



Jan Sanjeevni Trust

Soch Hamari Suraksha Aapki

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJO816E

Jan Sanjeevni Trust Website : www.jansanjeevnitrust.org

Jan Sanjeevni Trust E-mail : contact@jansanjeevnitrust.org

PATIENT NAME	<u>Love Chauhan</u>
PATIENT FATHER NAME	<u>Lakhveer Singh</u>
D.O.B. AND SEX	<u>13-10-2017, Male</u>
DISEASE NAME	<u>thalassemia major</u>
TREATMENT HOSPITAL	<u>AIIMS</u>
UHID NO	<u>104150567</u>
DEPARTMENT NAME	<u>Hematology</u>
TREATMENT COST	<u>10 Lakh</u>
PATIENT FATHER OCCUPATION	<u>GD In Indo Tibetan Border Police</u>
PATIENT ADDRESS	<u>Kamalpuri Khalsa Moradabad UP</u>



CASH RECEIPT

Phones :26588500,
26588700

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

Settlement Id :721343

Last Ward Name OPW V FLOOR and Bed No. :506

MR LOVE CHAUHAN

6 Yrs 0 Mons 5 Days

Male

UHID :104150567

Admission date:
02/11/2023Advance
Paid:

Rs.159000.00

Settlement
date:09/12/2023pvt ward Rs :30000 of Receipt No :ACCOUNTS-18-
148010/202324,pvt ward Rs :33000 of Receipt No :ACCOUNTS-18-
152393/202324,pvt ward Rs :30000 of Receipt No :ACCOUNTS-18-
155549/202324,PVT WARD Rs :33000 of Receipt No :ACCOUNTS-18-
161023/202324,Long Admission For Private B with Diet Rs :33000 of Receipt No
:ACCOUNTS-28-9832/202324

Sl.No	Service Name	Quantity	Rate	GST	Amount	
Admission Charge						
1	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	0.00	₹ 15000.0	
2	BED CHARGE PER DAY FOR PRIVATE B	1	3000.00	0.00	₹ 3000.0	
3	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	0.00	₹ 15000.0	
4	BED CHARGE PER DAY FOR PRIVATE B	6	3000.00	0.00	₹ 18000.0	
5	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	0.00	₹ 15000.0	
6	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	0.00	₹ 15000.0	
7	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	0.00	₹ 15000.0	
8	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	0.00	₹ 15000.0	
9	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
10	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
11	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
12	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
13	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
14	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
15	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	0.00	₹ 1500.0	
16	EXTRA DIET FOR PVT PATIENT PER DAY	3	300.00	0.00	₹ 900.0	
Total amount :					0.00	122400.0

Sl.No	Service Name	GST	Amount
2	BLOOD BANK SERVICE FOR PVT (MAIN HOSPITAL)	₹ 0.00	₹ 13325.0
3	REPRODUCTIVE BIOLOGY (CRIA)	₹ 0.00	₹ 18200.0
4	USG	₹ 0.00	₹ 350.0

Total(Including GST as applicable Rs. 154275.0
above) Rs :

(-) Donation Amount : Rs. 0.0

(-) Advance : Rs.

159000.00



(-) Grant Amount : Rs. 0.0

Exempted Amount : Rs. 0.0

Amount to be Refund : Rs.4725.00

Amount in Words

Rupees Four Thousand Seven Hundred and Twenty Five
Only

Remarks :

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

Prepared By **Mr.NAVEEN YADAV DEO**

For 
25/11/22

Verified By **AO/AAO/Cashier**

Hosp. BILLING SEC
A.I.I.M.S., N.D.

Jan Sanjeevni Trust



सेवा में.

श्रीमान् सेनानी महोदय
भारत तिब्बत सीमा पुलिस बल
महानिदेशालय, नई दिल्ली।

द्वारा :- उचित माध्यम।

विषय :- पुत्र के उपचार हेतु कार्यालय आदेश संख्या-31600-99 दिनांक-01.09.23 के तहत हुए स्थानान्तरण को 01 वर्ष के लिए रिटेन करवाने बावत प्रार्थना पत्र।

महोदय,

सविनय निवेदन इस प्रकार है कि प्रार्थी दल संख्या-120461593 सि०/जी०डी० लखवीर सिंह, जो कि वर्तमान में गैरीजन समवाय, एस०एस० वाहिनी, भा०ति०सी०पु० बल में तैनात है। महोदय प्रार्थी का पुत्र लव चौहान (उम्र 5 वर्ष) जो कि थैलीसीमिया मेजर नामक बीमारी से ग्रस्त है, (संलग्न समस्त दस्तावेज) जो कि एक घातक बीमारी है। इस बीमारी के कारण प्रार्थी के पुत्र में रक्त नहीं बनता जिस कारण प्रार्थी द्वारा अपने पुत्र को प्रत्येक 15 से 20 दिन के अन्तराल में 1 यूनिट रक्त चढ़वाना पड़ता है। महोदय प्रार्थी के पुत्र का उपचार वर्ष-2019 से लगातार एम्स चिकित्सालय, नई दिल्ली में चल रहा है। जिसके स्थाई उपचार हेतु एम्स चिकित्सालय के चिकित्सकों द्वारा वोनमैरो ट्रांसप्लान्ट की सलाह दी गयी है, एवं प्रार्थी की पुत्री चेष्टा चौहान (उम्र 3 वर्ष) का 100 प्रतिशत वोनमैरो प्रार्थी के पुत्र लव चौहान से मैच हो गया है।

02. उपरोक्त विषय में अवगत करवाना है कि एम्स चिकित्सालय में आयुष्मान के अन्तर्गत उपचार करवाने हेतु एम्स चिकित्सालय के आयुष्मान कार्यालय द्वारा प्रार्थी को स्वयं के विभाग से अपने पुत्र का वोनमैरो ट्रांसप्लान्ट करवाने की अनुमति लेने हेतु अवगत करवाया गया। जिसके तहत प्रार्थी द्वारा वाहिनी में उक्त उपचार की अनुमति चाहने हेतु प्रार्थना पत्र प्रस्तुत किया गया। एवं इस वाहिनी के ई-मेल संदेश संख्या-7207 दिनांक-01.07.23 (संलग्न) के तहत अनुमति का मामला निदेशक (चिकित्सा) महानिदेशालय, भा०ति०सी०पु० बल को भेजा गया। जिसके प्रतिउत्तर में निदेशक (चिकित्सा) महानिदेशालय के पत्र संख्या-3280-81 दिनांक-07.07.23 (संलग्न) के तहत अनुमति हेतु मामला The Director MoH & FW MG-2 Section Nirman Bhawan, New Delhi-08 कार्यालय को भेजा गया। और उक्त कार्यालय की समिति एवं सक्षम अधिकारी के अनुमोदन के उपरान्त दिनांक-17.08.23 को अनुमति होने के उपरान्त निदेशक (चिकित्सा) महानिदेशालय, भा०ति०सी०पु० बल को भेजा गया। तथा उक्त कार्यालय के कार्यालय ज्ञापन संख्या-3159 दिनांक-24.08.23 (संलग्न) के तहत उक्त उपचार की अनुमति प्रदान की गयी।

03. उपरोक्त विषय में यह भी अवगत करवाना है कि प्रार्थी जे०ई०बी०-2020 में 46वीं वाहिनी से इस वाहिनी में पुत्र के उपचार हेतु अनुकम्पा के आधार पर स्थाई स्थानान्तरण पर आमद हुआ था, उस समय प्रार्थी की पुत्री 06 माह की थी, जिसके कारण चिकित्सकों द्वारा प्रार्थी को अवगत करवाया गया की वोनमैरो डोनेट करने के लिए न्यूनतम आयु 03 वर्ष होनी चाहिए। आयु पूर्ण होने के बाद ही वोनमैरो ट्रांसप्लान्ट सम्भव है। दिनांक-05.09.23 को अपॉइन्टमेंट चिकित्सकों द्वारा दिया गया है, जिसमें चिकित्सकों द्वारा प्रार्थी के पुत्र व पुत्री दोनों की समस्त रिपोर्ट चैक करके वोनमैरो ट्रांसप्लान्ट की तिथि निर्धारित की जानी है, एवं उक्त ट्रांसप्लान्ट हेतु उप निदेशक (चिकित्सा), भा०ति०सी०पु० बल द्वारा अनुमति भी प्रदान की जा चुकी है। एवं कार्यालय आदेश संख्या-31600-99 दिनांक-01.09.23 के तहत प्रार्थी का स्थानान्तरण 24वीं वाहिनी लेह में हुआ है जिस कारण प्रार्थी के पुत्र का उपचार सम्भव नहीं है।

(लगातार-2)

04. उपरोक्त विषय में यह भी अवगत करवाना है कि प्रार्थी के अलावा प्रार्थी के घर में ऐसा कोई भी व्यक्ति नहीं है, जो कि प्रार्थी के पुत्र का उपचार करवा सके। यदि प्रार्थी के पुत्र का वोनमैरो ट्रांसप्लान्ट समय से नहीं हुआ तो प्रार्थी के पुत्र की जान को खतरा है। अतः महोदय से विनम्र निवेदन है कि प्रार्थी की समस्या को मददेनजर रखते हुए प्रार्थी का स्थानान्तरण 01 वर्ष के लिए रिटेन करवाने की कृपा की कृपा करें। जिससे प्रार्थी अपने पुत्र का उपचार पूर्ण रूप से करवा सके। प्रार्थी आपका सदैव आभारी रहेगा।

संलग्न:-

01. समस्त चिकित्सा दस्तावेज।
02. उक्त ट्रांसप्लान्ट हेतु दी गयी अनुमति।

प्रार्थी

Lakshvir Singh

दल संख्या-120461593

पद-सि० / जी०डी०

नाम-लखवीर सिंह

समवाय-गैरीजन

एस०एस० वा०, भा०ति०सी०पु०।

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi,

नियुक्ति पर्ची

APPOINTMENT SLIP



Done By: Mr. MANISH KUMAR 2 DEO SWSC (Follow-up) General ₹ 0.0 [Print Appointment Slip](#)

Department Name: Hematology/HT CLINIC Appointment Request date: 22/08/2023
Reporting Time: 8.30 AM

Doctor Name	Dr. Manoranjan Mahapatra	Appointment Request date	22/08/2023
Name of Patient		Appointment No	2023082212982
Sex	Male	Age	5 years 8 months 24 days
Contact Details	Mobile: XXXXXXXX214	Request Mode	counter
Queue No:	F3		

Remarks:

Your UHID is : 104150567.

परीक्षा केंद्र
LIND 1018056
Dist No. 2023024311771
Clinic No. 202347871

Room No.

रोगी का नाम
LOVE CHAUNIA
SV PM TD. M (P)
SIOLAKH DEER SINGH
Age 10.174074EADISH PND INDIA

C-608
LIND
HT CLINIC
Queue No. P3
05/09/2023



Med. 8841501214 Follow Up... Gender: M Reporting 8:30 AM

Pre BMT w/w
almost done

(18)

TDT

- ① T Decitox sw/750 AD
in 1/2 glass of water
- ② T Keffex sw qd
- ③ T folvite (1) qd
- ④ T Shelcal sw qd

To MS office

Kindly Admit this kid
in private ward
for bone marrow biopsy
Planned for BMT.

ATA 2wks in omg

वरिष्ठ रजिस्ट्रार Senior Resident C
छिद्र विज्ञान विभाग / Dept of Hematology
- भा.स. नई दिल्ली - 29/A.I.I.M.S New Delhi

Dr. T
Dr. T
Dr. T
Dr. T

05/09/2023

डॉ. प्रदीप कुमार
Dr. Pradeep Kumar
सहायक प्राध्यापक / Assistant Professor
छिद्र विज्ञान विभाग / Dept. of Hematology
- भा.स. नई दिल्ली / A.I.I.M.S., New Delhi



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान करना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



केन्द्रीय चिकित्सा विभाग

रूम/Room

OPR-6

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

रजि. क्र. 106150567
Dept. No. 2220240117771
Cont. No. 202347871

C-508
Unit
HT CLINIC
Issue No. FB
2208/2023

Segn. No. HT-671

पता/Address

लॉवे चौहान
LOVE CHA JHAN
55 BH 24TH FLOOR
B/CLARKHILLY BR BUNG-4
444 UP OF FAR ROAD DELHI INDIA



Mob: 98201 01211 Follow Up... Gate: T-3 Reporting: 8:30 AM

निदान/Diagnosis

Thal Myeloma

दिनांक/Date

उपचार/Treatment

5

Adm

to do

Donore

Igm AntiHbc

*T. Desistany 50/750 AD
1/2 glass water*

T. keffare sw m

T. folvite 1tab m

T. shekal sw m

Star 8m

Transfuse to keep Hb > 9.

MA 2wks.

वरिष्ठ निवासी, Senior Resident
शिर विज्ञान विभाग/Deptt of Hematology,
अ. सं. 29-A I.I.M.S. New Delhi-110029



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता रो काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



Adv IOPA $\frac{\quad}{D}$

GIC with mt $\frac{\quad}{ED | DE}$

Composite with $\frac{CA}{A}$ done

Adv OHI

R_x ° Toothpaste kidodent BD regularly
Brushing instructions given

Shankar

~~pt. cleared for~~

PT can be cleared for scheduled procedure



डॉ. नितेश तिवारी/DR. NITESH TEWARI
अपर आचार्य/Additional Professor
पेडियाट्रिक एण्ड प्रिवेन्टिव डेंटिस्ट्री/Pediatric & Preventive Dentistry
दंत शिक्षा एवं अनुसंधान केंद्र/Centre for Dental Education & Research
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029



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

UHID: 106726232 Sex : Female
Patient Name : Miss. CHESTHA CHAUHAN Sample Received Date : 22-Aug-2023 21:33 PM
Age : 3Y 3m Department : Other
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 22-Aug-2023 16:07 PM Sample Collection Date: 22-Aug-2023 12:46 PM
Recommended By: Lab Reference No: 2312827024
Sample Details : C2208232032 Sample Type : Serum

Report

SEROLOGY

Test Name (M)	Result	UOM	Reference
IgM Anti HBs	0.08	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Suneeta Meena MD
(Microbiology)
23-Aug-2023 06:27

Jan Sanjeevni Trust



अखिल भारतीय आयुर्विज्ञान संस्था / AIIMS RECEIPT
 अखिल भारतीय आयुर्विज्ञान संस्था / AIIMS RECEIPT
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES (UNIVERSITY OF MEDICAL SCIENCES)
 अरारी नगर, नई दिल्ली 110029 / Ansari Nagar, New Delhi-110029
 नियुक्ति पर्चा

दूरभाष { 26588500
 26588700
 Phones



APPOINTMENT SLIP

रसीद संख्या / Receipt No.:
 जमाकरी / By: Mr. MADAN DEO SWSC (Follow-up)
 प्राप्त / Received From:

General ₹ 0.0 दिनांक / Dated :

Reporting Time: 8.30 AM प्रकार / Appointment Date: 22/08/2023

डॉ. पी. एम. एम. अग्रवाल / Dr. P. M. Agrawal
 के नाम / Name of Patient

Appointment Request date

कक्ष संख्या / 09/08/2023 No. :

Name of Patient

MR LOVE CHAUHAN

Appointment No

2023080910310

Sex

Male

Age

5 years 8 months 11 days

Contact Details

Mobile: XXXXXXXX214

Request Mode

counter

Queue No:

F6

Remarks:

Your UHID Is : 104150567.

Your Clinic Number Is : 2023/HT/671.

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अनिवार्य नहीं है।

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



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अखिल भारतीय आयुर्विज्ञान संस्थान
(AIIMS) / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष { 26588500
26588700

रसीद संख्या / Receipt No. अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

जमाकता / Received From. **APPOINTMENT SLIP** नियुक्ति पर्चा

New Patient

ओ पी.डी./य.एच.आर्.डी. सं. / OPD / UHID No.:

Advance



के मा.डॉ. **DR. P. S. MANTA** PASTAN DEO C WING

General ₹ 0.0

Department Name: ENT/ENT

Appointment Date: 19/08/2023

Reporting Time: 8:00 AM-9:00 AM

Appointment Request date 20/07/2023

Name of Patient MR LOVE CHAUHAN

Appointment No 2023072000641

Sex Male

Age 5 years 7 months 22 days

Contact Details Mobile: XXXXXX214

Request Mode counter

Remarks:

Your UHID Is : 104150567.

Book Online appointment from : <https://ors.gov.in> Developed by NIC

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अयोजित नहीं हैं।

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



FOCUS IMAGING & RESEARCH CENTRE PVT.

LABORATORY MEDICINE • PREVENTIVE HEALTHCARE

NABL ACCREDITED FACILITY AS PER SCOPE



INTRODUCING RT-PCR TESTING FOR COVID-19

• CLINICAL HEMATOLOGY • CLINICAL PATHOLOGY • CLINICAL BIO-CHEMISTRY • CLINICAL MICRO-BIOLOGY

SRF ID :	P10185561		
Registration No.:	102312992	Mobile No.:	7500945074
Patient Name:	Baby CHESHTA CHAUHAN	Registration Dt./Tm.:	10/08/2023 13:58:02
Age/Sex:	3 Yrs 4 Mo Female	Sample Col. Dt./Tm.:	10/08/2023 14:49:26
ID Card No.:	P615FWEBZ	Sample Acc. Dt./Tm.:	10/08/2023 15:19:13
Referred By:	PRASHAN SAINI	Report Dt./Tm.:	12/08/2023 11:19:01
Referring Hosp.:	INDO TIBETAN BORDER POLICE FORCE		

Investigations

Result Biological Ref. Intervalnits

Anti HBc Total*
Serum (Method ELISA)

Immunoassay

See Attachment

Negative > 1.1
Borderline 0.9-1.1
Positive < 0.9

Antibody Index

Note: 1. Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy

2. For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results

Comments:

Anti- HBc Total is the first antibody to appear usually 4-10 weeks after appearance of HBsAg, at the same time as clinical illness and persists for years or maybe lifetime. It is almost always present during chronic HBV infection. It detects virtually all individuals who have been previously infected with HBV. Detection of Anti HBc Total positive donors reduces incidence of post transmission Hepatitis and possibility of other viral infections like HIV due to frequency of dual infections. This antibody may be seen in 2% of routine donors without any other serological marker and with normal liver enzyme levels. This indicates recovery from subclinical HBV infections. Anti HBc Total is not protective and cannot be used to distinguish Acute from Chronic infection.

Uses

As a marker for HBV infection

As a screening test for blood donors

Dr. Uma Shankar
MBBS, MD (Pathology)
Consultant Pathologist
DMC Reg No.: 68471

Contd...2

"HEALTHCARE BEYOND IMAGINATION"

Address: 27/1, Ring Road, Market, Anandnagar, New Delhi - 110028. Laboratory: Mode - A, Market, The Park, East of
Delhi - 110028. Tel: 011-42199929, Fax: 011-42199993, +91 11 49490995

Website: www.focusimaging.com, Email: info@focusimaging.com
Sample Collection: 09:00 AM to 05:00 PM, Tel: 011-42199929, +91 9110641523, +91 9310055309

IN-PANEL TESTS: HBV, HCV, HIV-1, HIV-2, H. pylori, CMV, EBV, etc.

For Appointment/Queries: 011-42199929



FOCUS IMAGING & RESEARCH CENTRE PVT

LABORATORY MEDICINE • PREVENTIVE HEALTHCARE

NABL ACCREDITED FACILITY AS PER SCOPE



INTRODUCING RT-PCR TESTING FOR COVID-19

• CLINICAL HEMATOLOGY • CLINICAL PATHOLOGY • CLINICAL BIO-CHEMISTRY • CLINICAL MICRO-BIOLOGY

SRF ID : P10185561

Registration No.: 102312992

Patient Name: Baby CHESHTA CHAUHAN

Age/Sex: 3 Yrs 4 Months 10 Days

ID Card No.: P615FWEBZ

Referred By: PRASHAN SAINI

Referring Hosp.: INDO TIBETAN BORDER POLICE FORCE



Mobile No.: 7500945074

Registration Dt./Tm.: 10/08/2023 13:58:02

Jan Sanjeevni Trust

Dr. Uma Shankar
MBBS, MD (Pathology)
Consultant Pathologist
DMC Reg No.: 68471

PATIENT NAME : BABY CHESHTA CHAUHAN	AGE/SEX : 03/ FEMALE
REFERRED BY: DR PRASHAN SANI	REG NO : 102312992
	DATE : 10/08/2023

IMMUNOLOGY / SEROLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Hepatitis B Core Antibody Total (HBcAb- Total)	1.23	Antibody Index	Negative > 1.1 Borderline 0.9 - 1.1 Positive < 0.9

- Note: 1. Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
2. For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results

Comments:

Anti- HBc Total is the first antibody to appear usually 4-10 weeks after appearance of HBsAg, at the same time as clinical illness and persists for years or maybe lifetime. It is almost always present during chronic HBV infection. It detects virtually all individuals who have been previously infected with HBV. Detection of Anti HBc Total positive donors reduces incidence of post transmission Hepatitis and possibility of other viral infections like HIV due to frequency of dual infections. This antibody may be seen in 2% of routine donors without any other serological marker and with normal liver enzyme levels. This indicates recovery from subclinical HBV infections. Anti HBc Total is not protective and cannot be used to distinguish Acute from Chronic infection.

Uses

- As a marker for HBV infection
- As a screening test for blood donors

Uma Shankar

Dr. Uma Shankar
MBBS, MD (Pathology)
Consultant Pathologist
DMC Reg No.: 68471





नकदी रसीद / CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

दूरभाष { 26588500
 Phones { 26588700

अंसारी नगर, नई दिल्ली 110029 / Ansari Nagar, New Delhi-110029

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

रसीद / RECEIPT

Follow-up Patient

Advance

दिनांक

रोगी प्रकार / Patient Type



जमाकर्ता / Received From:

ओ. पी. डी. / यू. एच. आई. डी. / OPD / UHID No. WING
 Done By: MANU BHAT DEO C WING
 के नामे / ON ACCOUNT OF

General ₹ 0.0 कक्ष संख्या / Patient Appointment Slip

Department Name: Psychiatry/Psychiatry Appointment Date: 03/08/2023
 Reporting Time: 8:00 AM-9:00 AM

Appointment Request date	27/07/2023	Appointment No	2023072714527
Name of Patient	MR LOVE CHAUHAN	Age	5 years 7 months 29 days
Sex	Male	Request Mode	counter
Contact Details	Mobile: XXXXXXXX214		

Remarks:

Your UHID Is : 104150567.

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

THIS RECEIPT IS GENERATED BY COMPUTER AND DOES NOT REQUIRE SIGNATURE AND STAMP

3/8/2023 → 3ml blood in EDTA + CPC Barcode.

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE

नैदानिक रसायनिक
CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-११००२९
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

रक्त रसायन / BLOOD CHEMISTRY



नाम/NAME

आयु/Age

लिंग/Sex

UHID NO.

OPD / WARD

UNIT

BED NO.

Date

Diagnosis

&

Clinical

Note :-

Signature

Name of Medical Officer

Time of

Specimen Collection

For Lab. Use only

Lab. Ref. No.

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

PROCEDURE
UHD: 104150567
Dept No: 2021190041836

Ward / Room

A-101
PSYCHIATRY
DETAILED EVALUATION WORK
UP

रवि चौहान
LOVE CHALMAN

27/07/2023

S: TMZD / MZD
S: UNREGISTERED TRAVEL
Age: UP, UTTAR PRADESH Pin D INDIA

सौरभ मंगल, बुध, शुक्र, रविवारी



New Patient General R 0 Reporting 8:00 AM

Re-date

BMT Clearance (Recipient)

DETAILED EVALUATION
DATE: 03 Aug 23
8:30 AM
PLEASE BRING:
PATIENT N2
FAMILY MEMBERS
TREATMENT RECORDS

व्यापारिक चिह्निका
UHD: 104150567
Dept No: 20230090010198

Ward / Room

A-101
PSYCHIATRY
Queue No: 746

रवि चौहान
LOVE CHALMAN

03/08/2023

S: BMZD / MZD
S: SOLAKHNEER SINGH
Age: UP, UTTAR PRADESH Pin D INDIA

सौरभ मंगल, बुध, शुक्र, रविवारी
Mon-Sat (सौरभ-रविवारी)



Follow Up... General R 0 Reporting 8:00 AM-9:00 AM

Dr. PANVA S. S. MAHA
Senior Consultant
Deptt of Psychiatry
DNIC No: 1650-
AIIMS, New Delhi-110029

- Index patient is known case of thalassemia major. Pt is recipient of Bone marrow. Pt's younger sister is to BMT (donor).
- Pt is term born child, No post term complication. Milestones development age appropriate. No ADHD / Autism traits
- Pt's family members aware about the Risk/benefits of the procedure
- No F/H/O Psychiatric illness, Judgment of family members - Intract
- ADU -- Community index Pt is not having any psychiatric c/a of the procedure. R/m aware about the procedure. Kindly informed written consent of family members (mother)

From

- Dental clearance for BMT
- ENT clearance for BMT
- psychiatry clearance for BMT
- review is ① week.
- continue Transfusa support to keep Hb 9-10.5 g/dl

www/ team
 104150567
 Dept No: 23230240117771
 Clinic No: 302347871

C-508
 11/04
 HTL/1760
 11/04/19
 08/08/21

तः वि. विभागः
 LOVE CHAITHAN
 51 B/100/1/ST/1
 SOLAN/1/EE/2/3/11
 Add: UP UT FAR PRADESH, PARI, INDIA



Senior Resident,
 Dr. Vikram Singh, Dept of Hematology
 H.O. 10, 11/04/19

13

- Clearance
- Dental ✓
 - ENT ✓
 - Cardio ✓
 - Peds Pulmo ✓

CTP-090823014 106726232
 LH0908231182 106726232
 LC0908231686 106726232
 CHESTHACHAUNAN

Donor investigation

DHH-090823019 106726232
 CHESTHACHAUNAN

R/A 1 weeks E report

- UH/MCC
- HIV 1/2/MSA7/1/10
- HBV DNA / CMV IgG / IgM
- Anti HIV / Anti MHC Total / IgM
- CBC / US / HPT

Senior Resident,
 Dr. Vikram Singh, Dept of Hematology

ER-2
 Dr. W...
 Dr. J...
 सफ
 SAFDAR



MRN23-00266285

Date & Time : 29/07/2023 11:18 AM
 Name : Master LOVE
 Dept. : Triage / Casualty
 Sex : Male
 Father/Husband Name : LAKHBIR SINGH
 Address : MORADABAD UP

क रो कि पंजीकत सं
 O.P.D. Regn. No.

Unit : EH2

Age : 5 Years

MLC : No SJH(NEB)

विभाग/Deptt.....

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग/Sex आयु/Age	पता/Address
Love		5/1	

निदान/Diagnosis

तारीख
Date

उपचार/Treatment

29/7/23

K/C/O - Thalassemia major R (2)
 match.
 Pt @... Blood Transfusion
 on 29/7/23

Case, Bgcm
 critical

Admit in ward for BT.

DR. PRIYA JADAUN
 Senior Resident
 Department of Paediatrics
 VMMC & Safdarjung Hospital
 New Delhi - 110029



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES

घर/आवासीय पता

कार्यालय पता
UMD: 104150567
Dept No. 20230060010198

कक्षा / Room

OPR-6

एक/Un
विभाग/De

रोगी का नाम
LOVE CHAUHAN
57 TM 23D / मद्रास
S/ JLA KHANVEER SINGH
Age: UP UTTAR PRADESH INDIA

A-135
Psy-Line
Psychiatry
Queue No. N18

21/07/2023

लॉक, बंगला, पुस्तक, सुक, सुक, सुक

पंजीकृत सं०/O.P.D. Regn. No.

आयु
Age

पता/Address

New Patient Gender F.O Reporting 10:00 AM
11:00 AM

निदान/Diagnosis

C- 1929/23

दिनांक/Date

उपचार/Treatment

Adv

Stw/Up for BMT
chance

DETAILED EVALUATION
DATE: 21/7/23

8:30 AM
PLEASE BRING:

PARENT
FAMILY MEMBERS
TRUSTED PHYSICIANS

Adv

Adv



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



My Hospital
meraaspatal.nhp.gov.in

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० मा० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre, O.P.D.

AIIMS New Delhi-110029

दिनांक

Date

CV 2023/0019423

२०

Cardiology

UHID: 104120567

Cardiology

Clearance Clinic

विभाग

Deptt.

Date 27/07/23

THU

Name LOVE CHAUHAN

5Y 7M 29D

ब०रो०वि०सं०

O.P.D. No.

S/O LAL NVEER SINGH

M

Consultant Room ११०

Dr. Zia

SR Room



निदान

Diagnosis

INTERDEPARTMENTAL CONSULTATION

(26)

Case of Metastatic malign

Transfused. seen 6 mm of eye.

No specific complaints.

Plan.

- Echo

ECG :- NSR
HR-140/min.
deep q wave in
V5 V6 ⊕

3 leads / voltages overload.



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



वर्ग / Room: **www / Room**

OPR-6

नाम कान गला विभाग
UMD: 104150567
Dept No: 2023090022827

A-843
Unit: ENT
Queue No: N10
22/07/2023

रोगी सं/पंजीकृत सं/O.P.D. Regn. No. _____

रवि चौहान
LOVE CHAUHAN
57 7M 24D / मयपुरा,
SOLAKHNEVER SINGH
Add: UP, UTTAR PRADESH, Pin 0, INDIA

रुग्ण स्थिति

New Patient: _____
Gender: FD Reporting: 10:00 AM-11:00 AM

आयु
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

case of thalassemia major
planned for SMT

came for ENT regular check up
& clearance for Sx.

- No clt ear discharge/ear pain
- No clt epistaxis / nasal blockage
- No clt ROS / voice change / dysphagia.
- No any ENT complaint
- No previous Sx - for ENT complaint.

UE: Ear: ^R ^L

Glym intact



Nose

Allergic rhinitis (+)

WNL
Adequate mouth
opening for Sx.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



मेरा अस्पताल
My Hospital
meraaspaal.nhp.gov.in



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरवाट खण्ड पर्यवेक्षणम्

रोगी विवरण
UWD 104150567
Dept No. 20180030032006

बैठ / Room

OPR-6

एकक/Unit

विभाग/Dept.

नाम/Name

रोगी चौहान
LOVE CHALHAN
SY 7M 21D / M पुरख
SOLAKHNEER SINGH
Age 19 UTTAR PRADESH PIN INDIA

C-207
Unit 9
Paediatric
Queue No. 211
19/07/2023
बुध, रविव
Wed, Sun (बुध, रविव)

सि०/O.P.D. Regn. No.

पता/Address

Follow Up General PG Reporting 8:00 AM-9:00 AM

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

16.6 Kg
Kldo Thalassaemia Major
Planned for BMT
No cold cough / cold / fast breathing / fever
No other cho
A/E -
HA - 10/min
RR - 21/min
chest - B/L clear
Note: grade (+)
ABO ⊕
Adm →
child can taken for BMT after 5 days of VRO Rx
Sgt cefuroxime (5mg/5ml) 5ml tid x today.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





दंत शिक्षा एवम् अनुसंधान केन्द्र

वहिरंग रोगी विभाग

CENTRE FOR DENTAL EDUCATION & RESEARCH Out Patient Department A.I.I.M.S. HOSPITAL



Dr. Nitesh Tiwari

अस्पताल के अन्दर धूमपान मना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES
2023/043/0004256

(Pediatric and Preventive Dentistry) Pediatric and Preventive Dentistry
O.P.D. Regn. No.

104150567

नाम / Name	पिता / पुत्र / पत्नी / पति / पुत्री F/S/W/H/D of S/O : पिता	लिंग / Sex	आयु / Age	पता / Address
नाम: लखि चौहान LOVE CHAUHAN	लखनवीर सिनघ LAKHNVVEER SINGH	पुरुष M	5 वर्ष / Y 7 M 21 दिन / D	UP, UTTAR PRADESH, Dept_context_visit_no/हिना/Pin:0, INDIA

निदान / Diagnosis

दिनांक / Date
19 JUL 2023

उपचार / Treatment

Done By: Centre for Dental Education & Research/1000004171
Room No. 608, Sixth Floor (छठी मंजिल)
19/07/2023 08:52:13 AM
*TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-26589142
*फोन के माध्यम से आपाइंटमेंट नंबर लेने के लिए, डायल : 011-26589142
*Doctor may not be available, However you may be seen by some of the doctors in the department
*आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।

Dr. Nitesh Tiwari

QC-PT complexes of decayed teeth.

Ref from Hematology for clearance related to BMT

मुझे स्थानीय संवेदनहरिता (लोकल एनेस्थीसिया), शल्यचिकित्सा की प्रक्रिया और जटिलता के बारे में विस्तृत रूप से मेरी मातृभाषा में सूचित कर दिया गया है। मैंने अपनी चिकित्सकीय समस्याओं (उच्चरक्तचाप / मधुमेह / रक्तसंबंधीरोग / दिल की बीमारी आदि) एवं किसी भी प्रकार की एलर्जी का विवरण स्पष्ट रूप से दिया है। मैं एतद्वारा अखिल भारतीय आयुर्विज्ञान संस्थान के डॉक्टर एवं स्टाफ को मेरे इलाज के लिए प्राधिकृत करता/करती हूँ।

MH- B thalassemia scheduled for BMT.

हस्ताक्षर:-
दिनांक:-

Dr. Hemlata Chauranvian) OFE - Carious BAJA ED / DE
Adv- Restorations, f application



- ✓ Pediatric cardiology for 2D echocardiogram please
 ✓ Pediatric pulmonology for PFT please

↳

- Transfusion support to keep Hb ≥ 9.5 g/dl
- \uparrow Feas desirable to 500mg/750mg OD alt day
 \bar{c} $\frac{1}{2}$ glass of water
- \uparrow Feas Kefter 500mg OD
- \uparrow Feas folic 5mg OD
- \uparrow Feas chelcal 500mg OD
- R/A 1 month \bar{c} report.

वरिष्ठ रजिडेंट, Senior Resident,
 घिर विज्ञान विभाग/Deptt of Hematology,
 आर नड दिल्ली-29/A.I.I.M.E New Delhi-2

15/11/22
 (12)

Dr Hemetok

Adv.

18/11/22

Jan Sanjeevani Trust



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



रजि. क्र. / Regn. No. UHID: 104150567
Dept. No. 23230240117771
Clinic No. 3023-HT-1

HT 671

रूम / Room

C-508
UHID
HT CLINIC
Jawahar No. F1
18/07/2023

रोगी का नाम / LOVE CHA KHAN
54-74-2001-15701
SULAMHEE EEP 1140-1
Add: UP-1100140 PUNJAB BHAD NDA



Follow Up: Doctor: F1 Reporting: 9:30 AM

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

HT-671/2022
OPR-6
HT 871/2022

पता / Address

आयु / Age

Humato
10/11/50/567

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

25

S/B Hemat SR

Thalassemia major
S 12/12 match - sister

Adv:

G. Daycare

- continue Desirox (500/250)

Alkanta day
1/2 glass water

- T. Kesper (500) 100

- T. Zobita (5) 100

- T. Akelul (500) 100

- Pediatric cardiology
consult for 2D echo and
clearance for BMT

Pediatric pulmonology
consult for PFT and
clearance for BMT

1917123
18/07/2023
15:20
उपचार: G. DAYCARE
10/11/50/567



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)




मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in



INTRODUCING RT-PCR TESTING FOR COVID-19

• CLINICAL HEMATOLOGY • CLINICAL PATHOLOGY • CLINICAL BIO-CHEMISTRY • CLINICAL MICRO-BIOLOGY

Permanent ID :	P10184749^P10184749	
Registration No.:	10239111	Mobile No. 8840501214
Patient Name:	Mst. LOVE CHAUHAN	Registration Dt./Tm.: 27/06/2023 13:26:20
Age/Sex:	5 Yrs 8 Mon 14 Days Male	Report Dt./Tm.: 28/06/2023 12:50:49
ID Card No.:	PIM7NJKBR	Validation Dt./Tm.: 28/06/2023 12:51:05
Referred By:	Prashant Sa'ni	Printed Dt./Tm.: 04/07/2023 13:30:47
Referring Hosp.:	UNIT HOSPITAL	

Immunoassay

Investigations	Result	Biological Ref. Interval	Units
Anti HBc Total* <small>(Method ELISA)</small>	1.49	Negative > 1.1 Borderline 0.9-1.1 Positive < 0.9	Antibody Index

Note: 1. Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy

2. For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results

Comments:

Anti- HBc Total is the first antibody to appear usually 4-10 weeks after appearance of HBsAg, at the same time as clinical illness and persists for years or maybe lifetime. It is almost always present during chronic HBV infection. It detects virtually all individuals who have been previously infected with HBV. Detection of Anti HBc Total positive donors reduces incidence of post transmission Hepatitis and possibility of other viral infections like HIV due to frequency of dual infections. This antibody may be seen in 2% of routine donors without any other serological marker and with normal liver enzyme levels. This indicates recovery from subclinical HBV infections. Anti HBc Total is not protective and cannot be used to distinguish Acute from Chronic infection.

Uses

- As a marker for HBV infection
- As a screening test for blood donors

Dr. Uma Shankar
MBBS, MD (Pathology)
Consultant Pathologist
DMC Reg No. 68471

"EXCELLENCE IN DIAGNOSTICS"

Sample Collection Center

7/1-4, Yusuf Sarai Market, New Delhi -110016

Diagnostic Facilities:

H-10 Green Park Extension, New Delhi-110016

Website: www.focuspathologyservices.com, Email: info@focuspathologyservices.com

Helpline Numbers For Laboratory Medicine Report / Sample Collection queries :

ON PANEL: CGHS,



FOCUS PATHOLOGICAL SERVICES PVT. LTD

LABORATORY MEDICINE FACILITY
7/1-4 YUSUF SARAI MARKET, NEW DELHI-16

SAMPLE COLLECTION CENTER
H-10 GREEN PARK EXTENSION NEW DELHI-16

WEB SITE : www.focuspathologyservices.com , Email: Info@focuspathologyserv
ON PANEL - CGHS



REGISTRATION SLIP / BILL CUM RECEIPT

Net ID / Password :10239109 / 36792D00

PATIENT NAME : Mst. LOVE CHAUHAN
MOBILE/EMAILID : 8840501214
REF. BY : Prashant Saini
HOSPITAL NAME : UNIT HOSPITAL
ID CARD NO. : PIM7NJKBR

REGISTRATION NO : 10239109
AGE / SEX : 5 Yrs 8 Mon 14 Days
REG. DT/TIME : 27/06/2023 13:16:32
REF.CATEGORY : CAPF
CHARGE MODE : Credit

S.NO. TEST DETAIL

Molecular Diagnostic

1	HBV DNA Quantitative #
2	HCV RNA Quantitative #

CGHS CODE

1580	1725
1786	1725

AMOUNT

Total charge Rs. 3450

Total Amount : 3450

Total Discount : 0

Final Amount : 3450

Received : 0

Balance : 3450

5 to 7 days



Registered By : Pooja_G

INSTRUCTIONS FOR PATIENTS

- PLEASE PROVIDE YOUR E-MAIL ID TO VIEW YOUR REPORTS AND MEDICAL IMAGES DIGITALLY. (POWERED BY A SECURE ENCRYPTION TECHNOLOGY).
- PLEASE CHECK YOUR EMAIL INBOX /SPAM /TRASH /JUNK AND OTHERS FOLDER.
- PLEASE ENQUIRE REPORTING TIME FROM FRONT DESK.
- PLEASE BRING THIS REGISTRATION SLIP FOR REPORT COLLECTION.
- PLEASE CONSULT FRONT OFFICE BEFORE LEAVING THE CENTRE.
- FEED BACK FORM IS AVAILABLE WITH FRONT OFFICE FOR ANY SUGGESTIONS/COMPLAINTS.
- REPORTS TO BE COLLECTED FROM DISPATCH COUNTER AND PLEASE CHECK ALL YOUR REPORTS / FILMS DETAILS ETC. BEFORE LEAVING THE CENTRE AT GROUND FLOOR H-10, GREEN PARK EXTENSION.
- REPORTS NOT COLLECTED WITHIN 7 DAYS WILL BE DISPATCHED ONLY BETWEEN 10:00 HRS TO 18:00 HRS.
- FOR ANY QUERY REGARDING TESTS/TIME OF REPORTS ETC CONTACT FRONT OFFICE:
011-42199991,42199992, 42199993, 49490909.
- FOR ANY QUERY REGARDING CLINICAL PATHOLOGY / SAMPLE COLLECTION CONTACT:011-42199999.
- KINDLY CHECK AND MAKE SURE ALL THE ABOVE DETAILS ARE CORRECT BEFORE PROCEEDING FOR THE INVESTIGATION/TEST.

नाभिकीय चिकित्सा विभाग
Department of Nuclear Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नई दिल्ली-110029 (भारत) / New Delhi-110029 (INDIA)



नाम/Name LOVE CHAUHAN

आयु/Age: 5

लिंग/Sex : M

UHID No. : 104150567

Name of Test- Radiolotope GFR Estimation

Nuclear Medicine Reference No. : GFR/20246/23

Date : 23/6/23

Clinical Notes

Thalamic

Tc^{99m}-DTPA Glomerular Filtration Rate Estimation

Glomerular filtration rate estimation was performed by 2 plasma sample method after intravenous administration of 1mCi Tc^{99m}-DTPA. Venous blood samples were collected at 60 minutes and 180 minutes post injection.

Normalised Global GFR- 120 ml/Minute / 1.73 m² body surface area
(reference range - 106±27ml / minutes / 1.73 m² body surface area)

Note - Global GF Refers to collective GFR of both right and left kidneys.

Individual Kidney GFR = $\frac{\text{Global GFR} \times \text{Differential function of the kidneys}}{100}$

100

Senior Resident

Consultant



एम्प्लॉयर्स का सम्बन्ध

कॉपी रसीद / CASH RECEIPT
अखिल भारतीय आयुर्विज्ञान संस्थान
INDIAN INSTITUTE OF MEDICAL SCIENCES

दूरभाष { 26588500
Phones { 26588700

ALL INDIAN INSTITUTE OF MEDICAL SCIENCES
New Delhi-110029

रसीद संख्या / Receipt No.:

New Delhi,

दिनांक / Dated :

जमाकर्ता / Received From:

नियुक्ति पत्रों

रोगी प्रकार

कक्ष संख्या

ओ.पी.डी./यू.एच.आर्.डी. सं / OP / APPOINTMENT SLIP

के नामे / ON-ACCOUNT-OF
Done By-MS.MAMTA RAWAT DEO SWSC (Follow-up) General ₹ 0.0

Department Name: Hematology/HT CLINIC

Appointment Date: 16 06 2023

Reporting Time: 8:00 AM

Doctor Name Dr. Manoranjan Mahapatra

Appointment Request date

15/03/2023

Name of Patient

MR LOVE CHAUHAN

Appointment No

2023031518021

Sex

Male

Age

5 years

Contact Details

Mobile: XXXXXXXX214

Request Mode

counter

Queue No:

F1

Remarks:

Your UHID Is: 104150567.

युवातान का प्रकार / Payment Mode

रुपये / INR (Rs.): Your Clinic Number Is: 2023/HT/671.

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

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



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

UHID: 104150567 Sex: Male
Patient Name: Mr LOVE CHAUHAN Sample Received Date: 16-Jun-2023 11:53 AM
Age: 5Y 6m Department: Hematology
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 16-Jun-2023 11:53 AM Sample Collection Date: 16-Jun-2023 10:29 AM
Recommended By: Dr. Manoranjan Mahapatra Lab Reference No: 2312543608

Sample Details : LC1606231193

Sample Type : Serum

Report

SEROLOGY

Test Name (Methodology)	Result	UOM	Reference
HBs Ag (CLIA)	0.43	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
IgM Anti HBc	0.08	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
Anti HCV Ab (CLIA)	0.03	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Suneeta Meena MD
(Microbiology)
16-Jun-2023 14:33

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



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

UHID: 104150567 Sex: Male
Patient Name: Mr LOVE CHAUHAN Sample Received Date: 16-Jun-2023 11:53 AM
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Recommended By: Dr. Manoranjan Mahapatra Lab Reference No: 2312543608

Sample Details : LC1606231193

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease-GLDH)	18	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.3 - 0.6
Uric Acid (enzymatic colorimetric)	3.3	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5-methyl-BAPTA)	9.9	mg/dL	8.8 - 10.8
Phosphorus (molybdate UV)	6.2	mg/dL	2.5-4.5
Sodium (Ion Selective Electrodes)	138	mmol/L	135 - 145
Potassium (Ion Selective Electrodes)	4.4	mmol/L	3.5-5.1
Chloride (Ion Selective Electrodes)	101	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.60	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen 2 Jendrassik-Grof)	0.26	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.34	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	51	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	42	U/L	<=40
ALP (IFCC)	236	U/L	142 - 335
Total protein (Biuret)	7.6	g/dL	6.0 - 8.0
Albumin (BCG)	4.9	g/dL	3.8 - 5.4
Globulin (Calculated)	2.7	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.8		0.8-2.0
Ferritin (ELIA)	4111.0	ng/mL	4-67

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Mecna
(Serology)

Dr Sudip Kumar Datta MD
(Biochemistry)
16-Jun-2023 14:33

SEROLOGY

Test Name (Methodology)	Result	UOM	Reference
HIV Combo (HIV 1, 2) (ELISA)	0.25	COI	< 1.0 Non Reactive ≥ 1.0 Reactive



CLINICAL MICROBIOLOGY DIVISION
DEPARTMENT OF LABORATORY MEDICINE
E-mail:sarman.singh@gmail.com,Ph:26594357(Lab.),26594977(Off.)
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID:	104150567	Sex :	Male
Patient Name :	Mr LOVE CHAUHAN	Sample Received Date :	17/06/2023 10:34 AM
Age :	5 years 6 months 18 days	Department :	Hematology
Unit Name :	Unit-I	Unit Incharge :	Dr. Manoranjan Mahapatra
Lab Name:	Clinical Microbiology	Lab Sub Centre:	Clinical Microbiology (Torch Profile)
Reg Date :	28/11/2018 10:38 AM	Sample Collection Date:	16/06/2023 10:28 AM
Report Generated Date:	17/06/2023 01:41 pm	Dept / IRCH No:	20230240117771
Recommended By:	Dr. SR	Lab Reference No:	1499

Sample Details : CTP-160623010

Report

Test Name	Result	Comment	Normal Range
CMV IGG	49.67 COI		<ul style="list-style-type: none"> • 0 - 0.99 Negative (-) • > 1 Positive (+)
CMV IGM	0.173 COI		<ul style="list-style-type: none"> • 0 - 0.99 Negative (-) • > 1 Positive (+)

Over All Comment :

Authorised Signatory

Dr.Suneeta

Verified By

DrUpinder

Jan Sanjeevni Trust



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

UHID: 104150567 Sex: Male
Patient Name: Mr LOVE CHAUHAN Sample Received Date: 16-Jun-2023 14:13 PM
Age: 5Y 6m Department: Hematology
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 16-Jun-2023 14:13 PM Sample Collection Date: 16-Jun-2023 10:29 AM
Recommended By: Dr. Manoranjan Mahapatra Lab Reference No: 2312544566

Sample Details : LH1606230811

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLN-photometry)	10.30	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	32.20	%	34 - 40
RBC count (Impedance)	3.47	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo flow cytometry)	9.42	$10^9/\mu\text{l}$	5.0 - 15.0
Platelet count (Impedance)	499.00	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	92.80	fL	75 - 87
MCH (Calculated)	29.70	pg	24 - 30
MCHC (Calculated)	32.00	g/dL	
RDW-CV (Calculated)	18.10	%	11.6 - 14
Neutro (Fluo flow cytometry)	49.90	%	30-60%
Lympho (Fluo flow cytometry)	41.30	%	29-65%
Eosino (Fluo flow cytometry)	0.80	%	1-4%
Mono (Fluo flow cytometry)	7.30	%	2-10%
NRBC	1	%	
Baso (Fluo flow cytometry)	0.70	%	0-1%
Neutro - Abs (Calculated)	4.69	$10^9/\mu\text{l}$	1.5-8.0
Lympho- Abs (Calculated)	3.89	$10^9/\mu\text{l}$	6.0-9.0
Eosino - Abs (Calculated)	0.08	$10^9/\mu\text{l}$	0.1 - 1.0
Mono - Abs (Calculated)	0.69	$10^9/\mu\text{l}$	0.2 - 1.0
Baso - Abs (Calculated)	0.07	$10^9/\mu\text{l}$	0.02 - 0.1

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Selgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Kundan Kumar MD (Lab
Medicine)
16-Jun-2023 17:45



नकदी रसीद / CASH RECEIPT

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली INDIA INSTITUTE OF MEDICAL SCIENCES

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) Nagar, New Delhi-110029

New Delhi,

नियुक्ति पर्ची

रसीद संख्या / Receipt No. **APPOINTMENT SLIP**

जारी By- **MRS. SAKINI MA NEW RAK OPD DEO C WING (Follow-up)**

ओ. पी. डी. / यू. एच. आइ. डी. सं / OPD / UHID No.



Patient Type :

General / रोज़ाना / Room No. :

Print Appointment Slip

Department Name: **Hematology/HT CLINIC**

Appointment Date: **18/07/2023**

Reporting Time: **8.30 AM**

Doctor Name **Dr. Manoranjan Mahapatra** Appointment Request date **16/06/2023**

Name of Patient

MIR LOVE CHAUHAN

Appointment No

2023061610023

Sex

Male

Age *

5 years 6 months 18 days

Contact Details

Mobile: **XXXXXXXXX214**

Request Mode

counter

Queue No:

F1

Remarks:

Your UHID Is : **104150567.**

Your Clinic Number Is : **2023/HT/671.**

मुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

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



TUESDAY

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



उपचार विभाग
 UMD 104150567
 Dept No. 2023024011771
 Clinic No. 2023HT/871

Room / Room

OPR-6

रोगी की जानकारी
LOVE CHAUMAN
 37, 5th Flr, 1st Cross, Sector-1,
 Saket, New Delhi-110017

C-508
 UMD
 HT CLINIC
 Queue No. F1
 16/05/2023

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

HT/671/22

लिंग Sex	आयु Age	पता / Address
		Herada 104150567

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

20

- Reviewed by Hemat SR.
- 17% match with younger sibling - 3y old female
- Final sanction : awaited.
- Requiring PRBC ton 9-20 days.
- D/W Dr. Anusha, SR Hematology

Also

- To make UHID of prospective donor
 - to get his HPLC & ABO/Rh by after UHID is made

2. Inv

- CBC, RFT, LFT
- Ferritin
- HBV DNA VL (Quantitative - वाइर)
- HCV RNA VL (")
- HIV
- HBsAg
- anti HCV Ab
- anti HBe Ab (Igm total (वाइर))
- anti CMV Igm (antibody)
- anti CMV IgG (antibody)
- eGFR (for scan)

Barcode labels with patient ID 104150567 and name LOVECHAUMAN.

PT



UNH 104150567
Dept No. 20230240117771
Clinic No. 2018440818

Ward/Room

C-500
LPH
HA CLINIC
Queue No. 78
15/03/2023

लवि चौधरी
LOVE CHAUDHARY
SI-2M/170 / M/170
SOLAKHANEER SINGH
Add: UP, UTTAR PRADESH INDIA

Follow Up ... General: 78 Reporting 8:30 AM



MSSO Kinnaird
C/D/W Mr. Rashmi (9873445595)
Thalassemia India,
A-9, Nizamuddin West,
Delhi.

WT 15 kg

- Patient can get help for medicine. Parents need to go with:
 - EPD card with prescription
 - Aadhar Card of parent & patient
 - Income Certificate
 - Application for help.

Chinl
15/03/2023

150

- ⊙ Bld transfusion to keep Hb \geq 9.5 gm/dl
- ⊙ T. Desiron 500mg OD \bar{c} $\frac{1}{2}$ glass of water
- ⊙ T. Kelfer 500mg OD
- ⊙ F. folvili 5mg OD
- ⊙ T. Shellal 500mg OD

hinders unrelated dlt technical reasons

Tuesday transplant clinic

HT clinic registration

15/03/2023

Dr. PRADEEP KUMAR
Assistant Professor
Department of Hematology
All India Institute of Medical Sciences, New Delhi-29