







भारत सरकार
Government of India



Download Date: 26/09/2020



चन्चल
Chanchal
जन्म तिथि/DOB: 03/08/2015
महिला/ FEMALE

Issue Date: 05/06/2020

5198 5922 6850

VID : 9154 7790 3180 0668

मेरा **आधार**, मेरी पहचान



भारतीय लिफ्टिफिकेट प्रणाली प्राधिकरण

Unique Identification Authority of India

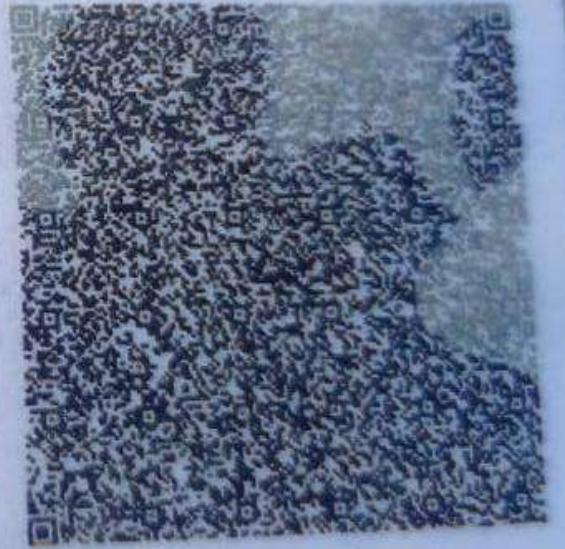


पता:

द्वारा: सुरेन्द्र, थामली, तामली, बारां,
राजस्थान - 325222

Address:

C/O: Surendra, thamli, Thamli, Baran,
Rajasthan - 325222



5198 5922 6850

VID : 9154 7790 3180 0668



1947



help@uidai.gov.in



www.uidai.gov.in



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

UID:	100013423	Sex:	Female
Patient Name:	Mrs. CHANCHAL	Sample Received Date:	09-May-2022 14:27 PM
Age:	37 Yrs	Department:	S. P. Centre (Iyer Centre)
Lab Name:	Dept of Laboratory Medicine	Lab (Sub) Centre:	Smart Lab New IPED Block
Reg Date:	09-May-2022 14:05 PM	Sample Collection Date:	09-May-2022 10:17 AM
Recommended By:	Dr. Radhika Tandon	Lab Reference No.:	221115900

Sample Details : IAC0905221098

Sample Type : Serum

Report

BIOCHEMISTRY

Test Name (Abbreviation)	Result	UOM	Reference
Urea (Urea/UREA)	16	mg/dL	17 - 49
Creatinine (Creat/CREATININE)	0.1	mg/dL	0.3 - 0.6
Uric Acid (Uric/URIC ACID)	5.8	mg/dL	2.4 - 5.7
Calcium (Calc/CALCIUM)	9.9	mg/dL	8.8 - 10.8
Phosphorus (Phos/PHOSPHORUS)	4.5	mg/dL	2.5 - 4.5
Sodium (Sod/SODIUM)	140	mmol/L	135 - 145
Potassium (Pot/POTASSIUM)	4.3	mmol/L	3.5 - 5.1
Chloride (Chlor/CHLORIDE)	102	mmol/L	98 - 107
Bilirubin (T) (Bil/TOTAL BILIRUBIN)	0.27	mg/dL	0 - 1
Bilirubin (D) (Bil/DIRECT BILIRUBIN)	0.11	mg/dL	0 - 0.2
Bilirubin (I) (Bil/INDIRECT BILIRUBIN)	0.16	mg/dL	0 - 0.9
ALT (ALT/ALANINE AMINO TRANSFERASE)	19	U/L	0 - 23
AST (AST/ASPARTATE AMINO TRANSFERASE)	33	U/L	<=32
ALP (ALP/ALKALINE PHOSPHATASE)	192	U/L	142 - 325
Total protein (Total/TOTAL PROTEIN)	7.6	g/dL	6.0 - 8.0
Albumin (Alb/ALBUMIN)	4.5	g/dL	3.8 - 5.4
Globulin (Glob/GLOBULIN)	3.2	g/dL	3.0 - 3.7
A/G ratio (A/G RATIO)	1.4		0.8 - 2.0

—End of Report—

Dr. Sudip Kumar Datta
(Biochemistry & Transfusion)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Sunnata Meena
(Serology)

Dr. Sudip Kumar Datta MD
(Biochemistry)
09-May-2022 18:52

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are affected by pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 2526.



Central R.I.A Facility (C.R.I.A), Room No-5010
DEPARTMENT OF REPRODUCTIVE BIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (NEW DELHI)

UHID:	104813453	Sex:	Female
Patient Name:	Miss CHANCHAL MEENA	Sample Received Date:	08/02/2022 09:59 AM
Age:	7 years 3 months 30 days	Department:	Pediatrics
Unit Name:	Unit-III	Unit Incharge:	Dr. S. K. KABRA
Lab Name:	Reproductive Biology	Lab Sub Centre:	Reproductive Biology (Main Building 2nd floor Room No. 2090)
Reg. Date:	09/10/2019 09:07 AM	Sample Collection Date:	08/02/2022 09:48 AM
Report Generated Date:	08/02/2022 03:26 pm	Dept / IRCH No:	20190030033257
Recommended By:		Lab Reference No:	14

Sample Details : RPB-080222111

Report

Test Name	Result	Comment	Normal Range
Procalcitonin (PCT)	0.13 ng/ml		* 0 - 0.07 ng/ml

Over All Comment :

Authorised Signatory

Verified By
marymathew



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

IRCH No. 267086
Clinic: Radiotherapy Consultation
Dept. RADIATION ONCOLOGY
General

Reg. Date: 14/12/2021

Clinic No. 2021/116098



UHID-104813453

नाम
Name: CHANCHAI

D/O: SURENDRA

Phone No. 9624020674

Address: THAMLI, BARAN, RAJASTHAN, Pin 325222, INDIA

Sex/Age: F/8Y

Room: 5 (Shift: Morning)

Rotary Cancer Hospital
/A.I.I.M.S. HOSPITAL

Out Patient Department
NO SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

संशोधित/पंजीकृत सं./O.P.D. Regn. No.

RT-116098

लिंग Sex	वय Age	जन्म तिथि/Date of Birth
		↓ Prof. S. Pathy

निदान/Diagnosis

B/L Retinoblastoma

दिनांक/Date

उपचार/Treatment

20/5/22

Patient completed PORT to (R) eye
<40Gy/20#> by VMAT technique, 6 MV
photons on Synergy w.e.f. 7/4/22 till
20/5/22.

No fresh complaint.
Grade II dermatitis.

Adv.

R/w in RT-OPD & Prof. S. Pathy on
Tue/Fri R. no (5) after 1 month

- Continue Follow up in Pediatric dept
- Continue Follow up in RPC

Signature

आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 R. Ambedkar Institute Rotary Cancer Hospital
 म. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
 अतिरिक्त बोधी विभाग / Out Patient Department

OPR-8



DR. R.S.A. INCHLAHDE, NEW DELHI
 Reg. No. 29796
 Reg. Date: 14/12/2021
 Clinic: Radiation Oncology
 Dept: RADIATION ONCOLOGY
 CHIN No. 2021/116098
 UHD-10413453
 Name: CHANCHAL
 DOB: SUBINDEVI
 Phone No. 902400004
 Address: TRANEL, HARAN, RAJASTHAN 364 022, INDIA
 Sex: F
 Blood: (NAB Missing)

L. No. RT-116098
 Date of Birth: 5/8 / 4/3

Diagnosis

Date

Treatment

B/L - JORB → Rt group D
 → Lt group E - emudeation
 C/O/W - PROF S. PATNY

PROVISIONAL PLAN

EBRT to (R) Eye

ADVICE

- DR LOHI - kindly provide detailed treatment summary for which the pt. has received. Kindly examine the pt's VISUAL ACUITY/ current status

- To R/U & treatment summary in meet OPD for final Plan - FRIDAY (S) TUESDAY

[Signature]
 3/2/20

14/12/2021
 To come on 21/12/2021
 7 AM to 12 PM
 Room 5

21/12/21

21/12

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



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल में जन्म घुसान नरो हे। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



पुस्तक संख्या / PATIENT ID
 12345678901234567890
 नाम / NAME: CHANDAN
 उम्र / Age: 34
 पता / Address: ...
 डॉ. / Doctor: ...
 फोन / Phone: ...
 डेटा / Date: 18/01/2020

OPR-6

संकेतिक संख्या सं./O.P.D. Regn. No.	
उम्र / Age	पता / Address

रिपोर्ट / Diagnosis

दिनांक / Date

73

12.7

उपचार / Treatment

B/L RB / स्मॉल back
 (R) group D
 (L) phthisic
 → currently MRI/EUA



File Not made. To be made next monday.

Adv:

Ophthalm opinion. RPC - EUA (Or. 20mm)

MRI-CE : orbit cutie / fat suppressed /
 passing through optic nerve and pineal gland
 through cisterns (single mother)

R/w : reports in Wednesday OPD for chemo

R/w Next monday 23/3/20 9am for RPC file

Handwritten signature and initials

LC2610211336 104813453



LH2610210826 104813453

Measurements	Normal Values		Normal Values
Aorta 15	(21-22mm/m ²)	LA es 18	(21-22 mm/m ²)
LV es 17	(15-19mm/m ²)	LV ed 26	(19-32 mm/m ²)
IVS ed 6	(06-10mm)	PW(LV)ed 6	(07-11mm)
RV ed	(4-14mm/m ²)	RV Anterior wall	(upto 5mm)
EF 60%	(62-80%)		
IVS Motion	Normal/Flat/Paradoxical		
IAS			

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy Contraction Normal/Reduced
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

sr; ic; AV VA concordance, NRC/A.
3 PVs → LA.

no ASD | VSD | PDA.

TEE

(n) W systolic ∅

(n) valves

DIAGNOSIS

(n) chambers
no clot/veg/PE

Final Impression

(n) study

[Signature]

Resident

Consultant

दिनांक - Date

उपचार - Treatment

25/5/2022

QOPW Prof. Sharma Chauhan.

Amr Matham.

- Stop chemotherapy.
- ~~Continue with~~ EBRT (completed) July

(143) Artificial eye.

Adm.

ed milfon - R/E

X 1 month

FUX 20/7/2022

at 12 noon

lax



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID:	104813453	Name:	Miss. CHANCHAL
Age :	6 years 9 months 1 day	Sex :	Female
Reg Date :		Verification Time:	04/05/2022 07:42 pm
Ward Name:	C5 DAY CARE	Lab Ref No:	720
Unit Name :	Unit-VI	Unit Incharge :	Dr. Radhika Tandon
Department :	R. P. Centre (Eye Centre)	Sample Collection Date:	04/05/2022 11:44 am
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	04/05/2022 07:42 pm	Dept / IRCH No:	20190050127791
Recommended By:	Dr. Radhika Tandon	Sample Received Date:	04/05/2022 08:00 PM

Sample Details : E040522373

Report

Test Name	Result	Comment	Normal Range
Hemoglobin	11.500 g/dL		* 12 - 15 g/dL 0Y - 100Y (F)
Hematocrit	36.3326 %		* 36 - 46 % 0Y - 100Y (F)
RBC Count	3.890 10 ¹² /μL		* 3.8 - 4.8 10 ¹² /μL 0Y - 100Y (F)
WBC Count	11.710 10 ⁹ /μL		* 4 - 10 10 ⁹ /μL 0Y - 100Y (A)
Platelet Count	348 10 ⁹ /μL		* 150 - 400 10 ⁹ /μL 0Y - 100Y (A)
MCV	93.400 fL		* 83 - 101 fL 0Y - 100Y (A)
MCH	29.563 pg		* 27 - 32 pg 0Y - 100Y (A)
MCHC	31.652 g/dL		* 31.5 - 34.5 g/dL 0Y - 100Y (A)
RDW	14.600 %		* 11.6 - 15 % 0Y - 100Y (A)
Neutrophils	79.300 %		* 40 - 80 % 0Y - 100Y (A)
Lymphocytes	8.200 %		* 20 - 40 % 0Y - 100Y (A)
Eosinophils	0.300 %		* 0 - 7 % 0Y - 100Y (A)
Monocytes	8.600 %		* 3 - 11 % 0Y - 100Y (A)
Basophils	0.200 %		* 0 - 2 % 0Y - 100Y (A)
Neutrophils - Abs	9.35629 10 ⁹ /μL		* 2 - 7 10 ⁹ /μL 0Y - 100Y (A)
Lymphocytes - Abs	0.96022 10 ⁹ /μL		* 1 - 3 10 ⁹ /μL 0Y - 100Y (A)
Eosinophils - Abs	0.03513 10 ⁹ /μL		* 0.02 - 0.5 10 ⁹ /μL 0Y - 100Y (A)
Monocytes - Abs	1.00706 10 ⁹ /μL		* 0.2 - 1 10 ⁹ /μL 0Y - 100Y (A)
Basophils - Abs	0.02342 10 ⁹ /μL		* 0 - 0.1 10 ⁹ /μL 0Y - 100Y (A)

Overall Comment :

Authorised Signatory

Verified By

Measurements

Aorta 13 mm
LV es 22
IVS ed 6
RV ed
EF 55-60%
IVS Motion
IAS intact

Normal Values

(21-22mm/m²)
(16-19mm/m²)
(6-10mm)
(4-14mm/m²)
(62-80%)
Normal Flat/Paradoxical

Normal Values

LA es 14 (21-22 mm/m²)
LV ed 30 (19-32 mm/m²)
PW(LV)ed 6 (07-11mm)
RV Anterior wall (upto 5mm)

CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy
Contraction Normal/Reduced

LA

Normal/Enlarged/Clear/Thrombus

RA

Normal/Enlarged/Clear/Thrombus

RV

Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

s/s, LC, NREGA, 3PV → LA

REMARKS

Ⓜ LV systolic ϕ
no ASD/VSD/PDA
no PE/clear/vegs

TEE

DIAGNOSIS

Final Impression

Ⓜ Study

Vidhan
Resident

Consultant



DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029

Printed on 13 Apr 2022 09:49:27 AM

Dept No: 20190030033257

Receipt No: ACCOUNTS-9/2294/202223 [Original] IRCH Receipts

IRCH No :0 UHID :104813453

Received From: MISS. CHANCHAL ,Age :6 Yrs 8 Mons 10 Days

DATED: 13/04/2022

Payment By: Cash

Billing Type : General

On ACCOUNT OF

SI No.	Service Name	Quantity	Rate	Net Amount
1	RADIOTHERAPY (IRCH) - RT CHARGES	1	750.00	750.00

Payment Mode : Cash

RS.: 750.0

Rupees Seven Hundred Fifty Only

MR.SUKESH KUMAR CHAUHAN

Printed on 13 Apr 2022 09:49:27 AM



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



अस्पताल में जन्धर धूम्रपान तथा है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

new Patient
Dept Reg. 2019/001/0013257
General/ : 0
Paediatrics/Paediatric T10 B1 / Room: 14
/Unit: III
Name: Miss CHANCHAL MEENA Days: Saturday
10 4 2 1 11 0 0 0 0 4 2 2
D/O SURENDER MEENA SY 100
10 4 2 2 10 0 0 0 0 0 1 2
2 2 2 2 Ph. 9024010654
OHID : 104811451 Date: 19/10/2019

OPR-6
Sign. No. _____
पता/Address _____

निदान/Diagnosis

Familial RB

C/O Bil RB left eye

दिनांक/Date

22

उपचार/Treatment

In view of familial eye - CD in Oculo family.
pt under treatment of multiple hospitals since age of 3mo for white reflex in left eye later Diag as. Injeetia Now Rt eye also showing white reflex. so mother is concerned
Wt: 12kg

CD in Oculo family. Dr. R. G. G. Dr. A. G. NRC - Rt eye
ocular involvement posterior
No optic involvement
No Extraocular spread
left pharynx ON Famil
1 grand
2 - ma
3 - we
expi
hav

Progresa Explain
- Ij VCR 0.3 mg IV
slow push after ensuring vein patency. (D1)
- Ij Carboplatin - 340mg
in 200 ml NS over 1hr (D1)
- Ij Etoposide - 145 mg in 300 ml NS over 3hrs (D1, D2)
Ij Emet - 2mg IV
slow push prior to chemo

Dr. R. G. G.
Dr. A. G.
NRC - Rt eye
ocular involvement posterior
No optic involvement
No Extraocular spread
left pharynx ON Famil
1 grand
2 - ma
3 - we
expi
hav

Infantile Worsip

Day care - 5B

Shyam B. wagd - prior to chemo

CBC → (2)



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



Follow Up Patient
Clinic No. 2020/OPC/77
Dept. Reg. 2019/001/0013257

General / P.O.
Family No. / OPD / UNIT - 1 4000/Room - 14
Name: CHANCHAL MEENA Dept - Monday
Sex: Female
DOB: 05/08/1978
Age: 42 Yr 7M 26 D
Reg. No. 2019/001/0013257
Barcode
Date: 18/03/2020

OPR-6

वैद्यकीय पंजीकृत सं./O.P.D. Regn. No. _____

उम्र / Age	पता / Address
------------	---------------

रिपोर्ट / Diagnosis

दिनांक / Date	उपचार / Treatment
73 12.3	B/c RB/smta back (R) group D (L) phthisic → currently MRI/EUA due
	File Not made. To be made next Monday.
	Adv: Ophthalmic opinion. RPC - EUA (Dr. Zenni) MRI-CE = orbit cuts/fat suppressed / passing through optic nerve and pineal gland. ↳ through canals. (single mother) R/w = reports in Wednesday OPD for chemo R/w Next Monday 23/3/20 9am for RPC file

SR for A20

LC2610211336 104813453



LH2610210826 104813453



CHANCHAL MEENA

CLEAN AND GREEN

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
www.orbo.org Helpline - 1060 (24 hrs service)





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID:	104813453	Name:	Miss. CHANCHAL
Age :	6 years 9 months 1 day	Sex :	Female
Reg Date :		Verification Time:	04/05/2022 07:08 pm
Ward Name:	C5 DAY CARE	Lab Ref No:	1121
Unit Name :	Unit-III	Unit Incharge :	Dr. S. K. KABRA
Department :	Paediatrics	Sample Collection Date:	04/05/2022 11:44 am
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	04/05/2022 07:08 pm	Dept / RCH No:	20190050127751
Recommended By:	Dr. S. KABRA	Sample Received Date:	04/05/2022 05:26 PM

Sample Details : S040522369

Report

Test Name	Result	Comment	Normal Range
Albumin	4.600 g/dL		* 3.2 - 4.8 g/dL 0Y - 100Y (A)
Gamma-Glutamyl Transferase	17		* < 38 U/L 0Y - 100Y (F)
Uric Acid	4.200 mg/dL		* 3.1 - 7.8 mg/dL 0Y - 100Y (F)
UREA	30 mg/dL		* < 50 mg/dL 0Y - 65Y (A)
CREATININE	0.290 mg/dL		* 0.5 - 1.1 mg/dL 0Y - 100Y (F)
CALCIUM	8.900 mg/dL		* 8.7 - 10.4 mg/dL 0Y - 100Y (A)
PHOSPHOROUS	4.400 mg/dL		* 2.4 - 5.1 mg/dL 0Y - 100Y (A)
SODIUM (NA ⁺)	142 mmol/L		* 132 - 146 mmol/L 0Y - 100Y (A)
POTASSIUM (K ⁺)	4.200 mmol/L		* 3.5 - 5.5 mmol/L 0Y - 100Y (A)
CHLORIDE(CL ⁻)	106 mmol/L		* 99 - 109 mmol/L 0Y - 100Y (A)
TOTAL BILIRUBIN	0.200 mg/dL		* 0.3 - 1.2 mg/dL 0Y - 100Y (A)
DIRECT BILIRUBIN	0.100 mg/dL		* < 0.3 mg/dL 0Y - 100Y (A)
INDIRECT BILIRUBIN	0.1 mg/dL		* < 0.9 mg/dL 0Y - 100Y (A)
SGPT/ALT	19 U/L		* 10 - 49 U/L 0Y - 100Y (A)
SGOT/AST	32 U/L		* < 34 U/L 0Y - 100Y (A)
TOTAL PROTEIN	7.200 g/dL		* 5.7 - 8.2 g/dL 0Y - 100Y (A)
ALKALINE PHOSPHATASE	178 I.U.		* 46 - 116 U/L 0Y - 100Y (A)
GLOBULIN	2.6		* 2.5 - 3.4 g/dL 0Y - 100Y (A)
A/G Ratio	1.76323 ratio		* 1.2 - 2.2 ratio 0Y - 100Y (A)

Overall Comment :

Authorised Signatory

()

Verified By
(anjlabnci)

NAME – CHANCHAL MEENA



First Name - Chanchal

Surname - Meena

Address - Thamli , Baran, Rajasthan - 325222

Town – Rajasthan

Country - India

Emergency Contact Person Name – Mr. Surendra

Emergency Contact Number - 74711561516

Age – 6 Y/ F

Hospital Details – (AIIMS) Delhi.

UHID No. - 104889998

Medical History - Eye Cancer

Treatment State - Delhi

Treatment Cost – 2.5 LAKH ONLY

Family Condition - Labour

NGO Name – India Care Charitable Trust

Full Address – India Care Charitable Trust , Badarpur , Delhi - 110044

Contact No. - 9971953308

Bank Details - Donate in the favour of INDIA CARE CHARITABLE TRUST

HDFC Bank a/c No-50200043966350

IFSC code-HDFC0000588 current acc Location= R K PURAM

Delhi-110022

Website Link - www.indiacarecharitabletrust.org