAX AMT :	14.42
HOME CHARGE :	
ROUNDOFF :	0.01
INV TOTAL :	135.00

MULTI PAY:

Receiver's Signature

Terms & Conditions

Oncquest Laboratories Ltd.

Main Laboratory: 3 - Factory Road, Adj. Safdarjung Hospital, New Delhi – 29
Tel.: 011- 30611432 / 30611467, E - mail: info@oncquest.net,
Website: www.oncquest.net OncquestLaboratories

oncquest laboratories

PATIENT NAME Mr- Abhishek			Referred Dr's Name : 14-11-18
SEX	AGE 17 / Male	DATE OF BIRTH	TELEPHONE:
PATIENT ADDRESS			B.D.E. Name :
			Location :
SPECIMEN: FASTING ☐ NON-FASTING ☐			URGENT ☐ PHONE ☐
BLOOD ☐ FAECES ☐ URINE ☐ TISSUE ☐ OTHERS			

BMA Cytogenetic for karyotyping

1700/-

FOR SAMPLES PICK UP
Dharmender Kr. : 9911688156, 7428468055
Dharmveer :
Gautam : 8750908689
Ravinder Kumar : 9891286407

Oncquest-Laboratories now
CGHS & ECHS Empanelled

For Sample Collection Contact :

Dr Lal PathLabs

011-3988-5050 (National Customer Care)

INVOICE CUM CASH RECEIPT

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

Invoice No.:- **20181121114553**

Patient Name :	Mr. ABHISHEK	**CC Code :**	CC7138
Age & Sex :	17 Year, M	**CC Name :**	FPSC VED MEDICOS
Ref. Doctor :	Self	**CC Phone :**	9899105553
Print Date & Time :	21/11/2018 11:45:53	**CC Address :**	VED MEDICOS, 5/81, DDA FLATS, MADAN GIR, NEW DELHI, SOUTH DELHI110062 DEL ,IND
Contact No :	8800160197	**Reporting Location :**	FPSC VED MEDICOS
Address :	NA	**Lab No :**	**143752793**

S.No.	Test Code	Test Name	Amount
1	Z021	COMPLETE BLOOD COUNT; CBC	350
		Total Amount	**350**

PLEASE VISIT OUR WEBSITE TO DOWNLOAD THE REPORT -WWW.LALPATHLABS.COM

Report Due on :

1.Click on "view your report" on the Home Page.
2.Feed Lab Id.(as given on the receipt) as Lab No.
3.Feed surname (as given on the receipt) as password E.g-If your name is RAM KUMAR, then KUMAR is your surname.
4.Kindly Note: Partially paid or unpaid reports cannot be accessed on the Internet/Website.
5.Your reports are best viewed with Internet Explorer 7.0 and above with a resolution of 1024 x 768.
6.This is a computer generated receipt and does not require signature/stamp.

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CORPORATE OFFICE : C-10 / H-10 GREEN PARK EXTENSION, NEW DELHI-16 TEL: 49490909,42199991,42199992

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WEB SITE : www.focusimaging.co.in , Email: info@focusimaging.co.in

ON PANEL - CGHS, ESI, BSF, SSB, MCD, ECHS, ITBP, NDMC, AIR INDIA

NABH AND NABL ACCREDITED FACILITY AS PER SCOPE

REGISTRATION SLIP / BILL CUM RECEIPT

Net ID / Password :101885404 / 1E0D2900

PATIENT NAME :	Mr. ABHISHEK	**REGISTRATION NO :**	**101885404**
MOBILE/EMAILID :	9811152595	AGE / SEX :	17 Yrs Male
REF. BY :	Dr. Self	REG. DT/TIME :	18/11/2018 11:58:44
HOSPITAL NAME :	Self	REF.CATEGORY :	Private
ID CARD NO. :		CHARGE MODE :	Paying

S.NO.	TEST DETAIL	CGHS CODE	AMOUNT
Haematology			
1	Complete Haemogram (CBC with ESR),Whole		350
		Total charge	**Rs. 350**

Total Amount :	**350**
Total Discount :	**0**
Final Amount :	**350**
Received :	**350**
Balance :	**0**

Registered By : Mohit_K

INSTRUCTIONS FOR PATIENTS

1. PLEASE PROVIDE YOUR E-MAIL ID TO VIEW YOUR MEDICAL IMAGES DIGITALLY. (POWERED BY A SECURE ENCRYPTION TECHNOLOGY).
2. PLEASE ENQUIRE REPORTING TIME FROM FRONT DESK.
3. PLEASE BRING THIS REGISTRATION SLIP FOR REPORT COLLECTION.
4. PLEASE CONSULT FRONT OFFICE BEFORE LEAVING THE CENTRE.
5. FEED BACK FORM IS AVAILABLE WITH FRONT OFFICE FOR ANY SUGGESTIONS/COMPLAINTS.
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9. FOR ANY QUERY REGARDING CLINICAL PATHOLOGY / SAMPLE COLLECTION CONTACT:011-42199999.
10. KINDLY CHECK AND MAKE SURE ALL THE ABOVE DETAILS ARE CORRECT BEFORE PROCEEDING FOR THE INVESTIGATION/TEST.

Page No: 1 ORIGINAL

TAX INVOICE

SAI MEDICOS

KIOSK NO, 4B S.S.J HOSPITAL NEW DELHI-110023

Ph. 9818896348

D.L.No.: S(1850)14/R

No: 07AEDPG5100L1ZU

N MEMO NO.: 102870 DATE : 14/11/2018

E: ABHISHEK Pr.By: Dr. .AIIMS

RESS:

QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	GST%	RATE	AMOUNT
1	1	BONE MARROW 11B (JAN	0000922962	03/21	9018	12	1800.00	1800.00

GST DETAILS

CGST : 96.43

SGST : 96.43

7.14 X 12 %= 192.86

TOTAL AMT: 1800.00

Net Amt.(R/O): 1800.00

For SAI MEDICOS

disputes are subject to Delhi Jurisdiction.

s once sold will not be taken back.

ETURNING OF CUTTING STRIPS

RKING TIME - 2PM TO 5PM

D.E. (Computer Generated Invoice)

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LABORATORY MEDICINE DIVISION
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ON PANEL - CGHS, ESI, BSF, SSB, MCD, ECHS, ITBP, NDMC, AIR INDIA
NABH AND NABL ACCREDITED FACILITY AS PER SCOPE

REGISTRATION SLIP / BILL CUM RECEIPT

Net ID / Password :101885933 / 2D461640

PATIENT NAME :	Mr. ABHISHEK	**REGISTRATION NO :**	**101885933**
MOBILE/EMAILID :	8800160197	AGE / SEX :	17 Yrs Male
REF. BY :	Dr. Self	REG. DT/TIME :	20/11/2018 10:23:23
HOSPITAL NAME :	Self	REF.CATEGORY :	Private
ID CARD NO. :		CHARGE MODE :	Paying

S.NO.	TEST DETAIL	CGHS CODE	AMOUNT
Haematology			
1	Complete Haemogram (CBC with ESR),Whole		350
		Total charge	**Rs. 350**

Total Amount : 350
Total Discount : 0
Final Amount : 350
Received : 350
Balance : 0

Registered By : Vineeta_E

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EDA

SAFDARJUNG HOSPITAL, NEW DELHI-110029

CASE SHEET

Name: Abhishek

Sex

Age

Occupation

Address

Date of admission

Date of discharge

Disease

Result

Cl/o bleeding PR
Blood in urine } 3 days
c/o eating corrosive (mistake) after
no c/o nasal bleeding
no c/o DM/HTN/Asth/TB/hom
loose stool
O/E, conscious oriented
afebrile
Pt 19/M
Ex
Pt. (1) Ceftriaxone
(2) 30 PRP
(3) now
Review (3) OPD

check PR
MCV MCHC
Reticulocytes
Coagulation

PTO

Hemat call

12/11/18

SR Hematology,

referring to you a patient of pancytopenia, ? cause
no active bleeding. no fever 6 ⊕ PRP transfused by our side
Kindly consider transfer to your side.
H-1160 7/18
8/11

Thanking you,
(Dr Pg2 med)

Hr call for transfer
13/11/18

12/11/18

Thanks for referral

Case reviewed on 9/11
Advised investigations

B_{12} - 274, Folic acid - 5.72
LFT/RFT/SE - WNL
Hb 5.7/ TLC 3300 / Plt 12,000
ANC - 450

emergency report

USG Abdo: ⊕ Study

Advice - ① Iron profile
② HbsAg, HCV, HIV I & II
③ BMA, BMBx, Cytogenetics - 28/11/2018, 11am (Jamshidi needle 11G)
④ At present, no bed vacant in Hematology.
Pt investigations done, give PRBC transfusion to keep Hb > 8, Plt transfusion to keep Plt > 20,000

Tube: 0 2018/11/08 11:07:46
Dr.
Birth: Sex:
Inst.ID: XT-2000i-1

DIFF

WBC/BASO

RET

PLT-O

RBC

PLT

[10^3/uL]	13.8 *	[%]	18
[10^3/uL]	81.0 *	[%]	76
[10^3/uL]	4.8 *	[%]	6
[10^3/uL]	0.4 *	[%]	0
[10^3/uL]	0.0 *	[%]	
[%]	0.0126	[10^6/uL]	

RBC N/N

WBC leucocytosis
Neu left
△ bicytopenia

ESR- 73mm/hr

RBC/RET IP Message(s)
Anemia

PLT IP Message(s)
PLT Abn Scattergram
PLT Abn Distribution

PLT Clumps?

Neutral
CVD
for PNH
Bone marrow fragility test

REDMI NOTE 5 PRO
MI DUAL CAMERA

Ward notes

c/o Pt a k/c Vanilia

Bicytopenia (anemia + thrombocytopenia)

9/11/2018
Alok Kumar

c/o fever x 101°F x yesterday
& chills

no c/o bleeding from any site

no c/o cough / burning micturition

H/o ↑ blood glucose x 10-15 days

Patient is conscious, oriented

BP - 120/70
HR - 84/min

P/A/E - /U/Ly - /PE -

Chest - B/L AE (+)
equal

No added sounds

CVS - S1 S2 (+)

P/A - soft, no organomegaly

CNS - WNL

Advice :-

CIT

40 PRP transfused yesterday

EDA

सफदरजंग अस्पताल, नई दिल्ली 110029
SAFDARJUNG HOSPITAL, NEW DELHI-110029

विवरण-पत्र
CASE-SHEET

सर्वेक्षण No.

नाम Name

व्यवसाय Occupation

पुरुष/स्त्री Sex

जाति Caste

पता Address

आयु Age

प्रवेशन तिथि Date of admission

उत्सर्जन तिथि Date of discharge

रोग Disease

परिणाम Result

आहार DIET

C/S/B consultant
- Hemat transfer all
for further management.

Wd. notes
C/S/B Pa: Dr. Vaibha)
J BR (Dr. Upama)
Pancytopenia ? cause
no fresh complaints
O/E - Pt conscious, oriented
BP - 100/70
PR = 86/min
Pt ↓ ↓ ↓ ↓ ↓
CNS ↓ CVS ↓ RS - WNL
Adv. CBP
Hemat. [illegible]
[illegible] BR examination

12/11/18

To,
SR Hematology
[illegible]
no [illegible]
Kindl

REDMI NOTE 5 PRO
MI DUAL CAMERA