



PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	IRANYAADITI PALAI
FATHER NAME:	UMA SHANKAR PALAI
DATE OF BIRTH / AGE:	3 Years
SEX:	FEMALE
ADDRESS:	Kudabarua, Bhadrak, Odisha-756101
DISEASE:	Relapsed B-ALL (V-early medullary relapse) Ph positive
HOSPITAL DEPARTMENT TREATMENT EST. TREATMENT COST	AIIMS, Delhi Oncology Chemotherapy/HSCT(BMT) Rs. 15,00,000/-

For CANCER CARE TRUST


Authorized Signatory

Authorized Sign



Parent's Sign

NCH No. 369842

Unit Paediatric Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date-21/05/2026

Clinic No. 2026/8536



UHID-109123267

न रोटरी कैंसर अस्पताल
Rotary Cancer Hospital
I.I.M.S. HOSPITAL
Patient Department

OPR-6

PROHIBITED IN HOSPITAL PREMISES

म इरनयादिति पाले
Name IRANYAADITI PALAI
O-uma shankar palai

Sex/Age F/3Y
Room 6 (Shift Afternoon)

Address kodabaruan charampa bhadrak, ORISSA, Pin:0, INDIA

19123-369842

एकक/Unit Prof 88/DP

विभाग/Dept. Med one

ब.रो.वि. पंजीकृत सं./O.P.D. Regn. No.

नाम/ Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि / Date of Birth
IRANYA ADITI				
109123267				

निदान/ Diagnosis

Relapsed B-ALL (v-only medullary relapse) Ph⁺ve

दिनांक/ Date

27/6/26

@ this relapse.

उपचार/ Treatment

FN-NFE / septic shock / Type 1 RF / Hosp-Acquired pneumonia

Advice at discharge

T. Pantop 10 mg PO OD

T. Emscet 2 mg PO SOS

T. Dasatinib 40 mg PO OD

T. Septran SS 1 Tab

T. Acivir 200 mg PO BD

M/W/F

Syp. Cremaffin 10 ml HS

CHMW / SE TDS

Sitz bath TDS

Megahed ointment 1/4 for anal fissure BD

Plenty of oral fluids

Pln in MO OPD on 27/6/26

Bone marrow reports.



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

Dr. APARAJITA SHARMA
Senior Resident
Department of Medical Oncology
AIIMS, Delhi



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ. शा. आ. सं. अम्बेडकर (A.I.R.C.S.) HOSPITAL

OPR-6

DR. B.R.A. IRCHLAHMS, NEW DELHI

अस्पताल के:

IRCH No. 369842

Reg. Date-13/05/2020

Clinic: Prod. Lymphoma Leukemia Clinic

Clinic No. 2026/24924

Dept. MEDICAL ONCOLOGY

General



UHID-109123267

नाम: इरान्यादिति पाल

Name: IRANYAADITI PALAI

DOB: una shankar palai

Sex/Age: F/3Y

Room: 1 (Shift: Afternoon)

Address: Kodsharan Chauraga Road, GRISSA, Pin-0, INDIA

एकक / Unit: Prof SB/DP

विभाग / Dept. MD

नाम / Name

13/5/20

निदान / Diagnosis

V-Early medullary Relapse (Baseline IR-BAU
+ occult relapse
Relapse (6 months)

दिनांक / Date

उपचार / Treatment

CSF-Ng

plan

- 1) T/C NGS & Karyotype of Relapse
- 2) 6 @ Blood donation (New emergency Blood Bank)
- 3) UKALL R₁ to start
↓
15 days of chemotherapy
↓
BMT + MD f/b CART Trial
- 4) Dr. Sabita BMT fellow → (7th floor)
- 5) (151) 15 lakh fund for ASCT. (151)
- 6) HLA typing - parents
- 7) Tab Dexa (4mg) सुभार 1 — 1/2 — 1/2 X 2 weeks
शाम
- 8) Tab Lanzol Jr 15mg BBF OD X 2 weeks
दोपहर शाम
- 9) Tab Allopurinol (100mg) 1/2 — 1/2 — 1/2 X 2 weeks

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

- (10) Tab Septham SS OD $\begin{matrix} \swarrow M \\ W \\ \downarrow F \\ \swarrow M \\ \downarrow O \\ \downarrow F \end{matrix}$ For 10/12
- (11) Tab Acinr 200mg BD $\begin{matrix} \swarrow M \\ \downarrow O \\ \downarrow F \end{matrix}$ For 10/12
- (12) Inj VINCRISTINE 1mg slow IV push $\begin{matrix} \swarrow D_1 (14/5) \\ \downarrow D_8 (21/5) \end{matrix}$

(13) 2D Echo. (outside)

- (14) Inj tramet 2mg IV stat (Bandim 2D Echo @ N).
- Inj Epirubicin 32mg IV $\begin{matrix} \swarrow D_1 (14/5) \\ \downarrow D_2 (13/5) \end{matrix}$

(15) Inj L-Asparaginase 6500 IU deep IM $\begin{matrix} \swarrow 16/5 \\ \downarrow 18/5 \end{matrix}$

(16) USF + TIT ^{Dated at 15/5/20} (posterior Plt > 30K) \rightarrow to chart next visit.
 (MTX 10mg Hydro 12.5mg PRAC 30mg)

(17) SDP to arrange

(18) N/V 18/5/20 \rightarrow LBC, LFT, NFT


(19) Daycare RDP tomorrow (Daycare)

(20) Anoblin Dint 4A \rightarrow 12/11/21

Shruti
 Dr. G. SHRAWANI REDDY
 Senior Resident
 DM Pediatric Oncology
 AIIMS, New Delhi-110029

RDP
 DAYCARE 11/23/21
 MEDICAL ONCOLOGY
 AIIMS
 Date: _____
 Time: 30 AM

Apheresis Request Form

Patient Name	IRANYAADITI PALAI
UHID No	109123267
Age	3 years
Sex	Male / Female <input checked="" type="checkbox"/>
Ward / Bed No	6/21
Consultant Name	Dr. Sameer Bahchohi
Diagnosis	B-ALL
Product Required	Platelet (1 Bag or 2 Half Bag) Granulocytes <u>2 bag of SdP</u> Stem Cell Plasma Exchange
Urgency of requirement	Emergency / Routine (Emergency circled)
Blood Group	O Positive
Platelet Count	15k
Indication of transfusion	Severe thrombocytopenia
Dr. Name Signature Date	 DR. APARAJITA SHARMA Senior Resident Department of Medical Oncology AIIMS New Delhi

For Apheresis Lab Use Only:

Appointment	Date - Time -
-------------	----------------------



B FORM

नाम इरन्यादिति पाई

UHID-109123267

Name IRANYAADITI PALAI

D/O- Uma Shankar palai

Sex/Age F/3Y

Room 1 (Shift Afternoon)

Address Kothabaran charampa bhadrak, ORISSA, Pin 0, INDIA

Paid Online

VYAADITI PALAI

19123267

3y/0

GENDER

FEMALE

WARD/BED NUMBER

C6/31

DIAGNOSIS

ALL

CONSULTANT

Dr. Samar BAKHSHI

PRODUCT NEEDED

SOP

INDICATION

PLT < 10K

PLATELET COUNT

PLT < 10K

DOCTOR'S NAME

SIGN

[Handwritten Signature]



DR. SAMAR BAKHSHI
Senior Resident
Dept. of Medical Oncology
IRCI, New Delhi

29/5/2026.