
BLOOMING LIVES FOUNDATION

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

अनुभाग व दिन Section and Day बुधवार व शनिवार Wednesday & Saturday	VI	कमरा नंबर Cabin No.

UHID: 108606166
ABHA:
Dept No: 20250050110322

संख्या / Queue 9
कमरा / Room: 38A
Unit-VI
RPC OPD
Dr SRIJR -VI- R 38A

BAIIY VARSHA

D/O BALAM KUMAR
2Y 4D / F
KATHA ALIGANJ SOJAMUI, BIHAR, INDIA
Mob: 70199528… General Rs 0
Follow Up Patient

WED, SAT
बुध शनि

Registration time:
17/09/2025 08:42:51 AM

...h's Unit

आयु Age	पता Address

उपचार Treatment

17 SEP 2025

Patient obtained MRI films
& came today
(R) MRI shows no mass
(L) EORR likely (mass visible in globe & orbit till orbital apex
↓
Urgent Paedr oncology consult today
(RAK, 2nd floor, 210/211
Dr Rachna (Dr. Jagdish.).

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting

दिनांक - Date | उपचार - Treatment

→ w F/up/ in OPD (142 B) in 2pm
for Lasmetant opinion

NRC on Monday · to be done
(ROOM 53, 10:00AM). RPC.
26/11/25 f/u on Sat 29/11/25
5th floor at 12:00 pm

26/11/25

63

① Cleaning & fomif
of face to evaluate to f/ture
for bandage

Eye cavity & hygiene explained
moisture drug
(Cartella shield)

② Computational study ⊕

Eye casualty / Unit IV

Dr. Kelly
Dr Arnie

Lid Myclo ovo ① ✓

MRI from & orbit
to continue hygiene cleaning

Review c MRI f/u in NRC Tuesday (53) 10:00 / 2

26/11/25

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.
Take full care of them so that they can take care of you.

Dr. NEIWETE LOMI / Additional Professor
Dr. R.P. Centre for Ophthalmic Sciences
A.I.I.M.S. New Delhi-29

PRE gale!

एम. आर. आई प्रपत्र 1 / MRI Form 1

दूरभाष सं. / Tel. No. :26593614
26546455

बाल चिकित्सा विभाग
UHID:108606166
Dept No: 20250030027379
कमरा / Room C-211
Queue / संख्या N4
Unit-I, POC
BABY VARSHA
D/O BALAM KUMAR
2Y 1M 20D / F(महिला)
KAITHA ALIGANJ SOJAMUI, BIHAR, INDIA
सोम
Ph: 7019962861 General Rs. 0
New Patient
Reporting: 02:11:08 03/11/2025

...IA INSTITUTE OF MEDICAL SCIENCES

...ARTMENT OF N.M.R.

...INICAL MRI REQUISITION FORM

1. .... Date of Requisition 3/11/2025
.... Ward / Bed No. ....

2. Screening Dept. : Radio-Diagnosis [✓] Neuro-Radiology [ ] Cardiac Radiology [ ]
(Tick as appropriate)

3. रोगी का नाम /Patient's Name Baby Varsha आयु /Age .... लिंग /Sex ....
(साफ अक्षरों में / In Block letters)

जन्म तिथि /Date of Birth : दिन /Day .... माह /Month .... वर्ष / Year .... वजन /Weight .... कि. ग्रा. /Kg.

4. General Patient Condition (Tick as appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory ✓

5. Clinical Details : History : (L) EORb

Examinations Stage III b
1st ... chemotherapy - ...

Relevant Investigations : Baseline - (L) eye enhancement (+)

Previous CT / MR / Other Reports / Studies (with numbers, if any) 13/0.3

6. Blood Urea / S Creatinine

7. Clinical Diagnosis : (L) EORB - Stage III b
....

8. Exact Anatomical site for MRI : Brain + Orbital 2mm Cuts - Coronal / Sagittal / axial + lacrimal gland

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study) 5/12/25

10. (a) Contrast Enhancement Required : Yes........ No........
(b) Allergic to any drugs :
(c) Implant in Body (Tick as appropriate)
Cardiac Pacemaker .... Aneurysmal clips........ Cardiac Valve/Prosthesis ....
Metallic Implants........ Sharpnel/Pellet........ Others........ None........ Get RFT.

DATE / OTHER / NPO X 6 HOURS / RFT (S. ...) WITHIN 1 WEEK / PAYMENT ... / SIGN

(816) Dr Manohar
Early date pls

हस्ताक्षर / Signature ....
नाम / Name Dr. Sharan
(साफ अक्षरों में / In Block letters) Dr. SHARAN SHANUBHOGUE
पदनाम / Designation Senior Resident-DM Pediatric Oncology Department of Pediatrics AIIMS, New Delhi-29

(Requisition may be signed by a Faculty Member/Sr. Resident)

डॉ. जगदीश प्रसाद मीना / Dr. Jagdish Prasad Meena / अपर आचार्य /Additional Professor / बाल चिकित्सा ऑन्कोलॉजी / Pediatric Oncology / बालरोग चिकित्सा विभाग / Dept. of Pediatrics / अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

- Syp AMOX-CLAV (1/228) 5ml —— 5ml × 7days
- Syp CETRIZINE 2.5ml OD × 7days

Amen

बाल चिकित्सा विभाग
UHID:108606166
Dept No: 20250030027379
BABY VARSHA
D/O BALAM KUMAR
2Y 0M 21D / F(महिला)
KAITHA ALIGANJ SOJAMUI, BIHAR, INDIA
Ph: 7018662861
General Rs. 0
New Patient
कमरा / Room C-210
Queue / संख्या N11
Unit-III, Paediatric
बुध,डनि, Wed,Sat(बुध,शनि)
Reporting: 08:15:21 04/10/2025

अ० भा० आ
बहिरंग रो
अस्पताल के अ

PR-6

एकक/Unit PEDIATRIC
विभाग/Dept.
O.P.D. Regn. No: 108606166

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
01-10-2025				
BABY VARSHA,	2yr,	female		

निदान/Diagnosis : Δ (L) GORD

दिनांक/Date	उपचार/Treatment
	– came without appointment
4.4kg	– BMA / CSF / PET-CT pending
	– poor understanding of parents
HW - WR	
30/9/25	Received 1st HEXAV on 19/09/25 & 20/09/25
0.6) 10670 (153x10^3	
3110	
PCT - Neg.	
	IN:
	∘ Date for BMA + BM biopsy + CSF → 7/10/25
	∘ Date for PET-CT for metastatic work-up
	∘ Next visit → 04/10/2025
→	∘ Syp SCEFRAN (5/40) 1 ml A/D
	∘ TO STOP IV antibiotics

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

शरीरमाद्यं खलु धर्मसाधनम्

स्वच्छ भारत — एक कदम स्वच्छता की ओर

OPR-6

एकक/Unit _____

विभाग/Dept. _____

बाल चिकित्सा विभाग
UHID:108606166
Dept No: 20250030027379
कमरा / Room C-211
Queue / सख्या F3
Unit-I, POC.

नाम/N BABY VARSHA

D/O BALAM KUMAR
2Y 2M 11D / F/(महिला)
KAITHA ALIGANJ SOJAMUI, BIHAR, INDIA

Ph: 7019962861 General Rs. 0
Follow Up Patient

सोम
Reporting: 01:58:3
24/11/202

सं०/O.P.D. Regn. No. _____

पता/Address

345/25

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
3 → 9.Kg M/A	N/K in OPD on 6/12/25 T 96/KF1/VF1 Dr. Shreshtha Kaushik Senior Resident DM, Pediatric Oncology Department of Pediatrics AIIMS, New Delhi-110029

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOS
वहिरंग रोगी विभाग /Out Patient Departi
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL P

LC0111251570 108606166
LH01112501000 108606166
BABYVARSHA

बाल चिकित्सा विभाग
UHID:108606166
Dept No: 20250030027379

कमरा / Room C-210
Queue / संख्या F30
Unit-III, Paediatric,

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

BABY VARSHA
D/O BALAM KUMAR
2Y 1M 16D / F(महिला)
KAITHA ALIGANJ SOJAMUI, BIHAR, INDIA
Ph: 7019962861 General Rs. 0
Follow Up Patient

बुध,शनि, Wed,Sat(बुध,शनि)
Reporting: 08:51:44 29/10/2025

आयु Age

पता/Address

निदान/Diagnosis

D ① GORB + LN Meta & Tata

दिनांक/Date

उपचार/Treatment

9.4.25

3/11/2025

27

Adv

- collect BM biopsy report - Histopathology
- CBC, LFT, KFT — 1/11/25
- NV 3/11/25, 2:00pm/POC
- Eye chk Refer to 2° — 29 — 20 × 7day

Dr. SHARAN SHANUBHOGUE
Senior Resident-DM
Pediatric Oncology
Department of Pediatrics
AIIMS, New Delhi-29

EM1
Rdr → (2)

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२९

DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Baby Varsha Age/Sex : 2yr / Female Ref. Deptt./Unit : Date : 25/9/25

Indoor (Bed No.) / Outdoor / Casualty UHID No. : 108606166 LMP :

Examination Required : Peds Casualty

Clinical History and Examination :

Chest Xray

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date : Shiva Raman

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : ______ Room No. : ______

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer : P.T.O.

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029

LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	108606166	**Reg Date :**	13/09/2025 10:35 AM
Patient Name :	**Miss BABY VARSHA**		
Sex :	Female	**Age :**	2 years 24 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :		**Sample Collection Date:**	07/10/2025 08:42 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	08/10/2025 12:04 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20250030027379	**Recommended By:**	Dr. NISHITA PUROHIT
Lab Reference No:	3655		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : LOI-071025033-AP (Bone Marrow) / Report Date: 10/10/2025 11:27 AM

BMA PS

Report:

Cellular bone marrow aspirate shows haematopoietic cells of all seires (M:E=2:1).

There is no morphological evidence of infiltration by metastatic tumor cells on the smears examined.

Peripheral blood smear is unremarkable.

Advice : Correlation with bone marrow biopsy.

Senior Resident: Dr Gaddam Pranitha

Consultant Dr Pranay Tanwar

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(GADDAM PRANITHA)
Verified By

(Dr.pranaytanwar)
Authorized Signatory

**********END OF THE REPORT**********

POC-345/25

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

शरीरमाद्यं खलु धर्मसाधन

OPR-6

बाल चिकित्सा विभाग
UHID:108606166
Dept No: 20250030027379
कमरा / Room C-211
Queue / संख्या N4
Unit-I, POC.

एकक/Unit
विभाग/Dept.
O.P.D. Regn. No.

नाम/

BABY VARSHA
D/O BALAM KUMAR
2Y 1M 20D / F/(महिला)
KAITHA ALIGANJ SOJAMUI, BIHAR, INDIA
Ph: 7019962861
General Rs. 0
New Patient
Reporting: 02:11:08 03/11/2025

पता/Address

LC1411251039 108606166
LH14112500595 108606166
MissBABYVARSHA...

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
9/11/25	15/11/2025 (Sat) CBC LFT RFT

Rx
1) Inj CEFTRIZNG (5ml/5ml) 25ml PO OD
2) NASOCLEAR TDS x QID.

Dr. SHARAN SHANUBHOGUE
Senior Resident-DM
Dept. of Pediatric Oncology
AIIMS, New Delhi

Nikita

Dr. NIKITA SINGH
SR Pediatrics Oncology
Dept. of Pediatrics Oncology
AIIMS, New Delhi

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	108606166	Sex :	Female
Patient Name :	Miss BABY VARSHA	Sample Received Date :	28-Oct-2025 12:56 PM
Age :	2Y 1m	Department :	R. P. Centre (Eye Centre)
Reg. Date :	28-Oct-2025 12:56 PM	Sample Collection Date:	28-Oct-2025 11:58 AM
Recommended By :		Sample Details :	LH28102501326
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516679927

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-Spectrophotometry)	7.40	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	25.40	%	34 - 40
RBC count (Impedance)	3.44	10^6/µL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	7.95	10³/µl	5.0 - 15.0
Platelet count (Impedance)	304.00	10^3/µL	200 - 490
MCV (Calculated)	73.80	fL	75 - 87
MCH (Calculated)	21.50	pg	24 - 30
MCHC (Calculated)	29.10	g/dL	31 - 37
RDW-CV (Calculated)	24.60	%	11.6 - 14
Neutro (Fluo. flow cytometry)	11.70	%	30-60%
Lympho (Fluo. flow cytometry)	64.50	%	29-65%
Eosino (Fluo. flow cytometry)	3.60	%	1-4%
Mono (Fluo. flow cytometry)	19.90	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.30	%	0-1%
Neutro - Abs (Calculated)	0.93	10³/µl	1.5-8.0
Lympho- Abs (Calculated)	5.13	10³/µl	6.0-9.0
Eosino - Abs (Calculated)	0.29	10³/µl	0.1 - 1.0
Mono - Abs (Calculated)	1.58	10³/µl	0.2 - 1.0
Baso - Abs (Calculated)	0.02	10³/µl	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
28-Oct-2025 14:12

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 subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage

राशन कार्ड संख्या : 10360010016006800012

राशन कार्ड में सम्मिलित व्यक्तियों का पूरा विवरण

क्रमांक	पूरा नाम	लिंग	उम्र	वैवाहिक स्थिति	संबंध
001	बउन मांझी	M	40	विवाहित	मुखिया
002	मोना देवी	F	37	विवाहित	पत्नी
003		F	19		
004	बालम कुमार	M	14	अविवाहित	पुत्र
005	गंगा कुमारी	F	8	अविवाहित	पुत्री
006	जमुना कुमारी	F	8	अविवाहित	पुत्री

कुल व्यक्तियों की संख्या :- 6

कार्डधारी का हस्ताक्षर :-

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029

LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	108606166	**Reg Date :**	13/09/2025 10:35 AM
Patient Name :	**Miss BABY VARSHA**		
Sex :	Female	**Age :**	2 years 24 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :		**Sample Collection Date:**	07/10/2025 08:42 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	07/10/2025 03:02 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20250030027379	**Recommended By:**	Dr. NISHITA PUROHIT
Lab Reference No:	2025		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : LOI-071025032-CS (CSF) / Report Date: 08/10/2025 04:39 PM

CSF For Morphology

C-2025/25.

CSF cytospin smear is acellular.

Senior Resident: Dr Gaddam Pranitha

Consultant Dr Pranay Tanwar

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(KOMAL)
Verified By

(Dr.AnitaChopra)
Authorized Signatory

**********END OF THE REPORT**********

स्वास्थ्य एवं बाल विकास मंत्रालय

मातृ एवं बाल सुरक्षा कार्ड

माँ और बच्चे की तस्वीर पेस्ट करें

क्या गर्भावस्था हाईरिस्क पर है? हाँ ☐ ना ☐

परिवार का परिचय

माँ का नाम आरती कुमारी आयु 16 ब्लड ग्रुप

पिता का नाम प्रेम कुमार ब्लड ग्रुप

पता केथा मुसहरी

माँ का मोबाइल नं. पिता का मोबाइल नं 6369760887

MCTS/RCH कार्ड सं. (माँ)

पी.एम.एम.वी.वाई. लाभ की पात्रता : हाँ ☐ ना ☐

बैंक और शाखा का नाम

खाता क्रमांक IFSC

गर्भावस्था का विवरण

कुल गर्भ / कुल जीवित जन्मे बच्चों की संख्या 0

पिछला प्रसव कहाँ कराया गया

अंतिम मासिक धर्म की तिथि 5.02.2023

प्रसव की सम्भावित तिथि 12.11.2023

मौजूदा प्रसव कहाँ करायेंगे P.H.C

प्रसव परिणाम : जीवित जन्म ☐ मृत-शिशु जन्म ☐ माँ जीवित / मृत ☐

जन्म का विवरण

बच्चे का नाम वर्षा कुमारी

जन्म तिथि जन्म के समय वजन

लड़का ☐ लड़की ☐ जन्म पंजीकरण संख्या

MCTS/RCH आई. डी. (बच्चा) 110020596131

संस्थान का परिचय

आँगनवाड़ी कार्यकर्त्ता कुमारी रीना सिन्हा एल.जी.डी. कोड

मोबाइल नं. 7 0 2 3 8 0 4 0 3 0

ग्राम केथा वार्ड 1 पंचायत इ० आलीगंज

डाक खाना डाक कोड

आशा रेखा कुमारी ए.एन.एम. कुमारी आरती

अस्पताल फोन नं.

उप-स्वास्थ्य केन्द्र / क्लिनिक केथा प्राथमिक स्वास्थ्य केन्द्र / शहरी इ० आलीगंज

अस्पताल / प्रथम रेफरल केन्द्र जिला भोजपुर

उपकेन्द्र पंजीकरण संख्या तिथि 19.7.2023

स्थाई ग्राम स्वास्थ्य पोषण एवं स्वच्छता दिवस

रेफरल संख्या

बच्चे का आधार क्रमांक

माँ का आधार क्रमांक 783217427188

आशा मोबाईल नं. 7644957199

ए.एन.एम. का मोबाईल नं. 9571452791

एम्बुलेंस टोल फ्री फोन नं.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi

824 आठवीं मंज़िल

108606166

Exempted Slip
Full Exempted
Original

Exemption No :23400-2025

Exempted Date :07-11-2025

UHID : 108606166 **Patient Name :** Miss BABY VARSHA
Age : 2 years 1 mon 24 days **Sex :** Female
Address : KAITHA ALIGANJ SOJAMUI^^^BIHAR^INDIA^5^91
Category : IPD Patient **Sub Category** General
Exempted Category : BPL Ration Card BPL Certificate Card No:10360010016006800012
Acting HOD :

Exempted Service Details:

Sl.No	Service category	Service Name	Requi Id	Rate	Quantity	Amount	Exempted Amount	Amount After Exemption
1	MRI (MAIN RADIO DIAGNOSIS)	ADDITIONAL STUDY .	5004393/2025	1500	1	1500	1500	0
2	MRI (MAIN RADIO DIAGNOSIS)	MR SCAN BRAIN(MR.BR)	5004393/2025	3000	1	3000	3000	0
						Total amount		**4500.0**
						Exempted amount		**4500.0**
						Net amount		**0.0**

Exempted By Dr. RACHNA SETH

Assessed/Recommended By:Dr. NEENA MEHTA

Entered By Dr. NEENA MEHTA

डॉ. पंकज हरी/Dr. PANKAJ HARI
एम.डी.एफ.आई.ए.पी., एफ.ए.एम.एस/MD, FIAP, FAMS
आचार्य एवं विभागाध्यक्ष / Professor & Head
बालरोग चिकित्सा विभाग / Dept. of Pediatrics
अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

चिकित्सा सामाजिक सेवा अधिकारी Medical Social Welfare Office Dept. of Pediatrics, AIIMS, New Delhi

चिकित्सा सामाजिक सेवा अधिकारी Medical Social Welfare Office Dept. of Pediatrics, AIIMS, New Delhi

07-11-2025, 12:42

पूर्विकताप्राप्त गृहस्थी राशन का...

राशन कार्ड संख्या :-

कार्डधारी का पारिवारिक फोटो

10360010016006800012

सामाजिक आर्थिक एवं जाति आधारित जनगणना

गृह क्रमांक - 0012

जिला का नाम / कोड :- Jamui/ 36

कार्डधारी का पूरा नाम :- सोना देवी

(... महिला का नाम)

(गृहस्थी का मुखिया १८ वर्ष या उससे अधिक की महिला होंगी। यदि १८ वर्ष ... कम उम्र की महिलाएँ हों तो पुरुष गृहस्थी का मुखिया होगा ... की ... महिला की उम्र होगी वह गृहस्थी की मुखिया हो जायगी।)

...पिता का नाम :- /-

...:- मजदूर

आवासीय पता :- मोहल्ला / ग्राम :- Kaitha

पंचायत / वार्ड न० :- Kaitha

प्रखंड / नगर निकाय का नाम :- Islamnagar Aliganj

...जन वितरण प्रणाली के दुकानदार का नाम / कोड :-

पंचायत / वार्ड न० :-

प्रखंड / नगर निकाय का नाम :

राशन कार्ड निर्गत की तिथि :-

कार्यपालक पदाधिकारी

नगर निगम / नगर परिषद / नगर पंचायत

प्रखंड विकास पदाधिकारी का हस्ताक्षर

(मुहर सहित)

...आपूर्ति पदाधिकारी / आपूर्ति निरीक्षक का नाम एवं हस्ताक्षर

...मुहर सहित

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

MC-7061

UHID:	108606166	Sex :	Female
Patient Name :	Miss BABY VARSHA	Sample Received Date :	01-Nov-2025 14:01 PM
Age :	2Y 1m	Department :	Paediatrics
Reg Date :	01-Nov-2025 14:01 PM	Sample Collection Date:	01-Nov-2025 11:13 AM
Recommended By :		Sample Details :	LH01112501000
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516706757

Report

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb *(SLS-photometry)*	**8.40**	g/dL	11.0 - 14.0
Hematocrit *(Direct Measure)*	**30.20**	%	34 - 40
RBC count *(Impedance)*	**3.92**	10^6/µL	4.0 - 5.2
WBC count *(Fluo. flow cytometry)*	9.40	10^3/µl	5.0 - 15.0
Platelet count *(Impedance)*	**592.00**	10^3/µL	200 - 490
MCV *(Calculated)*	77.00	fL	75 - 87
MCH *(Calculated)*	**21.40**	pg	24 - 30
MCHC *(Calculated)*	**27.80**	g/dL	31 - 37
RDW-CV *(Calculated)*	**23.70**	%	11.6 - 14
Neutro *(Fluo. flow cytometry)*	**20.10**	%	30-60%
Lympho *(Fluo. flow cytometry)*	61.20	%	29-65%
Eosino *(Fluo. flow cytometry)*	3.70	%	1-4%
Mono *(Fluo. flow cytometry)*	**14.70**	%	2-10%
Baso *(Fluo. flow cytometry)*	0.30	%	0-1%
NRBC	0	%	
Neutro - Abs *(Calculated)*	1.89	10^3/µl	1.5-8.0
Lympho- Abs *(Calculated)*	**5.75**	10^3/µl	6.0-9.0
Eosino - Abs *(Calculated)*	0.35	10^3/µl	0.1 - 1.0
Mono - Abs *(Calculated)*	**1.38**	10^3/µl	0.2 - 1.0
Baso - Abs *(Calculated)*	0.03	10^3/µl	0.02 - 0.1

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Tushar Sehgal DM (Hematopathology) 01-Nov-2025 15:13

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 subjected to 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. 7004/7005**

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	109606166	Sex :	Female
Patient Name :	Miss BABY VARSHA	Sample Received Date :	02-Nov-2025 01:08 AM
Age :	2Y 1m	Department :	Paediatrics
Reg Date :	01-Nov-2025 13:08 PM	Sample Collection Date:	01-Nov-2025 11:13 AM
Recommended By :		Sample Details :	LC0111251570
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516706052

Report

BIOCHEMISTRY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea *(Urease/GLDH)*	**13**	mg/dL	17 - 49
Creatinine *(Jaffe compensated)*	0.3	mg/dL	0.2 - 0.4
Uric Acid *(Uricase Colorimetric)*	2.6	mg/dL	2.4-5.7
Calcium *(5-Nitro-5'-methyl-BAPTA)*	10.5	mg/dL	8.8 - 10.8
Phosphate *(Phosphomolybate Reduction)*	**5.2**	mg/dL	2.5-4.5
Sodium *(ISE (Indirect))*	137	mmol/L	135 - 145
Potassium *(ISE (Indirect))*	4.6	mmol/L	3.5-5.1
Chloride *(ISE (Indirect))*	104	mmol/L	98-107
Bilirubin (T) *(Colorimetric diazo)*	0.22	mg/dL	0 - 1
Bilirubin (D) *(Diazo Gen.2 Jendrassik-Grof)*	0.12	mg/dL	0 - 0.2
Bilirubin (I) *(Calculated)*	0.10	mg/dL	0 - 0.9
ALT *(IFCC without pyridoxal phosphate)*	23	U/L	0 - 23
AST *(IFCC without pyridoxal phosphate)*	**37**	U/L	<=32
ALP *(PNPP,AMP Buffer - IFCC)*	207	U/L	142 - 335
Total protein *(Biuret Method)*	7.1	g/dL	6.0 - 8.0
Albumin *(Bromocresol Green(BCG))*	4.6	g/dL	3.8 - 5.4
Globulin *(Calculated)*	2.7	g/dL	3.0 - 3.7
A/G ratio *(Calculated)*	1.7		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry) | Dr. Tushar Sehgal (DM Hematopathology) | Dr. Suneeta Meena (MD Microbiology) | Dr Sudip Kumar Datta MD (Biochemistry) 02-Nov-2025 16:27

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 subjected to 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. 7004/7005**

जननी बाल सुरक्षा योजना का भुगतान हेतू दावा प्रपत्र का नमूना

प्रसुती के लिए

भाउचर पुस्तिका सं0 (49)

स्वास्थ्य केन्द्रः— प्रा० स्वा० केन्द्र ई० अलीगंज

लाभार्थी का नामः—.....

पति का नामः—.....

लाभार्थी का स्थाई पताः—ग्राम.....

पोस्ट..... जिला.....

मोबाइल नम्बर -

लाभार्थी का नाम	बैक खाता संख्या
आई0 एफ0 सी0 कोड संख्या	भुगतेय राशि
अनुमोदित एंव पारित की गई राशि एक हजार चार सौ मात्र	1400/—

प्रसव का तिथि :— 08/2023

प्राप्तकर्ता का हस्ताक्षर/बायें हाथ के अंगूठे का निशान ।

ए0ए0एम0 का हस्ताक्षर

प्रा० स्वा० केन्द्र ई० अलीगंज

प्रखंड स्वा० प्रबन्धक का हस्ताक्षर
प्रा० सवा० केन्द्र ई० अलीगंज

आशा कार्यकर्ता का हस्ताक्षर
कोड संख्या—

बिहार सरकार
GOVERNMENT OF BIHAR

खाद्य एवं उपभोक्ता संरक्षण विभाग
Food and Consumer Protection Department,
Government of Bihar.

Search Your Ration Card

◉ Rural ○ Urban . Enter 20 digits while searching (skip the 9th digit)]

District: Jamui(36)

Ration Card Number: 10360010016006800012

Search

Ration Card No. : 10360010016006800012

	District : Jamui(36)	Subdivision : JAMUI	Block : Islamnagar Aliganj	EPDS FPS CODE: 124000100401		Scheme : PHH	No. of Units : 3
Sl No.	MemberId	Member Name	Father/Husband Name	Gender	Age	Aadhar No.	Status
1	103600100160068000 1205	YOU ARE A CHILD	LATAN MANJHI	SURGICAL	8	XXXXXXXX0573	Active
2	103600100160068000 1203	SANJAY KUMAR	LATAN MANJHI	FAVORITE	19	XXXXXXXX9415	Active
3	103600100160068000 1201	Sona Devi	NOT AVAILABLE	FAVORITE	50	XXXXXXXX8007	Active

* Ration Card Found...!

M.R.-4 Progress Record

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	Baby of Vaishna	उम्र Age	2yr	लिंग Sex	F
सेवा Service		वार्ड Ward	Day care	बेड Bed	
वैवाहिक स्थिति Martial Status					
व्यवसाय Occupation					
यू.एच.आई.डी. नं. UHID No.	10860166				
धर्म Religion					

Date	Remarks	Investigation Advised	Treatment Advised
30/9/25			
Vitals			
T - N			
PR - 116/mt			
RR - 24/mt			
BP - 95/58 mmHg			
SPO2 - 99%			
B/C - (R) culdesting (26/9)			
PCT - To be send,			
8.2 | 7460 / 1340 | 150×10³ (29/9)			

BLOOMING LIVES FOUNDATION

· collect MRI films from PCSC / 2:00PM / 217

· ? 2 (18/9/25)

· SYP CROCIN (5/120) 4ml 1-1-1 × 5days

· SYP AMOX-Clav (5/228) 5ml — 5ml × 10days

· SYP SEPTRAN (8/40) 5ml A/D

LC3009252089 108606166
RPB-300925510 108606166
LH30092501469 108606166
MissBABYVARSHA

Dr. Jagdish Prasad Meena
Additional Professor / Pediatric Oncology

18/9/25

KC discussion

~~globe~~ globe displaced
wt → 7.4
→ intraorbital part of ON.
? Retinoblastoma (L)
c/o fever × 1 month
— undocumented

CDW c̄ Prof Dr R. Seth for bandaging
→ send to KPC casualty

→ give HPCEV.
→ ~~CBC~~ collect CBC / RFT / LFT
→ HPCEV day care tomorrow
→ To CANKIDS → provide accomodation on Ady from Tincy sis

wt → 7.4kg
To check CBC/RFT/LFT CXRAY before chemo

→ take protocol
→ IV Emeset 1mg stat
→ IV Dexa 1mg stat
D1 19/9/25 — IV vincristine 0.18mg slow push
D1 19/9/25 — IV carboplatin 200mg in 100mins : over 1 hour
D1, D2 — IV Etoposide, 80mg in 200mins over 2 hour
20/9/25 → To collect CBC / RFT / LFT
→ post chemo → Emeset 2mg /SR 3ml TDS
Dexa 4mg 1/4 — 0 — 1/4 BD } ×3 days
INJ G-CSF 35mcg OD for 5 days
→ To send to ... for CXR ...

(measuring 3.5x2.8cm). FDG avid left preauricu

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रूधिर विज्ञान
HEMATOLOG

अखिल भारतीय आयुर्विज्ञान संस्थान, अन्सा

All India Institute of Medical Sciences, Ans

नाम/Name Baby Varsha — आयु/Age 2y — लिंग/Sex f

UHID No. 108606166 — Consultant

Ward/OPD — Unit/Bed No.

Date/Time 25/9/25 VBY

Nature of Anticoagulant : EDTA / Citrate / Heparin / Nil

Diagnosis / History

Previous Lab. Ref. No.

Today's Lab. Ref. No.

DR. DEEPIKA CHOUDHARY
JUNIOR RESIDENT
NON ACADEMIC
AIIMS, BHUBANESWAR

Signature of Doctor

Time of Receipt

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	108606166		
Patient Name :	Miss BABY VARSHA	Sex :	Female
Age :	2Y	Sample Received Date :	07-Oct-2025 15:00 PM
Reg Date :	07-Oct-2025 15:00 PM	Department :	Paediatrics
Recommended By :		Sample Collection Date:	07-Oct-2025 13:40 PM
Lab Sub Centre:	SMART Lab, New RAK OPD	Sample Details :	LH07102501768
		Lab Reference No:	2516576740

Report

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb *(SLS-photometry)*	**8.00**	g/dL	11.0 - 14.0
Hematocrit *(Direct Measure)*	**28.50**	%	34 - 40
RBC count *(Impedance)*	**3.89**	10^6/µL	4.0 - 5.2
WBC count *(Fluo. flow cytometry)*	**17.75**	10^3/µl	5.0 - 15.0
Platelet count *(Impedance)*	389.00	10^3/µL	200 - 490
MCV *(Calculated)*	**73.30**	fL	75 - 87
MCH *(Calculated)*	**20.60**	pg	24 - 30
MCHC *(Calculated)*	**28.10**	g/dL	31 - 37
RDW-CV *(Calculated)*	**21.80**	%	11.6 - 14
Neutro *(Fluo. flow cytometry)*	61.90	%	30-60%
Lympho *(Fluo. flow cytometry)*	34.30	%	29-65%
Eosino *(Fluo. flow cytometry)*	**0.10**	%	1-4%
Mono *(Fluo. flow cytometry)*	**13.80**	%	2-10%
Baso *(Fluo. flow cytometry)*	0.20	%	0-1%
NRBC	0	%	
Neutro - Abs *(Calculated)*	**9.17**	10^3/µl	1.5-8.0
Lympho- Abs *(Calculated)*	6.08	10^3/µl	6.0-9.0
Eosino - Abs *(Calculated)*	0.01	10^3/µl	0.1 - 1.0
Mono - Abs *(Calculated)*	**2.45**	10^3/µl	0.2 - 1.0
Baso - Abs *(Calculated)*	0.04	10^3/µl	0.02 - 0.1

Remarks: Microcytic Hypochromic Anemia. Advice- 1. Reticulocyte count 2. Iron studies 3. Hb HPLC (if clinically indicated, as per results of iron studies) 4. Kindly correlate clinically

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry) | Dr. Tushar Sehgal (DM Hematopathology) | Dr. Suneeta Meena (MD Microbiology) | Dr. Tshetij Rai 07-Oct-2025 19:15

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 subjected to 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. 7004/7005**

एम.आर.-8 नर्सेज डेली रिकार्ड
M.R.- 8 Nurses Daily Record

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
Baby Varsha	2yr	F		10860166.

सेवा Service	वार्ड Ward	बेड Bed	व्यवसाय Occupation	धर्म Religion
	PCOPD			

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
	26/09/25		9 am
Anil	Inj piptaz 750mg IV TDS		Pt conscious, orally allowed, self voiding (diapers), vitals stable
9:30am	Inj Amikacin 110mg IV OD.		HR - 121/min
9:	Inj PCM 80mg IV SOS		SpO_2 - 100 A/o
Anil			
9am	Syp LC2 (5mg/5ml) 2.5ml POHS.		

1Am → Inj PCM 80mg IV Stat f/b SOS

→ Syp LCZ (5mg / 5ml) → 2.5 ml PO OD HS

→ Peds onco for r/v.

Shiva Raman

Dr. P. SHIVARAMAN
JUNIOR RESIDENT
DEPT. OF PEDIATRICS
AIIMS, NEW DELHI

26/9/2025

Ds: (L) EORB | Post 1st HDCEV [19/9 – 20/9/2025] | FN – respiratory focus.

Hx:

- fever × 4 days – never recorded, not a/w chills & rigors, not subsided on medⁿ.
- cough × 4 days ↑ non-productive

O/E:

PR: 110/m RR: 30/m RFT/CP: WP

Peripheries: warm CFT <3sec

Febrile Temp: 100°F

Chest x-ray (25/9): (Rt) sided consolidation in upper & middle lobe.

Chest: B/L AE equal
B/L coarse crepts (+)nt

7.5 \ 1980 / 220 / 2.68 L

CVS: (N) S1, S2 heard
Tachycardia (+)nt

Adv. – Antibiotic chart

- Inj. Pocyn. 750 mg IV q 8h.
- Inj. Amikacin 110 mg IV q24h
- Inj. GCSF 40 mcg SC q 24h
- Blood C/S, Procalcitonin.
- Respiratory viral Panel – RAK OPD 6th floor.
- IV Abx from GN
- f/u → FN SR

P/A: Soft, NT
No OM

CNS: WNL

C/B Prof Dr R. Seth mam

→ Can be discharged

→ f/u on 27/9/25

Shivani
SR
CBC/LFT

AIIMS EMERGENCY PASS ISSUED

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

173 (REVISIT)

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:108606166

आपातकालीन नं.(Emergency No): 2025/030/0114427 दिनांक DATE: 25/09/2025 समय TIME: 09:44:20 PM

NON-MLC

नाम NAME: MISS BABY VARSHA आयु AGE : 2 years 12 days लिंग /SEX : F

D/O : BALAM KUMAR

पता ADDRESS: मकान संख्या H.NO: KAITHA ALIGANJ SOJAMUI गली / मुहल्ला STREET/MOH:

शहर/प्रखड CITY/BLOCK: पिन PIN:

राज्य STATE: BIHAR दूरभाष सं. PHONE NO: 7019962861

मोबाइल MOBILE NO: 7019962861 स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

FU C/O (L) EORB

Pedsonology

C/O Fever. X 7 days

C/O Cough & cold X 7 days

Presenting Complaints

Received Chemo on 19/9

Carbo/dropo/VCR.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway

Open & stable Yes/No

If No.....

Breathing: RR 34/min

Efforts: Normal/Poor/increased

Auscultation:

Air entry:

Normal/poor/Differential

Added sounds:

None/Stridor/Wheeze/Crackles

SpO2 on Room air..... 97%

Wt → 7.4 kg

Circulation

HR. 175/min

CFT.....secs.

BP 95/66 mmHg

Peripheral pulse: Poor/Good

Central pulse:Poor/Good

Skin temp: Warm/cool

Others

RS → B/L NVBS heard; No added sounds

Disability

GCS..... 15/15

Pupil size...../min

Pupillary Reactions..... B/L R2

Motor activity:

Normal & Symmetrical

Asymetrical/

Posturing/Flacidity/Seizure

Blood Sugar.....mg/dl

Exposure:

Temp..... Warm

Colour:Normal/pallor/cyanosis/ mottled

Any other skin lesions.....

Diagnosis

Amp → EORB → Left side / ?PN → UTI

IV Cannula

CBC VBG

RFT LFT

Chest Xray

Blood C/S

1:30 AM → Inj Piptaz 750 mg IV TDS

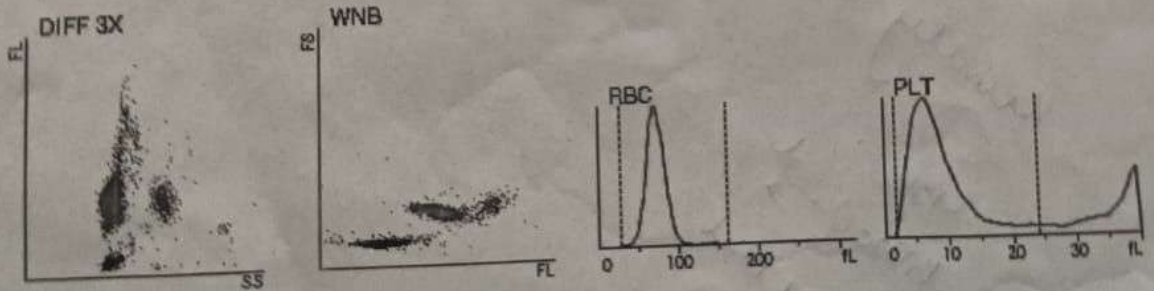
Inj Amikacin 110 mg IV OD

→ Only if Neutropenia ort

Hematology Analysis Report

B/O VARSHA	Last Name:	Sample ID:	N.244
Female	Age: 2Year(s)	Patient ID:	108606166
Department:	Bed No.:	Date of Analysis:	26-09-2025 00:51
Mode: AL-WB-CD		Ward:	
Serial No.: TW-25002239	Date of Birth:	Tube Pos.:	1-4
Diagnosis:			

Para.	Result	Unit	Ref. Ranges	Flag
1 WBC	1.98	10^9/L	4.00 - 12.00	Blasts?
2 Neu#	0.22	10^9/L	2.00 - 8.00	Abn Lymph/blast?
3 Lym#	1.71	10^9/L	0.80 - 7.00	Atypical Lymph?
4 Mon#	0.04	10^9/L	0.12 - 1.20	Neutropenia
5 Eos#	0.01	10^9/L	0.02 - 0.80	Leukocytopenia
6 Bas#	0.00	10^9/L	0.00 - 0.10	Hypochromia
7 IMG#	0.01	10^9/L	0.00 - 999.99	Iron Deficiency?
8 Neu%	11.0	%	50.0 - 70.0	Microcytosis
9 Lym%	86.5	%	20.0 - 60.0	Anemia
10 Mon%	1.9	%	3.0 - 12.0	
11 Eos%	0.5	%	0.5 - 5.0	
12 Bas%	0.1	%	0.0 - 1.0	
13 IMG%	0.3	%	0.0 - 100.0	
14 RBC	3.99	10^12/L	3.50 - 5.20	
15 HGB	7.8	g/dL	12.0 - 16.0	
16 HCT	27.2	%	35.0 - 49.0	
17 MCV	68.1	fL	80.0 - 100.0	
18 MCH	19.6	pg	27.0 - 34.0	
19 MCHC	287	g/L	310 - 370	
20 RDW-CV	16.3	%	11.0 - 16.0	
21 RDW-SD	41.7	fL	35.0 - 56.0	
22 PLT	268	10^9/L	150 - 450	
23 MPV	8.3	fL	6.5 - 12.0	
24 PDW	15.5		15.0 - 17.0	
25 PCT	0.222	%	0.108 - 0.282	
26 P-LCC	41	10^9/L	30 - 90	
27 P-LCR	15.2	%	11.0 - 45.0	
28 NRBC#	0.000	10^9/L		
29 NRBC%	0.00	/100WBC		
* 30 HFC#	0.06	10^9/L		



Validated by:

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name VARSHA Father's name BALAMA Age 2y Sex F POC NO.....family history.....

Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis

Others.....

Unilateral/bilateral.....

MT..... HBsAg..... HIV.....

(L) Intraocular/Extraocular

Group Metastatic/Non metastatic

R Intraocular/Extraocular

Group Metastatic/Non metastatic

Baseline workup/Investigations

USG..... left eye mass c calcification.....

EUA.....

Indirect Ophthalmoscopy

.....

CT/MRI date & report left ON intraorbital enhancement (+)

.....

Review of imaging at radioconference: Yes/No | PET-CT

Intraocular & cervical Nds (+) ve left side

BMA - No Mds.

Hb.....TLC.....Platelet.....ANC.....

SGOT/SGPT/S.Bil/SAP.....

MT..... HBsAg.....HIV.....

CSF - cellular

Chemotherapy schedules

Standard chemotherapy protocol for RB

VCR	1.5 mg/m2/day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1
Carboplatin	560mg/m2/day 18.6 mg/kg/day for children <3 yrs	Day 1 15/10/25
Etoposide	150 mg/m2/day 5 mg/kg/day for children < 3 yrs	Day 1 & 2 15/10/25
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT&RFT must be done before every cycle		

NACT: CT followed by EN, local RT and adjuvant CT

VCR	0.025mg/kg/day Max dose 2.0 mg	Day 1
Carboplatin	28 mg/kg/day	Day 1
Etoposide	12 mg/kg/day	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle		

Augmented Chemotherapy

VCR	1.5 mg/m2/day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m2/day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m2/ 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18..
Idarubicin/ Doxorubicin	10 mg/m2 30 mg/m2/day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated			

High dose CT with autologous stem cell transplant : Stage IV/Metastatic RB

Cycle no 3 Date 3/1/20 Wt ..... BSA .....

Hb 8.4 TLC 9400 ANC 1890 Platelets 5,92

wt = 9 kg

SGOT ..... SGPT ..... S Bil ..... Urea 13 ..... Creatinine 0.3

Drugs	Dose given	Day
VCR	0.2 mg Stat IV	D1 7/11/20
Carboplatin	250 mg / 100 ml NS over 1 hour	D1
Etoposide	100 mg / 300 ml NS over 2 hours	D1 D2 8/11/20
GCSF	45 µg S/c OD	7/11/20 Stopped Medical
	D3 D4 D5 D6 D7	

Next visit .....

Cycle no ..... Date ..... Wt ..... BSA .....

Hb ..... TLC ..... ANC ..... Platelets .....

SGOT ..... SGPT ..... S Bil ..... Urea ..... Creatinine .....

Drugs	Dose given	Day
VCR		
Carboplatin		
Etoposide		

Next visit .....