



Care
For
Happiness



VERIFIED





अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



रुग्ण विभाग UHID: 108874299



Dept No: 20250240141953

Clinic No: 2025/HO/9508

बहुसहेब कुमार / BABUSAHEB KUMAR

S/O AWADHESH YADAV
 8Y 4M 3D / M (पुरुष)

WARD NO 11, POST-SHIVRAJPUR,
 CHAUBE TOLA, WEST CHAMPARAN,
 Ph: 9006518531 General Rs. 0
 Follow Up Patient

कमरा / Room C-50B
 Queue / संख्या F15
 Unit-I. HO CLINIC.

रोगी Monday



Reporting: 01:44:51
 16/02/2026

OPR-6

करोड़ोंको संकीर्ण सं./O.P.D. Regn. No. _____

अयु / Age	पता / Address

निदान / Diagnosis

दिनांक / Date

22

16-2-26

उपचार / Treatment

Ph-ve / CD20-ve Pre B ALL
 EoI < CR
 MRD-ve

on standard Risk ALL
 on consolidation

R/A 3rd c
 - CBC/LFT/RET/LDH
 femitin / TIBC / B12 / FA

To continue consolidation

Plan: EoC BM + IPT studies from day care / C2 was
 Capizzi vs HDMyx Tab hanzl JE 15mg od

R/A EoC BM + IPT studies

X 300

DR SANDEY SAMRADI
 Senior Resident
 Dept of Clinical Hematology
 AIIMS, Delhi-110029
 MCI-134795



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)





रूधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

कमरा नं० 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ.सं., नई दिल्ली-110029
Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babus ahob Karmar Age/Sex 9y/M Date _____
Hospital UHD. No. 108674299 Lab No. _____
Referring Doctor _____ Ward/OPD/Clinic HDC

Clinical Summary B ALL CNS 1, CT6 46x7
NGS PTPN11 (VAF 5.6%)
ETV / RUNX1 fusion
No. of Blood transfusion < PRBC PRP Date of last BT : < PRBC PRP
Examination findings was on BFM Pediatric
Fever standard risk
Jaundice protocol from
Spleen (9/12/25)
Sternal tenderness

Others _____

Provisional Clinical Diagnosis End of induction BMAI

Radiological Findings _____

Other investigations Bmbx / IPT MRD

Treatment History MRD 13/1/26 3936 TPI => 464 MRD

Recent Hemogram Haemoglobin 9-6 T.L.C. 4000 Platelets 200

Previous Bone Marrow 203NPW

203NPW
डॉ. युकीम डोंग
Dr. YUKIM DONG
रूधिर विज्ञान विभाग / Senior Resident
Dept. of Hematology
अ.भा.आ.सं., नई दिल्ली / AIIMS, New Delhi-22

Signature
Name of Doctor
Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. BM Slides without PS will not be accepted.

115 B
31/10/25
11-14953/25

अं भां आं संं अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल को अन्दर घूमना मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रुधिर विभाग UHID: 108674299
Queue/संख्या N28
Unit-I, Hematology Screening OPD.

OPR-6
HO-9508/25

दि० पंजीकृत सं०/O.P.D. Regn. No.

आयु/पता/Address
Age Monday 1:30 PM

रुधिर विभाग
नरुसह कुमार / BABUSAHEB KUMAR

S/O ANVADHESH YADAV
BY OM DD / M(पुरुष)
WARD NO 11, POST-SHIVRAJPUR,
CHAUBE TOLA, WEST CHAMPARAN,
Ph: 9006518531 General Rs. 0
New Patient

सोम, बुध, शुक्र.

Reporting: 08.50.28
13/10/2025

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
54/B	<p>Anti Leuk make me cut for sm</p> <p>B-10-2025</p> <p>S/B Hemat SR.</p> <p>BMA + BMBx + ZPT + CTG + Gs.</p> <p>Plenty of fluids orally transfusion support to keep: Hb > 8 gms PLT > 20,000</p> <p>T. Febuxostat 20 mg po BD 7 days</p>

डॉ. रक्षित वल्लभभाई
Dr. RAKSHIT VALLABHBAI
वरिष्ठ रेजिडेंट / Senior Resident
रुधिर विभाग/Dept. of Hematology
अथाआसं, नई दिल्ली/A.I.I.M.S., New Delhi-29



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
(24 hrs service)





रुधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

कक्षा नं० 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ.सं., नई दिल्ली-110029
Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babusahab Kumar Age/Sex 8y/M Date _____
Hospital UHID. No. 108674299 Lab No. _____
Referring Doctor _____ Ward/OPD/Clinic HDC

Clinical Summary BALL CNB1, CTG 46x7
NGS PTPN11 (VAF 5.65%)
ETV / RUNX1 fusion
No. of Blood transfusion PRBC PRP Date of last BT: _____
Examination findings was on BFM Pediatric
Pallor Fever standard risk
Bleeding manifestations Jaundice protocol from
Liver Spleen (9/12/25)
Lymph nodes Sternal tenderness

Others _____

Provisional Clinical Diagnosis End of induction bMA1

Radiological Findings Bmbx / IPT MRD

Other Investigations _____

Treatment History _____

Recent Hemogram Haemoglobin 9.6 T.L.C. 4000 Platelets 200

Previous Bone Marrow _____

Signature
Name of Doctor
Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. BM Slides without PS will not be accepted.

Platelets

TLC _____

P _____ L _____ M _____ E _____ B _____

Immature leucocytes _____

Nucleated red cells

R.B.C. Morphology

Normocytic normochromic _____

Microcytic hypochromic _____

Macrocytic hypochromic _____

Anisocytosis _____

Poikilocytosis _____

RT No. 2
Room No. _____
HAEMOGRAM
Name _____

MARROW REPORT:

Quality of smear _____

Cellularity _____

ME Ratio _____

Myelogram _____

Blasts _____

Promyelocytes _____

Myelocytes _____

Metamyelocytes _____

Neutrophils _____

Lymphocytes _____

Monocytes _____

Eosinophils _____

Erythroid _____

Others _____

Parasite _____

FINAL REPORT:

NPO (10-12 hrs)

S photcopy.

Megakaryocytes _____

Erythroid cells _____

Special Stains _____

Signature of Senior Resident
Date

Signature of Consultant
Date

alls
B

रुधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY
Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029
HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babushab Kumar Age/Sex 8y/M Date _____
Hospital UHID. No. 108674299 Lab No. _____
Referring Doctor _____ Ward/OPD/Clinic HDC

Clinical Summary BALL CNS1, CTG 46x7
NGS PTPN11 (VAF 5.65%)
ETV / RUNX1 fusion
No. of Blood transfusion < PRBC PRP Date of last BT: < PRBC PRP
Examination findings was on BFM Pediatric
Fever standard risk
Pallor protocol from
Bleeding manifestations (9/12/25)
Liver Jaundice
Lymph nodes Spleen
Others Sternal tenderness

Provisional Clinical Diagnosis End of induction bMA

Radiological Findings Bmbx / IPT MRD

Other Investigations

Treatment History

Recent Hemogram Haemoglobin 9.6 T.L.C. 4000 Platelets 200

Previous Bone Marrow

डॉ. युकिम डोंग
Dr. YUKIM DONG
ज्येष्ठ विशेषज्ञ / Senior Resident
रुधिर विज्ञान विभाग / Dept of Hematology
अपराजक, नई दिल्ली / AIIMS, New Delhi-25

Signature
Name of Doctor
Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 40,30 A.M. on Saturdays. BM Slides without PS will not be accepted.

TLC _____ Platelets _____
 P _____ L _____ M _____ E _____ B _____
 Immature leucocytes _____ Nucleated red cells _____

R.B.C. Morphology
 Normocytic normochromic
 Microcytic hypochromic
 Macrocytic hypochromic

Anisocytosis
 Poikilocytosis

MARROW REPORT:

Quality of smear _____ Megakaryocytes _____
 Cellularity _____ Erythroid cells _____
ME Ratio _____ **Special Stains** _____
 Myelogram _____
 Blasts _____
 Promyelocytes _____
 Myelocytes _____
 Metamyelocytes _____
 Neutrophils _____
 Lymphocytes _____
 Monocytes _____
 Eosinophils _____
 Erythroid _____
 Others _____
 Parasite _____

NPO (10-12 hrs)
 S photcopy.

FINAL REPORT:

Signature of Senior Resident
 Date

Signature of Consultant
 Date



अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences
 अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences
 अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष / 26588500
 Phones / 26588700

रसीद संख्या / Receipt No.: APPOINTMENT SLIP
 जमाकर्ता / Received From: DEO SWSC (Follow-up) General ₹ 0.0
 ओ.पी.डी. / OPD / IHD No.: Appointment No. / Room No.:
 के नामे / ON ACCOUNT OF Reporting Time: 1.30 PM

Doctor Name	Dr. Manoranjan Mahapatra	Appointment Request date	14/02/2026
Name of Patient	MR BABUSAHEB KUMAR	Appointment No	2026021413231
Sex	Male	Age	8 years 4 months 1 day
Contact Details	Mobile: XXXXXXX531	Request Mode	counter
Queue No	F15		

Remarks:

Your IHD Is: 108674299.
 Your Clinic Number Is: 2025/HO/9508.

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।
 THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

TLC _____ Platelets _____
 P _____ L _____ M _____ E _____ B _____
 Immature leucocytes _____ Nucleated red cells _____

R.B.C. Morphology

- Normocytic normochromic
- Microcytic hypochromic
- Macrocytic hypochromic

- Anisocytosis
- Poikilocytosis

RT No 20
 Room No. 2
HAEMOGRAM

Name Babus
 Hos...

MARROW REPORT:

Quality of smear

Cellularity

ME Ratio

Myelogram

Blasts

Promyelocytes

Myelocytes

Metamyelocytes

Neutrophils

Lymphocytes

Monocytes

Eosinophils

Erythroid

Others

Parasite

FINAL REPORT:

Megakaryocytes

Erythroid cells

Special Stains

NPO (10-12 hrs)

S photcopy.

Signature of Senior Resident
 Date

Signature of Consultant
 Date

TLC _____ Platelets _____
 P _____ L _____ M _____ E _____ B _____
 Immature leucocytes _____ Nucleated red cells _____

R.B.C. Morphology

Normocytic normochromic
 Microcytic hypochromic
 Macrocytic hypochromic

Anisocytosis
 Poikilocytosis

MARROW REPORT:

Quality of smear
 Cellularity
ME Ratio
 Myelogram
 Blasts
 Promyelocytes
 Myelocytes
 Metamyelocytes
 Neutrophils
 Lymphocytes

Megakaryocytes
 Erythroid cells
Special Stains

Monocytes
 Eosinophils
 Erythroid
 Others
 Parasite

NPO (10-12 hrs)
 S photcopy.

FINAL REPORT:

Signature of Senior Resident
 Date

Signature of Consultant
 Date



अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences
 अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences
 अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष / 26588500
 Phones / 26588700

रसीद संख्या / Receipt No.: APPOINTMENT SLIP
 जमाकर्ता / Received From: DEO SWSC (Follow-up) General ₹ 0.0
 ओ.पी.डी. / OPD / IHD No.: Appointment No. / Room No.:
 के नामे / ON ACCOUNT OF Reporting Time: 1.30 PM

Doctor Name	Dr. Manoranjan Mahapatra	Appointment Request date	14/02/2026
Name of Patient	MR BABUSAHEB KUMAR	Appointment No	2026021413231
Sex	Male	Age	8 years 4 months 1 day
Contact Details	Mobile: XXXXXXX531	Request Mode	counter
Queue No	F15		

Remarks:

Your IHD Is: 108674299.
 Your Clinic Number Is: 2025/HO/9508.

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।
 THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

cells

B

रुधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

कक्षा नं० 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ.सं., नई दिल्ली-110029
Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babushree Kumar Age/Sex 3y 1M. Date _____
Hospital UHID. No. 108674299 Lab No. _____
Referring Doctor _____ Ward/OPD/Clinic H DCC

Clinical Summary

B ALL CN31, CT646x7

NGS PTPN11 (VAF 5.65%)

ETV / RUNX1 fusion

No. of Blood transfusion

< PRBC
PRP

Date of last BT :

< PRBC
PRP

Examination findings

was on BFM Pediatric

Pallor

Fever

standard risk

Bleeding manifestations

Jaundice

protocol from

Liver

Spleen

(9/12/18).

Lymph nodes

Sternal tenderness

Others

Provisional Clinical Diagnosis

End of induction BMA /

Radiological Findings

Bmbx / IPT MRD.

Other Investigations

Treatment History

Recent Hemogram

Haemoglobin

9-6

T.L.C.

4000

Platelets

200

Previous Bone Marrow

Signature

Name of Doctor

Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. B.M. Slides without PS will not be accepted.

ad cells

B

रुधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babu abeh Kumar Age/Sex 8y 1M Date Hospital UHID. No. 108674299 Lab No. Referring Doctor Ward/OPD/Clinic HDCC

Clinical Summary

B ALL CNG1, CT6 46x7

NGS PTPN11 (VAF 5.65%)

ETV / RUNX1 fusion

No. of Blood transfusion

PRBC PRP

Date of last BT:

PRBC PRP

Examination findings

was on BFM pediatric standard risk protocol from (9/12/15).

Pallor

Fever

Bleeding manifestations

Jaundice

Liver

Spleen

Lymph nodes

Sternal tenderness

Others

Provisional Clinical Diagnosis

End of induction bMA1

Radiological Findings

Bmbx / IPT MRD.

Other Investigations

Treatment History

Recent Hemogram

Haemoglobin

9.6

T.L.C.

4000 Platelets

200

Previous Bone Marrow

Dr. YUKIM DONG, Senior Resident, Dept. of Hematology, AIIMS, New Delhi-28

Signature, Name of Doctor, Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 40,30 A.M. on Saturdays. BM Slides without PS will not be accepted.