PIETY AND HUMILITY
Our freedom depends on friendship
Don't underestimate the impact of a single act
Our freedom depends on friendship
Don't underestimate the impact of a single act
PIETY AND HUMILITY

LADY HARDINGE MEDICAL COLLEGE AND ASSOCIATED HOSPITALS, NEW DELHI
DEPARTMENT OF RADIODIAGNOSIS
CT SCAN CENTER

Name: ANVISHA	Age/ Sex: 5Y/F	DATE: 16-10-2026
Referred By: U2C5	CT No.: 11539/26	UHID: 27468
Complaint(s): K/C/O B CELL ALL.ON CHEMTHERAPY. R/O FUNGAL PNEUMONIA		

NCCT PNS

SCANNING PROTOCOL: multidetector scanning of the paranasal sinuses were obtained with contiguous axial scans and reformatted coronal sections were acquired in both sinus and soft tissue windows.

REPORT:

	SIZE		MUCOSA		POLYP		REMARKS
	R	L	R	L	R	L	
MAXILLARY	N	N	*Air fluid levels in bilateral sinuses.*		-	-	Bilateral maxillary sinusitis.
ETHMOID -ANT -POST	N N	N N	*Mild mucosal thickening noted in left anterior and posterior, right posterior ethmoidal cells*		-	-	*Bilateral ethmoidal sinusitis*
SPHENOID	N	N	*Mild mucosal thickening noted in bilateral sphenoidal cell.*		-	-	Bilateral sphenoidal sinusitis
FRONTAL	~~N~~	~~N~~ not properly pneumatized	N ~~*Mild mucosal thickening in left frontal sinus*~~.		-	-	~~*Left frontal sinusitis*~~

Bony landmarks	INTACT	DEHISCENT
BASAL LAMELLAE	+	
NASOLACRIMAL DUCT	+	
LAMINA PAPYRACEA	+	

Anatomical variation (if applicable)	Right	Left
AGAR NASI CELL	-	-
BULLA ETHMOIDALIS	+	+
HALLER'S CELL	-	-
ONODI CELL	-	-
SUPRA ORBITAL ETHMOIDAL CELLS	-	-

IMPRESSION: NCCT PNS reveals:

—-Mild bilateral maxillary, **ethmoidal and sphenoid sinusitis** ~~**along with left frontal sinusitis**~~. without any extrasinus fat inflammation) No features of invasive sinusitis

CECT CHEST

PROTOCOL: CT SCANNING OF THE CHEST WAS OBTAINED WITH ADMINISTRATION OF INTRAVENOUS IODINATED CONTRAST.

FINDINGS:

- *Multiple ground glass density nodules with few showing coalescing of nodules are seen in bilateral upper, right middle and bilateral lower lobes.*
- *Few areas of ground glass opacities adjacent to the nodules are seen in bilateral lung fields.*
- *Linear atelectatic bands seen in bibasilar regions.*
- Rest of the bilateral lung fields show normal attenuation.
- Trachea and major bronchi appear normal.
- No pericardial/pleural effusion is seen.
- Chest wall appears normal.
- No significant mediastinal lymph nodes seen.

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL
License No. 982/85. Telephone No. 011-23408878

- Pulmonary artery and aorta appears normal.
- Visualized bones appear normal.
- Concentric wall thickening of thoracic oesophagus to consider oesophagitis
- **IMPRESSION:** CECT chest reveals:
- **Multiple ground glass density nodules with few showing coalescing in bilateral upper, right middle and bilateral lower lobes.**
- **Findings s/o acute infective etiology, likely ~~bacterial~~ fungal / bacterial.**
- Please correlate clinically.

Anmol

Dr.Anmol Malhotra(DMC-106955)
Senior resident

Consultant
Dr. Y. Yadav

1. The Requisition form must be accepted. The requisition form will NOT be accepted.
2. 3 r… patient with CR No. must be sent along with… Sa… T be accepted.
3. Fo…
4. Bl…
5. Bl… explanation.
6. Fo… or to the Blood Centre for donor screening & ser… al…
7. Fo… be provided for issue of blood WITHOUT CRO…
8. Re…
9. Re… to be sent to the Blood Centre during routine wo… to… ns, time at which blood is required should be me…
10. Pa… mpleted within 4 hours in hemodpiimically stable…
11. Pl…
12. Components should be transfused using standard blood administration set with in-line macroaggregate filter (170-260 micron) or leuco-re… indicated.

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO. C-23071 (A) Rh
ISSUE NO. 15806 DATE OF ISSUE 12/10
HBsAg, HCV, HIV 1 & 2, TPHA, MALARIA-NON REACTIVE
COMPATIBLE FOR
Pt's Name Anuja BLOOD GROUP A+
HOSPITAL/WARD ..... ADM/REG. NO. 27468

TRANSFUSION CRITERIA

COMPONENT	DOSAGE	After 15 min	REMARKS
Packe… Cell C…		…rapidly as tolerated; …rox. 3-5 ml/min or …ml/hour in adults	Must by ABO Rh & Crossmatch Compatible
Randc… (RDP)		…ml/hour or as …ated	ABO/Rh compatibility preferab… required, Crossmatch not requir…
Single… (SDP)		…ml/hour or as …ated	Should be ABO Rh compatible
Fresh … (FFP)		…apidly as tolerated; …ox. 300 ml/hour	Should be ABO compatible, Cc… required

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO. C-23073 (A) Rh
ISSUE NO. 15803 DATE OF ISSUE 12/10
HBsAg, HCV, HIV 1 & 2, TPHA, MALARIA-NON REACTIVE
COMPATIBLE FOR
Pt's Name Anuja BLOOD GROUP A+
HOSPITAL/WARD ..... ADM/REG. NO. 27468

…ransfusion
…NG FORM

Patien… Regn. No.
Ward/… …Group of the patient
Blood/component(s) received by: Date: Time
Bedside verification by Medical Officer …at

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO. C-23116 (A) Rh
ISSUE NO. 15805 DATE OF ISSUE 12/10
HBsAg, HCV, HIV 1 & 2, TPHA, MALARIA-NON REACTIVE
COMPATIBLE FOR
Pt's Name Anuja BLOOD GROUP A+
HOSPITAL/WARD ..... ADM/REG. NO. 27468

…od bag, compatibility report, issue form and patie…
…no abnormality has been detected.
Sig… Date Time

	Vitals of Patient					A… Adv… Rea…
	B.R	P.R	R.R	S_pO_2		Yes*
At 15 min						
At 30 min						

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO. C-23113 (A) Rh
ISSUE NO. 15804 DATE OF ISSUE 12/10
HBsAg, HCV, HIV 1 & 2, TPHA, MALARIA-NON REACTIVE
COMPATIBLE FOR
Pt's Name Anuja BLOOD GROUP A+
HOSPITAL/WARD ..... ADM/REG. NO. 27468

…istration No. Date

***In case of any sign/symptoms of transfusion reaction, …op the transfusion but keep the line open … infusion. Inform consultant in-charge of patient immediately for reaction management and work up as per SOP**

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 15/9/26 Time 7:00 Routine/Urgent/Immediate (Without crossmatch) (Please Tick

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

PCT

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

232

MICROBIOLOGY LABORATORY
Room No. 232, 2nd Floor, JICA Builiding

A543

SPECIAL INVESTIGATIONS FORM
(PCT, Complement, Immunoglobulin Profile, Antoimmunity)

Name of Patient: Anvisha Age 5 (yrs)/____(mths) Sex : M/F/Not known

Sample Date: 28 / 09 / 26 CR. No. 25770 Ward/OpD Unit: V2 C2B.

Doctor I/C _____ Contact No. of Patient : _____

Provisional Diagnosis: _____

Test Required PCT.

Indication for Test (Mandatory) K/C/O B-ALL IR - Induction

Dr. SURBHI RAI
Post Graduate
Department of Paediatrics
KCSH New Delhi

Signature & Stamp of Consultant

Please note: Only *consultant signatures and stamped requisition with proper test indication* will be accepted otherwise they will not be received by the laboratory.

ONLY FOR LABORATORY USE

PCT, COMPLEMENT, IMMUNOGLOBULIN PROFILE

S.No.	Investigation Required	Method of testing	Result	Ref. Range
1.	Serum Procalcitonin Level	B.R.A.H.M.S. PCT CLIA	0.94ng/ml	Pl see below
2.	Complement Level C3	Immunoturbidimetry		75-135 mg/dl
3.	Complement Level C4	Immunoturbidimetry		9-36 mg/dl
4.	Immunoglobulin A (IgA)	Immunoturbidimetry		70-374 mg/dl (F) 83-406 mg/dl (M)
5.	Immunoglobulin M (IgM)	Immunoturbidimetry		40-250 mg/dl (F) 34-214 mg/dl (M)
6.	Immunoglobulin G (IgG)	Immunoturbidimetry		680-1445 mg/dl
7.	Immunoglobulin E (IgE)	Immunoturbidimetry		Pl see below

Reference Range :
IgE : NB: <1.5IU/ml, infant: <15IU/ml, 1-5yr : <60IU/ml, 6-9yr : <90IU/ml, 10-15yr: <200IU/ml, Adult : <100IU/ml

PCT Result	Test interpretation	Risk for progression to severe sepsis
PCT<0.5 ng/ml	Local bacterial infection is possible, sepsis unlikely	Low risk
PCT≥0.5 and <2ng/ml	Systemic infection (sepsis) is possible	Moderate risk
PCT≥2 and <10ng/ml	Systemic infection (sepsis) is likely	High risk
PCT≥10ng/ml	Systemic inflammatory response, exclusively d/t severe bacterial sepsis or septic shock	High likely of severe bacterial sepsis or septic shock

29/9

Report Verified & Approved
Dr. Meenakshi Aggarwal
Specialist and Incharge,
Microbiology lab (232)
Kalawati Saran Children's Hospital

Consultant (Microbiology)

SARAN CHILDREN HOSPITAL & ASSOCIATED HOSPITALS
License No. 982/85, Telephone No. 011-23408270

TRANSFUSION REQUISITION/ISSUE FORM

Blood required on Date 15/9/26 Time 4:00 Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE	PACKED	FRESH FROZEN	PLATELETS RDP / SDP	OTHER

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL

CLINICAL BIOCHEMISTRY LABORATORY

New IPD Block, IInd Floor, Wing-4, New Delhi-01

4258

HORMONE PROFILE

Lab Reference No.: (Only For Laboratory Use)

Name of Patient Anvisha Age/Sex 5/F UHID No 25770 Ward/OPD U2C5

Date & time of receiving 28/09/25 Night LMP Provisional Diagnosis

Brief Clinical History with Relevant examination findings/Drug intake Vit B12 + Folate

Referring Doctor's Signature & Stamp

Dr. Mukesh Dhanker DM(Paediatric Haematology & Oncology) Professor, Department of Paediatrics Kalawati Saran Children's Hospital Lady Hardinge Medical College

Parameters		Result	Reference Range	Parameters		Result	Reference range
TSH (>20yrs)			0.34-5.6µIU/ml	Progesterone	Female:Follicular		0.2-1.5 ng/ml
FT4			0.8-2.7 ng/dl		Ovulatory		0.8-3.0 ng/ml
FT3			2.1-4.4pg/ml		Luteal		1.7-27 ng/ml
FSH	*Female;* Follicular		3.5-12.5 IU/L		Post-menopause		0.1-0.8 ng/ml
	Ovulatory		4.7-21.5 IU/L		*Male*		0.2-1.4 ng/ml
	Luteal		1.7-7.7 IU/L	Testosterone	Male (20-49 yrs)		249-836 ng/dl
	Post-menopause		25.8-134.8 IU/L		>50 yrs		193-740 ng/dl
	Male		1.5-12.4 IU/L		Female (20-49 yrs)		8.4-48.1 ng/dl
LH	*Female;* Follicular		2.4-12.6 IU/L		>50 yrs		2.9-40 ng/dl
	Ovulatory		14-96 IU/L	β hCG	Males & Non-pregnant females		<5mIU/ml
	Luteal		1.0-11.4 IU/L		Pregnant females		5-10^5mIU/ml
	Post-menopause		7.7-59 IU/L		Trophoblastic disease		>10^5mIU/ml
	Male		1.7-8.6 IU/L	Total PSA			0-4ng/ml
Prolactin	Female		6-29.9 ng/ml	Free PSA			ng/ml
	Male		4.6-21.4ng/ml	AFP			<10 ng/mL
Estradiol	1-10yrs Female		6-27pg/ml	Insulin	Adult; Fasting		2-25µIU/ml
	1-10yrs; Male		5-20 pg/ml		Adult; PP		5-55 µIU/ml
	Females: Follicular		12.5-166 pg/ml	Vitamin D			30-70 ng/ml
	Ovulatory		85.5-498 pg/ml	Vitamin B_{12}	(222-1439)	191	~~180-914~~ pg/ml
	Luteal		43.8-211 pg/ml	Folic acid		8.6	6.5-35 nmol/L
	Post-menopause		5-54.7 pg/ml	PTH			15-65 pg/ml
	Male		7.6 -43 pg/ml	Pro BNP			<125 pg/ml

Remarks (if any) .....

Performed By: ..... (Technologist)

डॉक्टर Resident Doctor
जीव रसायन विज्ञान विभाग Department of Biochemistry
LHMC & SSK Hospital, New Delhi-01

Reported & Approved by ..... (Doctor on Duty)

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

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25

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

नाम /Name Anvisha आयु/Age. 5y लिंग/Gender F

C.R. No. 23638 Consultant

Ward/OPD Unit/Bed No. U_2C_2B

Date/Time 20/9/26

Nature of Anticoagulant EDTA/Citrate/Heaparin/Nill

Diagnosis/History Post BT CBC

Signature of the Doctor

Today's Lab. Ref. No. Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

भारत सरकार / GOVT OF INDIA

Document ID : LHMC/KSCH/Transfusion Medic
Vers

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

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION

TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 22/09/26 Time 6:00 Routine/Urgent/Immediate (Without crossmatch) (Please Tick

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS RDP	PLATELETS SDP	OTHER
		0130mL		0130mL		

Patient's Name Anusha Age/Sex 5Y/F Ward/Bed V2 C2A

Hospital Registration No. 23638 Father's/Husband Name

Undertaking/Replacement Donor (Donor Card No.) On donatn

Doctor In-Charge Dr Prah Maam Name of Transfusing Doctor

Diagnosis / Indication for Transfusion (Specify) On Severe Anemia c̄ TCP

Obstetric history (in female patients)

Patient's Hb 5.0 Platelet Count 12k 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 Transfucing Doctor, if any:

Please ensure that

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

Sample drawn by Dr Prashanti Date 22/09/26 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer Dr Prashanti

Medical Registration No. N/A Contact No. 8957[illegible]

Dr. PRASHASTI VERMA
Dr. Graduate VERMA
Department of Paediatrics
LHMC & Kalawati Saran Children's Hospital, New Delhi-110002

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by Date 22/9 Time

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

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by Date	Time	Sign	Issue No.	Issue By Date	Time	Sign
C-20859				A Lt				14614	22/9	9:20	
C-20952								15			
10357	A Neg			Compatible				14623	22/9		12

Special Comments of BBO/Technician, if any

DEPARTMENT OF HAEMATOLOGY & 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 17/9/26 Time 9PM Routine/Urgent/Immediate (**Without crossmatch**) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
		120mL PRBC				

Patient's Name ANVISHA Age/Sex 5y/F Ward/Bed U2 C2B

Hospital Registration No. 23638 Father's/Husband Name RAVI

Undertaking/Replacement Donor (Donor Card No.). 10740

Doctor In-Charge Dr. Shivam Name of Transfusing Doctor DOD

Diagnosis / Indication for Transfusion (Specify) Severe anemia

Obstetric history (in female patients)

Patient's Hb 4 g/dL Platelet Count PT APTT

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

Dr. KERI VEDAVITH
Resident Doctor
Department of Paediatrics
LHMC & Kalawati Saran Children Hospital, New Delhi-110001
DMC No. 122465

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

Special Comments of Transfucing Doctor, if any:

Please ensure that

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

Sample drawn by Dr. Anushka Date 17/9/26 Sign & Stamp of Medical Officer

Dr. KERI VEDAVITH
Resident Doctor
Department of Paediatrics
LHMC & Kalawati Saran Children Hospital, New Delhi-110001
DMC No. 122465

Name & Designation of Medical Officer Dr. Anushka

Medical Registration No. 103416 Contact No. 9871677281

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by Date Time

Patient's ABO Group & RhD A Neg 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-20749	A+	PRBC			17/9		1	14379	17/9	11:10AM	
C-20736								380			
C-20766								381			

Special Comments of BBO/Technician, if any

Name	: Baby.ANVISHA	Centre Details	:KALAWATI HOSPITAL
Age	: 5 Yrs Sex: Female	Accession.ID	:OQG2609221155
Collection Date	: 22/Sep/2026 12:00AM	Referred By	:DR.PIALI MANDAL
Received Date	: 22/Sep/2026 07:59PM	Report Date	:28/Sep/2026 02:58PM
Registration Date	: 22/Sep/2026 07:58PM	Ref.No/TRF.No	: /

DEPARTMENT OF FISH & CYTOGENETICS

4 MARKER ALL PANEL BY FISH

Result Summary

Result Summary

ALL FISH PANEL (4 MARKERS)

S.No	Marker	FISH Result
1	BCR/ABL1 [t(9;22)]	Negative
2	TEL/AML1 (ETV6/RUNX1) [t(12;21)]	Negative
3	MLL (KMT2A) Gene Break-Apart Rearrangement	Negative
4	E2A/PBX1 [t(1;19)]	Negative

INTERPRETATION

The FISH test is Negative for BCR/ABL1 [t(9;22)], TEL/AML1 (ETV6/RUNX1) [t(12;21)], MLL (KMT2A) gene rearrangement and E2A/PBX1 [t(1;19)]. Correlation of results with clinical and haematological findings is recommended.

Dr. Preeti Paliwal

Dr. Shivali Ahlawat

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

Lady Hardinge Medical College

LADY HARDINGE MEDICAL COLLEGE

DEPARTMENT OF PATHOLOGY

Immunophenotyping by flow cytometry

Patient Details	ANVISHA 5Y/F
CR no / Hosp	23632 KSCH,U2C2
Received on	16/09/26

Flow reference number: 948/26

Flow cytometer: BD FACS Lyric

Sample: Bone Marrow aspirate

TLC: 27.9 x10^3/uL

NDCE-92,415

On CD45 / SSC gating 96.35% of all viable events fall in the **blast window** , having Dim CD45 vs. Low SSC windowThese events show:

Markers	Population (%)	Intensity	Interpretation
HLA-DR	96.30	Moderate to Bright	**Positive**
CD34	32.61	Dim	**Positive**
CD 117	-	-	Negative
Anti- MPO	-	-	Negative
CD19	99.86	Bright	**Positive**
CD10	99.82	Bright	**Positive**
CD79a	94.99	Moderate to Bright	**Positive**
CD22	76.07	Moderate	**Positive**
CD20	32.59	Heterogenous	**Positive**
CD123(LAIP)	99.71	Bright	**Positive**
CD 73	13.89	Dim	**Positive**
CD38	99.88	Bright	**Positive**

DEPARTMENT OF IMMUNOHE...

Document ID : LHMC/KSCH/Transfusion Medicine/1
Version 1

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

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION

TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 16/10/26 Time 7.5 PM Routine/Urgent/Immediate (**Without crossmatch**) (Please Tick)

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

Patient's Name Pnu sha Age/Sex 5y/F Ward/Bed

Hospital Registration No. 27468 Father's/Husband Name Ravi

Undertaking/Replacement Donor (Donor Card No.) 11214.

Doctor In-Charge Dr Piali Name of Transfusing Doctor DOD

Diagnosis / Indication for Transfusion (Specify) Severe thrombocytopenia

Obstetric history (in female patients)

Patient's Hb Platelet Count 11k. 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
16/10/26	130 ml RDP	RDP	A -ve.	

Dr ADITI CHAWLA
Resident Doctor
Department of Paediatrics
Lady Hardinge Medical College &
Kalawati Saran Children's Hospital
New Delhi-110001

Special Comments of Transfucing Doctor, if any:

Please ensure that

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

Sample drawn by DOD Date 16/10/26 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer

Medical Registration No. 38957 Contact No. 9818788630

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by A Negative Date 16/10/26 Time 8.40 pm

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

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by Date	Time	Sign	Issue No.	Issue By Date	Time	Sign
C 23624								16137			
C 23604								16138	10.15 pm		

Special Comments of BBO/Technician, if any

INSTRUCTIONS

1. The Requisition form must be completely filled. Incomplete form will NOT be accepted.
2. 3 r… patient with CR No. must be sent along w… Sa… T be accepted.
3. Fo…
4. Bl…
5. Bl… explanation.
6. Fo… or to the Blood Centre for donor screenin… al…
7. Fo… be provided for issue of blood WITHOU…
8. Re…
9. Re… to be sent to the Blood Centre during rout… to… ns, time at which blood is required should
10. Pa… mpleted within 4 hours in hemodpiimically…
11. Pl…
12. Components should be transfused using standard blood administration set with in-line microaggregate filter (170-260 micron) or leu… indicated.

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO C-23071 (A) Rh

ISSUE NO. 15806 DATE OF ISSUE 12/10

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

COMPATIBLE FOR

Pt's Name Anuska BLOOD GROUP A+

HOSPITAL/WARD ..... ADM/REG. NO. 27468

TRANSFUSION CRITERIA

COMPONENT	DOSAGE		After 15 min	REMARK…
Packe… Cell C…			…apidly as tolerated; …rox. 3-5 ml/min or …ml/hour in adults	Must by ABO Rh & Crossmatch Compatible
Rando… (RDP)			…ml/hour or as …ated	ABO/Rh compatibility pref… required, Crossmatch not re…
Single… (SDP)			…ml/hour or as …ated	Should be ABO Rh compat…
Fresh … (FFP)			…apidly as tolerated; …ox. 300 ml/hour	Should be ABO compatible… required

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO C-23073 (A) Rh

ISSUE NO. 15803 DATE OF ISSUE 12/10

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

COMPATIBLE FOR

Pt's Name Anuska BLOOD GROUP A+

HOSPITAL/WARD ..... ADM/REG. NO. 27468

…ransfusion
…NG FORM

Patient… Regn. No.…

Ward/… …the patient…

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

Bedside verification by Medical Off… at

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO. C-23116 (A) Rh

ISSUE NO. 15805 DATE OF ISSUE 12/10

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

COMPATIBLE FOR

Pt's Name Anuska BLOOD GROUP A+

HOSPITAL/WARD ..... ADM/REG. NO. 27468

…od bag, compatibility report, issue form and pati…

…no abnormality has been detected.

Si… Date… Time…

	Vitals of Patient				Ar… Adv… Reac…
	B.R	P.R	R.R	S_pO_2	Yes*
At 15 min					
At 30 min					

BLOOD BANK S.S.K. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982/85

BAG NO. C-23113 (A) Rh

ISSUE NO. 15804 DATE OF ISSUE 12/10

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

COMPATIBLE FOR

Pt's Name Anuska BLOOD GROUP A+

HOSPITAL/WARD ..... ADM/REG. NO. 27468

…istration No.… Date… Ti…

***In case of any sign/symptoms of transfusion reaction, …op the transfusion but keep the line open with infusion. Inform consultant in-charge of patient immediately for reaction management and work up as per SOP.**

भारत सरकार

Government of India

आधार

बाल आधार



Aadhaar no. issued: 07/04/2023

अनविशा

Anvisha

जन्म तिथि/DOB: 08/05/2021

महिला/ FEMALE

Mobile: 9717731470

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).

2005 3763 0565

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

आधार

Details as on: 14/12/2025

पता:
द्वारा: रवि, बी-330,केएच न-71/6/2, जी/एफ, अम्बिका एन्क्लाव, नांगलोई, नांगलोई, पश्चिम दिल्ली, दिल्ली - 110041

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2[illegible]565

VID : [illegible] 1802 4375

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भारत सरकार

Government of India

आधार



सुषमा

SUSHMA

जन्म तिथि/DOB: 10/03/1992

महिला/ FEMALE

Issue Date: 09/10/2013

9261 6069 8777

VID : 9106 7577 1965 5185

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

पता:
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Download Date: 16/01/2022

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ABHISHIKHA TRUST

S. No. 40 Date: 21/10/2026

सेवा में

श्रीमान हस्ती महोदय जी
आभिषिका ट्रस्ट
G-3, Gali No-7, पुस्ता
सोनिया विहार, दिल्ली - 110094

महोदय,

मेरा नाम सुषमा है। मैं दिल्ली के नागलोई में रहती हूँ। मेरी 2 बेटियाँ है। मेरे पति दूसरे के यहाँ गाड़ी चलाने का काम करते है। हम यहाँ किराए पे रहते है। मेरी बड़ी बेटी को कैंसर हो गया है। कैंसर का इलाज करवाने के लिए हमारे पास पर्याप्त पैसे नहीं है। मेरी बच्ची की हालत बहुत खराब थी, आभिषिका ट्रस्ट ने हमारी बहुत मदद की है। यही प्रार्थना है हमारी मदद करें ताकि हमारी बच्ची ठीक हो सके।

धन्यवाद
सुषमा

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