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 25/12/24 Time ASAP Routine/Urgent/Immediate (Without crossmatch) (Please Tic

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

Patient's Name Hasu Age/Sex 2.5/M Ward/Bed U2 C4
Hospital Registration No. 20350 Father's/Husband Name
Undertaking/Replacement Donor (Donor Card No.) SBDT
Doctor In-Charge Dr. V. Singh Name of Transfusing Doctor
Diagnosis / Indication for Transfusion (Specify) Severe thrombocytopenia
Obstetric history (in female patients)
Patient's Hb Platelet Count 5x10³ PT APTT
Previous Transfusion: Yes / No, If Yes:

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

Special Comments of Transfucing Doctor, if any: Please release 2RDP urg & Please arrange 8SPRBC
Please ensure that
CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.
Blood drawn by Dr. Rupali Date 25/12/24 Sign & Stamp of Medical Officer
Name & Designation of Medical Officer Dr Rupali PG1
Hospital Registration No. Contact No. 7060278371

DR RUPALI GUPTA
Post Graduate Resident
Dept. of Paediatrics
LHMC & Kalawati Saran Children Hospital, New Delhi-110001

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Transfusion form received by Date 25/12/24 Time
ABO Group & RhD B+ Antibody screen Tested by S

Bag	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by Date	Time	Sign	Issue No.	Issue By Date
784								11738	
779	B+	RDP	Group	Specific				39	25/12
798								40	
27								41	

Comments of BBO/Technician, if any

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 Hans | आयु /Age 2 Sy/M | लिंग /Sex M

C.R. No. 19429 | Consultant Dr V. Singh

Ward/OPD II PMDCC | Unit/Bed No.

Date/Time 18/7/24

Nature of Anticoagulant | EDTA/Citrate/Heaparin/Nil

Diagnosis/History

CBC

Signature of the Doctor

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

INCOMPLETE FORM IS NOT ACCEPTABLE

0.00 *	[10^3/uL]	0.0 *	[%]
0.70	[%]	0.0208	[10^6/uL]
13.0	[%]		
87.0	[%]		
9.5	[%]		
3.5	[%]		
29.8	[pg]		
11.7	[%]		
	[10^3/uL]		
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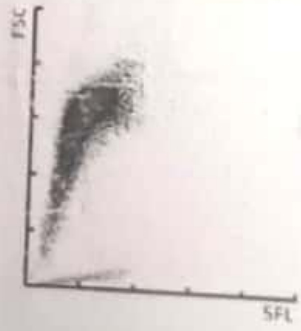
	[10^3/uL]		



RBC

PLT

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Anemia
RET Abn Scattergram

PLT IP Message
PLT Abn Distributio

DEPARTMENT OF PATHOLOGY

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

CYTOLOGY REPORT FORM

Name of Patient...Hanu..... Sex ...Male... Age...2.5yr Regd. No 20350

Hospital ...KSCH..... Ward ...PMDcc..... Dr. In-Charge .....

Case No .....1131/24..... Smear No ....f-2522-23/24.....

Received on ...18/07/24..... Reported on .....18/07/24.....

Investigation asked for :- CSF for Malignant- Cytology (f-2522

Report :- Gross: Received 0.5mL of clear, colourless flui

TLC= 01 cell/mm^3

DLC: lymphocyte 100%.

M/E: Smears show occasional lymphocytes.

No atypical cells seen in the smears examin

Dr A
Bi
18/

BLOOD TRANSFUSION
LEGE & ASSOCIATED HOSPITALS
LALWATI SARAN CHILDREN HOSPITAL
License No. 982/85, Telephone No. 011-23408270
TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 28/7/24 Time 1:00 pm Routine/Urgent/Immediate (Without crossmatch) (Please Ti

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

Patient's Name Hanu Age/Sex 3y/M Ward/Bed U2C4

Hospital Registration No. 20350 Father's/Husband Name Rajendra Sin

Undertaking/Replacement Donor (Donor Card No.) on donation — 5807

Doctor In-Charge Dr V Singh. Name of Transfusing Doctor Dr Ali.

Diagnosis / Indication for Transfusion (Specify) [redacted]

Obstetric history (in female patients)

Patient's Hb Platelet Count 10 k 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 Reactio any

Special Comments of Transfucing Doctor, if any: Kindly release 2 units RDP.

Please ensure that

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

Sample drawn by DOD. Date 28/7/24. Sign & Stamp of Medical Officer

Name & Designation of Medical Officer Dr Ali

Medical Registration No. Contact No. 9740161075

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	S
C14029	B	PRBC						11892	28/7	5pm	
C14094	B	PRBC						11893			

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

BAG NO C14029 B Rh

ISSUE NO. 11892 DATE OF ISSUE 28/7

DOC : DOE :

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

COMPATIBLE FOR B+

Pt's Name Hanu BLOOD GROUP

HOSPITAL/WARD ADM/REG. NO. 20350

DEPARTMENT OF PATHOLOGY

ADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL, NEW

CYTOLOGY REPORT FORM

e of Patient Hanu Sex Male Age 8 Yr Regd. No

pital SSKH Ward PMR-6 Dr. In-Charge

a No 1131/24 Smear No [illegible]

eived on 18/09/24 Reported on 18/09/24

stigation asked for :- CSF for Malignant Cytology CF

ort :- Gram: Received 0.5mL of clear, colourless

TLC = 01 cell/cmm

DLC : Lymphocyte 100%.

M/E: Smears show occasional lymphocytes

No atypical cells seen in the smears ex

Regd. No. 526

Mob.: 9717937012

BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

B-360, Jaitpur, Extenstion, Badarpur, New Delhi - 110044

E-mail: into@bachpancareorganization.org | Web: bachpancareorganization.org

Ref. No. .....

Date 30/07/2024.

सेवा में,
संस्थापक महोदया
बचपन केयर आर्गेनाईजेशन
बदरपुर नई दिल्ली

महोदया,

मेरा बच्चा हानू जिसका इलाज कलावती सरन बाल चिकित्सालय नई दिल्ली में हो रहा है। मेरा बच्चा गंभीर रूप से बिमार चल रहा है। काफी समय से उसकी नाजुक हालत है। मेरे बच्चे को ब्लड कैंसर है। मेरे बच्चे की परेशानी बढ़ती जा रही है। मैं आपसे हाथ जोड़ कर बिनती करता हूँ। मेरे बच्चे की मदद करें, मैं आपका जीवन भर आभारी रहूँगा। साथ ही साथ आपकी संस्था पर भी आभारी रहूँगा।

आर्थिक सहायता प्रदान करें।

प्रार्थी
राजेन्द्र सिंह

BACHPAN CARE ORGANIZATION Regd. No. 526 DELHI