





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

दैनिक शीट/DAILY SHEET

दिनांक/Date

रोगी का नाम/Patient's Name	आयु/Age	लिंग/Gender	CR No.	एकक/Unit
Knshwa	10y	Male	14029	Ua 15

Date :	10/6/25	Day of Hospital Stay	4.
--------	---------	----------------------	----

Diagnosis: T cell ALL = CP D5 (5/6/25) now \bar{c} febrile neutropenia
 \bar{c} severe anemia \bar{c} liver dysfunction.

Issues: GI
fever: NO ep₀ fever.

Examination Findings: Periorbital puffiness; + & facial swelling } (i).
UO = adequate.

Examination Findings: Urine \checkmark
Stools \checkmark .

of vitals = HR 120/min. CFT < 3sec. PV good

SE = WNL.

Issues -
- difficult cannulation
- to put PICC line \downarrow USG guidance

- Advs.
- Orally allowed
 - D4 - Suj Piptaz in TAB.
 - D4 - Suj amika 450mg in
 - T. voricon
 - T. septran
 - T. LCZ 57
 - Temeset/T

omit

Add

- T. PCM (500) 1tab PO q
- Zytel gel
- Candid Mp chlor h mu

Signature
Name of JR/SR

दैनिक शीट/DAILY SHEET

दिनांक/Date

Patient's Name

आयु/Age.

लिंग/Gender

CR No.

एकक/Unit

Krishna

10 years

Male

14029

U215

9/6/25

Day of Hospital Stay 3

T-cell ALL CP D5 completed (5/6/25)
 now \bar{c} febrile neutropenia \bar{c}
 severe anemia. \bar{c} liver dysfunction

CFEFever = No \bar{c} feverPeriorbital
puffinessA
facial swelling

(i).

VO = adequate.

Issues

- Neutropenia

- Transaminitis (i).

- Cannulation
(Plan to consider line
 \downarrow USG guidance).7/6/25 \rightarrow 8/6.

TLC = 1770

ANC = 770

6.26.

35000

1650.

0.

9.4

65000.

U_{cr}/K_e $\frac{16}{0.76}$

13.2

0.33

Bil $\frac{2.25}{1.25}$

1.75

0.69

AST 100

52.4

ALT 42

25.8

ALP 257

209

CRP 26.14

40

Na⁺ 134

133

K⁺ 3.7

3.34

Vitals

HR 100/m PV good PP+

RR 18/m CFT < 3 CP+

SE = WNL.

Signature
Name of JR/SR

- Thrombophobe for LA
- T. Imatinib (400 mg) 1 to

OD.

- Input/output charting.

- Mupirocin for LA.

change

50. TFR

- IVF DNS 300 ~~400~~ ml \bar{c} 1:100Kcl
 W Q 8H.

Ken
 PC

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY



received on Krishna, 10 y/Male, U2C3,KSCH
5599
29/04/2025

Typing for measurable residual disease

Case number:199/25

History: T-Acute lymphoblastic leukemia, post induction phase bone marrow.

Instrument: BD FACS lyric; gating on BD Suite software v1.5.

Markers used: CD45, sCD3, cyto CD3, CD7, CD5, CD4, CD8, CD56, CD16, CD2

Bone marrow aspirate

Count:18.3x 10³/ul

Cellular events: -711242 - Non-Debris Cellular events acquired.

Events were gated using CD7, cyto and surface CD3.

Events express

Marker	Expression
CD45	Dim
CD34	Positive
CD7	Positive
Cyto CD3	Positive
CD4	Positive
CD8	Positive
CD48	Dim positive
CD5	Dim positive
CD3	Negative
CD16/CD56	Negative
CD2	Negative

Flow cytometric MRD detection shows 0.03% MRD in a known case of T-Acute lymphoblastic leukemia, post Induction phase.

Dr Divya

Reported by
Dr Shailaja Shu
Director Profes

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Patient Details:		KRISHNA 10YRS/M U2C3 RSCH	
Bone marrow received on		13/3/25	
Bone marrow aspirate:		129/25	
Clinical details: ACUTE FEBRILE ILLNESS WITH PANCYTOPENIA			
CBC:			
Hb (gm/dl)	TLC $\times 10^9 / \mu l$	Platelet $\times 10^9 / \mu l$	
6.0	3.63	57	
DLC: <u>M 1 L 71 B 28</u>			
Peripheral smear: SMEARS SHOWS LEUCOPENIA WITH PRESENCE OF 28% BLASTS WHICH ARE 2.5 TO 3 TIMES THE SIZE OF SMALL MATURE LYMPHOCYTES, HAVING SCANT AGRANULAR CYTOPLASM OPEN CHROMATIN, FEW CELLS HAVING 0-2 NUCLEOLI. RED CELLS ARE NORMOCYTTIC NORMOCHROMIC WITH FEW HYPOCHROMIC CELLS AND TARGET CELLS. PLATELETS ARE MARKEDLY REDUCED			
DLC L71 M BLAST28			
Bone marrow Aspirate			
Cellularity	DILUTED WITH PERIPHERAL BLOOD, HOWEVER CELLULAR		
Erythropoiesis	MARKEDLY SUPPRESSED		
Granulopoiesis	MARKEDLY SUPPRESSED		
Megakaryopoiesis	MARKEDLY SUPPRESSED		
BLASTS	MORE THAN 80% BLASTS WITH MORPHOLOGY AS DESCRIBED ABOVE		
Myelogram	NOT FEASIBLE I/V/O DILUTED MARROW		
Blasts		Eosinophils	
Promyelocytes		Erythroid	
Myelocytes		Plasma cells	
Metamyelocytes		Monocytes	
Ab forms / Band forms			
Neutrophils			
Lymphocytes			
Bone marrow Imprint			
Special stains	MPO NEGATIVE		
Impression	MPO NEGATIVE ACUTE LEUKEMIA		

Rajini
19/4/25

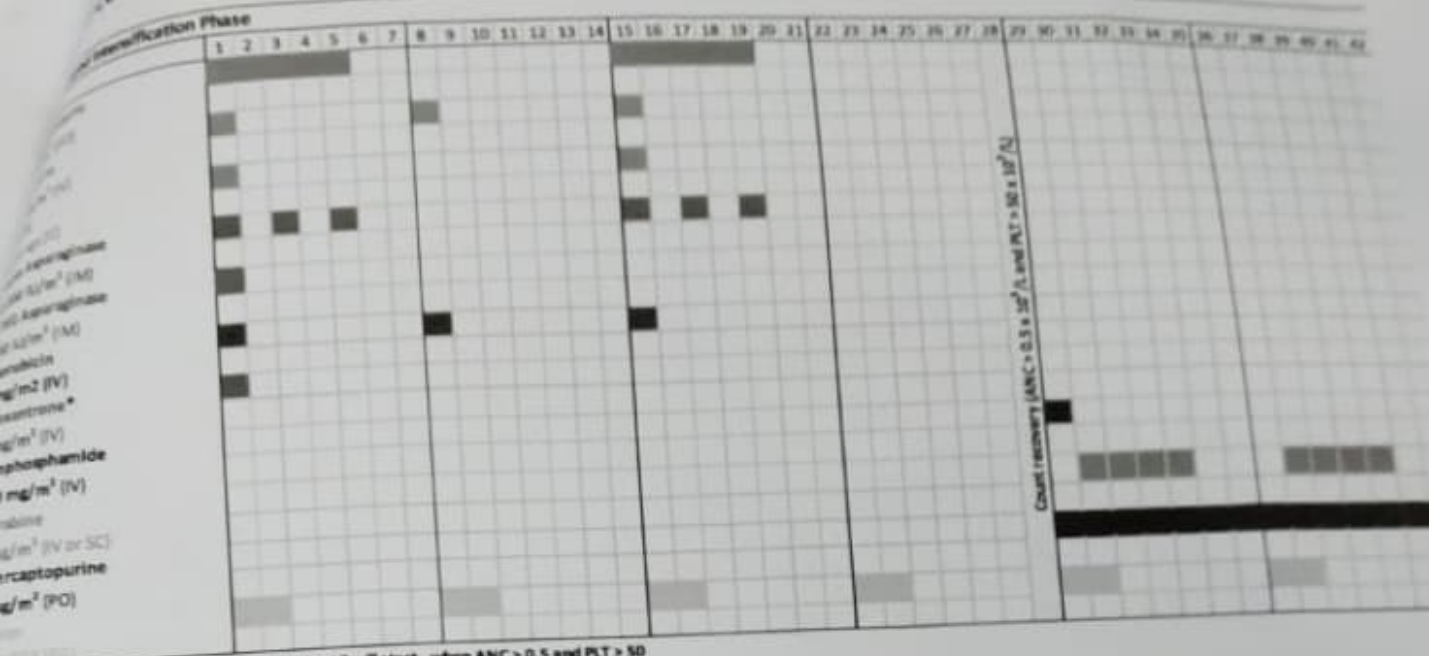
Reported by:

DR. SHAIKH
DIRECTOR

Kotiahm

InPOG/ALL-15-01 (IGCL ALL-14)

Delayed Intensification Phase



Part 1 will start, when ANC > 0.75 and PLT > 75; Part 2 will start, when ANC > 0.5 and PLT > 50

Methasone, 10 mg/m², oral, (capped at 20mg per day) in two divided doses days 1-5 and 15-19

Vincristine, 1.5 mg/m² (capped at 2mg), IV, days 1, 8, 15, IV, given as slow IV push OR slow bolus through the side port of a fast-running infusion of 100ml 0.9% NaCl

Thecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg

Thecal Methotrexate, (doses as above), Days 1, 15

Asparaginase, 10,000 IU/m², IM, days 1, 3, 5, 15, 17, 19 no more than 2ml at each site

Asparaginase 1000 IU/m², IM, day 1

Doxorubicin, 25 mg/m², IV, days 1, 8, 15, in 100ml 0.9% NaCl over 1 hour

Mitoxantrone, 10 mg/m², IV, day 1, in 100ml 0.9% NaCl over 1 hour

Mitoxantrone is recommended, doxorubicin to be administered in case of mitoxantrone unavailability

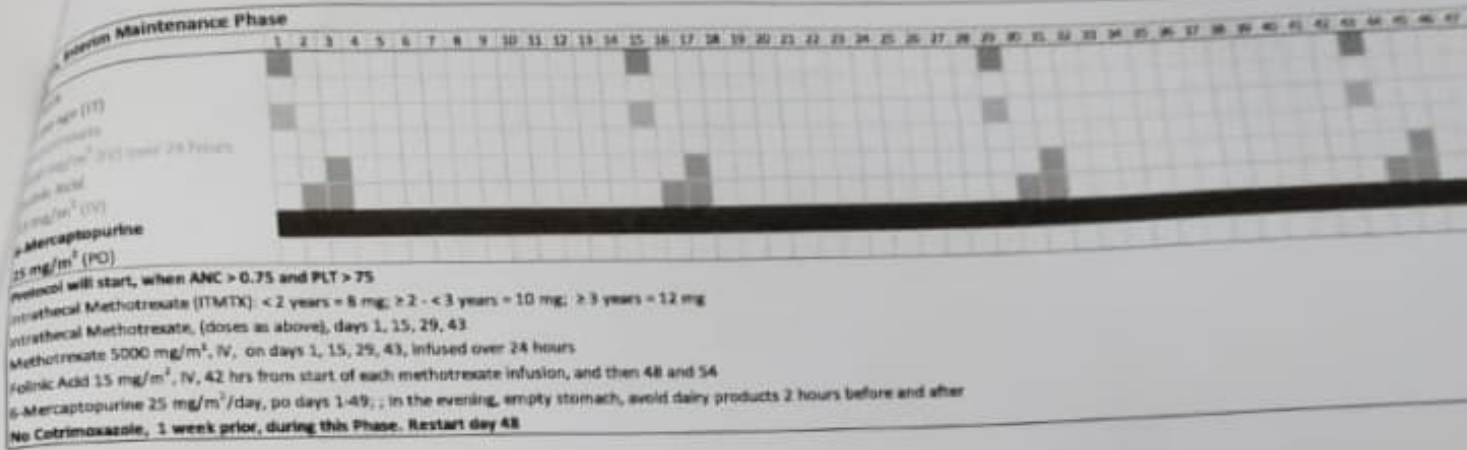
Cyclophosphamide, 1000 mg/m², day 29 IV, in 100ml 0.9% NaCl over 0.5h; followed by hydration @ 125ml/m²/hr for 2hrs.

Vincristine (Ans-C), 75 mg/m² IV, slow bolus or SC, days 30-33; 37-40

Mercaptopurine, 60 mg/m², oral, daily days 29-42, empty stomach, avoid dairy products 2 hours before and after

Allopurinol, BSA < 0.50: 120 mg; ≥ 0.50 - < 0.76: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1: 480 mg BD, oral, on two consecutive days every week

T-Cell, Interim Maintenance Phase



DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL, NEW DELHI

CYTOLOGY REPORT FORM

Name of Patient..... Krishna Sex M Age 104 Regd. No. 1302
Hospital..... KACH Ward Ud-Dayan Dr. In-Charge..... Dr. M. Dhas
Case No..... 700/25 Smear No..... F2089-90/25
Received on..... 26/5/25 Reported on..... 26/5/25

Investigation asked for :- CSF for cytology (F2089-90/25)

Report :-

Gross :- Received 400 ul of clear, colorless

TLC : 05 cells/ul

DLC : see lymphomononuclear

Microscopy :- Smears show an occasional lympho-
-nuclear cell.

No blasts seen in the smears examined



Dr Puti.
Professor

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Patient Details:

Bone marrow received on KRISHNA 10Y/M 5599(KSCH)
29/04/2025
Bone marrow aspirate: 225/25

Clinical details: k/c/o T Cell ALL

CBC:

Hb (gm/dl)	TLC x10 ³ /ul	Platelet &F x 10 ³ /ul
10.7	6.02	321

DLC:

Peripheral smear: RBCs are normocytic normochromic and mild anisocytosis.
Platelets are adequate.

Bone marrow Aspirate

Bone marrow smears are diluted with peripheral blood showing few hypocellular particles with increased macrophages and scattered maturing cells of Erythroid and Myeloid series in the background.
Megakaryocytes are adequate.

IMPRESSION - Bone marrow in morphological remission.

Dr Shailaja Shukla
Director Professor. Pathology
30/4/25

B cell markers			
CD19	-	-	Negative
CD79a	-	-	Negative
Immaturity Markers			
HLA DR	-	-	Negative
CD34	80%	Moderate	Positive
CD 117	-	-	Negative
TdT	28%	Dim	Positive
MRD Markers			
CD 38	-	-	Negative
CD48	-	-	Negative

IMPRESSION: Morphology and Immuno-phenotyping findings are suggestive of T Acute Lymphoblastic Leukaemia.



Reported by : Dr Sha

Director Pr

IP - D3r cyto

DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL, NEW DELHI

CYTOLOGY REPORT FORM

Name of Patient... Krishna Sex M Age 10y Regd. No. 2 9973

Hospital K.S.C.M. Ward N2PMDc Dr. in-Charge Dr. Muk

Case No 559 Smear No F-1608-09/25

Received on 29/04/25 Reported on 29/04/25

Investigation asked for :-

Report :- ESF for Cytology (F-1608-09/25)

gross: Received 900ml Colourless clear fluid.

Microscopy:-
Smears examined are acellular

T-ALL, Maintenance Phase

Weeks	1	2	3	4	5	6	7	8	9	10	11	12
Mercaptopurine (PO) 60 mg/m ²	[Solid black bar indicating daily dosing from week 1 to 12]											
Methotrexate (PO) 20 mg/m ²	●	●		●	●	●	●	●	●	●	●	●
IT-MTX As per age (IT)			●									
Septran (PO) As per BSA (BD)	■	■	■	■	■	■	■	■	■	■	■	■

Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg
 Intrathecal Methotrexate, (doses as above), week 3
 6-Mercaptopurine, 60 mg/m²/day, oral, daily, empty stomach, avoid dairy products 1 hour before and after
 Methotrexate, 20 mg/m², oral given on one day per week - weeks 1-2, 4-12
 Septran, BSA < 0.50: 120 mg; ≥ 0.50 - < 0.76: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1: 480 mg BD, oral, on two consecutive days every week

Total of 8 Cycles

Please note there are 8 cycles of therapy

Frühna

T cell ALL

InPOG-ALL-15-01 (ICICLE ALL-14) 2/1/15

T-Cell, Induction Phase

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
prednisolone 60 mg/m ² (PO)	✓	✓	✓	✓	✓	✓	✓																														
dexamethasone 10 mg/m ² (PO)								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
vincristine 1.5 mg/m ² (IV)							✓							✓								✓														✓	
MTX per age (IT)							✓							✓																							✓
Asparaginase 10,000 IU/m ² (IM)								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peg-Asparaginase 1000 IU/m ² (IM)								✓															✓														
doxorubicin 25 mg/m ² (IV)							✓							✓									✓														✓
liposomal Amphotericin B 2.5 mg/kg/day							✓	✓					✓	✓								✓	✓													✓	
BSA (BD)	✓	✓						✓	✓					✓	✓							✓	✓													✓	

1/8/15, 2/1/15, 1/4/15, 3/4/15, 1/4/15, 2/1/4/15, BSD - 1.34 ml²

Oral Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg
 Oral Methotrexate, (doses as above), days 8, 15, 35 (CNS disease -ve); X additional IT's for CNS2/3
 Prednisolone, 60 mg/m², oral, in three divided doses (capped at 120mg per day) day 1-7
 Dexamethasone, 10 mg/m², oral in two divided doses (capped at 20mg per day) days 8-14 and 22-28
 Vincristine, 1.5 mg/m² (capped at 2 mg per dose), IV Days 8, 15, 22, 29 as slow IV push OR slow bolus through the
 port of a fast-running infusion of 100mL 0.9% NaCl
 Asparaginase, 10,000 IU/m², IM, days 8, 10, 12, 14, 16, 18, 20, 22, 24 no more than 2 ml at each site
 Peg-Asparaginase 1000 IU/m², IM, day 8, 22
 Doxorubicin, 25 mg/m², IV, in 100mL 0.9% NaCl infused over 1 hour, days 8, 15, 22, 29
 BSA, BSA < 0.50: 120 mg; ≥ 0.50 - < 0.76: 240 mg; ≥ 0.76 - < 1: 360 mg; ≥ 1: 480 mg BD, oral, on two
 consecutive days every week
 Antifungal prophylaxis is recommended during this phase
 Liposomal amphotericin B 2.5 mg/kg/day, IV, in 5% dextrose over 1 hour, twice a week

Case note: antifungal prophylaxis is recommended in this phase; administration as per site practice

D15 - Daunorubicin → 2/4 → diet unavailability → 3/4
 D15 - 17m traumatic → next → 3/4/15



LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Patient Details	Krishna, 10y/m
CR no / Hosp	5599, U2C3, KSCH
Bone marrow received on	13/3/2025

Immunophenotyping for acute leukemia

Flow reference number: 114/25

Clinical history: Acute febrile illness with pancytopenia

Flow cytometer: BD FACS Lyric

Gating strategy: CD45 vs SSC gating

Sample: Bone Marrow Aspirate

On CD45 / SSC gating 48 % of all viable events fall in the ^{dim} CD45 vs low SSC window (blast window)
Moderate

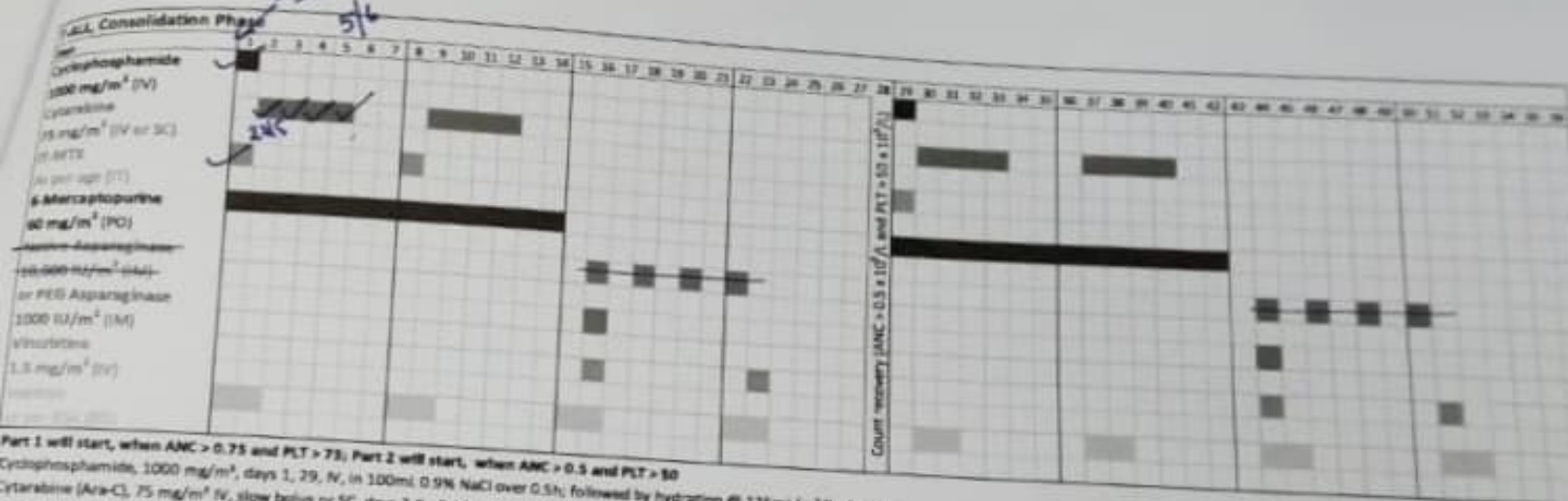
These events show:

Markers	Population (%)	Intensity	Interpretation
T cell Markers			
cCD 3	37	Dim	Positive
CD 5	-	-	Negative
CD 7	92	Bright	Positive
sCD3	-	-	Negative
CD4	-	-	Negative
CD 8	-	-	Negative
CD1a	-	-	Negative

BSA - 1.34 m²

Krishna
InPOG-ALL-15-01 (ICILE ALL-14)

T-Cell, Consolidation Phase



Part 1 will start, when ANC > 0.75 and PLT > 75; Part 2 will start, when ANC > 0.5 and PLT > 50

Cyclophosphamide, 1000 mg/m², days 1, 29, IV, in 100ml 0.9% NaCl over 0.5h, followed by hydration @ 125ml/m²/hr for 2hrs.

Cytarabine (Ara-C), 75 mg/m² IV, slow bolus or SC, days 2-5; 9-12; 16-19; 22-26

Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg

Intrathecal Methotrexate, (doses as above), Days 1, 8, 29

6-Mercaptopurine, 60 mg/m², oral, days 1-14 & 29-42; in the evening, empty stomach, avoid dairy products 2 hours before and after

Vincristine, 1.5 mg/m² (capped at 2 mg), IV Days 15, 23, 44, 51 as slow IV push OR slow bolus through the side port of a fast running infusion of 100ml 0.9% NaCl

Asparaginase 10,000 IU/m², IM, days 16, 18, 20, 22 and 44, 46, 48, 50 no more than 2 ml at each site

Peg-Asparaginase 1000 IU/m², IM, day 16 and 44

Hydration, BSA < 0.50: 120 mg; ≥ 0.50 - < 0.75: 240 mg; ≥ 0.75 - < 1: 360 mg; ≥ 1: 480 mg BD, oral, on two consecutive days every week



भारत सरकार

Government of India



रजनी

Rajni

जन्म तिथि/DOB: 25/03/1986

महिला/ FEMALE

Issue Date: 20/09/2021

9917 2026 4814

VID : 9134 1540 5373 2575

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: भानु प्रताप, 24 फुटा रोड, शिव मंदिर के पास,
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Nagar,
Uttar Pradesh - 203207



9917 2026 4814

VID : 9134 1540 5373 2575



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भारत सरकार

Government of India



कृष्णा ठाकुर

Krishna Thakur

जन्म तिथि/DOB: 23/10/2014

पुरुष/ MALE

Issue Date: 20/09/2021

8989 3298 9716

VID : 9153 6303 7233 7287

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

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Nagar,
Uttar Pradesh - 203207



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VID : 9153 6303 7233 7287



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ABHISHIKHA TRUST

S. No. 23

Date: 11/06/2025

सेवा में,

श्रीमान रूस्टी महोदय जी
ABHISHIKHA TRUST
G-3, Gali No-7 Pusta
Sonia Vihar Delhi-110094

महोदय,

मैं रजनी हूँ. मैं बच्चे का नाम कृष्णा हूँ मेरी लक्ष्मी
10 साल का हूँ और उसकी ब्लड कैंसर है, मेरी लक्ष्मी की
दिलत बहुत खराब है, ब्लड कैंसर का इलाज कराने में हम
समर्थ नहीं हैं, हम बहुत गरीब हैं। कृष्णा हमारी मदद करें
जो हम अपने बच्चों का इलाज करा सकें, कृष्णा
हमारी मदद करें आपका बहुत आभार होगा,

रजनी
रजनी



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

Contact No. : 9958524587