

आखिल भारतीय आयुर्विज्ञान संस्थान (अ.भा.आ.सं.)

Name: _____
 Sex: _____
 Age: _____
 Date of Birth: _____
 Patient Name: _____
 Age: _____
 Sex: _____
 Date of Birth: _____
 Comments: _____
 Signature: _____

		C. Range		Flags and alarms
RBC	455	$10^{12}/mm^3$	4.0 - 5.40	Remarks
HGB	12.0	g/dL	11.5 - 14.5	RBC of the Run 23/02/2018 22:52:29
HCT	40.1	%	37.0 - 45.0	WBC of the Run 23/02/2018 22:52:29
MCV	88	μm^3	77 - 81	PLT of the Run 23/02/2018 22:52:29
MCH	13.4	pg	24.0 - 30.0	DIFF of the Run 23/02/2018 22:52:29
MCHC	152.3	g/dL	32.0 - 36.0	
RDWcv	11.8	%	11.0 - 14.0	
RDWsd	32	μm^3	35 - 57	
PLT	75	$10^9/mm^3$	200 - 400	

		#	%	Range	#	%
WBC	6.3	$10^9/mm^3$	4.5 - 13.5			
NEU	41.2	2.78	0.0 - 85.5	1.00	0.00	
LYM	41.8	2.32	0.0 - 89.5	1.52	6.50	
MON	14.1	0.85	0.0 - 80.9	0.00	0.00	
EOS	1.2	0.12	0.0 - 89.5	0.00	0.00	
BAS	1.0	0.07	0.0 - 39.9	0.00	0.20	
ALY	1.0	0.07	0.0 - 2.5	0.00	0.25	
LC	0.9	0.06	0.0 - 3.0	0.00	0.30	



आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:101718684

आपातकालीन नं.(Emergency No): 2017/030/0146753

दिनांक DATE: 17/12/2017

समय TIME: 07:14:45 PM

NON-MLC

नाम NAME: MISS. NARGISH NARGISH

आयु AGE: 8 years 8 months 20 days

लिंग/SEX: F

D/O: UHUMALLI

पता ADDRESS:

मकान संख्या H.NO: JAHANGIR PURI

गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

पिन PIN:

राज्य STATE: DELHI

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO: 8588930481

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative: MOTHER

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

C/O Aplastic Anaemia ↓ Hematology/Hu.

Presenting Complaints

cough - dry
red eyes x 4 day
runny nose

Primary Assessment (ABCDE): Assessment Pentagon

No fever / No loose stool

Airway	Circulation	Disability
Open & stable: Yes/No If No.....	HR...../min	GCS.....
Breathing: RR...../min Efforts: Normal/Poor/increased	CFT.....secs.	Pupil size...../min
Auscultation: Air entry: Normal/poor/Differential	BP.....mmHg	Pupillary Reactions.....
Added sounds: None/Stridor/Wheeze/Crackles	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure
SpO2 on Room air.....	Central pulse: Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: Temp.....
	Others	Colour: Normal/pallor/cyanosis /mottled
		Any other skin lesions.....

Diagnosis

Adv: →

wt - 30 kg

CXR

① T. Levocetirizine 10mg 1 tab od hi x 3 day

② ^{Tab} Syp PCM 500mg 1 tab bid if T > 100°F

③ Otrivin nasal spray 1 puff TDS x 3 day, then discontinue

General



NO: UNCD: 101718684
CLINIC NO: AA-2018/AA/1876
NAME: NARSEEM
D/O: UNLHALLI, BV ID# 120 . F
PH: 888880481
LABORATORY: PUNE, DEL-5, INDIA

DeptSeq: 224
Dept: Hematology
Unit: Unit-1
Room: 27 H
F/26
Days: Friday
App. Date: 05/03/2018



App. ID:

001037900023

28

22
123

8
Cep. Gycolipomi 50 mg 80
x 3 mm

Handwritten signature



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

इंस्टीट्यूट ऑफ मेडिकल साइंसेस

एकक / Unit _____

विभाग / Dept. _____

नाम / Name _____

general



FO UNID: 101718664
 Clinic No: AA-2016/AA/1676
 Name: MARGISH
 D/O UHULNALLI, 7Y 11M 27D, F
 Ph: 8588930481
 JAHANGIR PURI, DELHI, INDIA

DeptSeq: 234

Dept: Hematology

Unit: Unit-I

Room: 27 H

F/26

Days: Friday

App. Date: 24/03/2017

OPR-6

Regn. No. _____

पता / Address _____

Appt. ID:



2017032402294



निदान / Diagnosis

APLASTIC ANEMIA -

दिनांक / Date

उपचार / Treatment

67

Hb = 12.9

TLC = 6000

PLT = 33000

Rx

Cap. cyclosporine 50mg OD

x 3 month.

Signature



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

HOSPITAL PREMISES

एक/Unit _____

विभाग/Dept. _____

नाम/Nam _____

General

UNID: 101718684
Clinic No: AA-2016/AA/1676
Name: NARGISH
D/O UNILMALLI, 5V BH 17D, F
Ph: 8528910481
JAHANGIR PURI, DELHI, INDIA

deptSeq: 216
Dept: Hematology
Unit: Unit-I
Room: 27 H
F/19
Days: Friday
App. Date: 14/07/2017

OPR-6

O.P.D. Regn. No.

पता/Address _____

Appt. ID:

2017071401073



निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

27

Adv: ~~RBC~~

- Cyclosporine 50mg BD
- Methyl 3 tab TDS
- T. Par 40mg OD.

- R/A 2 months

→ CBC/RAT

[Signature]
Dr. Hand

→ Key Hb > 8 & B7.



MEDICARE DIAGNOSTICS



AN ISO 9001 : 2015
CERTIFIED LABORATORY

7 DAYS OPEN

Date 08/12/2017
Name Baby NARGISH
Ref. By AIIMS

Srl No. 2
Age 2 Yrs.

Patient Id 1712082
Sex F

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	<u>13.3</u>	gm/dl	12.0 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	<u>5,600</u>	/cumm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	68	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	00	%	01 - 06
MONOCYTE	00	%	02 - 10
BASOPHIL	00	%	0 - 0
R B C COUNT	4.79	Millions/cmm	4.0 - 5.2
P C V / HAEMATOCRIT	39.7	%	35 - 45
M C V	82.9	fl.	80 - 100
M C H	27.7	Picogram	27.0 - 31.0
M C H C	33.5	gm/dl	33 - 37
PLATELET COUNT	<u>68</u>	$\times 10^3/\text{ul}$	150 - 450

**** End Of Report ****

LAB TECHNICIAN

Page 1 of 1

Dr. ASHOK MALHOTRA
MBBS, MD (BIOCHEM)
CONSULTANT



SHIVAM DIAGNOSTIC CENTRE

All kinds of Computerised Lab Facilities Available
Home Collection Facilities Also Available
Mob : 9899684850, 9968756175

An ISO 9001:2008 Certified
Certificate No : CG-1592

SUNDAY OPEN

NAME : NARGISH

AGE : 8 YEARS

REF. : AIIMS

LAB : NO : 27813

SEX : FEMALE

DATE : 11.05.18

HAEMATOLOGY REPORTS

TEST NAME	RESULT	UNITS	REF. RANGE
HAEMOGLOBIN	7.0	gms/dl	(12-16)
TLC	4,600	Cells/cumm	(4,000-11,000)
DLC			
NEUTROPHILS	32	%	(45-75)
LYMPHOCYTS	65	%	(20-40)
EOSINOPHILS	02	%	(01-04)
MONOCYTE	01	%	(02-08)
BASOPHILS	00	%	(00-02)
PCV	23	%	(37-52)
PLATELET COUNT	0.28	Lacs/cumm	(1.5-3.5)
RBC	42.5	mill/cumm	(4.0-5.0)
MCV	92.0	fL	(76-96)
MCH	28.0	pg	(27-32)
MCHC	30.4	gm%	(31-35)

END OF THE REPORT

Technician

Consultant Pathologist

Shop No. 17, Safdarjung Hospital, Gate No. 1, New Delhi - 110029
Mob : 9899684850, 9968756175 | E-mail : shivamlab50@gmail.com

In case of any discrepancy in the test result, report it immediately (within 4 days of reporting date) to the laboratory. *The accuracy of the test results depend on the testing methods, method sensitivity and quality of the sample/specimen received. Every laboratory investigation has its own limitations, therefore it is recommended to correlate the test results with other laboratory data and clinical report is not valid for Medico-Legal Purposes. *Shivam will not be held responsible for any loss or damage as a result of presuming the meaning of test report.



श्री अरुणो ज्योतिषा विभाग / A.I.I.M.S. HOSPITAL
 शरीर रोग विभाग / Out Patient Department

HIV

General:

RD 101738684
 Clinic No: AA-Clinic
 No. 2018/AA/1676
 Name: NARGISH
 D/O UHULMALLI, SY IM 140, F
 Ph: 8588930481
 JAHANGIR PURI, DELHI, INDIA

DeptSeq: 174
 Dept: Hematology
 Unit: Unit-1
 Room: 27 H
 F/15
 Days: Friday
 App. Date: 11/05/2018

11/6/2018
 2588 12/4/18

Appt. ID: 2018051102124

AA

Treatment

74
 1mth

Estimate for
 CBC

CAP CYCLOSPORINE (50mg) P/O B/D
 T. DAMAZOL (200mg) 1-1
 T. CLIP 500mg SOS
 Chlorhexidine/w & QID
 Refer to Day care for PLBCT
 Estimate for ATG gluco-
 ————
 \$

General



101718684
Clinic No: AA-Clinic
No. 2016/AA/1676
Name: NARGISH
D/O LAHUMALLI, 9Y 2M IID, F
Ph: 8588930481
JAHANGIR PURI, DELHI, INDIA

DeptSeq: 208
Dept: Hematology
Unit: Unit-1
Room: 27 H
F/25
Days: Friday
App. Date:
08/06/2018



Appt. ID:

2018060801895

68

CBC
LFT
KFT

$\frac{R}{\text{Cap Cyclosporin } \begin{matrix} 75 \text{ mg} \\ 50 \text{ mg} \end{matrix} \begin{matrix} (m) \\ (BE) \end{matrix}}$
 x 2 months
 T. Dexamethasone 100 mg TDS
 PRBC dx (23)

- Penicillin 5% dilute GA.
as advised

- T. Dexamethasone 12 mg qd x 2 days
(HS)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 Ansari Nagar, New Delhi-110029
 General ₹ 0.0

Phone: 26588500
 26588700

Appointment Slip
 Date By: 2565
 Department Name: Hematology/Aplastic Anemia Clinic (AA)
 Dated: 03/08/2018
 Reporting Time: 8.30 AM

Received From:	02/07/2018	Appointment No	2018070207107
IPD/ OPD/ Outpatient Request date	MISS. NARGISH NARGISH	Age	9 years 3 months 5 days
IN ACCOUNT OF	Female	Request Mode	counter
Name of Patient	Mobile: XXXXXX481		
Sex			
Contact Details			

Remarks:

Your UHID Is : 101718684.
 Your Clinic Number Is : 2016/AA/1676.



शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode:
 IR (Rs.) :
 s. in Words