



**BLOOD CENTRE, LADY HARDINGE MEDICAL COLLEGE  
& ASSOCIATED S.S.K. & K.S.C. HOSPITAL  
COMPATIBILITY REPORT**

LICENCE NO.: 982

BAG NO. U6561B O + Rh

ISSUE NO. 16415 DATE OF ISSUE 2/12

DOC: \_\_\_\_\_ DOE: \_\_\_\_\_

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

**COMPATIBLE FOR**

Pt's Name Amit BLOOD GROUP SP

HOSPITAL/WARD \_\_\_\_\_ ADM/REG. NO. 31206

Requisition form.  
& serological testing  
CROSSMATCH.  
ne working hours: 9am  
be mentioned.  
stable patients.

rd blood administration set with in-line macroaggregate filter (170-200 micron) or feuco-reduction filter if

**TRANSFUSION CRITERIA**

	1 <sup>st</sup> 15 min	After 15 min	REMARKS
m% ix.	1-2 ml/min (60-120 ml/hour)	As rapidly as tolerated; approx. 3-5 ml/min or 240 ml/hour in adults	Must by ABO Rh & Crossmatch Compatible
et	2-5 ml/min (120-300 ml/hour)	300 ml/hour or as tolerated	ABO/Rh compatibility preferable but not required, Crossmatch not required
30-	2-5 ml/min (120-300 ml/hour)	300 ml/hour or as tolerated	Should be ABO Rh compatible
	2-5 ml/min (120-300 ml/hour)	As rapidly as tolerated; approx. 300 ml/hour	Should be ABO compatible, Corssmatch not required

**Transfusion Is Zero Risk Transfusion  
TRANSFUSION MONITORING FORM**

Age/sex \_\_\_\_\_ Hospital Regn. No. \_\_\_\_\_

ABO & Rh Blood Group of the patient \_\_\_\_\_

Date: \_\_\_\_\_ Time \_\_\_\_\_

g transfusion: I verify that  
n no. mentioned on the blood bag, compatibility report, issue form and patient's case sheet

e, discoloration & clot and no abnormality has been detected.

of Medical Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Vitals of Patient						Any Adverse Reaction		Sign
Time	Temp	B.R	P.R	R.R	S <sub>p</sub> O <sub>2</sub>	Yes*	No	

**DEPARTMENT OF IMMUNOHEMATOLOGY**  
**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 01/10/24 Time 11:00  Routine  Urgent  Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				ROP	SOP	
		<u>110ml PRBC</u>				

Patient's Name Aariz Age/Sex 2y Male Ward/Bed V20A

Hospital Registration No. 3178C Father's/Husband Name \_\_\_\_\_

Undertaking Replacement Donor (Donor Card No.) @hospital Donor Card → 1151

Actor In-Charge D.O.B Name of Transfusing Doctor D.O.B

Diagnosis / Indication for Transfusion (Specify) severe anaemia & Bleed All

Obstetric history (in female patients) \_\_\_\_\_

Patient's Hb 6.4 Platelet Count \_\_\_\_\_ PT \_\_\_\_\_ APTT \_\_\_\_\_

Previous Transfusion: Yes / No / Yes

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

Additional Comments of Transfusing Doctor, if any: \_\_\_\_\_

We ensure that \_\_\_\_\_

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

Sample drawn by D.O.B Date 01/10/24 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer \_\_\_\_\_

Medical Registration No. \_\_\_\_\_ Contact No. 912540721



**COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)**

Requisition form received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient's ABO Group & RhD O+ve Antibody screen \_\_\_\_\_ Tested by \_\_\_\_\_ Sign \_\_\_\_\_

Blood Bag	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>5618</u>	<u>O+ve</u>	<u>PRBC</u>	<u>COMPATIBLE</u>				<u>16410</u>	<u>2/10/24</u>	<u>4:30</u>		

Sample No: 11700 AAR12 11/15  
 Patient ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Sample Comment: \_\_\_\_\_

Ward: \_\_\_\_\_  
 Rack: \_\_\_\_\_

Position: 02/11/21  
 Doctor: \_\_\_\_\_  
 Bath: \_\_\_\_\_  
 Nickname: \_\_\_\_\_

**Positive**

**DIFF. Morph. Count**

WBC	3.53	$10^3/\mu\text{l}$		
RBC	2.17	$10^6/\mu\text{l}$		
HGB	0.4	[g/dL]		
HCT	20.0	%		
MCV	92.2	fL		
MCH	29.5	pg		
MCHC	32.0	g/dL		
PLT BF	58	$10^3/\mu\text{l}$		
RDW-SO	59.3	%		
RDW-CV	18.5	%		
PCW	11.1	fL		
MPV	11.1	fL		
P-LCR	32.8	%		
PCT	0.06	%		
NRBC	0.03	$10^3/\mu\text{l}$	0.8	%
NEUT	0.56	$10^3/\mu\text{l}$	15.9	%
LYMPH	2.01	$10^3/\mu\text{l}$	57.5	%
MONO	0.94	$10^3/\mu\text{l}$	26.6	%
EO	0.00	$10^3/\mu\text{l}$	0.0	%
BASED	0.00	$10^3/\mu\text{l}$	0.0	%
IG	0.01	$10^3/\mu\text{l}$	0.3	%
RET	1.68	%	0.0365	$10^6/\mu\text{l}$
IRF	37.5	%		
LFR	02.5	%		
HFR	15.2	%		
HFR	22.3	%		
RET-160	24.2	pg		
IRF	0.4	%		



WBC-BF	$10^3/\mu\text{l}$	
RBC-BF	$10^6/\mu\text{l}$	
MN	$10^3/\mu\text{l}$	%
PMN	$10^3/\mu\text{l}$	%
TC-BFR	$10^3/\mu\text{l}$	

WBC IP Message  
 WBC Abn Scattergram  
 Neutropenia  
 Lymphocytosis  
 Monocytosis  
 Blasts/Abn Lympho?  
 Left Shift?  
 Atypical Lympho?

RBC IP Message  
 Anemia

PLT IP Message  
 Thrombocytopenia

*Kindly Review Sample*  
*PRBC*

# DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL, NEW DELHI

## CYTOLOGY REPORT FORM

Name of Patient AWJ Sex M Age 45 Regd. No. 23006

Hospital LHMC Ward PHDC Dr. In-Charge \_\_\_\_\_

Case No. 6712 Smear No. F 2922-23

Received on 23/08/24 Reported on 23/08/24

Investigation asked for :- CSF for malignant cytology

Spec: Received 3 ml colourless clear fluid

TC - 0 cells/ml

DL - Neutrophils 40%, Lymphocytes 40% Monocytes 20%

Report :-

M/C :- Smears show few lymphocytes, neutrophils

and occasional monocytes

No hint of malignancy in the smears examined.

  
Dr. Sushma Singh  
Professor  
23/08/24



# JEEVAN CARE FOUNDATION

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

Reg No. 92

Ref. No. ....

Date .03.12.21..

सेवा में

श्रीमान फाउंडर महोदय  
जीवन कयर फाउंडेशन,

भद्रापुर

मैं नानिशा खानून आपसे विनती करती हूँ  
मेरे बच्चे आरिज का ब्लड कैंसर है  
मेरे बच्चे का इलाज कलकत्ती अस्पताल  
में चल रहा है। हमारा परिवार बहुत ही  
गरीब है। मेरे बच्चे आरिज के इलाज में  
काम्प्ली स्वर्चा आ रहा है। हम गरीब हमारे  
वजह से मेरे बच्चे का इलाज में मदी  
कारा पा रही है। हम बहुत ही शुष्कित समस्या से  
झुझ रहे हैं। हमारा भव कर दिजिए हमारा  
परिवार जिंदगी में अकार भावेगा। हमारा  
परिवार जीवन में आभारी रहेगा।

प्राथी

नानिशा खानून

