



The Future is Now

ERADICATION

COTTON

NBA C

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
 बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

231

नाम/Name	Mansi	आयु/Age	29yrs	लिंग/Sex	F
C.R.No	25506	Consultant	Dr. Y. B. S.		
Ward/OPD	PSW	Unit/Bed No.			
Date/Time	22/01/2024				
Nature of Anticoagulant		EDTA/Citrate/Heparin/Nil	CBC		
Diagnosis/History					

Signature of the Doctor
Apar

Today's Lab. Ref. No.

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

WBC	0.06 * [10 ³ /uL]	7.1 * [%]		
RET	[%]	[10 ⁶ /uL]		
RF	[%]			
FR	[%]			
IFR	[%]			
IFR	[%]			
RET-He	[pg]			
PF	[%]			
BC-BF	[10 ³ /uL]			
BC-BF	[10 ⁶ /uL]			
N	[10 ³ /uL]	[%]		
MN	[10 ³ /uL]	[%]		
C-BF#	[10 ³ /uL]			

RBC IP Message

PLT IP Message

BC IP Message
 eutropenia
 lymphopenia
 asophilia
 leukocytopenia
 left Shift?
 typical Lympho?

2/1/20

COC - 500 - 500/m²

- ① sup. soil - using 4.00
- ② test cut
- ~~Apr~~
MAR.

2/1/20

COC SA

- D. only wall
 - in hole - ~~area~~
 - No fresh complete
- SA - COC

2/1/20

COC SA

no fresh
vital state

SA
COC

①

2/1/20

COC SA

no fresh complete
vital - state abundant

SA - COC

SA

Case No.	Case Name	Age	Sex
Address	Ref. by		
Diagnosis	Date and Time of Adm.		

MOB: 27,806
 2110
 2477
 0-485.

2/10/2024

2/10/24

The COO/IC/RS,
 Department of Pediatrics,
 KCH.

Respected sir/madam,

-I'd like to share a case of @ Wilms tumor on adjacent chemotherapy (week 14 completed) is persistent leukopenia even after giving G-CSF for three days. Kindly examine the case and give your valuable opinion for further management.

Thanking you sir/madam,

Yours sincerely,
 [Signature]
 MD

दैनिक शीट/DAILY SHEET

नाम/Patient's Name	आयु/Age. अ०रो०प०स० In/Pat Reg. एकक/Unit	लिंग/Sex	
पता/Address	डॉ० का नाम/Doctor's Name		<u>Mansi</u>
व्यवसाय/ Occupation	Date and Time of Admn. आक्षर/Initials		

तारीख Date	दिनचर्या Daily	इलाज का आदेश Treatment Orders
<u>01/24</u>	<p><u>Adv:</u></p> <ul style="list-style-type: none"> • Inj Monocef 450mg 450mg ilv BD • Inj GCSF 45 mg s/c OD x3d. • Syp Iron 1/2 tsf OD • Syp MVI 1/2 tsf OD 	<p><u>Pure</u></p>
<u>01/24</u>	<p><u>cll by pnsR</u></p> <p>no fresh complaint</p> <ul style="list-style-type: none"> - Dang well - orally abundant, - vitals stable - Afebrile <p>1) Cost</p> <p><u>Apa</u> <u>pns</u></p>	

2366

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL

बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

नाम /Name Manni आयु /Age 3y1f लिंग /Sex F

C.R. No. 27506 Consultant Dr YKS

Ward/OPD PSW Unit/Bed No. _____

Date/Time 20/01/24 EDTA/Citrate/Heparin/Nil _____

Nature of Anticoagulant _____

Diagnosis/History गर्भो wslm tumour Signature of the Doctor [Signature]

Today's Lab. Ref. No. _____ Time of Receipt _____

INCOMPLETE FORM IS NOT ACCEPTABLE

DATE OF ISSUE 18/1

DOE 18/1

COMPATIBLE FOR B+

BLOOD GROUP B+

ADM/REG. NO. 27506

DATE 01/24

NAME & SIGNATURE OF Dr. PUTE U L

DESIGNATION Senior Resident

DEPARTMENT Paediatrics

INSTITUTION LHMC & RSO

NEW DELHI-110001

BANK USE ONLY

Requisition form received by _____ Date _____ Time _____

Patient ABO group & RhD B+ Tested by _____

Cross Match	Blood Group	IgM Antibodies		IgG Antibodies (ICT)	
		Major	Minor	Major	Minor
<u>483</u>	<u>B+ RCC.</u>				
	<u>COMPATIBLE</u>				

Cross Match done by _____

Issue No. 1051 Issued by _____ Date 18/1 Time _____

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL

बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

321
kindly return
the sample.

नाम /Name	माना	आयु /Age	2yrs.	लिंग /Sex	F
C.R. No.	27506	Consultant	Dr. P. S.		
Ward/OPD	PSU	Unit/Bed No.			
Date/Time	27/01/2024				
Nature of Anticoagulant		EDTA/Citrate/Heparin/Nil	BC		
Diagnosis/History					
		Signature of the Doctor			
Today's Lab. Ref. No.				Time of Receipt	

INCOMPLETE FORM IS NOT ACCEPTABLE

WBC IP Message
Neutropenia
Lymphopenia
Leukocytopenia
Blasts/Abn Lympho?
Atypical Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distr
Thrombocytopenia

दैनिक शीट / DAILY SHEET

रोगी का नाम / Patient's Name	आयु / Age. अ०रो०प०स० In/Pat Reg. एकक / Unit	लिंग / Sex	Mans 27506 psw 24/F Dryks.
पता / Address	डॉ० का नाम / Doctor's Name		
व्यवसाय / Occupation	Date and Time of Admn. आद्यक्षर / Initials		

तारीख / Date	दिनचर्या / Daily	इलाज का आदेश / Treatment Orders
--------------	------------------	---------------------------------

27/01/2024

To
 The D.O. (SR) PG,
 Department of pediatric medicine,
 KCH.

Respected sir/madam,

This is a case of (t) eWilms tumor
 on adjuvant chemotherapy (week 31 completed) with persistent
 leukocytopenia. Even after giving Trj-GCSF for three days.
 kindly examine the case and give your valuable opinion for
 further management.

Thanking you sir/madam,

Yours sincerely,
 Dr. Anam
 PSR

Noted
Dr. Anam
PSR
P.T.O.

27/01/2024 11:41:50

Sample No.: MANSI 27506 PSW
Patient ID:
Name:
Sample Comment:

Ward:
Adapter:

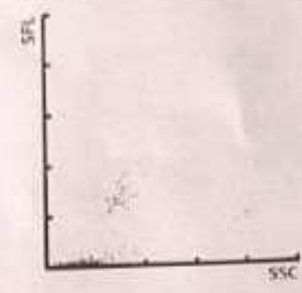
Pos.:
Birth:
Doctor:
Nickname: XN-L
Sex:

Positive

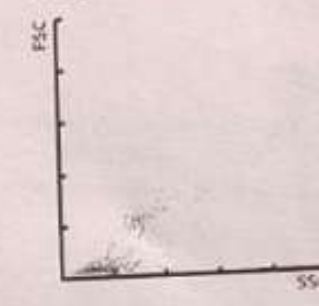
Diff. Morph. Count

WBC	0.13	-	[10 ³ /uL]		
RBC	3.59		[10 ⁶ /uL]		
HGB	9.9		[g/dL]		
HCT	29.7		[%]		
MCV	82.7	-	[fL]		
MCH	27.6		[pg]		
MCHC	33.3		[g/dL]		
PLT	11	*	[10 ³ /uL]		
RDW-SD	47.6		[fL]		
RDW-CV	15.8		[%]		
PDW	----		[fL]		
MPV	----		[fL]		
P-LCR	----		[%]		
PCT	----		[%]		
NEUT	0.01	*	[10 ³ /uL]	7.7	* [%]
LYMPH	0.10	*	[10 ³ /uL]	76.9	* [%]
MONO	0.01	*	[10 ³ /uL]	7.7	* [%]
EO	0.01	*	[10 ³ /uL]	7.7	* [%]
BASO	0.00	*	[10 ³ /uL]	0.0	* [%]
IG	0.00	*	[10 ³ /uL]	0.0	* [%]

WDF



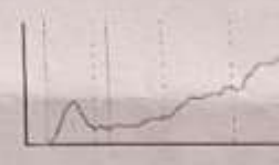
WDF-CBC



RBC



PLT



WBC IP Message
Neutropenia
Lymphopenia
Leukocytopenia
Blasts/Abn Lympho?
Atypical Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distribution
Thrombocytopenia

दैनिक शीट/DAILY SHEET

रोगी का नाम/Patient's Name आयु/Age लिंग/Sex अंगण/पं.सं./
In-Pat Reg. No.

एकक/Unit

पता/Address

डॉ० का नाम/Doctor's Name

व्यवसाय/
Occupation

Date and Time of Adm.
आद्यक्षर/Initials

तारीख
Date

दिनचर्या
Daily

इलाज का आदेश
Treatment Orders

22/1/24

QSB ER Ps

Vitals stable
Afebrile
No compla
on Adj chemo

Adv

week 31 chemo given
CBC time

Hal

21/1/24

QSB IS SR

vitals stable
Afebrile

No fresh complaints
Week 31 chemo given

Adv - CBC to send
next CST

Specimen:

in form the sample

45

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL

बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

नाम/Name: Mansi आयु/Age: 3y/F लिंग/Sex: 1

C.R. No. 27506 Consultant: Dr. K.S.

Ward/OPD: P8 Unit/Bed No.:

Date/Time: 18/1/24 EDTA/Citrate/Heparin/Nil:

Nature of Anticoagulant: _____

Diagnosis/History: CBL Signature of the Doctor: _____

Today's Lab Ref. No.

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

HBsAg, HCV, HIV 1&2, TPHA, MALARIA-NON REACTIVE

COMPATIBLE FOR B+ Rh

DATE OF ISSUE: 18/1/24

DOE: _____

ADM/REG. NO.: 27506

Sample drawn by: Mansi

Pate
7438045283
Dr. PUTE U LOSU
Senior Resident
Name & Signature of Medical Officer
With Designation & Stamp
LHMC, New Delhi-110001

BANK USE ONLY

Requisition form received by _____ Date _____ Time _____

Patient ABO group & RhD: B+ Tested by _____

Cross Match	Blood Group	IgM Antibodies		IgG Antibodies (ICT)		Compati
		Major	Minor	Major	Minor	
<u>483</u>	<u>B+ RCC</u>					
	<u>COMPATIBLE</u>					

Cross Match done by _____

Issue No. 1051 Issued by _____ Date 18/1 Time 6.25

Special comment of transfusing doctor / BBO / Technician if any.

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

BLOOD BANK, SMT SUCHETA KRIPALANI HOSPITAL & LHMC

LICENCE NO. 982 / 85

Please counter check the details on bag/form with patient's details before transfusion

TRANSFUSION REQUISITION / ISSUE FORM

Blood required on date 18/01/24 Time m call Routine / Urgent / Immediate

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELET	
				RDP	SDP
NO. OF UNITS		30cc			

Patient's Name MANSI Age/Sex 3y / F Ward/Bed PSW
 C.R. No. 27506 Clinical Diagnosis Wilms Tumor
 Doctor Incharge Dr ukes Name of transfusing doctor DOD
 Indication for transfusion (specify) low Hb

Patient's Hb 7.0 Platelet count (n)
 Replace underbaking

BLOOD CENTRE LADY HARDINGE MEDICAL & ASSOCIATED S.S.K. & K.S.C. HOSPITALS
COMPATIBILITY REPORT
 LICENCE NO. 982
 BAG NO. 483
 ISSUE NO. 1051
 DOC. Mansi
 HBsAg, HCV, HIV 1&2, TPHA, MALARIA-NON REACTIVE
 COMPATIBLE FOR B+
 BLOOD GROUP B+
 ADM/REG. NO. 27506

Date	No. of Units	Type of component/ Whole blood	ABO Group	Reaction if any
		NA		

18/01/24
7438045283
 Dr. PUTE U LOSU
 Senior Resident
 Name & Signature of Medical Officer
 With Designation & Stamp
 LHMC, Rouse Ball Hospital
 New Delhi-110001

BANK USE ONLY

Requisition form received by _____ Date _____ Time _____
 Patient ABO group & RhD B+ Tested by _____

Cross Match	Blood Group	IgM Antibodies		IgG Antibodies (ICT)		Compatible
		Major	Minor	Major	Minor	
<u>483</u>	<u>B+ RCC</u>					
	<u>COMPATIBLE</u>					

Cross Match done by _____
 Issue No. 1051 Issued by _____ Date 18/1 Time 6:25

Special comment of transfusing doctor / BBO / Technician if any.

चिकित्सक के परामर्श के विरुद्ध अस्पताल छोड़ना
LAMA FORM

कलावती सरन बाल चिकित्सालय, नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

रोगी का नाम/Patient's Name आयु/Age	लिंग/Sex अ. रोग. पं. सं. In/Pat. Reg. No.	<p>mansi D/O THAKUR DAL</p> <p>CR-27506, 3481A</p> <p>with ct willm's tumor</p>
पिता का नाम/Father's Name पता/Address	एकक/Unit डॉ. का नाम/Doctor's Name	
व्यवसाय/Occupation CGHS फोन नं./Tel. No.	दाखिला, ता. व समय Date, Time of Admn. हस्ताक्षर/Initials	
अस्पताल छोड़ने का कारण Reason for leaving the Hospital	अस्पताल छोड़ने की तारीख व समय Date and Time of leaving the Hospital	
<p>on leave till 15/04/23</p>		<p>26/12/23 at 5pm</p>

निदान/Diagnosis.....

बच्चे को ले जाने वाले व्यक्ति का नाम
Name of the person who is taking the child..... *Mother*

पूरा पता/Full Address.....

मुझे बच्चे को न ले जाने की पूरी स्थिति स्पष्ट कर दी गई है। चिकित्सा परामर्श के विरुद्ध बच्चे को ले जाने के परिणामों के बारे में मैं स्वयं उत्तरदायी हूँ।
I have been explained fully not to take the child. The responsibility of the consequences due to taking the child against Medical Advice is only mine.

ड्यूटी पर तैनात सिस्टर/डाक्टर के हस्ताक्षर
Sign of Sister/Doctor on Duty

यू.जी.
अभिभावक के हस्ताक्षर
Signature of Guardian

समय/Time.....

गवाह/Witness.....

हस्ताक्षर/Signature.....

पता/Address रोगी की मां का नाम/(Mother of Pt.)..... शिर्ष/Cubi..... शैया सं./Bed No.....

24/12/23

pt. stash
No fresh ceph
with stash
Afcmile

Adv
- D2 chemo
- cont. rest

Ⓐ

Dr. Ajay

25/12/23

25/12/23

pt. stable

no fresh ceph

2 cor

d

on leave till 25/12/23

26/12/23

On leave till 22/12/23

चिकित्सक के परामर्श के विरुद्ध अस्पताल छोड़ना

LAMA FORM

कलावती सरन बाल चिकित्सालय, नई दिल्ली
KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

रोगी का नाम/Patient's Name आयु/Age	लिंग/Sex अ.रो.पं. सं. In/Pat. Reg. No.	Manvi 34/1/23 Dr. Fakur Das 27 505 N. Wilms tumor
पिता का नाम/Father's Name	एकक/Unit	
पता/Address	डा. का नाम/Doctor's Name	
	राष्ट्रीयता/Nationality धर्म/Rel.	
	परिवार सद. सं./F. P. Status	
	आय/Income	
	आपात/Emergency	
व्यवसाय/Occupation CGHS	दाखिला ता. व समय	
फोन नं./Tel. No.	Date, Time of Admn.	
	हस्ता./Initials	
अस्पताल छोड़ने का कारण Reason for leaving the Hospital	अस्पताल छोड़ने की तारीख व समय Date and Time of leaving the Hospital 7/12/2023 at 11.40 A	

निदान/Diagnosis W. Wilms's tumor

बच्चे को ले जाने वाले व्यक्ति का नाम
Name of the person who is taking the child mother (poofa)

पूरा पता/Full Address

मुझे बच्चे को न ले जाने को पूरी स्थिति स्पष्ट कर दी गई है। चिकित्सा परामर्श के विरुद्ध बच्चे को ले जाने के परिणामों के बारे में मैं स्वयं उत्तरदायी हूँ।

I have been explained fully not to take the child. The responsibility of the consequences due to taking the child against Medical Advice is only mine.

द्यूटी पर तैनात सिस्टर/डाक्टर के हस्ताक्षर
Sign of Sister/Doctor on Duty

समय/Time 11:40 Am

गवाह/Witness

हस्ताक्षर/Signature

पता/Address रोगी की मां का नाम/(Mother of Pt.) शिफ्ट/Cubi शैया सं./Bed No.

 अधिभावक के हस्ताक्षर
 Signature of Guardian
 पूजा



भारत सरकार

Government of India



Issue Date: 19/03/2014



पूजा देवी

Pooja Dev

जन्म तिथि/DOB: 01/01/1998

महिला/ FEMALE

5528 8943 2943

VID : 9109 5620 4433 8354

मेरा आधार, मेरी पहचान



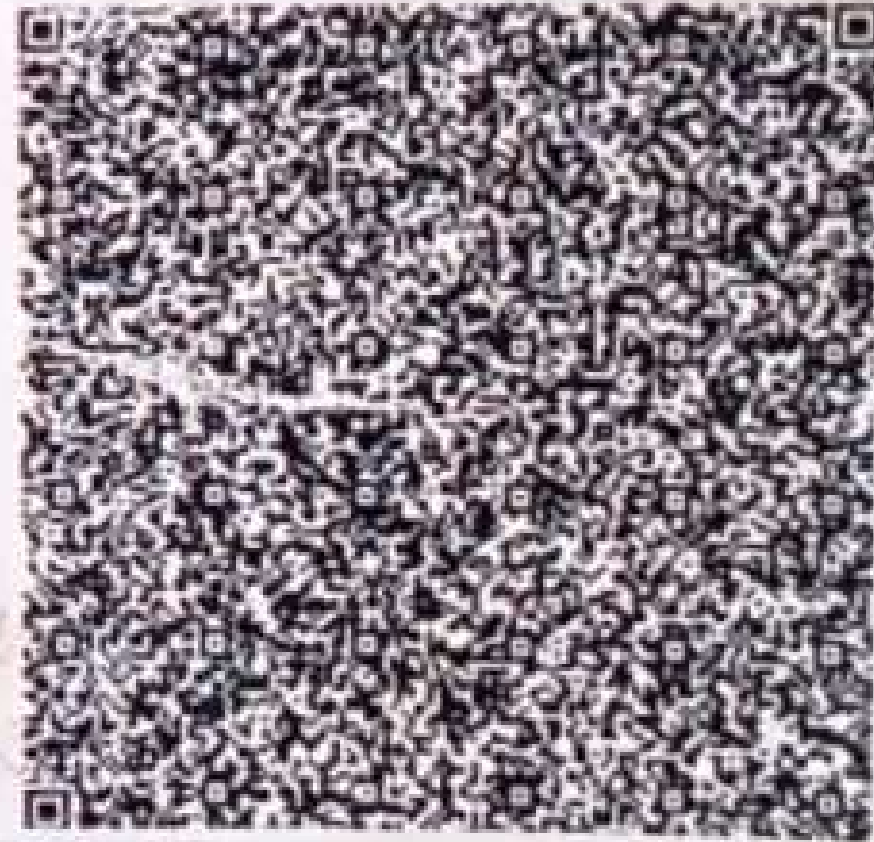
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:
W/O ठाकुर दास, 58, ., ., तहसील बीसलपुर, टेहरी,
पीलीभीत,
उत्तर प्रदेश - 262201

Address:
W/O Thakur Das, 58, ., ., tehsil bisalpur,
Tehri, Pilibhit,
Uttar Pradesh - 262201



5528 8943 2943

VID : 9109 5620 4433 8354

1947

help@uidai.gov.in

www.uidai.gov.in



ABHISHIKHA TRUST

S. No...8.....

Date: 02/01/2024

सेवा में

श्रीमान हर्षदी मधोदय जी

ABHISHIKHA TRUST

G-3, Gali, No. 7, Pusta

Sonia Vihar, Delhi-110094

मधोदय,

मेरा नाम पूजा देवी है, मेरी एक बेटी है जो मल्टीसाल की है,

वर्ष इस समय कालाकली अस्पताल में भर्ती है, मेरी बच्ची का
कैंसर है डाक्टर ने किडनी एक लेकाल ली है इसकी इसकी

हालात बहुत ज्यादा खराब है, हमारे आर्थिक स्थिति बहुत
खराब है, जिसके कारण बच्ची का इलाज अक्ट से नहीं हो पा

रहा है, आपसे अनुरोध करती हूँ, मुझ पर दया करें मेरी
बेटी का आप ही सहारा है मेरी बेटी के इलाज में
मेरी मदद करें;

ध. मधोदय
पूजा



Office Address : G-3, Gali No. 7, Pusta, Sonia Vihar, Delhi-110094

Website : www.abhishikha.org E-mail ID : info@abhishikha.org

Contact No. : 9958524587