

Registered with Indian Govt. &
Planning Commission of India

YOUTH HELPING TRUST

POWER OF NEW GENERATION

REG. NO. 28
Pan Card No. AAPTY5694

Contact: 411948783, 9136513387

E-mail: info@youthhelpingtrust.org | youthhelpingtrust@gmail.com | Website: www.youthhelpingtrust.org

Add.: C-124, Gane... ar, Pandav Nagar Complex, Delhi-110092



Registered with Indian Govt & 2
Planning Commission of India

YOUTH HELPING TRUST

POWER IN GENERATION

REG. NO. 266
Pan Card No. AAATY5694A

Contact No. 83, 9136513387

E-mail: info@youthhelpingtrust.org | Website: www.youthhelpingtrust.org

Add.: C-124, Ganesh Nagar Complex, Delhi-110092

A woman wearing a red and blue sari is holding a young child in a blue shirt and dark pants. The child is wearing a white face mask. They are standing in front of a large orange banner for Youth Helping Trust. The banner features the organization's logo, registration details, contact information, and several small photographs showing children in various activities.



अ० भा० आ० सं० अस्पताल / **A.I.I.M.S. HOSPITAL**
बहिरंग रोगी विभाग / **Out Patient Department**

अस्पताल के अन्दर प्रयोगित Dept: Paediatrics

HOSPITAL PREMISES

DEPT. No: 20190030003539

OPR-6

Clinic Name:

CL No:

Room: 7

O.P.D. Regn. No.

एक/Unit

विभाग/Dept.

नाम/Name

पिता/पुत्र/प
F/S/W

Name: KUNDAN KUMAR
Male 5 Y

पता/Address

AHID 104221930 DT: 27-04-2019



निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

30

B-actin / cardiac

Last ARN-C (22/4-25/4)

c/o Jener 1 episode today
early morning

Rhinitis x 2 dy.

no fast breathing.

OL

RR-30/min, no retraction
chest-clear.

CV-⊙

Afebrile

Dr

URI.

(Signature)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

104221930

HE → 925

Kundon

wt → 14.5

0.6 m²

HK Consolidation

Week 6-14 (63 days)

Eligibility

BM remission, ANC > 750/cumm, platelet count > 75,000/cumm

Day	Cyclophos 1000mg/sqm, 30 mts	Cytarabine 75mg/sqm IV push (45mg)	6-MP 60 mg/sqm PO	ITM (age appr)	VCR 1.5mg/sqm 0.9	asparaginase 10000units/ sqm IM
1	16/3/19	16/3/19	5mm-3.5mm	16/3/19		
2	16/3/19	16/3/19		16/3/19		
3		16/3/19				
4		16/3/19				
5		16/3/19				
6						
7						
8						
9		16/3/19				
10		16/3/19				
11		16/3/19				
12		16/3/19				
13						
14						
15						32/3
16						6000 IU
17					31/3/19	
18					0.9 m ²	24/4/19
19						
20						
21						16/5/19
22						
23					7/4/19	
24						16/5/19
25						
26						
27						
28						
29			16/5/19			
30						
31						
32						
33						
34						

Correct Cst report. 1085

16/3 - Cx cellular

104221930
Kundon
HE → 925
wt → 14.5
0.6 m²

35					
36					
37					
38		22/11/14			
39		22/11/14			
40		22/11/14			
41		22/11/14			
42		22/11/14			
43		22/11/14			
44				22/11/14	22/11/14
45					
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60					
61					
62					
63					

~~Rpt BMA/mrp at end on consolidation
as post Induction initial report stored
17/11/14 but mrp ③~~

~~Rpt BMA 2 17/11/14~~

no need for Rpt mrp

Referral Form of IV Antibiotics for Ambulatory Patients

J-161/A, Internal Road, Gautam Nagar, Behind Indian Oil Building

Telephone: - 01140512467, 011-45512466

Name: Kundan Age: 5yr Sex: M Wt: _____
UHID: 104221930 Diagnosis: _____ Date of referral: _____

	J. 208471 1.3g I.V. x 84	J. Amikacin 200 y/30ml N-3 x24h
4/4/13	✓	✓
5/4	✓	✓
6/5	✓	✓
7/3	✓	✓
8/3	✓	✓
9/4	✓	✓
10/4	✓	✓

*Please tick and sign after giving antibiotics

Pet

CXΓ

Blood c/s

urine r/e and c/s

Danger signs

Persisting high grade fever, lethargy, poor feeding, cough, loose stools, oral ulcers, pain abdomen, bleeding

Contact numbers:

- ❖ C5 Day care: 011-26594434
- ❖ Peds Emergency: 011-26594223
- ❖ Oncology helpline no: 9810590067
- ❖ The resident in C5 day care must record vitals (pulse, respiratory rate, BP and oxygen saturation) before sending patient elsewhere for antibiotic administration
- ❖ There will be no telephonic instructions for antibiotic administration
- ❖ The senior resident/junior resident/staff nurse/research staff/councilor will make a telephonic contact with the organization before sending the patient for antibiotic
- ❖ Review SOS in pediatric OPD/C5 Day Care/Pediatric emergency.

19-10/25



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

C5 DAYCARE SHORT ADMISSION

DISCHARGE SUMMARY

Name	Kundan	Gender	MALE
Age	5 years	Unit	III
URID	104221930	DOA	08-3-19
Diagnosis	ALL	DOD	08-3-19
Consultant	Prof Rachna Seth/Dr. Aditya Gupta/Dr.JP Meena		

Procedure and monitoring note: Child was admitted for BMA and BM biopsy and MRD. Child remained hemodynamically stable throughout the hospital stay. It was done uneventfully and child was hemodynamically stable.

Advice on discharge:

- 1) To Collect all reports from room no. 50, pediatric OPD after 3 days
- 2) Collect BM biopsy report from 1085, after 1 week
- 3) T. bact cream to apply locally after removal of dressing for 3 days.
- 4) Tab PCM (500mg) 1/2 tab sos / Sy P Pam (sulphamox) sul (60)
- 5) F/U in Pediatric Unit-III OPD on Wednesday / Saturday / Monday or oncology OPD on Monday at 9:00 AM with reports

Senior resident
Dr Santosh/Dr Shreya

Junior resident
Dr Kritika/Dr AKASH

Oncquest Laboratories Ltd.

3-Factory Road, New Delhi-29
Ph: 91-11-26101240



Regd. Date	20/12/2018	Reg. ID	1018143700	Centre Details	Sunshine Diagnostics - Patna
Coll. Dt. Tm.	19/12/2018 14:30:00			Shop No.	5, In Front Of IGIMS, 2nd Floor, R K Estate, Raja Bazar, I
Recd. Dt. Tm.	20/12/2018 10:54:56			Ref. By	DR AVINASH KR PANDEY
Age	3 Yrs	Sex	Male	Report Dt. Tm.	21/12/2018 12:00:18
Name	Mst. KUNDAN KUMAR				

Specimen Type: - Peripheral blood sample showed TLC - 13,000cells/ μ l.

Instrument / Software: BD FACS Canto II / BD FACS DIVA

Cell Preparation Method: Stain - Lyse- Wash

SSC Vs CD45 Gating.

Flow cytometric analysis shows a cell cluster in CD45 dim to negative region with low side scatter. These gated cells in blast region(65.0%) show bright expression of CD10, moderate expression of CD19, CD34, HLADR, dim expression of CD22, heterogeneous expression of CD20, dim to moderate expression of CD38, dim to negative expression of CD45 and rest of the markers are negative.

Impression

The scatter parameters and antigen expression profile as studied by flow cytometry of the sample are suggestive of **B Lymphoblastic Leukemia, B-ALL**.

Correlation with clinical, cytogenetic and other hematological parameters is advised.

COMMENT: Recommendation for further testing is as follows:

1) **Advised Karyotyping and ALL Translocation panel for t(9;22), t(12;21), t(1;19) and t(4;11) by multiplex PCR, for risk stratification.**

2) **Follow up MRD studies by Flowcytometry are advised at completion of initial induction and/or as per chemotherapy regimen**

Reference: NCCN Guidelines (version 2.2016) for risk assessment testing in B-ALL:

-Cytogenetic risk groups for B-ALL are defined as follows:

Good risk: Hyperdiploidy, t(12;21)

Poor risk: Hypodiploidy, complex karyotype, t(4;11), other MLL rearranged, bcr-abl (defined as high risk in the pre TKI era)

-Studies in both children and adults with ALL have demonstrated strong correlation between MRD and risk of relapse, as well as the prognostic significance of MRD measurements during and after initial induction therapy.

Timing of MRD assessment

(i) Upon completion of initial induction

(ii) Additional time points may be useful depending on the regimen used.

Note: All investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

SMOKING IS PROHIBITED IN HOSPITAL PREMISES

Dept: Paediatrics

DEPT. No: 20190030003539

OPR-6

Clinic Name:

CL. No:

Room: 7

Name: KUNDAN KUMAR

Male 5 Y

UHID 104221930 DT: 24-04-2019



संयोजक/पंजीकृत सं०/O.P.D. Regn. No.

लिंग
Sex

उम्र
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

41

B - All / HR / conduction

lost on ARA-c block

no fever / cough

ok Afebrile

RA - 22 hr

chest-clear

HR (22/hr)

7.1 / 1010 / 2.15 L
180

LS / RH - (N)

ALP - 897

Adh

- continue ARA-c / 6-rrb

- Rpt CBC after 2 days

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अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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→ To check and flow report of ^{post}
Induction if negative.
Not to repeat at end
of consolidation

second

BMA (8/3/19) → 4% blast

flow (8/3/19) - stage II hematog on
no blast

csf - Acellular

28/4/19: - 3; Lunase 6000 I.V - ① 8h
29/4/19 - 3; VCR 0.9 mg I - ① 8h



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Outpatient Department

अस्पताल को : Dept: Paediatrics

DEPT. No: 20190030003539

ED IN HOSPITAL PREMISES

Clinic Name: POC

OPR-6

CL No: 2019/POC/42

Room: 14

रजिस्ट्रार नं./O.P.D. Regn. No.

Name: KUNDAN KUMAR

Male 5 Y

UHID 104221930 DT: 22-04-2019



पता/Address

POC - 17/19

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

16
2 (20/4)
3.6/4.0/3.4
180
LH/RH - B
CSF - B
Wt - 13.2 kg
Ht - 93.3 cm

B-ALL | HR | consolidation

No active complaint

MR

ok

Playful

systemic - (N)

Afebrile

Adh

1) T- 6 mp 50 mg | 5 ml → 3.5 ml

od qid 27/4/19

2) Drug ARA-C 45 mg iv od

X 4 days

3) continue Septin

Diagnosis
Miss note
Plz see

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL

नटिजंग जेमी निभाग / Out Patient Department

Dept: Paediatrics

NO SMOKING IS PROHIBITED IN HOSPITAL PREMISES

DEPT. No: 20190030003539

Clinic Name:

OPR-6

CL. No:

Room: 7

न० रोगि० रंजीकृत सं०/O.P.D. Regn. No.

Name: KUNDAN KUMAR

Male 5 Y

लिंग
Sex

अयु
Age

पता/Address

UHID 104221930 DT: 20-04-2019



निदान/Diagnosis

B-ALL/HR/Consolidation D35

दिनांक/Date

उपचार/Treatment

Hb-7.6.

TLC-740

ANC-180

PLT-3.4 lakh.

Nonspecific complaints

0/6 Child active

CNS-S & S

RS-clear

P/A Soft.

T. 6MP 50mg (dissolve
in 5ml give 3.5ml)
OD..

Continue Septtran.

Inj Na-C 45mg IV
22/4/19 - 25/4/19.

Review after next week
c apt case

Meen

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
वहिरंग रोगी विभाग / Out Patient Department

Dept: Paediatrics

(NO SMOKING IS PROHIBITED IN HOSPITAL PREMISES)

DEPT. No: 20190030003539

Clinic Name:

OPR-6

एक/Unit CL. No:

विभाग/Dept. Room: 7

व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

नाम/Name: KUNDAN KUMAR

Male 5 Y

JHID 104221930 DT: 13-04-2019



लिंग
Sex

आयु
Age

पता/Address

निदान/Diagnosis

40 B-AU / hr. Consolidation. - D29.

दिनांक/Date

उपचार/Treatment

(19)

12/4/19
890
8.4/130
KFT-NR
LFT-NI

- IT meliohexate - 12 mg. on 14/4/19, D,
- inj cyclophosphamide - 600 mg in 200ml of 5% dextrose over 1 hr D,
- inj Mesna - 150mg / 100ml of NS at 0 hr, 3hr, 6hr. on 14/4/19. D,
- inj Ara C - 45 mg / 100ml NS over 1 hr D to D 5 i.e. (15/4/19 to 18/4/19)
- Tab - 6-MP - 50mg / 5ml of water to give 3.5 ml OD - from 14/4/19 for 2 wks.
- Rpt CBE - in 5 days
KFT
LFT

CLEAN AND GREEN AIIMS / एक का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर दूखान मका है। / Inside the Hospital Premises

HOSPITAL PREMISES

Dept: Paediatrics

DEPT. No: 20190030003539

Clinic Name:

CL No:

Room: 7

Name: KUNDAN KUMAR

Male 5 Y

UHID 104221930 DT: 10-04-2019



OPR-6

O.P.D. Regn. No.

घर / Address

एक/Unit

विभाग/Dept.

नाम/Name

लिंग/पुंर/
F/S/M

निदान/Diagnosis

B-ALL / HR / Consolidation

दिनांक/Date

उपचार/Treatment

37

- on IV Zosyn & Amikacin from 04-04-2019.
Started i/v/o ? fever / Cough / coryza.
& Symp. Oseltamivir (completed 5 days).

on Septeran prophylaxis

- Received VCR on 07-04-19

Lunose on 08-04-19

- At present: cough, coryza - improved
Afebrile

Blood C_s (4/4) → Sterile.

CBC (9/4/19) → Hb 7.8

TLC 690/mm³

ANC 150/mm³

PLT 2.85 lac

Vitals: HR 110/min RR 30/min

P.pulse: well palpable

Chest: B/L clear.

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Regd. Dt: 10/01/2019 Acc. ID: 1018154024
 Coll Dt. Tm: 10/01/2019 11:00:18
 Recd. Dt. Tm: 10/01/2019 15:28:24
 Age: 5 Yrs Sex: Male
 Name: Mst. KUNDAN CK 30655

Client Details: Cankids
 Cankids (Heaven's office), D-7/7, Basement Vasant Vihar, New Delhi
 Refd. By: DR RACHNA SETHI
 Report Dt. Tm: 14/01/2019 18:38:49

BCR/ABL1 Translocation Assay # ^

Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized P. Bld

FISH Probe: Zytovision directly labeled ABL1 (9q34) BCR (22q11.2) DC-01 DNA probe

	BCR Green 22q11	ABL1 Orange 9q34	BCR/ABL fusion Yellow t(9;22)	No. of cells (n=200)	Analysis
	2	2	0	0	Normal
	1	1	2	0	Ph+ve
Signals/cell	2	1	1	0	Variant form of Ph+ve/ Ph+ve with a Gain/Loss of BCR/ABL1 locus
	3	2	0	200	Gain of BCR locus

Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(ABL1x2), (BCR×3) [200]

BCR/ABL1 Fusion signal was not detected in any cells.

The sample is Negative for t(9;22)



Contd...2

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited ^ In Scope of NABL

Regd. Dt:	10/01/2019	Acc. ID: 1018154024	Client Details:	Cankids
Coll Dt. Tm:	10/01/2019 11:00:18		Cankids (Heavens office), D-7/7, Basement Vasant Vihar, New Delhi	
Recd. Dt. Tm:	10/01/2019 15:28:24		Refd. By:	DR RACHNA SETH
Age:	5 Yrs	Sex:	Male	Report Dt. Tm: 14/01/2019 18:38:49
Name:	Mst. KUNDAN CK 30655			

TEL / AML1 (ETV6/RUNX1) Translocation Assay # ^
Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized P. Bld

FISH Probe: ZytoLight directly labeled TEL (12p13) / AML1 (21q22) DC-DF DNA probe

	TEL Orange 12p13	AML1 Green 21q22	TEL/AML1 fusion Yellow t(12;21)	No. of cells (n=200)	Analysis
	2	2	0	0	Normal
	1	1	2	0	Translocated
Signals/cell	2	3	2	0	Translocated with Gain/ Loss of TEL/AML1 locus
	3	4	0	200	Gain of TEL & AML1 locus

Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncoquest Laboratories Ltd.

Interpretation:

nuc ish(ETV6x3).(RUNX1x4)[200]

TEL / AML1 Fusion signal was not detected in any cells.

The sample is Negative for t(12;21)



Contd...3

The sample is processed by Oncoquest Laboratories Ltd.

CAP accredited * In Scope of NABL

Regd. Dt:	10/01/2019	Acc. ID: 1018154024	Client Details:	Cankids
Coll. Dt. Tm:	10/01/2019 11:00:18		Cankids (Heavens office), D-7/7, Basement/Vasant Vihar, New Delhi	
Recd. Dt. Tm:	10/01/2019 15:28:24		Refd. By:	DR RACHNA SETHI
Age:	5 Yrs	Sex: Male	Report Dt. Tm:	14/01/2019 18:38:49
Name:	Mst. KUNDAN CK 30655			

MLL (KMT2A) Gene Rearrangement Assay # ^
Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized P. Bld

FISH Probe: Vysis directly labeled LSI MLL 11q23 Dual Color Breakapart DNA probe

	MLL Green 11q23	MLL Orange 11q23	MLL fusion Yellow	No. of cells (n=200)	Analysis
Signals /cell	0	0	2	200	Normal
	1	1	1	0	Translocated
	1	1	2	0	Translocated with Gain/ Loss of MLL locus
	3	3	0	0	Gain/ Loss of MLL locus

Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(5'MLL,3'MLL)×2(5'MLL con 3'MLL×2)(200)

MLL Gene break apart signal was not detected in any cells.

The sample is Negative for MLL Gene Rearrangement



Contd...4

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited ^ In Scope of NABL

Regd. Dt:	10/01/2019	Acc. ID: 1018154024	Client Details:	Cankids
Coll. Dt. Tm:	10/01/2019 11:00:18		Cankids (Heavens office) D-77, Basement Vasant Vihar, New Delhi	
Recd. Dt. Tm:	10/01/2019 15:28:24		Refd. By:	DR. RACHNA SETH
Age:	5 Yrs	Sex: Male	Report Dt. Tm:	14/01/2019 18:38:49
Name:	Mst. KUNDAN CK 30655			

(Reference: 10/01/2019)

TCF3/PBX1 Translocation Assay # ^

Fluorescence In-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Hepatinized P. Bld

FISH Probe: Vysis directly labeled LS: TCF3 (19p13.3) LS: PBX1 (1q23) DC-DF DNA probe

	TCF3 Green 19p13.3	PBX1 Orange 1q23	TCF3/PBX1 fusion Yellow t(1;19)	No. of cells (n=200)	Analysis
Signals/ cell	2	2	0	0	Normal
	1	1	2	0	Translocated
	2	1	1	0	Translocated with a Gain/Loss of TCF3/PBX1 locus
	2	3	0	200	Gain of PBX1 locus

Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncoquest Laboratories Ltd.

Interpretation:

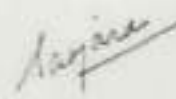
nuc ish(TCF3x2), (PBX1x3)[200]

TCF3/PBX1 Fusion signal was not detected in any cells.

The sample is Negative for t(1;19)




Dr. G. Ranjini Nambiar
Ph.D
Senior Consultant - Cytogenetics
Contd...



Dr. Saranya Dutt
Ph.D
Director- Mol Biology and R&D

The sample is processed by Oncoquest Laboratories Ltd.

CAP accredited * In Scope of NABL



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Phones } 26588500
26588700

Receipt No.:
Received From:
OPD/ MRD No.:
ON ACCOUNT OF

ACCTD/YES IN24/823/2018/9
ORIGINAL Hospital Receipt
NOL KUNDAN KUMAR Age 35 Yrs 2 Month 10 Days
0425/930 (OPD)

Dated :
Patient Type :
Room No. :



Sl. No.	Service Name	Quantity	Rate	Net Amount
	FEUIN - CHEST	1	750	750

Generated on 19 May 2019 09:58:23 AM

Payment Mode:

INR (Rs.) :

Rs. in Words

Cash
750.0

Rupees Seven Hundred Fifty Only

MR. TUSHAR SINGLE WINDOWS

Continued with

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LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID:	104221930	Reg Date :	03/01/2019 09:02 AM
Patient Name :	Mr. KUNDAN KUMAR	Age :	5 years 1 month 19 days
Sex :	Male	Unit Name :	Unit-III
Department :	Paediatrics	Sample Collection Date:	22/02/2019 10:48 AM
Unit Incharge :	Dr. S. K. KABRA	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Oncology Lab	Report Generated Date:	28/02/2019 04:49 PM
Sample Received Time:	23/02/2019 11:42 AM	Recommended By:	Dr. vijay kumar
Dept./IRCH No	20190030003539		
Lab Reference No:	644		
Ward Name:	C5 DAY CARE /12		

Sample Details : LOI-220219067-BP (Bone Marrow)

BMA BMT PS

Report: Cellular but somewhat degenerated bone marrow aspirate shows haematopoietic cells of all series along with -
14% blasts

Peripheral blood smear is unremarkable.

Bone marrow is in morphological remission.

Conclusion

Consultant Incharge Dr Pranay Tanwar.

Authorized Signatory



LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID	104221930	Reg Date :	03/01/2019 09:02 AM
Patient Name :	Mr. KUNDAN KUMAR	Age :	5 years 1 month 19 days
Sex :	Male	Unit Name :	Unit-III
Department :	Paediatrics	Sample Collection Date :	22/02/2019 10:48 AM
Unit Incharge :	Dr. S. K. KABRA	Lab Sub Centre :	Lab Oncology (IRCH)
Lab Name :	Oncology Lab	Report Generated Date :	27/02/2019 02:12 PM
Sample Received Time :	23/02/2019 11:40 AM	Recommended By :	Dr. vijay kumar
Dept/IRCH No :	20190030003539		
Lab Reference No :	442		
Ward Name :	C5 DAY CARE /12		

Sample Details : LOI-220219058-FM (Bone Marrow)

FLOWCYTOMETRY (BONE MARROW)

F-442/19

Bone marrow sent for minimal residual disease in a known case of B-Acute lymphoblastic leukemia shows no residual leukemic blasts.

Consultant In-charge: Dr. Pranay Tanwar.

Authorized Signatory

Repd. Dt:	10/01/2019	Acc. ID: 1018154024	Client Details:	Cankids	
Coll Dt. Tm:	10/01/2019 11:00:18		Cankids (Heaven's office), D-7/7, Basement Vasant Vihar, New Delhi		
Recd. Dt. Tm:	10/01/2019 15:28:24		Refd. By:	DR RACHNA SETHI	
Age:	5 Yrs	Sex:	Male	Report Dt. Tm:	10/01/2019 16:22:44
Name:	Mst. KUNDAN CK 30655				

Chromosomal Analysis: GTG Banding

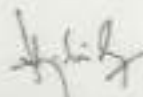
Method Used : 24/48 Hr Unstimulated culture

Specimen type : Heparinized Peripheral Blood

The sample was washed and processed for karyotyping, but analyzable metaphases were not available for karyotyping. The karyotype report is not possible due to nonavailability of quality metaphases. Paucity of proliferating blast cells in the sample provided may be considered as a possible reason.

The study was performed at a facility outside Oncquest Laboratories Ltd

*** End of Report ***



Dr. G. Rengini Nambiar
Ph.D
Senior Consultant - Cytogenetics



Dr. Sarjana Dutt
Ph.D
Director- Mol. Biology and R&D

The sample is processed by Oncquest Laboratories Ltd.

4 CAP accredited * In Scope of NABL



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel: +91-11-26588500/26588700, Fax: +91-11-26588500/26588700

Patient Name:	Kundan Kumar	Acc. No:	198118
F/H Name:	Mr Naresh	Hosp. Reg. No.:	104221930
Age/Sex:	5 Y/Male	UHID No.:	---
Clinic/Dept/Unit:	Paediatrics/Unit 3	Consultant Incharge:	Dr. Rachna Seth
Consultant Incharge:	Dr. Rachna Seth	Reporting Date:	09-03-2019
Reg Date:	22-02-2019		

Histopathology Report

Report Findings:

Bone marrow biopsy is fragmented with approximate cellularity of 40-50% showing scattered population of immature cells (blasts).

Overall features are consistent with acute lymphoblastic leukemia.

Reporting Incharge: Dr. Prashant Ramteke

Reporting SR: Dr. Anubhav Narwal

Verify By: Dr. Priyanka Mani



DEPARTMENT OF LABORATORY MEDICINE

CLINICAL CHEMISTRY

All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

BLOOD CHEMISTRY

UHID: 104221900
 Name: Mr. KUNDAN KUMAR, Male
 Lab Ref No: 791
 Verification Time: 22/02/2019 05:28 pm
 Sample No: C11-2202190754
 Age: 5 years 1 month 19 days
 Ward Name: CS DAY CARE

Report

Test Name	Result	Comment	Normal Range
UREA	14 mg/dL		10.00-40.00
UREA	14 mg/dL		10.00-40.00
CREATININE	0.2 mg/dL		0.50-1.00
CREATININE	0.2 mg/dL		0.50-1.00
CALCIUM	9.8 mg/dL		8.50-10.50
CALCIUM	9.8 mg/dL		8.50-10.50
PHOSPHATE	4.8 mg/dL		2.50-4.50
PHOSPHATE	4.8 mg/dL		2.50-4.50
URIC ACID	3.3 mg%		• 3.5 - 7 mg/dL
URIC ACID	3.3 mg%		• 3.5 - 7 mg/dL
SODIUM	141 mEq/L		135.00-145.00
SODIUM	141 mEq/L		135.00-145.00
POTASSIUM	4.3 mEq/L		3.50-5.00
POTASSIUM	4.3 mEq/L		3.50-5.00
BILIRUBIN TOTAL	0.2 mg/dL		0.20-1.20
BILIRUBIN TOTAL	0.2 mg/dL		0.20-1.20
TOTAL PROTEIN	6.8 g/dL		6.00-8.00
TOTAL PROTEIN	6.8 g/dL		6.00-8.00
ALBUMIN	4.8 g/dL		3.50-5.00
ALBUMIN	4.8 g/dL		3.50-5.00
GLOBULIN	2.0 g/dL		2.00-3.50
GLOBULIN	2.0 g/dL		2.00-3.50
SGOT (AST)	43 U/L		5.00-40.00
SGOT (AST)	43 U/L		5.00-40.00
SGPT (ALT)	66 U/L		5.00-45.00

Kan NO 2105

BMA-1498

T-1:20pm

4/4/19

सूक्ष्म जैव विज्ञान विभाग
DEPARTMENT OF MICROBIOLOGY
जिवाणु विज्ञान
(BACTERIOLOGY)
अ. भा. आ. सं., नई दिल्ली-110029
A.I.I.M.S., NEW DELHI-110029

प्रयो. सं. / LAB NO.
UHID No. - 104221930
एकक / UNT
ओ.पी.डी. / O.P.D.
वार्ड / WARD

वि.सं. / BED NO.

नाम / NAME Kundan Kumar

आयु / AGE 5yr

लिंग / SEX m पु. / म. / M/F

Nature of Specimen

Date & Time of Collection

Investigation required - W.N.I.

Clinical Notes:

1. Presenting symptoms with duration - Long cut 3d
2. Previous reports on similar material with date & Lab. No. R/clo B-cell ALy on chemo
3. Relevant reports of other investigations
4. Antibiotic therapy
5. Prev. diagnosis

हस्ताक्षर / SIGNATURE
Designation

INCOMPLETE FORMS WILL NOT BE ACCEPTED

INCOME

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIO DIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Kundan Age/Sex : 54/M Ref. Deptt./Unit : _____ Date : 8 July
Indoor (Bed No.) / Outdoor/ Casualty : Feelg UHID No. : 10422/1930 LMP : _____
Examination Required :

Clinical History and Examination :

CX L

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : _____

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS : _____

Sign. of Radiographer :

P.T.O.



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name:	Kundan Kumar	Acc. No:	19J5664
F/H Name:	Naresh	Hosp. Reg. No.:	104221930
Age/Sex:	5 Y/Male	UHID No.:	---
Clinic/Dept/Unit:	Paediatrics/Unit 1	Consultant Incharge:	Dr. Rachna Seth
Reg Date:	19-03-2019	Reporting Date:	21-03-2019

Cytopathology Report

Report Findings:

Cerebrospinal fluid (1ml) shows occasional lymphomononuclear cells.

Cancer Category:

- ☐ UNS: Specimen Inadequate For Opinion
- ☒ NEG: No Evidence Of Cancer In This specimen
- ☐ INC: Further Evidence As Indicated Is needed To rule Cancer In or Out
- ☐ POS: Diagnostic For Cancer Correlation with Clinical, Radiological and other Investigation is mandatory

Reporting Incharge: Dr. Sudheer Arava

Reporting SR: Dr. Rohan Sardana

Verify By: Dr. Arun Kumar Panda



संघीय पहचान प्राधिकरण
Unique Identification Authority of India

पता
W/O. नरेश मोहन, सकरौली, रोसापुर
पैक्टो, को.एम. बिहार, 854115

Address
W/O. Narash Mandal, Sakawali,
Sempur Panchayat, Kathar, Bihar
854115

[Redacted]

194
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार

केन्द्रीय जनसंख्या विभाग



मृ. देवी
Renu Devi
जन्म तिथि / DOB : 11/05/1984
महिला / Female



[Redacted]

आधार - आम आदमी का अधिकार

