



Sample No.: 20623 SAHEB OPD
 Patient ID:
 Name:
 Sample Comment:

Adapter:
 Ward:

Pos.: 24/08/2026 11:07:31 WB
 Doctor:
 Birth: Sex:
 Nickname: XN-L

Positive

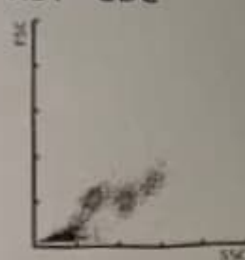
Diff. Morph.

WBC	4.71 *	[10 ³ /uL]	
RBC	3.60	[10 ⁶ /uL]	
HGB	10.2	[g/dL]	
HCT	31.3	[%]	
MCV	86.9	[fL]	
MCH	28.3	[pg]	
MCHC	32.6	[g/dL]	
PLT	514 +	[10 ³ /uL]	
RDW-SD	49.0	[fL]	
RDW-CV	15.8	[%]	
PDW	10.0	[fL]	
MPV	9.4	[fL]	
P-LCR	20.7	[%]	
PCT	0.48 +	[%]	
NEUT	0.69 *	[10 ³ /uL]	14.7 * [%]
LYMPH	2.23 *	[10 ³ /uL]	47.3 * [%]
MONO	1.77 *	[10 ³ /uL]	37.6 * [%]
EO	0.00 *	[10 ³ /uL]	0.0 * [%]
BASO	0.02 *	[10 ³ /uL]	0.4 * [%]
IG	0.09 *	[10 ³ /uL]	1.9 * [%]

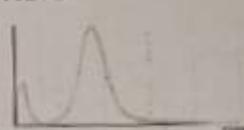
WDF



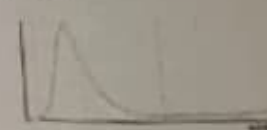
WDF-CBC



RBC



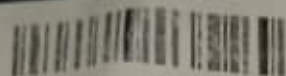
PLT



WBC IP Message
 WBC Abn Scattergram
 Neutropenia
 Monocytosis
 Blasts/Abn Lympho?
 Atypical Lympho?
 NRBC?

RBC IP Message

PLT IP Message

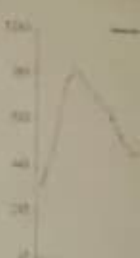
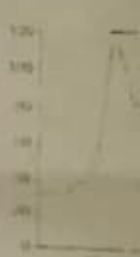
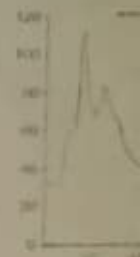


Lab ID : JCL26082877/15
Name : SIHAB
Age/Gender : 3 Years/Male
Ref. By : Dr. MANI MEDICAL HALL

Collected : 20-08-2026
Received : 20-08-2026
Reported : 20-08-2026
Report Status : Final

HEMATOLOGY

Test	Result	Unit	Reference Range
<u>Complete Blood Count (CBC)</u>			
<u>LEUCOCYTES</u>			
WBC	2.6 L	$10^3/\mu\text{L}$	4.0 - 10.0
Lymph%	59.7 H	%	20.0 - 40.0
Mid%	6.8	%	1.0 - 8.0
Gran%	33.5 L	%	40.0 - 70.0
Lym #	1.6	$10^3/\mu\text{L}$	0.80 - 4.00
Mid #	0.3	$10^3/\mu\text{L}$	0.10 - 0.90
Gran #	0.7 L	$10^3/\mu\text{L}$	2.00 - 7.00
<u>ERYTHROCYTES</u>			
Haemoglobin(Hb)	8.9 L	g/dl	12.0 - 16.0
Total Red Blood Cells	3.22 L	milln/ul	4.2 - 5.4
Haematocrit (P.C.V.)	27.3 L	%	37.0 - 47.0
Mean Corpuscular Vol(MCV)	85.0	fL	78.0 - 100.0
Mean Corpuscular Hb.(MCH)	27.6	pg	27.0 - 31.0
Mean Corp.Hb.Con. (MCHC)	32.6	g/dl	32.0 - 36.0
RDW CV	15.7 H	fl	11.5 - 14.5
<u>THROMBOCYTES</u>			
Platelet Count	217	$10^3/\mu\text{L}$	150 - 450
MPV	8.7	fl	7.0 - 11.0
PDW	12.1	fl	11.5 - 14.5
PCT	0.189	%	0.108 - 0.282
<u>Interpretation(s)</u>			
Note: The percentage counting of each type of differential			



BSA: 0.65 m^2

BCP-ALL Standard Risk- Consolidation Phase																					
Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
IT-MTX As per age (IT)																					
6-Mercaptopurine 60 mg/m ² (PO)																					
Septren as per BSA (BD)																					
Protocol will start when ANC																					

Protocol will start, when $\text{ANC} > 0.75$ and $\text{PLT} > 75$ Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; $\geq 2 - < 3$ years = 10 mg; ≥ 3 years = 12 mg

Intrathecal Methotrexate, (doses as above), Days 8, 15

6-Mercaptopurine 60 mg/m²/day, oral, days 1-21; In the evening, empty stomach, avoid dairy products 2 hours before and afterSeptren, BSA < 0.50 : 120 mg; $\geq 0.50 - < 0.76$: 240 mg; $\geq 0.76 - < 1$: 360 mg; ≥ 1 : 480 mg BD, oral, on two consecutive days every week

2/5

8.5
27.3

2410

ANC: 860

718 K

→ Patient not taking 6mp

Consolidation Phase to be started from today 9/5/26.

8/5

11.1

7550

ANC = 1040

4.67 L.

15/5

9.9

6620

4.64 L

ANC = 3140

23/5

9.7

3940

2.76 L.

ANC = 1730

- ITM :- Aciclovir

24 Hrs. Emergency Laboratory Services

Kalawati Saran Children's Hospital, New Delhi (XL-640195)

Sample ID	E-10	Patient ID	
Name		Sample Type	SERUM
Category	-	Collection Date	06-Aug-2026
Age	-	Reg. Date	06-Aug-2026
Ref. Dr			

Sr.No.	Test	Result	Flag	Normal Range
	Sodium	132.91 mmol/l	L	↓ 135.00 - 145.00 mmol/l
	Potassium	3.71 mmol/l		3.50 - 5.00 mmol/l
2	Chloride	98.74 mmol/l		95.00 - 105.00 mmol/l
3	Urea	18.3 mg/dl		18.0 - 55.0 mg/dl
4	Creatinine ENZ	0.15 mg/dl	L	↓ 0.70 - 1.30 mg/dl
5	Bilirubin Total	0.51 mg/dl		0.00 - 2.00 mg/dl
6	Bilirubin Direct	0.32 mg/dl	H	↑ 0.00 - 0.20 mg/dl
7	AST/GOT	44.9 U/L	H	↑ 0.0 - 35.0 U/L
8	ALT/GPT	115.6 U/L	H	↑ 0.0 - 45.0 U/L
9	Alkaline Phosphatase	157 U/L	H	↑ 53 - 128 U/L
10	Amylase	49 U/L		0 - 80 U/L
11	Lipase	24 U/L		

15:07

on fully automated analyzer:- XL-640

Print Date 06-Aug-2026 15:46

Page 1 of 1

Age - 3y6m

BSA - 0.65m²

no high risk transloc

Standard Risk, Induction Phase

21/3/26 28/3/26 4/4/26 11/4 started on 15/4

BCP-ALL Standard Risk Induction Phase	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)																																				
Vincristine																																				
1.5 mg/m ² (IV)																																				
IT-MTX																																				
As per age (IT)																																				
Native Asparaginase																																				
10,000 IU/m ² (IM)																																				
or PEG Asparaginase																																				
1000 IU/m ² (IM)																																				
Septran																																				
as per BSA (BD)																																				

Prednisolone, 60 mg/m², oral, in three divided doses (capped at 120mg per day) day, 1-7, 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 side port of a fast-running infusion of 100mL 0.9% NaCl

Intrathecal Methotrexate, (doses as above), days 8, 15, 35 (CNS disease -ve); X additional IT's for CNS2

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

Native L-Asparaginase, 10,000 IU/m², IM, days 8, 10, 12, 22, 24, 26, no more than 2 ml at each site

OR, Peg-Asparaginase 1000 IU/m², IM, day 8

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

D8 : 155

Last 711 10/4

to be Recheck

LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Sample No. 47/1549
Patient ID
Name
Sample Comment

Ward

Rack 5

Position 1 28/04/2026 15:15:21
Doctor
Birth Sex
Nickname XR-1000-1-A

Positive

Morph. Count

WBC	3.21	[10 ³ /uL]		
RBC	2.62	[10 ⁶ /uL]		
HGB	7.4	[g/dL]		
HCT	23.3	[%]		
MCV	88.9	[fL]		
MCH	28.2	[pg]		
MCHC	31.8	[g/dL]		
PLT &F	541	[10 ³ /uL]		
RDW-SD	63.8	[fL]		
RDW-CV	21.9	[%]		
PDW	11.2	[fL]		
MPV	10.6	[fL]		
P-LCR	29.0	[%]		
PCT	0.59	[%]		
NRBC	0.07	[10 ³ /uL]	2.2	[%]
NEUT	1.85	[10 ³ /uL]	57.7	[%]
LYMPH	1.08	[10 ³ /uL]	33.6	[%]
MONO	0.24	[10 ³ /uL]	7.5	[%]
EO	0.01	[10 ³ /uL]	0.3	[%]
BASO	0.03	[10 ³ /uL]	0.9	[%]
IG	0.06	[10 ³ /uL]	1.9	[%]
RET	0.0440	[10 ⁶ /uL]	1.68	[%]
IRF	29.9	[%]		
LFR	70.1	[%]		
MFR	14.5	[%]		
HFR	15.4	[%]		
RET-He	29.4	[pg]		
IPF	30.3	[10 ³ /uL]	5.6	[%]

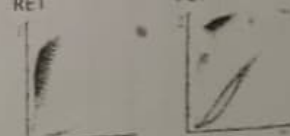
WDF

WNR



RET

PLT-F



RBC

PLT



PLT IP Message

WBC IP Message
NRBC Present

RBC IP Message
Anisocytosis
Anemia
Fragments?

Reported by
Dr. P.L. Jyotsna
Professor
29/04/26

KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

(CONSENT FORM)

मुझे अपने बच्चे

Md. Sihab

की बिमारी

ALL

के बारे में अपनी मातृ भाषा में समझा दिया गया है। यह रोग एक प्रकार का कैंसर है। मेरा बच्चा जिस कैंसर से पीड़ित है, उसके इलाज और ठीक होने की संभावना के बारे में डॉक्टरों ने बता दिया है। इस बिमारी के उपचार की अवधि लगभग 3 years महीने/Year है।

कीमोथेरेपी उपचार का मुख्य आधार है। इसके अने दुष्प्रभाव (side effects) हो सकते हैं। ये दुष्प्रभाव स्थायी (permanent) या अस्थायी (temporary) हो सकते हैं। बालों का झड़ना, भूख ज्यादा या कम लगना मुंह में छाले, मूड में बदलाव होना, चिड़चिड़ापन, पेट दर्द, कब्ज, टांगों में दर्द आदि आमतौर पर अस्थायी (temporary) रूप से देखे जाते हैं। कीमोथेरेपी के कारण अक्सर न्यूट्रोपीनिया (सफेद Cell की कमी) हो जाता है। इसके कारण बुधार और संक्रमण (infection) होना आम बात है। मुखार होने पर तुरंत एंटीबायोटिक (antibiotic) शुरू करना आवश्यक है। कई बार संक्रमण (infection) गंभीर और जानलेवा भी हो सकता है। जरूरत पड़ने पर गंभीर समस्याओं के लिए इंटेंसिव केयर यूनिट (ICU) में जाने की आवश्यकता पड़ सकती है। ICU में बैड की उपलब्धि मांस और आपूर्ति पर निर्भर होती है। कीमोथेरेपी कारण प्लेटलेट (platelets) की कमी हो जाती है जिसके कारण विभिन्न प्रकार की bleeding (खून बहना) हो सकती है। कभी-कभी कीमोथेरेपी के कारण एलर्जिक रिएक्शन हो सकते हैं, जो गंभीर रूप ले सकते हैं। कदाचित (rarely), दवाईयों का असर दिमाग पर हो सकता है, जैसे दार पड़ना, नसों में नुकसान, मस्तिष्क विकृतियों और बुद्धि में कमी, आदि कई दवाईयों के कारण हृदय (heart) को क्षति पहुंच सकती है। जिगर या आंतड़ियों को नुकसान, मधुमेह, pancreas को क्षति, हड्डियों में कमजोरी, मेटाबोलिक बदलाव, आदि दुष्प्रभाव हो सकते हैं। ये दुष्प्रभाव इलाज के दौरान या समाप्ति के बाद देखे जा सकते हैं। इलाज में कई प्रक्रियाएं आवश्यक होती हैं, जैसेकि बोनमेरी जांच और इतरिथिकल (IT) कीमोथेरेपी, जिसके लिए एनसथिसिया (बेहोशी) जरूरी होता है। एनसथिसिया (बेहोशी) आमतौर पर सुरक्षित होता है। यदाकदा कई प्रकार की समस्याएं हो सकती हैं उदाहरण के तौर पर - सांस का रुकना, दिल का दौरा, निमोनिया, आदि इलाज के दौरान खून, प्लेटलेट (platelets) या प्लाजमा plasma (खून का सफेद पानी) बढ़ाने की आवश्यकता पड़ सकती है। कदाचित (rarely) इसके कारण एलर्जिक रिएक्शन हो सकते हैं और हिमेटाइड्स बी, सी, या HIV जैसे संक्रामक रोग भी हो सकते हैं। कीमोथेरेपी के कारण प्रजनन (fertility) पर दुष्प्रभाव हो सकता है। इलाज के दौरान या उसके पश्चात, बच्चे के वापिस आने का जोखिम है।

हम आपको आगामी उपचार के लिए शुभकामनाएं देते हैं।

ता के हस्ताक्षर

नामशुद्धी

किताब के हस्ताक्षर

ite:

माता के हस्ताक्षर

जमिना

पिता के हस्ताक्षर

Age - 3y6m

BSA - 0.65m²

no high risk Transloc

Standard Risk, Induction Phase

BCP-ALL Standard Risk Induction Phase	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)																																				
Vincristine								✓									✓									✓										
1.5 mg/m ² (IV)																																				
IT-MTX								✓																												
As per age (IT)																																				
Native Asparaginase																																				
10,000 IU/m ² (IM)																																				
or PEG Asparaginase								✓																												
1000 IU/m ² (IM)																																				
Septan																																				
As per BSA (BD)																																				

Prednisolone, 60 mg/m², oral, in three divided doses (capped at 120mg per day) day, 1-7, 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 side port of a fast-running infusion of 100ml 0.9% NaCl
 Intrathecal Methotrexate, (doses as above), days 8, 15, 35 (CNS disease -ve); X additional IT's for CNS2
 Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg
 Native L-Asparaginase, 10,000 IU/m², iv, days 8, 10, 12, 22, 24, 26, no more than 2 ml at each site
 OR, Peg-Asparaginase: 1000 IU/m², IM, day 8
 Septan, 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

Dg : LSC

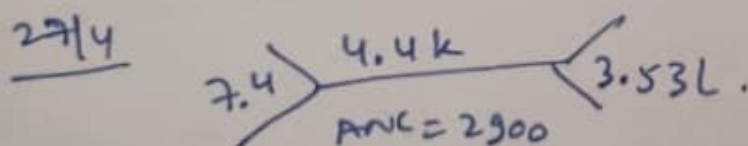
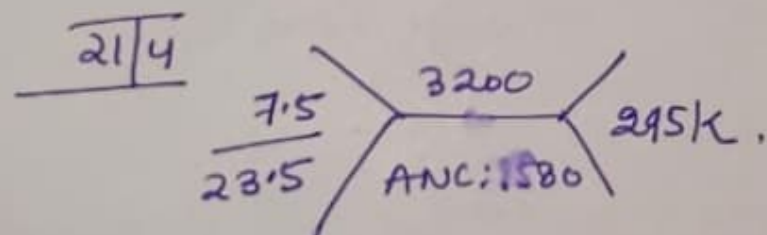
CMT 1 & 16/4

h be Reelany

VCR - 22/4

(28/4/2)

Neg



DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient... Lilab ... Sex M ... Age 35y ... Regd. No. 8083

Hospital CHMC Ward U2C5 Dr. In-Charge Dr. Muleshe

Case No. 558 Smear No. F1560-61/26

Received on 16/4/26 Reported on 16/4/26

Investigation asked for :- CSF for malignant cytology

Gross: Received 400 µl colourless clear fluid.

Report :-

TLC = 1 cell / μ l
DLC = mononuclear cell 100% (on Newton's chemor)

Microscopy

cytospin smears show few RBC's only.
No atypical cell seen in the smears examined.

Dr. Jyoti Yang
Asst. Professor
16/4/26

DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient Sihab Sex M Age 3yr Regd. No. 19285

Hospital KSCH Ward Hemat Dr. In-Charge Dr. Pali

Case No. Smear No. F. 2874 - 75/26

Received on 29/7/2026 Reported on 29/7/2026

Investigation asked for :- CSF for Malignant Cytology

Report :- CSF for Malignant Cytology

Gross: Received 200 μ L of clear colourless fluid

TLC - 0 cells/ μ L

Microscopy: cytospin smears are acellular.



Dr. Neha Suman
Assistant Professor
29/7/2026

233

Document ID : LHMC/KS

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	Richab	आयु / Age	3y	लिंग / Sex	M
C.R. No.	19932	Consultant			
Ward/OPD	Stemstone Day care	Unit/Bed No.			
Date/Time	6/8/26				
Nature of Anticoagulant		EDTA/Citrate/Heparin/Nil			
Diagnosis/History	Amylase, Lipase, SE / LFT / KFT				
			Signature of the Doctor		

Today's Lab. Ref. No.

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

Sample No. 19982 5THA8 DC
Patient ID
Name
Sample Comment

Ward

Rack

Position

06/08/2026 14:25:11

Doctor

Birth

Sex

Nickname: XN-1000-1-A

Positive

Diff. Morph. Count

WBC	6.44	[10 ³ /uL]
RBC	3.73	[10 ⁶ /uL]
HGB	11.2	[g/dL]
HCT	33.0	[%]
MCV	88.5	[fL]
MCH	30.0	[pg]
MCHC	33.9	[g/dL]
PLT & F	218 *	[10 ³ /uL]
RDW-SD	49.0	[fL]
RDW-CV	15.4	[%]
PDW	14.2 *	[fL]
MPV	11.4 *	[fL]
P-LCR	35.5 *	[%]
PCT	0.28 *	[%]
NRBC	0.00	[10 ³ /uL]
NEUT	5.62 *	[10 ³ /uL]
LYMPH	0.54 *	[10 ³ /uL]
MONO	0.22 *	[10 ³ /uL]
EO	0.05	[10 ³ /uL]
BASO	0.01	[10 ³ /uL]
IG	0.07 *	[10 ³ /uL]
RET	1.42	[%]
IRF	15.8	[%]
LFR	84.2	[%]
MFP	13.0	[%]
HFR	1.9	[%]
RET-He	33.6	[pg]
IPF	5.2 *	[%]

0.0	[%]
87.2 *	[%]
8.4 *	[%]
3.4 *	[%]
0.8	[%]
0.2	[%]
1.1 *	[%]
0.0530	[10 ⁶ /uL]

WDF

WNR

RET

PLT-F

RBC

PLT

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

[%]
[%]

WBC IP Message
Lymphopenia
Blasts/Abn Lympho?

RBC IP Message
Fragments?

PLT IP Message
PLT Clumps?

DEPARTMENT OF PATHOLOGY
LADY HARDINGE MEDICAL COLLEGE & SMT S. K. HOSPITAL : NEW DELHI
BONE MARROW BIOPSY REPORT

Name of Patient: SIHAB

Age /Sex: 3Y6M/M

Regd. No: 10367

Hospital: KSCH

Ward:

Dr. In charge : Dr

Specimen No: 218A/26

BMB-218A/26

Microsection No: 218A/26

BMA: 218A/26

Nature of Specimen: Bone Marrow biopsy

Date of Receiving: 29/04/26

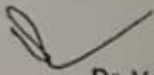
Date of Reporting: 16/05/26

Labelled as Bone Marrow biopsy BMB-218 A/26

Bone marrow biopsy shows an overall cellularity of approximately 80% with normoblastic erythroid hyperplasia. Few maturing myeloid cells are noted. Megakaryocytes are adequate. clusters of blasts are seen.

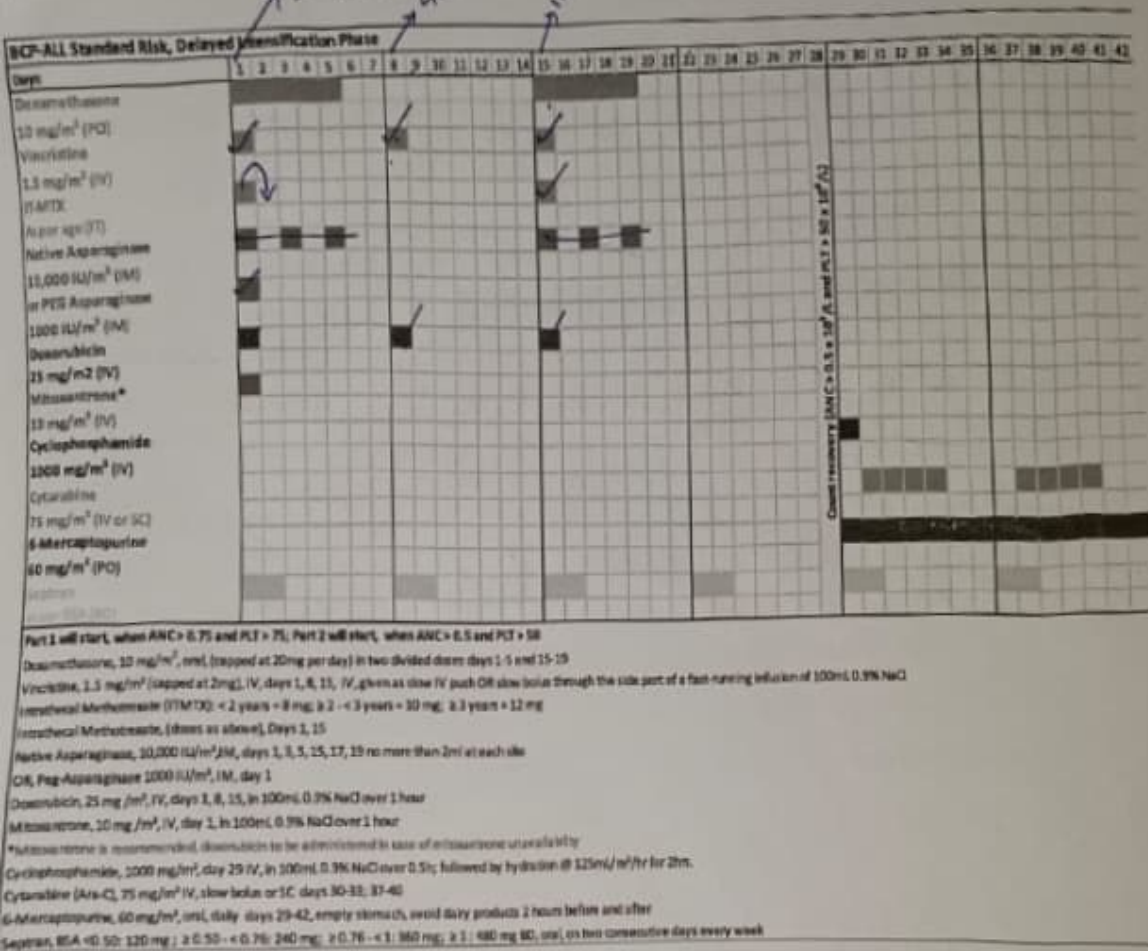
Immunohistochemistry: TdT and CD19 does not show increase in blasts.

Impression: End of induction phase (Day 35) in a known case of B-cell Acute Lymphoblastic Leukemia (B-ALL), is in morphological remission.


Dr. Vandana
MD, DM (Hematopathology), DNB, MN
Prof
Department of Pathology, I

0.64 m²

Standard Risk, Delayed Intensification Phase



DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient..... Mohd. Shab Sex 34 Age M Regd. No. 11343

Hospital CUMC Ward Hemal day care Dr. In-Charge —

Case No 705 Smear No F-1986-37/26

Received on 16/5/26 Reported on 16/5/26

Investigation asked for :- cxr for malignant cytology

Report :-

Gross: Received 400ul of colourless clear fluid

Microscopy:

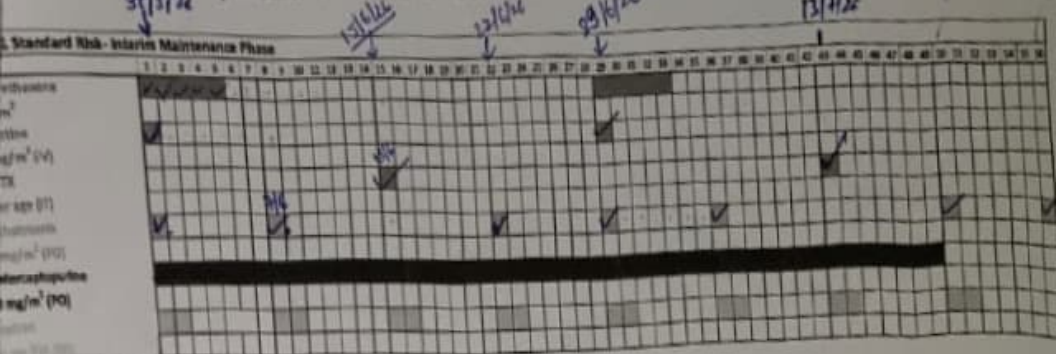
Cytospin Smears are acellular. No cells seen.

Dr. Janne /
Pr. fernu
16/5/26

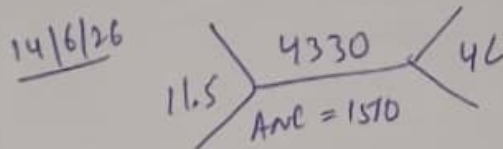
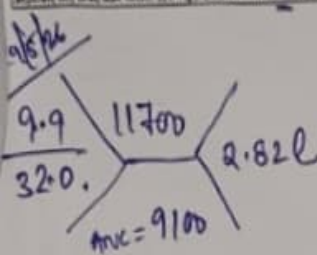
Dr. Abu Surub
(SR)

(0.64 ml)

Standard Risk, Interim Maintenance Phase



Provisional will start, when ANC > 0.75 and PLT > 75
 Docetaxel, 6 mg/m², oral in two divided doses (trapped at 12mg per day) days 1-5 and 29-31
 Vincristine, 1.5 mg/m² (trapped at 2mg), IV days 1, 29 as slow IV push OR slow bolus through the side port of a fast-running infusion of 100ml 0.9% NaCl
 Intrathecal Methotrexate (ITMTX) < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg
 Intrathecal Methotrexate, (doses as above), days 15 and 43
 Methotrexate 20 mg/m², PO, on days 1, 8, 22, 29, 36, 50, 54
 G-CSF (filgrastim) 600 mg/m²/day, oral, days 1-43; in the evening, empty stomach; avoid dairy products 2 hours before and after
 Levamisole, 800 mg, oral, 800 mg at 50: 120 mg; ≥ 0.50 - < 0.75: 240 mg; ≥ 0.75 - < 1: 360 mg; ≥ 1 - < 1.5: 480 mg; ≥ 1.5 - < 2: 600 mg; two consecutive days per week



Kindly give cbl report for patient
Md Sahab, 3 year old. Patient is a known
case of B cell ALL (SR) and has to
be given chemotherapy after reviewing
the reports.

Patient - ~~Sahab~~ Md Sahab
3 yr old / Male

CR - 20623


Dr. BRENDA C. M. SINGH
Resident Doctor
Department of Paediatrics
UIC & Kailash Saran Children's
Hospital, New Delhi-110001

(if Faculty/SR)

Per
(Me)

Md. Sihab.

InPOG-ALL-15-01 (ICICLE ALL-14)

Age - 3y6m.

no high risk transfer

BSA - 0.65m²

Standard Risk, Induction Phase

Standard Risk, Induction Phase

21/3/26 28/3/26 4/4/26 11/4 started on 15/4

BCP-ALL Standard Risk 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)																																				
Vincristine																																				
1.5 mg/m ² (IV)																																				
IT-MTX																																				
As per age (IT)																																				
Native Asparaginase																																				
10,000 IU/m ² (IM)																																				
or PEG Asparaginase																																				
1000 IU/m ² (IM)																																				
Septan																																				
as per BSA (BD)																																				

Prednisolone, 60 mg/m², oral, in three divided doses (capped at 120mg per day) day, 1-7, 8-14 and 22-28. 15/4 to 21/4/26

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 side port of a fast-running infusion of 100mL 0.9% NaCl

Intrathecal Methotrexate, (doses as above), days 8, 15, 35 (CNS disease -ve); X additional IT's for CNS2

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

Native L-Asparaginase, 10,000 IU/m², IM, days 8, 10, 12, 22, 24, 26, no more than 2 ml at each site

OR, Peg-Asparaginase 1000 IU/m², IM, day 8

Septan, 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

Dg

= 155

last 7 to 10/4



भारत सरकार

Government of India



aadhaar no. issued: 25/07/2023



Md Seehab

Date of Birth/DOB: 25/08/2022

Male/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

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).

3311 4247 4726

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

S/O: Md. Yakub, Street no-3, pipal
chowk 33foota road, giaspura,
Lohora, Ludhiana,
Punjab - 141016

3409 7041 1852

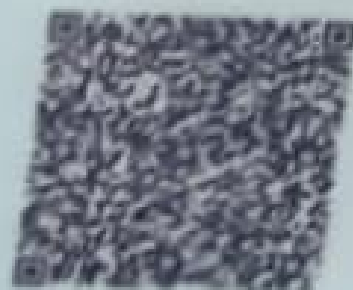
Aadhaar - Aam Admi ka Adhikar



भारत सरकार
GOVERNMENT OF INDIA



Md. Kamrudeen
DOB: 01/01/1991
Male / MALE



3409 7041 1852

Aadhaar-Aam Aadmi ka Adhikar

ABHISHIKHA TRUST

S. No. 38

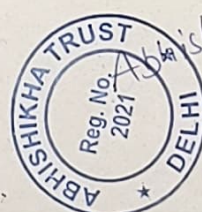
Date: 24/08/2024

सेवा में
श्रीमानदस्ती मद्योयजी
आभिषेका ट्रस्ट
G-3, Gali No-7, पुस्ता
सोनिया विहार, दिल्ली - 110094

मद्योयजी,

मैं कामरुद्दीन, पंजाब का रहने वाला हूँ, मैं एक
मध्य वर्गी परिवार से हूँ। मेरे बच्चे को लूड कैंसर हो
गया है, मेरा बच्चा बस 3 साल का है। हमारे बच्चे
के इलाज में बहुत खर्च है। हम उसका इलाज करवाने
में असमर्थ हैं। मेरी आभिषेका ट्रस्ट ने बहुत मदद की
है। हाथ जोड़कर निवेदन है मेरे बच्चे के इलाज में
हमें मदद मिलती रहे।

कामरुद्दीन



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