



**CANCER CARE TRUST**

Web.add : [www.cancercaretrust.org](http://www.cancercaretrust.org)

E.id : [contact@cancercaretrust.org](mailto:contact@cancercaretrust.org)

## PATIENT APPLICATION FORM

### PATIENT'S DETAILS



NAME:	RUDRA PRATAP SINGH
FATHER NAME:	ASHOK SINGH TOMAR
DATE OF BIRTH / AGE:	2 YEARS
SEX:	MALE
ADDRESS:	GWALIOR, MP
DISEASE:	B-Cell Acute Lymphoblastic Leukemia(Blood Cancer)
HOSPITAL DEPARTMENT TREATMENT	AIIMS Oncology Chemotherapy

For **CANCER CARE TRUST**

*Laurav*  
Authorized Signatory

*3/19/17*  
Parent's Sign



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
**Dr. B.R. Ambedkar Institute Rotary Cancer Hospital**  
 अ भा आ रं अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

Out Patient Department  
 SMOKING PROHIBITED IN HOSPITAL PREMISES

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 247151

Reg. Date-05/10/2020

Clinic Paediatric Medical Oncology Clinic

Clinic No. 5794/2020

Deptt. MEDICAL ONCOLOGY

General



UHID-105236921

नाम रुद्र प्रताप सिंह

Name RUDRA PRATAP SINGH

S/O- ASHOK SINGH TOMAR

Sex/Age M/2Y

Room Board Room (Shift Morning)

Address PINTU PARK GAYTRI VIHAR COLONY GALI NO-07, MOHAN  
 PUR GWALIOR, MADHYA PRADESH, INDIA

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

वृत्ति of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis

B-ALL

दिनांक/Date	उपचार/Treatment
23/11/2020 24 व. रूम नं० 15	Inj. Daunorubicin 12mg 1VP + Inj. Zofen 4mg 1VP BMA + MAR + IT-MTX 12mg Rx with CBC + LFT/RFT on 3/12/2020 Sameer Bakshi

CH 01  
 23/11/20  
 25/11/20  
 Make given on 11/21 at 4:30

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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

12/11/20

AST-1 D → 2nd flu day ca

~~ST~~

Fr with

~~Inj. G-CSF 60mg qd s/c on 3 days~~

Fr with CBC on 18/11

16/11/20

d#34  
stop Antibiotics  
Atelone  
not randomized  
Rup  
SR/16

Inj. G-CSF 60mg qd s/c on 3 days → 15

D1  
16/11/20

T. Felvite 5mg qd x 5 days

18/11/20

Cont. G-CSF - X 3 days → 15

D1  
18/11

D2  
19/11/20

~~Inj. dexamethasone 12mg/12h~~

D4  
19/11

D3  
20/11/20

Inj. 20mg

Fr with CBC on 23/11

DR. B.R.A. IRCH, AIIMS, NEW DELHI  
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General  
नाम रुद्रा प्रताप सिंह  
Name RUDRA PRATAP SINGH  
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Address PINTU PARK GAYTRI VIHAR COLONY GALI NO-07, MOHAN  
PUR GWALIOR, MADHYA PRADESH, INDIA



UHD-105236921

Reg. Date-05/10/2020

Clinic No. 5794/2020

Sex/Age M/2Y

कैंसर अस्पताल  
Cancer Hospital

ली-११००२६

lhi-110029

HEMISTRY

Handwritten notes: 1/12/20, 3

नाम/NAME

लिंग/Sex

REGD. NO.

BED NO.

Date

Diagnosis

&

Clinical

Note :-

Signature

Name of Medical Officer

Time of

Specimen Collection

For Lab. Use only

Time of Receiving Specimen

Lab. Ref. No.

INCOMPLETE FORM WILL NOT BE ACCEPTED

Patient to Report Fasting

Cancer Care Trust

DR. B.R.A. IRCH,AHMS,NEW DELHI  
IRCH No. 247151 Reg.Date-05/10/2020  
Clinic Paediatric Medical Oncology Clinic Clinic No. 5794/2020  
Deptt. MEDICAL ONCOLOGY  
General  
UHIP-105236921  
Name रुद्रा प्रताप सिंह  
RUDRA PRATAP SINGH Sex/Age M /2Y  
S/O- ASHOK SINGH TOMAR  
Room Board Room (Shift Morning)  
Address PINTU PARK GAYTRI VIHAR COLONY GALI NO-07, MOHAN  
PUR GWALIOR, MADHYA PRADESH, INDIA

रोटरी कैंसर अस्पताल  
Rotary Cancer Hospital  
दिल्ली-110029  
Delhi-110029  
MEDICAL PATHOLOGY  
TOLOGY

नाम/Name

आयु/Age

लिंग/Sex

UHID No.

Consultant

Unit/Bed No.

Ward/OPD

Date/Time

Nature of Anticoagulant : EDTA / CITRATE / Heparin / Nil

Diagnosis / History

Previous Lab. Ref. No.

Today's Lab. Ref. No.

Signature of Doctor

Time of Receipt

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

Cancer Care Trust

## LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr. BRAIRCH, AIIMS, New Delhi, Tel: 5474, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

### MATERIAL SENT

- |                            |           |            |
|----------------------------|-----------|------------|
| (a) Bone marrow aspiration | No. _____ | Site _____ |
| (b) BM touch preparation   | No. _____ | Site _____ |
| (c) Peripheral smear       | _____     | _____      |
| (d) Blood (ml)             | _____     | _____      |
| (e) Any other              | _____     | _____      |

### (For Lab Use Only)

Lab. Ref. No. \_\_\_\_\_

Received on \_\_\_\_\_

at \_\_\_\_\_ AM/PM \_\_\_\_\_

### SPECIAL REQUEST (IF ANY)

DR. B.R.A. IRCH, AIIMS, NEW DELHI

UHID: 105236921

IRCH No. 247151

नाम रुद्र प्रताप सिंह

Name RUDRA PRATAP SINGH

S/O- ASHOK SINGH TOMAR

General

Sex/Age M/2Y

Age \_\_\_\_\_ Sex \_\_\_\_\_

Ward / Bed No. \_\_\_\_\_

Consultant-in-Charge Dr. SB / OP

Dr. ROOPAN

### INVESTIGATIONS AND TREATMENT

B-ALL

POST INDUCTION  
MRD.

TO RULE OUT MRD STATUS

*(Signature)*

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.) \_\_\_\_\_

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.) \_\_\_\_\_

RADIOLOGICAL DATE \_\_\_\_\_

CLINICAL DIAGNOSIS \_\_\_\_\_

27/11/20  
 15

## LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr. BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

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| (b) BM touch preparation   | No. _____ | Site _____ |
| (c) Peripheral smear       | _____     | _____      |
| (d) Blood (ml)             | _____     | _____      |
| (e) Any other              | _____     | _____      |

### (For Lab Use Only)

Lab. Ref. No. \_\_\_\_\_  
 Received on \_\_\_\_\_  
 at \_\_\_\_\_ AM/PM

SP

DR. B.R.A. IRCH, AIIMS, NEW DELHI

UHID: 105236921

General

नाम रुद्रा प्रताप सिंह  
 Name RUDRA PRATAP SINGH  
 S/O- ASHOK SINGH TOMAR

Sex/Age M/2Y

Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Ward / Bed No. \_\_\_\_\_  
 Consultant-in-Charge Dr. SB / DP  
Dr. ROOPAN

### STIGATIONS AND TREATMENT

Cancer Care Trust

B-ALL

POST INDUCTION BMA

TO RULE OUT REMISSION STATUS.

JH

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.) \_\_\_\_\_

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.) \_\_\_\_\_

RADIOLOGICAL DATE \_\_\_\_\_

CLINICAL DIAGNOSIS \_\_\_\_\_



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital  
अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL

OPR-6

बहिरंग रोगी विभाग/Out Patient Department

धूम्रपान है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

IRCH No. 247151

DR. B.R.A. IRCH/IIIMS, NEW DELHI

Clinic Paediatric Medical Oncology Clinic  
Dept. MEDICAL ONCOLOGY  
General

Reg. Date-05/10/2020

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

Clinic No. 5794/2020



पुत्री  
of

लिंग  
Sex

आयु  
Age

जन्म तिथि/Date of Birth

नाम रुद्रा प्रताप सिंह

Name RUDRA PRATAP SINGH

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UHID-105236921

Sex/Age M/2Y

Address PINTU PARK GAYTRI VIHAR COLONY GALI NO-07, MOHAN  
PUR GWALIOR, MADHYA PRADESH, INDIA

Room Board Room (Shift Morning)

निदान/...

B-AU

दिनांक/Date

उपचार/Treatment

12/11/2020

Inj. Daunorubicin 12mg IV

CBC on  
Purine  
same

Inj. Zofen 4mg IV

5  
- 12  
→ 17

Fourth CBC on 16/11

CBC - 15/11

83

~~B. Adhison~~

Syr. Omnacartil

5ml

रक्त वाहक इति

3 day

2.5ml

5 day

SP

ST

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients





# SKYLINE DIAGNOSTIC CENTRE



## FACILITIES AVAILABLE

- ▼ Pathology
- ▼ Ultrasound
- ▼ Colour Doppler
- ▼ Digital X-Ray
- ▼ EEG & ECG
- ▼ ECHO
- ▼ Health Checkup
- ▼ CT SCAN
- ▼ MRI

**24 HOURS OPEN**


### LABORATORY REPORT

PATIENT NAME	: MST.RUDRA PRATAP SINGH	AGE: 02 YRS	SEX: M
REF.BY.	: AIIMS	DATE:	18/11/2020

### HAEMATOLOGY

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	9.7	gm%	11.5-13.5 (F) 13.0 - 17.0 (M)
TOTAL LEUCOCYTE COUNT (TLC)	1,800	/cumm	4,000-11,000
PLATELETS COUNT	40000	lac/cm	1.5-5.0
MCV	71.3	fl	78-98
ANC	0.2	x10 <sup>9</sup> /L	2.0-7.0

\*\*\*End of the reports\*\*\*

  
DR.OM PRAKASH MIDHA  
MBBS.M.D.(PATH)  
Consultant Pathologist  
REG.NO.2490

- ▲ This report is persual of Doctor's only, not for medico legal cases ▲ This only a professional opinion. It may Kindly be correlated clinically.
- ▲ If the result (s) of the investgation (s) is are unexpected, the patient/consultant is advised to contact immediately for a recheck.

▲ Collection Centre : Shop no. 2, Gate no. 1, Safderjung Hospital, New Delhi-29 M : +91-9354201775  
▲ Shop No. 3, N.D.M.C. Market Yusuf Sarai, New Delhi - 110016. Mobile: 9643794731



Caring for you... For life

# Hopkins Laboratories

Home Collection Facilities Available  
Fully Computerized Lab  
All Lab Tests  
Ultrasound, Color Dopplar,  
Digital X-Ray, ECG, EEG, EMG  
NCV, ECHO, CT SCAN, MRI

## LABORATORY REPORT

PATIENT NAME	: RUDRA PRATAP	AGE: 02 Yrs.	SEX: M
REF.BY.	: AIIMS	REF.No.:33606/20	DATE: 16/11/2020

### HAEMATOLOGY

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (Hb)	6.4	gm%	13.0 - 17.0 (M) 11.5 - 13.5 (F)
TOTAL LEUCOCYTE COUNT (TLC)	1500	/cumm	4,000 - 11,000
PLATELETS COUNT	30000	lac/cmm	1.5 - 5.0
ANC	0.3	X10 <sup>9</sup> /L	2.0 - 7.0
MCV	88.0	fl	78 - 98

\*\*\*End of the reports\*\*\*

*D. A. Singh*  
Lab Techn. sign

*[Signature]*  
Dr. SUMERA AMIN  
MBBS, DCP  
Consultant Pathologist

68 1st Floor Yousuf Sarai Gautam Nagar Road Near PNB ATM New Delhi-16  
Mob.: 9540450940, 9868343408  
Timing : 8:00 (Mon-Sat) 8:00-2:00 (Sunday)

This is only a professional opinion, not the final diagnosis, if highly abnormal or do not correlate clinically, please inform the lab without hesitation  
Not for Medico Legal purpose



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Fully Computerized Lab  
All Lab Tests  
Ultrasound, Color Dopplar,  
Digital X-Ray, ECG, EEG, EMG  
NCV, ECHO, CT SCAN, MRI

## LABORATORY REPORT


PATIENT NAME	: RUDR APRATAP	AGE: 02 Yrs.	SEX:	M
REF.BY.	: AIIMS	REF.No.:33710/20	DATE:	23/11/2020

### HAEMATOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
HAEMOGLOBIN (Hb)	10.5	gm%	13.0 - 17.0 (M) 11.5 - 13.5 (F)
TOTAL LEUCOCYTE COUNT (TLC)	7700	/cumm	4,000 - 11,000
PLATELETS COUNT	1.35	lac/cmm	1.5 - 5.0
ANC	4.6	X10 <sup>9</sup> /L	2.0 - 7.0
MCV	80.4	fl	78 - 98

\*\*\*End of the reports\*\*\*

  
Lab Tech. sign

  
Dr. SUMERA AMIN  
MBBS, DCP  
Consultant Pathologist

68 1st Floor Yousuf Sarai Gautam Nagar Road Near PNB ATM New Delhi-16

Mob.: 9540450940, 9868343408

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