



Name : **Aditya**

Age : 10 Years Old

Gender: Male



# उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र

जिला फैजाबाद  
तहसील मिल्कीपुर  
आवेदन क्र० 16470010140037  
प्रमाणपत्र क्र० 472161032435

जारी दिनांक: 09/12/2016

यथा विभागीय (क्षेत्रीय भूलेख निरीक्षक तथा लेखपाल की) जांच/रिपोर्ट के आधार पर प्रमाणित किया जाता है कि

पुत्र/पुत्री  
माता का नाम  
मकान नम्बर  
मोहल्ला  
ग्राम  
तहसील  
जनपद

श्री कमलेन्द्र मणि मिश्र  
श्री सत्यदेव मिश्र  
श्रीमती सुकीर्ति देवी

पो०- खण्डासा  
गडौली  
मिल्कीपुर  
फैजाबाद



उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर ग्राम गडौलीमोहल्ला पो०- खण्डासा तहसील मिल्कीपुर, जनपद फैजाबाद उत्तर प्रदेश है। आवेदक की मासिक आय अंकों में रु 2000 व शब्दों में रु. Two Thousand है। जिसके अनुसार कुल वार्षिक आय रु. 24000 व शब्दों में रु. Twenty Four Thousand है। आय का स्रोत कृषि है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्ष तक मान्य रहेगा।



जारी कर्ता केन्द्र

पद:

स्थान:

दिनांक:

हस्ताक्षर एवं मुहर

12/12/2016

VINOD  
SINGH

Digitally Signed by VINOD  
SINGH O-REVENUE  
DEPARTMENT,  
DU-REVENUE  
DEPARTMENT,  
C=IN, CN=VINOD SINGH,  
Serial Number

सदाम अधिकारी/तहसीलदार

डिजिटल हस्ताक्षरित  
मिल्कीपुर, फैजाबाद  
दिनांक: 09/12/2016

यह प्रमाण पत्र इलेक्ट्रॉनिक डिजिटल सिस्टम द्वारा तैयार किया गया है तथा डिजिटल सिग्नेचर से हस्ताक्षरित है। सम्बन्धित केन्द्र के अधिकृत कर्मी द्वारा प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट <http://adistrict.up.nic.in> पर दस्तावेज़ पहले आवेदन क्र० फिर प्रमाणपत्र क्र० अंकित कर, सत्यापित किया जा सकता है।

12/12/2016



# बहिरंग रोगी विभाग / Out Patient Department

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

संकेतक सं.

एकक/Unit

विभाग/Dept

General



UHTD: 102288584  
 Clinic No: HD- 2016/HO/7351  
 Name: ADITYA MISHRA  
 S/O KARLENDRA NANI MISHRA, BY 10M 1D, M  
 Ph: 9450303853  
 CADAPULI P O KHANDASA, THANA - KHANDASA -  
 FAIZARAD, UTTAR PRADESH, INDIA



DeptSeq: 373  
 Dept: Hematology  
 Unit: Unit-I  
 Room: 28 H  
 F/21  
 Days: Monday  
 App. Date: 14/08/2017

OPR-6

पंजीकृत सं./O.P.D. Regn. No.

वयु  
Age

पता/Address

Appt. ID:



2017081404108

निदान/Diagnosis

ALL

दिनांक/Date

उपचार/Treatment

84 Rx  
 ✓ (T) Dose of IM-I (20)  
 (2) Cap Zovax  
 (1) T Septin-SS  
 1/2 - 1/2 ml/ml  
 (2) T PAN (20 1g)  
 (4) T Emmecon  
 ✓ (5) Inf clove 0-23 sc. or.  
 (1) T Vancomycin (100mg) bid

R.C. ISSUED  
 MISHRA ADITYA  
 DATE 25/8/17

*[Signature]*  
 14/8/17  
 Dr. M.M.

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, 26593414 www.orbo.org Helpline - 1060 (24 hrs service)

22/12  
B.S. 0.84

When the ANC > 1,000/cumm AND a platelet count > 1,00,000/cumm, whichever occurs last. Interim maintenance II: 8 weeks.

\*NOTE: IT MTX ALONE TO BE GIVEN IN PROCEDURE ROOM. VINCRISTINE IS TO BE GIVEN SEPARATELY OUTSIDE IN TRANSFUSION AREA. DO NOT LOAD INTRATHECAL MTX AND VCR TO BE GIVEN AT SAME TIME.

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
0	VCR 1.25	13/12	MTX 25	13/12			ITMTX* <del>12.5</del>	13/12	
1					ASP 12700	13/12			
2									
3									
4									
5									
6									
7									
8									
9									
10	VCR 1.25		MTX 120mg						Took in Farzabad on 24/12 & 25/12
11		24/12		24/12	ASP 12700	24/12			
12						25/12			
13									
14									
15									
16									
17									
18									
19									
20	VCR 3/1 1.25mg		MTX 3/1 120mg				ITMTX (next time)	03/1/12	Plt - 45,000 / C <sub>m</sub>
21					ASP				
22									
23									
24									
25									



# बहिरंग रोगी विभाग / Out Patient Department

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

शरीरवाचं धनुं धर्मसामग्यं

एकल/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

नाम/N \_\_\_\_\_

General



IC UHID: 102288584  
Clinic No: HO-2016/HO/7351  
Name: ADITYA MISHRA  
S/O KALENDRA MANT MISHRA, 10Y 2M 5D, M  
PH: 9450303853  
GADALI P O KHANDASA, THANA - KHANDASA -  
FAIZABAD, UTTAR PRADESH, INDIA

DeptSeq: 329

Dept: Hematology  
Unit: Unit-I  
Room: 28 H  
F/10  
Days: Monday  
App. Date: 18/12/2017

OPR-6

रि/O.P.D. Regn. No. \_\_\_\_\_

पता/Address \_\_\_\_\_

Appt. ID:



2017121801770

निदान/Diagnosis

B-ALL - on IM IT protocol.

उपचार/Treatment

CH-0201180844 102288584



ADITYAMISHRA

CH-0201180846-R 102288584



ADITYAMISHRA

R  
↓

HM-020118263 102288584



ADITYAMISHRA

Tb. Voriconazole  
(200) mg  
< (100) mg

9/2800/1-6loc  
ANL-100

(2) Tb. Septran - SS.  
Bactrim - SS  
Sepmax SS  
COTRIMOXAZOLE  
(100 (M/W/F))

2.1.18

7day

(10) (3) Tb. com (250)  
O/D

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)



**All India Institute of Medical Sciences**  
REIMBURSEMENT CERTIFICATE FOR OUTDOOR PATIENT  
ESSENTIALITY CERTIFICATE 'A'

Certificate granted to APJ

Employed to .....

Name of the Patient Aditya Mishra

(To be completed in the case of the patient who are not admitted to the hospital for treatment)

I, Dr. .... hereby certify that

- (a) That I charged and received Rs. .... for administering injections on dated ..... at my consultation room.
- (b) That I charged and received Rs. .... for administering injections on dated ..... at my consultation room
- (c) That the injection administered were not for immunising purposes.
- (d) That the patient has been under treatment at Hospital at my consulting room and that the undermentioned medicines prescribed by me in this condition of the patient. The medicines are not stocked in the A.I.I.M.S. Hospital / Dispensary for supply to the patient.

S. No.	Name of the Medicine	Price	S. No.	Name of the Medicine	Price
1.			11.		
2.	MSB-6622	03-01-18 2190-	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

2190-

31/1/18

(Amount in words Two Thousand One Hundred Ninety only)

- (e) That the patient was / is suffering from ..... and was is under my treatment from .....
- (f) That the patient was not given pre-natural treatment.
- (g) The X-Ray, Laboratory Test etc. for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advise at .....
- (h) That I referred the patient to Dr. .... for specialist consultation and the necessary approval of the ..... (Name of the Chief Administrative) obtained.



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
 Room No. 75, Ground Floor, Teaching Block, Near Computer Facility  
 Ansari Nagar, New Delhi-110 029, India  
 Tel : (+91-11) 2659 4638, 2658 3305 E-mail : deptofimmunology2015@gmail.com

**REQUISITION FORM  
 HEMATOPOIETIC STEM CELL TRANSPLANTATION**

Recipient Information	Referring Hospital	BMT-
Name : <u>ADITYA MISHRA</u>	Reg No. <u>102288584</u>	
S/o, W/o, D/o <u>K.M MISHRA</u>	Hospital <u>AIIMS</u>	
Age / Sex <u>9/M</u> Ethnicity.....	Unit / Ward <u>C2/14</u>	
Date & Place of Birth.....	Physician <u>Dr Mahapatra</u>	
Address <u>Gadawali PO Khondara</u>	Phone.....	
<u>Thana - Khondara, Raizabad</u>	E-mail.....	
<u>UP.</u>		
Phone <u>9450303853</u>		
E-mail .....		

**Clinical Details**

Date of Diagnosis ..... Clinical Remission  Yes  No Date..... History of relapse  Yes  No Date.....

Details of previous chemotherapy Induction of Augmented B.M 1/b  
Consolidation (ongoing)

Is patient on special protocols? (Steroids or Immunosuppression etc).....

**History of Blood Transfusions**

Blood Group..... B+..... Number of units given so far 170..... Date last Transfused .....

TLC Counts..... 1500..... HIV  Pos  Neg..... Hbs Ag  Pos  Neg

Other relevant information .....

**Original Disease**

AML  CML  MDS  Aplastic Anemia

ALL  Multiple Myeloma  Thalassemia  Others

**Immunogenetics Tests Requested**

Low Resolution  Class I (ABC)  Class II (DR/DQ)

High Resolution  Class I (ABC)  Class II (DR/DQ)

**Important**

- No report will be provided if this form is incomplete.
- Family information should be provided overleaf
- Specimen requirement : 8-10ml EDTA Blood.
- Timing Details : Samples collected on Monday and Wednesday, with prior appointment only.



*Dr. Anil Seth*  
 Professor  
 Department of Hematology  
 AIIMS, New Delhi-110029

*Anil* *Tulsi*  
**CONSULTANT'S SIGNATURE & SEAL**  
 Date: .....



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
 Department of Transplant Immunology & Immunogenetics  
 Ansari Nagar, New Delhi - 110 029

Challan Form

Date ... 11/5/17 ...

S.No.....

Cashier may please receive the sum of Rs. 9000/-

(Rupees Nine thousand only)

from Dr./Shri/Smt./Km. Aditya Mishra

on account of TEST CHARGES in cash or vide Bank Draft No. 6084

Rs. 500/-

HLA-B27    RENAL     BMT

*P. J. Singh*  
 Officer-in-charge

Note : 1. Please deposit money with the Cashier, Central Admission Office under HLA Revolving Fund  
 AIIMS, New Delhi  
 2. Cashier timings : 24 hours daily.



Name- Aditya

Age- 9yr

Sex- Male

Address- Gadauli PO - Khairasa  
Thana - Khairasa, Talgaon, UP

Ph no- 9450303853

BMA&BX (No- and Date- )-

CR NO-

II NO/HO NO- 102288584

Ward and Bed No- C2/14

Ht = 130cm

wt = 24kg

BSA = 0.95

B-ALL

Cytochemistry- PAS (+), SB(+), MPO(+), NSE(+), NASBAC(+)

Comment-

Cytogenetics- Normal

BCR-ABL = (-ve)

FISH- ne

RT-PCR- ne

IPT (immunophenotyping)- No B-ALL

+ve for CD19, CD10, CD34, CD79a, TDT  
-ve for mpo, cyCD3

CNS: (-)

TLB: if yes (+)

Final Diagnosis- B-ALL, BCR-ABL Negative

Presenting TLC- 5400

High risk- Augmented BFM (induction same)

Low risk- Standard BFM (induction same)

Date of Diagnosis-

Date of start of treatment- 15/1/17

Induction (Phase I)

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks	reinduction
1	PDN		VCR		DNR		IT		IT			
15/1/17	MS		6mg		25mg		ARA		MTX		21/1/17	MS VCR (dawn)
2	PDN										22/1/17	MS
3	PDN						ASP				23/1/17	L-Asp
17/1	MS						5700				24/1/17	MS
4	PDN										25/1/17	L-Asp
18/1	MS						ASP				26/1/17	MS
5	PDN						5700				27/1/17	L-Asp
11	MS										28/1/17	MS
6	PDN										29/1/17	L-Asp
20	PDN						ASP				30/1/17	L-Asp
7	PDN						BMA				31/1/17	L-Asp
21	MS										1/2/17	VCR-15mg
8	PDN		VCR		DNR		25mg				2/2/17	DNR-15mg
22	MS		6mg		MS						3/2/17	L-Asp (D10) (5700)
9	PDN										4/2/17	L-Asp (D11) (5700)
23	MS						5700				5/2/17	L-Asp (D12) (5700)
10	PDN						ASP				6/2/17	L-Asp (D13) (5700)
24	MS										7/2/17	L-Asp (D14) (5700)
11	PDN										8/2/17	VCR (D15) (10mg)
25	MS										9/2/17	L-Asp (D16)
12	PDN										10/2/17	L-Asp (D17)
26	MS											
13	PDN											
27	MS											
14	PDN											
28	MS											
15	PDN		VCR		DNR							
29	MS		6mg		MS							
16	PDN											
30	MS											
17	PDN											
31	MS											
18	PDN											
32	MS											
19	PDN											
20	PDN											
21	PDN						ASP					
22	PDN		VCR		DNR							
23	PDN											
24	PDN											
25	PDN											
26	PDN											
27	PDN											

Interim maintenance to start when the ANC > 1,000/cumm AND a platelet count > 1,00,000/cumm, whichever occurs last.

Interim maintenance I: 8 weeks

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
0	VCR	15/8	MTX	15/8	ASP	16/8							
1	1.2mg		84mg		120mg V								
2													
3													
4													
5													
6													
7													
8													
9			(120)										
10	VCR	21/8	MTX	21/8	ASP	22/8							
11	1.2		84mg		120mg V								
12													
13													
14													
15													
16													
17													
18													
19													
20	VCR	27/8	MTX	27/8	ASP	28/8							
21	1.2mg		120mg		120mg V								
22													
23													
24													
25													
26													
27													
28													



DEPARTMENT OF HEMATOLOGY  
हिमेटोलोजी विभाग  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अखिल भारतीय आयुर्विज्ञान संस्थान  
ANSARI NAGAR, NEW DELHI - 110029  
अंसारी नगर, नई दिल्ली-११००२९  
TELEPHONE : 011-26594670  
Date 5/1/20  
दिनांक .....

**TO WHOM IT MAY CONCERN**

This is to certify that

Patient Name Aditya Mishra  
Age : 9/M Gender : Male  
S/o/D/o/W/o KAMLENDRA MANI  
OPD/CR No. 102288586  
is suffering from Diagnosis B-ALL

and is under treatment from department of Hematology, AIIMS.

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amounts to Rs. Four lakh & fifty thousand. An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy	<u>2,00,000</u>
2. Antithymocyte globulin	
3. Antibiotics	<u>1,00,000</u>
4. Blood component kits and tests	<u>50,000</u>
5. Growth factors	<u>50,000</u>
6. Room charges for isolation	
7. Post Transplant Immunosuppression	
8. Miscellaneous charges	<u>50,000</u>
9. Total	<u>4,50,000</u>

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Director, AIIMS, New Delhi.

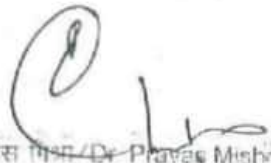
Date : 5/1/20 MS

MS  
Signature  
Director, AIIMS  
All India Institute of Medical Sciences  
Ansar Nagar, New Delhi - 110029

TO BE FILLED BY THE M.O. INCHARGE OF THE CASE/ HOSPITAL ETC. WHERE THE PATIENT IS RECEIVING THE TREATMENT

- 1. Name of the Patient & Hospital Registration No. ADITYA MISHRA, 102288584
- 2. List of Report of important investigation done  
B-ALL  
B-ALL.
- 3. DIAGNOSIS:  
A short note on the present clinical condition may be indicated
- 4. If the patient has been operated, Please indicate date of operation.  
NO.
- 5. (a) The name of the hospital where the patient is receiving treatment.  
AIIMS  
(b) Whether Hospital is Govt./Private.  
Govt.
- 6. Amount recommended for treatment.  
4,50,000.
- 7. Item-wise break-up of expenditure recommended in column NO. 6  
Estimate given dated  
5-1-17

Name of the consumables/ medicines required For operation / treatment	Cost (in Rupees)

  
डॉ. प्रवास मिश्रा / Dr. Pravas Mishra  
ज्येष्ठ अतिरिक्त प्राध्यापक / Additional Professor  
Signature H. O. D./M. In-charge  
[Not below the level of Consultant/Asstt. Professor] with office seal

Certified that the patient's particulars given above are true to the best of my knowledge and belief.

Signature of the Medical Superintendent of the Hospital/ Med. Institution with office seal

TAX INVOICE

AMRIT PHARMACY-AIIMS, NEW DELHI  
 (A DIVISION OF HLL LIFECARE LTD)  
 NEAR OPD CANTEEN AIIMS,  
 ANSAR NAGAR,  
 NEW DELHI-110029  
 Ph: 011-26589924, 011-26589924 E-mail: EMAIL:  
 amritpharmacy@lifecarehll.com

170038300136351

DL No. : S(2311)15R

GSTIN : 07AAACH5595K123  
 STATE : DELHI(07)

Patient Name : ADITYA MISHRA  
 Doctor Name : DL No. :  
 GSTIN :  
 UIN No. : State : DELHI(07)  
 Inv No : 170038300136351  
 Dated : 13-03-2018 (12:29 PM)  
 Pay Type : CASH Invoice  
 Sman Code : LAJWANTI User : LAJWANTI  
 Card No.:

M/No	Description of Goods HSN /SAC Code	Qty	Es Qty	Batch No Exp Dt	Sale Rate	Mrp	Disc %	Disc Amt	Sch Disc	Taxable value	CGST %	SGST %	Amount
	MOR/CORT 200MG TAB (12x) 3004	2		MTL28001 12-19	444.66	3200.00	84.44	5403.97		889.31	6.00	6.00	996.03
											53.36	53.36	

*Handwritten calculations:*  
 3200  
 3200  
 -----  
 6400

*Handwritten signature and notes:*  
 Aditya mishra  
 Raj mishra 21/3 11/18  
 aditya mishra

*Handwritten contact information:*  
 8879082595 · 9450303853  
 879506685 Aditya Mishra  
 Raj mishra 700409892

Remark :  
 Amt In Words : Nine Hundred Ninety Six Rupees only

TAX%	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	SGST%	SGST AMT	CGST%	CGST AMT
0%	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00
5%	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00
12.0%	889.31	0.00	0.00	889.31	6.0%	53.36	6.0%	53.36
18.0%	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00

TOTAL	6400.00
DISCOUNT RS.	5403.97
TOTAL TAX AMT	106.72
PC/BC CHARGE	
ROUND OFF	0.00
INV TOTAL	996.00

MULTI PAY:  
 Terms & Conditions:  
 Subject to Delhi jurisdiction only  
 Goods can be returned back within 15 days from the date of billing.  
 Receiver's Signature: \_\_\_\_\_  
 For AMRIT PHARMACY-AIIMS, NEW DELHI

## Report

Lab Serial No. : 131803001219	Category : DELHI
Patient Name : Master. ADITYA MISHRA	Reg. Date : 12-Mar-18 08:07 AM
Age/Sex : 10 YRS / M	Sample coll. Date : 12-Mar-18 08:07AM
Referred By : Dr. SELF	Report Date : 12-Mar-2018 03:54PM
TestName : CBC	
Center :	

Test Name	Observed Value	Unit	Biological Ref Interval
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### HAEMATOLOGY

#### CBC

TOTAL LEUCOCYTE COUNT ( WBC )	4.96	X 10 <sup>3</sup> / μL	5.0-14.0
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	59	%	32-62
LYMPHOCYTES	38	%	28-48
MONOCYTES	02	%	0-4
EOSINOPHILS	01	%	0-3
BASOPHILS	00	%	0-1
ABSOLUTE NEUTROPHIL COUNT	2.93	X 10 <sup>3</sup> / μL	2.0-7.5
ABSOLUTE LYMPHOCYTE COUNT	1.88	X10 <sup>3</sup> / μL	1.0-4.0
ABSOLUTE MONOCYTE COUNT	0.1	X 10 <sup>3</sup> / μL	0.2-1.0
ABSOLUTE EOSINOPHIL COUNT	0.05	X 10 <sup>3</sup> / μL	0.02-0.5
ABSOLUTE BASOPHIL COUNT	0.0	X10 <sup>3</sup> / μL	0.00-0.30
TOTAL RBC	3.09	million/μL	4.0-5.2
HEMOGLOBIN	10.3	gm/dl	11.5-15.5
PLATELET COUNT	150	X 1000 / micL	150-410
HEMATOCRIT	32.1	%	35-45
MEAN CORPUSCULAR VOLUME (MCV)	103.9	fL	77-95
MEAN CORP. HEMOGLOBIN (MCH)	33.3	Pg	25-33
MCH CONCENTRATION (MCHC)	32.1	g/dl	31-37
RED CELL DIST. WIDTH (RDW-CV)	14.4	%	11.5-15.0
RED CELL DIST. WIDTH (RDW-SD)	54.5	fL	39 - 46

House Of Diagnostics Laboratory is NABL Accredited for Complete Blood Count (CBC)

Remarks: Please correlate with clinical conditions

Sample Type: EDTA Whole Blood Sample

Technology: Fully Automated Haematology Analyzer: SYSMEX XN-550

Methods : Total Leucocyte Count : Flow Cytometry ; Differential Leucocyte Counts : Fluorescence Flow Cytometry/Microscopy ; Hemoglobin : Cyanide Free SLS Method ; Platelet Count, Total RBC : Impedance Method with Hydrodynamic Focussing ; Haematocrit, MCV, MCH, MCHC : Calculated

\*\*\* End Of Report \*\*\*

In case of any discrepancy, please contact the laboratory immediately. Since there is limited clinical interaction with the patient/physician, the report is not valid medico-legally.