





NATIONAL TB ELIMINATION PROGRAMME

Govt. of NCT of Delhi

Request Card for examination of biological specimen for TB

Patient Information			
Patient name	Dhruv	Age (in yrs): 1.5y / male	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG
Patient mobile no. or other contact no.		Specimen collection date (DD/MM/YYYY)	<input type="checkbox"/> Sputum <input type="checkbox"/> Other CSF (specify)
Aadhaar no. (if available)		28/4/20	
Patient address with landmark	Nasabi alamadur Jahangirpn UP	HIV Status: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Unknown	
		Key populations: <input type="checkbox"/> Contact of known TB Patient <input type="checkbox"/> Diabetes <input type="checkbox"/> Tobacco <input type="checkbox"/> Prison <input type="checkbox"/> Miner <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/> Urban slum <input type="checkbox"/> Health-care worker <input type="checkbox"/> Other (specify)	

Name and Type of referring facility (PHI/DMCTU/ DTC/ICTC/ART/Medical College/DR TBC Centre/RBSK/Private Others, specify) Dr RMLH Health Establishment ID (NIKSHAY):	Type of patient: <input type="checkbox"/> Public Sector <input type="checkbox"/> Private sector Episode ID: _____
State: <u>Delhi</u> District: <u>Delhi</u> Tuberculosis Unit (TU): <u>Delhi</u>	

Reason for Testing

Diagnosis and follow up of TB	
Diagnosis of TB	Follow up (Smear and culture)
H/O anti TB Rx for > 1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: <input type="checkbox"/> End IP <input type="checkbox"/> End CP
<input type="checkbox"/> Presumptive TB <input type="checkbox"/> Repeat Exam <input type="checkbox"/> Presumptive NTM <input type="checkbox"/> Contact of DR TB	Post Treatment: <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> 18m <input type="checkbox"/> 24m
Predominant symptom _____ Duration _____ days	

Diagnosis and follow up of Drug-resistant TB	
Diagnosis of DR TB (DRT/DST)	Follow up (Smear & Culture)
Presumptive MDR TB	Treatment follow up month: _____ Type of case: <input type="checkbox"/> Hmono/poly TB <input type="checkbox"/> MDR/RR TB <input type="checkbox"/> XDR TB Regimen Type: <input type="checkbox"/> H mono/poly TB regimen <input type="checkbox"/> Shorter MDR TB regimen <input type="checkbox"/> All oral longer regimen <input type="checkbox"/> _____ (Remark)
<input type="checkbox"/> New <input type="checkbox"/> Previously treated <input type="checkbox"/> At TB diagnosis <input type="checkbox"/> Follow up Sm+ve <input type="checkbox"/> Presumptive H mono/poly	Regimen composition: <input type="checkbox"/> Lfx <input type="checkbox"/> Mfxh <input type="checkbox"/> BDQ <input type="checkbox"/> Lzd <input type="checkbox"/> Cfz <input type="checkbox"/> CS <input type="checkbox"/> Z <input type="checkbox"/> E <input type="checkbox"/> Eto <input type="checkbox"/> Dlm <input type="checkbox"/> Am <input type="checkbox"/> Km <input type="checkbox"/> Cm <input type="checkbox"/> _____
Presumptive XDR TB	<input type="checkbox"/> MDR/RR TB at Diagnosis <input type="checkbox"/> Failure of MDR/RR TB regimen <input type="checkbox"/> Recurrent case of second line treatment

Test requested:

<input type="checkbox"/> Microscopy <input type="checkbox"/> TST <input type="checkbox"/> IGRA <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Cytopathology <input type="checkbox"/> Histopathology <input type="checkbox"/> CBNAAT <input type="checkbox"/> TruNAAT <input type="checkbox"/> Culture <input type="checkbox"/> DST <input type="checkbox"/> FL-LPA <input type="checkbox"/> SL-LPA <input type="checkbox"/> Gene Sequencing <input type="checkbox"/> Other (Please Specify) _____
Requested by (Contact No. & Designation and Signature): _____ Contact Number: _____ Email ID: _____

Results:

Microscopy (<input type="checkbox"/> ZN <input type="checkbox"/> Florescent)							
	Lab Sr. No	Visual appearance	Result				
			Negative	Scanty	1+	2+	3+
Sample A		S M B					
Sample B		S M B					
Date tested: _____ Date Reported: _____ Reported by: _____ Laboratory Name: _____ (Name and Signature)							

PNA

GOVERNMENT OF INDIA

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

BIOCHEMISTRY - LAB REPORT

Name :	Dhruv	Age/Sex :	4/M	Date :	10/4/26
CR/REGD. No. :	77 888	CGHS No. :		OPD/Wd :	P.ern
Clinical Diagnosis :	H/O Serum				
Unit Incharge :	Signature :				

1. Blood Sugar :

F : mg/dl(70-110)
 PP : mg/dl(90-160)
 R : mg/dl(70-140)

2. Kidney Function Test :

Urea : mg/dl(15-45)
 Creatinine : mg/dl(0.6-1.2)
 Uric Acid : 3.9 mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil : mg/dl(0.2-1.2)
 Direct Bil : mg/dl(0.1-0.3)
 In. D. Bil : mg/dl(0.2-1.1)
 SGOT : U/L (15-50)
 SGPT : U/L (15-50)
 Alk. Phos : U/L (50-130)
 GGT : U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : gm/dl (6.0-8.0)
 Albumin : gm/dl (3.5-5.5)
 Globulin : gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : mg/dl(130-230)
 HDL Chol. : mg/dl(30-65)
 LDL Chol. : mg/dl(50-150)
 VLDL Chol. : mg/dl(upto 40)
 Triglyceride : mg/dl(50-200)

6. S. Electrolytes :

Sodium : mmol/L (130-150)
 Potassium : mmol/L (3.5-5.5)
 Chloride : mol/L (95-110)
 Calcium : mg/dl (8.5-10.5)
 Phosphorus : mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : U/L (50-200)
 CK- MB : U/L (upto 25)
 LDH : U/L (110-240)
 SGOT : U/L (15-50)

8. Iron Profile :

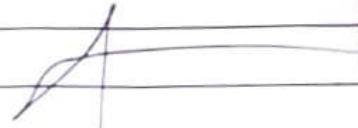
T. Iron : µg/dl (60-150)
 TIBC : µg/dl (250-400)
 UIBC : µg/dl (150-250)
 Saturation : % (20-35)

9. Others :

S. Amylase : U/L (30-110)
 S. Lipase : U/L (23-300)
 S. Magnesium : mg/dl (1.6-2.3)
 Ammonia (NH₃) : µmol/L (9-30)
 Lactate : mmol/L (0.7-2.1)

BIOCHEMIST

GOVERNMENT OF INDIA
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BIOCHEMISTRY - LAB REPORT

Name : <u>Dhruv</u>	Age/Sex : <u>1.5/m</u>	Date : <u>18/7/20</u>
CR/REGD. No. : <u>77888</u>	CGHS No. :	OPD/Wd : <u>9-20</u>
Clinical Diagnosis :		
Unit Incharge :		Signature : 

CSF - cyto

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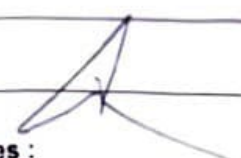
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GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : <u>Dhruv</u>	Age/Sex : <u>1.5/M</u>	Date : <u>18/4/26</u>
CR/REGD. No. : <u>77888</u>	CGHS No. : <u>1</u>	OPD/Wd : <u>P. era</u>
Clinical Diagnosis :		
Unit Incharge :		Signature : 

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GF - Bio

Sample No TN 035

Patient ID

Name

Sample Comment

Ward

Race

Positive

Morph.

Spleen

WBC	7.02	[10 ³ /uL]	7000/uL
RBC	4.82	[10 ⁶ /uL]	
HGB	12.3	[g/dL]	
HCT	38.0	[%]	
HCV	78.8	[fL]	
MCH	25.5	[pg]	
MCHC	32.4	[g/dL]	
PLT	203	[10 ³ /uL]	2.0 lakhs
RDW-SD	45.7	[fL]	
RDW-CV	15.9	[%]	
PDW	10.7	[fL]	
MPV	9.7	[fL]	
P-LCR	22.0	[%]	
PCT	0.20	[%]	
NRBC	0.00	[10 ³ /uL]	
NEUT	4.09 *	[10 ³ /uL]	58.0 * [10 ³]
LYMPH	2.42 *	[10 ³ /uL]	35.2 * [10 ³]
MONO	0.46 *	[10 ³ /uL]	07.6 * [10 ³]
EO	0.03	[10 ³ /uL]	0.4 * [10 ³]
BASO	0.02	[10 ³ /uL]	0.3 * [10 ³]
IG	0.01 *	[10 ³ /uL]	0.1 * [10 ³]
RET		[%]	
IRF		[%]	
LEFR		[%]	
MEFR		[%]	
HEFR		[%]	
RET-He		[pg]	
IPF		[%]	

monocyt

history.



WBC-BF [10³/uL]
 RBC-BF [10⁶/uL]
 MN [10³/uL]
 PMN [10³/uL]
 TC-BF# [10³/uL]

[%]
[%]

RBC IP Message

WBC IP Message
Atypical Lympho?

E-NK / ANCIAS / no N/w no feeding |

DMV
1 1/2 mch

CI0

- 1) Fever x 2-3 days
 - ↓
 - documented > 100
 - continuous
 - ~~200~~
- 2) abnormal body movement
 - GTCs
 - lasting 15min

- no other significant history.

S/E

R/A - L - 2cm
S - tip palpable



R/S - BIL AEB
NO gurgling sound

CNS:

- recognizing mother
- sleeping comfortably

DMR - KJ / 2x
20 / 2x

Plktra

↓ ↓



विकृति विज्ञान विभाग

DEPARTMENT OF PATHOLOGY

अ. बि. वा. आ. सं. एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI



रक्त की जाँच

EXAMINATION OF BLOOD

दिनांक
Date: 20/4/26

नाम Name Dhruv आयु-लिंग Age-Sex 1.5y/M के.स.स्वा.यो./यू.हा.आ.न. CGHS/UHID: RS 34 F
प्रभारी चिकित्सक Dr. Incharge 20262077888 वार्ड/ब.रो.वि Ward/OPD _____ बिस्तर सं. Bed No. 135
रोगवृत्त _____
Clinical History _____
प्रारम्भिक निदान Prov Diagnosis CSF - 9/8 2
एकक अध्यक्ष _____
Head of Unit _____

चिकित्सक Dr. Vinay P. Singh हस्ताक्षर/Signature of Clinician

रिपोर्ट/Report

New Delhi 11000 Hospital

संदर्भ मान

Reference range
वयस्क/Adult

होमोग्लोबिन/Hemoglobin	.....ग्राम/डे.ली/ gm/dL	Male (पुं) 13-17
कुल श्वेत रक्त कोशिका गणना/Total Leucocyte Count	...../माइक्रो ली०/μL	Female (मं०) 12-15
विभेदक श्वेत रक्त कोशिका गणना/Differential Leucocyte Count		4,000-11,000
न्यूट्रोफिल/Neutrophil	.....%	40-70
लिम्फोसाइट/Lymphocyte	.....%	20-40
मोनोसाइट/Monocyte	.....%	2-8
इयॉसिनोफिल/Eosinophil	.....%	1-6
बेसोफिल/Basophil	.....%	< 1
अन्य/Other%	
पूर्ण इयॉसिनोफिल गणना/Absolute Eosinophil Count	...../माइक्रो ली०/μL	100-500
प्लेटलेट गणना/Platelet Count	...../माइक्रो ली०/μL	150,000-450,000

2

Position: 9

18/04/2026

Doctor:

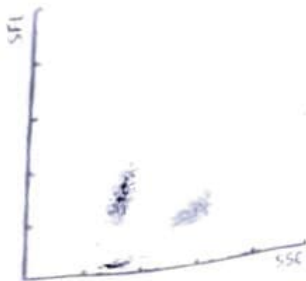
Birth:

Sex

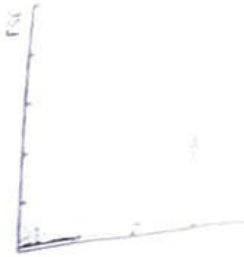
Nickname:

XN-1000-1-A

WDF

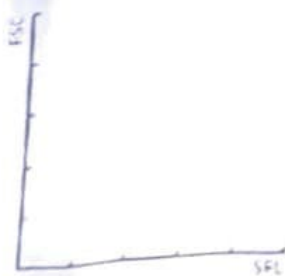


WNR

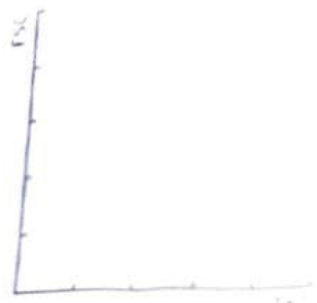


RET

[6/uL]



PLT-F



RBC



PLT



PLT IP Message
PLT Clumps?

age



KILKARI TRUST

Regd. No.464

KILKARI TRUST

Mob.: 8588981217

You Think, You Care, You give.

Ref. No.:

Date: 29/04/26

शुषा में
क्षीमान
संस्थापक सहोदया
किलकारी ट्रस्ट
सहोदया,

मैं श्रुष का पिता आपके संस्था से निवेदन करता हूँ कि हमारे बच्चे की सहायता करे हमारे बच्चे को Blood Cancer हो रखा है दिन पर दिन मेरे बच्चे की तबीयत खराब होती जा रही है और मेरे बच्चे के इलाज का खर्चा बहुत ज्यादा है आपकी संस्था सबकी मदद करता है। कृपया करके मेरे बच्चे की भी सहायता करे। हमारा पूरा परिवार आपका और आपकी संस्था के लिए दुआ करेगा।

आभारी
अंकित

