
Connecting Soul Foundation

अ॰ भा॰ आ॰ सं॰ अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

PROHIBITED IN HOSPITAL PREMISES

OPR-6

HUSAIN

Room: C-210
F61

O.P.D. Regn. No.

Age

Address

Name / Diagnosis

Date

Treatment

13.12

48

TIS CBC LFT KFT
and fix on 21/12/24
at 9AM

BM report
PIS
and PCM
on 11/6/24

CSP on ~~20/6/24~~ 26/6/24

and 8/7/24

NINJ
POCUS

261

सं. 1
NO. 1

उत्तर प्रदेश शासन
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
प्राथमिक स्वास्थ्य केंद्र कश्यमपुर गढ़ी
PRIMARY HEALTH CENTRE KASHAMPUR GARHI

प्रपत्र-5
FORM-5

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अन्तर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि प्राथमिक स्वास्थ्य केंद्र कश्यमपुर गढ़ी तहसील धामपुर जिला बिजनौर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर से इंगित है :
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR PRIMARY HEALTH CENTRE KASHAMPUR GARHI OF TAHSIL/BLOCK DHAMPUR OF DISTRICT BIJNOR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA

नाम / NAME: MOHAMMAD HUSAIN

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
01-12-2021
FIRST-DECEMBER-TWO THOUSAND TWENTY ONE

जन्म स्थान/ PLACE OF BIRTH:
PHC KASHAMPUR GARHI

माता का नाम / NAME OF MOTHER:
SHAIN PARVEEN

पिता का नाम / NAME OF FATHER:
SAJID

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
NEZO SARAI AFZALGARH, AFZALGARH (NFP), DHAMPUR, BIJNOR, UTTAR PRADESH

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:
NEZO SARAI AFZALGARH, AFZALGARH (NPP), DHAMPUR, BIJNOR, UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NUMBER:
B/2021/ 9-55406-002832

पंजीकरण की तिथि / DATE OF REGISTRATION:
15-12-2021

टिप्पणी / REMARKS (IF ANY):
APHC KADRABAD

जारी करने वाले प्राधिकारी / ISSUING AUTHORITY :

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
प्राथमिक स्वास्थ्य केंद्र कश्यमपुर गढ़ी
PRIMARY HEALTH CENTRE KASHAMPUR GARHI

जारी करने की तिथि / DATE OF ISSUE:
15-12-2021

UPDATED ON :
15-12-2021 14:27:45

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "

Dr. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Oncology Screening OPD Proforma

Name HUSAIN Age 3Y Sex M

Date of Visit 11/10/2021 Appointment ID

Clinical /Referral Summary:

Provisional Diagnosis: B - ALL

Register at BRA-IRCH/NCI
_____ OPD _____ Clinic

(Please register for UHID & IRCH/NCI No. at the adjacent Counter after filling up **patient information slip.**

3/12/21 9am

Referred to Department of

_____

AIIMS OPD

Referred to: _____ OPD/ Clinic at DR BRAIRCH/NCI on earliest available date & time. Advised to take appointment through online mode at www.ors.gov.in OR calling up telephone No. 011-26589142 (9.30 am to 5.00 pm) or 911-5444155 (8.30 am to 3.30 pm) OR visiting Counter No. 5.

Signatures

Name _____ _____ _____ _____

Dept **Medical Oncology** **Radiation Oncology** **Surgical Oncology** **OA & Palliative Medicine**

UHID No 10755676 Signature _____

IRCH No _____ Name _____

(Medical Record Section)

Guidelines for Screening & Registration

1. SRs posted in screening OPD should review referral papers and take a joint decision regarding appropriate referral to clinic /OPD of IRCH.
2. Completely worked-up patients can be referred directly to specific organ /specialty based clinic and the remaining patients can be registered in respective OPD.
3. Patients referred directly to specific departments /clinics/faculty should be referred to respective department/clinic/faculty.
4. If there is a need, patient can be referred to specific OPD/ Clinic of main AIIMS.

Disclaimer : You have been screened in the Cancer Screening OPD and have been referred to the treating unit for registration and treatment appointments. The registration and treatment appointment will be given depending on the slot availability, as slots are restricted due to COVID-19. As cancer requires timely treatment and waiting may have adverse effect on patient's disease; patient is suggested/advised to explore treatment options at other AIIMS/ Regional Cancer Centre/State Medical Colleges and other Govt. Cancer facilities, in case there is delay in availability of slots at Dr. BRA IRCH.

वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi-110029

बाल रोग विभाग

Department of Paediatrics

Division of Paediatrics Haematology & Oncology

DISCHARGE SUMMARY

Name	HUSSAIN SON OF SAJID	Time/Date of admission	01:54 PM, 01.12.2024
Age/Gender	3 YEARS / MALE	Time/Date of discharge	03:00 PM, 04.12.2024
MRD no	1426003	Hematology no	
Weight Height	12 KG 89 CM	BSA Blood group	0.54 M^2
Attending faculty	Dr. Prashant Prabhakar, Dr. Sumit Mehndiratta, Dr. Sangmitra Ray, Dr. Nidhi Chopra, Dr. Rita Moni C Baruah		

Diagnosis	B – CELL ALL (HIGH – RISK) CNS – 3 on IM

PRESENTING COMPLAIN: Child came for 1ST HD MTX

HOSPITAL COURSE: Child admitted for 1st high dose methotrexate. On admission, initial investigations were sent which were within normal limit (Checklist Verified). After taking informed consent child was started on alkaline hyperhydration. After confirming urine PH >7 child given 10% test dose of methotrexate followed by rest 90% dose with ongoing hyperhydration. Urine PH monitoring was done throughout methotrexate infusion. ITM was done under aseptic conditions and methotrexate infusion was stopped after 24 hours from start of methotrexate test dose. Leucovorin rescue given at 42/48/54 hours from start of methotrexate test dose and leucovorin gargles continued. Chemotherapy (6 MP) continued. Currently child is stable and no signs of toxicity were seen. Hence, planned for discharge.

INVESTIGATIONS-

DATE	HB	TLC	ANC	PLT	T BIL	GOT/GPT	ALP	BUN	CRET	NA/K	OTHER
02/12	10.9	3690	2080	191K							ALB – 5.0
03/12	10.7	2960	1620	184K	0.6	33/15	305	8.7	0.27	139/4.7	Cl – 104

MTx levels at 48 hrs - 00:01:12

Advice at discharge (explained to parents by doctor/nurse)-

1. *Plenty of fluids, diet as advised neutropenic diet*
2. *Betadine gargles, candid mouth paint, sitz bath TDS*
3. *Tablet 6 MP 50 mg ½ tablet OD*
4. *Septran160/800 ½ po bd on sat and sun from next week*
5. *Leucovorin gargles 3 hourly*
6. *Danger signs explained*

(SIGNATURE)

Follow up in pediatric hematology oncology clinic in room number 228/229, Wednesday 2PM
In case of emergency call Pediatric oncology helpline number 8800282755
Danger signs explained:
Lethargy/ persistent vomiting/fever/fast breathing/ loose stool/ seizure or any new symptom which patient perceive to be alarming

Next visit: AIIMS OPD on WED/SAT.

Hussain
3yr/m.
107/5 85676;

Wt ⇒ 12 kg
Ht ⇒ 89
BSA ⇒ 0.54 m^2

High risk Interim maintenance
Week 15-22 (1-56 days)
Eligibility: ANC>750,Platelets>1,00,000/cumm, no evidence of infection/mucositis/diarrhea, normal renal function must be normal.
Prior to starting each subsequentpulse of high dose Mtx, ANC>500/cumm and platelet>50,000/cumm

Day	6 MP 25mg/sqm(PO)	Methotrexate 3gm/sqm IV	Folinic acid 15mg/sqm	ITM (age appr)
1.	7/11/24	4 (2/12/24)		(2/12/24) 4 CSF sent to ICMR acellular.
2.	8/11/24		42,48,54 hrs	
3.	9/11/24			
4.	10/11/24			
5.	11/11/24			
6.	12/11/24			
7.	13/11/24			
8.	14/11/24			
9.	15/11/24			
10.	16/11/24			
11.	17/11/24			
12.	18-11-24			
13.	19-11-24			
14.	20-11-24			
15.	21-11-24	----------		---------- 14/12.
16.	22-11-24		42,48,54 hrs	
17.	23-11-24			
18.	24-11-24			
19.	25-11-24			
20.	26-11-24			
21.	27-11-24			
22.	28-11-24			
23.	29-11-24			
24.	30-11-24			
25.	1-12-24			
26.	2-12-24			
27.	3-12-24			
28.	4-12-24			
29.	5-12-24	----------		----------
30.	6-12-24		42,48,54 hrs	
31.	7-12-24			
32.	8-12-24			
33.	9-12-24			
34.	10-12-24			
35.	11-12-24			
36.	12-12-24			
37.	13-12-24			
38.	14-12-24			
39.	15-12-24			
40.	16-12-24			
41.	17-12-24			

अ॰ भा॰ आ॰ स॰ अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out-Patient Department

WG IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

UHID: 107585878

HUSAIN

Room: C-210

F80

O.P.D. Regn. No.

Age

Address

Diagnosis

Date

Treatment

73

12 Kg

N/V on 23/11/2024 c CBC

Rx

CNS 3
CTG ... (1:19) +ve
[Lost original protocol]
BSA 0.54

..y | M
..76
..R [PPR.]

...isk cytogenetics, CNS disease, No CR after induction

	Prednisolone 60mg/sqm PO 3 DD	VCR 1.5mg/sqm Slow IV push	L asparaginase 10,000units/sqm IM 5400.	DNR ~~23mg~~/sqm IV infusion(1hr)	ITM (age appr)	
1.	✓					
2.	✓					
3.	✓					
4.	✓					
5.	✓					
6.	✓					blast (+)
7.	✓	28/6	30/6	28/6	28/6	traumatic tap
8.	✓					
9.	✓	29/6				
10.	✓					
11.	✓		2/7			
12.	✓	2/7	✓			
13.	✓					
14.	✓					8/7/24
15.	✓	8/7	8/7 5/7	8/7	[illegible]	
16.	✓					CSF - occ. blast (+)
17.	✓		11/7			
18.	✓		11/7			
19.	✓					
20.	✓					
21.	✓	15/7	15/7	15/7	[illegible]	15/7/2
22.	✓				16/7/24	
23.	✓					
24.	✓		18/7			No Blast
25.	✓					
26.	✓					
27.	✓		21/7			
28.	✓					
3/8 29.	tapering	23/7	24/7	7/8/24	24/7	Lymphomononuclear cells no blasts
4/8 30.	tapering					
5/8 31.	tapering					
6/8 32.	tapering					
7/8 33.	tapering					
34.	tapering					
35.	tapering				3/8/24	

Max dose of prednisolone is 120 mg/day

CSF → lympho mononuclear cells (+)

Pediatric Oncology, Department of Pediatrics, AIIMS, New Delhi

21/8/24 BMA → Remission
MRD (Neg)

	tapering			
	tapering			
	tapering			
	tapering			
	tapering			

mum dose of prednisolone/day 120 mg

8 PS.....

y & CSF report.....

BM at end of induction (cellularity, blast count & MRD)

.....

.....

.....

Intrathecal methotrexate (ITM)	
< 2 yrs	8 mg
2-< 3 yrs	10 g
> 3 yrs	12 mg

Cotrimoxazole (PO)

Body surface area(sqm)	cotrimoxazole	Trimethoprim	sulfamethoxazole
0.50-0.75	240 mg BD	40mg BD	200mg BD
0.76- 1.00	360 mg BD	60mg BD	300mg BD
>1.0	480 mg BD	80mg BD	400mg BD
BD for 2 days (Saturday & Sunday)			

(N) LWF

ALL Height 89 cm 10758567 6

0.54 m²

? CNS (+ve)

High risk cytogenetics, CNS disease, No CR after induction

1-5

	Prednisolone 60mg/sqm PO 3 DD	VCR 0.8 1.5mg/sqm Slow IV push	L asparaginase 10,000units/sqm IM 5400	DNR 13.5 25mg/sqm IV infusion(1hr)	ITM (age appr)
1.	20/6/24				
2.	21/6				
3.	22/6				
4.	23/6				
5.	24/6				
6.	25/6				
7.	26/6	[illegible]		[illegible]	28/6/24 → Traumatic ē blasts
8.	27/6		[illegible]		
9.	28/6		30/6/24		
10.	29/6				
11.	30/6		[illegible]		
12.	1-7-24				
13.	2-7-24				
14.	3-7-24				
15.					
16.					
17.					
18.					
19.					
20.					
21.					(Extra ITM as D8 Traumatic ē blasts)
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.	tapering				
30.	tapering				
31.	tapering				
32.	tapering			lost [illegible]	
33.	tapering				
34.	tapering				
35.	tapering				

Max dose of prednisolone is 120 mg/day

D8 PB:- 59% (TLC-11540).

FISH (+ve) (t: 1:19)

D8 CSF → few blasts

Karyotype (: 46 XY)

4yr 6m
07585676

Ht :- 88 cm
wt :- 12.2kg
BSA :- 0.54m²

ALL
RISK (SR)
tion, SR-RIA week 1-5

	Prednisolone 60mg/sqm PO 3 DD (30mg)	Vincristine 1.5mg/sqm IV (0.8 mg)	ITM (as per age) (10mg)	L asparaginase 10,000units sqm(IM) 5500 U
1.	20/6/24 ✓			
2.	21-6-24 ✓			
3.	22-6-24			
4.	23-6-24			
5.	24-6-24			
6.	25-6-2024			
7.	26-6-24			
8.	27-6-24	27/6	27/6	
9.				
10.				
11.				
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16.				
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20.				
21.				
22.		1+2		
23.				
24.				
25.				
26.				
27.				
28.				
29.	Tapering			
30.	Tapering			

ttive for t(1;19)

DB PS → 59k , TLC - 11,540
CSF → 59

* GIVE Inj ATS before giving LEUNASE

HUSSAIN

HR Consolidation UHID 10758567 6 240 Sqm/m 0.54m²

Week 6-14 (63 days)

Eligibility

BM remission, ANC>750/cumm, platelet count >75,000/cumm

Day	Cyclophos 1000mg/sqm,30 mts	Cytarabine 75mg/sqm IVpush	6-MP 60 mg/sqm PO	ITM (age appr)	VCR 1.5mg/sqm	L asparginase 10000units/ sqm IM
1.						
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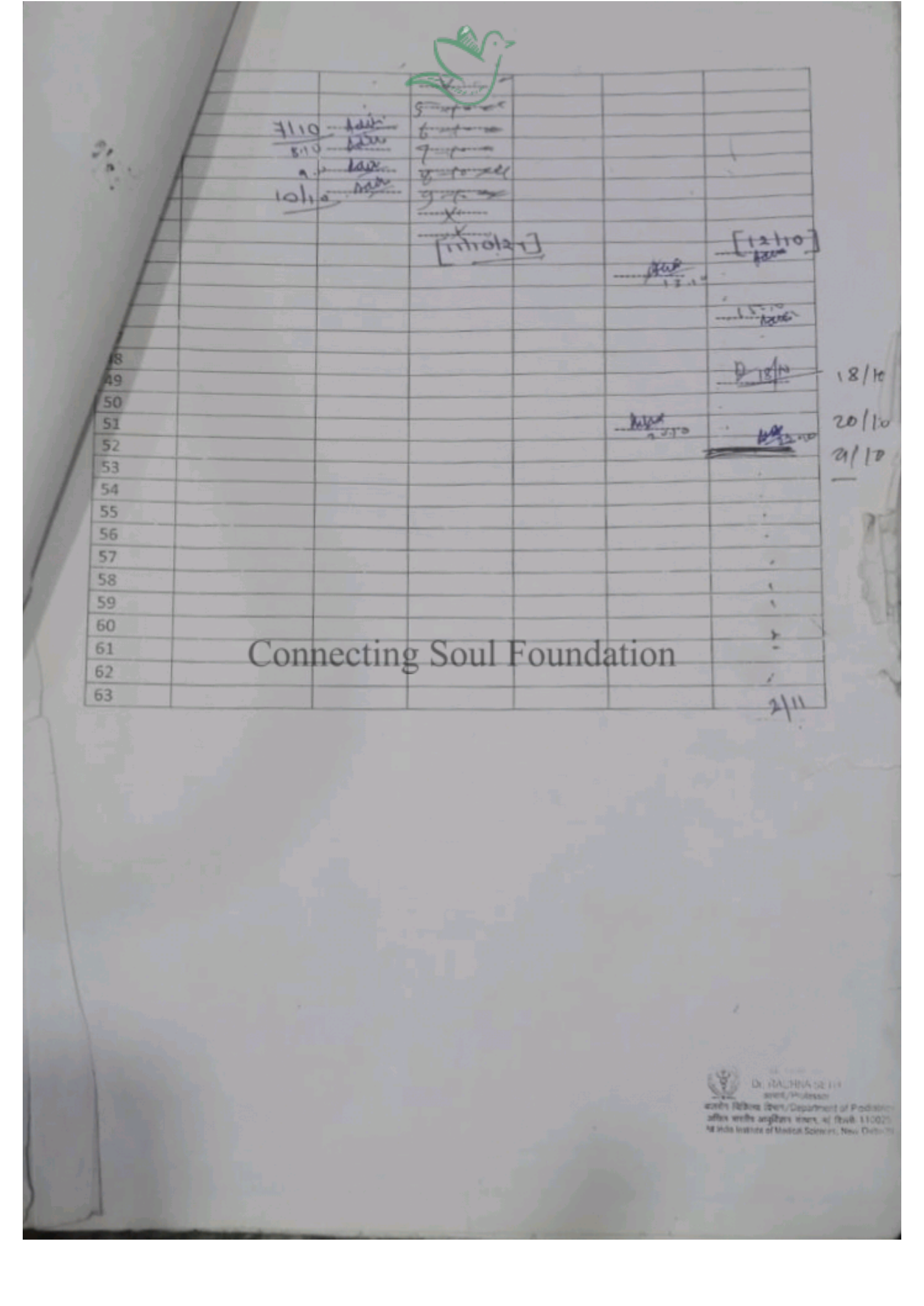
CSF ↗ pcellular
6/9T psCN



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18/10
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21/10
2/11

42.	13-12-24			
43.	19-12-24	.....		
44.	20-12-24			.....
45.	.....		42,48,54 hrs	
46.	.....			
47.	.....			
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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences, New Delhi

Report

HEMATOLOGY

Test Name	Result	Unit	Reference
Hb	[illegible]	[illegible]	[illegible]
Hematocrit	[illegible]	[illegible]	[illegible]
RBC count	[illegible]	[illegible]	[illegible]
WBC count	[illegible]	[illegible]	[illegible]
Platelet count	[illegible]	[illegible]	[illegible]
MCV	[illegible]	[illegible]	[illegible]
MCH	[illegible]	[illegible]	[illegible]
MCHC	[illegible]	[illegible]	[illegible]
RDW-CV	[illegible]	[illegible]	[illegible]
Neutro	[illegible]	[illegible]	[illegible]
Lympho	[illegible]	[illegible]	[illegible]
Eosino	[illegible]	[illegible]	[illegible]
Mono	[illegible]	[illegible]	[illegible]
Baso	[illegible]	[illegible]	[illegible]
NRBC	[illegible]	[illegible]	[illegible]
Neutro - Abs	[illegible]	[illegible]	[illegible]
Lympho - Abs	[illegible]	[illegible]	[illegible]
Eosino - Abs	[illegible]	[illegible]	[illegible]
Mono - Abs	[illegible]	[illegible]	[illegible]
Baso - Abs	[illegible]	[illegible]	[illegible]

----End of Report----

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi-110029

Department of Paediatrics
Division of Paediatrics Haematology & Oncology

DISCHARGE SUMMARY

Name	HUSSAIN SON OF SAJID	Time/Date of admission	01:54 PM, 01.12.2024
Age/Gender	3 YEARS / MALE	Time/Date of discharge	03:00 PM, 04.12.2024
MRD no	1426003	Hematology no	
Weight Height	12 KG 89 CM	BSA Blood group	0.54 M^2
Attending faculty	Dr. Prashant Prabhakar, Dr. Sumit Mehndiratta, Dr. Sangmitra Ray, Dr. Nidhi Chopra, Dr. Rita Moni C Baruah		

Diagnosis	B – CELL ALL (HIGH – RISK) CNS – 3 on IM

PRESENTING COMPLAIN: Child came for 1ST HD MTX

HOSPITAL COURSE: Child admitted for 1st high dose methotrexate. On admission, initial investigations were sent which were within normal limit (Checklist Verified). After taking informed consent child was started on alkaline hyperhydration. After confirming urine PH >7 child given 10% test dose of methotrexate followed by rest 90% dose with ongoing hyperhydration. Urine PH monitoring was done throughout methotrexate infusion. ITM was done under aseptic conditions and methotrexate infusion was stopped after 24 hours from start of methotrexate test dose. Leucovorin rescue given at 42/48/54 hours from start of methotrexate test dose and leucovorin gargles continued. Chemotherapy (6 MP) continued. Currently child is stable and no signs of toxicity were seen. Hence, planned for discharge.

INVESTIGATIONS-

DATE	HB	TLC	ANC	PLT	T.BIL	GOT/GPT	ALP	BUN	CRET	NA/K	OTHER
02/12	10.9	3680	2080	1918							ALB – 5.0
03/12	10.7	2960	1620	1848		33/15	305	8.7	0.27	139/4.7	Cl – 104
4/12					0.6	110/51	303	9.4	0.25	140/4.8	Ca-9.2 IP-6.3, Tprot-6.1, LDH-251, U-10

Advice at discharge (explained to parents by doctor/nurse):

1. Plenty of fluids, diet as advised neutropenic diet
2. Betadine gargles, candid mouth paint, sitz bath TDS
3. Tablet 6 MP 50 mg ½ tablet OD
4. ~~Syptom 160/800 ½ po bd on sat and sun from next week~~
5. Leucovorin gargles 3 hourly
6. Danger signs explained

E/b

[SIGNATURE]

Follow up in pediatric hematology oncology clinic in room number 228/229, Wednesday 2PM
In case of emergency call Pediatric oncology helpline number 8800282755
Danger signs explained:
Lethargy/ persistent vomiting/fever/fast breathing/ loose stool/ seizure or any new symptom which patient perceive to be alarming

Next visit: AIIMS OPD on WED/SAT. 7/12/24

NATIONAL INSTITUTE OF PATHOLOGY (I.C.M.R)

SAFDARJANG HOSPITAL CAMPUS, POST BOX NO. 4909, NEW DELHI-110029

Ref. No. 06-07/12575

Date	04/12/2024	Srl No. 5	Hospital No. 70428
Name	MST. HUSSAIN	Age 3 Yrs.	Sex Male
Ref. By	DR.KETAN,SJH	I.O.P. No. CY-242-24	Date of Receipt 3-12-24

CSF EXAMINATION

SPECIMEN - **CSF FOR MALIGNANT CELLS**

MICROSCOPY -

Centrifuged CSF smears examined are acellular.

Only degenerated debris seen.

No blasts seen.

for (DR. AROONIMA MISRA)

Connecting Soul Foundation

** End of Report **

Signature

42.	18-12-24			
43.	19-12-24	----------		----------
44.	20-12-24			
45.	----------		42,48,54 hrs	
46.	----------			
47.	----------			
48.	----------			
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