
NO CARGAR LA PARTE SUPERIOR!
ATTENTION! VERY HEAVY! TOP HEAVY!
ATENCIÓN! MUY PESADO! PARTE SUPERIOR!

MISSION HOPP
An Effort Towards Changing

H.No.-203 , Gali No. -11
Geeta Colony , East Delhi
New Delhi - 110031

Date -

Reg. No -

Registration Form

* Patient Full Name ...MASTER VIRANSH VERMA.....
* Patient's Date of Birth 21/04/2017 Age 6 Yrs.
* Patient's Gender ...MALE.....
* Patient's Guardian Name ...KHUSHBOO.....
* Relation With Child ...MOTHER.....
* Parmanent Address ...VILL RANJHA AJHAT PUR, POST BENUPUR, MEHNAGAR,.....
Dist. ...AZAMGARH.....Pin Code 276204..... State U.P.
* Contact Number +91- ..... : +91 - .....
* Patient's Family Background ...DAILY WAGE LABOUR.....
* Parent / Guardian Proof ...AADHAAR..... Id No. Privacy Reason
* Hospital Name (where patient admitted) ...AIIMS HOSPITAL DELHI.....
* Name of Department ...ONCOLOGY DEPARTMENT - AIIMS.....
* Disease (patient suffering from) ...AML (BLOOD CANCER).....
* Doctor's Name (who treated the patient) Dr. ...SAMEER BAKSHI.....
* OPD Reg. No. UHID-10699868.. Date 22/09/2023....
* Approximate Treatment Cost ...3,00,000/-.....

- Khushboo Verma
(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) ...MH 0110/2024.....(Only Office Use)

Trustee signature with seal

011-45006398 support@missionhopp.org
https://missionhopp.org

CK 80798

(208)

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

...Institute Rotary Cancer Hospital

...I.M.S. HOSPITAL

OPR-6

...tient Department

...OHIBITED IN HOSPITAL PREMISES

DR. B.R.A. IRCH,AIIMS,NEW DELHI

IRCH No. 304810

Reg.Date-22/09/2023

Clinic: Bone Marrow Transplant Clinic

Clinic No. 2023/...

Deptt. MEDICAL ONCOLOGY

General

नाम

UHID-...

Name: VIRANSH VERMA

S/O: PAWAN VERMA

Phone No. ...

Sex/Age: M/17

Room: 7 (Shift Morning)

Address: VILL RAZAHA APNAPUR, AZAMGARH, DISTRICT AZAMGARH, UTTAR PRADESH, INDIA

बाह्य रोगी पंजीकृत सं०/O.P.D. Regn. No.

लिंग Sex | आयु Age | जन्म तिथि/Date of Birth

DAYCARE 1/2/3

Appointment Date 29/12/23 Time 7:30 am

MEDICAL ONCOLOGY, Dr B.R.A. IRCH, AIIMS

OK

निदान/Diagnosis: AML

दिनांक/Date	उपचार/Treatment
27/12/23	R: DAC #2
1.	Inj ARA-C in 100 NS
	d1 → 2.5g — 2g (28/12)
New pt - ward day care	d2 → 2.5g — 2g (29/12)
	d3 → 2.5g — 2g (30/12)
	Inj Zofer 4mg IV — Pre Chemo
DAYCARE 1/2/3 Appointment Date 30/12/23 Time OK 7:10 am MEDICAL ONCOLOGY Dr B.R.A. IRCH, AIIMS	T. Zofer 4mg —— d1–5 दो बार पांच दिन तक
4	Loxiden eye drop —— × 2 wk चार बार
DAYCARE 1/2/3 Appointment Date 1/1/24 Time 7:30 am MEDICAL ONCOLOGY Dr B.R.A. IRCH, AIIMS	TIT
	IT-MTX 12mg
DAYCARE 1/2/3 Appointment Date 2/1/24 Time ok 8 am MEDICAL ONCOLOGY Dr B.R.A. IRCH, AIIMS	IT-ARA-C 30mg
	IT-Hydrocort 15mg

Added on 05/01/24 @ 8 — कमरा – 15

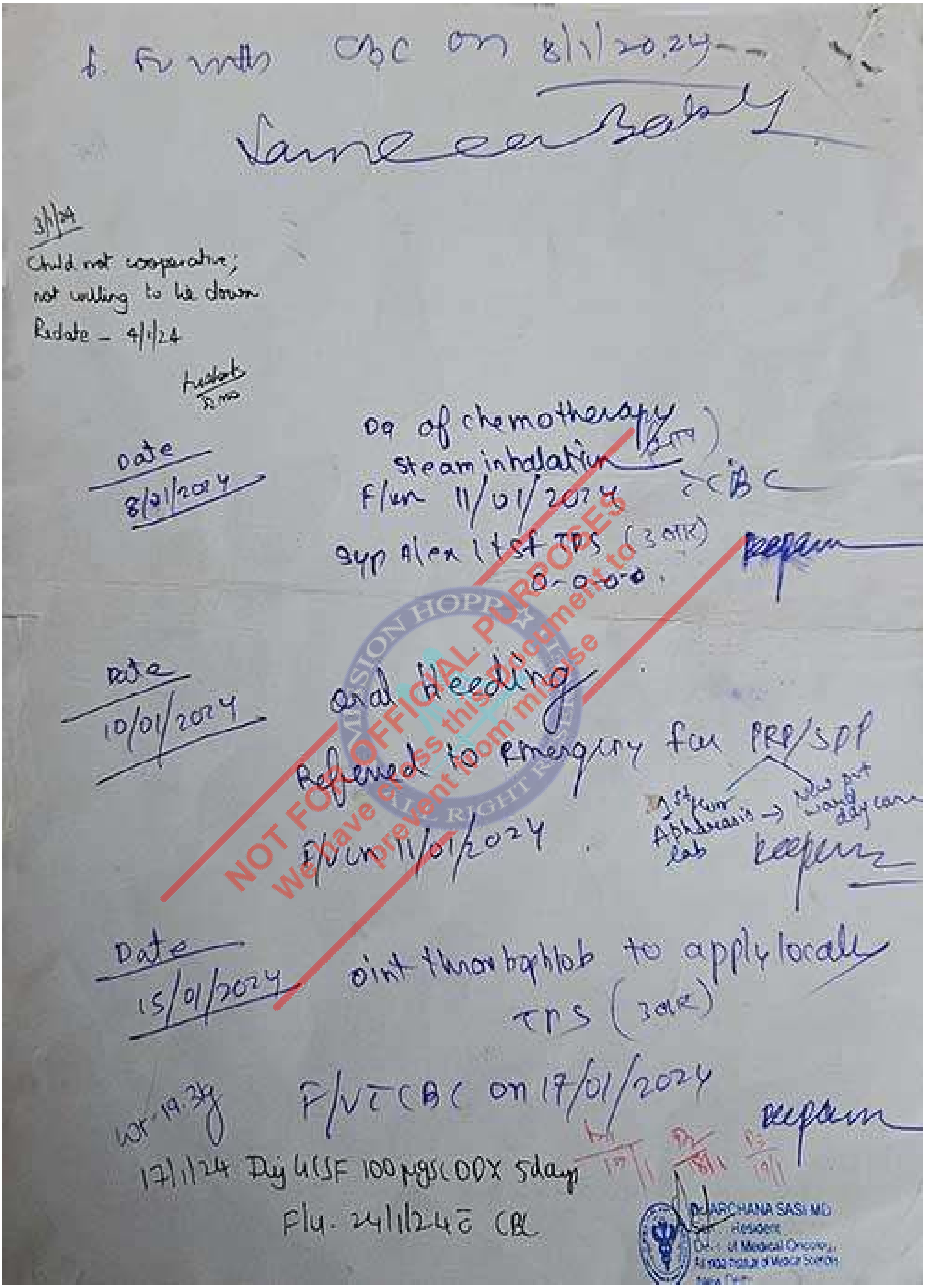
Dated 4/1/24

Review 5/1/24 @ 8 am

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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



b. F/u with CBC on 8/1/2024 --

Sameera Baby

3/1/24
Child not cooperative;
not willing to lie down
Redate – 4/1/24

Date 8/01/2024
D9 of chemotherapy ([illegible])
steam inhalation
F/u 11/01/2024 c CBC
Syp Alex [illegible] tsf TDS (3 dtk)
0-0-0-0.

Date 10/01/2024
oral bleeding
Referred to Emergency for PRP/SDP
F/u on 11/01/2024.
1st floor Apheresis lab → New pvt ward day care

Date 15/01/2024
oint thrombophob to apply locally
TDS (3 dte)

wt 19.3kg
F/u c CBC on 17/01/2024
17/1/24 Inj G-CSF 100 mcg SC OD x 5 days D1 17/1 D2 18/1 D3 19/1
F/u 24/1/24 c CBC

Dr. ARCHANA SASI MD
Resident
Dept. of Medical Oncology
All India Institute of Medical Sciences
New Delhi

BT + SDP

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

I.M.S. HOSPITAL

OPR-6

...ient Department

...HIBITED IN HOSPITAL

LH8912238992 186996666

VIRANSHVERMA

DR.B.R.A. IRCH,AIIMS,NEW DELHI

IRCH No. 204818 Reg Date 22/09/2023

Clinic: Bone Marrow Transplant Clinic Clinic No. 2023/1477

Deptt.: MEDICAL ONCOLOGY

General

UHID-1 [illegible]

Name: VIRANSHI VERMA

S/O-PAWAN VERMA Sex/Age: M/17

Phone No. 979[illegible] Room 7 (Both Morning)

Address VILL KAZANA A[illegible]PUR, AZAMGARH, DISTRICT AZAMGARH UTTAR PRADESH INDIA

Sex | Age

निदान/Diagnosis: AML s/p C2 # HiDAC (30/11 – 2/12)

दिनांक/Date	उपचार/Treatment
	B/L PAROTITIS → improving (non-suppurative)
6/12	Adv
D. 2 [illegible] 23-E	1. Inj Magnex 1.5gm IV BD × 5 days — 900m 15
	2. Inj Amikacin 90mg IV OD × 3 days — 900m 15
	3. Inj [illegible] 20mg Smi BD
	4. T. Pan 20mg OD BBF
14/12/23 Kindly Issue SDP	5. ~~T. [illegible] (1/2 [illegible]) SOS~~ — (~~[illegible]~~ 50 Tramadol)
1/20 SDP	6. T. PCM 250mg SOS P.O.
Issued [illegible] 15/12/23	7. plenty of oral fluids.
	8. F/U on 8/12/2023 c CBC

[illegible stamp] 8/12/23

Alan S

DR ALAN SHAJI
Senior Resident (DM)
Medical Oncology
AIIMS, New Delhi

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)

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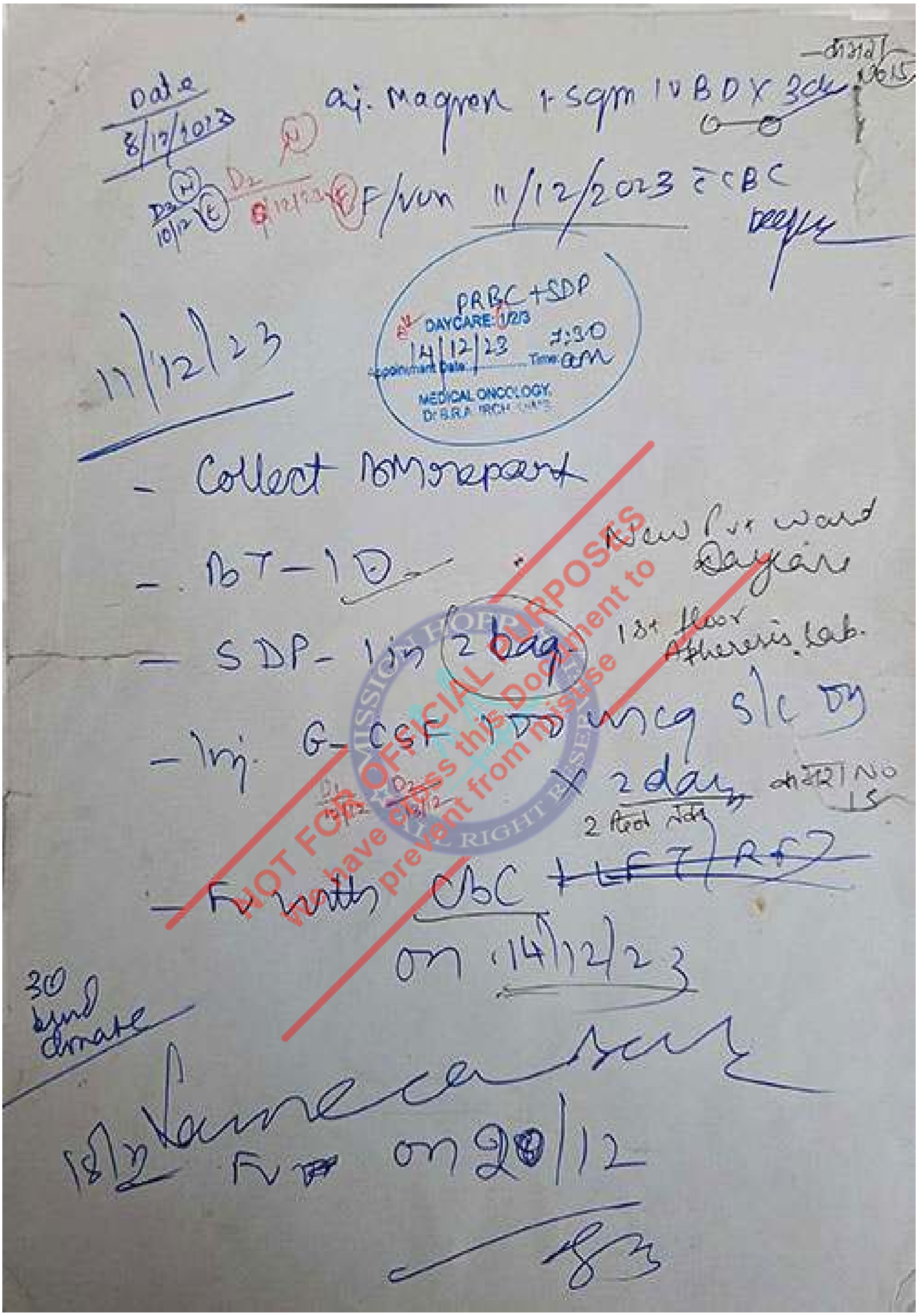

Date 8/12/2023

Inj. Magnex 1.5gm IV BD x 3day

F/up 11/12/2023 c̄ CBC

11/12/23

PRBC + SDP
DAYCARE: 1/2/3
Appointment Date: 14/12/23 Time: 7:30 am
MEDICAL ONCOLOGY
Dr B.R.A. IRCH, AIIMS

- Collect BM report
- BT-1D — New Pvt ward Daycare
- SDP - 1 in 2 bag — 1st floor Apheresis lab.
- Inj. G-CSF 300 mcg s/c OD x 2 day — काउंटर No 15 — 2 दिन लेना
- F/u with CBC + ~~LFT/RFT~~ on 14/12/23

30 blood donate

18/12 F/u on 20/12

अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Microbiology

UHID:	109998608	Reg Date :	11/09/2023 12:07 PM
Patient Name :	Mr. VIRANSH VERMA		
Sex :	Male	Age :	5 years 29 days
Department :	Medical Oncology	Unit Name :	Unit-I
Unit Incharge :		Sample Collection Date:	11/10/2023 12:00 AM
Lab Name:	Microbiology	Lab Sub Centre:	Blood Culture (Microbiology Room No 2071)
Sample Received Date:	13/10/2023 04:35 PM	Report Generated Date:	14/10/2023 10:23 AM
Dept / IRCH No:	304810	Recommended By:	Dr. Sushant Chib
Lab Reference No:	28554		
Ward Name:	IRCH MO WARD		

Sample Details : MBL-111023004 (Blood)

TEST NAME : BLOOD FOR CULTURE

TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE

Culture Result (Conventional Method):	Sterile

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Authorized Signatory

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अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	106998608	Reg Date :	11/09/2023 12:07 PM
Patient Name :	Mr. VIRANSH VERMA		
Sex :	Male	Age :	5 years 15 days
Department :	Medical Oncology	Unit Name :	Unit-I
Unit Incharge :		Sample Collection Date:	26/09/2023 11:34 AM
Lab Name:	Lab Oncology	Lab Sub Centre:	Lab Oncology (IRCH)
Sample Received Date:	26/09/2023 02:25 PM	Report Generated Date:	
Dept / IRCH No:	304810	Recommended By:	Dr. Sabitha P
Lab Reference No:	3985		

Sample Details : LOI-260923062-FM (Bone Marrow)

FLOWCYTOMETRY (BONE MARROW)

F-3985/23

Bone marrow aspirate sample sent for flow cytometric analysis shows approx 20% CD45 dim CD45 dim blasts that are positive for CD117, HLA-DR (heterogeneous), CD34 (dim heterogeneous), CD33, CD13, CD38, CD19 (heterogeneous) and negative for cCD3, sCD3, CD7, cCD79a, CD56, CD14, CD36, CD123, CD16.

In addition approx. 7% abnormal monocytes are noted that are positive for CD64, CD33, CD11b, CD36 and negative for CD14 along with 9% mature monocytes.

Impression:- Acute myeloid leukemia

Advice:- Cytogenetic and molecular studies

Senior Resident:- Dr. Leena Gupta

Consultant In-charge:- Dr. Sanjeev Gupta

Verification Comment: Report Verification is Pending

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Authorized Signatory

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अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B R A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	106998606	Reg Date :	11/09/2023 12:07 PM
Patient Name :	Mr. VIRANSH VERMA		
Sex :	Male	Age :	5 years 2 months 13 days
Department :	Medical Oncology	Unit Name :	Unit-I
Unit Incharge :		Sample Collection Date:	24/11/2023 12:55 PM
Lab Name:	Lab Oncology	Lab Sub Centre:	Lab Oncology (IRCH)
Sample Received Date:	24/11/2023 02:52 PM	Report Generated Date:	29/11/2023 01:40 PM
Dept / IRCH No:	20230300114675	Recommended By:	Dr. Hemavathi B
Lab Reference No:	4794		

Sample Details : LOI-241123092-FM (Bone Marrow)

FLOWCYTOMETRY (BONE MARROW)

F-4794/23

Bone marrow aspirate sample sent for flow cytometric analysis is hemodiluted however it does not show any residual leukemic blasts.

Note: Patient is a known case of AML

Senior Resident:- Dr. Leena Gupta

Consultant In-charge:- Dr. G.Smeeta

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Authorized Signatory

11/28/23, 3:2

Pathkind Labs

NATIONAL REFERENCE LAB
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Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client
Tilak Nagar
Pathkind Diagnostics Pvt. Ltd.
First Floor - 4 A/2 Tilak Nagar, New Delhi-110018

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No.	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

AML Prognostication Panel
Hemat Disorder Karyotyping

Case Information :

Sample Type : Bone Marrow — Case ID : CG23-HM-285

Banding Method : **GTG Banding** — Banding Resolution : 450-550

Referral Reason : ?AML

No. of Cells Scored : 20

No. of Cells Karyotyped : 20

Result Karyotype : 46,XY[20]

Interpretation : A male karyotype with normal chromosome complement

Comment : Within the limits of standard cytogenetic methodologies, the karyotype shows G-banding pattern is consistent with normal chromosome complement

Recommendations : Nil

Limitations:
** The clinical interpretation of any test result should be evaluated within the context of the patient's medical history and other diagnostic laboratory test results.*
** Low grade mosaicism cannot be ruled out*

AML-ETO1 t(8;21) RTPCR Qualitative
Sample: Whole Blood EDTA
Method: RTPCR & Electrophoresis

220323003980 Mst. VIRANSH VERMA

pathkind Labs

NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client
Tilak Nagar
Pathkind Diagnostics Pvt. Ltd.
First Floor - 4 A/2 Tilak Nagar, New Delhi-110018

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
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Referring Doctor	: SAMEER BAKSHI		
Referred By	: -	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

***AML1-ETO (RUNX1-RUNX1T1)* Qualitative Assay**

Specimen type: EDTA P Bld
Methodology: RTPCR & Gel Electrophoresis

Translocation Screened	Effect of Mutation	Molecular Status
AML1-ETO/ t(8;21)(q22;q22.1)	Pathogenic	Not Detected

Result & Interpretation:
The hybrid transcript for *AML1-ETO* was not detected in the leukocytes of the specimen.

Clinical Information:
AML1-ETO or t(8;21)(q22;q22.1) is a balanced reciprocal translocation between *AML1* gene on chromosome 21 and *ETO* gene on chromosome 8. It is observed in 5-12% cases of AML and most closely associated with AML-M2, though it may rarely be seen in AML-M1 or M4. Immunophenotypically, a close association has been reported between expression of CD19 in AML and occurrence of *AML1-ETO* translocation. At the genetic level, *AML1* breakpoints are located within intron 5 and *ETO* breakpoint occur upstream of exon 2. Presence of the translocation denotes a good prognosis and patients often achieve CR in 85-90% cases.
The result of this test should be interpreted in correlation with the clinical and hematological parameters observed.

Methodology, Test Attributes and Limitations:
Whole Blood RNA was extracted using commercial kit. This assay is based on the qualitative estimation of presence of *AML1-ETO* hybrid transcript. The analytical sensitivity of this Test allows detection of 1 leukemic cell carrying the abnormal transcript in 100,000 normal cells. This Test is designed for diagnostic evaluation of the said transcript and should not be used for Monitoring purposes.
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.

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

 # Inv(16) RTPCR Qualitative

***Inv16 (CBFB-MYH11)* Qualitative Assay**

Specimen type: EDTA P Bld

The Test/s marked with (#) is are not accredited by NABL

pathkind Labs

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PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

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Tilak Nagar
Pathkind Diagnostics Pvt. Ltd.
First Floor - A A/2 Tilak Nagar, New Delhi-110018

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Methodology: RTPCR & Gel Electrophoresis

Translocation Screened	Effect of Mutation	Molecular Status
CBFB-MYH11/ inv16(p13q22)	Pathogenic	Not Detected

Result & Interpretation:
The hybrid transcript for *CBFB-MYH11* was not detected; hence the specimen is negative for inv16 mutation.
It may be noted that this RTPCR assay is designed to interrogate the presence of type A, D and E fusion transcripts only. A false negative due to the presence of other rare transcripts cannot be ruled out.

Clinical Information:
Pericentric inversion of chromosome 16, inv (16) (p13q22), is found in 8-9% cases of AML. It's most closely associated with AML-M4Eo. This inversion results in the fusion of *CBFB* gene to smooth muscle myosin heavy chain gene, *MYH11*. So far, 10 different *CBFB-MYH11* fusion transcripts have been reported. More than 85% cases have the transcript A; type D & E together represent another 10% cases. CBFB-MYH11 or inv (16) positive AMLs are considered to have a good prognosis with more than 50% cases reaching CR. This RTPCR assay is designed to investigate the presence of type A, D and E transcripts only.
The result of this test should be interpreted in correlation with the clinical and hematological parameters observed.

Methodology, Test Attributes and Limitations:
Whole Blood RNA was extracted using commercial kit. This assay is based on the qualitative estimation of presence of CBFB-MYH11 hybrid transcript. The analytical sensitivity of this Test allows detection of 1 leukemic cell carrying the abnormal transcript in 100,000 normal cells. This Test is designed for diagnostic evaluation of the said transcript and should not be used for Monitoring purposes. Samples must be received at the laboratory under appropriate conditions with in 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.

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

 # PML-RARA t(15:17) RTPCR Qualitative
Sample: Whole Blood EDTA

***PML-RARα* Qualitative Assay**

Specimen type: EDTA P Bld

The Test/s marked with (#) is are not accredited by NABL

pathkind Labs

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E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
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First Floor - A A/2 Tilak Nagar, New Delhi-110018

Processed By
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Plot No. 55-56, Udyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No.	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Methodology: RTPCR & Gel Electrophoresis

Translocation Screened	Effect of Mutation	Molecular Status
PML-RARα/ t(15;17)(q22;q12)	Pathogenic	Not Detected

Result & Interpretation:
The hybrid transcript for *PML-RARα* was not detected in the leukocytes of the specimen.

Clinical Information:
PML-RARα or t(15;17)(q22;q12) is a balanced reciprocal translocation between *PML* gene on chromosome 15 & *RARα* gene on chromosome 17. This translocation is present in all cases of Acute Promyelocytic Leukemia (APL - M3) & stratifies the patients for treatment with ATRA (all trans retinoic acid). At the genetic level, *RARα* breakpoints always occur in intron 2. *PML* breakpoints may occur in intron 6 (bcr1; 55-57%), exon 6 (bcr2; 3-5%) or intron 3 (bcr3; 40%).
This test detects the bcr1, bcr2, and bcr3 forms of the hybrid transcript.
The result of this test should be interpreted in correlation with the clinical and hematological parameters observed.

Methodology, Test Attributes and Limitations:
Whole Blood RNA was extracted using commercial kit. This assay is based on the qualitative estimation of presence of PML-RARα hybrid transcript. The analytical sensitivity of this Test allows detection of 1 leukemic cell carrying the abnormal transcript in 10,000 normal cells. This Test is designed for diagnostic evaluation of the said transcript and should not be used for Monitoring purposes.
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.

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

 # NPM1 Mutation Detection
Sample: Whole Blood EDTA

***NPM1* Mutation Analysis**

Specimen: EDTA Whole Blood
Methodology: Real Time PCR

The Test/s marked with (#) is are not accredited by NABL

NATIONAL REFERENCE LAB
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Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No.	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Mutations Screened in: Exon 12 of NPM1 gene (RefSeq NM_002520)

Gene/ Exon	Mutation Screened	Effect of Mutation	Molecular Status
NPM1/ Exon 12	Mutations A, B & D	Pathogenic	Mutation 'A' Detected

Result & Interpretation:
Mutation 'A' was observed in exon 12 of *NPM1* gene.

Clinical Information:
Acute myeloid leukemias (AMLs) are a heterogeneous group of disorders characterized by the clonal expansion of myeloid blasts (eg, undifferentiated myeloid precursors) in the peripheral blood, bone marrow, and/or other tissues, which results in impaired hematopoiesis and bone marrow failure.
While cytogenetic aberrations detected at the time of diagnosis are the most used prognostic feature, approximately 50% of AML cases show a normal karyotype, which is considered an intermediate-risk feature. A comprehensive evaluation of several molecular markers (eg, *FLT3, NPM1, CEBPA, KIT, IDH1* and *IDH2*) is important for risk assessment and prognostication in certain patients with AML and may guide treatment decisions.

1. An *NPM1* alteration is a common finding in de novo AML (25%-30% of cases) and consists of small insertion (typically 4 base pair) or insertion/deletion events involving exon 12.
2. Three variants are highly recurrent, termed types A, B, and D and together account for approximately 90% of *NPM1* alterations in de novo AML.
3. Thus, in patients with newly diagnosed AML, those with normal karyotype, no *FLT3* variant, and a *NPM1* alteration are considered to have a better prognosis than patients in the same group with neoplasms lacking a *NPM1* alteration.
4. Furthermore, the presence of a *NPM1* alteration serves as a sensitive marker for evaluating minimal disease and therapeutic response following treatment.

Methodology, Test Attributes and Limitations:
Whole Blood DNA was extracted using commercial kit. The kit utilizes real-time quantitative PCR (qPCR) double-dye oligonucleotide hydrolysis principle, in which specific primers and an internal double-dye probe with a reporter and a quencher (FAM™-TAMRA™) for the amplification reactions is being used. In addition, a 3'-end modified phosphate oligonucleotide is used that perfectly matches the wild-type *NPM1* gene and does not allow polymerization. This test is designed to detect NPM1-mutant transcripts of types A, B, and D only.
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. 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.

The Test/s marked with (#) is are not accredited by NABL

Pathkind Labs

NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client
Tilak Nagar
Pathkind Diagnostics Pvt. Ltd.
First Floor - A A/2 Tilak Nagar, New Delhi-110018

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhyog Vihar Ph IV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No.	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Results of this test must always be interpreted within the patient's clinical context and in conjunction with other relevant data and should not be used alone for a diagnosis of malignancy.

 # CEBPA Mutation Detection
Sample: Whole Blood EDTA

***CEBPA* Mutation Analysis**

Specimen: EDTA Whole Blood/ BM
Methodology: PCR & Sequencing
Mutations Screened in: Entire Coding Region of *CEBPA* gene (RefSeq NM_004364)

Nature of Mutation	Effect of Mutation	Molecular Status
None	No effect on Prognosis	No Mutation Detected
Single Mutation	No effect on Prognosis	###
Double Mutation	Positive effect on Prognosis	###

Result:
No mutations were detected in the coding region of the *CEBPA* gene.

Clinical Information:
Acute myeloid leukemias (AMLs) are a heterogeneous group of disorders characterized by the clonal expansion of myeloid blasts (eg, undifferentiated myeloid precursors) in the peripheral blood, bone marrow, and/or other tissues, which results in impaired hematopoiesis and bone marrow failure.
While cytogenetic aberrations detected at the time of diagnosis are the most used prognostic feature, approximately 50% of AML cases show a normal karyotype, which is considered an intermediate-risk feature. A comprehensive evaluation of several molecular markers (eg, *FLT3*, *NPM1*, *CEBPA*, *KIT*, *IDH1* and *IDH2*) is important for risk assessment and prognostication in certain patients with AML and may guide treatment decisions.

1. *CEBPA* (CCAAT/enhancer-binding protein alpha) is a transcription factor important for myeloid differentiation and suppression of proliferation. *CEBPA* mutations define the provisional category of "Acute Myeloid Leukemia with mutated *CEBPA*" in the 2008 WHO Classification of Tumors of Haematopoietic and Lymphoid Tissues.
2. Mutations in *CEBPA* are found in 10-15% of cases of cytogenetically normal AML and are associated with a favorable prognosis.

The Test/s marked with (#) is are not accredited by NABL

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Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client
Tilak Nagar
Pathkind Diagnostics Pvt. Ltd.
First Floor - 4 A/2 Tilak Nagar, New Delhi-110018

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhyog Vihar PhaIV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:54
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No.	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

However, only those cases with Double or Biallelic mutations (one in each allele) show improved prognosis.
3. Screening for *CEBPA* mutations offers a means for risk stratification in AML patients with normal karyotype.

Methodology, Test Attributes and Limitations:
Whole Blood DNA was extracted using commercial kit. This assay is based upon PCR and Gene Sequencing of *CEBPA* (RefSeq NM_004364). The analytical sensitivity of the test allows detection of the mutation when the mutant clone comprises at least 18-20% of the total genomic DNA.
Samples must be received at the laboratory under appropriate conditions within 72hrs of collection to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reason for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
Results of this test must always be interpreted within the patient's clinical context and in conjunction with other relevant data and should not be used alone for a diagnosis of malignancy.

Note: This Test has been developed and its performance evaluated at Pathkind Diagnostics Pvt. Ltd.

 # FLT3 Mutation Detection
Sample: Whole Blood EDTA

***FLT3* (ITD & D835) Mutation Detection Assay (Qualitative)**

Specimen: EDTA Whole Blood
Methodology: PCR & Gel Electrophoresis
Mutations Screened in: *FLT3* gene (Ref Seq NC_000013.11)

Gene/ Exon	Mutation Screened	Effect of Mutation	Molecular Status
FLT3/ Exon 14	ITD	Pathogenic	Not Detected
FLT3/ Exon 20	D835	Pathogenic	Not Detected

Result & Interpretation:
ITD or D835 Mutations were **NOT DETECTED** in the *FLT3* gene of the sample provided.

Clinical Information:

The Test/s marked with (#) is are not accredited by NABL

22032303980 Mst. VIRANSH VERMA

Pathkind Labs

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Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client
Tilak Nagar
Pathkind Diagnostics Pvt. Ltd.
First Floor - 4 A/2 Tilak Nagar, New Delhi-110018

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. VIRANSH VERMA**	Billing Date	: 26/09/2023 16:33:34
Age	: 5 Yrs	Sample Collected on	: 26/09/2023 16:39:22
Sex	: Male	Sample Received on	: 26/09/2023 18:20:33
P. ID No.	: P2203100004147	Report Released on	: 07/10/2023 13:43:08
Accession No	: **22032303980**	Barcode No.	: 997295558, 997295555
Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Acute myeloid leukemias (AMLs) are a heterogeneous group of disorders characterized by the clonal expansion of myeloid blasts (eg, undifferentiated myeloid precursors) in the peripheral blood, bone marrow, and/or other tissues, which results in impaired hematopoiesis and bone marrow failure.
Gene alterations, along with translocations and inversions, carry prognostic importance in AML. In addition to large chromosomal rearrangements, molecular changes have also been implicated in the development of AML. To date, genetic mutations are identified in more than 97% of cases, often in the absence of any large chromosomal abnormality. A comprehensive evaluation of several molecular markers (eg, *FLT3*, *NPM1*, *CEBPA*, *KIT*, *IDH1* and *IDH2*) is important for risk assessment and prognostication in certain patients with AML and may guide treatment decisions.

1. This test is designed to detect *FLT3* mutations in acute myeloid leukemia (AML). *FLT3* mutation incidence is 20-30 percent in cytogenetically normal AML and represents an important diagnostic and prognostic marker.
2. Up to 70 percent of *FLT3*-mutated patients harbor internal tandem duplication (ITD) mutations in exon 14 of the juxtamembrane domain and 30 percent demonstrate tyrosine kinase domain (TKD) D835 mutations in exon 20. Aspartic acid at amino acid 835 most often changes either to Tyrosine (D835Y) or Valine (D835V).
3. This test is designed to detect both ITD and D835 mutations. The presence of *FLT3* mutations is associated with a poor prognosis, unless it occurs concurrently with an NPM mutation.
4. *FLT3* Positive AMLs are candidates for treatment with Midostaurin with combination with standard cytarabine and daunorubicin induction and cytarabine consolidation.

Methodology, Test Attributes and Limitations:
Whole Blood/ BM DNA was extracted using commercial kit. The Mutation analysis was carried out using an LDT. PCR reactions were carried out to amplify the region involved in ITD and D835 point mutations. The amplified product for D835 was digested with EcoRV and resolved on gel electrophoresis.
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. 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.
FLT3 mutations other than ITD and D835 will not be detected with this assay. Results of this test must always be interpreted within the patient's clinical context and in conjunction with other relevant data and should not be used alone for a diagnosis of malignancy. A negative result does not definitely exclude the possibility of an *FLT3* mutation below the detection limit of this test and does not exclude the possibility of rare forms of *FLT3* mutations not detectable by this methodology.

References:

1. M Carmen Chillón, Carlina Fernández, Ramón García-Sanz, Ana Balanzategui et al. FLT3-activating mutations are associated with poor prognostic features in AML at diagnosis. Hematol J. 2004; 5(3):239-46.

The Test/s marked with (#) is are not accredited by NABL

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E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
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Processed By
Pathkind Diagnostics Pvt. Ltd.
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Referring Doctor	: SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

2. Naval Daver, Richard F. Schlenk, Nigel H. Russell & Mark J. Levis Targeting FLT3 mutations in AML: review of current knowledge and evidence. Leukemia 2019. Vol 33: 299-312
3. Alexander J Ambinder , Mark Levis . A. Potential targeting of FLT3 acute myeloid leukemia. Review Haematologica. 2021 Mar 1;106 (3):671-681

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

**** End of Report****

Dr. Sarjana Dutt
PhD
Director Molecular Biology & Cytogenetics

Dr. Avijit Guha
PhD (Molecular)
Scientist (Molecular)

Mst. VIRANSH VERMA

Page No: 9 of 10

जांच सही तो इलाज सही

from the promoters of Mankind

Pathkind Labs

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Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Case: Mst. Viransh Verma

Patient ID:	CG23-HM-285	Specimen:	Bone Marrow Aspirate
Patient Name:	Mst. Viransh Verma	Gender:	Male
Clinical Indication:	? AML		
Cell Results:	46,XY[20]		

KARYOTYPE:

INTERPRETATION: A male karyotype consistent with normal chromosome complement.

NOTE: Chromosomal rearrangement <5Mb cannot be detected at this resolution.
Anomalies other than cytogenetics cannot be ruled out.

Report Date: Thursday, October 5, 2023

CK-80798

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedka[r] ... Cancer Hospital

अ.भा.आ

OPR-6

https://ehospital.aiims.edu/ehospital/opdreport/AIIMS_IRCH

DR. B.R.A. IRCH,AIIMS,NEW DELHI

IRCH No. 364810 — Reg Date: 22/09/2023

Clinic: Bone Marrow Transplant Clinic — Clinic No.: 20230477

Dept. MEDICAL ONCOLOGY

General

नाम

UHID-106990608

Name: VIRANSH VERMA

S/O: PAWAN VERMA

Phone No. 9795375197 — Sex/Age: M/3Y

Room: 7 (Shift: Morning)

Address: VILL RAZAHA ATMATPUR, AZAMGARH, DISTRICT AZAMGARH, UTTAR PRADESH, INDIA

इकाई/Unit: Prof CB/01

विभाग/Dept: Md Onco

नाम/Name

निदान/Diagnosis: ? AML

दिनांक/Date	उपचार/Treatment
20/12/23	Adv:
	- Inj. GCSF 100 μg s.c. OD (एक बार रोज़) x 4 days
	- F/U on 27/12/23 ̄c CBC
Wt = 13.4kg	- C/R MRD report

Shivadeep

डॉ. शिवदीप गांगुली / Dr. SHIVDEEP GANGULY

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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

डा. बी. आर. अम्बेडकर
Dr. B.R. Ambedka
अ.भा.आ.सं.
बहिरंग रोगी
अस्पताल के अन्दर पुनरीक्षण

OPR-6

एकक/Unit MO
विभाग/Dept. CASB/DP

नाम/Name | लिंग/ F/S | Birth

निदान/Diagnosis AML

दिनांक/Date | उपचार/Treatment

Date 4/12/23

R side paraphyaria

R side paraphayngeal swelling one day.

Hot tender

2. Abscess

Referred to emergency

Urgent CBC

*X Ray neck AP cat view.

USG neck for abscess

ENT opinion.

Inj. Magnex 2gm IV BDX 5 days

Inj. Amikacin 300mg IV OD X 5 days

(क्रमशः)

inj. Meropenem 750mg IV BD x 5 days

inj. Metrogyl 250mg TDS x 5 days (तारीख-15)

SRMO to review

Tab PCM 250mg OD (तारीख) x 5 days (तारीख -15)

inj FCSF 100 µg SC OD x 5 days (तारीख -15)

Dr Arjun

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

/A.I.I.M.S. HOSPITAL

OPR-6

(Patient Department

G PROHIBITED IN HOSPITAL PREMISES

DR. B.R.A. IRCH [illegible] NEW DELHI

IRCH No. [illegible] Reg Date [illegible]

Clinic: Bone Marrow Transplant Clinic Clinic No. [illegible]

Deptt: MEDICAL ONCOLOGY

General

UHID [illegible]

नाम

Name: VIRANSHI VERMA

S/O: PAWAN VERMA Sex/Age: M/7Y

Phone No: [illegible] Room: 7 [illegible]

Address: VILL RAZAHA [illegible], AZAMGARH, DISTRICT AZAMGARH, UTTAR PRADESH, INDIA

कां/ऑ/डि० पंजीकृत सं०/O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis: AML

दिनांक/Date	उपचार/Treatment
20/11/23	Inj. G-CSF 100 mcg s/c — 20/11, 21/11, 22/11 कमरा No-15
Wt- 18.1kg	F/u with CBC on 22/11
22/11/23	- BMA/FS/MRD — 24/11 Done on 24/11/23 — कमरा No-15
	- Inj GCSF 100 mcgm s/c — 22/11
	- F/u: 29/11 c̄ CBC
	R.No. 8
	S/R Lab Oncology Kindly issue MRD Report of 24/11/23

डॉ. [illegible] (Dr. CHAITAL TANSIR)
सीनियर रेजिडेंट/Senior Resident
मेडिकल ऑन्कोलॉजी विभाग/Deptt. of Medical Oncology
Dr. B.R.A. IRCH
अ.भा.आ.सं., नई दिल्ली/(AIIMS), New Delhi-110029

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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

29/11/2023

BSA 0.75   Planned for C#1 IDAC
(3rd cycle of chemo)

Inj Emend 4mg iv] $D_1 - D_3$ (New put-ward Day care)
Inj Dexa 4mg IV

↓

Inj ARAC 2.2g in 500ml NS over 2hrs BD
(AXAC-VS) D_1, D_2, D_3

↓

f/b Inj GCSF 300mcg SC x 5 days from D_5 onward

TIT: – ITM 12mg
– ARAC 30mg
– Hydrocortisone 30mg
(AFTER IT) Tab [illegible] 4mg TDS a x 5 days (30/11) – 5/[illegible]

Eyedrops Prednisolone 1°/1° QID start on (30/11) day 1 of chemo x 4 days.

ok DC-1

DAYCARE (1) 2/3
C#1 Appointment Date 30/11/23 Time 7:30am
MEDICAL ONCOLOGY
Dr B.R.A. IRCH, AIIMS

R/w c CBC on 6/12/2023

[signature]

SDP

डा. बी. आर. अ... ...जी कैंसर अस्पताल

Dr. B.R. Ambed... ...al

अ.भा.आ.सं

बहिरंग ...

अस्पताल के अन्दर ...

OPR-6

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. [illegible] — Reg Date [illegible]

Clinic: Bone Marrow Transplant Clinic — Clinic No. [illegible]

Deptt.: MEDICAL ONCOLOGY

General

Name: VIRANSH VERMA

S/O: PAWAN VERMA

Phone No. [illegible] — Sex/Age: M/[illegible]

Address: VILL KAZAHA AHMATPUR, AZAMGARH DISTRICT, AZAMGARH, UTTAR PRADESH, INDIA — Room: 7 (Shift: Morning)

एकक/Unit: MO

विभाग/Dept: DRSB/DD.

नाम/Name

Date of Birth

निदान/Diagnosis: AML

दिनांक/Date	उपचार/Treatment
13/11/2023 ok D/C 15/11/23 DAYCARE Dept PRBC Appointment Date 14/11/23 Time 7:30am MEDICAL ONCOLOGY Dr B.R.A. IRCH, AIIMS	Inj. Magnex 2gm IV BD x 4 days (कमरा No. 5) PRBC transfusion — (New Private DayCare) F/u on 15/11/2023 ĉ CBC Deepak
Patient has defaulted twice despite repeated reminders redate to 15/11/23 Prashant SR [illegible]	
16/11/23 ok D/C 1 DAYCARE [illegible]/23 PRBC+SDP Appointment Date 17/11/23 Time 7:30am MEDICAL ONCOLOGY Dr B.R.A. IRCH, AIIMS	BT — 1D (New pvt. ward day care) SDP — 1 in 2 bag < 1st floor Apheresis lab / New pvt. ward daycare Inj MAGNEX (struck out) Dr. Santosh to see (कमरा - 6)

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बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

F/u with CBC on 20/11

Inj. G-CSF 100 mcg s/c OD
x 3 days ([illegible]—15)

D1 16/11 D2 17/11 D3 18/11

DAYCARE 1/23
SDP
Appointment Date 18/11/23 Time____
MEDICAL ONCOLOGY
Dr B.R.A. IRCH, AIIMS

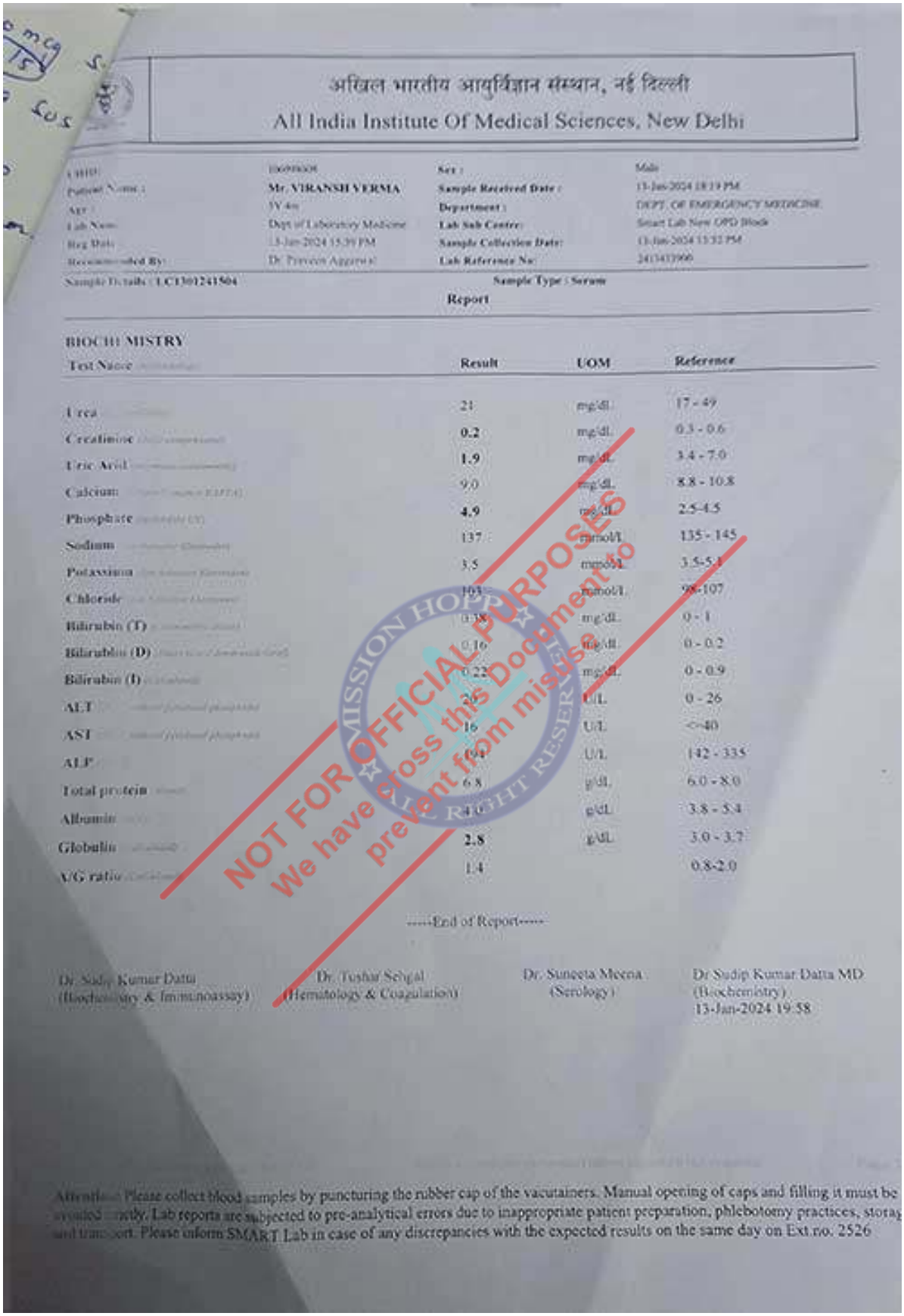
* Pt. off CORT PHFRN study (out of protocol).

SO/MO.

18/11/23

please issue SDP

1/20 SDP issue
Rcd 18/11/23



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID:	[illegible]	Sex :	Male
Patient Name :	Mr. VIRANSH VERMA	Sample Received Date :	13-Jan-2024 18:19 PM
Age :	19 Yrs	Department :	DEPT. OF EMERGENCY MEDICINE
Lab Name :	Dept of Laboratory Medicine	Lab Sub Centre:	Smart Lab New OPD Block
Reg Date :	13-Jan-2024 15:39 PM	Sample Collection Date:	13-Jan-2024 15:52 PM
Recommended By:	Dr. Praveen Aggarwal	Lab Reference No:	2413433900

Sample Details : LC1301241504 — Sample Type : Serum

Report

BIOCHEMISTRY

Test Name	Result	UOM	Reference
Urea	21	mg/dl	17 - 49
Creatinine	0.2	mg/dl	0.3 - 0.6
Uric Acid	1.9	mg/dl	3.4 - 7.0
Calcium	9.0	mg/dl	8.8 - 10.8
Phosphate	4.9	mg/dl	2.5-4.5
Sodium	137	mmol/l	135 - 145
Potassium	3.5	mmol/L	3.5-5.1
Chloride	103	mmol/l	98-107
Bilirubin (T)	0.38	mg/dl	0 - 1
Bilirubin (D)	0.16	mg/dl	0 - 0.2
Bilirubin (I)	0.22	mg/dl	0 - 0.9
ALT	26	U/L	0 - 26
AST	16	U/L	<=40
ALP	194	U/L	142 - 335
Total protein	6.8	g/dl	6.0 - 8.0
Albumin	4.0	g/dL	3.8 - 5.4
Globulin	2.8	g/dL	3.0 - 3.7
A/G ratio	1.4		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta (Biochemistry & Immunoassay) — Dr. Tushar Sehgal (Hematology & Coagulation) — Dr. Suneeta Meena (Serology) — Dr Sudip Kumar Datta MD (Biochemistry)
13-Jan-2024 19:58

Attention : Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext no. 2526

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
.I.I.M.S. HOSPITAL OPR-6
Patient Department
PROHIBITED IN HOSPITAL PREMISES

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 304810 Reg Date 22/09/2023
Clinic Bone Marrow Transplant Clinic Clinic No. 2023/1477
Dept. MEDICAL ONCOLOGY
General
UHID-100990608

CK-80798

ओपीडी पंजीकृत सं/O.P.D. Regn. No.

नाम
Name VIRANSH VERMA
S/O FAWAN VERMA Sex/Age M/5Y
Phone No. 9795375197 Room 7 (Shift Morning)
Address VILL RAZAHA AJMALPUR, AZAMGARH DISTRICT AZAMGARH, UTTAR PRADESH, INDIA

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
		2nd 10/09/2018

निदान/Diagnosis AML

दिनांक/Date	उपचार/Treatment
26/X/23	ADE
1.	Inj. Daunomycin 1DNS d1- 40mg d2- 40mg d3- ~~30~~ 30mg
2.	Inj. VP-16 in 1D NS. d1-3 → 100mg
3.	Inj. Zofer 4mg IV d1-3
4.	Inj. ARA-C 75mg IVP BD d1-3 → Day Care (आगरा 15) d4-10 → R# 15
5.	T. Zofer 4mg — Pre ARA-C

DAYCARE 1/2/3
ADE
Appointment Date 27/10/23 Time 7:30
MEDICAL ONCOLOGY
Dr.B.R.A. IRCH, AIIMS

New pt ward day care

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)
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

6. F/u with CBC on 6/11/23

6/11/23 Day 11 — has missed (E) Dose of AraC —

- Inj AraC 75 mg IV BD ~ SC (ओमनभी 15) — 6/11 (M), 6/11 (E), 7/11 (M).

Hemadin
- HMW | CB | 8 I TDS. (3 ml)
उकसी | सिरप | आवा

R/V — 9/11 c̄ CBC

I-floor Dr. Chunmun / Dr Atha nam (culture please).

11/23 COST PHERN study — Screening.

- BG. H fever (8861777052).

Inj. MAGNEX 2gm IV B.D
Inj. AMIKACIN 250 mg IV / OD
× 5 days

Roc No-

Dr. Dasgupta
D1 10/11/23
D2 11/11/23
D3 12/11
D4 13/11/23

T. PCM 500mg ½ SOS.

New Pur ward Daycare nehe Name diary.

SDP 1 (2 bags) today — 1st floor Apheresis lab
SDP - 3(1) — Peds Casualty —
+1 PRBC daily in daycare.

Dr. Santosh Bose (6)
F/u with CBC on 13/11/23

ABHA-ID – 91-2372-7271-5552

2K 80798

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं.

बहिरंग रोगी

OPR-6

एकक/Unit: Dr SB/DP

विभाग/Dept.: MD

नाम/Name: VIRANSH VERMA

DR. B.R.A. IRCH AIIMS NEW DELHI

IRCH No. 304818 — Reg.Date: 22/09/2023

Clinic: Bone Marrow Transplant Clinic — Clinic No.

Dept.: MEDICAL ONCOLOGY

Name: VIRANSH VERMA — Sex/Age: M/5Y

S/O: PAWAN VERMA

Address: VILL RAZAHA AZMATPUR, AZAMGARH, DISTRICT AZAMGARH, UTTAR PRADESH, INDIA

AZAMGARH UTTAR

निदान/Diagnosis: AML D+15 Induction (FNC (fever neutropenia))

दिनांक/Date	उपचार/Treatment
12/10/23	inj magnex 900 mg iv BD inj meropenem 500 mg iv BD inj GCSF 90 mg S/C OD Tab voriconazole 150 mg BD Tab lonazep junior 30 mg OD — Sd. To make SDP tomorrow & get transfused from day care on 14/10/23. F/U c̄ fresh CBC LFT/KFT OPD on 16/10/23.
D1 13/10/23 (m) +GCSF (E) D2 14/10/23 (m) +GCSF (E) D3 15/10 (m) +GCSF (E) D4 (m) +GCSF (E) D5 (m) +GCSF (E)	

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

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बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

डा. बी. आर. अम्बे
Dr. B.R. Ambedk
अ.भा.आ.सं.
बहिरंग रोगी
अस्पताल के अन्दर

Dept. MEDICAL ONCOLOGY

Name VIRANSH VERMA
PO PAWAN VERMA
Address VILL KAZAHA AJMATPUR, AZAMGARH, DISTRICT AZAMGARH, UTTAR PRADESH, INDIA

OPR-6

एकक/Unit MO
विभाग/Dept. BMSB/DP

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age
Viransh verma	Pawan verma	M	5 y

निदान/Diagnosis Acute leukemia - AML

दिनांक/Date	उपचार/Treatment
Date 9/10/2023	Fever high grade since today, many dizziness, tachycardia Inj. Magnex 2gm IV BD x 5 day Inj. Amikacin 300mg IV OD Tab PCM 250mg SOS IVF 20 NS Referred to emergency for IVF with tay admission iRCH F/Vp 11/10/2023

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10/11/2023

- SDP donor were both rejected
- Child has received 3U RDP on platelet of 17,000

Plan: " CBC today

if < 20,000 repeat stat to pediatrician for platelets

2. Daycare → Date for PBSC & RDP

- R/W on 13/11/2023 : CBC

Continue antibiotics as started → Inj Magnex 2g IV BD
Inj Amikacin 250mg IV OD
} 5days

KMM.

* Excluded from trial i/v/o culture positivity

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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.स. अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग/Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit DR SB/DP
विभाग/Dept. MO

IRCH No. 30092

बा.रो.वि. पंजीकृत सं./O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
VIRANSH VERMA		M	5	

विदान/Diagnosis AML 3+7 induction wef 27/9/23

दिनांक/Date	उपचार/Treatment
6/10/23	Rx Syp levofloxacin 5ml OD (125/5ml) 07 days Syp augmentin 10ml BD (125mg/5ml) Tab lanzol junior 15mg OD 0 R/v c fresh CBC, LFT/KFT in med onc OPD on 9/10/23.

Sd. MO.

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