

We are requesting your support for 9 years old **Master SIDDHARTH**, who is battling for life against a life threatening disease **Acute Myeloid Leukemia (AML)**. It is a cancer of the myeloid line of blood cells, characterized by the rapid growth of abnormal cells that build up in the Bone Marrow and blood and interfere with normal blood cell production. He is currently being treated at Oncology Dept., KGMU Lucknow.

His father is a farmer and He belongs to Kanpur Nagar (U.P). He has already spent 1 lacks for his previous treatment. Siddharth was declared cancer-free in March 2022. As months passed by, they began to let go of fear gripped this family when they heard Siddharth scream. Siddharth was suffering with high fever. they rushed him straight to the hospital. The doctor said to him, **Siddharth's blood cancer has come back**. It is worse this time, spreading faster. They had no time to think and immediately started chemotherapy.

Chemotherapy is no longer enough to beat this cancer. Siddharth needs a BONE MARROW TRANSPLANT now.

It is the only way he has a chance of beating cancer once. He has been getting injections in the spine as a part of his treatment. He is in severe pain, is exhausted and incredibly terrified of what is coming next.

Bone Marrow Transplant Surgery estimated cost is 4-5Lacs.

These Parents are helpless. He has already spent all savings and taken out a loan to afford the treatment last year and has no source left to approach now. This time, they are begging everyone.

MAKING SMILE FOUNDATION

Address: 1ST FLOOR SADAF CENTER J.N ROAD NEAR KAISERBAGH BUS STAND
LUCKNOW U.P.

Phone No.: 8954132816

Email id: makingsmilefoundation@gmail.com

REG. NO.: 097

PATIENT APPLICATION FORM

PATIENT DETAILS	
NAME	Siddharth
FATHER'S NAME	Amit Kumar
AGE	9 YEARS 6 MONTH
SEX	MALE
ADDRESS	Kanpur Nagar
DISEASE	BLOOD CANCER
HOSPITAL	KGMU LUCKNOW
DEPARTMENT	ONCOLOGY
TREATMENT	BONEMARROW TRANSPLANT & MEDICIN
TREATMENT COST	4-5 LAKS





King George's Medical University, Uttar Pradesh, Lucknow
Department of Pathology
Haematology/Lymphoma -Leukemia

Patient:- Siddharth
Surgeon/Physician: Prof. A. Alam
Specimen: Blood and Bone marrow
UHID. No: 20220205009
Lab. No: 1208/22
Clinical Diagnosis:- High risk B-ALL

Age /Sex: 9 Y/M
Ward/Bed:
Hospital: G.M. & A.H.
Received on: 11/07/22
Reported on: 12/07/22

BLOOD EXAMINATION REPORT

*Hemoglobin : 7.8 gm/dl
*Total Leucocytes Count : 12000 cells/cumm
*Diff. Leucocytes Count :
Neutrophils : 68%
Lymphocytes : 16%
Monocytes : 10%
Eosinophils : 02%
Basophils : 00%
Myelocytes : 04%
*Platelet Count : 4,00,000 / mm³

RBC Parameters on CBC

RBC : $2.61 \times 10^6/\mu\text{L}$
RDW : 22.5 %
HCT : 24.9%
MCV : 95.4 fl
MCH : 29.9 pg
MCHC : 31.3 g/dl


G.B.P:- Red blood cells are normocytic normochromic with moderate anisopoikilocytosis. Fair number of target cells, tear drop cells are present. Some of red blood cells show cabot ring formation and basophilic stippling. Nucleated RBCs 2-3/100 WBCs are seen.

BONE MARROW:

- Bone marrow smears are particulate and cellular.
- Cells of granulocytic lineage (30%) show different stages of maturation, normal in morphology.
- Cells of erythroid lineage (65%) are chiefly intermediate and late stages. Some of them show megaloblastoid maturation.
- Myeloid :Erythroid ratio is 1:2.1
- Megakaryocytes are adequate and functional.
- Lymphocytes (03%) and plasma cells (2%) are reactive.
- Blasts are less than 2%

IMPRESSION: Follow up case of B - Acute Lymphoblastic Leukemia in Hematological Remission.

Note:- Trephine biopsy report awaited.


(Dr. Sanjay Mishra)
M.D.

Checked by JR:-



King George's Medical University

Uttar Pradesh, Lucknow
Department of Pathology

Patient: Siddhartha Age/Sex: 94 M Ward/Bed: _____
Consultant I/C: _____ Number: _____
Time of collection: _____ Date: _____
Time of receiving specimen: _____ Date: 21/4/22

CEREBROSPINAL FLUID EXAMINATION

PHYSICAL

Appearance : _____
Colour : clear
Reaction/pH : Alkaline

BIOCHEMICAL

Protein : 35 mg/dl (Reference Range = 30-50 mg/dl)
Sugar : 40 mg/dl (Reference Range = 40-70 mg/dl)

MICROSCOPY

Total Nucleated Cell Count : 0-3
Differential Count : _____
Neutrophils : 10
Lymphocytes : 90
Monocytes/Macrophages : _____

Any Other Findings : _____

TECHNICIAN

Date: _____

SA
PATHOLOGIST

Time: _____



King George's Medical University

Uttar Pradesh, Lucknow

Department of Pathology

Patient: Sidhaath

Age/Sex: 9/M

Ward/Bed:

Consultant I/C:

Number:

Time of collection:

Date: 6/8/22

Time of receiving specimen:

Date:

CEREBROSPINAL FLUID EXAMINATION

PHYSICAL

Appearance : clear

Colour :

Reaction/pH : alkaline

BIOCHEMICAL

Protein : 45mg/dl (Reference Range = 30-50 mg/dl)

Sugar : 40mg/dl (Reference Range = 40-70 mg/dl)

MICROSCOPY

Total Nucleated Cell Count : 3

Differential Count :

Neutrophils : 10

Lymphocytes : 90

Monocytes/Macrophages :

Any Other Findings :

ds
PATHOLOGIST

Time:

TECHNICIAN

Date:



King Georges' Medical University, Lucknow, Uttar Pradesh, India

POST GRADUATE DEPARTMENT OF PATHOLOGY

(TRAUMA CENTRE PATHOLOGY)

ISO 9001:2008 CERTIFIED

Date : 16-Jan-2023
Name : Mr. SIDDHARTH
Ref. By : Dr.
Requested Test : CBC
Coll Time : 16-Jan-2023 10:13 AM
Reg/Ref: 20220205009 / 16012300335
Age/Sex : 9 Yrs. 7 Mths./Male
Phone : 8866091237
WARD : PEDIATRIC ONCOLOGY WARD IIInd FLR
Validate : 16-Jan-2023 12:00 PM
Pm. Time : 16-Jan-2023 03:20 PM

Investigation

Observed Values

Biological Ref.
Interval

HAEMATOLOGY

Complete Blood Count

Haemoglobin

7.5 g/dL

11.5 - 15.5

Total Leucocyte Count (TLC)

8300 cells/mm³

4000 - 11000

Differential % Leucocyte Counts:

70 %

40 - 80

Neutrophils

24 %

20 - 40

Lymphocytes

04 %

1 - 6

Eosinophils

02 %

1.0 - 5.0

Monocyte

00 %

0.0 - 2.0

Basophil

0.80 Lac cells/mm³

1.5 - 4.5

Platelet Count

9.2 fl.

7.4 - 10.4

MPV

2.38 Million cells/uL

4.5 - 5.5

Total RBCs

84.2 fl.

80 - 100

MCV (Mean Cell Volume)

31.6 pg

27 - 32

MCH (Mean Corpus. Haemoglobin)

37.5 g/dL

32 - 35

MCHC (Mean Corpus. Hb Conc.)

13.5 %

11.5 - 14.5

RDW

20.1 %

40 - 50

HCT (hematocrit)

रिपोर्ट स्वास्थ्य लाभ की कामना

End of report

Checked by- Lab Technician

JR-VII

DR. PREETI AGARWAL
(Co Faculty Incharge)

DR. WAHID ALI
(Faculty Incharge)



2380567 User: SAGAR (DELL-PC)
Printed: 16-Jan-2023 03:20:14 PM

Page 1 of 1

TERMS AND CONDITION - 1. RESULTS ARE ELECTRONICALLY GENERATED & VALIDATED BY RESIDENT/FACULTY ON LIS SYSTEM. NO NEED TO SIGNATURE MANUALLY BY RESIDENT/DOCTOR.
2. The lab does not own the responsibility regarding the authenticity of sample requested for investigation.
3. In case of any discrepancy of the results same should be brought in notice to lab for repeat of tests free of cost.
4. In case of lab HIV/HbSAg/HCV rapid tests are for primary screening only & not confirmatory test.



King George's Medical University, Uttar Pradesh, Lucknow
Department of Pathology
Haematology/Lymphoma -Leukemia

Serial No:- 1362
Patient Name:- Sidhhanth
Hospital:-G.M. & A.H.
Specimen: CSF

Age/Sex: 9 Yrs/M
Ward/Bed no:
UHID- 20220205009
Received on: 07/11/22

CSF EXAMINATION REPORT

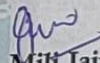
Gross:

1.0 ml clear CSF fluid received.

MICROSCOPIC:

Smears are negative for malignant cells.

Checked By JR:-


(Dr. Mili Jain)
M.D.



Name:	Mst. SIDDARTHI S/O AMIT KR.		Client Details:	Relief Diagnostics
Age:	9 Yrs	Sex: Male		B5/19,
Ref. No.			Acc. ID:	56002207899
Regd. Dt:	02/06/2022		Refd. By:	DR. N. VERMA
Coll Dt. Tm:	02/06/2022 19:27:01		Report Dt. Tm:	04/06/2022 17:26:56
Recd Dt. Tm:	03/06/2022 13:24:47		Hospital No.:	

SSC Vs CD45 Gating.

Flow cytometric analysis shows a cell cluster in CD45dim to negative region with low side scatter. These gated cells in blast region(74.0%) show bright expression of CD10, moderate expression of CD22, HLADR, dim expression of CD38, CD20 dim to moderate expression of CD19 and rest of the markers are negative.

Impression

The scatter parameters and antigen expression profile as studied by flow cytometry of the sample are suggestive of **B Lymphoblastic Leukemia, B-ALL.**

Correlation with clinical, cytogenetic and other hematological parameters is advised.

COMMENT:- Recommendation for further testing is as follows:

1) **Advised Karyotyping and ALL FISH panel or ALL Translocation panel for t(9;22),t(12;21),t(1;19) and t(4;11) by multiplex PCR, for risk stratification.**

2) **Follow up MRD studies by Flowcytometry are advised at completion of initial induction and/or as per chemotherapy regimen**

As per NCCN GUIDELINES recommendations:-

Cytogenetic risk groups for B ALL:-

Good Risk: Hyperdiploidy (51-65 chromosomes; cases with trisomy of chromosome 4, 10 and 17 appear to have the most favourable outcome); t(12;21)(p13;q22): ETV6-RUNX1

Poor Risk: Hypodiploidy (<44 chromosomes); KMT2A rearranged (t[4;11] or others); t(v;14q23)/IgH; t(9;22)(q34;q11.2): BCR-ABL1 (defined as high risk in the pre-TKI era); complex karyotype (5 or more chromosomal abnormalities); ph-like ALL; intra-chromosomal amplification of chromosome 21 (iamp21)

Timing of MRD assessment

(i) Upon completion of initial induction

(ii) Additional time points may be useful depending on the regimen used.

This test has been developed and its performance characteristics determined by Oncquest Laboratories.

Note: All investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as



Name: Mst. SIDDARTII S/O AMIT KR.
Age: 9 Yrs Sex: Male
Ref. No.
Regd. Dt: 02/06/2022
Coll Dt. Tm: 02/06/2022 19:27:01
Recd Dt. Tm: 03/06/2022 13:24:47

Client Details: Relief Diagnostics
B5/19,
Acc. ID: 56002207899
Refd. By: DR. N. VERMA
Report Dt. Tm: 04/06/2022 17:26:56
Hospital No.:

ALL Panel For Dr. ARCHANA KUMARI

Marker	% Positivity	Intensity	Interpretation
T-cell Markers			
CD3	0.1		Negative
CYCD3	1.2		Negative
CD5	0.1		Negative
CD7	0.1		Negative
B-CELL			
CD19	89.8	Dim to Moderate	Positive
CD10	99.5	Bright	Positive
CD22	86.8	Moderate	Positive
CD20	31.9	Dim	Positive
Myeloid/Mono			
CD13	2.3		Negative
CD33	0.0		Negative
MPO	0.1		Negative
Others			
CD34	1.4		Negative
CD45	21.2	Dim to Negative	Positive
CD117	0.0		Negative
HLADR	98.9	Moderate	Positive
CD38	99.2	Dim	Positive

Interpretation of Observations

Specimen Type: - Bone marrow sample showed TLC - 1,70,800 cells/ μ l.

Instrument / Software: BD FACS Canto / BD FACS DIVA

Cell Preparation Method: Stain - Lyse- Wash

Page No: 1 of 3

The sample is processed by Oncquest Laboratories Ltd.
Verify this report by scanning the QR code on top. In case of any discrepancy please report to : 0124-6650000

Please correlate the test results with clinical history of the patient. Not for medico-legal purpose.



King George's Medical University, Uttar Pradesh, Lucknow
Department of Pathology
Haematology/Lymphoma -Leukemia

Patient:- Sidharth Agnihotri
Surgeon/Physician: Dr. Arpita
Specimen: Blood, FNAC and Bone marrow
UHID. No: 20220205009
Lab. No: 913/22
Clinical Diagnosis:- ? Acute Leukemia

Age /Sex: 9 Y/M
Ward/Bed:
Hospital: G.M. & A.H.
Received on: 27/05/22
Reported on: 28/05/22
LK:-

BLOOD EXAMINATION REPORT

*Hemoglobin : 5.5 g/dl
*Total Leucocytes Count: 1,93,000 cells/cumm
*Diff. Leucocytes Count :
Neutrophils : 02%
Lymphocytes : 18%
Monocytes : 02%
Eosinophils : 00%
Myelocytes : 03%
Blasts : 75%
*Platelet Count : 10,000 / mm³

RBC Parameters on CBC
RBC : 1.81×10^6 /uL
HCT : 14.2 %
MCV : 78.5 fl
MCH : 30.4 pg
MCHC: 38.7 g/dl
RDW : 20.0 %

G.B.P:- Red blood cells density reduced and show normocytic normochromic morphology.

BONE MARROW:

- Bone marrow smears are aparticulate yet cellular. Imprint smears are also cellular.
- Megakaryocytes are markedly reduced.
- Marrow is replaced by proliferation of (94%) medium to large sized blasts with high nucleo - cytoplasmic ratio, round to irregular nuclear contour, clumped chromatin, occasional conspicuous nucleoli and scant amount of faint basophilic cytoplasm. Occasional blasts show nuclear cleaving.
- Normal hemopoietic precursors are markedly reduced.

FNA done from submandibular and submental lymph nodes.

Gross:- On FNA, blood mixed material was aspirated. 7 Leishman + 1 Hematoxylin and Eosin smears were made and stained.

MICROSCOPY:

FNA smears are cellular and show infiltration by blasts of similar morphology as described above.

IMPRESSION:- Acute Lymphoblastic Leukemia with lymph node infiltration.

Note:- Trephine biopsy report awaited.

Advised: Immunophenotyping and cytogenetic study

(Dr. Geeta Yadav)
M.D. PDCC

Checked by JR:- Dr. Rohit (JR), Dr. Meha (SR)



King Georges Medical University
1 Shamina Road, Chowk,
Chowk

LABORATORY OBSERVATION REPORT

UHID:	20220205009	Reg Date :	23/05/2022 09:14 AM
Patient Name :	Mr. SIDDHARTH	Ward Name :	PEDIATRIC ONCOLOGY WARD IIInd FLOOR
Sex :	Male	Age :	9 years 6 months 27 days
Department :	Paediatrics	Unit Name :	
Unit In-charge :		Sample Collection Date:	19/12/2022 02:48 PM
Order By :		Sample Received Time:	
Lab Name:	MICROBIOLOGY	Report Time:	21/12/2022 11:34 AM
Lab Ref No:		Report Printed on:	27/12/2022 02:01 PM

Sample Details : BAC-19122269729 (Blood) Clinical Details :

Test Name : BLOOD-BLOOD AEROBIC BACT C/S PRELIMINARY

LAB ID:-13447 A + B

PRELIMINARY Report:-

Culture is Sterile after 24 Hrs of aerobic incubation at 37°C.

Final Report will be issued after 5 Days of incubation.

Test Name : BLOOD-BLOOD AEROBIC BACT C/S WITH ORGANISM 1

LAB ID : 13447 A+B

Final Report : Culture is sterile after 5 days of aerobic incubation at 37deg C.

Lab Technologist

Verified by
(Dr.Sheetal Verma)

checked by Technician, validated by Faculty in charge/ Pathologist/Biochemist/Microbiologist
Note: Report is Marked For Review. For more Information please contact with Lab.



King George's Medical University

Uttar Pradesh, Lucknow

Department of Pathology

Patient: Siddharth

Age/Sex: 9y/M

Ward/Bed:

Consultant I/C:

Number:

Time of collection:

Date:

Time of receiving specimen:

Date: 7/11/22

CEREBROSPINAL FLUID EXAMINATION

PHYSICAL

Appearance : Clear

Colour :

Reaction/pH : Alkaline

BIOCHEMICAL

Protein : 30mg/dL (Reference Range = 30-50 mg/dl)

Sugar : 40mg/dL (Reference Range = 40-70 mg/dl)

MICROSCOPY

Total Nucleated Cell Count : 4 cells

Differential Count :


Neutrophils : 20

Lymphocytes : 80

Monocytes/Macrophages :

Any Other Findings :

TECHNICIAN


PATHOLOGIST

Time:



Name: Mst. SIDDARTHI S/O AMIT KR.
Age: 9 Yrs Sex: Male
Ref. No.
Regd. Dt: 02/06/2022
Coll Dt. Tm: 02/06/2022 19:27:01
Recd Dt. Tm: 03/06/2022 13:24:47

Client Details: Relief Diagnostics
B5/19,
Acc. ID: 56002207899
Refd. By: DR. N. VERMA
Report Dt. Tm: 06/06/2022 17:44:39
Hospital No.:

Acute Lymphoblastic Leukemia Translocation Panel (Qualitative)# ^
Multiplex RTPCR & Gel Electrophoresis

Specimen type: EDTA P. Bld/ BM

TRANSLOCATION	STATUS OF TRANSLOCATION
t(9;22)(q34;q11)	Not detected
t(12;21)(p13;q22)	Not detected
t(1;19)(q23;p13)	Not detected
t(4;11)(q21;q23)	Not detected

Result:

The hybrid transcripts for *BCR/ABL1*, *ETV6/RUNX1*, *E2A/PBX1* and *MLL/AF4* were not detected in the leukocytes of the specimen.

Interpretation:

This multiplex RTPCR assay addresses interrogation of the translocation status of the four major gene translocations of importance in Acute Lymphoblastic Leukemia. The analytical sensitivity of the assay ranges from 10^{-3} to 10^{-4} for each of the translocations studied.

The *BCR/ABL1* gene translocation, or t(9;22)(q34;q11) is found in more than 95% patients of CML, 5% patients of pediatric and 15-30% patients of adult B-ALLs. Detection of *BCR/ABL1* transcript establishes the diagnosis of CML and denotes an unfavorable prognosis in ALL. This Test detects the Major (M-BCR) and Minor (m-BCR) breakpoint forms corresponding to p210 and p190kDa protein respectively.

The *ETV6/RUNX1* gene translocation, or t(12;21)(p13;q22) has been reported in 20-25% patients of pediatric pre B-ALL in the Caucasian race and 5-10% patients of pediatric pre ALL-B in the Indian population. The presence of this translocation is an indicator of favorable prognosis and longer DFS.

The *E2A/PBX1* gene translocation, or t(1;19)(q23;p13) has been reported in 3-6% of ALL patients and upto 20-25% patients of pediatric pre B-ALL. The presence of the translocation is an indicator of unfavorable prognosis.

The *MLL/AF4* gene translocation, or t(4;11)(q21;q23) has been reported in 3-5% of pediatric and adult ALL patients. The presence of the translocation is an indicator of unfavorable prognosis.

Test Attributes and Limitations:

The analytical sensitivity of the assay ranges from 10^{-3} to 10^{-4} for each of the translocations studied. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.

DEPARTMENT OF TRANSFUSION MEDICINE
STATE OF THE ART - BLOOD BANK, K.G.M.U.
License No.: UP/B&BP/2016/09133061

*** Blood Component / Product Compatibility and Issue Report ***

Patient Name: SIDDHARTH Pat. ID: 421924

Hospital: GANDHI MEMORIAL AND ASSOCIATED HOSPITAL Age / Sex: 14 M Issue No.: 277619

Ward: PEDI ONCO Doctor: DR. S.N. KUREEL

Pat. No.: 1591 PATIENT ABO-RH: A + Ve Request Date: 13/01/2023

Issue Date / Time: 13/01/2023 10:24 AM

Unit No	Tapp. Dt	ABO	Comp	Crossmatch Detail			Date
				Method	Major	Minor	
1220/23	10/01/2023	RDP	ABO				13/01/2023
ON132663	14/01/2023	57	Compatible				10:08 AM
1228/23	10/01/2023	RDP	ABO				13/01/2023
ON131817	14/01/2023	67	Compatible				10:08 AM

Remarks if any:

he unit is/units are/ non-reactive for HIV-1&2, HCV, HBsAg, VDRL, NAT & MP
NOT SEEN

Full Sign. Of Dr. [Signature] Xmatch By PRAVEEN

**TO BE CANCELLED
AFTER USE**

DEPARTMENT OF TRANSFUSION MEDICINE
STATE OF THE ART - BLOOD BANK, K.G.M.U.
License No.: UP/B&BP/2016/09133031

*** Blood Component / Product Compatibility and Issue Report ***

Patient Name: SIDDHARTH Pat. ID: 421924

Hospital: GANDHI MEMORIAL AND ASSOCIATED HOSPITAL Age / Sex: 14 M Issue No.: 277619

Ward: PEDI ONCO Doctor: DR. S.N. KUREEL

Pat. No.: 1591 PATIENT ABO-RH: A + Ve Request Date: 13/01/2023

Issue Date / Time: 13/01/2023 10:24 AM

RDP: 1220/23 1228/23

Compatibility done by saline/Albumine/AHG Method

(To be filled in by the transfusing officer)

Indication of Transfusion

Premeditation

Transfusion started at

Completed at

CLINICAL OBSERVATION

	Pre-transfusion	During Transfusion	Post Transfusion
General condition			
Pulse			
Respiration			
Temperature			
Mycella			
Chills			
Rigor			
Vomiting			
Allergic reaction			
Other observation			

Date Of Transfusion

Signature Of Transfusion Office

Please return this form to Blood Bank after transfusion for quantity control purpose. In case of reaction please inform Blood Bank at once and return Blood Bag with fresh blood sample of patient Cross matching done against blood.

NOTE :-

Cross matching done against blood sample received from outside.

1- In Case of Delayed Use of Blood Unit, it should be kept in Refrigerator at 4°C-6°C DO NOT FREEZE.

2- Blood Bank shall not be Responsible for any Defect/Reaction arising Out of Improper Storage of Blood by User.

3- Platelets to be kept at room temperature (20-24°C). Do not Keep in Fridge.

4- For immediate transfusion.

Full Signature Of Technicia

Full Signature Of Doctor

State Blood Bank
K.G.M.U. Lucknow

DEPARTMENT OF TRANSFUSION MEDICINE
STATE OF THE ART - BLOOD BANK, K.G.M.U.,
License No.: UP/B&BP/2016/09

198638

*** Blood Component / Product Compatibility and Issue Report ***

Patient Name: **SIDDHARTH** Pat. ID: **418219**

Hospital: **GANDHI MEMORIAL AND ASSOCIATED HOSPITAL** Age / Sex: **9 M** Issue No.: **275211**

Ward: **PEDONCO/6** Doctor: **DR. (MRS.) RASHMI KUMAR**

Pat. No.: **53846** PATIENT ABO-RH: **A + Ve** Request Date: **26/12/2022**

Issue Date / Time: **26/12/2022 07:04:PM**

Unit No Seg. No	Tapp. Dt. Exp. Dt	ABO Rh	Comp	Crossmatch Detail			Date Time
				Method	Major	Minor	
55010/22	27/11/2022	A	PRBC				26/12/2022 06:18:PM
ON090285	07/01/2023	+ Ve	236	AHG	Comp.		26/12/2022 06:18:PM
59227/22	23/12/2022		RDP	ABO			26/12/2022 06:18:PM
ON125991	27/12/2022		67	Compatible			26/12/2022 06:18:PM
59229/22	23/12/2022		RDP	ABO			26/12/2022 06:18:PM
ON131004	27/12/2022		55	Compatible			26/12/2022 06:18:PM
59259/22	23/12/2022		RDP	ABO			26/12/2022 06:18:PM
ON124255	27/12/2022		67	Compatible			26/12/2022 06:18:PM

Remarks if any:

The unit is/units are/ non-reactive for HIV-1&2, HCV, HBsAg, VDRL, NAT & MP NOT SEEN

Full Sign. Of Dr. _____ Xmatch By **RAM AWATAR**

DEPARTMENT OF TRANSFUSION MEDICINE
STATE OF THE ART - BLOOD BANK, K.G.M.U.,
License No.: UP/B&BP/2016/09

198638

*** Blood Component / Product Compatibility and Issue Report ***

Patient Name: **SIDDHARTH** Pat. ID: **418219**

Hospital: **GANDHI MEMORIAL AND ASSOCIATED HOSPITAL** Age / Sex: **9 M** Issue No.: **275211**

Ward: **PEDONCO/6** Doctor: **DR. (VRS) RASHMI KUMAR**

Pat. No.: **53846** PATIENT ABO-RH: **A + Ve** Request Date: **26/12/2022**

Issue Date / Time: **26/12/2022 07:04:PM**

PRBC	55010/22		
RDP	59227/22	59229/22	59259/22

Compatibility done by saline/Albumine/AHG Method

(To be filled in by the transfusing officer)

Indication of Transfusion
Premeditation
Transfusion started at _____ Completed at _____

CLINICAL OBSERVATION

	Pre-transfusion	During Transfusion	Post Transfusion
General condition			
Pulse			
Respiration			
Temperature			
Mycella			
Chills			
Rigor			
Vomiting			
Allergic reaction			
Other observation			

Date Of Transfusion _____

Signature Of Transfusion Officer _____

Please return this form to Blood Bank after transfusion for quantity control purpose. In case of reaction please inform Blood Bank at once and return Blood Bag with fresh blood sample of patient Cross matching done against blood.

NOTE

1- In Case of Delayed Use of Blood Units Store In Refrigerator at 4°C-6°C DO NOT FREEZE.

2- Blood Bank shall not be Responsible for any Defect/Reaction arising Out of Improper Storage of Blood by User.

3- Platelets to be kept at room temperature (20-24°C). Do not Keep in Fridge.

4- For immediate transfusion.

Full Signature Of Doctor _____
State Blood Bank
K.G.M.U., U.P Lucknow

TO BE CANCELLED
AFTER USE

DEPARTMENT OF TRANSFUSION MEDICINE

STATE OF THE ART - BLOOD BANK, K.G.M.U.,

License No.: UP/B&BP/2016/09

*** Blood Component / Product Compatibility and Issue Report ***

Patient Name: **SIDDHARTH** Pat. ID: **416559**
 Hospital: **GANDHI MEMORIAL AND ASSOCIATED HOSPITAL** Age / Sex: **9 M** Issue No.: **274190**
 Ward: **2/5** Doctor: **GOVERNMENT**

Pat. No.: **52839** PATIENT ABO-RH: **A + Ve** Request Date: **19/12/2022**
 Issue Date / Time: **19/12/2022 10:39 PM**

Unit No Seg. No	Tapp. Dt. Exp. Dt.	ABO Rh	Comp	Crossmatch Detail			Date Time
				Method	Major	Minor	
58288/22	17/12/2022		RDP	ABO			19/12/2022
ON127254	21/12/2022		65	Compatible			10:08-PM
58290/22	17/12/2022		RDP	ABO			19/12/2022
ON130577	21/12/2022		67	Compatible			10:08-PM
58297/22	17/12/2022		RDP	ABO			19/12/2022
ON125156	21/12/2022		62	Compatible			10:08-PM
58298/22	17/12/2022		RDP	ABO			19/12/2022
ON131093	21/12/2022		52	Compatible			10:08-PM

Remarks if any:

The unit is/units are/ are non-reactive for HIV-1&2, HCV, HBsAg, VDRL, NAT & MP
 NOT SEEN

Full Sign. Of Dr.

Xmatch By SAPANA
PATEL

K.G.M.U. LUCKNOW

TO BE CANCELLED
AFTER USE

DEPARTMENT OF TRANSFUSION MEDICINE

STATE OF THE ART - BLOOD BANK, K.G.M.U.,

License No.: UP/B&BP/2016/09

*** Blood Component / Product Compatibility and Issue Report ***

Patient Name: **SIDDHARTH** Pat. ID: **416559**
 Hospital: **GANDHI MEMORIAL AND ASSOCIATED HOSPITAL** Age / Sex: **9 M** Issue No.: **274190**
 Ward: **2/5** Doctor: **GOVERNMENT**

Pat. No.: **52839** PATIENT ABO-RH: **A + Ve** Request Date: **19/12/2022**
 Issue Date / Time: **19/12/2022 10:39 PM**

RDP	58288/22	58290/22	58297/22	58298/22
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Compatibility done by saline/Albumine/AHG Method

(To be filled in by the transfusing officer)

Indication of Transfusion

Premedication

Transfusion started at

Completed at

CLINICAL OBSERVATION

	Pre-transfusion	During Transfusion	Post Transfusion
General condition			
Pulse			
Respiration			
Temperature			
Mycella			
Chills			
Rigor			
Vomiting			
Allergic reaction			
Other observation			

Date of Transfusion

Signature Of Transfusion Officer

Please return this form to Blood Bank after transfusion for quantity control purpose. In case of reaction please inform Blood Bank at once and return Blood Bag with fresh blood sample of patient Cross matching done against blood.

NOTE :-

- 1- In Case of Delayed Use of Blood sample received in refrigerator at 4°C-6°C DO NOT FREEZE.
- 2- Blood Bank shall not be Responsible for Defect/Reaction arising Out of Improper Storage of Blood by User.
- 3- Platelets to be kept at room temperature (20-24°C). Do not Keep in Fridge.
- 4- For immediate transfusion.