



# SMILE N CARE FOUNDATION

"TOGETHER WE CARE, TOGETHER WE SMILE"

REG NO- 2025/4/IV/557  
PAN NO- ABLTS3460N  
Unique ID: DL/2025/0572597  
[www.smilencare.org](http://www.smilencare.org)  
[info@smilencare.org](mailto:info@smilencare.org)



## PATIENT DETAILS

NAME	BABU SAHEB KUMAR
FATHER NAME	MR AWADESH YADAV
DATE OF BRITH / AGE	8 -YEAR-OLD
SEX	MALE
DISEASE	BLOOD CANCER
HOSPITAL	AIIMS
ADDRESS	VILL POST- SHIVRAJPUR CHAUBETOLA WEST CHAMPARAN, INDIA
U.H.I.D NO	108674299
DEPARTMENT/ DIAGNOSIS	PAED. CARDIOLOGY
EST TREATMENT COST	3,75,000/-

**Join us in making a difference! Smile N Care Foundation is reaching out to support underprivileged children in need. Your contribution, big or small, can bring hope and happiness to their lives. Together, let's ensure no child is left behind. Today to be a part of this noble mission.**



Registered Address: B84, Shashi garden, Mayur Vihar Phase I Delhi 110091

Contact: 9717324650 /8468066051





रुधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

कमरा नं० 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ.सं., नई दिल्ली-110029

Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM I BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babur ahob Kumar Age/Sex 3y IM Date \_\_\_\_\_

Hospital UHID. No. 108674299 Lab No. \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Ward/OPD/Clinic HDCC

Clinical Summary B ALL CNG1, CT646x7

NGS PTPN11 (VAF 5.65%)

No. of Blood transfusion < PRBC PRP Date of last BT : \_\_\_\_\_ < PRBC PRP

Examination findings was on BFM Pediatric

Pallor Fever Standard risk

Bleeding manifestations Jaundice protocol from

Liver Spleen (9/12/25)

Lymph nodes Sternal tenderness

Others \_\_\_\_\_

Provisional Clinical Diagnosis End of induction BMA /

Radiological Findings Bmbx / IPT MRD,

Other investigations \_\_\_\_\_

Treatment History MRD 13/11/28 3936 TPI => 404 MRD

Recent Hemogram Haemoglobin 9-6 T.L.C. 4000 Platelets 200

Previous Bone Marrow 203NPA

डॉ. युकीम डोंग  
Dr. YUKIM DONG  
Senior Resident  
Department of Hematology  
AIIMS, New Delhi-22

Signature  
Name of Doctor  
Contact Tel. No.



Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. BM Slides without PS will not be accepted.



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

OPR-6

रुधिर विज्ञान  
 UHID: 108874299  
 Dept No: 20250240141953  
 Clinic No: 2025/HO/9508  
 बबुसाहेब कुमार / BABUSAHEB KUMAR

कमरा / Room  
 C-50B  
 Queue / संख्या  
**F15**  
 Unit-I, HO CLINIC.

ब० रोगी सं० / O.P.D. Regn. No. \_\_\_\_\_

आयु / Age	पता / Address

S/O AWADHESH YADAV  
 8Y 4M 3D / M (पुरुष)  
 WARD NO 11, POST-SHIVRAJPUR,  
 CHAUBE TOLA, WEST CHAMPARAN,  
 Ph: 9008518531 General Rs. 0  
 Follow Up Patient

सोम Monday

Reporting: 01:44:51  
 16/02/2026

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

22

ISSUED  
 UNIT AIIMS  
 16-2-26

Ph-ve / CD20-ve Pre B ALL

EoI < CR  
 MRD-ve

on standard Risk ALL  
 on consolidation

R/A 3rd E  
 - CBC/LFT/RET/LDH  
 fempkin / TIBC / B12 / IFA

To continue consolidation  
 from day care / C2 ward.

Plan: EoC BM  
 + IPT studies  
 Capizzi VC HD Mx

Tab lanyl JR 15mg od

R/A EoC BM  
 + IPT studies

X 300

Dr. PANDEY SAURABH  
 Senior Resident  
 Dept of Clinical Hematology  
 AIIMS Delhi-110029  
 MCI-13147950



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)







भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: मुख्तार यादव,  
चौबेदोला, वॉर्ड 12, चौबे  
दोला, पश्चिमी चम्पारण,  
बिहार - 845452

Address:

S/O: Mukhtar Yadav, chaubetola,  
ward 12, Chaube Toa, West  
Champaran,  
Bihar - 845452

0373 7675



ad cells

B

11/10/25

11-14953/25

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



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

रुधिर विज्ञान

UHID: 108674299

कमरा / Room  
C-506

Queue / संख्या  
N28

OPR-6

H0-9508/25



Dept No: 20250240141953

Unit-I, Hematology  
Screening OPD.

पंजीकृत सं० / O.P.D. Regn. No.

बबुसाहेब कुमार / BABUSAHEB KUMAR

आयु  
Age

पता / Address  
MONDAY 1:30 PM

S/O AWADHESH YADAV  
SY CM DD / मि (पुरुष)  
WARD NO 11, POST-SHIVRAJPUR,  
CHAUBE TOLA, WEST CHAMPARAN.  
Ph: 9006518531 General Rs. 0  
New Patient

सोम, बुध, शुक्र.



Reporting: 08:50:28  
13/10/2025

## निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

59/B

~~Anti Leuk~~

Make me  
~~cut~~ / ~~fract~~ / ~~sn~~

B-10-2025

S/B Hemat SR.

BMA + BMBx + ZPT + CTGTNGS.

- plenty of fluids orally
- Transfusion support to keep: Hb > 8gms  
PLT > 20,000

शरीर में 20 mg Po BD 7 days



डॉ. रक्षित वल्लभभाई  
Dr. RAKSHIT VALLABHBHAI  
परिचर रजिस्ट्रार / Senior Resident  
रुधिर विज्ञान विभाग / Dept. of Hematology  
अपा.आ.सं. नई दिल्ली / A.I.I.M.S., New Delhi-29



CLEAN AND GREEN AIIMS का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
24x7 (24 hrs service)

मेरा अस्पताल  
My Hospital  
meraaspatal.nhp.gov.in

TLC \_\_\_\_\_ Platelets \_\_\_\_\_  
P \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_ B \_\_\_\_\_

Immature leucocytes \_\_\_\_\_  
**R.B.C. Morphology**  
Normocytic normochromic  
Microcytic hypochromic  
Macrocytic hypochromic

Nucleated red cells \_\_\_\_\_

Anisocytosis  
Poikilocytosis

**MARROW REPORT:**

Quality of smear  
Cellularity  
**ME Ratio**  
Myelogram  
Blasts  
Promyelocytes  
Myelocytes  
Metamyelocytes  
Neutrophils  
Lymphocytes  
Monocytes  
Eosinophils  
Erythroid  
Others  
Parasite

Megakaryocytes  
Erythroid cells  
**Special Stains**

NPO (10-12 hrs)  
5 photcopy.

**FINAL REPORT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Senior Resident  
Date

Signature of Consultant  
Date



वन्देव विज्ञान विद्या  
7  
70 204V, इलाहाबाद  
Room No. 204, 2nd Floor, New  
AEMOGRAM / BONE MARR  
Babus Babub  
1 08874399  
Hospital UNID. No.  
Referring Doctor  
Clinical Summary

TLC \_\_\_\_\_ Platelets \_\_\_\_\_  
 P \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_ B \_\_\_\_\_  
 Immature leucocytes \_\_\_\_\_ Nucleated red cells \_\_\_\_\_

रुम नं 204  
 Room No. 204  
**HAEMOGRAM**  
 Name Babu  
 Hospital UHID No. 1088  
 Referring Doctor

**R.B.C. Morphology**  
 Normocytic normochromic  
 Microcytic hypochromic  
 Macrocytic hypochromic

Anisocytosis  
 Poikilocytosis

**MARROW REPORT:**

Quality of smear  
 Cellularity  
**ME Ratio**  
 Myelogram  
 Blasts  
 Promyelocytes  
 Myelocytes  
 Metamyelocytes  
 Neutrophils  
 Lymphocytes  
 Monocytes  
 Eosinophils  
 Erythroid  
 Others  
 Parasite

Megakaryocytes  
 Erythroid cells  
**Special Stains**

NPO (10-12 hrs)  
 S photography.

**FINAL REPORT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Senior Resident  
 Date

Signature of Consultant  
 Date



रूधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

कमरा नं० 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ.सं., नई दिल्ली-110029  
 Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM | BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babus Akshay Kumar Age/Sex 8y / M. Date \_\_\_\_\_  
 Hospital UHID. No. 108674299 Lab No. \_\_\_\_\_  
 Referring Doctor \_\_\_\_\_ Ward/OPD/Clinic H DCC

Clinical Summary

B ALL CN31, CT6 46x7

NGS PTPN11 (VAF 5.65%)

ETV / RUNX1 fusion

No. of Blood transfusion

< PRBC  
PRP

Date of last BT:

< PRBC  
PRP

Examination findings

was on BFM Pediatric  
& standard risk  
protocol from  
(9/12/25).

Pallor

Fever

Bleeding manifestations

Jaundice

Liver

Spleen

Lymph nodes

Sternal tenderness

Others

Provisional Clinical Diagnosis

End of induction BMA /

Radiological Findings

Bmbx / IPT MRD.

Other investigations

Treatment History

Recent Hemogram

Haemoglobin 9-6

T.L.C. 4000 Platelets 200

Previous Bone Marrow

Signature  
Name of Doctor  
Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. B.M. Slides without PS will not be accepted.





अखिल भारतीय आयुर्विज्ञान संस्थान नई दिल्ली / CASH RECEIPT  
 अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष { 26588500  
 Phones { 26588700

संयोजक चक्रु बर्महोत्रायण

नियुक्ति पर्ची

APPOINTMENT SLIP



रसीद संख्या / Receipt No.: दिनांक / Dated :  
 जमाकर्ता / Received From: Dr. NITKA DEO SWSC (Follow-up) General ₹ 0.0 Print Appointment Slip  
 ओ.पी.डी. / यू.एच.आई.डी. नं. / OPD / UHID No. : Appointment नं. संख्या / Room No. :  
 के नामे / ON ACCOUNT OF Reporting Time: 1.30 PM

Doctor Name	Dr. Manoranjan Mahapatra	Appointment Request date	14/02/2026
Name of Patient	MR BABUSAHEB KUMAR	Appointment No	2026021413231
Sex	Male	Age	8 years 4 months 1 day
Contact Details	Mobile: XXXXXX531	Request Mode	counter
Queue No.	F15		

Remarks:

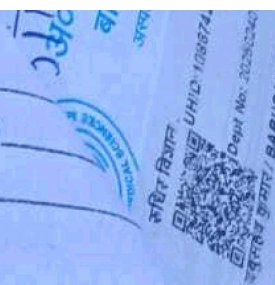
Your UHID Is : 108674299.  
 Your Clinic Number Is : 2025/HO/9508.

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 IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



TLC \_\_\_\_\_ Platelets \_\_\_\_\_  
 P \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_ B \_\_\_\_\_  
 Immature leucocytes \_\_\_\_\_ Nucleated red cells \_\_\_\_\_



**R.B.C. Morphology**

Normocytic normochromic  
 Microcytic hypochromic  
 Macrocytic hypochromic

Anisocytosis  
 Poikilocytosis

**MARROW REPORT:**

Quality of smear

Megakaryocytes

Cellularity

Erythroid cells

ME Ratio

Special Stains

Myelogram

Blasts

Promyelocytes

Myelocytes

Metamyelocytes

Neutrophils

Lymphocytes

Monocytes

Eosinophils

Erythroid

Others

Parasite

NPO (10-12 hrs)  
 5 photcopy.

**FINAL REPORT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Senior Resident  
 Date



Signature of Consultant  
 Date

ed cells  
B

रुधिर विज्ञान विभाग / DEPARTMENT OF HAEMATOLOGY

रूम नं० 204ए, दूसरी मंजिल, नया प्राइवेट वार्ड बिल्डिंग, अ.भा.आ.सं., नई दिल्ली-110029  
Room No. 204, 2nd Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Babus abeh Kumar Age/Sex 3y 1M. Date \_\_\_\_\_  
Hospital UHID. No. 108674299 Lab No. \_\_\_\_\_  
Referring Doctor \_\_\_\_\_ Ward/OPD/Clinic HDC

Clinical Summary

BALL CNG1, CT6 46x7

NGS PTPN11 (VAF 5.65%)  
ETV / RUNX1 fusion

No. of Blood transfusion

PRBC  
PRP

Date of last BT :

PRBC  
PRP

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was on BFM Pediatric  
& standard risk  
protocol from  
(9/12/25).

Pallor

Fever

Bleeding manifestations

Jaundice

Liver

Spleen

Lymph nodes

Sternal tenderness

Others

Provisional Clinical Diagnosis

End of induction bMAI

Radiological Findings

Bmbx / IPT MRD.

Other investigations

Treatment History

Recent Hemogram

Haemoglobin 9.6

T.L.C. 4000 Platelets 200

Previous Bone Marrow



Signature  
Name of Doctor  
Contact Tel. No.

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 40,30 A.M. on Saturdays. BM Slides without PS will not be accepted.

**Bag ID : 2025-B49284**

**Date : 16/Dec/2025**

**Name :GAGAN MALHOTRA**

**Patient Name: BABUSAHEB KUMAR**

**Ward : D5-ICU**

**LHID : 108674299**



