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कलावती सरन बाल चिकित्सालय
 KALAWATI SARAN CHILDREN'S HOSPITAL
 बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

क्लीनिकल हिमेटोलॉजी लेब
 CLINICAL HAEMATOLOGY LAB

रोग/Name Penak आयु/Age 9yrs लिंग/Sex M
 C.R. No. 5589 Consultant
 Ward/OPD 42C3 Unit/Bed No.
 Date/Time 27/6/24 EDTA/Citrate/Heparin/Nil
 Nature of Anticoagulant
 Diagnosis/History CBC Signature of the Doctor 

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

INCOMPLETE FORM IS NOT ACCEPTABLE

Hb 8.00 [10¹²/uL]
 IG 0.00 * [10³/uL] 0.0 * [%]



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

RBC IP Message
 Anemia

PLT IP Message
 PLT Abn Distribution
 Thrombocytopenia

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 27/2 Time 12:00 Routine Urgent Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				BDP	SDP	
		170ml		50		

Patient's Name Ronak Age/Sex 9y Ward/Bed U2C3

Hospital Registration No. 5589 Father's/Husband Name _____

Undertaking/Replacement Donor (Donor Card No.) On demand

Doctor In-Charge Dr V Jain Name of Transfusing Doctor Dr Arora

Diagnosis / Indication for Transfusion (Specify) Low hemoglobin in sickle cell

Obstetric history (in female patients) _____

Patient's Hb 6.5 Platelet Count 5K 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: urgently required & release on demand

Please ensure that _____

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

Sample drawn by SD Date 27/2 Sign & Stamp of Medical Officer [Signature]

Name & Designation of Medical Officer Dr V Jain

Medical Registration No. _____ Contact No. 9602315714

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by Sh Date 27/2/24 Time 2:15 PM

Patient's ABO Group & Rh A +ve Antibody screen _____ Tested by [Signature]

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
U1130	A+	RCC	COMPATIBLE	27/2	3:15 PM	[Signature]	3252	27/2	3:20	[Signature]	
C-3146		RCC	Group specific				3253				
C-3154							3254				
C-3156							3255				

Special Comments _____

BLOOD CENTRE LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED S.S.K. & K.S.C. HOSPITAL
 COMPATIBILITY REPORT
 LICENCE NO. 982/85

ISSUE NO. 3255 DATE OF ISSUE 27/2/24
 DOC [Signature] DOE 27/2/24
 HBsAg, HCV, HIV 1&2, TPHA, MALARIA-NON REACTIVE

COMPATIBLE FOR A +ve
 PT's Name Ronak BLOOD GROUP A +ve
 HOSPITAL/WARD U2C3 ADMREG NO. 5589

Sample No.: 5589 RONAK U2C3
 Patient ID:
 Name:
 Sample Comment:

Adapter:
 Ward:

Pos.: 277
 Doctor:
 Birth:
 Nickname:

Positive

Diff. Morph. Count

WBC	2.11	-	[10 ³ /uL]		
RBC	2.19	-	[10 ⁶ /uL]		
HGB	6.5	-	[g/dL]		
HCT	18.6	-	[%]		
MCV	84.9	-	[fL]		
MCH	29.7	-	[pg]		
MCHC	34.9	-	[g/dL]		
PLT	5	*	[10 ³ /uL]		
RDW-SD	38.5	-	[fL]		
RDW-CV	12.8	-	[%]		
PDW	----	-	[fL]		
MPV	----	-	[fL]		
P-LCR	----	-	[%]		
PCT	----	-	[%]		
NEUT	0.23	*	[10 ³ /uL]	10.9	* [%]
LYMPH	1.80	*	[10 ³ /uL]	85.3	* [%]
MONO	0.08	*	[10 ³ /uL]	3.8	* [%]
EO	0.00	-	[10 ³ /uL]	0.0	* [%]
BASO	0.00	-	[10 ³ /uL]	0.0	* [%]
IG	0.00	*	[10 ³ /uL]	0.0	* [%]

WDF



WDF



RBC



PLT



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Kalawati Saran Children's Hospital, New Delhi

Department of Biochemistry


 Sample Id
 CHD/CR No.
 Name

95 Date 27-02-2024 13:09:30

Ref. class ADULT

Test Name	Result	Units	Normal Range	Low/High/Normal
Urea	24	mg/dL	15 - 45	Normal
Creatinine	0.47	mg/dL	0.59 - 1.45	Low
Bilirubin Total	0.80	mg/dL	0.30 - 1.20	Normal
Bilirubin Direct	0.34	mg/dL	0.00 - 0.40	Normal
AST/GOT	128	U/L	5 - 40	High
ALT/GPT	399	U/L	5 - 35	High
Alkaline Phos	300	U/L	25 - 125	High
Total Protein	7.8	g/dL	6.2 - 8.5	Normal
Albumin	4.3	g/dL	3.5 - 5.2	Normal
Calcium	10.0	mg/dL	8.1 - 10.4	Normal
Phosphorus	3.9	mg/dL	2.6 - 4.5	Normal
C-Reactive Protein	17.21	mg/L	0.00 - 7.00	High

Na⁺ - 142
 K⁺ - 4.1
 Cl⁻ - 107 (mask)

Performed By


 Verified By





JEEVAN CARE FOUNDATION

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

Reg No. 92

Ref. No.

Date 28/02/24

सेवा में

जीवन केयर फाउंडेशन,
 मेरे लक्ष्य का पिता अंकित कुमार आपसे लिखती करता हूँ
 हमारा लक्ष्य गंभीर रूप से बीमार है। मेरे लक्ष्य का ब्लेंड
 कैंसर जैसी समस्या से झुझना पड़ रहा है। मेरे
 लक्ष्य की हालत बहुत ही कमजोर है। मैं आपके
 बिन्ही करता हूँ मेरे लक्ष्य रोकने की मदद
 करे मेरे लक्ष्य रोकने कीलावती सिरन बात
 चिकित्सालय में काली समय से लक्ष्य है। गंभीर
 रूप से मेरे लक्ष्य का सहायता प्रदान करे
 आपका अती अकार धन्य हमारे परिवार पर



प्रार्थी
अंकित कुमार