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भारत सरकार / GOVT OF INDIA

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Version 1लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
कलावती सरन बाल चिकित्सालय

46

KALAWATI SARAN CHILDREN'S HOSPITAL

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

24 घंटे आपातकालीन प्रयोगशाला विभाग / DEPARTMENT OF 24 HOURS EMERGENCY LAB SERVICES

CLINICAL BIOCHEMISTRY REPORT

Name	Ayansh	Age/Sex	
C.R. No.	21743	Consultant	
Unit/OPD	U2CS	Date/Time	27/9/26
Diagnosis/History :-	AKI + GCP	Signature of the Doctor	

Please tick marks the required investigation in the box.

Please don't write anything on back side of requisition form. Lab Report is to be printed there.

Investigation	Reported Value	Units	Normal Range	Investigation	Reported Value	Units	Normal Range
Blood Samples							
Glucose (Fasting)		mg/dL	60-100	Alkaline Phosphatase		IU/L	≤350
Glucose (PP)		mg/dL	65-140	Total Protein		g/dL	6.6-8.0
Glucose (R)		mg/dL	80-140	Albumin		g/dL	3.5-5.0
Sodium		mEq/L	135-145	Serum Calcium		mg/dL	9-11
Potassium		mEq/L	3.5-5.1	- Ionized Calcium		mg/dL	4.0-5.5
Chloride		mEq/L	98-108	Inorganic Phosphorus		mg/dL	4.0-7.0
Urea		mg/dL	10-40	Total Cholesterol		mg/dL	110-200
Creatinine		mg/dL	0.5-1.0	HDL		mg/dL	40-60
Uric Acid		mg/dL	3.0-6.5	LDL		mg/dL	<130
Serum Bilirubin-Total (0-14D)		mg/dL	0.2-16.6	CPK Total		IU/L	20-195
Serum Bilirubin-Total (15D to <1 Yr)		mg/dL	0.05-0.66	CPK-MB		IU/L	0-24
Serum Bilirubin-Total (>1 Yr age)		mg/dL	0.2-1.1	CRP (Quantitative)		mg/L	<6.0
Serum Bilirubin-Direct (>1 Yr age)		mg/dL	0.05-0.2	Serum Amylase		IU/L	28-100
SGOT (AST)		IU/L	10-40	Serum Lipase		IU/L	<60.0
SGPT (ALT)		IU/L	10-45	GGT		IU/L	8-48
				Serum Magnesium		mg/dl	1.7-2.3

CSF				Body Fluid			
CSF Protein		mg/JL	15-40	Microproteins			
CSF Sugar		mg/dL	40-70	Sugar			
				Total Protein			
				Albumin			

Performed By-
(Medical Lab. Technologist)Verified By-
(Signature if Faculty/SR)

TRANSFER BAG

POLYMED

300ml

300ml

STERILE • NON-TOXIC • NON-PYROGENIC

Pooled Granulocyte

P4-060/26

Donor ID :

ABO Blood Group :

Rh Type :

Date of Collection :

Date of Expiry :

BLOOD CENTRE LADY HARDINGE MEDICAL COLLEGE
& ASSOCIATED S.S.K. & K.S.C. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982

B+

BAG NO.

ISSUE NO.

DOC :

DATE OF ISSUE

DOE :

HBsAg, HCV, HIV 1&2, TPHA, MALARIA-NON REACTIVE COMPATIBLE FOR

Pt's Name

HOSPITAL/WARD

BLOOD GROUP

ADM/UHID. NO.

23/9

B+

21743

PH
EHP
ENT

REV. 05-23/11

Special Comments of BBO/Technician, if any



DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/85, Telephone No. 011-23408270
TRANSFUSION REQUISITION/ISSUE FORM

Blood required on Date 19/09/2016 Time 9:00 Routing Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	

Patient's Name Ayansh Age/Sex 14Bm/M Ward/Bed _____

Hospital Registration No. 21743 Father's/Husband Name _____

Undertaking/Replacement Donor (Donor Card No.) Undonation

Doctor In-Charge Dr. Pral. Meam Name of Transfusing Doctor _____

Diagnosis / Indication for Transfusion (Specify) K/40 - B cell Au

Obstetric history (in female patients) _____

Patient's Hb _____ Platelet Count _____ PT _____ APTT _____

H/O Previous Transfusion: Yes / No, If Yes: _____

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction if any

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.

Sample drawn by Dr. Prashant Date 19/09/2016 Sign & Stamp of Medical Officer _____

Name & Designation of Medical Officer Dr. Prashant

Medical Registration No. 6 N/A Contact No. 8907260602

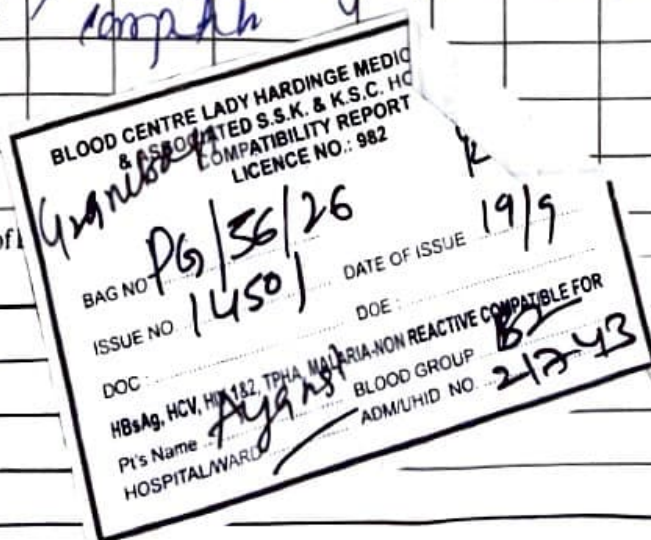
COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD B Antibody screen NI Tested by --- Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign
<u>16/056/26</u>	<u>B</u>	<u>Gr Granulocyte</u>	<u>comp Ah</u>	<u>---</u>				<u>14301</u>	<u>19/9</u>		<u>---</u>

Special Comments of _____



DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/85, Telephone No. 011-23408270
TRANSFUSION REQUISITION/ISSUE FORM

 Blood required on Date 18/9/26 Time _____ Routine/ Urgent / Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
		120ml	Granulocyte Buffy Coat			

 Patient's Name Ayansh Age/Sex 2am/M Ward/Bed U2C5

 Hospital Registration No. 21743 Father's/Husband Name Bablu

 Undertaking/Replacement Donor (Donor Card No.) On donation 8470

 Doctor In-Charge Dr. Mukesh Name of Transfusing Doctor Dr. Vedanth

 Diagnosis / Indication for Transfusion (Specify) B-cell ALL

 Obstetric history (in female patients) ⊖

 Patient's Hb 7.2g/l Platelet Count 60K PT ⊖ APTT ⊖

 H/O Previous Transfusion Yes ⊖ No, If Yes: _____

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction if any

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION

 Sample drawn by Dr. Vedanth Date 18/9/26 Sign & Stamp of Medical Officer

 Name & Designation of Medical Officer Dr. Vedanth Poon

 Medical Registration No. 122485 Contact No. 996644327

Dr. K. R. VEDANTH
 Resident Doctor
 Department of Pediatrics
 Lady Hardinge Medical College
 Hospital, New Delhi-110001
 DMG No. 122485

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

 Requisition form received by _____ Date 18/9 Time 9.40 am

 Patient's ABO Group & RhD B+ Antibody screen N Tested by _____ Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign
PG-055/26	B+	RCC		Buffy granulocyte				14416	2	10	PM

Special Comments of BBO/Technician, if any _____

BAG NO. PG-055
 ISSUE NO. 14416
 DOC Ayansh
 HBSAg, HCV, HIV 1&2, TPHA, MALARIA-NON REACTIVE COMPATIBLE FOR B+
 Pt's Name Ayansh
 HOSPITAL/WARD U2C5
 DATE OF ISSUE 18/9/26
 BLOOD GROUP B+
 ADMIN/ID NO. 21743

Sample No.: 21743 AYANSU U2C5
Patient ID:
Name:
Sample Comment:

Rack:
Ward:

Position: 27/08/2026 14:34:29 WB
Doctor:
Birth:
Sex:
Nickname: XN-1000-1-A

Positive

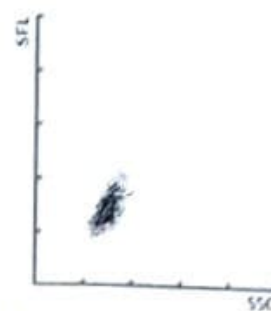
Diff. Morph. Count

WBC	2.32	-	[10 ³ /uL]
RBC	2.52		[10 ⁶ /uL]
HGB	6.8		[g/dL]
HCT	22.6	-	[%]
MCV	89.7		[fL]
MCH	27.0		[pg]
MCHC	30.1		[g/dL]
PLT &F	9	-	[10 ³ /uL]
RDW-SD	57.1	+	[fL]
RDW-CV	17.2	+	[%]
PDW	----		[fL]
MPV	----		[fL]
P-LCR	----		[%]
PCT	----		[%]
NRBC	0.01		[10 ³ /uL]
NEUT	0.03	*	[10 ³ /uL]
LYMPH	2.23	*	[10 ³ /uL]
MONO	0.05	*	[10 ³ /uL]
EO	0.01		[10 ³ /uL]
BASO	0.00		[10 ³ /uL]
IG	0.01	*	[10 ³ /uL]
RET	0.31		[%]
IRF	10.6		[%]
LFR	89.4		[%]
MFR	8.7		[%]
HFR	1.9		[%]
RET-He	31.4		[pg]
IPF	4.2	*	[%]

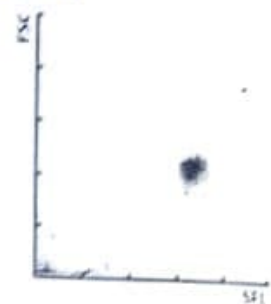
PRBC
& RDP@
10ml/kg.

0.4	[%]
1.3	* [%]
96.1	* [%]
2.2	* [%]
0.4	[%]
0.0	[%]
0.4	* [%]
0.0078	[10 ⁶ /uL]

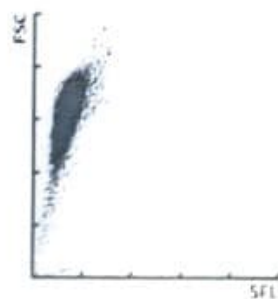
WDF



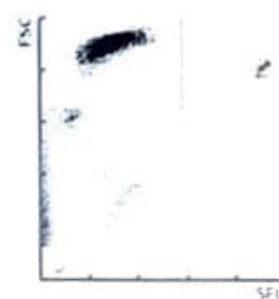
WNR



RET



PLT-F



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

RBC



PLT



WBC IP Message
Neutropenia
Leukocytopenia
Blasts/Abn Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distribution
Thrombocytopenia

Ado

Chemical analysis
k w m u p

Sample No.: 21743 AYANSH U2C5

Patient ID:

Name:

Sample Comment:

Ward: Rack:

Position: 19/09/2026 10:

Doctor:

Birth:

Sex:

Nickname: XN-1000

Positive

Diff. Morph. Count

WBC	2.45	-	[10 ³ /uL]	
RBC	5.03		[10 ⁶ /uL]	
HGB	14.4		[g/dL]	
HCT	42.9		[%]	
MCV	85.3	-	[fL]	
MCH	28.6		[pg]	
MCHC	33.6		[g/dL]	
PLT &F	63	*	[10 ³ /uL]	
RDW-SD	54.8	+	[fL]	
RDW-CV	18.8	+	[%]	
PDW	----		[fL]	
MPV	----		[fL]	
P-LCR	----		[%]	
PCT	----		[%]	
NRBC	0.02		[10 ³ /uL]	
NEUT	0.38	*	[10 ³ /uL]	0.8 [%]
LYMPH	1.85	*	[10 ³ /uL]	15.5 [%]
MONO	0.22	*	[10 ³ /uL]	75.5 [%]
EO	0.00		[10 ³ /uL]	9.0 [%]
BASO	0.00		[10 ³ /uL]	0.0 [%]
IG	0.15	*	[10 ³ /uL]	0.0 [%]
RET	0.58		[%]	6.1 [%]
IRF	2.4		[%]	0.0292 [10 ⁶ /uL]
LFR	97.6		[%]	
MFR	2.4		[%]	
HFR	0.0		[%]	
RET-He	33.1		[pg]	
IPF	10.0	*	[%]	

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

[%]
[%]

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

RBC IP Message

WDF



WNR



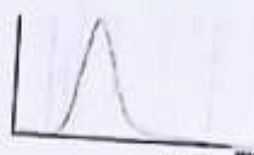
RET



PLT-F



RBC



PLT



PLT IP Message
PLT Abn Distribution
PLT Clumps?

Blood required on Date 21/6/26 Time ASAP Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
10 Buffy coat granulocyte.						

Patient's Name Ayansh Age/Sex 14y 8m/m Ward/Bed V2C5Hospital Registration No. 21743 Father's/Husband Name _____

Undertaking/Replacement Donor (Donor Card No.) _____

Doctor In-Charge DDP Name of Transfusing Doctor DDPDiagnosis / Indication for Transfusion (Specify) ↓ granulocyte M/L AML

Obstetric history (in female patients) _____

Patient's Hb _____ Platelet Count _____ PT _____ APTT _____

H/O Previous Transfusion: Yes / No, If Yes: _____

Date	No. of units transfused	Types of Components/ Whole Blood	ABO/Rh Group of units transfused	Adverse Reaction if any

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.Sample drawn by Dr. Shivam Pk Date 16/9/26 Sign & Stamp of Medical Officer _____Name & Designation of Medical Officer Dr. Shivam PkMedical Registration No. A0211 Contact No. 7820813560**COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)**

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD B+ Antibody screen _____ Tested by _____ Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign
054/26	B+	(Packed Buffy Coat)						14358	12/9	1:45	[Signature]

Special Comments of BBO/Technician, if any: _____

CENTRE LADY HARDINGE MEDICAL COLLEGE
ASSOCIATED S.S.K. & K.S.C. HOSPITAL
COMPATIBILITY REPORT
LICENCE NO.: 982

G NO 054/26
 ISSUE NO. 14358 DATE OF ISSUE 12/9
 DOE: _____
 DOC _____
 HBSAg, HCV, HIV 1&2, TPHA, MALARIA-NON REACTIVE COMPATIBLE FOR
 Pt's Name Ayansh BLOOD GROUP B+
 HOSPITAL/WARD V2C5 ADM/UID. NO. 21743



Mob. : 9821233869

JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No.

Date

शेना में,
साचीव महोदय
Jeevan Care foundation New
Delhi

विषय: बच्चे के इलाज हेतु आर्थिक सहायता के लिए अनुरोध !

महोदय,

मेरा पुत्र (Master Ayansh) (1 वर्ष 5 माह) B-cell ALL
(Blood Cancer) से पीड़ित है और उसका इलाज Kalbawati Saran
Children's Hospital, New Delhi में चल रहा है। इलाज के
दौरान उसके Blood Counts काफी कम हैं और लगातार थ्रिफोल्स
में Transfusion Support की आवश्यकता है

इसका इलाज का खर्च मेरे आर्थिक क्षमता से बाहर हो रहा है
अतः विनम्र निवेदन है कि मेरे बच्चे के इलाज हेतु आर्थिक
सहायता प्रदान करने की कृपा करें

भवदीय

Bablu

पिता/अभिभावक - Master Ayansh

दिनांक:- 29/09/2026

स्थान:- New Delhi

