



hemaCÖRE



MC-2256



Case ID : 25010243788
 Patient Name : Mr. ARSH
 Age/DOB/Sex : 2 Years / / Male
 Hospital Name : KSCH, Delhi
 Physician Name : DR, NEHA CHOUGULE
 Regn Date : 08-Dec-2025 16:24
 Collection On : 08-Dec-2025 11:10
 Reported On : 16-Dec-2025 15:27
 Process AT : CORE-Gurugram
 Ref no :
 Sample Type : Peripheral Blood
 Report Status : Final

UNIQUE PATIENT ID: 686943

TEST NAME

Karyotyping For Hematological Malignancies

SPECIMEN INFORMATION

Peripheral Blood

CLINICAL HISTORY

AML

METHODOLOGY

Karyotyping

DIAGNOSIS

CYTOGENETICS

Karyotyping

INTERPRETATION

Normal

RESULT

46,XY[5]

CYTOGENETICS REPORT

Metaphases Counted	5
Metaphases Analyzed	5
Metaphases Karyotyped	2
Mitotic Index	Poor
Culture Type	24 Hours/48 Hours Unstimulated
Banding Technique	GTG
Banding Resolution	400 to 550
Quality of Metaphases	Poor

COMMENTS

1. The karyotype report is enclosed herewith and is normal.
2. There is no evidence of any structural or numerical abnormality in any of the metaphases studied.
3. Kindly correlate clinical and molecular findings are recommended.

REFERENCE

An International System for Human Cytogenomic Nomenclature (ISCN 2024).

ATTACHED KARYOTYPE



Shivani

Dr. Shivani Sharma
 DCP, DNB, FRCPath
 (London)

Sonika

Dr. Sonika
 Ph.D

15

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

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

नाम /Name Arush.

आयु/Age 24

लिंग /Sex M.

C.R. No. 32369

Consultant Dr. Mukesh

Ward/OPD U2C5

Unit/Bed No.

Date/Time 13 Dec 25

Nature of Anticoagulant

EDTA/Citrate/Heeparin/Ni

Diagnosis/History

KFT / se / ca / po4 / uric acid / po4

Signature of the Doctor [Signature]

Today's Lab. Ref. No.

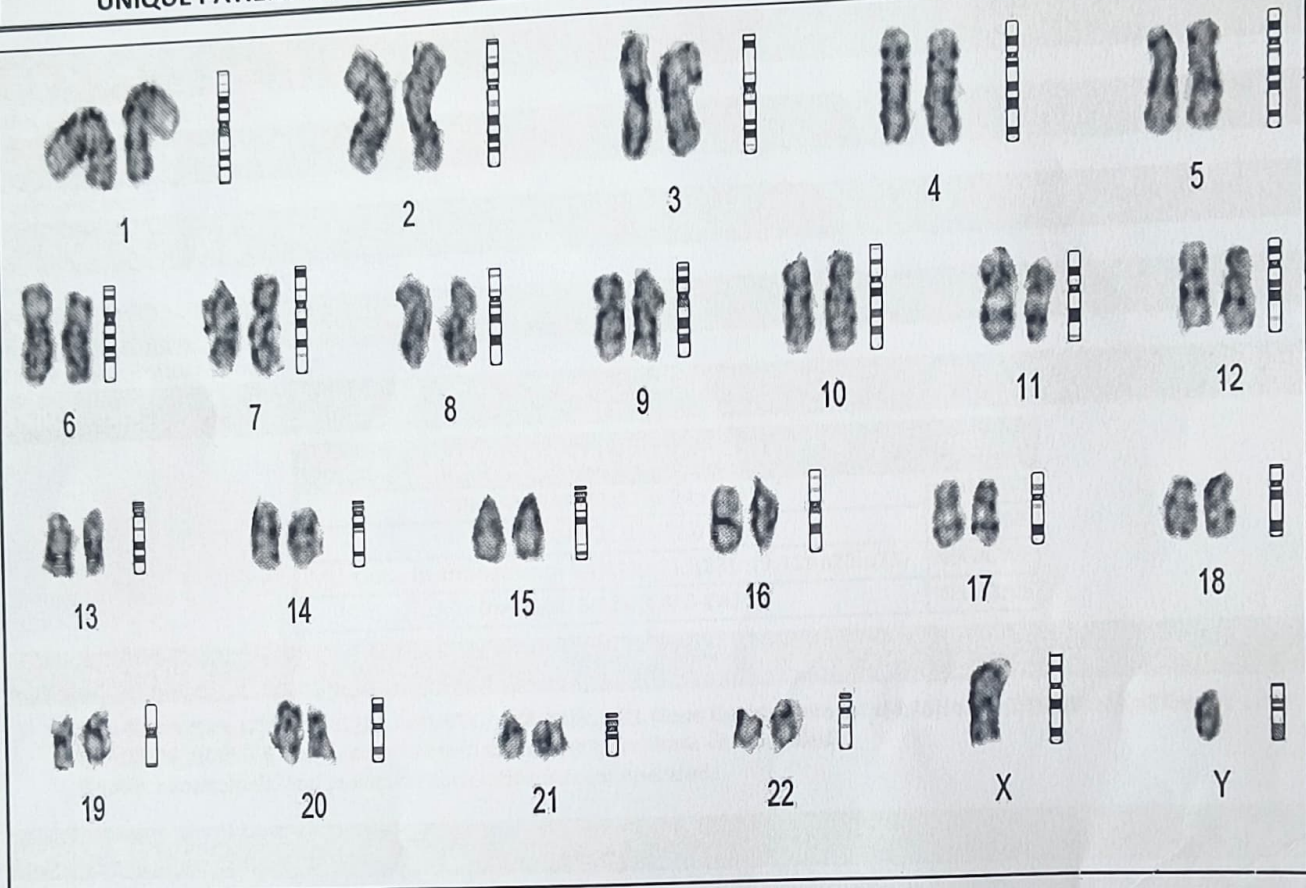
Time of Receipt

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Shivani
 Dr. Shivani Sharma
 DCP, DNB, FRCPath
 (London)

Sonika
 Dr. Sonika
 Ph.D

Diagnosis:.....AML-M7

HEMATOLOGY CASE RECORD

DIVISION OF PEDIATRIC HEMATO-ONCOLOGY

KALAWATI SARAN CHILDREN'S HOSPITAL, DELHI

Name Arsh Arsh Age/Sex 2y / Male
Father's Name Nrvind Date of Admission 30/11/15
Address Nalada, Rudrapur, Sitapur, UP

Ph./ Mob.: 7317879098
Blood Group O+ve Weight 11kg Height _____ Surface Area 0.47m²

SYMPTOMS: (mention duration of each symptom)

Fever..... → 3 days
Pallor..... X
Skin bleeds..... → 2 months back x 2 30 days
Epistaxis..... X
Other bleeds... X
Lymphadenopathy → 1 month back x 10-15 days
Bone pains..... X
Joint pain..... X
Eye Swelling..... X

SIGNS

Pallor..... (+)
Bony Tenderness..... (-)
Gum Hypertrophy..... (-)
Skin bleeds..... (+)
Lymphadenopathy (size/ sites)..... (-)
Joint swelling..... (-)
Liver (cms)..... (-) > mid-umbilicus...yes/no.....
Spleen (cms)..... (-) > mid-umbilicus yes/no.....
Other lump(s).....
Testes.....
Meningeal sings/Focal Neurological Deficit..... Normal
Fundus.....

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 KALAWATI SARAN CHILDREN'S HOSPITAL

बांग्ला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001
 DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
 TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 13/11/15 Time ASAP Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
					130ml RDP	

Patient's Name Ansh Age/Sex 2y1r Ward/Bed 112 C5-

Hospital Registration No. 31369 Father's/Husband Name Anind

Undertaking/Replacement Donor (Donor Card No.) Undertaking

Doctor In-Charge Dr Mahesh Name of Transfusing Doctor DDD

Diagnosis / Indication for Transfusion (Specify)

Obstetric history (in female patients)

Patient's Hb 9g Platelet Count 10K 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 Mahesh Date 13/11/15 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer Dr Mahesh

Medical Registration No. 1124115 Contact No. 32551157

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD O+ 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
C-26513	O+	RDP						19587	13/11	Dr. Mahesh	
C-26515	O+	RDP						19588	13/11	Dr. Mahesh	

Special Comments of BBO/Technician, if any

BT SET NA

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UNIQUE PATIENT ID : 686943

TEST NAME

AML panel with MLL by FISH

SPECIMEN INFORMATION

Peripheral blood

CLINICAL HISTORY

AML.

METHODOLOGY

Fluorescence In Situ Hybridization

DIAGNOSIS

CHROMOSOMAL ABNORMALITY	RESULT
PML-RARA{t(15;17)(q24;q21)}	NEGATIVE
AML-ETO/ {t(8;21)}	NEGATIVE
MLL Gene Rearrangement t(4;11)(q21;q23)/t(9;11)(p22;q23)	NEGATIVE
inv-16/t(16;16)/(CBFB-BA)	NEGATIVE

INTERPRETATION

1. PML-RARA{t(15;17)(q24;q21)} , AML-ETO/ {t(8;21)} , MLL Gene Rearrangement t(4;11)(q21;q23)/t(9;11)(p22;q23) , inv-16/t(16;16)/(CBFB-BA) are not present in any of the interphase cells studied.
2. Clinical, hematologic, and molecular correlation is recommended.

COMMENT

1. PML/RARa-The prognosis in APL, treated optimally with ATRA and an anthracycline, is more favourable than for any other AML cytogenetic subtype, and cases of relapsed or refractory APL show a generally good response with arsenic trioxide therapy.
2. AML /ETO- Most t(8;21) positive AML's are de novo leukemias - vast majority being M2 FAB subtype. For prognostic evaluation - Presence of this translocation is associated with a favorable prognosis.
3. MLL BA-Presence of MLL gene rearrangement in Acute Leukaemia carries a poor prognosis.
4. INV-16- almost all studies have identified a favorable prognosis for patient with inversion 16/t(16;16) positive AML.
5. Presence of MLL gene rearrangement in Acute Leukaemia carries a poor prognosis.

Disclaimer : This test is not FDA approved / cleared for specific uses.



Shivani
 Dr. Shivani Sharma
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 Reg. No. 1906

Sonika
 Dr. Sonika
 Ph.D



भारत सरकार
Government of India



Aadhaar No. Issued: 11/07/2015



अरविन्द वर्मा
Arvind Verma

जन्म तिथि / DOB : 31/12/1992

पुरुष / Male



4316 8836 2896

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication or scanning of QR code / offline XML).

4316 8836 2896

मेरा आधार, मेरी पहचान



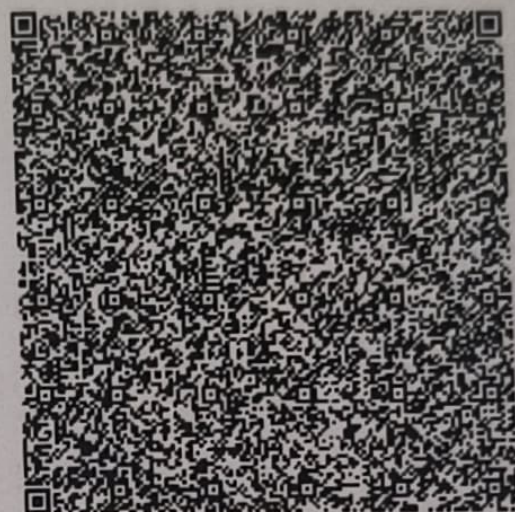
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: आत्मज: वालस्टर, ग्राम-नवादा रुद्रपुर,
इश्वरी गंज, पोस्ट-नवादा रुद्रपुर, शाहजहाँपुर,
शाहजहाँपुर, उत्तर प्रदेश, 242001

Address: S/O: Valastar, gram-navada
rudrapur, isvari ganj, post-navada rudrapur,
Shahjahanpur, PO:Shahjahanpur,
DIST:Shahjahanpur, Uttar Pradesh, 242001



4316 8836 2896



1947



help@uidai.gov.in



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ABHISHIKHA TRUST

S. No. 30.....

Date: 17/12/2025

सेवा में,
श्रीमान द्रष्टी महोदय जी
आशीष्का ट्रस्ट
G-3, Gali No-7, पुस्ता
सोनिया विहार, दिल्ली - 110094

महोदय,

मैं अश्विनी शर्मा की रहने वाली हूँ। मेरा बच्चा जो सिर्फ
साल का है, उसे ब्लड कैंसर हो गया है। मैं एक मजदूर आदमी
हूँ बहुत गरीब हूँ। हम अपने बच्चे का इलाज करवाने की पूरी कोशिश
कर रही हैं। मेरा बच्चा बहुत गंभीर हालत में है। हमें अपने
बच्चे के इलाज के लिए मदद की जरूरत है। हमें आशीष्का
ट्रस्ट की तरफ से बहुत मदद मिली है। मेरी टाच जोड़कर आपसे
प्राथना है। मेरे बच्चे के लिए मदद करें ताकि वो बच सके।
आप सबकी बहुत कृपा होगी।

अश्विनी
शर्मा

