



Date -
Reg. No -



Registration Form

* Patient Full Name MASTER ZAIN
* Patient's Date of Birth 07/07/2015 Age 6 Yrs.
* Patient's Gender MALE
* Patient's Guardian Name MR. GAFFAR
* Relation With Child FATHER
* Parmanent Address H. 359, SUNDER NAGRI, NAND
NAGRI, NORTH EAST DELHI
Dist. DELHI Pin Code 110093 State DELHI
* Contact Number +91- [REDACTED]; +91 - [REDACTED]
* Patient's Family Background SWING MACHINE LABOUR
* Parent / Guardian Proof AADHAR Id No. [REDACTED]
* Hospital Name (where patient admitted) SAFDAR JUNG HOSPITAL
* Name of Department PAEDIATRICS
* Disease (patient suffering from) B-CELL ALL/SSPE
* Doctor's Name (who treated the patient) Dr. DR. ANITABH
* OPD Reg. No. 20000299044823150 Date 11/NOV/2021
* Approximate Treatment Cost 43200/-

[Signature]

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) MH0080/2021.....(Only Office Use)



Deputy office signature

Trustee signature with seal



To,

MISSION HOPP
Chief Functionary
New Delhi,

Name: Md. Zain

Age: 6yrs.

Father:

Mohammad
Gaffar.

Add: Nand Nagar
North East Delhi
Delhi

Respected Sir/Maam.

We have this child Zain, 6yrs old, male child
a case of B cell ALL (HR) on maintenance phase 2
methotrexate induced radiculopathy & TB sacroiliitis
& seizure disorder & CSF/serum quotient reference
for measles antibody positive. As treatment
option is Inosiplex 500mg TB. Kindly provide
Tab Inosiplex 500mg - for 3 months.
Dose: 4 tablets/day.

Thanking you
Dr. Ashra

ASHISHA VALECHA
Ashra Podiatric
Village: & Saketpura Hospital
New Delhi - 110029

Dr. Ashra
Village: & Saketpura Hospital
New Delhi - 110029

धूम्रपान व तम्बाकू सेवन दंडनीय अपराध है।

SMOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE.

सूत्र (चिरिवस-2)
S.H. (M.R.D. NO-2)

एम. सी. एवं सफदरजंग अस्पताल, नई दिल्ली Total No. of Pages
M. C. & SAFDARJANG HOSPITAL, NEW DELHI

राखिला और चुट्टी का सरास रिपोर्ट

Sig. of Sr. Resident

ADMISSION AND DISCH

MRD No. काट / Ward यूनिट / 1/10 CGHS Bed No
Name आयु लिंग / Age & Sex न. है / Civil Status
धर्म / Religion व्य. / Occupation
पति / Father's/Husband's Name आय / Income
हो. No. St. गाँव Vill. टेलीफोन / Tele. Res. Office
जिला / Town P.O. जिला / District राज्य / State
दि. और समय / Date of Admission & Time
सम्बन्धी / Next of Kin's Address
Local Address

UHID: 20210578180
ABSTRACT: 07/11/2021 04:47:49 PM
Patient MRD & CN Age: 7 Years 00M00
Sex: M00 00M0000
***** Address: RAJIV GANDHI
HOSPITAL DELHI, New Delhi, INDIA

IPD: 202170000



Page 1 of 1
Hospital Name
Date/Time of Admission
ICD-10/11
ICD-9-CM
ICD-10/11 Code

और समय
of Discharge

NOT
AYUSHMAN
BHARAT
BENEFICIARY

अस्पताल दिन
Hospital days

Diagnosis

(साफ अक्षरों में)
Diagnosis

कोड
ICD Code

न (साफ अक्षरों में)
Diagnosis or
ation
etters)

(साफ अक्षरों में)
Procedure
Letters)

रुखसत किया - जीवित
Discharged - Alive

मर गया
Died

शव परीक्षा
Autopsy

- डॉक्टर की सलाह से
with Medical Advice
- डॉक्टर की सलाह के विरुद्ध
LAMA
- सापेक्ष
Absconded

48 घंटे से कम
Under 48 hours

48 घंटे से अधिक
Over 48 hours

हाँ
Yes

नहीं
No

मरण (साफ अक्षरों में)
Death
k Letter)

I. प्रत्यक्ष कारण
DIRECT CAUSE

(अ) की वजह से अथवा (परिणामस्वरूप)
due to (or as a consequence of)
पूर्ववर्त कारण
ANTECEDENT CAUSES

(ब) की वजह से अथवा (परिणामस्वरूप)
due to (or as a consequence of)
(ग)

II. अन्य महत्वपूर्ण स्थिति
OTHER SIGNIFICANT CONDITIONS
मृत्यु की वजह से अथवा यह कारण जो
रोग की स्थिति से सम्बन्धित नहीं है।
Contributing to the death, but not related
to the disease or condition causing it

NOT FOR OFFICIAL PURPOSES
We do not process the documents to
prevent the documents from
being used for any purpose



RTPCR mp
Aug 10
with
Spaty

Shy b
F



INITIAL ASSESSMENT FORM PEDIATRIC EMERGENCY ROOM ER-2

Name	Md Zain		
Age/Gender	5yr / Male	Weight	23kg
S/O of	Md Cioffor		
Date/Time	7/11/21 @	MLC	
Informant	Mother	Y (N)	

Chief Complaints: 40 fever x 1 day

40 Nausea / vomit x 3 days

INITIAL EVALUATION (PAT)

KK/0 B Cell ALL + SSPE

CLASSIFICATION AFTER PAT



PRIMARY EVALUATION (ABCDE) ASSESSMENT PENTAGON

Airway	Breathing	Circulation
Open and stable:	RR 24/min (Effort: Normal) Poor/Increased Auscultation:	HR/PR 88/min CFT 2 sec BP 116/87 mmHg
Open but unstable:	Normal/Poor/Differential Added sounds:	Peripheral pulses: Good/poor Central pulses: Good/poor
Obstructed:	Stridor/wheeze/crackles SpO2 (room air) 98% on RA	Skin Temperature: Warm/cool ECG:
Disability		Exposure
GCS: Pupil Size: Reaction: <u>NSNR</u> Motor activity: Normal & symmetrical/Asymmetrical/posturing/Flaccidity/Seizure/EPS Blood sugar: 108 mg/dl	Temperature: 102°F Colour: Normal/pallor/cyanosis/mottled Any other skin lesions: Nil Petechiae/bleeding/rash/pustules/abscess/any other	

History of present illness: Pt was apparently alright when he developed 40 fever which was mild to moderate grade, not at all chills/rigors, not at all any diurnal variation. Pt is a KK/0 B-cell ALL + SSPE & was on therapy for the same. Child is now investigated was found to have Phrombocytopenia & leucopenia; hence admitting the pt as a suspected 40 Dengue.

CLINICAL EXAMINATION AND ASSESSMENT

General examination: General condition stable

- Pallor
- Cyanosis
- Clubbing
- Edema
- Jaundice

⊖

Systemic examination

RI Br Entry \ominus , no added sounds

CVS S₂ \ominus , no murmur

Abd soft, non distended no organomegaly

CNS conscious, Jans \ominus , RT Jelic \ominus , RT Jelic \ominus , RT Jelic \ominus , RT Jelic \ominus

RTN \ominus , Pupils \ominus , no clonus \ominus

INVESTIGATIONS

CBC, CRP, Bld \ominus , Urine \ominus , Urine \ominus

DIAGNOSIS

2nd Klelo & Cell ALL ± SSPE

UW-236

PLAN OF CARE

① ORS 1-1.5L/24hrs

② Add iv Piptaz 2.3gm TDS

iv Amikacin 173mg BD

③ Continue Tab Eptoin (1000) 1/4 tab 1/4 PO QD

Syb Levea (100mg/lml) 6.5ml PO BD

@ 5mg/4/ds

④ Continue Tab Isopinosin (500mg) 2tab -1tab -1tab

PO TDS

Tab Calcium (500mg) 1tab PO OD

⑤ Strictly monitor FP/OP Charby

REASSESSMENT AND OUTCOME

⑥ iv Pantop 25mg BD

⑦ iv Emset 4mg QDS

⑧ Tab PCM (500mg) 1/2 tab PO QDS

Abheut

Signature and Stamp of Doctor



MRN21-00343436

Date & Time: 07/11/21 06:07 AM

Dept: Triage / Casualty

Name: Master MO ZAIN

Sex: Male

Father/Husband Name: MO GAFFAR

Address: FNO 184 BUNDER NAGARI ND

Mobile No: +91-9854612371 (M) (PH)

Age: 5 Years

M.C. No: LHMNSI

U.P.I.D. / Regd. No:

Prescriber/Dept: Triage

REG UNIT

Regd. Name

Mo. Zain

Regd. Name / Regd. No.

F/S/W/H/D of

Regd. Sex

Regd. Age

Address

Prescriber/Dept

S/M

ER-2

Date

07/11/21

wt → 23

Temp → 99.6°

CRTA 20

BP → 120/80

Heckle - medium good

T - 102.6

ep. vomiting - multiple episode - wght

K/da Bcell AU / SSPE

Urofuor x 1 day (ret do)

Uro 100f

Uo urinin + multiple episode

Ha 2030
shika
→ No. Ag

9am
- sunset long i, v stat

- In. PM 230mg i, v sos

after temp

→ hem urin + hepat



भारत सरकार
GOVT. OF INDIA
वीएमएमसी एवं सफदरजंग अस्पताल, नई दिल्ली-110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)



UHID: 20200425658

CONSULTING ROOM NO : 239, TOKEN NO : 11
Clinic: Paediatrics
Days: SAT

EHR ID : 2006079961723126

OUT PATIENT RECORD
Re-visit

Name : MASTER, MOHD ZAIN

Department : Paediatrics

Dept No. : 2020/058/0038536

Date of Registration : 30-10-2021 09:37:17 AM

Unit : 6

Age : 5Y 10M 21D

Billing Type : General

Mobile No :

A/ress : NAND NGARL, DELHI

Patient Type: NON MLC

Fee : 0.0

Sex : M

S/O MD GAFFAR

Email :

Occupation : OTHER

Prepared by: Ms. SHALU DEO OPD

22-8 boy

B cell ALL/SEPS

ATCS fb
myofalomo

CD⁺ serum Rubrow
Measles IgG 2:03

Sept 22
MRI Again
diffusion restriction
in Rt cerebral hemisphere
and Lt basal ganglia

Plan repeat MRI brain
in January 2022



वर्तमान न्यायी मेडिकल कॉलेज
एच सफदरजंग अस्पताल Imosipen 500 mg
2-1-1 x 3ml

(3) CC xyg. Levera 6.5ml BD
(500mg/ml)

(4) CC T. eptoin 100 mg 1/4 hs

(5) T. Calcium 500 mg
1 OD

इसका उपयोग केवल तब ही करना है जब तक कि डॉक्टर के द्वारा निर्देशित न हो।
यदि आपको इस दवा का उपयोग करने में कोई समस्या हो तो कृपया डॉक्टर से संपर्क करें।
यदि आपको इस दवा का उपयोग करने में कोई समस्या हो तो कृपया डॉक्टर से संपर्क करें।
यदि आपको इस दवा का उपयोग करने में कोई समस्या हो तो कृपया डॉक्टर से संपर्क करें।

(6) Rev for dosage of SMP) MTx
on Monday 2:00 pm Paediatrics

Δ Assessment.

Fever / Arthritis / petechie / pallor } H/O Btx / MSM / e/LRTI (passive)

D/Ds

- ① JRA & MAS.
- ② Malignancy - Leukemia.
- ③ HLH
- ④ Brucellosis → report pending NCD.
- ? Chronic Malaria → Already given antimalarial
- ? Chronic Kala-azar

Plan Act

- Collect reports of Brucellosis
- Plan for Bone marrow → Malignant cells.

Petechie }
Pallor }

• Pediatric Casualty

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We have no access to this document
We have no access to this document~~

Decide on further follow up.

Hemogram → Decide on Btx. (Pre transf. sample if needed)

MPDA

Ped Oncology SK review

15/10/14



1

भारत सरकार
GOVT. OF INDIA

वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली-110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)



UHID: 20200425658

CONSULTING ROOM NO : 228, TOKEN NO : 14
Clinic: Pediatrics
Days: WED

EHR ID : 20000299044823150

OUT PATIENT RECORD
Re-visit

Name : MASTER, MOHD ZAIN
Department : Pediatrics
Dept No. : 2020/858/09/8556
Date of Registration : 03-11-2021 10:39:53 AM
Unit : 3
Age : 5Y 10M 25D
Billing Type : General
Mobile No :
Address : NAND NGARU, DELHI
Patient Type : NON MLC

Fee : 0.0
Sex : M
NOMD GAFFAR
Email :
Occupation : OTHER
Prepared by : Mrs RAVIKANT DED OPD

23 by

Child is care of
SSPE, case has
been discussed
with Dr. Achha Sehgal
(Ped. neurologist).
It has been advisable
to stop chemotherapy
so family has been
explained the same.



T. Inosiplex (500 mg)
2-1-1 x 3 months

→ Myp. Levera 6-5mg AD
(100mg/ml)

T. EpToin 1 1/2 HS
(100mg)

→ T. Calcium (500mg)
1AD

→ To repeat MRI Brain
in January 2022

Hgm cP/c

21w ses/after 2 weeks

Signature

संस्थागत (अधिकृत) रूप से जारी की गई, रोगियों के लिए आवश्यक सूचना
संस्थागत "जन स्वास्थ्य दिवस" के अंतर्गत-संयुक्त रूप से अधिकृत चिकित्सीय अधिकारियों द्वारा 25/04/2019 को तैयार की गई।
संस्थागत "जन स्वास्थ्य दिवस" के अंतर्गत-संयुक्त रूप से अधिकृत चिकित्सीय अधिकारियों द्वारा 25/04/2019 को तैयार की गई।
संस्थागत "जन स्वास्थ्य दिवस" के अंतर्गत-संयुक्त रूप से अधिकृत चिकित्सीय अधिकारियों द्वारा 25/04/2019 को तैयार की गई।
26707461 संस्थागत अधिकृत/अधिकृत-अधिकृत-अधिकृत (एनडी) रोगियों के अंतर्गत में, अंतर्गत में, 107 (एनडी) अंतर्गत-अधिकृत अंतर्गत, अंतर्गत में 26707114

1/10/2021

1/10/2021

IB maintenance

Patient name: MTO G...
Cycle number: 5
BSA

1/10/2021

Week			
Day 1	Tab 6 MP 60 mg/m ²	Oral MTX 20 mg/m ²	1/10/2021
Day 2	Tab 6 MP 60 mg/m ²		2/10
Day 3	Tab 6 MP 60 mg/m ²		3/10
Day 4	Tab 6 MP 60 mg/m ²		4/10
Day 5	Tab 6 MP 60 mg/m ²		5/10
Day 6	Tab 6 MP 60 mg/m ²		6/10
Day 7	Tab 6 MP 60 mg/m ²		7/10
Week			8/10
Day 8	Tab 6 MP 60 mg/m ²	Oral MTX 20 mg/m ²	9/10 - 1/1/21
Day 9	Tab 6 MP 60 mg/m ²		10/10
Day 10	Tab 6 MP 60 mg/m ²		11/10
Day 11	Tab 6 MP 60 mg/m ²		12/10
Day 12	Tab 6 MP 60 mg/m ²		13/10
Day 13	Tab 6 MP 60 mg/m ²		14/10
Day 14	Tab 6 MP 60 mg/m ²		15/10
Day 15	Tab 6 MP 60 mg/m ²		16/10
Day 16	Tab 6 MP 60 mg/m ²		17/10/2021 - 1/1/21
Day 17	Tab 6 MP 60 mg/m ²		18/10
Day 18	Tab 6 MP 60 mg/m ²		19/10
Day 19	Tab 6 MP 60 mg/m ²		20/10
Day 20	Tab 6 MP 60 mg/m ²		21/10
Day 21	Tab 6 MP 60 mg/m ²		22/10
Day 22	Tab 6 MP 60 mg/m ²	Oral MTX 20 mg/m ²	23/10
Day 23	Tab 6 MP 60 mg/m ²		24/10
Day 24	Tab 6 MP 60 mg/m ²		25/10
Day 25	Tab 6 MP 60 mg/m ²		26/10
Day 26	Tab 6 MP 60 mg/m ²		27/10
Day 27	Tab 6 MP 60 mg/m ²		30/10/2021
Day 28	Tab 6 MP 60 mg/m ²		
Week			
Day 29	Tab 6 MP 60 mg/m ²	Oral MTX 20 mg/m ²	
Day 30	Tab 6 MP 60 mg/m ²		
Day 31	Tab 6 MP 60 mg/m ²		
Day 32	Tab 6 MP 60 mg/m ²		
Day 33	Tab 6 MP 60 mg/m ²		
Day 34	Tab 6 MP 60 mg/m ²		
Day 35	Tab 6 MP 60 mg/m ²		
Week			
Day 36	Tab 6 MP 60 mg/m ²	Oral MTX 20 mg/m ²	
Day 37	Tab 6 MP 60 mg/m ²		
Day 38	Tab 6 MP 60 mg/m ²		
Day 39	Tab 6 MP 60 mg/m ²		
Day 40	Tab 6 MP 60 mg/m ²		
Day 41	Tab 6 MP 60 mg/m ²		
Day 42	Tab 6 MP 60 mg/m ²		
Week 32			

Page | 1

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This document is for information only

दिनांक 20/10/2021



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Rajesh Kapur
MD, DNB (Radio Diagnosis)

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

MAST. MOHD ZAIN, 6YRS / M

UID: 09.21.1041

22.09.2021

M.R. OF THE CRANIUM WITH CONTRAST

Axial T1, FLAIR & FSE T2 weighted scans of the brain were studied and these were correlated with coronal and sagittal FSE T2 weighted scans. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No adverse contrast reaction was noted till 30 minutes after the contrast injection.

Follow up case of B-Cell A.L.L., on chemotherapy with febrile neutropenia and seizures showing:

Hyperintensity on T2 and FLAIR images are seen in the grey and white matter of right anterior frontal, right posterior temporoparietal lobe, right occipital lobe and right basal ganglia.

Subtle hyperintensity is also seen in the grey and white matter of the left posterior temporal lobe. Diffusion is restricted. Differential diagnosis includes acute infarct, encephalitis and post ictal edema.

Cerebral and cerebellar parenchyma is otherwise unremarkable.

Bilateral thalami are normal in signal intensity.

The corpus callosum, sellar and suprasellar regions, and skull base are normal. No midline shift.

Brainstem is unremarkable. Skull base arteries demonstrate normal flow void.


Visualized portions of the orbits are unremarkable.

Mucosal thickening is seen in bilateral maxillary and ethmoid sinuses. Fluid / mucosal thickening is seen within bilateral mastoid air cells (?Mastoiditis).

IMPRESSION:

1. Hyperintensity in the grey and white matter of right anterior frontal, right posterior temporoparietal lobe, right occipital lobe and right basal ganglia.
2. Subtle hyperintensity in the grey and white matter of the left posterior temporal lobe. Differential diagnosis includes acute infarct, encephalitis and post ictal edema.

Clinical correlation and further appropriate workup is necessary


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be correlated with clinical picture.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG, PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)

Patient ID:	8298	DATE:	9/10/2021
Patient Name:	MD ZAIN	AGE/SEX:	6Y/M
REF BY:			

Technologist :: Raousmangani
 Diagnosis :: r/o epileptic abnormal discharge
 Notes :: Pt was cooperative and follows all verbal commands.

=====
 ::: EEG REPORT :::

EEG Obtained with 10-20 system of electrode application.
 Pt was awake during the recording.

INTERPRETATION

- Background activity in postero-central leads consist of theta activity 3-4Hz, 40-60mV, bilaterally symmetrical attenuating on eye opening.
- Electrode and movement artifacts noted in various places.
- Photic stimulation were contributory.
- Generalized slowing seen.

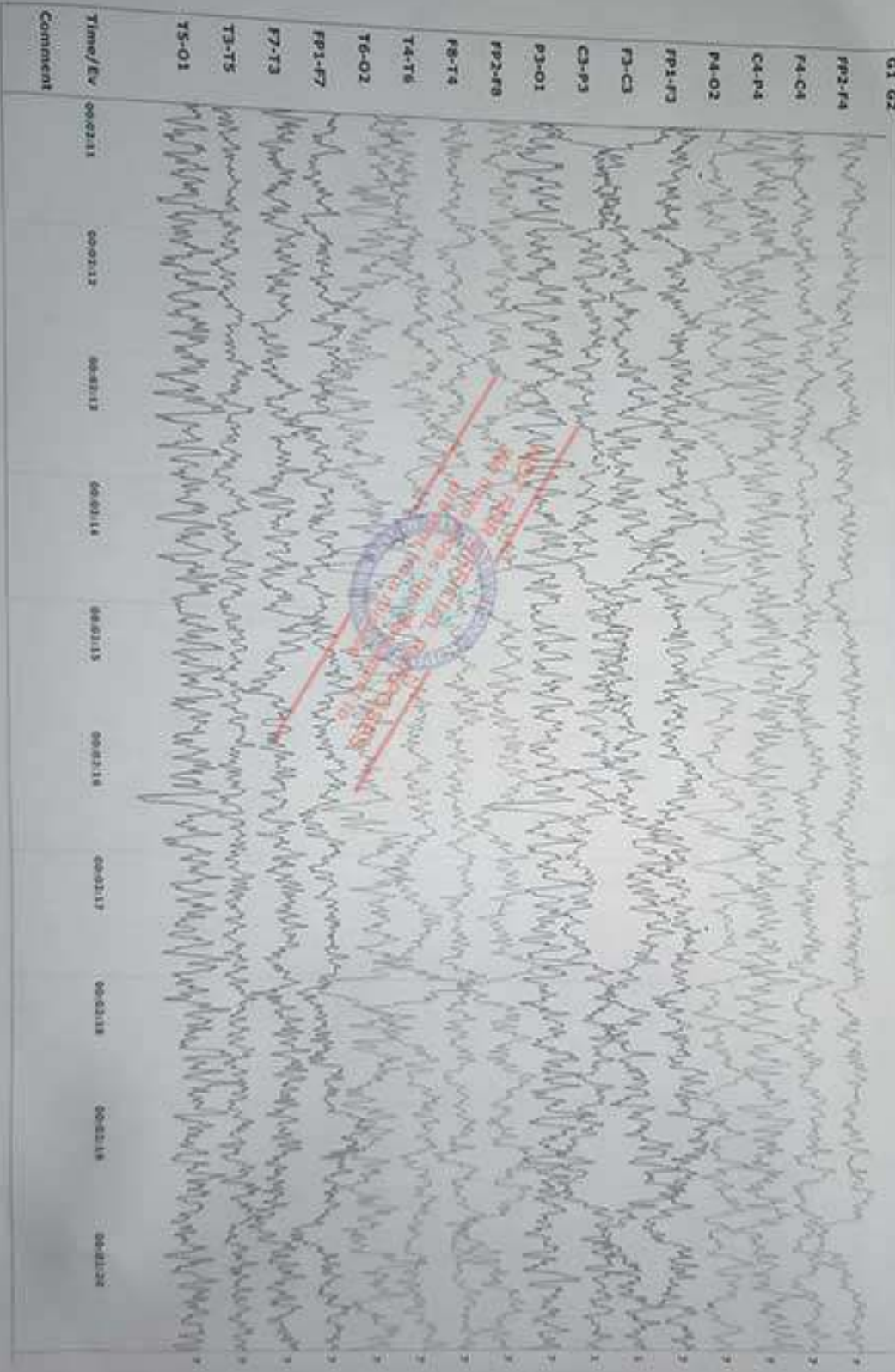
IMPRESSION

EEG suggestive of? Generalized slowing with electrode artefacts. Request repeat eeg. Please correlate clinically.

KL

DR KHUSHBU GOEL
 DM (NEUROLOGY-AIIMS)
 DMC NO-04445

Disclaimer: It is an interpretation of medical imaging/diagnostic based on clinical data. All modern machines/procedures have their own limitation. This is neither complete nor accurate; hence, findings should always be interpreted in the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico-legal purposes. Any typographical error should be informed and report sent for correction within 7 days.





Name:	Mst. ZAIN 36737	Client Details:	Cankids	
Age:	6 Yrs	Sex:	Male	Cankids (Heaven's office).
Ref. No.		Acc. ID:	4400210132483	
Regd. Dt:	25/09/2021	Refd. By:	SELF	
Coll. Dt. Tm:	25/09/2021 15:33:23	Report Dt. Tm:	28/09/2021 12:56:33	
Recd. Dt. Tm:	26/09/2021 12:01:37			

FLOW CYTOMETRY REPORT
Acute Leukemia Comprehensive Diagnosis

Table_FCM_Panel

Test not performed
Degenerated Sample
Received

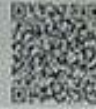
Interpretation of Observations

Test not performed
Degenerated Sample
Received

LOW CELL COUNT AND DEGENERATION



[Signature]
Dr. Shival Arora
M.D., D.N.B (Path)
Head Flow Cytometry and Hematology
DMC No-34353



Name: **MU. ZAIN 36737**
 Age: 6 Yes Sex: Male Client Details: Cankids
 Ref. No. Acc. ID: 4400210132483
 Recd. Dt: 25/09/2021 Refd. By: SELF
 Coll. Dt. Tm: 25/09/2021 15:33:23 Report Dt. Tm: 12/10/2021 18:01:34
 Recd. Dt. Tm: 26/09/2021 12:01:37

FLUID EXAMINATION

Test Name	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Rubeola (Measles) IgG

Investigation	Observed Value	Unit	Biological Reference Interval
CSF - Measles (Rubeola) -IgG antibody, by ELISA			
Serum IgG Measles (Serum)	220.5	Unit	See Interpretation
CSF IgG Measles (CSF)	165.6	Unit	See Interpretation
Serum Total IgG (Serum)	1131	Unit	760-1660
CSF Total IgG (CSF)	429	Unit	10-4
CSF/Serum Quotient reference (CSF)	POSITIVE (2.0)		CSF/Serum Normal: < 1.7 CSF/Serum abnormal: 1.7-1.8 CSF/Serum Positive: > 1.5

Medical Remarks: CONGELATE CLINICALLY

Test Interpretation:

- An intrathecal humoral immune response in most CNS infections are characterized by delayed oligoclonal or polyclonal response with IgG predominance given by memory B cells.
- In order to diagnose this intrathecal immunoglobulin synthesis, clear discrimination between blood derived & brain derived proteins in CSF is required & hence simultaneous estimation of 2 protein in the paired serum & CSF samples is necessary. The concept used in the assay to discriminate between blood-derived & CSF derived proteins is based on nonlinear (hyperbolic) 2 functional relationship as described by Raiber & Lange (1991), which takes into account the 2 Molecular flux, CSF flow rate, IgG Total & pathogen specific) & Albumin quotient across the Blood-Brain barrier.
- Measles specific IgG in serum (dilution 1:404) & CSF (dilution 1:2) is tested using Measles specific IgG ELISA kit having higher sensitivity (measuring range 5 to 100 U/ml) for which there are no established reference ranges. The results reported are further to be multiplied by the dilution factor as mentioned above followed by calculation of CSF/Serum Measles specific IgG quotient (Q IgG Measles specific).
- Total IgG in serum & CSF is tested separately by nephelometry & CSF/Serum IgG quotient (Q IgG) is calculated.
- CSF/Serum Quotient reference (CSFQ ref) is the ratio between CSF/serum Measles specific IgG quotient and CSF/serum Total IgG quotient or CSF/Serum albumin quotient is used for interpretation as mentioned in the reference interval.

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Amended reports (revised reports)

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Please correlate the test results with clinical history of the patient. Not for medico-legal purpose.



Name:	Mst. ZAIN 36737	Client Details:	Cankids
Age:	6 Yrs	Sex:	Male
Ref. No.			Cankids (Heavens office)
Regd. Dt.	25/09/2021	Acc. ID:	4400210132483
Coll. Dt. Tm:	25/09/2021 15:33:23	Refd. By:	SELF
Recd Dt. Tm	26/09/2021 12:01:37	Report Dt. Tm:	12/10/2021 18:01:14

CSF Serum Quotient reference (CSFQ ref) more than 1.5 is considered to be indicative of *Meninges* specific antibody production in CNS.
 6. Intrathecal immune responses are also noted with subacute(encephalopathy), acute(meningoencephalitis) inflammatory & chronic Autoimmune diseases, hence correlation with CSF cell counts, Clinical & Radiological findings is suggested for specific diagnosis.

Reference:
 1. Neuroimmunology: immunoglobulin and the intrathecal polyspecific immune response in acute, subacute and chronic immunological diseases Prof. H. Weiner (HCC vol 15 No 3)
 2. Guidelines on cerebrospinal fluid analysis. EFNS task force. E. Dimandjovic et al. European Journal of Neurology 2006

*** End of Report ***




 Dr Neha
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 MO Microbiology

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