



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi ,

LABORATORY OBSERVATION REPORT

UHID: 105767865

Name: Master, Ankit Yadav

Sex: Male

Department: Paediatrics

Unit In-charge: Dr. Y. K. Sinha
AM

Sample Received Time: 30/07/2024 09:10 AM

Reg Date: 30/07/2024 09:10 AM

Ward Name :C1

Age: 5 years 6 months 23 days

Unit Name: Unit-III

Sample Collection Date: 30/07/2024 09:10

Report Time:31/07/2024 11:27 AM

Sample Details :PAR-060763804 (Stool) / Parasitology lab sub center

Test Name	Result	Reference Range	Special Remarks
Modified acid-fast staining for coccidian parasites (Template : TEST NAME: STOOL MODIFIED ACID-FAST STAINING FOR COCCIDIAN PARASITES) TEST METHODOLOGY: MICROSCOPY			
Result	Negative		
Count	/uL		
Verification Comment:			

Test Name	Result	Reference Range	Special Remarks
Stool direct/concentration mounts microscopy (Template : TEST NAME: STOOL DIRECT/CONCENTRATION MOUNTS) TEST METHODOLOGY: MICROSCOPY			
Result	Negative		
Count	/uL		
Verification Comment:			

Lab Technologist

Laboratory In-charge



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

UHID: 105767865 Sex: Male
Patient Name: Ankit Yadav Sample Received Date: 29-Jul-2024 16:01 PM
Age: 5Y 6m Department: Paediatrics
Lab Name: Dept. of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 29-Jul-2024 16:01 PM Sample Collection Date: 29-Jul-2024 16:01 PM
Recommended By: Dr. Y. K. Sinha Lab Reference No: 22456735971

Sample Details : LH1706221096

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (G.S.photometry)	11.90	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	39.60	%	34 - 40
RBC count (Impedance)	3.63	10 ⁶ /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	5.12	10 ³ /μl	5.0 - 15.0
Platelet count (Impedance)	169.00	10 ³ /μL	200 - 490
MCV (Calculated)	101.10	fL	75 - 87
MCH (Calculated)	34.80	pg	24 - 30
MCHC (Calculated)	30.10	g/dL	
RDW-CV (Calculated)	14.20	%	11.6 - 14
Neutro (Fluo. flow cytometry)	25.10	%	30-60%
Lympho (Fluo. flow cytometry)	60.90	%	29-65%
Eosino (Fluo. flow cytometry)	4.20	%	1-4%
Mono (Fluo. flow cytometry)	11.40	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.20	%	0-1%
Neutro - Abs (Calculated)	2.04	10 ³ /μl	1.5-8.0
Lympho - Abs (Calculated)	3.11	10 ³ /μl	6.0-9.0
Eosino - Abs (Calculated)	0.21	10 ³ /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.68	10 ³ /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.01	10 ³ /μl	0.02 - 0.1

—End of Report—

Dr. Bhanu Kumar
(Biochemistry &
Immunoassay)

Dr. Tushar Sehgal
(Hematology &
Coagulation)

Dr. Suneeta
Meena
(Serology)

Dr Malvika Gaur MD
(Pathology) 29-Jul-2024 20:04



DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
A.I.I.M.S., NEW DELHI-110029

Post Procedure Instructions for Vascular Procedure

Name: Amkit Yadav Age Sex: 5.6, M Date: 30/07/2017

UHID: 105767865 Ward/OPD: _____ Room No: 301 Time: 3 pm

Name of the procedure Performed: Rt side PICC line insertion

Procedure Details: ↓ LA, SAP, USG & fluoros guidance. Rt basilic vein was punctured and access established. Dilatation done and left PICC line inserted. Distal tip placed @ upper border of Rt atrium. Dressing done.

Medicines Given during Procedure: _____

Vitals at the time of Shifting: Stable

Post Intervention Instruction :

- Do not move RLL/LLL/RUL/LUL for next 24 hours.
- Watch for local bleeding/haematoma.
- Monitor Vitals
- Watch for distal pulses
- Antibiotics
- Analgesics as required.
- Any other instruction : _____

Faculty in charge: Dr. Priyanka

Senior Resident. Dr.

LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room 414, G.F. Room B Dr. Bhabha, A-115, New Delhi, Tel: 5474 3058, 5038
 Request Form for Bone Marrow, Peripheral Smear, Flow Cytometry, Molecular and Microbial Studies

MATERIAL SENT

Q1 Bone marrow aspiration No _____ Site _____
 Q2 BM touch preparation No _____ Site _____
 Q3 Peripheral smear _____
 Q4 Blood (ml) _____
 Q5 Any other _____

(For Lab Use Only)

Lab Ref No _____

Received on _____

11/29/07 22 JAN PM 11:09 PM

SPECIAL

Flow Cytometry
 Microbiology
 Molecular Biology
 Immunology
 Other

Patient Name: _____
 Age: _____ Sex: _____
 Ward / Bed No: _____
 In-charge: _____
 Doctor: _____
 Date: _____

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

AML - Secondary

PS to look for blasts

PREVIOUS HEMOGRAM DATE & LAB REF NO _____

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.L.) _____

HEMATOLOGICAL DATE _____

CLINICAL DIAGNOSIS _____



DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 Room No. 75 Ground Floor, New Examination Section
 Ansari Nagar, New Delhi - 110 029
 Tel : (01 1) 2859 3305, 2859 4638. E-mail : til.hla@aiims@gmail.com

IMMUNOGENETICS TEST REQUISITION FORM
HEMATOPOIETIC STEM CELL TRANSPLANTATION

HLA No.

Recipient Information	Hospital Record
Name <u>Anshul Yadav</u>	Reg No. <u>105267865</u>
Age/Wo, Dro <u>1</u>	Hospital <u>AIIMS, Delhi</u>
Age/Sex <u>17</u> / <u>M</u> Race <u> </u> Occupation <u> </u>	Unit / Ward <u>Peds III</u>
Date & Place of Birth <u> </u>	Physician <u>Prof R. SETHI</u>
Address <u>VILL: KARULNA</u>	Fax <u> </u>
<u>BAREILLY, U.P.</u>	E-mail <u> </u>
Tel <u> </u> Fax <u> </u>	
E-mail <u> </u>	

Clinical Details

Date of Diagnosis Clinical Remission Y N Date History of relapse Y N Date

Details of previous chemotherapy Received 4 cycles MRC protocol

Is patient on special protocols (Steroids or Immunosuppression etc.) currently off chemo

History of Blood Transfusions

Blood Group TLC Counts HIV Pos Neg

Number of units given so far Date last Transfused Hepatitis Pos Neg

Other relevant information Hbs Ag Pos Neg

Original Disease

AML CML MDS Aplastic Anemia

ALL Multiple Myeloma Thalassemia Others

Tests Requested

Class I Serology Class I Molecular Class II Molecular High Resolution (ABC/DR/DQ)

Important

- No results will be supplied if this form is not completed
- Family information should be provided overleaf
- Specimen requirements: B-10ml EDTA Blood
- Testing Details: Samples collected on Monday & Wednesday, with iv or appointment only

Recipient
Photograph
TO BE
ATTESTED
BY TREATING
PHYSICIAN

Anshul Yadav
 MEDICAL OFFICER
 Date:

LABORATORY ONCOLOGY (ONCH LABRATORY)

1st Floor, Block No. 4, 1st Floor, Sector No. 1, Gurgaon, Haryana - 122002, India. Tel: 0122-2594444, Fax: 0122-2594445

Material sent to: Block No. 4, Sector No. 1, Gurgaon, Haryana - 122002, India. Tel: 0122-2594444, Fax: 0122-2594445

Material sent	No.	Qty.	Lab. Ref. No.
Smear (Pap smear)			
Smear (Gross)			
Smear (H&E)			
Any other			

SPECIAL REQUEST (IF ANY) _____ at _____ Date: 30/07/2019

Patient's Name: _____
 (Block cap) Ankit Yadav Age: 54 Sex: M
 Registration No: _____ Ward: Bed No: _____
 Clinical Unit: Med-3 Consultant/Charge: Dr. K. S. Thakur
 Name (Block cap) & signature of resident doctor: [Signature]

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

As per post mortem
PS for histology
↓

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.) _____
 BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST 3 T) _____
 RADIOLOGICAL DATE _____
 CLINICAL DIAGNOSIS _____

WBC :

N 39 L 44 E 8 M 9 B Meta Myelo Pro
Blast Others

Cell Morphology

RBC: Ncyl + Nchrom + Aniso Micro Macro Polk Elipto Dactro
Schisto Acantho
Crenat Sphero Blister Bite Hypo Target Polychr
Anisochrom Nucleated RBC
HJ Body Baso Stipl Cabot ring Parasite Rouleaux Agglutination Others

PLATELETS: adequate.

Notes: AML-survivor (vide clinical history).

Senior Resident:- Dr.Rakesh Sunda

Consultant:-Dr Anita Chopra

90% abnormal speech
otherwise developmentally
normal (IQ ~ 100%);
often does not respond
to name; stereotypic behaviour.

vaginal scanning
CMB - BW = N/K
but smaller in size
as compared to
other newborns.

Adm:

ENT review for PTA
anklyoglossia

[New RAK
OPD]

Pediatric neurology review for
screening for autism spectrum
disorder (Tue - Fri at 9:00 AM)

- Syrup A-Z 5ml PO OD x 3 months

KE

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से ऊंचा 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
merzahospital.nhp.gov.in