





भारत सरकार / GOVT OF INDIA
लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
बांग्ला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

रोगी का नाम/Patient's Name दैनिक शीट/DAILY SHEET दिनांक/Date

Azaam

आयु/Age.

24

लिंग/Gender

M

CR No.

एकक/Unit

Date :

11/3/14

Day of Hospital Stay

Diagnosis

B cell ALL (IR) - IP E FN

Issues

fever - 1 spike

freq ↓ (2 → 1)

intensity ↓ (103 → 102) → 7pm

focus - URZ

cough (+) - chest clear on HES

↳ CXR -

Examination Findings

TU - 1360 → 2060

ANC - 20 → 20

gcl - 18 → 22

Bru - Pseudomonas → Gent D5
Astronam D4

Treatment & Plan

B.

PLT - 1.04

OA ↑

Urine ✓

Stool ✓

दैनिक शीट/DAILY SHEET

दिनांक/Date

एकक/Unit

CR No:

Patient's Name: Azaam आयु/Age: 4y लिंग/Gender: M

Date: 10/3/25 Day of Hospital Stay: _____

Diagnosis: B cell ALL (LR) IP C FN

Issues: fever - 2 spikes
freq ↑ (1 → 2)
intensity same (103-103.3)
focus - URI
cough (+) - wheeze (+) → Plan
CXR & MB

Examination Findings: TU - 1360 → 2080
ANR 20 → 20
GRN - 18 → 22
BDN - Pseudomonas structure
on gent/streptom

Treatment & Plan: OA - 1 - NY feeds
oral feeds
uri ✓
chest ✓

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

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

दैनिक शीट/DAILY SHEET

दिनांक/Date

रोगी का नाम/Patient's Name

Azaan

आयु/Age

24

लिंग/Gender

M

CR No.

एकक/Unit

Date :

9/3/25

Day of Hospital Stay

Diagnosis

B cell ALL (IA) IP C FN

Issues

Fever - 1cpr/24hr
102°F

Wbc - dec / norm
spander

OA (1)

Urine ✓

Stool ✓

Newt

chemo

13/3 - VCR

Adw

D417 - 7. Pred (10mg) 1-1-1

- hyp pot / phenarjes

- Candi! MDI

chlorhexidine MW 40
270

- Inj Pantop 10mg @
OD

D3 - Inj Gentamycin

- Inj Aztreonam

- Top. chab

- VCR

Ⓢ

Examination Findings

Treatment & Plan

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/85, Telephone No. 011-23408270
TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 10/3/25 Time 09:45 Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
	100 ml RBC		100	100 ml RDP		

Patient's Name Ayan Age/Sex 2.7/2 (M) Ward/Bed 02C5

Hospital Registration No. 9190 Father's/Husband Name _____

Undertaking/Replacement Donor (Donor Card No.) 2440

Doctor In-Charge Dr V. Srin Name of Transfusing Doctor Don

Diagnosis / Indication for Transfusion (Specify) Aplastic Anemia

Obstetric history (in female patients) _____

Patient's Hb 5 Platelet Count 10⁶ PT _____ APTT _____

H/O Previous Transfusion (Yes) No, If Yes: _____

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction if any

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.

Sample drawn by Don Date 10/3/25 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer Dr Vikas

Medical Registration No. 93065544T Contact No. _____

Dr. VIKAS KUMAR
 Post Graduate Resident
 Department of Paediatrics
 Lady Hardinge Medical College & Associated Hospitals
 Kalawati Saran Children's Hospital
 Delhi-110001

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD A+ Antibody screen _____ Tested by _____ Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign
VD193	A+	RCC	COMPATIBLE								
C-5165	A+	RDP	Group specific				3860	10/3/25	4:25 pm		
							3863				

Special Comments of BBO/Technician, if any: _____

INSTRUCTIONS

- The Requisition form must be completely filled. Incomplete form will NOT be accepted.
- Requestion form of patient with CR No. must be sent along with Requisition form NOT be accepted.
-
-
- Written explanation.
- Requestion form to be sent to the Blood Centre for donor screening & serological testing must be provided for issue of blood **WITHOUT CROSSMATCH**.
-
- Requestion forms are to be sent to the Blood Centre during routine working hours: 9am to 5pm. Time at which blood is required should be mentioned. Requestion form to be completed within 4 hours in hemodynamically stable patients.
-
-
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BLOOD CENTRE, LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED S.S.K. & K.S.C. HOSPITAL
COMPATIBILITY REPORT
 LICENCE NO.: 982

BAG NO. C-5163 A FFRh

ISSUE NO. 3861 DATE OF ISSUE 10/3/12

DOC: _____ DOE: _____

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

COMPATIBLE FOR

Pt's Name Aran BLOOD GROUP A+

HOSPITAL/WARD 426 ADM/REG. NO. 4198

TRANSFUSION CRITERIA

COMPONENT	DOSAGE	1 st 15 min	After 15 min	REMARKS
Pack Cell			rapidly as tolerated; prox. 3-5 ml/min or 0 ml/hour in adults	Must by ABO Rh & Crossmatch Compatible
Plasma			0 ml/hour or as tolerated	ABO/Rh compatibility preferable but not required, Crossmatch not required
Sing (SD)			0 ml/hour or as tolerated	Should be ABO Rh compatible
Fres (FFI)			rapidly as tolerated; prox. 300 ml/hour	Should be ABO compatible, Crossmatch not required

BLOOD CENTRE, LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED S.S.K. & K.S.C. HOSPITAL
COMPATIBILITY REPORT
 LICENCE NO.: 982

BAG NO. VD 193 A + Rh

ISSUE NO. 3860 DATE OF ISSUE 10/3/12

DOC: _____ DOE: _____

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

COMPATIBLE FOR

Pt's Name Aran BLOOD GROUP A+

HOSPITAL/WARD 426 ADM/REG. NO. 4198

Transfusion ORDER FORM

Patient's Name: _____ Hospital Regn. No. _____

Ward/Bed No. _____ ABO & Rh Blood Group of the patient _____

Blood/component(s) received by: _____ Date: _____ Time _____

Bedside verification by Medical Officer before starting transfusion: I verify that

- The recipient's name and hospital registration no. mentioned on the blood bag, compatibility report, issue form and patient's case sheet match.
- I have correctly identified the recipient.
- Blood bag has been checked for expiry, leakage, discoloration & clot and no abnormality has been detected.

Sign of Medical Officer _____ Name of Medical Officer _____ Date _____ Time _____

Details of blood/ component transfused				Vitals of Patient						Any Adverse Reaction		Sign
Unit No.	Comp.	Group	Volume	Time	Temp	B.R	P.R	R.R	S _p O ₂	Yes*	No	
				Starting time								
				At 5 min								
				At 15 min								
				At 30 min								
				At 45 min								
				At 1 hour								
				Completion time								
				Starting time								
				At 5 min								
				At 15 min								
				At 30 min								
				At 45 min								
				At 1 hour								
				Completion time								

Sign, Name & Designation of MO _____ Medical Registration No. _____ Date _____ Time _____

*In case of any sign/symptoms of transfusion reaction, immediately stop the transfusion and inform the consultant immediately.

chemo - D₂₈ 7 chemo

pred D6

VCR / Dexam ✓

next chemo - D₂₉ - VCR (13/3)

IR - WBC @ present > 1k

L/S milky

Age 1-10

O/E white streak

chest dx

CT done today

CRU ✓

- sub c Salin 944

D₆ - T. Pred (10) | — | — |

- syp pom

omit - Phenyne

- candid / chemo, new

- T. Lamm / syp Septon

D₅ - inj Genta 7500 /

D₄ - inj Antronan 330 TR

- v/v

Sample No.: 4193 AYAN U2C5
 Patient ID:
 Name:
 Sample Comment:

Ward: Rack:

Position: 09/03/2025 11:57:24 WB
 Doctor:
 Birth: Sex:
 Nickname: XN-1000-1-A

Positive

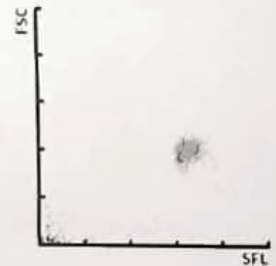
Diff. Morph. Count

WBC	2.08	-	[10 ³ /uL]		
RBC	2.35	-	[10 ⁶ /uL]		
HGB	6.5	-	[g/dL]		
HCT	21.2	-	[%]		
MCV	90.2		[fL]		
MCH	27.7		[pg]		
MCHC	30.7	-	[g/dL]		
PLT &F	7	-	[10 ³ /uL]		
RDW-SD	51.4		[fL]		
RDW-CV	15.6		[%]		
PDW	----		[fL]		
MPV	----		[fL]		
P-LCR	----		[%]		
PCT	----		[%]		
NRBC	0.00		[10 ³ /uL]	0.0	[%]
NEUT	0.02	*	[10 ³ /uL]	1.0	* [%]
LYMPH	2.02	*	[10 ³ /uL]	97.1	* [%]
MONO	0.04	*	[10 ³ /uL]	1.9	* [%]
EO	0.00		[10 ³ /uL]	0.0	[%]
BASO	0.00		[10 ³ /uL]	0.0	[%]
IG	0.00	*	[10 ³ /uL]	0.0	* [%]
RET	0.14		[%]	0.0033	[10 ⁶ /uL]
TRF	0.0		[%]		
IFR	100.0		[%]		
MFR	0.0		[%]		
HFR	0.0		[%]		
RET-He	30.3		[pg]		
IPF	8.9	*	[%]		

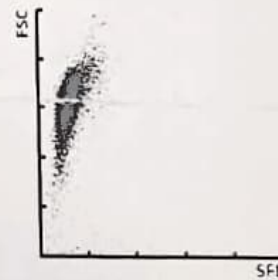
WDF



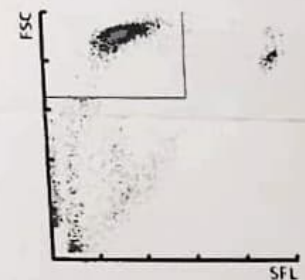
WNR



RET

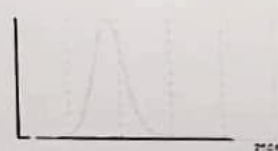


PLT-F

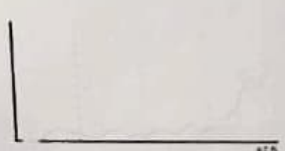


WBC-BF	[10 ³ /uL]	
RBC-BF	[10 ⁶ /uL]	
MN	[10 ³ /uL]	[%]
PMN	[10 ³ /uL]	[%]
TC-BF#	[10 ³ /uL]	

RBC



PLT



WBC IP Message
 Neutropenia
 Leukocytopenia
 Blasts/Abn Lympho?

RBC IP Message
 Anemia
 RET Abn Scattergram

PLT IP Message
 PLT Abn Distribution
 Thrombocytopenia

chemo - D₂₂ chemo 6/3 started

Pred D₅

VER/ Danno ✓

next chemo - 13/3/11 VER (D₂₉)

IR - WBC @ present > 1 lac

L/S bulky

Age 1-10

0/4 - vitals stable / chest clear

Plan

CECT chest + PNS

CXR

DR

(add) - WBC i lab 9.41

D_{5/7} - T. Pred (10) 1-1-1

- sup pom / pnenaya

- candida 14 / chertuy 100

(Mary) - T. lab (JR) (15) | + 10 po

D₃₄ - inj Genk 75mg 0.5

D₃ - inj Aztreonam 3300 TR0

- sup leptom

- v/11

Chest clear

fev - 7 pm - 102

Specimen:

XH 500
Analyser-II

भारत सरकार / GOVT OF INDIA

Document Id : LHMC/KSCH/LAB
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KALAWATI SARAN CHILDREN'S HOSPITAL

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

23

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

CLINICAL BIOCHEMISTRY REPORT

Name	Age/Sex
C.R. No. 2507 Azaan	Consultant
Unit/OPD PR	Date/Time 24/m 37
Diagnosis/History :- LFT/RFT/SC/uric acid/calc/PAP	Signature of the Doctor

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.

Investigation	Reported Value	Units	Normal Range	Investigation	Reported Value	Units	Normal Range
Blood Samples							
Glucose (Fasting)		mg/dL	60-100	Alkaline Phosphatase		IU/L	≤350
Glucose (PP)		mg/dL	65-140	Total Protein		g/dL	6.6-8.0
Glucose (R)		mg/dL	60-140	Albumin		g/dL	3.5-5.0
Sodium		mEq/L	135-145	Serum Calcium		mg/dL	9-11
Potassium		mEq/L	3.5-5.1	- Ionized Calcium		mg/dL	4.0-5.5
Chloride		mEq/L	98-108	Inorganic Phosphorus		mg/dL	4.0-7.0
Urea		mg/dL	10-40	Total Cholesterol		mg/dL	110-200
Creatinine		mg/dL	0.5-1.0	HDL		mg/dL	40-60
Uric Acid		mg/dL	3.0-6.5	LDL		mg/dL	<130
Serum Bilirubin-Total (0-14D)		mg/dL	0.2-16.6	CPK Total		IU/L	20-195
Serum Bilirubin-Total (15D to <1 Yr)		mg/dL	0.05-0.68	CPK-MB		IU/L	0-24
Serum Bilirubin-Total (>1 Yr age)		mg/dL	0.2-1.1	CRP (Quantitative)		mg/L	<6.0
Serum Bilirubin-Direct (>1 Yr age)		mg/dL	0.05-0.2	Serum Amylase		IU/L	28-100
SGOT (AST)		IU/L	10-40	Serum Lipase		IU/L	<60.0
SGPT (ALT)		IU/L	10-45	GGT		IU/L	9-48
				Serum Magnesium		mg/dl	1.7-2.3

CSF				Body Fluid			
CSF Protein		mg/dL	15-40	Microproteins			
CSF Sugar		mg/dL	40-70	Sugar			
				Total Protein			
				Albumin			

Performed By-
(Medical Lab. Technologist)Verified By-
(Signature if Faculty/SR)

लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
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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	Asaan Asaan	Age/Sex	24/M
C.R. No.	RR 2507	Consultant	23
Unit/OPD		Date/Time	
Diagnosis/History :-	CBC	Signature of the Doctor	

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.

Investigation	Reported Value	Units	Normal Range	Investigation	Reported Value	Units	Normal Range
Blood Samples							
Glucose (Fasting)		mg/dL	60-100	Alkaline Phosphatase		IU/L	≤350
Glucose (PP)		mg/dL	65-140	Total Protein		g/dL	6.6-8.0
Glucose (R)		mg/dL	60-140	Albumin		g/dL	3.5-5.0
Sodium		mEq/L	135-145	Serum Calcium		mg/dL	9-11
Potassium		mEq/L	3.5-5.1	- Ionized Calcium		mg/dL	4.0-5.5
Chloride		mEq/L	98-108	Inorganic Phosphorus		mg/dL	4.0-7.0
Urea		mg/dL	10-40	Total Cholesterol		mg/dL	110-200
Creatinine		mg/dL	0.5-1.0	HDL		mg/dL	40-60
Uric Acid		mg/dL	3.0-6.5	LDL		mg/dL	<130
Serum Bilirubin-Total (0-14D)		mg/dL	0.2-16.6	CPK Total		IU/L	20-195
Serum Bilirubin-Total (15D to <1 Yr)		mg/dL	0.05-0.68	CPK-MB		IU/L	0-24
Serum Bilirubin-Total (>1 Yr age)		mg/dL	0.2-1.1	CRP (Quantitative)		mg/L	<6.0
Serum Bilirubin-Direct (>1 Yr age)		mg/dL	0.05-0.2	Serum Amylase		IU/L	28-100
SGOT (AST)		IU/L	10-40	Serum Lipase		IU/L	<60.0
SGPT (ALT)		IU/L	10-45	GGT		IU/L	9-48
				Serum Magnesium		mg/dl	1.7-2.3

CSF				Body Fluid			
CSF Protein		mg/dL	15-40	Microproteins			
CSF Sugar		mg/dL	40-70	Sugar			
				Total Protein			
				Albumin			

Performed By-
(Medical Lab. Technologist)

Verified By-
(Signature if Faculty/SR)

**LADY HARDINGE MEDICAL COLLEGE****DEPARTMENT OF PATHOLOGY**

Patient Details	Azaan
CR no / Hosp	2507
Bone marrow received on	6/2/25

Immunophenotyping for acute leukemia

Flow reference number: 55/25

Clinical history: Suspected leukaemia with hyperleukocytosis with febrile neutropenia with bicytopenia

Flow cytometer: BD FACS Lyric

Gating strategy: CD45 vs SSC gating

Sample: peripheral blood

On CD45 / SSC gating, 63.53% of all viable events fall in the dim CD45 vs. low SSC window

These events show:

Markers	Population (%)	Intensity	Interpretation
CD34	11.46	Heterogeneous	Positive
cCD 3			Negative
sCD3			Negative
MPO			Negative
CD7			Negative
CD19	98	Moderate to Bright	Positive
CD79a	95.31	Bright	Positive
CD10	71	Bright	Positive (LAIP)
CD22	Non contributory		
CD20	31.86	Heterogenous	Positive
Tdt	65.72	Moderate	Positive
HLA DR	79.73	Bright	Positive
CD 38	99.62	Bright	Positive

Govt. of India
KALAWATI SARAN CHILDREN'S HOSPITAL
INVESTIGATION RECORD SHEET

Azaan

Age: 2yr

Sex: M

C.R. No. 25

	5/2	5/2	06/2	6/2	7/2	8/2	9/2	12/2		
	4.2 16.2	3.82 13.7	7.32 23.4	7.79 24	7.3 24.0	7.2		7.3 23		
C	128.600 No. 169	13000 No. 166	28020 No. 174	27K 0.62/78 ANC-170	47K NASL-35 ANC=270	33K		1010 220		
Count	30K	16.2K	53.5K	38K	33K	22K		33K		
	39	85.8	15	29	10.4		7.4	34		
ine	0.03	0.35	0.46	0.39	0.43 (8/2)		0.4	0.37		
	136	140	140	140	140		141	141		
	9.1	3.9	3.4	4.1	4.1		3.89	4.4		
Bilirubin / Indirect	0.4 0.2	0.59 0.24	0.6 0.3	0.77 0.3	0.58 0.2		0.39 0.2	0.65 0.29		
	53	55.3	55	57	46.3		57	53		
	18	16.1	7.6	21	15.3		16	33		
	180	157	164	160	163		181	157		
rotein/Alb	9.9	5.24	5.6				5.48/32			
alcium/l	9.9	9.1	9.2 3.9	9	4.6		9			
osphate	4.4	3.73	3.24	4.4	9		3.74			
CRP		3.3	2.7	2.8	1.9		1.5			
Profile	3.1			2.8						
URIC ACID	6.1	3.4		2.9	2.5		1.5	2.0		
WBC		102								
Other Fluid Examination		6.6								



**LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY**

Patient Details:	AZAAN 2Y/M 2507 U2C1
Bone marrow received on	6/2/25
Bone marrow aspirate:	64/25

Clinical details: Patient with suspected leukaemia with hyperleukocytosis with febrile neutropenia with bicytopenia

CBC:

Hb (gm/dl)	TLC x10 ⁹ /ul	Platelet & F x 10 ³ /ul
6.9	52.06	47

DLC: Blast85 N02 L11 Mo02

Peripheral smear: Smear shows leukocytosis with presence of 85% blasts. These blasts are 1-2 times the size of a small mature lymphocyte with scant agranular cytoplasm. Few blasts show nuclear indentation and few show the presence of cytoplasmic vacuoles. Red blood cells are normocytic normochromic. Platelets are reduced.

Bone marrow Aspirate

Cellularity	Aparticulate, hypercellular		
Erythropoiesis	Reduced, occasional normoblasts seen		
Granulopoiesis	Reduced		
Megakaryopoiesis	Reduced, occasional megakaryocytes were seen		
Others	-		
Myelogram			
Blasts/hematogones	95	Eosinophils	-
Promyelocytes	-	Erythroid	03
Myelocytes	-	Plasma cells	-
Metamyelocytes	-	Monocytes	-
Stab forms / Band forms	-		
Neutrophils	-		
Lymphocytes	02		
Bone marrow Imprint	Hypercellular, shows near total replacement by blasts.		
Special stains	Perls stain -No particle for iron store Cytochemistry, MPO - Negative, PAS : Negative		
Impression	Bone marrow together with flow cytometry (Flow reference number 55/25), the findings are consistent with B cell-Acute Lymphoblastic Leukemia		

Reported by: *Vandana*
 Dr Vandana Puri
 MD,DM(Hematopathology),DNB,MNAMS
 Professor
 Department of Pathology,LHMC

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/85, Telephone No. 011-23408270
TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 11/feb/25 Time 9:43 AM Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
		150ml PRBC		30	RDP	

Patient's Name Azan Age/Sex 2 1/2 / M Ward/Bed U2 C3

Hospital Registration No. 2807 Father's/Husband Name Movin

Undertaking/Replacement Donor (Donor Card No.) Or Donation

Doctor In-Charge Dr. Palak Name of Transfusing Doctor _____

Diagnosis / Indication for Transfusion (Specify) Sev. Anemia

Obstetric history (in female patients) _____

Patient's Hb 6.4 Platelet Count 3000 PT _____ APTT _____

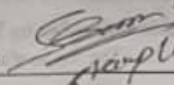
H/O Previous Transfusion: Yes / No, If Yes: _____

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction if any

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.

Sample drawn by Dr. Rajat Date 11/feb/25 Sign & Stamp of Medical Officer 

Name & Designation of Medical Officer _____

Medical Registration No. 23457 Contact No. 9717294814

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD A+ Antibody screen _____ Tested by _____ Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign
U501	A+	RC		COMPATIBLE				2230			
C-2868	A+	RDP						2231			
C-2879								2232			

Special Comments of BBO/Technician, if any _____

by camp 10y 16

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/85, Telephone No. 011-23408270
TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 5/2/25 Time Urgent Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
		<u>1 Unit PRBC</u>		<u>24</u>	<u>RDP</u>	

Patient's Name Azaan Age/Sex 2y IM Ward/Bed V2C1

Hospital Registration No. 2507 Father's/Husband Name Sho Mawle

Undertaking/Replacement Donor (Donor Card No.) Undertaking

Doctor In-Charge Dr V. Singh Name of Transfusing Doctor DD

Diagnosis / Indication for Transfusion (Specify) Severe anemia Hg-3.62 g/dl

Obstetric history (in female patients) -

Patient's Hb 3.62 g/dl Platelet Count 1.68 x 10⁴ PT - APTT -

H/O Previous Transfusion: Yes / No, If Yes:

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction any

Special Comments of Transfusing Doctor, if any:

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION

Sample drawn by Dr Naveen Date 5/2/25 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer SR

Medical Registration No. 36889 Contact No. 8396058176

BRAHMJOT KAUR
 Post Graduate Resident
 Department of Immunology
 LHMC & Kalawati Saran Children's Hospital, New Delhi-110002

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by e Date 5/2/25 Time 7:15 PM

Patient's ABO Group & RhD A+ve Antibody screen - Tested by e Sign e

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign
<u>766</u>	<u>A+</u>	<u>RBC</u>	<u>COMPATIBLE</u>	<u>5/2</u>	<u>8:15 PM</u>	<u>e</u>	<u>1792</u>	<u>5/2</u>	<u>10:20</u>	<u>sh</u>	
<u>C-2334</u>	<u>A+ve</u>	<u>RDP</u>	<u>Group Specific</u>				<u>1793</u>			<u>PM</u>	
<u>C-2365</u>	<u>A+</u>						<u>1794</u>				

Special Comments of BBO/Technician, if any

ICT-Neg



भारत सरकार

Government of India



मो मोबीन

Mohd Mobin

जन्म तिथि / DOB : 01/01/1990

पुरुष / Male



4299 2218 3177

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकर-

Unique Identification Authority of India

पता:

S/O: हमीद, 90, चन्दायन, चंदयानां,
हसनपुर मंजपता, संभल, उत्तर प्रदेश,
244302

Address:

S/O: Hamid, 90, chandayan,
Chandayan, Hasanpur Manjapta,
Sambhal, Uttar Pradesh, 244302

4299 2218 3177



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



ABHISHIKHA TRUST

S. No. 20.....

Date: 11/10/2021.....

रजि. सं.

श्रीमान स्वामी महाराज जी

ABHISHIKHA TRUST

G-3, Gali No. 7, Pusta,

Sonia Vihar, Delhi - 110094

महोदय,

श्री श्रीमान, मुझे सं. 20 का मुझे वचने का नाम
अज्ञान है। वो केवल 2 साल का है। 3 लाख का
कैलव हो गया है वो कलावाती अस्पताल में
जर्मि है। मेरा काम भी छुट गया वचने
के बजाज में बंदुत रूपोगा की जरूरत है
धारे धारण 3 लाख फवार्डिंग खरीदने तक
क पैल नहीं वचने है। ABHISHIKHA TRUST
का धारी मदद की है। अथवा अत्रोध
है आगे श्रीधारी मदद करे।

श्रीमान श्री श्रीमान



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