

National Society
for Change for
Childhood Cancer
in India



100 100 60
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE



Childhood
Cancer
International

Name: _____

Age: _____

Hospital Name: _____

CK ID: _____



My Golden Tomorrow

**Changing Survival Outcomes Together
From Challenge to Change**



DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient..... Aayan Sex Male Age 6yr Regd. No.

Hospital KSCH Ward Hemat day Dr. In-Charge

Case No ~~f 3888~~ 89 1483 Smear No f 3888-89/26

Received on 21/9/26 Reported on 21/9/26

Investigation asked for :-

Report :- CSF for malignant cytology (f-3888/89/26)

Gross : Received 350ul clear colourless fluid

TRC : 0 cell / ul

Microscopy : cytopsin smears are cellular.

Jarg

Dr. Jyoti Garg
Asst professor
21/9/26.

भारत सरकार / GOVT OF INDIA

Document ID : LHMC/KSCH/Lab/1

Version 1

लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

कलावती सरन बाल चिकित्सालय

KALAWATI SARAN CHILDREN'S HOSPITAL

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

क्लीनिकल हिमेटोलॉजी लैब

CLINICAL HAEMATOLOGY LAB

नाम /Name	Ayan	आयु/Age.	6y	लिंग/Gender	M
C.R. No.	23174	Consultant			
Ward/OPD	Hemat Daycare	Unit/Bed No.			
Date/Time	20/9/26				
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

231

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CLINICAL HAEMATOLOGY LAB

urgent

नाम /Name	Ayan	आयु/Age	6y	लिंग /Sex	M
C.R. No.	21936	Consultant	Dr. Mukesh		
Ward/OPD	Hemert and Day Care	Unit/Bed No.			
Date/Time	31/08/28				
Nature of Anticoagulant	Bcell ALU (HR) IP.	EDTA/Citrate/Heaparin/Nil			
Diagnosis/History	CBC				

Signature of the Doctor

Today's Lab. Ref. No.

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE



LADY HARDINGE MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY

Patient Details:	Ayan	6Y/M	23174
Bone marrow received on	07/09/26		
Bone marrow aspirate:	491/26		
Clinical detail :	k/c/o ALL, induction phase Day 35		
DLC: N26 L52 M22			
Peripheral smear:	Smear shows leucopenia with severe neutropenia (ANC=270cells/ul). Red blood cells are predominantly normocytic normochromic with reticulocytopenia (ARC=5300cells/ul). Platelets are adequate.		
Bone marrow Aspirate - Bone marrow aspirate is	aparticulate and paucicellular.		
Bone Marrow Imprint- Bone marrow imprint is	aparticulate however cellular. Myelogram is done from BM.		
Erythropoiesis	Erythroid series is adequate and shows normoblastic reaction.		
Granulopoiesis	Myeloid series is adequate and shows all stages of maturation.		
Megakaryopoiesis	Megakaryocytes are not seen.		
Myelogram :			
Blasts/ Hematogones (%)	02	Lymphocytes (%)	43
Promyelocytes (%)		Erythroid (%)	08
Myelocytes (%)	17	Plasma cells (%)	02
Metamyelocytes (%)	14	Monocytes (%)	
Stab forms / Band forms (%)		Eosinophils	
Neutrophils (%)	15	M:E Ratio	5.75:1
Perl's stain	No particles seen to evaluate iron stores. However, no ring sideroblasts seen		
Cytogenetics: Negative			
Flow Cytometry (Reference number: 922/26):MRD analysis by flow cytometry is <u>Negative</u> .			
Bone Marrow Biopsy: Bone marrow biopsy shows only three intertrabecular spaces with overall cellularity of 50% and shows adequate maturing myeloid cells. Adequate normoblastic erythroid cells seen. Megakaryocytes are adequate. There is no increase in blasts.			
Impression: End of induction bone marrow biopsy in a known case of B-cell acute lymphoblastic leukemia/lymphoma is <u>Negative</u> .			
IMPRESSION: D35 bone marrow in a known case of B-cell acute lymphoblastic leukemia/lymphoma is in morphological remission.			
Refer to flow cytometry report 922/26 for showing MRD analysis- <u>Negative</u> .			

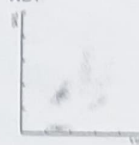
Sample No.: 35/8022
Patient ID:
Name:
Sample Comment:

Ward: Rack: 17 Position: 3 07/09/2026 15:09:07 WB
Doctor:
Birth: Sex
Nickname: XR-1000-1-A

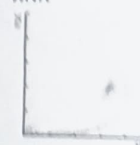
Positive
Diff. Morph. Count

WBC	1.04	[$10^3/\text{ul}$]	
RBC	2.66	[$10^6/\text{ul}$]	
HGB	7.5	g/dL	
HCT	23.6	%	
MCV	88.7	fL	
MCH	28.2	pg	
MCHC	31.8	g/dL	
PLT	265	[$10^3/\text{ul}$]	
RDW-SD	46.9	fL	
RDW-CV	14.6	%	
PDW	11.7	fL	
MPV	10.1	fL	
P-LCR	27.1	%	
PCT	0.27	%	
NRBC	0.00	[$10^3/\text{ul}$]	0.0 [%]
NEUT	0.27	* [$10^3/\text{ul}$]	25.9 * [%]
LYMPH	0.55	* [$10^3/\text{ul}$]	52.9 * [%]
MONO	0.22	* [$10^3/\text{ul}$]	21.2 * [%]
EO	0.00	* [$10^3/\text{ul}$]	0.0 * [%]
BASO	0.00	[$10^3/\text{ul}$]	0.0 [%]
IG	0.08	* [$10^3/\text{ul}$]	7.7 * [%]
RET	0.0053	[$10^6/\text{ul}$]	0.20 [%]
IRF	1.4	%	
LFR	98.6	%	
MFR	1.4	%	
HFR	0.0	%	
RET-He	30.5	pg	
IPF		[$10^3/\text{ul}$]	
MicroR	4.0	[%]	
MacroR	1.9	[%]	

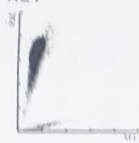
WDF



WNR



RET



PLT-F



RBC



PLT



WBC IP Message
Neutropenia
Lymphopenia
Leukocytopenia
Blasts/Abn. Lympho?
Left Shift?
Atypical Lympho?

RBC IP Message
Anemia

PLT IP Message

DEPT OF RADIO-DIAGNOSIS

X-RAY REQUISITION FORM

Kindly note: Doctor's signature and stamp is mandatory. Forms with Incomplete information will not be entertained strictly, leading to cancellation of the examination

Name of Patient <u>Ayan</u>	Age/ Gender <u>6 yr / M</u>	Registration No. <u>21936</u>	MLC/Non MLC <u>Non MLC</u>
Referred by	OPD/Ward <u>Hemat Daycare</u>	Bed-Side Request <u>No</u>	Date: <u>11/9/26</u>

Relevant Clinical Notes

Kilo Ball An Induction Phase
Day . 22

USG - local site.
to R/O abscess

Provisional Diagnosis

Signature of Medical Officer with Stamp

Dr. BRENDAC.M SYNGKON
Resident Doctor
Department of Paediatrics
Lady Harding Medical College & Kalawati Saran Children's Hospital

X-ray Examination Requested (Please select the relevant option)

- | | | |
|--|--|---|
| ☐ Chest (PA/Lateral) | ☐ Chest (AP/Lateral) | ☐ Abdomen (Erect) |
| ☐ Abdomen (Supine) | ☐ Wrist/Hand (L/R-B/L) | ☐ Forearm (L/R) |
| ☐ Spine (Cervical) | ☐ Spine (Thoracic) | ☐ Spine (Lumbar) |
| ☐ Pelvis | ☐ Soft Tissue Neck (AP/Lateral) | ☐ Skull/Facial Bones |
| ☐ Extremities (Arm) (L/R-B/L) | ☐ Extremities (Leg) (L/R-B/L) | ☐ Foot/Ankle (L/R-B/L) |
| ☐ Knee (L/R-B/L) | ☐ Shoulder (L/R-B/L) | ☐ Elbow (L/R-B/L) |

Additional Instructions:

Contrast Required: ☐ Yes ☐ No

Special Views required (e.g., Oblique, Lateral, Any other to be Specified):

Examination urgency (if any):

Instruction to be complied:

1. Patient must be accompanied by one attendant with all previous reports and in case of Special X-rays: patient must be accompanied by Do concerned.
2. Assent/Consent of patient/guardian/attendant must be obtained prior to examination.
3. For abdominal imaging, patient is requested to consume plenty of fluids.

Department Registration No.

Film No.

DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient..... Ayan Sex M Age..... 6y Regd. No.

Hospital LHMC Ward Hematology Dr. In-Charge

Case No 23876 Smear No F3791-92/96

Received on 14/09/26 Reported on 14/09/26

Investigation asked for :-

Report :-

CSF for malignant cytology (F3791-92/26)
Gross - Received 400 ml of clear colourless fluid
TLC = 0 cells/ μ l
M/E - CytoSpin smears are acellular

Dr. Jemne
Professor
14/09/26



Regd. No. 2021

ABHISHIKHA TRUST

S. No. 39.....

Date: 22/09/2026..

सेवा में
गीमान्द्र ट्रस्टी महोदय जी
आश्रीषिका ट्रस्ट
G-3, Gali No. -7, पुस्ता
सोनिया विहार, दिल्ली-110094
महोदय

मेरा नाम आश्रीषिका है, मैं मुजफ्फरनगर का रहने वाला हूँ। मैं
लूट्टे का काम करता हूँ, मजदूरी पे जाता हूँ, मेरे लूट्टे का नाम
अयान है, मेरे बच्चे को कैंसर है। मेरी मजदूरी की कमाई से
मैं अपने बच्चे का इलाज नहीं करा पा रहा हूँ। मेरे बच्चे को
आपकी मदद की बहुत जरूरत है। आश्रीषिका ट्रस्ट ने हमारी बहुत
मदद की, हमारे बच्चे का इलाज करा दीजिए हमारे आगे
भी मदद करें।

आश्रीषिका
आश्रीषिका



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