



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 Sulsharma आयु/Age 2y 10m लिंग/Sex M

CR No. 15U1 Consultant

Ward/OPD P5W Unit/Bed No.

Date/Time 23/11/24

Nature of Anticoagulant EDTA/Citrate/Heparin/Nil

Diagnosis/History BC

Signature of the Doctor 

Today's Lab. Ref. No. Time of Receipt: 5:30 PM

INCOMPLETE FORM IS NOT ACCEPTABLE

कलावती मग्न 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

9

नाम/Name	Faksham	आयु/Age	37	लिंग/Sex	M
C.R. No.	1541	Consultant			
Ward/OPD	PSW	Unit/Bed No.			
Date/Time	28/11/24				
Nature of Anticoagulant		EDTA/Citrate/Heparin/Nil			
Diagnosis/History	CBC				Signature of the Doctor

Today's Lab Ref No

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

KALAWATI SARAN CHILDREN  
HOSPITAL, NEW DELHI

24 Hrs. Emergency Lab  
Department of Biochemistry

DXH 500  
Analyser-II

Specimen ID: N9  
Patient ID: 1541  
First Name: SAKSHAM

Test: CD  
Gender: M  
Last Name:

Specimen: WB

Run Date/Time: 28/04/2024 21:33  
Collection:  
Location: PSW  
Comments:

Date of Birth:  
Sequence #: 131779  
Physician:

Age: 3 Years

Test	Result	Flags	Units	Low	High
WBC	10.91		$\times 10^9/\mu\text{L}$	4.30	13.40
LY	75.68	h	%	8.00	57.80
MO	9.18		%	4.00	12.30
NE	12.63	l	%	22.40	77.50
EO	1.20		%	0.00	4.70
BA	0.30		%	0.00	1.00
LY#	8.37	h	$\times 10^9/\mu\text{L}$	1.00	5.80
MO#	1.00		$\times 10^9/\mu\text{L}$	0.20	1.00
NE#	1.38	l	$\times 10^9/\mu\text{L}$	1.50	7.90
EO#	0.13		$\times 10^9/\mu\text{L}$	0.00	0.50
BA#	0.03		$\times 10^9/\mu\text{L}$	0.00	0.10

Test	Result	Flags	Units	Low	High
RBC	3.14	l	$\times 10^6/\mu\text{L}$	3.84	5.03
HGB	8.61	l	g/dL	10.20	13.40
HCT	26.9	l	%	31.0	39.8
MCV	85.7		fL	71.3	87.6
MCH	27.4		pg	23.7	30.0
MCHC	32.0		g/dL	31.8	35.8
RDW	20.6	h	%	12.2	14.9
RDW SD	60.9	h	fL	34.9	42.0
PLT	259.4		$\times 10^9/\mu\text{L}$	189.0	403.0
MPV	11.85	h	fL	7.20	11.40

**Flags & Message**

Flags:  
Suspect Diff



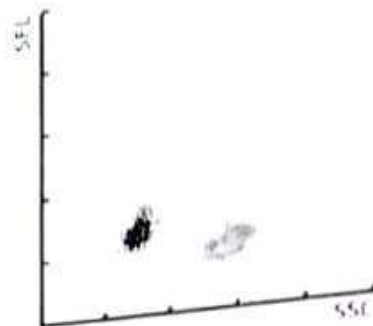
Name:  
Sample Comment:

ward.

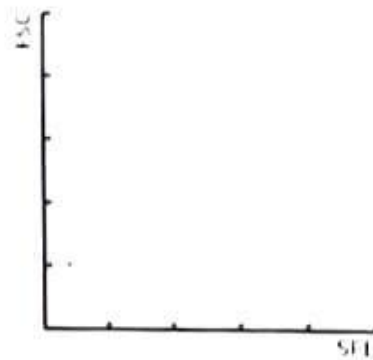
Positive  
Morph. Count

WBC	4.31	[10 <sup>3</sup> /uL]		
RBC	3.55	[10 <sup>6</sup> /uL]		
HGB	9.4	[g/dL]		
HCT	31.9	[%]		
MCV	89.9	[fL]		
MCH	26.5	[pg]		
MCHC	29.5 -	[g/dL]		
PLT	311	[10 <sup>3</sup> /uL]		
RDW-SD	68.3 +	[fL]		
RDW-CV	21.5 +	[%]		
PDW	8.4 -	[fL]		
MPV	9.2	[fL]		
P-LCR	19.7	[%]		
PCT	0.29	[%]		
NRBC	0.00	[10 <sup>3</sup> /uL]	0.0	[%]
NEUT	2.81 *	[10 <sup>3</sup> /uL]	65.1 *	[%]
LYMPH	1.11 *	[10 <sup>3</sup> /uL]	25.8 *	[%]
MONO	0.35 *	[10 <sup>3</sup> /uL]	8.1 *	[%]
EO	0.02	[10 <sup>3</sup> /uL]	0.5	[%]
BASO	0.02	[10 <sup>3</sup> /uL]	0.5	[%]
IG	0.03 *	[10 <sup>3</sup> /uL]	0.7 *	[%]
RET		[%]		[10 <sup>6</sup> /uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		
IPF		[%]		
WBC-BF		[10 <sup>3</sup> /uL]		
RBC-BF		[10 <sup>6</sup> /uL]		
MN		[10 <sup>3</sup> /uL]		[%]
PMN		[10 <sup>3</sup> /uL]		[%]
TC-BF#		[10 <sup>3</sup> /uL]		

WDF



RET



RBC



WBC IP Message  
Blasts/Abn Lympho?

RBC IP Message  
Anisocytosis  
Anemia

PLT IP

INDIAN CHILDREN'S HOSPITAL : NEW DELHI  
 दैनिक शीट/DAILY SHEET

कॉम्प्लाइड: 55  
 KSCH-55

रोगी का नाम/Patient's Name  
 आयु/Age  
 अंश/पांश In/Pat Reg  
 एकांक/Unit  
 लिंग/Sex  
 डॉ. का नाम/Doctor's Name  
 पता/Address  
 पेशा/Profession  
 Date and Time of Adm  
 आदेश/Initials

Saksham

W- 11kg

तारीख Date	दिन Daily	Post op Rx.	इलाज का आदेश Treatment Orders		
28/2/24			NPO till f/o	ventilator cark	monitor I/O TPR u/hrly
			Inf - N <sub>2</sub> DMS (350ml) + (1:100) KCl iv		8hrly
			RL - 100ml iv BD		
			- inj piptaz 1.1 gm iv TDS		
			- inj Amikacin 80mg iv BD		
			- inj Metro 80mg iv TDS		
			- inj PCM 150mg iv TDS		
			Diclo 127 w/30		
			- inj Pantop 20mg iv BD		
			order 2cc iv SOS		
			- inj Pantanyl <del>200</del> mg in 24 hrs		@ 1ml/hr
			I/O, TPR		u/hrly

3C  
 3C  
 1/R  
 Chest X-ray  
 PT video

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

क्लीनिकल हिमेटोलॉजी लैब  
CLINICAL HAEMATOLOGY LAB

24

नाम /Name saksham आयु /Age 2yrs लिंग /Sex male

C.R.No. 1841

Consultant

Ward/OPD psu


Unit/Bed No.

Date/Time 03/03/2024

Nature of Anticoagulant

EDTA/Citrate/Heparin/Nil CBC

Diagnosis/History

  
Signature of the Doctor

Today's Lab Ref. No.

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

# TRANSFUSION REQUISITION / ISSUE FORM

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

Blood required on date ..... Time ..... Routine / Urgent / Immediate

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

Patient's Name ..... Age/Sex ..... Ward/Bed .....  
 C.R. No ..... Clinical Diagnosis .....  
 Doctor Incharge ..... Name of transfusing doctor .....  
 Indication for transfusion (specify) .....  
 Patient's Hb ..... Platelet count .....  
 Replacement/Donor card No .....

H/O previous Transfusion Yes/No If Yes :

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

Sample drawn by ..... date .....

Name & Signature of Medical Officer with Designation & Stamp

## FOR BLOOD BANK USE ONLY

Requisition form received by ..... Date 27/2/24 Time 5:10 PM

Patient ABO group & RhD O+ve Tested by .....

Cross Match	Blood Group	IgM Antibodies		IgG Antibodies (ICT)		Compatible
		Major	Minor	Major	Minor	
C-1902 FFP	O+ve	Group specific				

Cross Match done by ..... Issued by ..... Date 27/2/24 Time 7:10 PM

Issue No. 3259





**DR. NEERAJ AGGARWAL**

MD, (Peds), FNH, RCUHS (Pediatric Cardiology)  
Consultant Pediatric Cardiologist  
E-mail: drneeraj\_12@yahoo.co.in  
DMC Regn No: 25394

**DR. MRIDUL AGARWAL**

MD, (Peds), FNH (Pediatric Cardiology National Board)  
Consultant Pediatric Cardiologist  
E-mail: drmridul@hotmail.com  
DMC Regn No: 35769

**DR. JAY RELAN**

MD, (Peds), DM (Pediatric Cardiology)  
Consultant Pediatric Cardiologist  
E-mail: jayrelan@gmail.com  
DMC Regn No: R/8729

27/12/24  
Kalyan  
Hosp

Saksham  
2yM male

PCSB  
KID 3229/28

ECHO:

- NO MR / TR wt = 11kg, C. Kampmann Cat 2000  
2500L
- LV ID<sub>d</sub> = 34mm (+2.76) → Dilated LV
- LV ID<sub>s</sub> = 23mm (+3.01)
- LVEF = 60%
- NO PAH
- Good Biventricular function
- No Pericardial effusion

KID in (3) months

Dr. NEERAJ AGGARWAL  
MD (Peds), FNH, RCUHS (Ped Card)  
Director and Consultant, Pediatric Cardiology  
Deptt. of Pediatric Cardiac Sciences  
SIR GANGA RAM HOSPITAL  
New Delhi-110060  
DMC No. 25394

### Blood Gas Values

↓ pH	7.326		7.350 - 7.450
pCO <sub>2</sub>	41.3	mmHg	30.0 - 45.0
↓ pO <sub>2</sub>	78.7	mmHg	80.0 - 100

### Temperature Corrected Values

pH <sup>T</sup>	7.326		
pCO <sub>2</sub> <sup>T</sup>	41.3	mmHg	
pO <sub>2</sub> <sup>T</sup>	78.7	mmHg	

### Electrolyte Values

↓ cNa <sup>+</sup>	129	mmol/L	136 - 146
↑ cK <sup>+</sup>	4.6	mmol/L	4.0 - 4.5
↓ cCa <sup>2+</sup>	1.04	mmol/L	1.15 - 1.29
↑ cCl <sup>-</sup>	107	mmol/L	98 - 106

### Metabolite Values

↑ cGl	154	mg/dL	30 - 120
↑ cLac	2.5	mmol/L	0.5 - 1.6

### Oximetry Values

↓ cHct	9.0	g/dL	12.0 - 17.5
sO <sub>2</sub>	98.1	%	95.0 - 99.0
FO <sub>2</sub> Hb	95.5	%	
AMeth-Hb	0.8	%	
ACOOHb	1.8	%	
AFHb	1.9	%	

### Acid Base Status

cHCO <sub>3</sub> <sup>-</sup> /P <sub>i</sub> c	21.0	mmol/L	
cHCO <sub>3</sub> <sup>-</sup> /P <sub>st</sub> c	20.9	mmol/L	
ABE <sub>c</sub>	-4.2	mmol/L	
SBE <sub>c</sub>	-4.0	mmol/L	
cCO <sub>2</sub> /B <sub>i</sub> c	44.8	Vol%	
cCO <sub>2</sub> /P <sub>i</sub> c	49.8	Vol%	

### Calculated Values

EO <sub>2c</sub>	12.2	Vol%	
ctO <sub>2c</sub>	12.2	Vol%	
Hct <sub>c</sub>	28.0	%	
Anion Gap <sub>c</sub>	0.7	mmol/L	
Anion Gap K <sup>+</sup> <sub>c</sub>	5.2	mmol/L	
pCO <sub>2</sub> <sup>e</sup>	28.08	mmHg	

### Notes

- ↑ Values above reference range
- ↓ Values below reference range
- c Calculated values
- e Estimated values

# कलावती सरन बाल चिकित्सालय

## KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

24 घंटे आपातकालीन प्रयोगशाला विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

### CLINICAL BIOCHEMISTRY REPORT

Name <i>Saksham</i>	Age/Sex <i>2y/M</i>
C.R. No. <i>1541</i>	Consultant <i>Dr. H.S.</i>
Ward/OPD <i>phw</i>	Unit/Bed No.
Date/Time <i>02/03/24</i>	Lab Reference No.
Diagnosis/History :-	Signature of the Doctor

- Please note that incomplete test requisition form will not be accepted
- Samples of patient registered in KSCH will only be accepted in Lab.
- Samples of all admitted patients and OPD patients of KSCH will be received from wards/Units and reports of same will also be dispatched in respective section by the lab auxiliary staff
- Duplicate Reports of admitted patients, required if any, will have to be collected by the doctors of respective units/wards

✓ Please tick marks the required investigation in the box. Please don't write anything on back side of requisition form. Lab Report is to be printed there.

	Reported Value	Units	Normal Range
<input type="checkbox"/> Glucose (Fasting)		Mg/dl	60-100
<input type="checkbox"/> Glucose (PP)		Mg/dl	65-140
<input type="checkbox"/> Glucose (R)		Mg/dl	60-140
<input type="checkbox"/> Sodium		MEq/l	130-149
<input type="checkbox"/> Potassium		MEq/l	3.5-5.0
<input type="checkbox"/> Chloride		MEq/l	98-108
<input type="checkbox"/> Urea		Mg/dl	10-40
<input type="checkbox"/> Creatinine		Mg/dl	0.5-1.0
<input type="checkbox"/> Uric Acid		Mg/dl	3.0-6.5
<input type="checkbox"/> Serum Bilirubin-Total		Mg/dl	0.2-1.0
<input type="checkbox"/> Serum Bilirubin-Conjugated		Mg/dl	0-0.2
<input type="checkbox"/> Serum Bilirubin-Unconjugated		Mg/dl	Up to 1.0
<input type="checkbox"/> SGOT (AST)		IU/L	10-40
<input type="checkbox"/> SGPT (ALT)		IU/L	10-45
<input type="checkbox"/> Alkaline Phosphatase (ALP)		IU/L	Up to 350
<input type="checkbox"/> Total Protein		gm/dl	6.6-8.0
<input type="checkbox"/> Albumin		gm/dl	3.5-5.0
<input type="checkbox"/> Globulin		gm/dl	1.8-2.5
<input type="checkbox"/> Serum Calcium		Mg/dl	9-11
<input type="checkbox"/> - Ionized Calcium		Mg/dl	4.0-5.5
<input type="checkbox"/> - Unionised Calcium		Mg/dl	4.5-5.5
<input type="checkbox"/> Inorganic Phosphorus		Mg/dl	2.5-5.0
<input type="checkbox"/> Total Cholesterol		Mg/dl	150-250
<input type="checkbox"/> HDL		Mg/dl	40-60
<input type="checkbox"/> LDL		Mg/dl	130-190
<input type="checkbox"/> Triglycerides		Mg/dl	50-150
<input type="checkbox"/> CPK Total		IU/L	20-195
<input type="checkbox"/> CPK-MB		IU/L	0-24
<input type="checkbox"/> CPK-MB		Mg/dl	15-40
<input type="checkbox"/> CPK-MB		Mg/dl	40-70

कलावती सरन बाल चिकित्सालय

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

24 घट आपातकालीन प्रयोगशाला विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

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CLINICAL BIOCHEMISTRY REPORT

Name	Sausheem	Age/Sex	2y 6m / m
C.R. No.	1541	Consultant	
Ward/OPD	PSW	Unit/Bed No.	
Date/Time	28/2/24	Lab Reference No.	
Diagnosis/History :-		Signature of the Doctor	

- Please note that incomplete test requisition form will not be accepted.
- Samples of patient registered in KSCH will only be accepted in Lab.
- Samples of all admitted patients and OPD patients of KSCH will be received from wards/Units and reports of same will also be dispatched in respective section by the lab auxiliary staff.
- Duplicate Reports of admitted patients, required if any, will have to be collected by the doctors of respective units/wards.

✓ Please tick marks the required investigation in the box. Please don't write anything on back side of requisition form. Lab Report is to be printed there.

	Reported Value	Units	Normal Range
<input type="checkbox"/> Glucose (Fasting)		Mg/dl	60-100
<input type="checkbox"/> Glucose (PP)		Mg/dl	65-140
<input type="checkbox"/> Glucose (R)		Mg/dl	60-140
<input checked="" type="checkbox"/> Sodium		MEq/l	130-149
<input checked="" type="checkbox"/> Potassium		MEq/l	3.5-5.0
<input checked="" type="checkbox"/> Chloride		MEq/l	98-108
<input checked="" type="checkbox"/> Urea		Mg/dl	10-40
<input checked="" type="checkbox"/> Creatinine		Mg/dl	0.5-1.0
<input type="checkbox"/> Uric Acid		Mg/dl	3.0-6.5
<input checked="" type="checkbox"/> Serum Bilirubin-Total		Mg/dl	0.2-1.0
<input checked="" type="checkbox"/> Serum Bilirubin-Conjugated		Mg/dl	0-0.2
<input checked="" type="checkbox"/> Serum Bilirubin-Unconjugated		Mg/dl	Up to 1.0
<input checked="" type="checkbox"/> SGOT (AST)		IU/L	10-40
<input checked="" type="checkbox"/> SGPT (ALT)		IU/L	10-45
<input checked="" type="checkbox"/> Alkaline Phosphatase (ALP)		IU/L	Up to 350
<input checked="" type="checkbox"/> Total Protein		gm/dl	6.6-8.0
<input checked="" type="checkbox"/> Albumin		gm/dl	3.5-5.0
<input type="checkbox"/> Globulin		gm/dl	1.8-2.5
<input checked="" type="checkbox"/> Serum Calcium		mg/dl	9-11
<input type="checkbox"/> - Ionized Calcium		mg/dl	4.0-5.5
<input type="checkbox"/> - Unionised Calcium		mg/dl	4.5-5.5
<input type="checkbox"/> Inorganic Phosphorus		mg/dl	2.5-5.0
<input type="checkbox"/> Total Cholesterol		mg/dl	150-250
<input type="checkbox"/> HDL		mg/dl	40-60
<input type="checkbox"/> LDL		mg/dl	130-190
<input type="checkbox"/> Trglycendes		IU/L	50-150
<input type="checkbox"/> CPK Total		IU/L	20-195
<input type="checkbox"/> CPK-MB		IU/L	0-24
		mg/dl	15-40

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

क्लीनिकल हिमेटोलॉजी लैब  
CLINICAL HAEMATOLOGY LAB

रोगी Name Sausham आयु/Age 2y 6m लिंग/Sex M

C/R No. 1541 Consultant


Ward/OPD PSW Unit/Bed No

Date/Time 28/2/24 EDTA/Citrate/Heparin/Nil

Nature of Anticoagulant

Diagnosis/History

- CBC

  
Signature of the Doctor

Time of Receipt

Today's Lab Ref No

INCOMPLETE FORM IS NOT ACCEPTABLE

4/12/23

भारत सरकार / Govt. of India

विकिरण विभाग

X-RAY DEPARTMENT

क.स.बा.वि - 17

K.S.C.H.-17

कलावती सरन बाल चिकित्सालय : नई दिल्ली

KALAWATI SARAN CHILDREN'S HOSPITAL : NEW DELHI

रोगी का नाम / Patient's Name	आयु / Age.	लिंग / Sex	Saxshari 24/M 25314 PSW	
पता / Address	अं.गे.पे.सं. / In/Pat Reg. No.	एकक / Unit		
	डा. का नाम / Doctor's Name	गण्ड / Nationality		धर्म / Religion
	परिवार सदस्य सं. / F.P. Status	आय / Income		
	आपात / Emergency	आपात / Emergency		
व्यवसाय / Occupation CGHS	फोन नं. / Tel. No.	दाखिला ता.		
	समय / Date	Time of Admn.		
	हस्ता. / Initials			

उपचार विवरण  
Clinical Notes

दिनांक / Date..... 30/11/23

P/O/C (Pt) wife's tumor  
Nephron sparing surgery  
done on 24/11/23

विकिरण परीक्षा  
X-Ray Examination of

DMSA + SRF

रिपोर्ट  
REPORT

विकिरण संख्या  
X-RAY NO.

क.स.म.  
PLATE NO.  
Dr. SIDDESH  
Senior Registrar  
Dept. of Paediatric Surgery  
IHMCS & N.S. Hospital  
New Delhi-110001

दैनिक शीट / DAILY SHEET

2016-17-58  
KSC 11-55

रोगी का नाम / Patient's Name आयु / Age लिंग / Sex भ्रमण संख्या / In-Pat Reg. No.  
एकक / Unit  
पता / Address डॉ० का नाम / Doctor's Name  
व्यवसाय / Occupation  
Date and Time of Adm  
आद्यक्षर / Initials

Jalshay

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

29/7/14

CSB RR PR

Vitals - HR - 140 bpm, plus good  
SpO2 - 99%  
RR - 22/min

Pt extubated at 11:00 pm

Pit: soft, non distended  
mild tenderness (+)

Drain output - 10ml (G)

ICG output (R) - 80ml (G)  
(L) - 10-1 (G)

ASA - Font  
Bilius  
ulo. Adow-L

Amly - vitals monitoring  
- Acc obs - every 15 min for 1 hr  
↓  
daily

- 110 July  
TPR

Hand

KALAWATI SARAN CHILDREN  
HOSPITAL, NEW DELHI

24 Hrs. Emergency Lab  
Department of Biochemistry

DXH 500  
Analyser-II

Specimen ID: 24  
Patient ID: 1541  
First Name: SAKSHAM

Test: CD  
Gender: U  
Last Name:

Specimen:

Run Date/Time: 03/03/2024 01:31  
Collection: 03/03/2024 01:30  
Location: PSW  
Comments:

Date of Birth:  
Sequence #: 130204  
Physician:  
Age:

Test	Result	Flags	Units	Low	High
WBC	10.00		$\times 10^3/\mu\text{L}$	3.71	10.67
LY	6.31	R	%	18.94	46.71
MO	10.86	R	%	4.88	12.81
NE	81.36	Rh	%	40.62	71.65
EO	1.03	R	%	0.74	6.73
BA	0.44	R	%	0.05	0.48
LY#	0.63	R	$\times 10^3/\mu\text{L}$	1.15	3.52
MO#	1.09	Rh	$\times 10^3/\mu\text{L}$	0.25	0.99
NE#	8.14	Rh	$\times 10^3/\mu\text{L}$	1.85	6.72
EO#	0.10	R	$\times 10^3/\mu\text{L}$	0.04	0.48
BA#	0.04	Rh	$\times 10^3/\mu\text{L}$	0.00	0.03

Test	Result	Flags	Units	Low	High
RBC	3.48		$\times 10^6/\mu\text{L}$	3.87	5.68
HGB	10.43		g/dL	12.00	16.75
HCT	32.3		%	35.1	48.7
MCV	92.7		fL	78.4	97.6
MCH	30.0		pg	26.5	33.5
MCHC	32.3		g/dL	32.9	35.4
RDW	17.9	h	%	12.7	15.6
RDW-SD	59.2	h	fL	38.9	49.0
PLT	126.1		$\times 10^3/\mu\text{L}$	150.5	366.8
MPV	9.26		fL	7.42	10.77

Flags  
Abnorm  
Suspe  
MO/NE

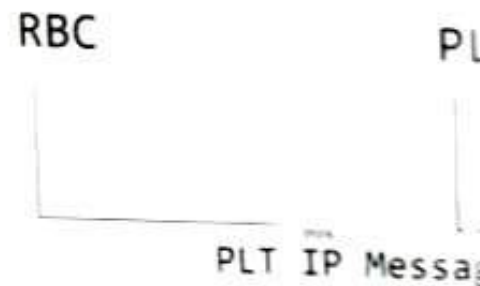
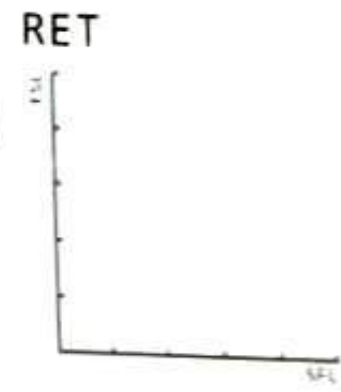
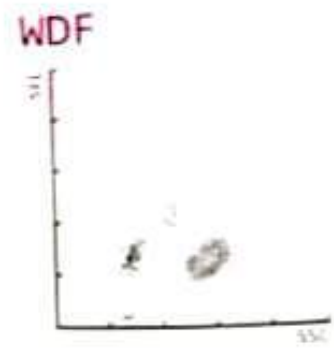




diff. Morph. Count

WBC	4.64	[10 <sup>3</sup> /uL]
RBC	3.35	[10 <sup>6</sup> /uL]
HGB	9.5	[g/dL]
HCT	28.9	[%]
MCV	86.3	[fL]
MCH	28.4	[pg]
MCHC	32.9	[g/dL]
PLT	189	[10 <sup>3</sup> /uL]
RDW-SD	58.0 +	[fL]
RDW-CV	18.8 +	[%]
PDW	9.6	[fL]
MPV	9.9	[fL]
P-LCR	23.4	[%]
PCT	0.19	[%]
NRBC	0.01	[10 <sup>3</sup> /uL]
NEUT	3.62 +	[10 <sup>3</sup> /uL]
LYMPH	0.48 -	[10 <sup>3</sup> /uL]
MONO	0.52	[10 <sup>3</sup> /uL]
EO	0.01 +	[10 <sup>3</sup> /uL]
BASO	0.01	[10 <sup>3</sup> /uL]
IG	0.04 +	[10 <sup>3</sup> /uL]
RET		[%]
IRF		[%]
LFR		[%]
MFR		[%]
HFR		[%]
RET-He		[pg]
IPF		[%]
WBC-BF		[10 <sup>3</sup> /uL]
RBC-BF		[10 <sup>6</sup> /uL]
MN		[10 <sup>3</sup> /uL]
PMN		[10 <sup>3</sup> /uL]
TC-BF#		[10 <sup>3</sup> /uL]

0.2	[%]
78.1 +	[%]
10.3 -	[%]
11.2	[%]
0.2 +	[%]
0.2	[%]
0.9 +	[%]
	[10 <sup>6</sup> /uL]



WBC IP Message  
Lymphopenia  
Left Shift?

RBC IP Message  
Anemia

PLT IP Message

**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 28/02/24 Time On Call Routine / Urgent / Immediate

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELET	
				RDP	SOP
NO. OF UNITS		110cc x 2	110cc x 2	110cc x 2	

Patient's Name SAUSHAM Age/Sex 2y/M Ward/Bed PSW  
 C.R No 1591 Clinical Diagnosis OT/O (R) w/line  
 Doctor Incharge Dr YKS Name of transfusing doctor NSS  
 Indication for transfusion (specify) for surgery  
 Patient's Hb (N) Platelet count (N)  
 Replacement/Donor card No Undertaking

H/O previous Transfusion Yes/No If Yes

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

Sample drawn by DD date 28/2/24

Dr. S. POOR  
 Name & Signature of Medical Officer with Designation & Stamp  
 Dept. of Paediatrics  
 LHMC & KSC Hospital  
 New Delhi - 110001

**FOR BLOOD BANK USE ONLY**

Requisition form received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient ABO group & RhD \_\_\_\_\_ Tested by \_\_\_\_\_

Cross Match	Blood Group	IgM Antibodies		IgG Antibodies (ICT)		Compatible
		Major	Minor	Major	Minor	

Cross Match done by \_\_\_\_\_

Issue No. \_\_\_\_\_ Issued by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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



# ABHISHIKHA TRUST

S. No. 9.....

Date: 02...../04/2024

मैरा मै

श्रीमान् दस्ती महोदय जी

ABHISHIKHA Trust

G-3 Gali, No - 7, Pusta

Sonia Vihar, Delhi - 110094

महोदय

सर मैरा नाम अमित कुमार है सर मै हाथम रहने वाला हूं  
मैरा 2 साल का बच्चा है अर्को केसर है। सर हमरे बच्चे  
की हालत बहुत खराब है। हमरे बच्चे के इलाज के लिए  
बहुत पैसों की जरूरत है। हम खरीब है हम अपने  
बच्चे का इलाज करने के लिए मदद की जरूरत है  
क्या हमरी मदद करें अपना बहुत उपकार होगा

दान्यवद

अमित



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

Website : [www.abhishikha.org](http://www.abhishikha.org) E-mail ID : [info@abhishikha.org](mailto:info@abhishikha.org)

Contact No. : 9958524587



भारत सरकार

Government of India



सक्षम

Saksham

जन्म तिथि/DOB: 30/06/2021

पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

7217 4693 0653

VID : 9109 9593 0583 8851

मेरा **आधार**, मेरी पहचान

बाल आधार

Issue Date: 17/10/2023



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

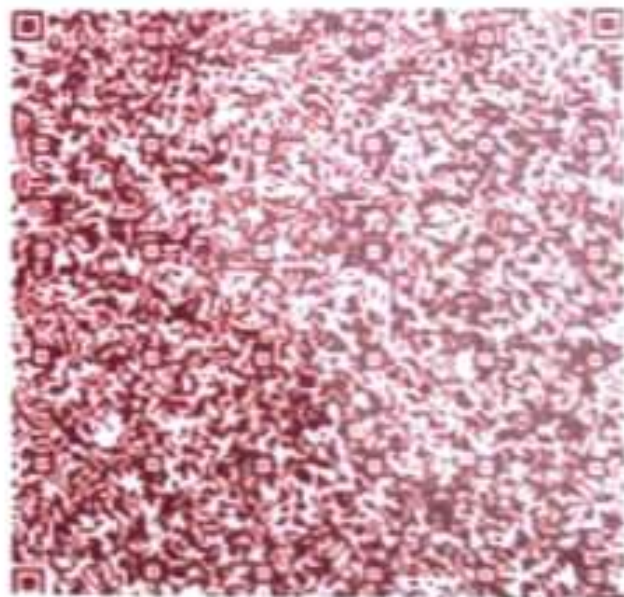


पता:

द्वारा: भगवान दास, मद्रापिथु, हाथरस,  
उत्तर प्रदेश - 281307

Address:

C/O: Bhagwan Das, Madhapithu, Hathras,  
Uttar Pradesh - 281307



6729 7699 6922

VID : 9134 4331 1130 7550



1947



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भारत सरकार

Government of India



आधार



अमित कुमार

Amit Kumar

जन्म तिथि/DOB: 01/01/1991

पुरुष/ MALE

Issue Date : 06/11/2013

6729 7699 6922

VID : 9134 4331 1130 7550

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

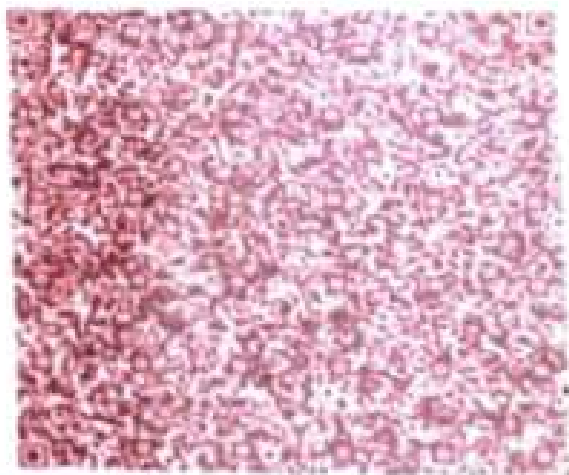


पता:

डा. अमित, मधपिथु, हाथरस,  
उत्तर प्रदेश - 281307

Address:

C/O: Amit, Madhapithu, Hathras,  
Uttar Pradesh - 281307



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