

सेवा में

फ्री मिशन चिल्ड्रन केयर

J-100 शिकुरपुर

दिल्ली - 110034



महोदय

आपसे निवेदन है कि मैं मयंक वसंत मोहल का पिता आपसे निवेदन करता हूँ कि मेरे बेटे मोहल जो कि पाँच साल का है उसके ब्लड कैंसर के इलाज में हमारी सहायता कि जासु हम अपने बेटे मोहल का इलाज करवाते में असमर्थ है हमें आपकी सहायता की जरूरत है

कृपया हमारी मदद करें।

For MISSION CHILD CARE
Auth. Sign.



12-01-2024

मयंक वसंत
मोहल का पिता



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

बाल निकिल्सा विभाग

कमरा / Room

OPR-6



UHID: 106866864
ABHA: 0
0
Dept No.: 20230030019826
Clinic No.: 2023/POC/211

C-210

Unit-I

POC

सोम

सं/O.P.D. Regn. No.

एकक/Unit

विभाग/Dept.

नाम/

MONAL BANSAL

S/OMAYANK BANSAL

SY SM (S) / (M) पुरुष

Add XIRAOULI AGRA, UTTAR PRADESH, INDIA

Mob: 9921773888 Follow Up Patient: General: 0

01/01/2024

Queue: F19



Reporting: 014312

पता/Address

निदान/Diagnosis

DI/d# 13, / B-ALL - Ga

दिनांक/Date

उपचार/Treatment

14

17/5/24

Adv

→ Pln on 2/1/24 at you in POC
- chemo as charted in notes

Em
CBC

Lack

N/V on 13/01/2024 = CBC

in U₃ OPD

med

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)



meraaspatal.nhp.gov.in



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

UHID: 106866864 Sex : Male
Patient Name : Master. MONAL BANSAL Sample Received Date : 06-Jan-2024 15:26 PM
Age : 5Y 5m Department : Paediatrics
Lab Name : Dept of Laboratory Medicine Lab Sub Centre : Smart Lab New OPD Block
Reg Date : 06-Jan-2024 15:26 PM Sample Collection Date : 06-Jan-2024 13:17 PM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2413403929

Sample Details : LH0601241068

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	11.80	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	36.90	%	34 - 40
RBC count (Impedance)	3.76	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	5.45	10 ³ /μl	5.0 - 15.0
Platelet count (Impedance)	132.00	10 ³ /μL	200 - 490
MCV (Calculated)	98.10	fL	75 - 87
MCH (Calculated)	31.40	pg	24 - 30
MCHC (Calculated)	32.00	g/dL	
RDW-CV (Calculated)	14.50	%	11.6 - 14
Neutro (Fluo. flow cytometry)	15.60	%	30-60%
Lympho (Fluo. flow cytometry)	74.70	%	29-65%
Eosino (Fluo. flow cytometry)	0.20	%	1-4%
Mono (Fluo. flow cytometry)	9.50	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.00	%	0-1%
Neutro - Abs (Calculated)	0.85	10 ³ /μl	1.5-8.0
Lympho- Abs (Calculated)	4.07	10 ³ /μl	6.0-9.0
Eosino - Abs (Calculated)	0.01	10 ³ /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.52	10 ³ /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.00	10 ³ /μl	0.02 - 0.1

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Subiyathul Farah Ashraf K M
06-Jan-2024 16:07



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

UHID: 106866864 Sex : Male
Patient Name : Master. MONAL BANSAL Sample Received Date : 26-Dec-2023 15:37 PM
Age : 5Y 5m Department : Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 26-Dec-2023 15:37 PM Sample Collection Date: 26-Dec-2023 13:24 PM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2313357430

Sample Details : LH2612231450

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	10.90	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	34.30	%	34 - 40
RBC count (Impedance)	3.43	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	13.67	10 ³ /μl	5.0 - 15.0
Platelet count (Impedance)	256.00	10 ³ /μL	200 - 490
MCV (Calculated)	100.00	fL	75 - 87
MCH (Calculated)	31.80	pg	24 - 30
MCHC (Calculated)	31.80	g/dL	
RDW-CV (Calculated)	14.90	%	11.6 - 14
Neutro (Fluo. flow cytometry)	19.50	%	30-60%
Lympho (Fluo. flow cytometry)	78.00	%	29-65%
Eosino (Fluo. flow cytometry)	1.30	%	1-4%
Mono (Fluo. flow cytometry)	1.00	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.20	%	0-1%
Neutro - Abs (Calculated)	2.66	10 ³ /μl	1.5-8.0
Lympho- Abs (Calculated)	10.66	10 ³ /μl	6.0-9.0
Eosino - Abs (Calculated)	0.18	10 ³ /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.14	10 ³ /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.03	10 ³ /μl	0.02 - 0.1

Remarks: Macrocytic anemia. Advice: 1.Reticulocyte count 2. Serum ferritin 3.Serum B12/Folic acid levels

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Subiyathul Farah Ashraf K M
26-Dec-2023 19:49



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

MCB DAYCARE SHORT ADMISSION

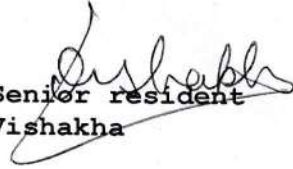
Name	Monal Bansal	Gender	Female
Age	5 year	Unit	III
UHID	106866864	DOA	5.1.2024
Diagnosis	BALL	DOD	5.1.2024
Consultant	DR.RACHNA SETH/Dr K.R JAT/ DR.ADITYA GUPTA/DR. J.P. MEENA		

Child was admitted for Intrathecal Methotrexate. Csf was send for morphology. Procedure was done under aseptic precautions. Child remained hemodynamically stable throughout the hospital stay.

Condition on discharge - stable

Advice on discharge:

1. Plenty of oral fluids
2. Medications as advised
3. Follow up in Unit III P-OPD (NEW RAK 2ND FLOOR) with reports on Wednesday/Saturday as per appointment


Senior resident
Vishakha

Junior resident
Dr. Rishika/ Dr Manvita



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

बाल चिकित्सा विभाग

कमरा / Room

श्र
एव
वि

UHID: 106866864
 Dept No.: 20230030019826

C-211
 Unit-III

OPR-6

MONAL BANSAL

Paediatric

बुध शनि

रोगी सं/पंजीकृत सं/O.P.D. Regn. No.

SIOMAYANK BANSAL

Wed.Sat (बुध शनि)
 27/12/2023

5Y 5M 10D / M (पुरुष)
 Add : KIRAOJI, AGRA, UTTAR PRADESH, INDIA

Queue: F17

Mob: 9621773888 Follow Up Patient General 0



Reporting 08:39:25

आयु
Age

पता / Address

निदान / Diagnosis

D B-AU/DE/SR/ICCG

दिनांक / Date

उपचार / Treatment

11

18/12/23

ADH

Next visit → 01/01/24, 2:00 PM, POC

CBC, LFT, KFT

Signature



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)



meraaspatal.nhp.gov.in



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



बाल चिकित्सा विभाग

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



UHID: 106866864
ABHA: 0
0
Dept No.: 20230030019826
Clinic No.: 2023/POC/211

कमरा / Room

C-210
Unit-I

OPR-6

POC

सोम

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. _____

आयु
Age

पता / Address

18/12/2023

Queue: F26



Reporting: 01.44.48

MONAL BANSAL

S/OMAYANK BANSAL

5Y 5M 1D / M (पुरुष)

Add: KIRAOLI, AGRA, UTTAR PRADESH, INDIA

Mob: 9821773888 Follow Up Patient General 0

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

15

18/12/23

28/12/13

[Signature]

CBC
LFT/RFT

शरीरमाद्यं खलु धर्मसाधनम्



Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

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



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

बाल चिकित्सा विभाग.

कमरा / Room

OPR-6



UHID: 106866864
ABHA: 0
0
Dept No.: 20230030019826
Clinic No. : 2023/POC/211

C-210
Unit-I

POC

सोम

04/12/2023

Queue: F28



Reporting 02:11:50

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. _____

आयु
Age

पता / Address

MONAL BANSAL

SOMAYANK BANSAL

5Y 4M 18D / M (पुरुष)

Add : KIRFOLI, AGRA, UTTAR PRADESH, INDIA

Mob: 9621773888 Follow Up Patient General 0

निदान / Diagnosis

D B ALL / SR / 10000 / IM

दिनांक / Date

उपचार / Treatment

20

17/12

DAW

• CBC, LFT, KFT

• Next visit → 18/12/2023, वै. 10:00 AM
POC

10
वर्ष



Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

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



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

UHID: 106866864 Sex : Male
Patient Name : Master. MONAL BANSAL Sample Received Date : 26-Dec-2023 15:37 PM
Age : 5Y 5m Department : Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date : 26-Dec-2023 15:37 PM Sample Collection Date: 26-Dec-2023 13:24 PM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2313357430

Sample Details : LH2612231450

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	10.90	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	34.30	%	34 - 40
RBC count (Impedance)	3.43	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	13.67	10 ³ /μl	5.0 - 15.0
Platelet count (Impedance)	256.00	10 ³ /μL	200 - 490
MCV (Calculated)	100.00	fL	75 - 87
MCH (Calculated)	31.80	pg	24 - 30
MCHC (Calculated)	31.80	g/dL	
RDW-CV (Calculated)	14.90	%	11.6 - 14
Neutro (Fluo. flow cytometry)	19.50	%	30-60%
Lympho (Fluo. flow cytometry)	78.00	%	29-65%
Eosino (Fluo. flow cytometry)	1.30	%	1-4%
Mono (Fluo. flow cytometry)	1.00	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.20	%	0-1%
Neutro - Abs (Calculated)	2.66	10 ³ /μl	1.5-8.0
Lympho- Abs (Calculated)	10.66	10 ³ /μl	6.0-9.0
Eosino - Abs (Calculated)	0.18	10 ³ /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.14	10 ³ /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.03	10 ³ /μl	0.02 - 0.1

Remarks: Macrocytic anemia. Advice: 1. Reticulocyte count 2. Serum ferritin 3. Serum B12/Folic acid levels

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

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Sunceta Meena
(Serology)

Dr Subiyathul Farah Ashraf K M
26-Dec-2023 19:49

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029

DEPARTMENT OF RADIODIAGNOSIS
ALLMS NEW DELHI - 110029

(61/60)
SR Patel
डॉ० जगदीश प्रसाद मोना
Dr. Jagdish Prasad Meena
Additional Professor
Dept. of Pediatrics
AllMS, I.I.M.S., New Delhi-29

बाल विकिरण विभाग
UHID: 106866864
Dept No: 20230030019826

कमरा / Room
C-211
Unit-III
Paediatric
Queue No: F2
30/09/2023

MONAL BANSAL
5Y 2M 13D / M (पुरुष)
S/O MAYANK BANSAL
Add: KIRAOJI, AGRA, UTTAR PRADESH
INDIA

बुध, शनि
Wed, Sat (बुध, शनि)

Mob: 9821773888 Follow Up... General ₹ 0 Reporting: 8:00 AM-9:00 AM

ROENTGENOGRAPHY REQUISITION FORM

Ref. Dept./Unit : Date :

OPD No. / UHID No. : LMP :

Examination Required .

- Ultrasound
- Doppler (Arterial / Venous)
- Interventional Procedure
- CT
- HRCT
- Dual Phase CT
- CT Angiography

Abdomen

Clinical History and Examination :

B RU / Intercostals

Clinical / Working Diagnosis :

to check liver
echotexture
? size increased
? infection

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

28/11/23
9am

US / CT Number :

61 No. of Films used :

Signature of Radiographer / Date :

Manish