

सेवा में,
उमंग केअर ट्रस्ट
कृष्णा नगर, ईस्ट दिल्ली

विषय :- बच्चे के इलाज के लिए

महोदय,

सविनय निवेदन इस प्रकार है की, अजय कुमार
जालौन, उत्तर प्रदेश का रहने वाला हूँ। मेरा बच्चा बीमार है।
जिसका नाम अरुण पटेल है। जिसकी उम्र 9 वर्ष है उसे "ब्लड कैंसर"
नाम की बिमारी है। जिसके इलाज में 3,00,000 रुपये का खर्चा
आ रहा है। और पैसे से मैं एक मजदूर हूँ। जिसके कारण मुझे
बच्चे का इलाज करवाने में समर्थता नहीं है। इसलिए मैं
आपसे विनती करता हूँ, कि मेरे बच्चे को इलाज करने में
मेरी सहायता करें, आपकी आती कृपा होगी।

धन्यवाद

आपका आभारी





DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029

Dated: 9/12/21

Treatment Estimate Certificate
To Whom It May Concern

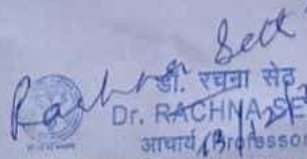
This is to certify that Shri/Smt./Kum Akush Patel
S/D/W of Alay Kumar Aged 10 year Sex male
UHID No 105607776
From lymphoblastic lymphoma is suffering

She/he is getting treatment for his/her illness in Paediatrics department (Ward/OPD)
..... child is receiving treatment in
..... pediatric oncology division, Lymphatic &
..... hematology, AIIMS, New Delhi

The estimate cost for treatment is Rs. 3,00,000/-
(Rupees) Three hundred thousand only
..... (chemotherapy, supportive care, investigation)

Note:- the cost of treatment includes medicines and disposable items. The cheque or demand draft may be issued in favour of "AIIMS PATIENT TREATMENT A/c No 10874588593" with IFSC Code SBIM0001536. The said estimate is valid and applicable for beneficiaries as patients of National Illness Assistance Fund, State Illness Assistance Fund, Prime Minister Relief Fund, M.P. Local Area Development Fund, Chief Minister Relief Fund and fund from other sources. This is also applicable for government's employees, PSU's employees and beneficiaries of ESI.

*Personal Cheque, Personal Demand Draft or Cash is not acceptable.


Dr. RACHNA SETH
आचार्य / Professor
बालरोग चिकित्सा विभाग / Department of Pediatrics
आ.पा.आ.से. दिल्ली / A.I.I.M.S., New Delhi-29

(Signature of Consultant with stamp)


Dr. Ashok K. Deorari, MD, FAMS
आचार्य एवं निभागाध्यक्ष / Professor & Head
बालरोग चिकित्सा विभाग / Department of Pediatrics
14/12/21
(Counter signature of HOD with stamp)







भारत सरकार

Government of India



अजय कुमार

Ajay Kumar

जन्म तिथि / DOB : 14/08/1988

पुरुष / Male



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:
द्वारा: अजय कुमार, सेई, जालौन,
उत्तर प्रदेश - 285201

Address:

C/O: Ajay Kumar, Sei, Jalaun,
Uttar Pradesh - 285201



VID [redacted]



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



आरुष पटेल
Arush Patel
जन्म तिथि/DOB: 23/07/2013
पुरुष/ MALE

Issue Date: 21/11/2019

Download Date: 02/12/2019

VID : [REDACTED]

मेरा आधार, मेरी पहचान



एकमात्र प्रमाणित पहचान प्राधिकरण

Unique Identification Authority of India

पता:
आत्मज: शिवराम निरंजन, प्राथमिक
विद्यालय, ऐट रोड सेई, ईट, जालौन,
ऐट, उत्तर प्रदेश, 285201

Address:
S/O: Shivram Niranjan, prathmik
school, ait road sei, Ait, Jalaun,
Ait, Uttar Pradesh, 285201



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Department of Pediatrics
Division of Pediatrics Oncology
All India Institute of Medical Sciences, New Delhi

मोबाइल नम्बर
9793692417
8887559288



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

AIIMS POD
56015

Name : Aresh patel

UHID : 105607776

Diagnosis : T-NEHL

18/10/2021

Seen in POC

Doing well

constipation (+)

No fever / chest pain

O/E - No liver / spleen
chest - clear

Plan

① Inj L-Asparaginase 9300 IU im
~~Sub~~ 18/10 ~~21/10~~ 24/10
↑ ↑

② Tab Dexa (4mg) $1\frac{1}{2}$ — 1 (22/10 to 28/10)

③ Tab Pantop 40mg $1\frac{1}{2}$ tabs OD (22/10 to 28/10)

④ Inj VCR 1. 4mg iv push on
22/10
↑

⑤ Inj DNR 25mg/100ml NS over 30min
on 22/10
↑

⑥ F/u in POC, Monday 2 PM
on 25/10/2021. *Gary*

⑦ Syp Lactulose 5 ml BD

⑧ Tab Septian 800mg 1 tab BD Sat/Sun

23/10/21

T-LBL

- Query on D23 of induction
- 1 episode of low grade fever yesterday
↓
on Tab AUGMENTIN

Child 40 lower abdominal pain
+ on. urinary infection

11.0 5,460 2.90
N93L53

→ Urine Culture
from outside,
to show report-
daycare/
opd.

Plan:

1. Continue Augmentin as advised
2. Urine culture report please sent
3. Next check on 24/10/21
C5 daycare.
4. File updated
5. Plenty of oral fluids.

6. Symp lactulose 60ml BD
7. Tab Septran
160 1/2 tabs
set for

Diagnostic Work UP & Risk Stratification

T LBL (Diagnosed on pleural fluid flow)

Pleural flow : 13% CD45 dim + blasts w/c are
c CD3+, CD2+, CD34 het ⊕, CD38 ⊕.
CD7 dim+, CD5 dim ⊖

neg Tdt, CD117, CD19, CD10, 19, CD5, CD20, 4, SCL3

Pleural Bx : TNHL

Bone marrow MDD : Negative

CSF : Negative

But R LR Palsy / CE MRI → Small hyperintense focus in GP area

D & P/S : No blasts

Molecular

ASH

Karyotype

Testis : Hydrocele B/L
But usg (N)

D35 CXR (to do for MRI)

D35 BMA + MRI :

Post consolidation ~~CT chest~~ PET CT

Name of treatment protocol

TNHL TALLER HR

Post consolidation : 2nd Malignancy (Burkitt's lymphoma Reiter)

CSF :

BMA :

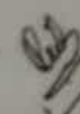
40 @ added high systolic @ lumbar m-
i-jection
veg 750 sefal inflammation.

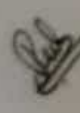
Adv.

- P. Augmentin 625mg TDS x 7 days 
- Liver tumor for week 4
(DNR + VCR)
- P. Per 200 for pain

Adv.
801

22/10/21

 inj. VCR 1.4mg IV slow push.

 inj. DNR 25mg / 100ml NS over 30 min

Tab Dera 10mg 80 (Total)

4mg tab (~~4-4-2~~)

An
80peds

1-1-1/2 x 7 days (22/10 - 28/10)

Tab Junior Langel 15mg 100 x 7 days

Patient Details

C.K-56015

Name : ~~Pankaj~~ Anush Patel

Age / Gender : ~~42g/f~~ 10y / M

Father's Name : ~~Dr. Pankaj~~ Ajay Kumar

Address : Sei, Dist-Jalgaon, up

Contact No : 9793692417

POC / PCSC No.: $\frac{254}{21}$

Diagnosis : T-NHL

Remarks :

neg
neg

Immunization Card



प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
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:	105607776	Reg Date :	05/10/2021 01:39 AM
Patient Name :	Master. ARUSH PATEL		
Sex :	Male	Age :	10 years 1 day
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :	Dr. S. K. KABRA	Sample Collection Date:	06/10/2021 02:23 PM
Lab Name:	Oncology Lab	Lab Sub Centre:	Lab Oncology (IRCH)
Sample Received Date:	07/10/2021 02:11 PM	Report Generated Date:	08/10/2021 05:30 PM
Dept / IRCH No:	0	Recommended By:	Dr. vijay kumar
Lab Reference No:	2464		
Ward Name:	C5		

Sample Details : LOI-061021118-FO (Blood)

FLOW CYTOMETRY OTHERS

F-2464/21

Pleural fluid sample sent for flow cytometric analysis shows approx. 13% CD45 dim+ blasts which are cCD3+, CD2+, CD34 heterogeneous+, CD38+, CD7 dim+, CD5 dim+ and are negative for CD56, CD4, sCD3, Tdt, CD117, CD1a, CD10, CD19 and CD8.

Impression: Features are suggestive of T-LBL

Senior Resident:- Dr. Ekta Rahul
Consultant In-charge:- Dr. Sanjeev Gupta

Authorized Signatory

23/10/21

Chemo

① inj L-Asparaginase 9300 IU im

24/10

↑

27/10

↑

30/10

↑

② inj VCR 1.4mg iv push

29/10

↑

③ inj DNR 20mg / 100 ml NS iv over 1h

29/10

↑

④ Tab Dexam 4mg tabs

1 — 1 — 1/2 till 28/10

⑤ Tab Medrolone (10mg) 29/10 - 1/11/21
(Mysolone)
2 — 2 — 1 1/2

⑥ Tab Pantop 40mg 1/2 tab od.
x 14 days

⑦ Plu on 1/11/2021 c CSC ✓

⑧ Metformin ⑧ C → Manpreet Garf
not less 1mg



UHID:	105607776	Reg Date:	05/10/2021 09:00
Patient Name:	Master. ARUSH PATEL	Age:	10 years 4 m
Sex:	Male	Unit Name:	Unit-III
Department:	Paediatrics	Sample Collection Date:	25/02/2022 09:00
Unit Incharge:	Dr. S. K. KABRA	Lab Sub Centre:	Lab Oncology
Lab Name:	Oncology Lab	Report Generated Date:	03/03/2022 10:00
Sample Received Date:	25/02/2022 11:43 AM	Recommended By:	Dr. Dilip SR
Dept / IRCH No:	20210030012145		
Lab Reference No:	522		
Ward Name:	C5 DAY CARE /12		

Sample Details : LOI-250222008-BP (Bone Marrow)

BMA BMT PS

Report: Cellular bone marrow preparation shows haematopoietic cells of all series (M:E=2.5:1) with 2
Few hematogons are seen.
Peripheral blood smear is unremarkable.
Imp: Bone marrow is in morphological remission
Advice: Correlation with FCM - MRD analysis

Senior Resident: Dr Tanya Prasad

Consultant: Dr Sanjeev K Gupta

Aut



¹⁸F-FDG WHOLE BODY PET-CT STUDY

Patient Name: ARUSH PATEL		Age/Sex: 10Y/M
Study ID: FDG/18875/22	UHID: 10560776	Date: 27.01.2022

Indication: c/o T-LCL (mediastinal mass), post consolidation therapy, PET CT for response assessment.

Procedure: PET-CT acquisition was done 60 minutes after injection of 10 mCi ¹⁸F-FDG by intravenous route, from the level of orbits to mid-thigh. CT was done for attenuation correction and anatomical localization.

PET-CT Findings:

Head and Neck: Increased FDG uptake noted in palatine tonsils. Few sub-centimetric non FDG avid bilateral level IV lymph nodes with maintained hilum noted. Mild mucosal hypertrophy noted in bilateral maxillary sinuses.

Thorax: Few FDG avid subcentimetric bilateral level I axillary lymph nodes noted with maintained fatty hilum. Physiological FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, and thoracic wall. Lungs, large airways, pleura, heart, great vessels and other mediastinal structures appear normal on CT.

Abdomen-Pelvis: Normal FDG distribution is noted in the liver, spleen, kidneys, gastrointestinal tract and urinary bladder. Liver, biliary ducts, spleen, kidneys, stomach, adrenals, pancreas, bowel and urinary bladder appear normal on CT. No ascites is noted.

Musculo-Skeletal System: Physiological FDG distribution is seen in the visualized axial and appendicular skeleton.

IMPRESSION:

- No definite evidence of metabolically active disease in the present study.
- No previous PET CT available for comparison.

FDG avid thickening (max. 2.9 mm) noted in rectum inva

3 cm of rectum - Advised HPE correlation.

→ Discussed with Dr. Bankeim

Large Rectal Mass

To Room 7 → please
update report

CSJ

TNHL

CNS 3

LT

Arush Patel

105607776

BSP $\rightarrow 0.93m^2$

T-ALL/NHL

Induction

ECHO - (N)

Weeks 1-5 (35 days)

Resist (N)

Days	Prednisolone 60mg/sqm 3 DD, max dose; 120mg	Dexa 10 mg/sqm PO with antacid 2 dd	VCR 1.5 mg/Sqm IV push	L asparaginase 10000nits IMsqm 9300 IU	DNR25mg/sqm IV infusion 60 mts 25mg	ITM* (Age appr)
1	-----	-----				
2	-----	-----				
3	-----	-----				
4	-----	-----				
5	-----	-----				
6	-----	-----				
7	-----	-----				
8	-----	7/10	8/10	8/10	11/10	12/10
9	-----	8/10		9/10		
10	-----	9/10				
11	-----	10/10		12/10		
12	-----	11/10				
13	-----	12/10				
14	-----	13/10	15/10	16/10	17/10	18/10
15	-----	14/10				
16	-----	15/10				
17	-----	16/10				
18	-----					
19	-----					
20	-----					
21	-----	22/10	22/10	23/10	24/10	25/10
22	-----					
23	-----					
24	-----					
25	-----					
26	-----					
27	-----					
28	-----	28/10	29/10	30/10	31/10	32/10
29	-----					
30	-----					
31	-----					
32	-----					

adjuvant

Taken low dose pred from outside (20mg/m²)
Received Dexa + cyclophos (20mg/m²)
L $\rightarrow$ 5/10 & 6/10 as prophylaxis - disregarded all of above

medastinal mass

Bm Base line - neo blast

Pediatric Oncology, Department of Pediatrics, AIIMS, New Delhi

The -9300

neo KAP/neo HSM

(R) LR palsy $\rightarrow$ CNS (+)

CSF : negative

Testis : Neg but by cholele

33.					
34.					
35.					

is positive (day 22,29) Day 8

5/11

*2 more doses if CNS disease is positive (day 22,29) Day 8

Day 8 CSF report: Acellular

BM at end of induction (cellularity, blast count & MRD)

CXR: (N)

NHL

Volumetric measurement of tumor mass should be done at presentation and after 35 days with CT scan. More than/equal to 35% reduction in tumor mass is response (remission)

Intrathecal methotrexate (ITM)

Cotrimoxazole (PO)

Am L

30. ~~2/21/12~~
 31. ~~2/21/12~~
 32. ~~2/21/12~~
 33. ~~2/21/12~~
 34. ~~2/21/12~~
 35. ~~2/21/12~~
 36. ~~2/21/12~~
 37. ~~2/21/12~~
 38. ~~2/21/12~~
 39. ~~2/21/12~~
 40. ~~2/21/12~~
 41. ~~2/21/12~~

4/11
 7/11
 10/11
 1 pegmat
 1000 Jgr

20/1/12

With persistent CNS disease post induction, continue weekly ITM.

Schedule CRT at end of delayed intensification for children > 3 yrs. Children < 3 yrs with CNS positive (CNS 3 disease) will receive high dose MTx 5gm/sqm in IM

ARUSH PATEL

11-3001116

T ALL/NHL

Consolidation

Days 1-63 Week 6-14

Eligibility: Remission following induction chemotherapy

ANC > 750/cumm, Platelets > 75,000/cumm

wt : 23 kg

Ht : 124 cm

BSA 0.9

crs + re
focal lgr

3a

Day	Cyclophosphamide 1000mg/sqm 30 mts	Ara C 75mg/sqm IV (70y)	6 MP60mg/sqmPO	ITM (age appr)	VCR 1.5mg/sqm (max 2.0 mg) IV push	L asparaginase 10,000units/cumm IM
1	12/1/21		1	12/11		
2		12/21	1			
3		14/1/21	1			
4			1			
5		15/11/21	1			
6		17/1/21	1			
7			1			
8			1	19/1/21		
9		20/1/21	1			
10		21/1/21	1			
11		22/1/21	1			
12		23/1/21	1			
13			1			
14			2			
15					26/1/21	27/1/21
16						
17						
18						28/1/21
19						
20						
21						29/1/21
22						
23					30/1/21	
24						31/1/21
25						
26						
27						
28						
29	21/1/21			21/1/21		

21/1/21 cytopos/b
(feal lymphocytes)

3b
all times to
CSF

Blanks (+) (IRCH)

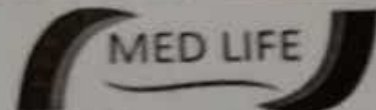
**MEDGENOME**

MedGenome Labs Ltd.

3rd Floor, Narayana Nethralaya Building,
Narayana Health City, # 258/A, Bommasan dra,
Hosur Road, Bangalore - 560 099, India.
T : 1800 103 9691

Original copy

GSTIN : 07KFMP565412A



Healthy testing for Healthy

MEDILIFE HEALTHY LABS

AUTH. COLLECTION CENTER

Address : 214, Kakrola Dwarka Sec. : 16,
New Delhi - 110078

Contact : 9910934982, 8527211231,
E-mail : medilife.dwarka@gmail.com

Receipt No. **867**Date **05/03/22****Patient Details**Name **Akush Patel**

Email id

Address

Contact No. **9793682417****Doctor Details**Name **Dr. S Pachha Seth**Hospital Name **AIIMS**

Address

Contact No.

For office use only

Employee ID

Employee Name **Udit Chaudhary**

For test code

Received from

Contact No. **7982157522**

Employee Name

For Test Name **HCP****10000/-****Mode of Payment**

Cash	
Cheque	
Others	online

Amount details**IN INR**

Total amount due	
Total amount received	10000/-
Balance Due	

Test amount collected will be refunded if the quality parameters fails or test cannot be performed

Date	21/3	23/3				
GCSF						
				CBC		CBC

TAX INVOICE

SOUTHDELHI MEDICOS

SHOP NO 17 S, SAFDARJUNG HOSP. GATE, OPP. AIIMS AUROBINDO KARG, NEW DELHI- 16
Ph. 26164570.08447806754.09910912619

EST NO: 078ERP010330176
SAI NO: 03319008000361

D.L.No.: 20(117276).208(117277).21(117278).216(117279)

DATE : 05/01/2022

Fr. By: Dr. AIIMS

ILL NO. 105327

NAME: ARUSH PATEL

ADDRESS:

QTY. PACK DESCRIPTION
EACH VINCON 1MG TAB

RAICH EXPIRY HSN
NC12137AG 06/23 3004

RATE AMOUNT
542.00 216.00



NET DETAILS

25.72 x 5 2= 10.28

CGST : 5.14

SGST : 5.14

Net Amt.: 216.00

Paid Amt. (R/O): 216.00

All disputes are subject to Delhi Jurisdiction.

for SOUTHDELHI MEDICOS

ORIGINAL will not be taken back.

RETURN TIME - 2 PM TO 5 PM NO RETURNING OF CAPPING STRIPS

E & O.E.

(Computer Generated Invoice)

GST INVOICE

GSTIN : 07ABEPN2637H1ZP

D.L. No. S(1115)13RW



Safdarjung Medicos

CREDIT CARD
ACCEPTEDALL DAYS
OPEN

Shop No. 5, Near Metro Station, Safdarjung Hospital
Gate No. 2, New Delhi-29 (Opp. AIIMS Entrance Gate)
For Enquiry No. ☎ : 26192644 • Whatsapp & Oder No.: 9269261414
MEDICINES, SURGICAL & COSMETICS ANTI CANCER DRUGS

* In case you find any inadvertent error in the price charged.
Please bring this cash memo for refund of difference.

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	GST	AMOUNT
------	-------------	-----------	----------	-----	--------

1	BIOBIN 100MB INJ	BYX1095	12/23	5.0	55.70
---	------------------	---------	-------	-----	-------

Returning Time 02.00 P.M. 04.00 P.M. Only

BILL NO. :

DATE :

Total

LARD

300422

13/03/22

PATIENT Ms/Mr. :

ADDRESS :

ARUSH PATEL

SGST

CGST

1.31

1.31

Pres. by Dr. : AIIMS

Sign.

1.26 %

Grand Total

55.00

1. Cutting strip will not be taken back.

2. No Return No Exchange.

All disputes subject to Delhi Jurisdiction.
Home Delivery also available.

Phones :26588500,
26588700

CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL
SCIENCES

Ansari Nagar, New Delhi 110029

Settlement Id :534721

Last Ward Name NPW II Floor and Bed No. :2018

ARUSH PATEL

10 years 5 mons 16 days

Male

UHID :105607776

Admission date:

10/03/2022

Advance
Paid:

Rs.22000.00

Settlement

date:21/03/2022

Long Admission For Private B with Diet Rs :22000 of Receipt
No :ACCOUNTS-18-195057/202122

Sl.No	Service Name	Quantity	Rate	Amount
Admission Charge				
1	BED CHARGE PER DAY FOR PRIVATE B	11	2000.00	₹ 22000.0
2	DIET CHARGES FOR PVT PATIENT PER DAY	11	200.00	₹ 2200.0
3	LONG ADMISSION FOR 1 DAY PRVT B WITH DIET	10	0.00	₹ 0.0
Total amount :				24200.0

Sl.No	Service Name	Amount
2	PLAIN X-RAY	₹ 150.0
3	REPRODUCTIVE BIOLOGY (CRIA)	₹ 3600.0

Total Rs : Rs.

27950.0

(-) Donation Rs. 0.0

Amount :

(-) Advance Rs.

: 22000.00

(-) Grant Rs. 0.0

Amount :

Exempted Rs. 0.0

Amount :

Amount Due : Rs.5950.0

Amount in Words

Rupees Five Thousand Nine Hundred Fifty Only

Remarks :

Note: Rs.25/- is paid against Admission charges which is non-refundable

Prepared By Ms. Sarika DEO

Verified By AO/AAO/Cashier

Hosp. BILLING SEC



CASH RECEIPT <http://192.168.1.100>
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Phones: 26588500
26588700

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

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029
Dated: _____
Patient Type: _____
Room No.: _____

Printed on 21 Mar 2022 11:05:09 AM
Due Paid Receipt After Bill Settlement of Settlement Id: 534721

Dept No: 0

UHID: 105607776
DATED: 21/03/2022

SI No.	Service Name	Quantity	Rate	Net Amount
2	PLAIN X-RAY - CHEST PA VIEW	1	50	50
3	PLAIN X-RAY - CHEST AP/LAT VIEW	1	50	50
4	PLAIN X-RAY - CHEST PA VIEW	1	50	50
5	REPRODUCTIVE BIOLOGY (CRBA) - METHOTREXATE	1	1800	1800
6	REPRODUCTIVE BIOLOGY (CRBA) - METHOTREXATE	1	1800	1800
7	ADMISSION CHARGE - BED CHARGE PER DAY FOR PRIVATE B	11	2000	22000
8	ADMISSION CHARGE - DIET CHARGES FOR PVT PATIENT PER DAY	11	200	2200

Payment Mode : Cash

Total Service Amount Rs.: 27950.0
Donation Adjusted Rs.: 0.0
Advance Adjusted Rs.: 22000.0
Grant Adjusted Rs.: 0.0
Exempted Amount Rs.:
Due Amount Rs.: 5950.0

Paid Successfully
Rupees Five Thousand Nine Hundred Fifty Only
Payment Mode:
INR (Rs.):
Rs. in Words

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

MR.NITISH SINGLE WINDOW

+ AMBEY MEDICINE CORNER +

37-A/8, GATE NO. 2, SAFDARJUNG HOSPITAL, OFF AIMS MAIN GATE, NEW DELHI-28, Ph: 26193664

Bill No. : 278930
Patient : ARUSH

GST INVOICE

Date : 11/02/22
Time : 03:43 PM

Address :
Prescribed by : SJH

QTY	NAME OF THE GOODS	HSN	GST%	BATCH	EXPIRY	AMOUNT
1	P.H.PAPER	38220990	12.0	6193720120	00/00	50.00

SERVICE
24 Hrs.

ALL DAY
OPEN

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	44.64	CGST 6%	2.68	SGST 6%	2.68
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	
CGST Total	2.68			MRP TOTAL	50.00
SGST Total	2.68			DIS. AMT.	
Order : HANAN/SUNU/AJAY				PAID AMT.	50.00

GSTIN : 07AGHPB6470A12V D.L. No.: 20-121532, 21-121533 Fssai No.:13320002000307

Note : Cutting strips & fridge items (without ice) will not be returned

Medicine will not return after Ten Days

FOR : AMBEY MEDICINE CORNER

Inv. No.: YS/R-6936

M/S. AARUSH PATEL

P/O DR. RACHNA SETH State : 0/

GSTIN : 07AAECT01305111

1st Major, 1st Inf.

HCARE PUT 171

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GST INVOICE

IMPEX HEALTHCARE

PVT. LTD.

CHEMIST & DRUGIST

S/3, 1st FLOOR YUSUF SARAI,

MAIN MARKET, NEAR MANDIR,

Phone : 26714402, 26712485 Fax : 28866058

Licence No. : DL-MN-144148-144149-144150-144151-1

GSTIN : 07AFCI8134F1ZM

FOOD LIC : 10019011006381, MSME NO. : DL08D0004076

Inv. No. : YS/R-7153
M/S ARUSH PATEL
P/O DR. RACHNA SETH
AIMS State : 07

PHONE NO. : 9793692417

DATE : 19-03-2022

QTY	PKG	ITEM DESCRIPTION	Batch	EXP	HSN	M.R.P.	RATE	AMOUNT	DIST	SGST	CGST
1	IN1	CELGINASE 10000IU	LA12127BC	6/23	30049047	1688.00	947.10	947.10	0.00	2.5	2.5



CLASS	SUB	TOTAL	SCHEME	DISC.	TOTAL	SGST	CGST	TOTAL	AMOUNT	DIST	SGST	CGST
SST	5.00%	947.10	0.00	0.00	902.00	22.55	22.55	947.10	902.00			
GST	12.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
GST	18.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
ITEMS	1	947.10	0.00	0	902.00	22.55	22.55	947.10	902.00			

Rs. Nine Hundred Forty Seven Only

Tpt. Mode: Cycle/

All disputes subject to DELHI Jurisdiction only

for IMPEX HEALTHCARE PVT. LTD.

REMARK: EXPIRY DATE LESS THAN 1 YEAR WILL NOT BE ACCEPTED. PRICES ARE CONFIRMED AND NOT SUBJECT TO CHANGE AS DISCUSSED AND GIVEN IN QUOTATION.

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

Patient Name:	Arush Patel	Acc. No:	223880
F/H Name:	Ajay Kumar	Hosp. Reg. No.:	105607776
Age/Sex:	11 Y/Male	UHID No.:	----
Clinic/Dept/Unit:	Paediatrics/Unit 1	Consultant Incharge:	Dr. N/A
Reporting Date:	19/02/2022	Reg. Date:	14/02/2022

Histopathology report

Report :

Rectal mass biopsy comprises of multiple ulcerated mucosal fragments showing infiltration by intermediate to large atypical lymphocytes with extensive crushing artefact. The atypical mononuclear cells are immunopositive for CD20, CD10 and cmyc while negative for CD3, CD45RO, CD43, CD56, CD57, CD30, CD34, CD44, CD45, CD59, CD68, CD117, CD138, CD15, CD16, CD18, CD21, CD22, CD23, CD25, CD27, CD31, CD33, CD38, CD42, CD47, CD54, CD58, CD61, CD63, CD64, CD66, CD69, CD71, CD73, CD79, CD80, CD81, CD82, CD83, CD84, CD85, CD86, CD87, CD88, CD89, CD90, CD91, CD92, CD93, CD94, CD95, CD96, CD97, CD98, CD99, CD100, CD101, CD102, CD103, CD104, CD105, CD106, CD107, CD108, CD109, CD110, CD111, CD112, CD113, CD114, CD115, CD116, CD118, CD119, CD120, CD121, CD122, CD123, CD124, CD125, CD126, CD127, CD128, CD129, CD130, CD131, CD132, CD133, CD134, CD135, CD136, CD137, CD138, CD139, CD140, CD141, CD142, CD143, CD144, CD145, CD146, CD147, CD148, CD149, CD150, CD151, CD152, CD153, CD154, CD155, CD156, CD157, CD158, CD159, CD160, CD161, CD162, CD163, CD164, CD165, CD166, CD167, CD168, CD169, CD170, CD171, CD172, CD173, CD174, CD175, CD176, CD177, CD178, CD179, CD180, CD181, 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Reporting Incharge: Dr. Prashant Ramteke

Reporting SR: Dr. Vandna Bharati

Verify By: Dr. Vandna Bharati

Supplementary report

Report :

On further immunohistochemistry atypical mononuclear cells are immunonegative for bel2 and cyclinD1. Features are in favour of Burkitt's lymphoma.

Dispatch Date: 23/02/2022

Reporting Date:23/02/2022

Reporting Incharge: Dr. Prashant Ramteke

Verify By:Dr. Dhanya Jose

Disclaimer

3. This report should be accessed by authorized person only on AHMS intranet

Printed on 25/02/2022

**** TAX INVOICE ****

GSTIN : 07ALUPG1023C1ZJ
State : Delhi State Code : 07

NEWTECH PHARMA

OFFICE NO : 201, II nd FLOOR, ORIENTAL HOUSE,
GULMOHAR ENCLAVE, YUSUF SARAI, NEW DELHI-110049
Phone : 011-41716058, 8802332142

D.L.No. : DL-MLN-130192, 93, 94, 95
E-mail : newtechnew31@gmail.com

ARUSH

DR AHIMS
NEW DELHI

Tel : 9811998626

Bill No. : ST-21-6817

Dated : 10/03/2022

GST No. : State Code : 07, State : Delhi

D.L.No. :

PAN No. :

Page 1 of 1

Sr.	QTY.	PACK	PARTICULARS	SN CODE	Batch No.	Exp.	MRP.	Rate	GST%	Qty	Net	AMOUNT
1	1	1*50ML	RITUXIMAB 500MG INJ	93043190	RMV1622003	12/24	39478.45	6428.58	0.00	6.00	6.00	6428.58

No of Items : 1	Gross Amt	Scm. Amt	Disc. Amt	Taxable Amt	GST%	CGST Amt	SGST Amt	IGST Amt	Net Amount:	7200.00
Taxable	0.00	0.00	0.00	0.00	0%	0.00	0.00	0.00	LESS CN	0.00
Make By MASTER	0.00	0.00	0.00	0.00	5%	0.00	0.00	0.00		
Print By MASTER	6428.58	0.00	0.00	6428.58	12%	385.71	385.71	0.00		
Make Time 12:21PM	0.00	0.00	0.00	0.00	18%	0.00	0.00	0.00		
Print Time 12:21 pm	0.00	0.00	0.00	0.00	28%	0.00	0.00	0.00		
Total	6428.58	0.00	0.00	6428.58		385.71	385.71	0.00	Inv. Amt.	7200.00
									R/Off	

Rupess Seven Thousand Two Hundred Only

Terms & Conditions : ** NOT VALID FOR INPUT TAX **

All Disputes are Subject To Delhi Jurisdiction.

If Payment is Not Made By Customer Is Liable To Pay Interest @ 18% P.A From Due Date

Bank Name : ICICI BANK
Bank A/C : 721605000005
Branch : GULMOHAR ENCLAVE
IFSC CODE : ICIC0007316
MICR No :

For NEWTECH PHARMA

(Computer Generated Invoice)





प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
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:	105607776	Reg Date :	05/10/2021 01:39 AM
Patient Name :	Master. ARUSH PATEL		
Sex :	Male	Age :	10 years 1 day
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :	Dr. S. K. KABRA	Sample Collection Date:	06/10/2021 02:23 PM
Lab Name:	Oncology Lab	Lab Sub Centre:	Lab Oncology (IRCH)
Sample Received Date:	07/10/2021 02:11 PM	Report Generated Date:	08/10/2021 05:30 PM
Dept / IRCH No:	0	Recommended By:	Dr. vijay kumar
Lab Reference No:	2464		
Ward Name:	C5		

Sample Details : LOI-061021118-FO (Blood)

FLOW CYTOMETRY OTHERS

F-2464/21

Pleural fluid sample sent for flow cytometric analysis shows approx. 13% CD45 dim+ blasts which are cCD3+, CD2+, CD34 heterogeneous+, CD38+, CD7 dim+, CD5 dim+ and are negative for CD56, CD4, sCD3, Tdt, CD117, CD1a, CD10, CD19 and CD8.

Impression: Features are suggestive of T-LBL

Senior Resident:- Dr. Ekta Rahul
Consultant In-charge:- Dr. Sanjeev Gupta

Authorized Signatory



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 88771234, 26167559 E-mail : goyalmri@yahoo.com

Dr. Rajesh Kapur
MD, DNB (Radio Diagnosis)

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

Dr. Pranay R Kapur
MBBS, DNB

13.10.2021

MR. ARUSH PATEL, 10YRS / M

UID: 10.21.544

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 T-NHL.

Small non-specific hyperintense focus on T2 and FLAIR images is seen posterior limb of the right internal capsule. No enhancement is seen.

Cerebral and cerebellar parenchyma is otherwise unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral thalami are normal in signal intensity.

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

Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Visualized portions of the orbits are unremarkable.

Minimal mucosal thickening is seen in bilateral maxillary and ethmoid sinuses.

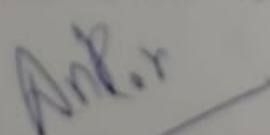
Fluid / mucosal thickening is seen within left mastoid air cells (? Mastoiditis).

IMPRESSION:

- Small non-specific hyperintense focus posterior limb of the right internal capsule. No enhancement seen.

Clinical correlation is necessary

This is a professional opinion and not the diagnosis. Findings should


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

Department Of Pathology
All India Institute Of Medical Sciences Delhi
Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name:	Arush Patel	Acc. No:	21Y11056
F/H Name:		Hosp. Reg. No.:	105607776
Age/Sex:	10 Y/Male	UHID No.:	0
Clinic/Dept	/	Consultant	Dr. S.K.Kabra
/Unit:		Incharge:	
Reporting Date:	11/10/2021	Reg Date:	11/10/2021

Cytopathology report

Report :

Ultrasound guided aspirate from pleural thickening shows numerous monomorphic atypical lymphoid cells. The cells have scant cytoplasm, high nuclear - cytoplasmic ratio and opened up chromatin. Possibility of an acute lymphoblastic lymphoma/non-Hodgkin lymphoma. A biopsy is recommended for confirmation and characterization.

Cancer Category:

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

Reporting Incharge: Dr. Seema Kaushal

Reporting SR: Dr. Anju G.S.

Verify By: Dr. charli

Disclaimer

1. This is a computer generated report, signature is not required.
2. In case of any discrepancy/concern, kindly contact the undersigned at the earliest.
3. This report should be accessed by authorized person only on AIIMS intranet.

Printed on: 18/10/2021



प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
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: 105607776
Patient Name : **Master. ARUSH PATEL**
Sex : Male
Department : Paediatrics
Unit Incharge : Dr. S. K. KABRA
Lab Name: Oncology Lab
Sample Received Date: 21/12/2021 12:12 PM
Dept / IRCH No: 20210030012145
Lab Reference No: 2043
Ward Name: C5 DAY CARE /12

Reg Date : 05/10/2021 01:39 AM
Age : 10 years 2 months 16 days
Unit Name : Unit-III
Sample Collection Date: 21/12/2021 09:39 AM
Lab Sub Centre: Lab Oncology (IRCH)
Report Generated Date: 23/12/2021 05:41 PM
Recommended By: Dr. vijay kumar

Sample Details : LOI-211221027-CS (CSF)

CSF For Morphology

C-2043/21.

CSF cytospin smear shows infiltration by an occasional blast.

Imp : Positive for malignant cells

Note : Pt is a k/c/o T - ALL

Senior Resident: Dr Tanya Prasad

Consultant: Dr Nupur Das

Authorized Signatory