13

Document ID LHMC/KSCH/Ra
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भारत सरकार / GOVT OF INDIA

लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

कलावती सरन बाल चिकित्सालय

KALAWATI SARAN CHILDREN'S HOSPITAL,

बांग्ला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

DEPT OF RADIO-DIAGNOSIS

X-RAY REQUISITION FORM

Kindly note: Doctor's signature and stamp is mandatory. Forms with incomplete information will not be entertained strictly, leading to cancellation of the examination

Name of Patient	Age/ Gender	Registration No.	MLC/Non MLC
Arnav	6yr/M	12108	Non MLC (circled)
Referred by	OPD/ Ward	Bed-Side Request	Date:
	U2CS	—	19/7/2024

Relevant Clinical Notes: K/c/o T-cell ALL now c̄ febrile neutropenia & vomiting
TLC-380 ; ANC-16/μl

Kindly do USG W/A to r/o neutropenic colitis.

Provisional Diagnosis ____________

Signature of Medical Officer with Stamp

X-ray Examination Requested (Please select the relevant option)

- ☐ Chest (PA/Lateral)
- ☐ Abdomen (Supine)
- ☐ Spine (Cervical)
- ☐ Pelvis
- ☐ Extremities (Arm) (L/R-B/L)
- ☐ Knee (L/R-B/L)
- ☐ Chest (AP/Lateral)
- ☐ Wrist/Hand (L/R-B/L)
- ☐ Spine (Thoracic)
- ☐ Soft Tissue Neck (AP/Lateral)
- ☐ Extremities (Leg) (L/R-B/L)
- ☐ Shoulder (L/R-B/L)
- ☐ Abdomen (Erect)
- ☐ Forearm (L/R)
- ☐ Spine (Lumbar)
- ☐ Skull/Facial Bones
- ☐ Foot/Ankle (L/R-B/L)
- ☐ Elbow (L/R-B/L)

Additional Instructions:

Contrast Required: ☐ Yes ☐ No

Special Views required (e.g., Oblique, Lateral, Any other to be Specified):

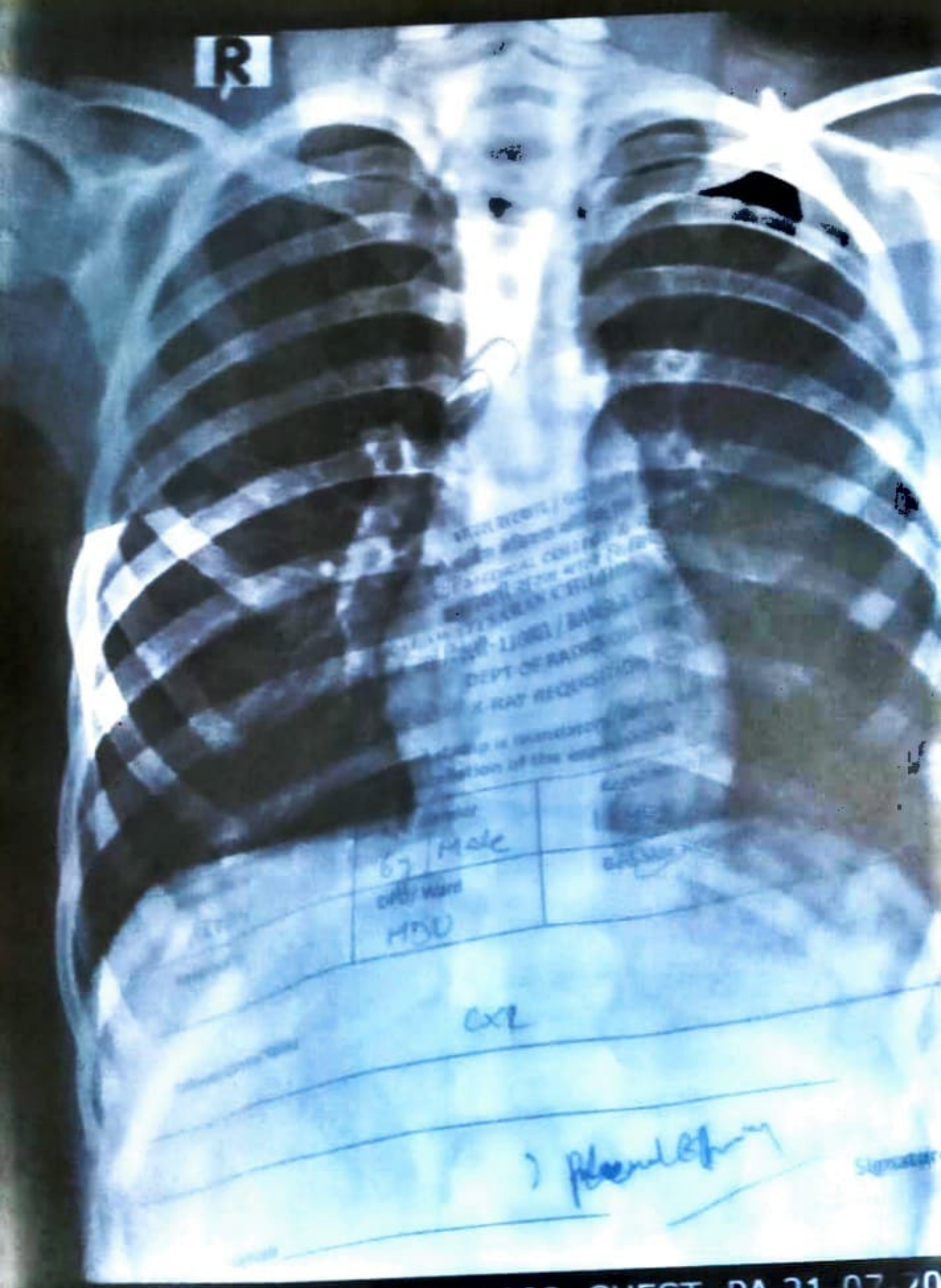
Examination urgency (if any): ____________

Instruction to be complied:

1. Patient must be accompanied by one attendant with all previous reports and in case of Special X-rays: patient must be accompanied by Doctor concerned.
2. Assent/Consent of patient/guardian/attendant must be obtained prior to examination.
3. For abdominal imaging, patient is requested to consume plenty of fluids.

Department Registration No. ____________

Film No. ____________



ARNAV, 6 YRS / M 11822 CHEST, PA 21-07-20
KALAWATI SARAN CHILDREN'S HOSPITAL

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL

बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

नाम /Name Arnav आयु /Age 6yr लिंग/Gender M

C.R. No. 17108 Consultant

Ward/OPD Peds Day Care One Unit/Bed No.

Date/Time

Nature of Anticoagulant EDTA/Citrate/Heaparin/Nill

Diagnosis/History BDCS

Signature of the Doctor

Today's Lab. Ref. No. Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

(13)

Document ID LHMC/KSCH/Radio/1
Version 1

भारत सरकार / GOVT OF INDIA
लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
कलावती सरन बाल चिकित्सालय
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बांग्ला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001
DEPT OF RADIO-DIAGNOSIS
X-RAY REQUISITION FORM

Kindly note: Doctor's signature and stamp is mandatory. Forms with incomplete information will not be entertained strictly, leading to cancellation of the examination

Name of Patient	Age/ Gender	Registration No.	MLC/Non MLC
Arnav	6y / M	10564	
Referred by DOD	**OPD/ Ward** V2 C5	**Bed-Side Request**	**Date:** 1/5/26

Relevant Clinical Notes USG Local site

prev collection → 15cc in (L) inguinal Klcb Tell AK.

Provisional Diagnosis ______

Signature of Medical Officer with Stamp.
Dr. Shelly Verma
Senior Resident
Department of Pediatrics
Kalawati Saran Children's Hospital
Lady Hardinge Medical College

X-ray Examination Requested (Please select the relevant option)

- ☐ Chest (PA/Lateral)
- ☐ Abdomen (Supine)
- ☐ Spine (Cervical)
- ☐ Pelvis
- ☐ Extremities (Arm) (L/R-B/L)
- ☐ Knee (L/R-B/L)
- ☐ Chest (AP/Lateral)
- ☐ Wrist/Hand (L/R-B/L)
- ☐ Spine (Thoracic)
- ☐ Soft Tissue Neck (AP/Lateral)
- ☐ Extremities (Leg) (L/R-B/L)
- ☐ Shoulder (L/R-B/L)
- ☐ Abdomen (Erect)
- ☐ Forearm (L/R)
- ☐ Spine (Lumbar)
- ☐ Skull/Facial Bones
- ☐ Foot/Ankle (L/R-B/L)
- ☐ Elbow (L/R-B/L)

Additional Instructions:

Contrast Required: ☐ Yes ☐ No

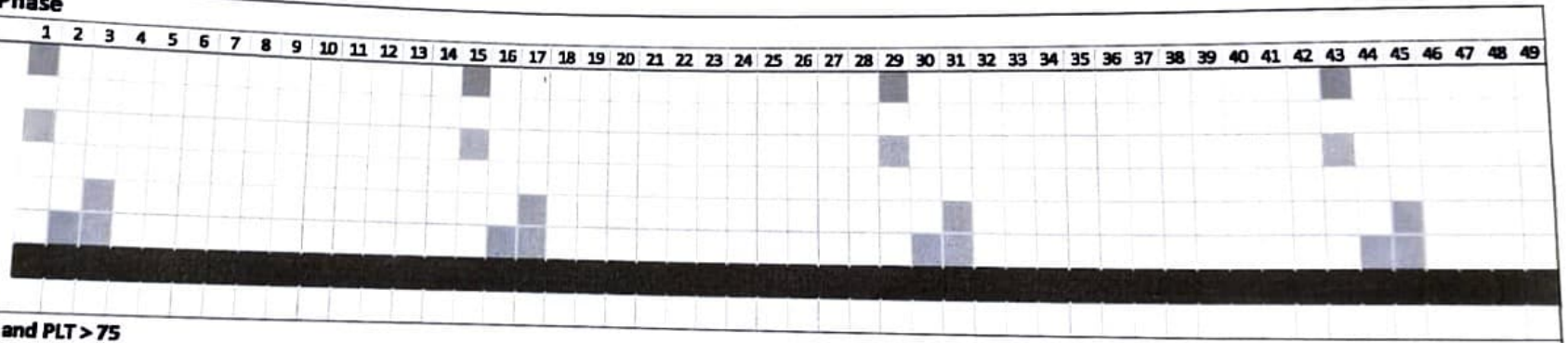
Special Views required (e.g., Oblique, Lateral, Any other to be Specified):

Examination urgency (if any): ______

USG LLS
Date: 11/5/26

T-Cell, Interim Maintenance Phase

T-ALL, Interim Maintenance Phase



Protocol will start, when ANC > 0.75 and PLT > 75

Intrathecal Methotrexate (ITMTX): < 2 years = 8 mg; ≥ 2 - < 3 years = 10 mg; ≥ 3 years = 12 mg

Intrathecal Methotrexate, (doses as above), days 1, 15, 29, 43

Methotrexate 5000 mg/m², IV, on days 1, 15, 29, 43, Infused over 24 hours

Folinic Acid 15 mg/m², IV, 42 hrs from start of each methotrexate infusion, and then 48 and 54

6-Mercaptopurine 25 mg/m²/day, po days 1-49; ; In the evening, empty stomach, avoid dairy products 2 hours before and after

No Cotrimoxazole, 1 week prior, during this Phase. Restart day 48

Sample No.: 17108 ARNAV D/C
Patient ID:
Name:
Sample Comment:

Ward: Rack: — —

Position: 18/07/2026 11:
Doctor:
Birth: Sex:
Nickname: XN-1000-

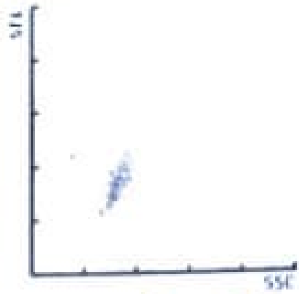
Positive

Diff. Morph. Count

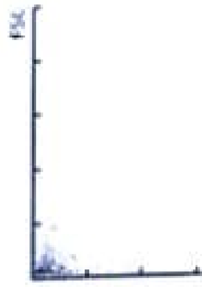
WBC	0.38 -	[10^3/uL]		
RBC	2.72	[10^6/uL]		
HGB	8.0	[g/dL]		
HCT	24.5 -	[%]		
MCV	90.1	[fL]		
MCH	29.4	[pg]		
MCHC	32.7	[g/dL]		
PLT	53	[10^3/uL]		
RDW-SD	43.5	[fL]		
RDW-CV	13.2	[%]		
PDW	12.4	[fL]		
MPV	11.2	[fL]		
P-LCR	33.5	[%]		
PCT	0.06 -	[%]		
NRBC	0.01	[10^3/uL]	2.6	[%]
NEUT	0.01 *	[10^3/uL]	2.6 *	[%]
LYMPH	0.31 *	[10^3/uL]	81.6 *	[%]
MONO	0.05 *	[10^3/uL]	13.2 *	[%]
EO	0.01 *	[10^3/uL]	2.6 *	[%]
BASO	0.00 *	[10^3/uL]	0.0 *	[%]
IG	0.00 *	[10^3/uL]	0.0 *	[%]
RET	0.17	[%]	0.0046	[10^6/uL]
IRF	0.0	[%]		
LFR	100.0	[%]		
MFR	0.0	[%]		
HFR	0.0	[%]		
RET-He	33.6	[pg]		
IPF		[%]		

WBC-BF		[10^3/uL]		
RBC-BF		[10^6/uL]		
MN		[10^3/uL]		[%]
PMN		[10^3/uL]		[%]
TC-BF#		[10^3/uL]		

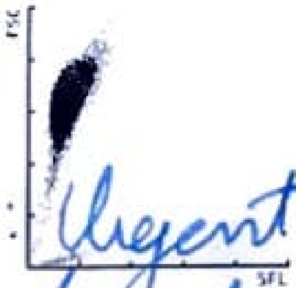
WDF



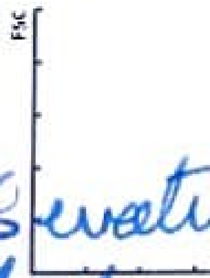
WNR



RET



PLT-F



RBC

PLT

WBC IP Message
Neutropenia
Lymphopenia
Leukocytopenia
NRBC Present
Blasts/Abn Lympho?
Atypical Lympho?

RBC IP Message
Anemia

PLT IP Message
Thrombocytopenia

Marked leucocytope[...]
with relative lymph[...]
monocytes
Anemia & thrombo[...]
-penia

Adv: Urgent PS evalu[...]
& close follow[...]
Correlation with [...]
treatment histo[...]
and last cycle [...]
chemotherapy

[signature]

कलावती सरन बाल चिकित्सालय, KALAWATI SARAN CHILDREN HOSPITAL
बंगला साहिब मार्ग नई दिल्ली, BANGLA SAHIB MARG NEW DELHI-110001

232

MICROBIOLOGY LABORATORY
Room No. 232, 2nd Floor, JICA Builiding

SPECIAL INVESTIGATIONS FORM
(PCT, Complement, Immunoglobulin Profile, Antoimmunity) A307

Patient: Aman Age 6y (yrs)/____(mths) Sex : M/F/Not known male

Date: 14/05/26 CR. No. 11157 Ward/OpD Unit: V2 C5

C/ Dr. Nupur Contact No. of Patient : ⊖

nal Diagnosis: ⊖

uired Serum Procalcitonin

on for Test (Mandatory) _____

Signature & Stamp of Consultant

: Only *consultant signatures and stamped requisition with proper test indication* will be entertained otherwise t be received by the laboratory.

Dr. [illegible]
Resident Doctor
Department of Paediatrics
LHMC & Kalawati Saran Children's Hospital, New Delhi-110001
DMC No. 120967

ONLY FOR LABORATORY USE

PCT, COMPLEMENT, IMMUNOGLOBULIN PROFILE

	Investigation Required	Method of testing	Result	Ref. Range
	Serum Procalcitonin Level	B.R.A.H.M.S. PCT CLIA	0.05 ng/ml	Pl see below
	Complement Level C3	Immunoturbidimetry		75-135 mg/dl
	Complement Level C4	Immunoturbidimetry		9-36 mg/dl
	Immunoglobulin A (IgA)	Immunoturbidimetry		70-374 mg/dl (F) 83-406 mg/dl (M)
	Immunoglobulin M (IgM)	Immunoturbidimetry		40-250 mg/dl (F) 34-214 mg/dl (M)
	Immunoglobulin G (IgG)	Immunoturbidimetry		680-1445 mg/dl
	Immunoglobulin E (IgE)	Immunoturbidimetry		Pl see below

Range :

IU/ml, infant: <15IU/ml, 1-5yr : <60IU/ml, 6-9yr : <90IU/ml, 10-15yr: <200IU/ml, Adult : <100IU/ml

	Test interpretation	Risk for progression to severe sepsis
/ml	Local bacterial infection is possible, sepsis unlikely	Low risk
l <2ng/ml	Systemic infection (sepsis) is possible	Moderate risk
10ng/ml	Systemic infection (sepsis) is likely	High
ml	Systemic inflammatory response, exclusively d/t severe bacterial sepsis or septic shock	High likelihood of severe sepsis or septic shock

Report Verified & Approved
Dr. Meenakshi Aggarwal
Incharge, Microbiology lab (232)
Kalawati Saran Children Hospital
New Delhi-110001

Consultant (Microbiology)

KILKARI TRUST
Regd. No.464

KILKARI TRUST

You Think, You Care, You give.

Mob.: 8588981217

Ref. No.: .....

Date : 25/07/2026

सेवा में
क्षीमान
संस्थापक महोदया।
किलकारी ट्रस्ट

विषय :- बालक अर्णव के कैंसर (T-All) के इलाज हेतु आर्थिक सहायता।

महोदया,

सविनय निवेदन यह है कि मेरे 6 वर्षीय बेटे अर्णव (G.R. No. 17408/10564) का इलाज कलावती सरन बाल चिकित्सालय, नई दिल्ली में T-Cell Acute lymphoblastic leukemia (ब्लड कैंसर) का चल रहा है। वर्तमान में उसकी कीमोथेरेपी और अन्य जाँचे निरंतर जारी हैं। हमारी आर्थिक स्थिति बहुत कमजोर होने के कारण हम आगे के इलाज का खर्च उठाने मे पूरी तरह असमर्थ हैं।

अतः आपसे निवेदन है कि बच्चे के जीवन की रक्षा और इलाज जारी रखने के लिए 'किलकारी ट्रस्ट' की ओर से आर्थिक सहायता प्रदान करने की कृपा करें।

प्रार्थी
रोहित कुमार

KILKARI TRUST Reg. No. 464 DELHI