HELP FOR MASTER YASH RAJ

CLICK HERE TO DONATE


XX/XX

DEPARTMENT OF PEDIATRIC HEMATOLOGY ONCOLOGY
POST GRADUATE INSTITUTE OF CHILD HEALTH
NOIDA

NAME: Yash Raj **AGE: 05 Year** **SEX: Male**
CR No: 981162400393715

Ref no: PGICH/PHO/TE/2024/83 A

13/09/2024

To Whom It May Concern:

This is to certify that YAsh Raj, 05 Years Male, Son of Mr.Lalbabu Pandit and Mrs.Pawan Kumari, DOB: 09/09/2019 Resident of Pirapur Chak,Pirapur,PO-Pirapur, Dist-Muzaffarpur, Bihar-843115 has been diagnosed as suffering **Acute Myeloid Leukemia**. He has posted for Bone marrow transplant.

The cost of treatment is estimated to be 12 Lakh INR.

Head	Amount
Chemotherapy + Conditioning + Stem Cell Harvest	6 Lakh
Supportive care + Blood Component+ Antibiotic + Antifungal	4 Lakh
Transplant Investigation+ Post Transplant Treatment	2 Lakh

This is inclusive of the cost of investigations, Surgery, blood transfusions, antibiotics, antifungals and investigations. PGICH is an autonomous institute under Government of Uttar Pradesh. This estimate is being given for the purpose of applying for aid for treatment from state/central government.

Dr. Mita Radhakrishnan
Additional Professor and Head
Department of Pediatric Hematology-Oncology,
Post Graduate Institute of Child Health, Noida
(Autonomous Institute, Govt. of U.P. India)

13/9/24

Additional Professor & HOD
Department of Pediatric Hematology Oncology
PGICH,Noida

13.09.24

Medical Superintendent
PGICH, Noida

चाइल्ड हेल्थ

N057 CHIMERISM PRE-ENGRAFTMENT DONOR & RECIPIENT	
Specimen:	4 ml (2 ml min.) Whole blood in 1 Lavender Top (EDTA) tube each for Donor and Recipient. Ship refrigerated. DO NOT FREEZE. Indicate Donor and Recipient on tubes appropriately.
Stability:	Room: NA; Refrigerated: 72 hrs; Frozen: NA
Method:	PCR, STR / Fragment analysis
Comment:	Buccal swab / Nail clippings also acceptable. Samples received on holidays will be reported in next schedule / next working day.
Price:	10800.00
Report:	**Sample Daily by 11 am; Report 5 Working days**
Usage:	Patients with hematopoietic cell infusions for the purpose of engraftment like bone marrow transplant recipients should have their blood or bone marrow monitored for an estimate of the percentage of donor and recipient cells. The presence of both types of cells (Chimerism) or donor cells alone is an indicator of transplant success.
Doctor Specialty:	Hematologist
Disease:	Transplantation pathology
Components:	
Courier Charges:	0.00
Home Collection:	Available
Department:	
Pre Test Information:	No special preparation required

Dr Lal PathLabs

Regd. Office	Dr. Lal PathLabs Ltd.,Block E, Sector 18, Rohini NEW DELHI-110085
Customer Care	011-49885050
E-Mail	Customer.Care@lalpathlabs.com
Web	https://www.lalpathlabs.com/
Registration Location	Shop No 103, Jaipuria Plaza, Market, D-Block, Sector 26, Noida, Uttar Pradesh 201301, NOIDA, GHAZIABAD, UTTAR PRADESH, 201301

489074257

Bill Of Supply/Cash Receipt

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

Invoice Number	OIDL250707052431482203	**GST No**	NA
Patient Name	Master. YASH RAJ	**Lab Code / CC Code**	S60
Lab ID	489074257	**Date & Time**	07-07-2025 10:55:19
Patient ID	L2506240306547342117	**Mode of Payment**	Paytm
Age / Sex	5 year(s) / Male	**SAC Code**	999316
Contact Number	8340224585	**CIN No**	L74899DL1995PLC065388
Patient Emp. Code	NA	**Reference Doctor**	DR. NITA RADHA KRISHNAN
Card No	NA	**Corporate Code**	NA

S.No.	Test Code	Test Name	Estimate of report by (#)	Price
1	N058	CHIMERISM, POST-ENGRAFTMENT	11-07-2025 11:00	6200

Amount Paid In Words : Five Thousand Five Hundred Eighty Only

Other Value:	6200
Home Collection Charges:	0
Total Order Value (A) :	6200
Other Discount:	-620
Total Discounts (B):	-620
Net Payable Amount (A-B) :	5580
Paid Amount:	5580
Balance Amount:	0

This is a computer generated receipt and does not require signature/stamp

*Dr. Lal PathLabs Ltd. is exempt from GST being as a health care services provider.

Note:

"Estimate of report by" is on best effort basis and tentative in nature. Delays may occur due to complexity of each case, diagnostic procedures and other unforeseen circumstances.

A new Lab ID will be issued for any sample submitted after above registration date

Sunday Open : Sample Collection Timing : 07:30 - 16:00 Report Timing : As per test schedule

Pathology Lab reports can be downloaded from our website https://www.lalpathlabs.com/ or Mobile App (Android/IOS)

Online Reports can be downloaded only after complete payment.

Cumulative/comparative reports for last 3 visits available online. Applicable only for quantitative tests if the same test(s)/panel(s) have been ordered. Reference Range and Methods will not be documented in Cumulative report. Cumulative test results comparison apply only for samples given at the same laboratory location

By accepting this invoice / transacting with the Company, I agree/confirm having understood the Terms and Conditions mentioned in Dr. Lal PathLabs Privacy Policy and Terms of Use (also available on the website).

Download Our App:

Download our apps from these links to access our services & reports on digital platform seamlessly

GET IT ON Google Play | Download on the App Store

Dr Lal PathLabs
Dr Lal PathLabs
L-CoRD

Regd. Office : Dr Lal PathLabs Ltd, Block E, Sector 18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388
Regd. Office: Dr Lal PathLabs Ltd, Block E, Sector 18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

Name	: Mr. LAL BABU PANDIT	Age	: 26 Years
Lab No.	: 484691090	Gender	: Male
Ref By	: Dr. RADHA KRISHANAN	Reported	: 1/6/2025 2:04:32PM
Collected	: 31/5/2025 12:12:00PM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB
Collected at	: LPL-KAILASH COLONY GF, A-15 Kailash Colony, New Delhi 110048		National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
TORCH PANEL, IgG & IgM, SERUM (CLIA)			
Toxoplasma IgG	<3.00	IU/mL	<7.20
Toxoplasma IgM	<3.00	AU/mL	<6.00
Rubella IgG	**73.50**	IU/mL	<7.00
Rubella IgM	<10.0	AU/mL	<20.00
Cytomegalovirus, IgG	**140.00**	U/mL	<12.00
Cytomegalovirus, IgM	6.08	U/mL	<18.00
Herpes simplex virus 1+2, IgG	**5.61**	Index	<0.90
Herpes simplex virus 1+2, IgM	<0.500	Index	<0.90

Interpretation

INFECTION	UNITS	NEGATIVE	EQUIVOCAL	POSITIVE
Toxoplasma IgG	IU/mL	<7.20	7.20- <8.80	≥8.80
Rubella IgG	IU/mL	<7.00	7.00- <10.00	≥10.00
CMV IgG	U/mL	<12.00	12.00- <14.00	≥14.00
HSV 1+2 IgG	Index	<0.90	0.90- <1.10	≥1.10
Toxoplasma IgM	AU/mL	<6.00	6.00-8.00	>8.00
Rubella IgM	AU/mL	<20.00	20.00- <25.00	≥25.00
CMV IgM	U/mL	<18.00	18.00- <22.00	≥22.00
HSV 1+2 IgM	Index	<0.90	0.90- <1.10	≥1.10

TORCH IgG

Note

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with

Name	: Master YASH RAJ	Age	: 5 Years
Lab No.	: 484691089	Gender	: Male
Ref By	: Dr. RADHA KRISHANAN	Reported	: 1/6/2025 2:03:51PM
Collected	: 31/5/2025 12:10:00PM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085
Collected at	: LPL-KAILASH COLONY GF, A-15 Kailash Colony, New Delhi 110048		

Test Report

Test Name	Results	Units	Bio. Ref. Interval

toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1+2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection.

DMC NO.16715

Dr Aniruth Bharat Kumar Gupta
MD, Microbiology
Senior Consultant Microbiologist
NRL - Dr Lal PathLabs Ltd

Dr Shalabh Malik
MD, Microbiology
Technical Director - Microbiology, Infectious Disease Molecular & Serology, Clinical Pathology
NRL - Dr Lal PathLabs Ltd

Dr Puneeta Singh
Ph.D (Microbiology)
Principal Research Scientist
NRL - Dr Lal PathLabs Ltd

----------End of report----------

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax. - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

Name	: Master YASH RAJ	Age	: 5 Years
Lab No.	: 484691089	Gender	: Male
Ref By	: Dr. RADHA KRISHANAN	Reported	: 1/6/2025 2:03:51PM
Collected	: 31/5/2025 12:10:00PM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085
Collected at	: LPL-KAILASH COLONY GF, A-15 Kailash Colony, New Delhi 110048		

Test Report

Test Name	Results	Units	Bio. Ref. Interval

negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.

5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

TORCH IgM

Note

1. This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
2. Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
3. An equivocal result requires repeat testing in 10-14 days.
4. Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.
5. The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.
6. The magnitude of the measured result is not indicative of the amount of antibody present.

Comments

Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes Toxoplasma, Rubella, Cytomegalovirus & Herpes Simplex virus, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. Once HSV infection occurs, it persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital

Regd. Office: Dr Lal Path Labs Ltd., Block E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC068368

Name	: RECIPIENT YASH RAJ		
Lab No.	: 481794855	**Age**	: 5 Years
Ref By	: Dr. NITA RADHA KRISHAN	**Gender**	: Male
Collected	: 28/6/2025 8:35:00AM	**Reported**	: 28/6/2025 6:27:21PM
A/c Status	: P	**Report Status**	: Final
Collected at	: PSC-NOIDA Shop No-103,Jaipuria Plaza,Sector-26 Noi da-UP-201301 NOIDA	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CYCLOSPORINE A			
CYCLOSPORINE A, WHOLE BLOOD (LC-MS / MS)	84.90	ug/L	

Interpretation

ORGAN TRANSPLANT	THERAPEUTIC RANGE in ug/L
Kidney (in combination with Everolimus)	1 month post transplant : 100-200 2-3 months post transplant : 75-150 4-5 months post transplant: 50-100 6-12 months post transplant: 25-50
Liver	290 - 525
	Toxic value : >700

Note

1. Optimal blood levels of Cyclosporine are influenced by nature of the transplant, age and general health of the patient, co-administration of drugs, clinical findings, individual sensitivity to immunosuppressive and nephrotoxic effects of the drug, time post transplant, commercial preparation & hepatic & renal function.

2. Many drugs affect Cyclosporine blood concentration: Calcium channel blockers, Antifungal drugs & Erythromycin may prolong metabolism thus increasing the risk of toxicity. Anticonvulsant drugs & Rifampicin may induce metabolism of Cyclosporine thus reducing bioavailability.

3. Do not draw specimen from indwelling catheter which has been used to administer Cyclosporine as it is adsorbed by the catheter and elevates blood values significantly.

4. Cyclosporine A Whole blood concentrations can be measured by either chromatographic (LC-MS/MS) or immunoassay (CLIA) methodologies. These two techniques are not directly interchangeable and the measured drug level depends on the methodology used. Reference ranges are different for the two methodologies. Generally CLIA has a positive bias as compared with LC-MS/MS due to cross reacting antibodies with the drug metabolites.

Comments

LC-MS/MS is considered the most sensitive, specific and precise technology for monitoring immunosuppressants. Therapeutic drug monitoring (TDM) is commonly used to help maintain drug levelt within the concentration range in which the drug exerts its clinical effect with minimal adverse reactions

Dr Lal PathLabs

Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC063389

Name	: RECIPIENT YASH RAJ		
Lab No.	: 481794855	**Age**	: 5 Years
Ref By	: Dr. NITA RADHA KRISHAN	**Gender**	: Male
Collected	: 28/6/2025 8:35:00AM	**Reported**	: 28/6/2025 6:27:21PM
A/c Status	: P	**Report Status**	: Final
Collected at	: PSC-NOIDA Shop No-103,Jaipuria Plaza,Sector-26 Noi da-UP-201301 NOIDA	**Processed at**	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted •All test results are dependent on the quality of the sample received by the Laboratory •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting •Test results may show interlaboratory variations •This Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s) •Test results are not valid for medico legal purposes •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor •The report does not need physical signature

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050 Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FSO0411) & ISO 27001:2013 (616691) Certified laboratory.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com

Plan: -

Yash Raj

1) To Continue chemotherapy → and assess response
2) HLA typing (High resolution) typing for – Patient, brother, father
3) DSA class I & II.
4) Funding to mobilize → Parents counselled.
5) R/v – 05.11.2024

(Anu)

05/Nov/24
Wt - 13 Kg

Yash Raj

To meet Ankriti first
1-) child Adhar card
2-) father/mother Adhar card
3-) Ration card copy
4-) Income certificate (40,000/-)
(आय प्रमाण पत्र)
(yearly)

Ankriti
13/9/24

On Rx at TMC Varanasi
CML Blast Crisis (Myeloid)
DSA class I, II Neg.
Bihar Resident

Adv
① Meet BMT Coordinator.
1) (Trace funding status) 2) Ayushman status check
② Continue Rx at TMC
Can consider 1 cycle HiDAC / similar intensity chemo → MRD neg. d/s to be aimed for prior to HSCT.
③ R/A 1 month
10/12/24

POST GRADUATE INSTITUTE OF CHILD HEALTH
बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान
Sector-30, Noida, G.B. Nagar (U.P.) सैक्टर-30, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.ssphpgtinoida.ac.in
An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Name Yash Raj Age/Sex 5 yrs/M Regn. No.

13.09.24 (H) New

5 year | male. Private visit

- Symptomatic since June 2024 → limb pain
- CBC showed - Elevated TLC - 60,000
  P. smear - Blast cell (mpo negative)

↓

Bone marrow (27.06.24)

- 68% blast.
- Flow cytometry - Acute myeloid leukemia - minimally differentiation.
- Cytogenetics → t(9:22) → Δ - CML-BC (myeloid)
- NGS → BCR-Abl (p210) transcript
  → GATA 2 mutation

↓

started on oral Dasatinib, & topeside, 6-mercaptopurine -

↓

[- 2 months of OMCT. → Response (+)
- Hematological.

HLA typing (Low resolution) →
- Brother - 08/10.
- mother - 05/10
- father - 07/10.

Referred for planning HSCT.
Parents counselled in detail regarding pros & cons of Haploidentical HSCT.

Comorbidities
- Hypothyroidism
- Hypertension

ऑनलाइन फीडबैक फार्म स्कैन करें और भरें।

Name	: MasterYASH RAJCK-194565	Centre Details	:CANKIDS
Age	: 5 Yrs Sex: Male	Accession ID	:OQG2505230101
Collection Date	: 22/May/2025 12:00AM	Referred By	:DR NITA RADHA KRISHNAN
Received Date	: 23/May/2025 08:29AM	Report Date	:28/May/2025 01:46PM
Registration Date	: 23/May/2025	Ref.No/TRF.No	: /

DEPARTMENT OF MOLECULAR DIAGNOSTICS-I

IS BCR-ABL Quantitation

IS *BCR::ABL1* Translocation Assay
Quantitative Real Time RT-PCR

Specimen type: EDTA P Blood/ Bone Marrow

Result				
Translocation *BCR::ABL1*	*ABL1* transcript copy number	*BCR::ABL1* transcript copy number	Conversion Factor IS	*BCR::ABL1/ABL1* (% IS)
t(9:22)(q34:q11)	44,284	No Signal	0.735	Not Detected

Analytical Sensitivity (Limit of Detection) of the Assay is 0.0032%

Genomic Breakpoint Detected: None

Note: This test is intended to evaluate the level of p210, p190 and p230 fusion forms, whereas IS value is calculated only for p210 fusion form.

Methodology:

1. RNA was extracted from bone marrow or peripheral blood samples and used in a quantitative reverse-transcription polymerase chain reaction (RT-PCR) to measure the quantity of *BCR::ABL1* fusion transcripts and endogenous *ABL1* control gene respectively, to generate a normalized copy number (%). Minimum copy number of *ABL1* transcript, which serves as the Internal control, should be at least 30,000.
2. International scale conversion was done using a secondary calibrator traceable to NIBSC WHO certified primary reference material (International Genetic Reference Panel for the quantification of *BCR::ABL1* translocation by RQPCR).

Interpretive Information:

In the vast majority of CML patients, and in up to 30% of Philadelphia chromosome-positive precursor B-ALL, the breakpoint o chromosome 22 is located between exons 12 and 16 (b1 to b5) of the *BCR* gene, in the major breakpoint cluster region (Mbcr). The two most common M-bcr transcription products e13a2 (b2a2) and e14a2 (b3a2) gives rise to the *BCR::ABL1* chimeric protein p210, a deregulated tyrosine kinase. This test is intended to evaluate the level of molecular response in patients known to carry the p210, p190 and p230 fusion forms, whereas IS value is calculated only for p210 fusion form.The test should not be used for initial diagnosis of *BCR::ABL1* fusion transcripts as it does not detect all *BCR::ABL1* fusion forms.

Using standard guidelines of ELN, the patients can be categorized as those showing optimal or sub-optimal response and failure of therapy. According to laboratory recommendations, developed as part of the European Treatment and Outcome Study for CML (EUTOS), deeper levels of molecular response corresponding to 4 log reduction (MR^4), 4.5 log reduction ($MR^{4.5}$) and 5 log reduction (MR^5) may also be defined.

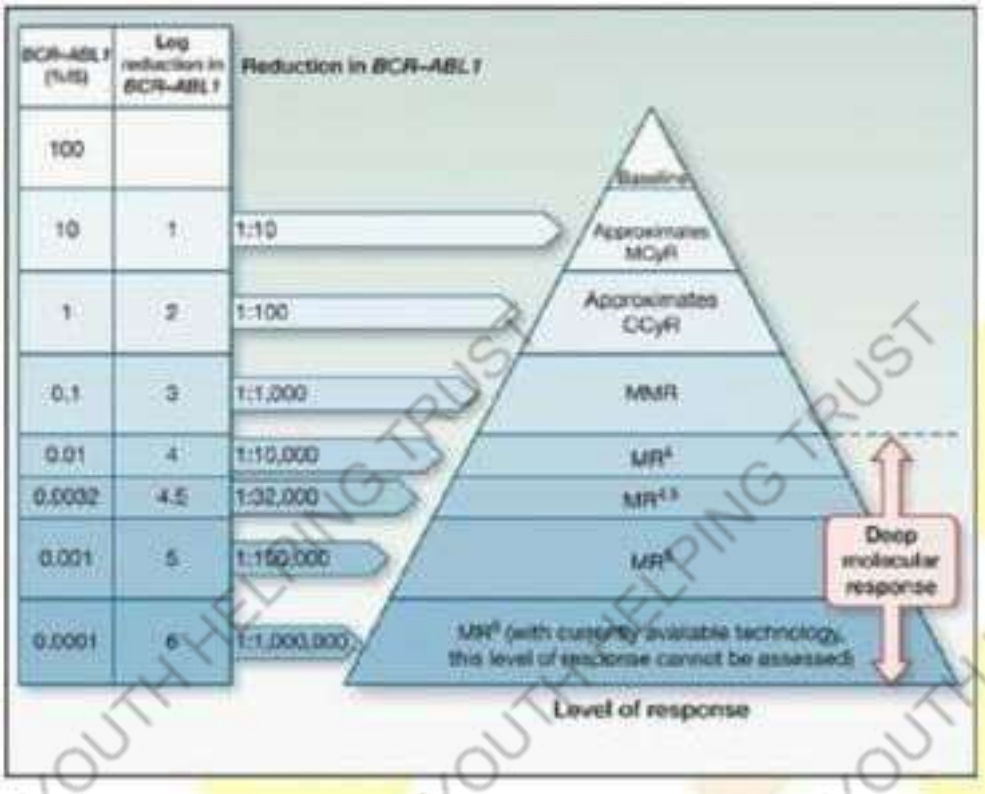
Dr. Vinay Bhatia
Ph.D.
Head- Molecular Biology and Genomics

Dr. Shruti Ahlawat
MD, D.N.B (P
Head- Nu
HMC M

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at Oncquest Laboratories Ltd.; A-17 Infocity, Sector-14, Gurugram

Name	: MasterYASH RAJCK-104565	Centre Details	:CANKIDS
Age	: 5 Yrs Sex: Male	Accession ID	:OQG2505230101
Collection Date	: 22/May/2025 12:00AM	Referred By	:DR NITA RADHA KRISHNAN
Received Date	: 23/May/2025 08:29AM	Report Date	:28/May/2025 01:46PM
Registration Date	: 23/May/2025	Ref.No/TRF.No	: /

DEPARTMENT OF MOLECULAR DIAGNOSTICS-I



Clinical Utility:

The quantitative *BCR::ABL1* RNA assay is intended to monitor the level of minimal residual disease in TKI-treated Philadelphia chromosome positive leukemia's (CML or ALL). High or rising *BCR::ABL1* RNA levels have been shown to increase the risk of leukemic relapse and drug-resistance mutations during TKI therapy. The failure to achieve a "major molecular response", a 3- log drop in *BCR::ABL1*, defined as 0.1% on the *BCR::ABL1* RNA PCR international scale (IS), is the consensus definition of a "sub-optimal" treatment that requires an alternative treatment approach.

Dr. Vinay Bhatia
Ph.D.
Head- Molecular Biology and Genomics

Dr. Shivali Ahlawat
MD, D.N.B (Path)
Head- National Reference Lab
NABL MC-No:

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at Oncquest Laboratories Ltd.: A-17 Infocity, Sector-34, Gurugram

Name	: MasterYASH RAJCK-104565	Centre Details	:CANKIDS
Age	: 5 Yrs Sex: Male	Accession ID	:OQG250523010T
Collection Date	: 22/May/2025 12:00AM	Referred By	:DR NITA RADHA KRISHNAN
Received Date	: 23/May/2025 08:29AM	Report Date	:28/May/2025 01:46PM
Registration Date	: 23/May/2025	Ref.No/TRF.No	: /

DEPARTMENT OF MOLECULAR DIAGNOSTICS-I

Time	Optimal Response	Warning/ Suboptimal	Failure
Baseline	*BCR::ABL1*^{IS} ≤100%	High Risk: CCA/Ph+	
3 mos.	*BCR::ABL1*^{IS} ≤10% OR MCyR	*BCR::ABL1*^{IS} >10%	No CHR
6 mos.	*BCR::ABL1*^{IS} <1% OR CCyR	*BCR::ABL1*^{IS} 1-10%	*BCR::ABL1*^{IS} >10%
12 mos.	*BCR::ABL1*^{IS} ≤0.1% OR MMR	*BCR::ABL1*^{IS} 0.1-1%	*BCR::ABL1*^{IS} >1%
At any time	MMR or Deep Molecular Response	CCA/Ph-(-7, or 7q-)	Loss of CHR, CCyR, MMR, Mutations, CCA/Ph+

The result of this test should be interpreted in correlation with clinical and hematological parameters.

Test Attributes and Limitations:
Analytical Sensitivity (Limit of Detection) of the Assay is 0.0032%. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.
PCR is a highly sensitive technique: reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

References:

1. Foroni L, Wilson G et al. Br J Haematol (2011) Apr 153(2): 179-190
2. Baccarani M, Castagnetti F et al. Ann. Hematol (2015) Apr 94(Suppl) 2:141-147
3. Cross NC, White HE et al. Leukemia (2015) May 29(5): 999-1003

Note: *This Test has been validated at Oncquest Laboratories Ltd.*

*** End Of Report ***

Dr. Vinay Bhalla
Ph.D.
Head- Molecular Biology and Genomics

Dr. Shivali Ahlawat
MD, D.N.B (Path)
Head- National Reference Lab
NABL RC- No.: 17938

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at Oncquest Laboratories Ltd.; A-17 Infocity, Sector-34, Gurugram

Laboratory Report

CONFIDENTIAL

InfeXn™ LABORATORIES
—Infectious Disease Reference Lab—

Patient Id	: 07021254051814	**Visit ID**	: TH560815 020725	**Sample Collection**	: 01/07/2025 17:00:33
Name	: YASH RAJ	**Age/Sex**	: 5 Yrs. / M	**Sample Received**	: 02/07/2025 12:50:33
Ref. By	: DR. NITA RADHAKRISHNAN	**Client Code**	: IC02647	**Report Released**	: 02/07/2025 21:46:42
Client Name	: PGICH HOSPITAL NOIDA				

Mini transplant reflex panel

Sample Type : Whole Blood
Method : RT PCR

Test Description	Result (copies/ml)
Cytomegalovirus	Not Detected
Epstein-barr virus	Not Detected
Adenovirus	Not Detected

Interpretation:

- A Numerical value will be reported with quantification expressed in copies/ml. It indicates degree of active CMV,EBV,Adeno viral replication in the patient.
- A 'Below 10 copies/ml' result indicates that CMV,EBV,Adeno DNA level is below the lower limit of quantification of this assay.
- A 'More than 2*10^9 copies/ml' result indicates that CMV,EBV,Adeno DNA level is above the higher quantification limit of this assay.
- A 'Target Not Detected' result indicates CMV,EBV,Adeno DNA is not detected from the patient's specimen by this assay.

Tests marked with * are not under NABL scope.

End Of Report

Dr. Mukti Dave
MD , Microbiology

Certificate No. MC-2580
NABL Accredited Laboratory

NEF Approved Laboratory

Dr. Sonal Bangde
MD , Microbiology

3

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

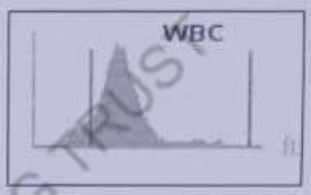
Name : YASH RAJ 5 Y
Birth Date :
Doctor : DR NITA
Comments : CBC

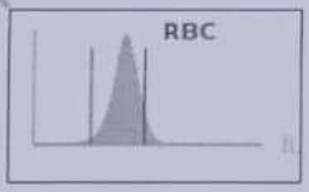
Gender : M

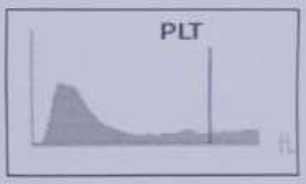
Patient ID : BMT- 3715
Sample ID : AUTO_32912
Mode : DIF WB Group : DEFAULT
EDITED

Operator ID : MYTHIC70 Date : 03/07/2025 06:27 Rack/Pos. :010203 Seq# : 35942

	Results	Flags	Units	Normal Limits
WBC	1.2	L	x10³/µL	4.0 / 12.0
LYM%	86.8	H	%	25.0 / 50.0
MON%	8.3		%	2.0 / 10.0
NEU%	4.3	L	%	50.0 / 80.0
EOS%	0.0		%	0.0 / 5.0
BAS%	0.6		%	0.0 / 2.0
ALY%	6.3		%	0.0 / 100.0
IMM%	2.8		%	0.0 / 100.0
LYM#	1.0		x10³/µL	1.0 / 5.0
MON#	0.1		x10³/µL	0.1 / 1.0
NEU#	0.1	L	x10³/µL	2.0 / 8.0
EOS#	0.0		x10³/µL	0.0 / 0.4
BAS#	0.0		x10³/µL	0.0 / 0.2
ALY#	0.1		x10³/µL	0.0 / 150.0
IMM#	0.0		x10³/µL	0.0 / 150.0
RBC	2.38	L	x10⁶/µL	4.00 / 6.20
HGB	8.1	L	g/dL	11.0 / 17.0
HCT	23.8	L	%	35.0 / 55.0
MCV	100.0		fL	80.0 / 100.0
MCH	34.0		pg	26.0 / 34.0
MCHC	34.0		g/dL	31.0 / 35.5
RDW-CV	10.2		%	10.0 / 16.0
RDW-SD	49.7	h	fL	37.0 / 47.8
PLT	*65*	*!L*	x10³/µL	150 / 400
MPV	*10.9*	*/*	fL	7.0 / 11.0
PCT	*0.071*	*!L*	%	0.200 / 0.500
PDW	*11.0*	*/*	%	10.0 / 18.0
PLCR	*28.2*	*/*	%	12.0 / 42.0
PLCC	*18*	*/*	x10³/µL	13 / 129







Pathology Information :

Pathology Remarks :

SIGN & SEAL

PRINTED ON : 03/07/2025 06:28 BY : MYTHIC70 SERIAL NUMBER : 710923-000056
CYCLE : N ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only BIOLO/ADMIN SOFT VERSION: V0.5.1-001

POST GRADUATE INSTITUTE OF CHILD HEALTH, SECTOR – 30, NOIDA

DEPARTMENT OF MICROBIOLOGY
REPORTING FORM

Micro lab ID RTCMV 103/19
Date 30/5/25

Patient Name: YASH Raj Age/Sex 5y/M Mobile No 9548474539
CR No / UHID No: 2400393725 OPD/IPD IPD Department PHO
Referring Facility: PGICH Noida Referred by DR. NITA
Specimen sent: Serum Date of Specimen Collection 30/5/25

Real time PCR for CYTOMEGALOVIRUS (CMV) DNA Quantitative Test

Test Name	Result	Viral Load IU / ml	Copies / ml
CYTOMEGALOVIRUS (CMV) PCR, QUANTITATIVE	Detected / ~~Not Detected~~	995	2786

INTERPRETATION:

RESULT in IU/mL	COMMENTS
Target not detected	Sample provided does not contain CMV DNA
<150	CMV DNA detected, but below the lower limit of linear range of the assay. These results should be interpreted with caution
>150 to 10,000,000	CMV DNA detected within the linear range of the assay
>= 10,000,000	CMV DNA detected above the linear range of the assay
Indeterminate	Presence of inhibitors in the sample

Note:
1. All Indeterminate results should be retested
2. The linear range of the assay is 150-10,000,000 copies / mL
3. Conversion factor: 1 copy / mL = 0.91 IU / mL
4. Test conducted on Plasma/ Serum/ whole blood/ Tissue/ Urine/ CSF
5. This assay is not intended for use as a screening test for the presence of CMV in blood or blood products or as a diagnostic test to confirm the presence of CMV infection

Comments

Cytomegalovirus (CMV) formally designated as Human Herpes Virus 5 (HHV-5) belongs to the family Herpesviridae. It has a worldwide distribution and infects humans of all ages with no seasonal or epidemic patterns of transmission. Seroprevalence of CMV increases with age ranging from 40-100%; highest being among lower socioeconomic groups. The infections can be congenital, perinatal or postnatal. CMV is the most common intra-uterine infection detected in 0.2-2.5% newborn infants. CMV infection in transplant recipients has been associated with delayed or failed graft, increased incidence of graft versus host disease and increased risk of graft rejection. It is recommended to screen organ donors for asymptomatic CMV infection.

Uses

- In the diagnosis and monitoring of CMV infections
- Continued surveillance of immunocompromised patients

31/5/25 02/06/25 02/06/2025

DATE | TECHNICIAN | MOLECULAR BIOLOGIST | MICROBIOLOGIST

This report is for the perusal of doctor only. Not for medico legal cases. Clinical correlation is essential. Please contact us in case of unexpected result

M/s Super Speciality Paediatric Hospital & Post Graduate Teaching Hospital (Blood Centre), Noida

Sec-30, Noida,Gautam Bhudh Nagar, Uttar Pradesh, 1202453951

Blood Group Report

Date & Time : 02/Jun/2025 11:58 AM

Patient Name : LAL BABU PANDIT .
IP No. :

Patient ID : 981162500217485
Age : 35 Year **Gender** : Male

Ward /Bed No. :
Sample ID : PGI25-R03101

Sample : EDTA

Method : Conventional Test Tube (CTT)

Blood Group : A Rh Positive

Inference : It may please be noted that in newborns (up to the age of 4 months) blood grouping is done only by forward grouping technique as well as the reagent antibodies are known to produce weaker reactions with red cells at this age. Also, anti A and anti B produced by the infant can generally be detected after 4 months of life.

Remark :

Tested By : Ajeet

Verified By : Dr. Akshay

PFOT1000

TATA MEMORIAL CENTRE

ADVANCED CENTRE FOR TREATMENT, RESEARCH & EDUCATION IN CANCER (ACTREC)

Kharghar, Navi Mumbai - 410 210. Tel.: +91 - 22 - 2740 5000 Fax : +91-22-2740 5085 E-mail : mail@actrec.gov.in

HLA Typing

CaseNo. 19F2024/003077 **Requisition No.** NZZHT24000188 **LabNo.** NGS24P-000184 **DMG** DMG - PAED HEM-LYMPH

Patient Name Mastr YASH RAJ **Age** 5 **Gender** M **Sample Type** BLOOD

Gene	A*	B*	C*	DRB1*	DQB1*	DPB1*
Allele1	01:01:01:01	40:06:01:02	15:02:01:01	15:01:01:01	06:01:01:01	02:01:02:01
Allele2	24:02:01:01	40:06:01:02	15:02:01:01	15:02:01:02	06:01:01:01	02:01:02:03

Date 18/09/2024 **Collection Date** 24/09/2024 **Received Date** 30/09/2024 **Save Date** 03/10/2024 **Commit Date** 07/10/2024

Time 12:28:57 **Collection Time** 12:11:41 **Received Time** 09:47:44 **Save Time** 16:36:03 **Commit Time** 17:25:53

Method Next Generation Sequencing (Illumina MiniSeq)

Null Allele Resolution Status NA

Comments The assay was conducted by sequencing full gene for Class I and Exon 2,3 and 4 for HLA Class II.

Note

Allele Database Version IMGT/HLA 3.55.0

Disclaimer The report relates only to sample submitted. This is a technical report and not a medical diagnostic report. This report needs to be correlated with other clinical findings.

Entered By
MS. JYOTI R. RAJAK
SCIENTIFIC ASST B

Committed by
DR. MEENAKSHI [illegible]
ASSISTANT PROFESSOR, SCIENTIFIC OFFICER E & DEPARTMENT OF IMMUNOLOGY & IMMUNOGENETICS

TRANSPLANT IMMUNOLOGY & IMMUNO GENETICS

Government of India

नामांकन क्रम / Enrollment No. : 0169/23029/17352

To
Lalbabu Pandit
लालबाबू पंडीत
S/O: Chandeshwar Pandit
pirapur chak
Pirapur
Pirapur,Bandra,Muzaffarpur,
Bihar - 843115
8873753008

21/02/2015

91010472

KA910104720FH

आपका आधार क्रमांक / Your Aadhaar No. :

6068 [redacted]

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

लालबाबू पंडीत
Lalbabu Pandit
जन्म तिथि / DOB: 20/03/1989
पुरुष / Male

6068 [redacted]

मेरा आधार, मेरी पहचान

नामांकन क्रम / Enrollment No.:

To
पवन कुमारी
Pawan Kumari
W/O Lal Babu Pandit
pirapur chak
Pirapur
Pirapur
Bandra Muzaffarpur
Bihar 843115
8873753008

27/04/2015

94073626

MD940736265FH

आपका आधार क्रमांक / Your Aadhaar No. :

2897 [redacted]

मेरा आधार, मेरी पहचान

भारत सरकार

Government of India

पवन कुमारी
Pawan Kumari
जन्म तिथि / DOB : 05/02/1998
महिला / Female

2897 [redacted]

मेरा आधार, मेरी पहचान