सेवा में,

उमंग केअर ट्रस्ट
कृष्णा नगर, ईस्ट दिल्ली

विषय :- बच्चे के इलाज के लिए

महोदय,

सविनय निवेदन इस प्रकार है की, अजय कुमार जाटौन, उत्तर प्रदेश का रहने वाला हूँ। मेरा बच्चा बीमार है। जिसका नाम अरुष पेटल है। जिसकी उम्र 9 वर्ष है उसे "ब्लड कैंसर" नाम की बिमारी है। जिसके इलाज मे 3,00000 रुपय का खर्चा आ रहा है। और पेशे से मै एक मजदूर हूँ। जिसके कारण मुझसे बच्चे का इलाज करवाने मे समर्थता नही है। इसलिए मै आपसे विनती करता हूँ, कि मेरे बच्चे के इलाज करने मे मेरी सहायता करे, आपकी अति कृपा होगी।

धन्यवाद

आपका आभारी

UMANG CARE TRUST

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 Akash Patel
S/D/W of Ajay kumar Aged 10 year Sex male
UHID No 10560777G
From lymphoblastic lymphoma
She/he is getting treatment for his/her illness in Paediatrics department (Ward/OPD) child is receiving treatment in Pediatric oncology division, Level 9 Teaching, AIIMS, New Delhi
The estimate cost for treatment is Rs. 3,00,000/-
(Rupees Three hundred thousand only) (chemotherapy, supportive care, investigations, medicines, consumables)

Note:- the cost of treatment includes medicines and disposable items. The cheque or demand dra may be issued in favour of **" AIIMS PATIENT TREATMENT A/c No 10874588593"** wi **IFSC Code SBIM0001536**. The said estimate is valid and applicable for beneficiaries as patie of National Illness Assistance Fund, State Illness Assistance Fund, Prime Minister Relief Fun M.P. Local Area Development Fund, Chief Minister Relief Fund and fund from other source 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.

Rachna Seth
डॉ. रचना सेठ
Dr. RACHNA SETH
आचार्य / Professor
बालरोग चिकित्सा विभाग/Department of Pediatrics
अ.भा.आ.सं. दिल्ली/A.I.I.M.S., New Delhi-29
(Signature of Consultant with stamp)

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


21
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POLO
NEW GENERATION


White
CAMP OUT

भारत सरकार

Government of India

अजय कुमार

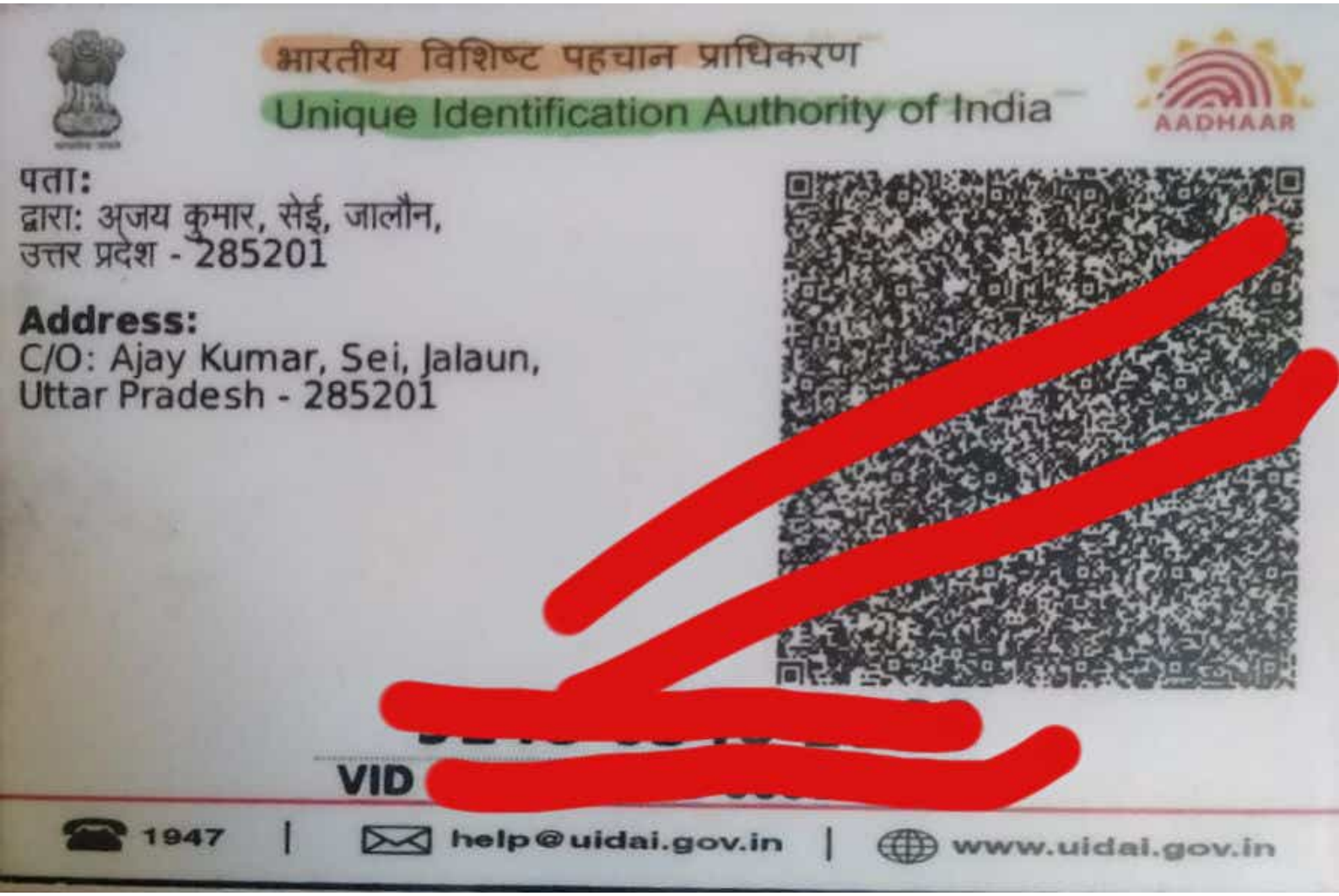
Ajay Kumar

जन्म तिथि / DOB : 14/08/1988

पुरुष / Male

[redacted]

आधार - आम आदमी का अधिकार


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
पता:
द्वारा: अजय कुमार, सेई, जालौन,
उत्तर प्रदेश - 285201
Address:
C/O: Ajay Kumar, Sei, Jalaun,
Uttar Pradesh - 285201
VID
1947
help@uidai.gov.in
www.uidai.gov.in

भारत सरकार
Government of India

आधार

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

Download Date: 02/12/2019

Issue Date: 21/11/2019

[redacted]

VID : [redacted]

मेरा आधार, मेरी पहचान

आधार

भारतीय विशिष्ट 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

[redacted]

1947
1800 300 1947

help@uidai.gov.in

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 : Aseesh patel

UHID : 105607776

Diagnosis : T-NHL

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 9300IU im

   18/10 ↑ 21/10 ↑ 24/10 ↑

2. Tab Dexa (4mg) 1½ — 1 (22/10 to 28/10)
3. Tab Pantop 40mg ½ tab 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 2PM on 25/10/2021.
7. Syp Lactulose 5ml BD
8. Tab Septran 80mg 1 tab BD Sat/Sun

23/10/21

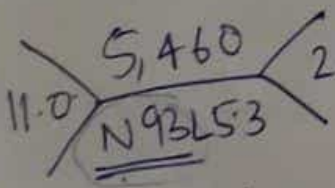
T-LBL

- Cuerdy on D23 of induction
- 1 episode of low grade fever yesterday

↓

On Tab AUGMENTIN

Child c/o lower abdomen pain
c/o c. burning micturition



→ Urine Culture

Plan:

1. Continue Augmentin as advised
2. Urine culture report please sent from outside, to show report-
3. Next chemo on 24/10/21 C5 daycare. daycare/ opd.
4. File updated
5. Plenty of oral fluids.
6. Syp Lactulose 5ml BD
7. Tab Septran 160 1/2 tabBD

Diagnostic Work UP & Risk Stratification

T LBL (Diagnosed on pleural fluid flow)

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

neg Tdt, CD117, CD19, CD10, 19, CD5, CD8, 4, sCD3

Pleural Bx : TNHL

Bone marrow MDD : Negative

CSF : Negative But ⊕ LR Palsy / CE MRI → Small hyperintense focus in GPallidus

D8 P/S : No blasts

D35 CXR (to do f/u MRI)

Molecular

FISH

Karyotype

D35 BMA + MRI :

Post consolidation ~~CT chest~~ / PET CT

Testis : Hydrocele B/L But USG ⊖ N

Name of treatment protocol TNHL ICICLE HR

Post consolidation : 2nd Malignancy (Burkitts lymphoma Recurrence)

CSF:

BMA:

BFM-ALL95 HR arm

21-10-24

I/O (R) sided thigh erythema @ lesion site injection

USG s/o septal inflammation.

Adv.

- T. Augmentin 625mg TDS x 7days o—o—o
- Review tomorrow for week 4 (DNR + VCR)
- T. PCM SOS for pain

Advy
SR

22/10/24 → Inj. VCR 1.4mg IV slowpush.

Inj. DNR 25mg | 100ml NS over 30min

Tab Dexa 10 mg OD (Total)

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

1 - 1 - ½ x 7 day (22/10 - 28/10).

Tab Junior Lanzol 15mg 1 OD x 7days

An
SRpeds.

Patient Details

C.K-56015

Name : ~~Parveen~~ Paresh patel.

Age / Gender : ~~40 Y/F~~ 10Y/M

Father's Name : ~~Mo. Parvez~~ Ajay kumar

Address : Sei, Dist-Jalaun, up.

Contact No : 9793692417

POC / PCSC No.: 254/21.

Diagnosis : T-NHL

Remarks :

Neg
Neg

Immunisation 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 Dexa 4 mg tab

1 — 1 — ½ till 28/10

⑤ Tab Prednisolone (10mg) 29/10 - 1/11/2
(wysolone)

2 — 2 — 1½

⑥ Tab Pantop 40mg ½ tab OD x 14 day

⑦ P/u on 1/11/2021 c CBC

⑧ Inj Tetracain ⑧ C → Manpreet Garf

प्रयोगशाला अर्बुद विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B R A. Institute Rotary Cancer Hospital All In
of Medical Sciences , New Delhi-110029

UHID:	105607776	Reg Date :	05/10/2021 0
Patient Name :	Master. ARUSH PATEL		
Sex :	Male	Age :	10 years 4 m
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :	Dr. S. K. KABRA	Sample Collection Date:	25/02/2022 0
Lab Name:	Oncology Lab	Lab Sub Centre:	Lab Oncolog
Sample Received Date:	25/02/2022 11:43 AM	Report Generated Date:	03/03/2022 1
Dept / IRCH No:	20210030012145	Recommended By:	Dr. Dilip SR
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 reimssion

Advice : Correlation with FCM - MRD analysis

Senior Resident: Dr Tanya Prasad

Consultant: Dr Sanjeev K Gupta

Aut

^{18}F-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 ^{18}F-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 at rectum - Advised HPE correlation.
↳ Discussed with Dr. Bangkim.

Large Rectal Mass

To Room 7 → please update report

Protocol

TNHL

CNS 3

LT

Arush patel

~~10560776~~

105607776

BSA → 0.93 m²

T-ALL/NHL

Induction

LCHO - (N)

Weeks 1-5(35 days)

Testis - (N)

Days	Prednisolone 60mg/sqm 3 DD, max dose ;120mg	Dexa 10 mg/sqmPO with antacid 2 dd	VCR 1.5 mg/Sqm IV push	L asparginase 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	
9.		8/10				
10.		9/10				
11.		10/10				
12.		11/10		12/10		
13.		12/10				
14.		13/10	1.5			
15.	14			15/10	15/10	14/10
16.	15					
17.	16			18/10		
18.						
19.						
20.				21/10		
21.		20/10	22/10		22/10	
22.						
23.				24/10		
24.						
25.						
26.				27/10		
27.						
28.		29/10				
29.			29/10	30/10	29/10	
30.			30			
31.		31				
32.		1/				

Taken low dose pred from outside (20mg/m²) x 2 days

Received Dexa + cycloplos (20mg/m² - days)

↳ 5/10 & 6/10 as prophase - Disregarded all of above

adjusted

Mediastinal mass

BM Baseline - neo blast

Pediatric Oncology, Department of Pediatrics, AIIMS, New Delhi

THL - 9300

neo LAP/neo HSM

(R) LR palsy → CNS (+)

CSF : Negative

Testis : Neg but hydrocele → (N)

33.						
34.						
35.						

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

PS.....

Day 8 CSF report.....Acellular.....

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

At day 35 optional

CXR: (N)

D35 BMA

MRD

NHL

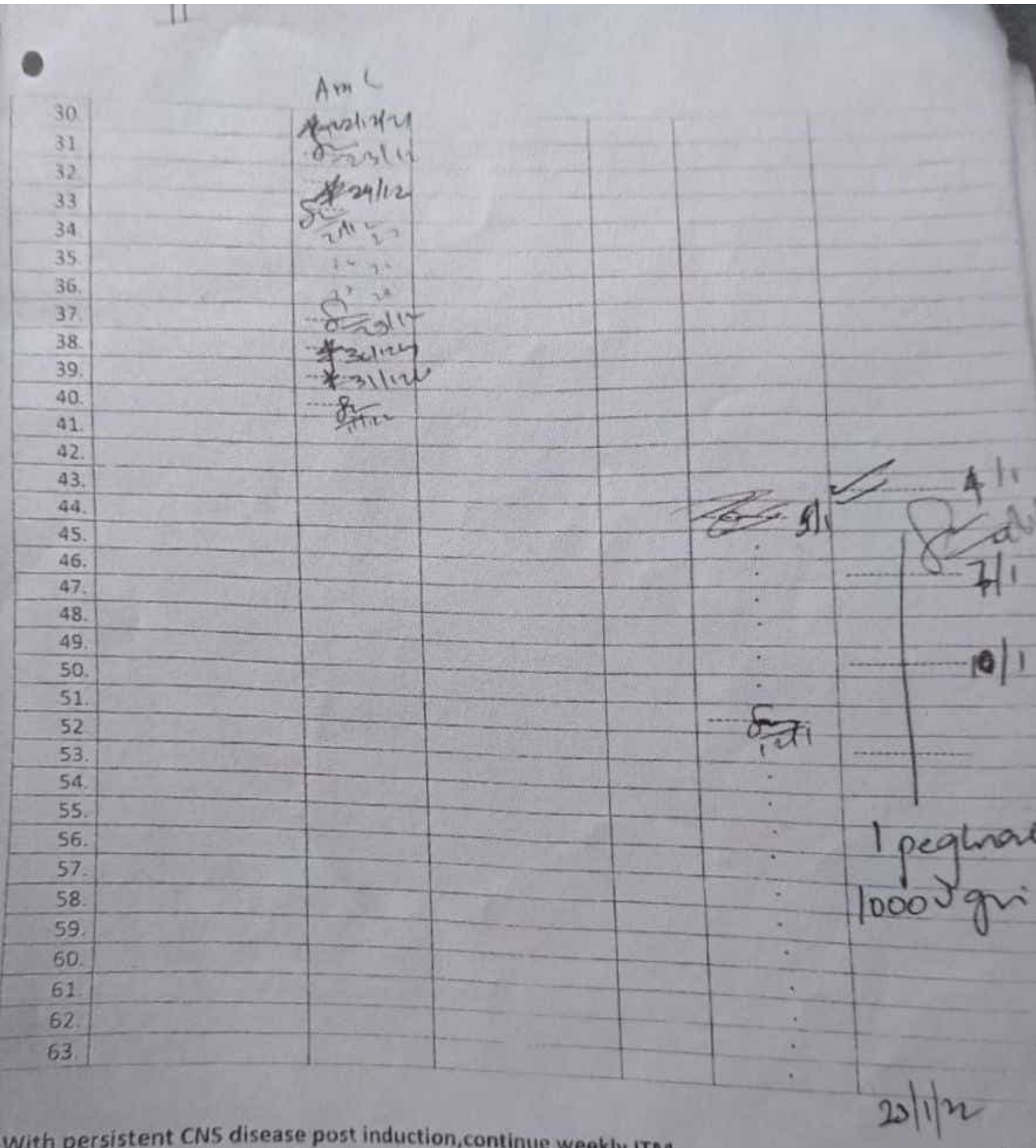
Volumetric measurement of tumor mass should be done at presentation and after 35 days with CT scan. More than/equal to 35% reduction in tumor mass is response(remission)

Intrathecal methotrexate (ITM)

< 2 yrs	8 mg
2-< 3 yrs	10 g
> 3 yrs	12 mg

Cotrimoxazole (PO)

Body surface area(sqm)	cotrimoxazole	Trimethoprim	sulfamethoxazole
0.50-0.75	240 mg BD	40mg BD	200mg BD
0.76- 1.00	360 mg BD	60mg BD	300mg BD
>1.0	480 mg BD	80mg BD	400mg BD
BD for 2 days (Saturday & Sunday)			



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

II

ARUSH PATEL

wt : 23 kg
Ht : 124 cm
BSA : 0.9

T ALL/NHL

Consolidation

Days 1-63 Week 6-14

Eligibility: Remission following induction chemotherapy

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

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

21/12/21 cytopath (few lymphocytes) 3 b. ↳ Blasts (+) (IRCH)

(all ITMs to ... CSF)

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T : 1800 103 3691

GSTIN : 07KFMPS6541ZA

AUTH. COLLECTION CENTER
Address : 214, Kakrola Dwarka Sec. : 16,
New Delhi -110078
Contact : 9910934982, 8527211231,
E-mail : medlife.dwarka@gmail.com

Receipt No. 867

Date 05/03/22

Patient Details

Name Ayush Patel.

Email id

Address

Contact No. 9793692417

Doctor Details

Name Dr. Rachna Seth

Hospital Name Aiims

Address

Contact No.

For office use only

Employee ID

Employee Name Lalit Chaudhary.

For test code

Received from

Contact No 7982157522

Employee Name

For Test Name NCP

100000/-

Mode of Payment	
Cash	
Cheque	
Others	online

Amount details	IN INR
Total amount due	
Total amount received	100000/-
Balance Due	

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

Ht..... Wt..... BSA 0.87 Date .....

Hb: 11.7 TLC: 11K ANC: 6,510 Platelets: 3.61 L.

T bil: 0.7 AST/ALT/ALP: 14/19/135

Urea/Creat. 18/0.2

Consolidation

Block 1	mg/meter square	Day
Dexamethasone	20 (max dose 20mg/day)	1-5
Rituximab	375	-2, 1
6-MP	100	1-5
MTx	5000	1
Leucoverin	15	+ 36,42,48 hr after start of methotrexate infusion
Cyclophosphamide	200 mg/m2 per dose x 5doses	12 hrly start from day 2
Cytarabine	2000 q 12h	5
L-Asparginase	10 000iu	6
TIT(Mtx, cytarabine, prednisolone)	12,30,10 mg	1
Inj G-CSF _____ mcg SC OD for 7 days		

REDUCE ALL DOSES BY 25%

Drugs	Day -2 11/3	Day - 1	Day 0	Day 1 14/3	Day 2 15/3	Day 3 16/3	Day 4 17/3	Day 5 18/3	Day 6 19/3
Rituximab 250 mg	✓			✓					
Dexamethasone 12mg				✓	✓	✓	✓	✓	
6 MP 60mg				✓	✓	✓	✓	✓	✓
Methotrexate 3.2g				✓					
Cyclophosphamide 130mg					✓	✓	✓		
Cytarabine 1.3g								✓ ✓	
L. Asparaginase 6000									✓
TIT				✓					

100 mg

Date	21/3	23/3					
GCSF	✓	✓ 100					
				CBC			CBC

TAX INVOICE

SOUTHDELHI MEDICOS

SHOP NO 17 S/ SAFDARJUNG HOSP. GATE.OPP. AIIMS AUROBINDO MARG, NEW DELHI- 16

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GSTIN: 07HERPG1033G1Z6

FSSAI NO: 13319008000361 D.L.No.: 20(1172761.208(1172771.21(1172781.218(117

BILL NO. 105327 DATE: 05/01/2022

NAME: ARUSH PATEL Dr. By: Dr. ,AIIMS

ADDRESS:

SR.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	MRP	RATE	AMOUNT
1	4	EACH	VIMCON INJ INJ	4C1213TAC	06/23	3004		54.00	216.00

GST DETAILS

216.72 X 5 = 10.28 .

CGST : 5.14

SGST : 5.14

Net Amt.: 216.0

Paid Amt.(R/O): 216.0

All disputes are subject to Delhi Jurisdiction only. For SOUTHDELHI MEDICOS

Goods will not be taken back.

RETURNS TIME - 2 PM TO 5 PM NO RETURNS IN BILLING STRIPS

E.&.O.E. (Computer Generated Invoice)

ORIGINAL

GST INVOICE

GSTIN : 07ABEPN2637H1ZP

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

Safdarjung Medicos

CREDIT CARD ACCEPTED

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

ALL DAYS OPEN

* 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 100MG INJ	BYX1095	12/23	5.0	55.70

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

BILL NO. : 300422

DATE : 13/03/22

PATIENT Ms/Mr. : ARUSH PATEL

ADDRESS :

Pres. by Dr. : AIIMS

Sign.

1. Cutting strip will not be taken back.
2. No Return No Exchange.
3. All disputes subject to Delhi Jurisdiction.
4. Home Delivery also available.

Total 55.

SGST 1.31

CGST 1.31

1.26 % 0.70

Grand Total 55.0

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 Settelement date:21/03/2022	**Advance Paid:**	**Rs.22000.00** Long Admission For Private B with Diet **Rs :*22000*** of Receipt No :ACCOUNTS-18-195057/202122

Admission Charge

Sl.No	Service Name	Quantity	Rate	Amount
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 Amount : Rs. 0.0

(-) Advance : Rs. 22000.00

(-) Grant Amount : Rs. 0.0

Exempted Amount : Rs. 0.0

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 ByMs.Sarika DEO

21/3/22

Verified By AO/AAO/Cashier

Hosp. BILLING SEC

CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi-110029

Phones : 26588500
26588700

CASH RECEIPT

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

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

Receipt No: ACCOUNTS-18/202436/202122 **[Original]**Hospital Receipts

DATED: 21/03/2022

Received From MASTER. ARUSH PATEL ,Age :10 Yrs 5 Mons 16 Days

Billing Type : General

Sl 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 (CRIA) - METHOTREXATE	1	1800	1800
6	REPRODUCTIVE BIOLOGY (CRIA) - 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.

Donation Adjusted Rs.: 0.

Advance Adjusted Rs.: 22000.

Grant Adjusted Rs.: 0.

Exempted Amount Rs.:

Due Amount Rs.: 5950.

Paid Successfully

Rupees Five Thousand Nine Hundred Fifty Only

Payment Mode:
INR (Rs.) :
Rs. in Words

MR.NITISH SINGLE WINDOW

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

AMBEY MEDICINE CORNER

37-A/8,GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE, NEW DELHI-29, Ph.: 26193664

Bill No. : 278950 GST INVOICE Date : 11/08/17
Patient : ARUSH Time : 03:43 PM
Address :
Prescribed by : SJH

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
1	P.H.PAPER	38220090	12.0	6193720120	00/00	50.00

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.	
User :	HASAN/SONU/AJAY			PAID AMT.	50.00

GSTIN : 07AGHPB6470A1ZV 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

ORIGINAL

GST INVOICE

IMPEX HEALTHCARE PVT.LTD.

CHEMIST & DRUGIST

B/3,1st FLOOR YUSUF SARAI,
MAIN MARKET,NEAR MANDIR,
Phone : 26714402,26712485 Fax : 28866058
Licence No. : DL-MLN-144148-144149-144150-144151-1
GSTIN : 07AAFCI8134F1ZM
FOOD LIC :10019011006381, MSME NO.: DL08D0004076

Inv.No.:YS/R-6936 DATE : 09-03-2022
M/S AARUSH PATEL
AIIMS
P/O DR.RACHNA SETH State : 07

PHONE NO.:

QTY	PKG	ITEM DESCRIPTION	Batch	EXP	HSN	M.R.P.	RATE	AMOUNT	DIS%	SGST	CGST
5		VIA CYCLOXAN 200MG	BUX1064	5/23	30049041	58.00	27.00	135.00	0.00	2.5	2.5
2		VIAL VINLON 1MG INJ	VCI2201AC	12/23	30049043	54.00	45.00	90.00	0.00	2.5	2.5

CLASS	SUB TOTAL	SCHEME	DISC.	TOTAL	SGST	CGST	TOTAL AMOUNT:	214.28
GST 5.0%	225.00	0.00	0.00	214.30	5.35	5.35	SGST PAYABLE:	5.35
GST 12.0%	0.00	0.00	0.00	0.00	0.00	0.00	CGST PAYABLE:	5.35
GST 18.0%	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE :	0.00
ITMES	225.00	0.00	0	214.30	5.35	5.35	PARTY TOTAL :	225.00

Rs. Two Hundred Twenty Five Only

Tpt.Mode: Cycle/___

All disdes subject to DELHI Jurisdication only

for IMPEX HEALTHCARE PVT.LTD.

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

ORIGINAL

GST INVOICE

IMPEX HEALTHCARE PVT. LTD.

CHEMIST & DRUGIST
8/3, 1st FLOOR YUSUF SARAI,
MAIN MARKET, NEAR MANDIR,
Phone : 26714402, 26712485 Fax : 28866058
Licence No. : DL-MLN-144148-144149-144150-144151-1
GSTIN : 07AAFCI8134F1ZM
FOOD LIC :10019011006381, MSME NO.: DL08D0004076

Inv.No.:YS/R-7153 DATE : 19-03-2022
M/S ARUSH PATEL
P/O DR.RACHNA SETH
AIIMS State : 07
PHONE NO.: 9793692417

QTY	PKG	ITEM DESCRIPTION	Batch	EXP	HSN	M.R.P.	RATE	AMOUNT	DIS%	SGST	CGST
1	1X1	CELGINASE 10000IU	LAI2127BC	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:	902.00
GST 5.00%	947.10	0.00	0.00	902.00	22.55	22.55	SGST PAYABLE:	22.55
GST 12.00%	0.00	0.00	0.00	0.00	0.00	0.00	CGST PAYABLE:	22.55
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE :	0.00
ITMES 1	947.10	0.00	0	902.00	22.55	22.55	PAYABLE AMOUNT :	947.00

Rs. Nine Hundred Forty Seven Only

Tpt.Mode: Cycle/___

All disputes subject to DELHI Jurisdication only

for IMPEX HEALTHCARE PVT.LTD.

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

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:	**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 lymp with extensive crushing artefact. The atypical mononuclear cells are immunopositive for CD20, CD10 and cmyc while negative for Tdt. Impression: High grade B cell Non Hodgkin Lymphoma Note: Immunohistochemistry for Bcl2 is being done, supplementary follow.

Reporting Incharge: Dr. Prashant Ramteke

Reporting SR: Dr. Vandna Bharati

Verify By: Dr. Vandna Bharati

Supp ementary report

Report :

On further immunohistochemistry atypical mononuclear cells are immunonegative for bcl2 and cyclinD1. Features are in favou Burkitt's lymphoma.

Dispatch Date: 23/02/2022

Reporting Incharge: Dr. Prashant Ramteke

Reporting Date:23/02/2022

Verify By: Dr. Dhanya Jose

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: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 AIIMS
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. :

Sr.	QTY.	PACK	PARTICULARS	HSN CODE	Batch No.	Exp.	MRP.	Rate	DIS%	CGST %	SGST %	AMOUNT
1.	1	1*VIAL	RITUXIREL 500MG INJ	30043190	RMV1822003	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
Tot Qty. : 1	0.00	0.00	0.00	0.00	0 %	0.00	0.00	0.00
Made 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
Made Time 12:21PM	0.00	0.00	0.00	0.00	18 %	0.00	0.00	0.00
Print Time 12:31 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**

Net Amount: 7200.00
LESS CN 0.00
Inv. Amt. R/Off **7200.00**

Rupees Seven Thousand Two Hundred Only

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

E.& O.E.

All Disputes Are Subject To Delhi Jurisdiction.
If Payment Is Not Made By Customer Is Liable To Pay Interest @ 18% P.A From Due Day

For NEWTECH PHARMA

Bank Name : ICICI BANK
Bank A/C : 731605000005
Branch : GULMOHAR ENCLAVE
IFSC CODE : ICIC0007316
MICR No :

(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 : 46771234, 26167559 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

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 be correlated clinically.

DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (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 /Unit:	/	Consultant Incharge:	Dr. S.K.Kabra
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: Furhter 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

Printed on:18/10/2021

प्रयोगशाला अर्बुद 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	Age :	10 years 2 months 16 days
Sex :	Male	Unit Name :	Unit-III
Department :	Paediatrics	Sample Collection Date:	21/12/2021 09:39 AM
Unit Incharge :	Dr. S. K. KABRA	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Oncology Lab	Report Generated Date:	23/12/2021 05:41 PM
Sample Received Date:	21/12/2021 12:12 PM	Recommended By:	Dr. vijay kumar
Dept / IRCH No:	20210030012145		
Lab Reference No:	2043		
Ward Name:	C5 DAY CARE /12		

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