



Name : **Tumpa Das**

Age : 7 Years Old

Gender: Female

Subrata Mandal

Councillor
KRISHNANAGAR MUNICIPALITY
Word No. 6

Sadhak Ramprosad Road,
Nazirapara,
P.O. Krishnanagar, Dist. Nadia
Pin - 741101 (W.B.)
Mob : 9733579545

Ref. No.

Date. 09/12/17

TO WHOM IT MAY CONCERN

This is to certify that Shri/Smt. Sadhan Das.
W/O, D/O, S/O, Sri / Late Parash Das.
of Nandi Pukur Lane, Kanai Pally, Narisa Para P.S. Kotwali,
P.O. Krishnanagar, Dist. Nadia is permanent resident of the locality and well
known to me.

His / Her Monthly / annual family income is of Rs. /
(Rupees / / / only)

He / She Belong to S.C. / S.T. / O.B.C. / Minority and his / her sub-caste is
/ / / /

He / She belong to B.P.L. Category.

He / She bears a good moral character.

I wish him / her every success in life.

Sadhan Das
Councillor

Subrata Mandal
KRISHNANAGAR MUNICIPALITY
Word No. 6³
Krishnanagar Municipality, Nadia



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

दिनांक

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Tunpa Das

Age : 6yrs Gender : F

S/o/D/o/W/o Sadhon Das

OPD/CR No. 102702703

is suffering from Diagnosis B-acute Lymphoblastic Leukemia

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. Two Lakhs. 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>100,000</u>
2. Antithymocyte globulin	<u> </u>
3. Antibiotics	<u> </u>
4. Blood component kits and tests	<u> </u>
5. Growth factors	<u>50,000</u>
6. Room charges for isolation	<u>50,000</u>
7. Post Transplant Immunosuppression	<u> </u>
8. Miscellaneous charges	<u>200,000</u>
9. Total	<u>200,000 (Two Lakhs)</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 : 3/10/17


Dr. Rishi Dhandan
Assistant Professor
Department of Hematology
AIIMS, New Delhi-110029
Signature
3/10/17



**DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

Room No. 75, Ground Floor, Near Examination Section
Ansari Nagar, New Delhi-110 029

Tel : (91 11) 2659 3305, 2659 4638, E-mail : tii.hla.aiims@gmail.com

**IMMUNOGENETICS TEST REQUISITION FORM
HEMATOPOIETIC STEM CELL TRANSPLANTATION**

HLA No. _____

Recipient Information

Name TUMPA DAS
 S/o, W/o, D/o SADHAN DAS
 Age/Sex 6 YR Caste HINDU Occupation SERVICE
 Date & Place of Birth 24-10-2010, KOLKATA
 Address PARTHALA KHANJARPUR
SECTOR 122, NOIDA
U.P.
 Tel. 7839823584 Fax N/A
 E-mail milanmitra69@gmail.com

Hospital Record

Reg No 102702703
 Hospital AIIMS
 Unit / Ward HEMATOLOGY / C 6
 Physician PROF H. MAHAPATRA
 Fax _____
 E-mail _____

Clinical Details

Refractory to Rx
 Date of Diagnosis 10/4/17 Clinical Remission Y N Date _____ History of relapse Y N Date _____
 Details of previous chemotherapy On Augmented BFM

Is patient on special protocols (Steroids or Immunosuppression etc) _____

History of Blood Transfusions

Blood Group A + ve TLC Counts _____ HIV Pos Neg
 Number of units given so far 3 @ Date last Transfused 07/6/17 Hepatitis Pos Neg
 Other relevant information _____ Hbs Ag Pos Neg

Original Disease

AML CML MDS Aplastic Anemia
 ALL Multiple Myeloma Thalassemia Others

Tests Requested

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

Important

- No results will be supplied if this form is not completed
- Family information should be provided overleaf
- Specimen requirements: 8-10ml EDTA Blood
- Testing Details: Samples collected on Monday & Wednesday, with prior appointment only



with ✓

Tilak ✓

MEDICAL OFFICER

Date: _____

SUNDAY OPEN

NAME : TUMPA DAS

LAB : NO:38251

AGE : 7 YEARS

SEX : FEMALE

REF. : AIIMS

DATE :26.12.17

HAEMATOLOGY REPORTS

TEST NAME	RESULT	UNITS	REF.RANGE
HAEMOGLOBIN	11.7	gms/dl	(12—16)
TLC	5,300	Cells/ cumm	(4,000—11,000)
DLC			
NEUTROPHILS	54	%	(45—75)
LYMPHOCYTS	43	%	(20—40)
EOSINOPHILS	01	%	(01—04)
MONOCYTE	02	%	(02—08)
BASOPHILS	00	%	(00—02)
PCV	37	%	(37---52)
PLATELET COUNT	2.80	Lacs/cumm	(1.5 - 3.5)
RBC	4.1	mill/cumm	(4.0—5.0)
MCV	90.2	fl	(76—96)
MCH	28.5	pg	(27—32)
MCHC	30.7	gm%	(31—35)

<END OF REPORT >

Technician

M. Talwar
Consultant Pathologist

Dr. MADHURALA TALWAR
M.D.(Pathology & Bacteriologist)
Consultant Pathologist

Shop No. 7, Safdarjung Hospital, Gate No. 1, New Delhi - 110029
Mob.:9899684850, 9968756175 | E-mail : shivamlab50@gmail.com

Note : In Case of any discrepancy in the test result, report it immediately (within 4 days of reporting date) to the laboratory. *The accuracy of the test results depend on the testing methods, method's reliability and specificity and quality of the sample/specimen received. Every laboratory investigation has its own limitations, therefore it is recommended to correlate the test results with other laboratory data and clinical findings. *This test report is not valid for medico-legal purposes. *Shivam will not be held responsible for any loss or damage as a result of securing the meaning of test report.



बहिरंग रोगी विभाग / Out Patient Department

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

रोगीका नाम / Patient Name

एकक/Unit

विभाग/Dept.

नाम/Name

General



PH: 2017121803200

Clinic No: HC-2017/NO/7599
Name: TUNPA DAS
C/O Sadhan Das, 6Y 11M 17D, F
Ph: 7838823584
partbhatnagar, sector 122, Noida, UTTAR
PRADESH, PIN 201301, INDIA

ADMT. ID:

2017121803200

Deptseq: 191

Dept: Hematology
Unit: Unit-F
Room: 25 H
F/11
Days: Monday
App. Date: 18/12/2017

OPR-6

सं/O.P.D. Regn. No.

पता/Address

निदान/Diagnosis

Pre B ALL

दिनांक/Date

उपचार/Treatment

18/12/17
74

Delayed Intensification I - from 16/12/17
11: 7/11, 200/ 3:40 lock

T. Dexamethasone 8mg PO BD as per chart

2g L-Asparaginase 4400 IU IM single
VCR & Doxo as per chart done on 21/12/17

syb Septicin SS 5mg BD 23/12/17

M/W/F

Junin Lanzol 15mg (1100) 26/12

Flu after 7 days 28/12

Ans 2
(KSH)

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, 26588380, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

ALL PROTOCOL

Name- TUMPA DAS

Age- 6yr

Sex- F

CR NO-H-797335-HH NO/HO NO-- 102702703

Ward and Bed No- C6 / 21

Address- PARTHALA, KHANJARPUR, SECTOR 122
NOIDA, UTTAR PRADESH.

Ph no-

BMA&BX (No- 17 BX and Date- 10/4/17)- Asp 76% Blasts. +ve PAS -ve HPC
677 SBB
NSE

Bx replacement by immature cells.

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

Comment-

Cytogenetics- HYPERPLOIDY (50-55 chromosomes) SRL 24/4/17.

FISH-

RTPCR-

IPT (immunophenotyping)- CD19 | CD10 | CD33 | CD34 | HLA DR | CD79a | TdT +ve
17/F/03.

CNS: + (0)

TLP: if yes + -

Final Diagnosis- B-ALL

High risk- Augmented BFM (induction same) As Day 7 marrow MS

Low risk- Standard BFM (induction same)

Date of Diagnosis- 10/4/17

Date of start of treatment- 19/5/17

Consolidation to start on day 35 of induction or when the ANC > 1,000/cumm AND a platelet count > 1,00,000/cumm, whichever occurs last.

Radiotherapy should begin on day 1 of consolidation.

With CNS-Cranial, 2400 cGy in 12 fractions and spinal, 600 cGy in 3 fractions

Consolidation (Phase II): Pt last has follow up for 16 days from 11/17/12

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
0	-CPM	10/12	ARA	50mg	6MP	50mg	RT				
1		11/12	ARA	50mg	6MP	50mg	RT				
2		12/12	ARA	50mg	6MP	50mg	RT				
3		1/13	ARA	50mg	6MP	50mg	RT				
4		2/13	ARA	50mg	6MP	50mg	RT				
5		3/13	ARA	50mg	6MP	50mg	RT				
6		4/13	ARA	50mg	6MP	50mg	RT				
7		5/13	ARA	50mg	6MP	50mg	RT				
8		6/13	ARA	50mg	6MP	50mg	RT				
9		7/13	ARA	50mg	6MP	50mg	RT				
10		8/13	ARA	50mg	6MP	50mg	RT				
11		9/13	ARA	50mg	6MP	50mg	RT				
12		10/13	ARA	50mg	6MP	50mg	RT				
13		11/13	ARA	50mg	6MP	50mg	RT				
14		12/13	ARA	50mg	6MP	50mg	RT				
15		1/14	ARA	50mg	6MP	50mg	RT				
16		2/14	ARA	50mg	6MP	50mg	RT				
17		3/14	ARA	50mg	6MP	50mg	RT				
18		4/14	ARA	50mg	6MP	50mg	RT				
19		5/14	ARA	50mg	6MP	50mg	RT				
20		6/14	ARA	50mg	6MP	50mg	RT				
21		7/14	ARA	50mg	6MP	50mg	RT				
22		8/14	ARA	50mg	6MP	50mg	RT				
23		9/14	ARA	50mg	6MP	50mg	RT				
24		10/14	ARA	50mg	6MP	50mg	RT				
25		11/14	ARA	50mg	6MP	50mg	RT				

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

Cytarabine - 30 0.8
Mtx - 12.5
Hydrocort - 30mg 0.3

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

ITmix 1/8/12
Mtx 12.5
717 given 1/12

27									
28	3/9	CPM	From			GMP	2/9	50	
29				ARA	58mg	GMP	2/9	50	
30				ARA	58mg	GMP	2/9	50	
31				ARA	58mg	GMP	2/9	50	
32				ARA	58mg	GMP	2/9	50	
33						GMP	2/9	50	
34						GMP	2/9	50	
35						GMP	2/9	50	
36				ARA	58mg	GMP	2/9	50	
37				ARA	58mg	GMP	2/9	50	
38				ARA	58mg	GMP	2/9	50	
39				ARA	58mg	GMP	2/9	50	
40						GMP	2/9	50	
41						GMP	2/9	50	
42	20/9	VCR							
43									
44									
45									
46									
47									
48	20/9	VCR							
49									
50									
51									
52									
53									
54		Rest							
63									

1/9
 ARA 58mg
 2/9
 ARA 58mg
 3/9
 ARA 58mg
 4/9
 ARA 58mg

20/9 → 21/9
 ASP 4
 4620
 21/9
 ASP 4
 4620
 22/9
 ASP 4
 4620

ASP 4
 4620
 30/9
 ASP 4
 4620
 2/10
 ASP 4
 4620

0	VCR 1mg	MTX 67mg	12/10	ASP 10,000	12/10
1					
2					
3					
4					
5					
6					
7					
8	pt. did not have CBC. Hence, chemo post-poned by 2 days				
9					
10	VCR 1mg	MTX 67mg	24/10	ASP 10,000	24/10
11					
12					
13					
14					
15					
16					
17					
18					
19					
20	VCR 1mg	MTX 67mg	4/11	ASP 10,000	4/11
21					
22					
23					
24					
25					
26					
27					
28					

(patient did not come for two days)

LFT, RFT reports not available

50/11

Allergic to L-asparaginase
 pre-medicate \bar{c} Avil (1cc) & Hydrocortisone (50mg)

32				10,000	10,000				
33									
34									
35									
36									
37									
38									
39									
40	VCR	10/25/11	MTX	10/25	CBC, LFT	(10)			
41	1mg		6mg		ASP	26/11	10/25		
42	Rest				10,000				
55									

25/11
26/11

not start later than day 56. When the ANC > 1,000/cumm AND a platelet count > 1,00,000/cumm, whichever occurs last.

BSA 0.73

Delayed Intensification I: Reinduction (4 weeks)

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
0			VCR 1.1	16/12 10/12	DOX 18	16/12 10/12			
1	DEX 6								
2	DEX 6								
3	DEX 6						ASP 4400	19/12	
4	DEX 6								
5	DEX 6						ASP	21/12	10/12 21/12
6	DEX 6								
7	DEX 6		VCR	10/12	DOX 18	10/12	ASP 4400	23/12	10/12
8									
9									
10							ASP	26/12	10/12
11									
12							ASP 4400	28/12	10/12
13									
14	DEX		VCR		DOX		ASP	30/12	
15	DEX								
16	DEX								
17	DEX								
18	DEX								
19	DEX								
20	DEX								
21	DEX		VCR						

Days 22-27: rest

Allergic to L-asparaginase

सेवा में,

श्रीमान द्रष्टि महोदय
जीवन ज्योति ट्रस्ट
नई दिल्ली

महोदय,

सविनय निवेदन है कि मेरा नाम प्रतिका दास है। मैं अजन्तारा सोसइटी, नोएडा में खाना बनाने वाली मेड का काम करती हूँ और मेरे पति श्री साधन दास लोडिंग और अनलोडिंग का काम करते हैं। मेरी मासिक आय 5000 से 6000 रुपया है। मेरी बेटी का नाम दुम्पा दास है और उसकी उम्र 7 साल है। जिसको ब्लड कैंसर है। मेरी बेटी का इलाज एम्स हॉस्पिटल में चल रहा है। डॉक्टर ने बच्ची के इलाज के लिए 200,000 रुपये की जरूरत बताई है जिसके लिए मैं असमर्थ हूँ। मेरी बेटी की तबियत बहुत खराब है।

इसलिए मेरा निवेदन है कि मेरी बेटी के इलाज के लिए आर्थिक सहायता प्रदान करने की कृपा करें।

मैं इस संस्था की सदैव आभारी रहूँगी।

धन्यवाद



(प्रतिका दास)

वार्ड नं: - 6

कृष्ण नगर-I

नदिया

पिन - 741101

पश्चिम बंगाल

MOB. NO. 7838823584

SUNDAY OPEN

NAME : TUMPA DAS

LAB : NO: 19604

AGE : 07 YEARS

SEX : FEMALE

REFF. : AIIMS

DATE : 05.03.18

HAEMATOLOGY REPORTS

TEST NAME	RESULT	UNITS	REF.RANGE
HAEMOGLOBIN	11.2	gms/dl	(12—16)
TLC	4500	Cells/ cumm	(4,000—11,000)
DLC			
NEUTROPHILS	68	%	(45—75)
LYMPHOCYTS	26	%	(20—40)
EOSINOPHILS	04	%	(01—04)
MONOCYTE	02	%	(02—08)
BASOPHILS	00	%	(00—02)
PCV	36	%	(37---52)
PLATELET COUNT	2.70	Lacs/cumm	(1.5 - 3.5)
RBC	3.9	mill/cumm	(4.0---5.0)
MCV	92.3	fi	(76---96)
MCH	28.7	pg	(27---32)
MCHC	31.1	gm%	(31---35)

END OF THE REPORT

Technician

M. Talwar
Consultant Pathologist
Dr. MADHURALA TALWAR
M.D.(Pathology & Microbiologist)
Consultant Pathologist

SUNDAY OPEN

NAME : TUMPA DAS

LAB : NO: 19604

AGE : 07 YEARS

SEX : FEMALE

REF. : AIIMS

DATE : 05.03.18

LIVER FUNCTION TEST

TEST NAME	RESULT	UNITS	REF.RANGE
S.BILIRUBIN(T)	0.62	mg/dl	(0.00 – 1.00)
S.BILIRUBIN (D)	0.34	mg/dl	(0.00 – 0.25)
S.BILIRUBIN(IN)	0.28	mg/dl	
SGOT	31.6	U/L	male upto 37 Female up to 31
SGPT	34.2	U/L	male upto 40 female up to 31
ALK.PHOS.	295.6	U/L	Adult (108 – 306) Child (210 – 810)
T.PROTEIN	6.8	gm/dl	(6.0 – 8.0)
ALBUMIN	4.3	gm/dl	(3.7 – 5.3)
GLOBULIN	2.5	gm/dl	(2.3 – 3.6)

<END OF REPORT>

Technician


Consultant Pathologist

Dr. MADHUBALA TALWAR
M.D.(Pathology & Bacteriologist)
Consultant Pathologist

SUNDAY OPEN

NAME : TUMPA DAS

LAB : NO: 19604

AGE : 07 YEARS

SEX : FEMALE

REF. : AIIMS

DATE : 05.03.18

KIDNEY FUNCTION TEST

TEST NAME	RESULT	UNITS	REF.RANGE
B.UREA	18.6	mg/dl	(10 – 40)
S.CREATININE	0.4	mg/dl	(0.4 – 1.4).
URIC ACID	2.4	mg/dl	(3.5 – 7.2)
S.CALCIUM	10.8	mg/dl	(8.5 – 10.5)
S.PHOSPHOURS	3.8	mg/dl	(2.4 – 4.5)
S.SODIUM	140.8	mEq/L	(135 – 155)
S.POTASSIUM	4.3	mEq/L	(3.5 – 5.5)

< END OF REPORT >

STANDARD IS OUR PLUSE

Technician


Consultant Pathologist

Dr. MADHURALA TALWAR
M.D.(Pathology & Bacteriologist)
Consultant Pathologist



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

शरीरग्राह्यं खदु धर्मसाधनम्

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

General

FO UHXID: 102702703
Clinic No: HO- 2017/HO/7599
Name: TUMPA DAS
C/O Sadhan Das, 7Y 1M 11D, F
Ph: 7838823584
parthalakhanjarpur, sector122, Noida, UTTAR
PRADESH, Pin:201301, INDIA

DeptSeq: 261
Dept: Hematology
Unit: Unit-I
Room: 25 H
F/B
Days: Monday
App. Date: 12/02/2018

OPR-6
HO 7599 / 617
P.D. Regn. No. _____
पता/Address _____

Appt. ID:



2018022202407



निदान/Diagnosis

B-ALL

दिनांक/Date

उपचार/Treatment

8

- ① Ct. Chemorx @ per protocol.
Inj. vcr - 1.2 mg iv (16/2/18)
Inj. L-Asp - 4740 U Im → 13/2;
16/2; 18/2
20/2
- ② Symp. Septan 5 ml B/D
- ③ T. Junior Lanzol (15) mg B/D

Supp - LWH E CBC

hse

General



PO UHID: 102702703

Clinic No: HO- 2017/HO/7599

Name: TUMPA DAS

C/O Sadhan Das, 7Y 2H 4D, F

Ph: 7838823584

parthalakhanjarpur, sector 122, Noida, UTTAR PRADESH, Pin: 201301, INDIA

DeptSeq: 269

Dept: Hematology

Unit: Unit-I

Room: 25 H

F/11

Days: Monday

App. Date: 05/03/2018

Appt. ID:



2018030502629



B-ALL

9

R

① Cf. Cerebro - @ per protocol

2mg. vcr. i/m	on 10.3
2mg. mtx. s.o.m	on 10.3
2mg. Asp	11550 U i/m on 11.3.18

② ^{Sept} ~~Sept~~ supman ss (BD. (M/W/F))

③

④

↓
7mg i (30) - 1wk
LFT/KFT

Dr. [Signature]



Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Time	Date	Remarks
28	TG 50 mg	23-1-18			CPM	5 mg					
29	TG		ARA 60 mg	24-1					11:00	6/2/18	
30	TG		ARA	25-1					12 mg		
31	TG		ARA	26-1					Mtx 1T		
32	TG		ARA	27-1							
33	TG										
34	TG										
35	TG										
36	TG		60 ARA	28-1							
37	TG		ARA	29-1							
38	TG		ARA	30-1							
39	TG		ARA	31-1							
40	TG										
41	TG	6/2/18									
42					ASP	9-2	VCR				
43					4740		1.2 mg				
44					ASP	11-2					
45					4740						
46					ASP	12-2					
47					4740						
48											
49					ASP	16-2	VCR				
50					4740						
51					ASP	19-2					
52					4740						
53					ASP	19-2					
					4740						

22 mg
11:00
16.2-18

89/3200/210-59-1, 12-2

didn't come
facture
fell ill

7-40
1 1/2-60
160

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

Weight 18
HT → 117

*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.

BSA 0.2

Days	Drug	Date	Drug	Date	Drug	Date	Drug	Date	Remarks
0	VCR	28.2	MTX	28.2			ITMTX*		→ OPD (L3)
1			80		ASP	29.2	23.2.18		Pt 2.8, 9.3 / 34/60
2					11550	01.3.18			
3					.	.			
4					.	.			
5					.	.			
6					.	.			
7					.	.			
8					.	.			
9					.	.			
10	VCR	10.3.	MTX	10.3.					
11					ASP	11.3.			
12									
13									
14									
15									
16									
17									
18									
19									
20	VCR		MTX				ITMTX		
21					ASP				
22									
23									
24									
25									