EK PARIVARTAN FOUNDATION

Working for a Better Tomorrow

EK PARIVARTAN FOUNDATION REGISTRATION NO: 130

EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M

EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221

EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573

EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308

EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314

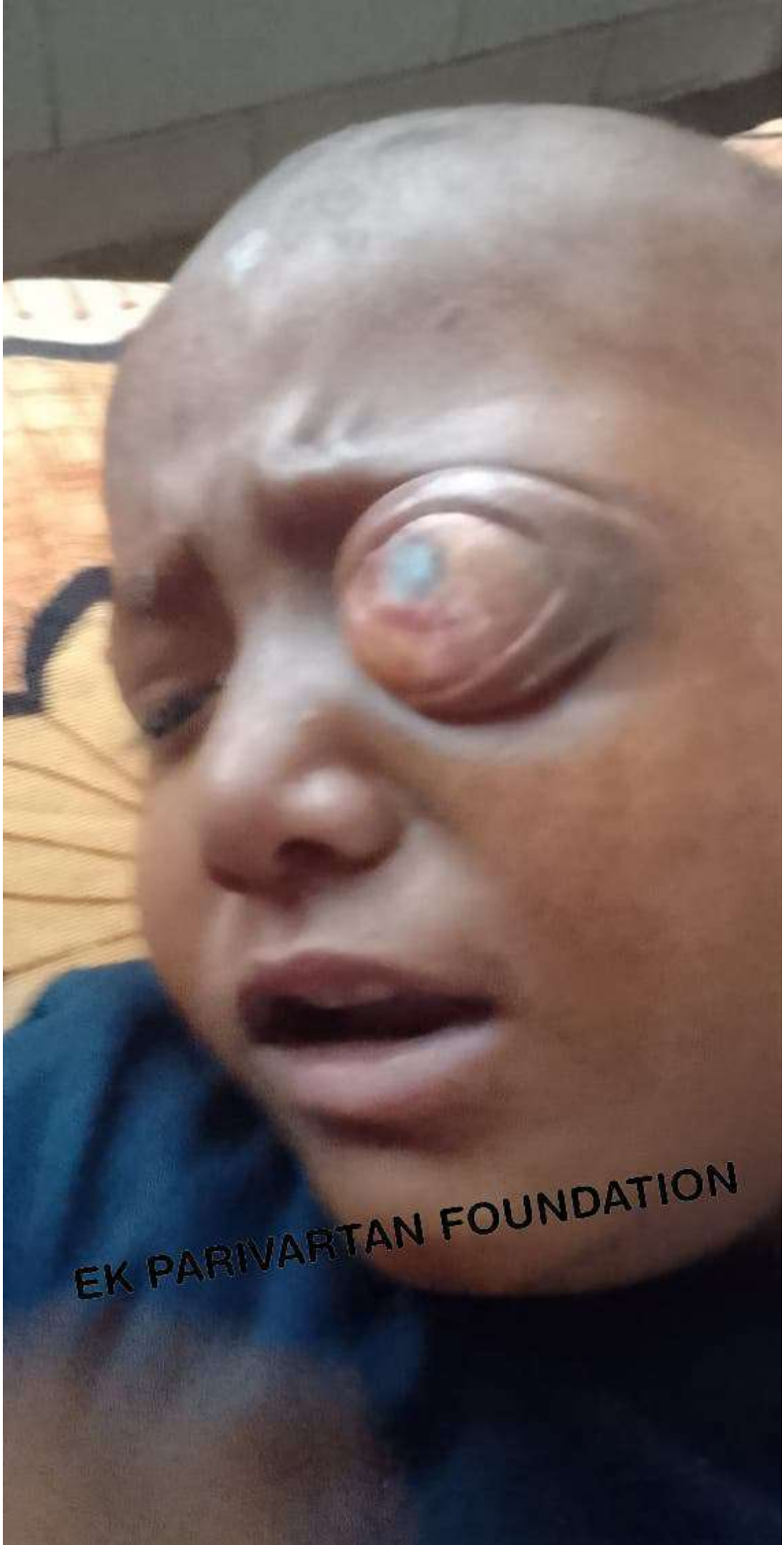
EK PARIVARTAN FOUNDATION TM APP NO : 5822870

EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746

EK PARIVARTAN FOUNDATION WEBSITE : WWW.EPFNGO.ORG

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	**BABY SHIVANI KUMARI**
PATIENT FATHER NAME	**MR. BHARAT YADAV**
DOB AND GENDER	**5 YR / FEMALE**
DISEASE NAME	**EYE CANCER**
TREATMENT HOSPITAL	**(AIILS) ALL INDIA INSTITUTE OF MEDICAL SCIENCE**
REGISTRATION NO	**108197031**
DEPARTMENT NAME	**PAEDIATRICS**
TREATMENT COST	**APPROX 2 TO 3 LAKH**
PATIENT FATHER OCCUPATION	**LABOR**
PATIENT ADDRESS	**VILLAGE JAMUNEE, DIST. GAYA, BIHAR, 843332**


EK PARIVARTAN FOUNDATION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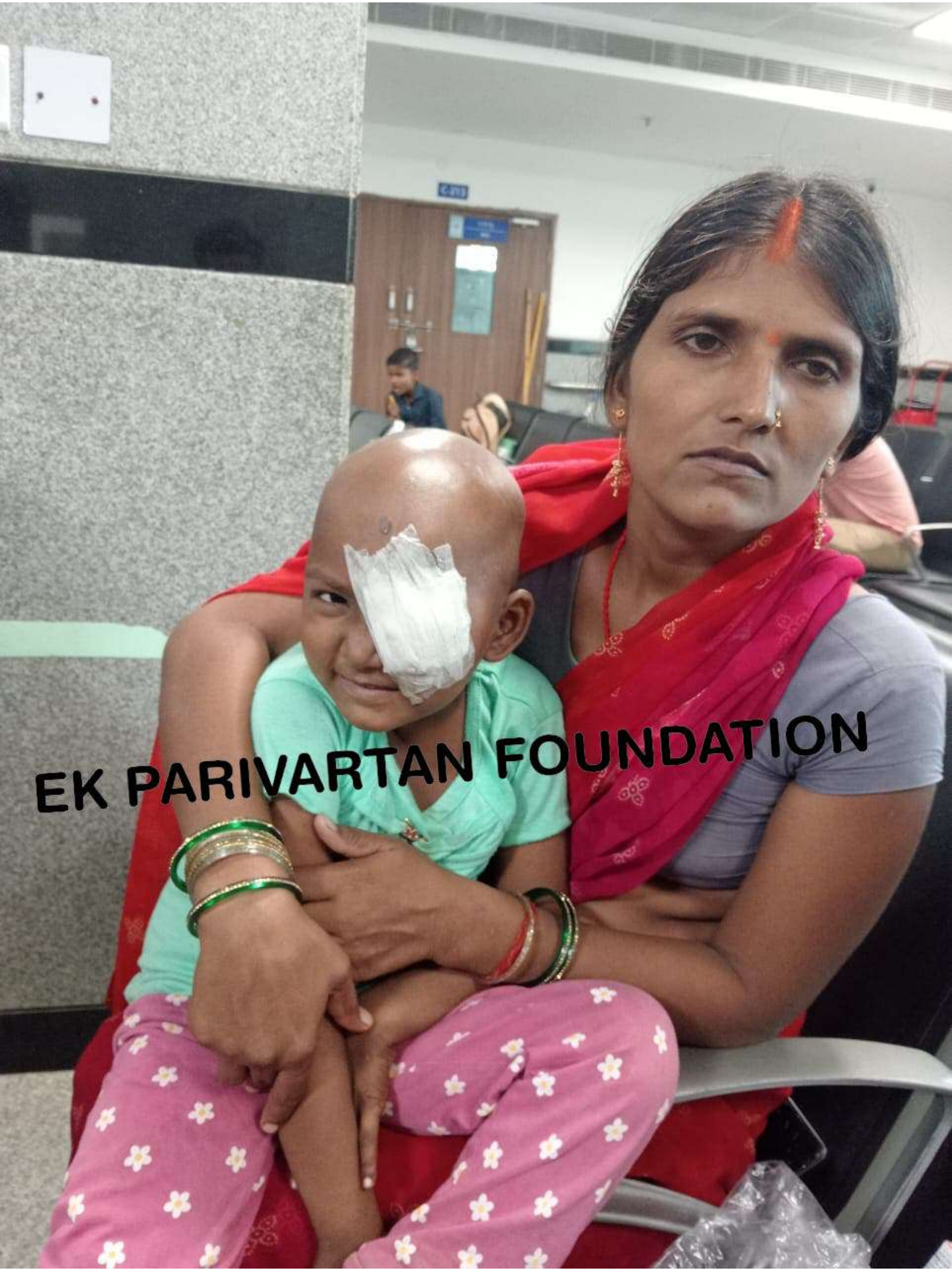

EK PARIVARTAN FOUNDATION

7:24 AM (1) 80/81 Cough. (2) Hemophil payment

एम. आर. आई प्रपत्र 1 / MRI Form 1
दूरभाष सं. / Tel. No.: 26593614, 26546455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम. आर. आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. or Unit: Peds unit (3) Date of Requisition: 16/7/25
   OPD No. .... UHID No. 108197031 Ward / Bed No. ....

2. Screening Dept.: Radio-Diagnosis [ ] Neuro-Radiology [✓] Cardiac Radiology [ ]
   (Tick as appropriate)

3. रोगी का नाम /Patient's Name: Shivani आयु /Age: 5y Sex: F
   (साफ अक्षरों में / In Block letters)

   जन्म तिथि /Date of Birth : दिन /Day .... माह /Month .... वर्ष / Year .... Weight .... Kg.

EK PARIVARTAN FOUNDATION

4. General Patient Condition (Tick as appropriate)
   (i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory ✓

5. Clinical Details : History: (L) eye proptosis x 1sd c headache/vomiting → baseline MR s/o (L) cavernous sinus lesion extending upto orbital apex
   Examinations
   Relevant Investigations: → Rhabdoid tumor
   Previous CT / MR / Other Reports / Studies (with numbers, if any): awd cranial RTx @ 50.4Gy (+) 4# NACT

6. Blood Urea / S Creatinine

7. Clinical Diagnosis: Rhabdoid Tumor

8. Exact Anatomical site for MRI: Brain (+) Orbit (+) screening entire spine

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).

10. (a) Contrast Enhancement Required : Yes........ No........
    (b) Allergic to any drugs : N
    (c) Implant in Body (Tick as appropriate)
    Cardiac Pacemaker .... Aneurysmal clips .... Cardiac Valve/Prosthesis ....
    Metallic Implants .... Sharpnel/Pellet .... Others .... None

Rs. 3000/- M.R.I. CHARGES
Rs. 1500/- FOR EVERY ADDITIONAL STUDY
Rs. 1000/- FOR CONTRAST IF REQUIRED
K.F.T. REPORT FOR CONTRAST STUDY
ONE WEEK PRIOR TO STUDY

1/9/25

हस्ताक्षर / Signature: Dr Nikita
नाम / Name: (JR) SR
(साफ अक्षरों में / In Block letters)
पदनाम / Designation ....

DATE 29/8/25 OTHER NPO x 6 HOUR ... WITHIN 1 WEEK
PAC NPO 7:30 Am

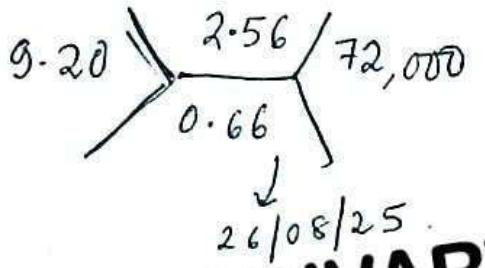
(Requisition may be signed by a Faculty Member/Sr. Resident)

27/8/29

- 2% Betadine gargle
- Sip bath. explained
- On septran AD-
- No fresh complaints.
- MRI Redated - 1/9/25.
- Last chemo. - 15/8/25.

Rhabdoid Tumour
c I/C extensive

- Due for Wk 5
- Due for Reassessment MRI on 01/09/25
- Clinically well



Adv.

- N/V.. on 30/08/
c CBC

- ~~Refer to RPC OPD~~

Manali

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

: Shivani Age/Sex : 5yrF Ref. Deptt./Unit : Date : 23/8

r (Bed No.) / Outdoor / Casualty Peds UHID No. : 10819703I LMP :

mination Required :

hical History and Examination :

CXR PA view

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : _____

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer :

P.T.O.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi

108197031

Exempted Slip
Full Exempted
Duplicate

Exemption No :17932-2025

Exempted Date :22-08-2025

UHID : 108197031 **Patient Name :** Miss. SHIVANI KUMARI
Age : 5 years 5 mons 2 days **Sex :** Female
Address : VILLAGE JAMUNEE ,DISTRICT GAYA ,,BIHAR
Category : OPD Patient **Sub Category** General
Exempted Category : BPL Ration Card BPL Certificate Card No:10340230051023700017
Acting HOD :

Exempted Service Details

Sl.No	Service category	Service Name	Requi Id	Rate	Quantity	Amount	Exempted Amount	Amount After Exemption
1	MRI (MAIN RADIO DIAGNOSIS)	ADDITIONAL STUDY	4084793/2025	1500	1	1500	1500	0
2	MRI (MAIN RADIO DIAGNOSIS)	MR SCAN BRAIN(MR.BR)	4084793/2025	3000	1	3000	3000	0
							Total amount	4500.0
							Exempted amount	4500.0

T-988

26/7/25

protocol —
BP 81/41 GMEB (?)
NO Oscillecles (?)
CBC/c
LFT/RFT/ ~~(?)~~
2: before gaste (?)
SH > bean (?)

C/O. Rhabdoid tumor c̄
Intracranial extension

Post RT.

→ Received Doxorubicin on 23/7 and 24/7.

Currently on INJ - G-CSF -

→ vomiting ~~(?)~~ since 2 days
1 episode

LC0108252647 108197031
LH01082501921 108197031
Miss. SHIVA

→ no CH
→ no fever,

CBC → 10.5 / 11850 / 9200 / 367k..

Inj GCSF 80 mg
S/C OD
25/7 26/7 27/7 28/7 29/7

Adv

→ C/t INJ G-CSF. for today 5d.
→ takes protocol for ATRT from Tincy sister
→ collect RFT/LFT -
→ MRI dated on 22/8/25:
→ f/u 4/8/25 c̄ CBC/RFT/LF at 2pm POC clinic

Dr Kemu (?)
JR Pedon.

8/2
2% Betadine gargle
Sitz bath.
on Septran ALT.
- No fresh complaints
MRI Dated - 22/8/25
due for week 3 chemo
ANC

Dated 13/08
14/08
15/08
from HCH-DC
To check
CBC / LFT / KFT
before chemo

ATRT. post week 1

Clinically well
Due for week 3 ICE

Adv.

- Cap APRECAP 125mg D1 / 80mg D2 D3

- Inj. DNS ē 1:100 KCl @ 85 ml/hr × 8 hrs on D1 D2 D3

Post 2 hrs

✓ - Inj IFOSFAMIDE 1350mg / 200ml NS iv over 2 hours on D1 D2 D3

✓ - Inj MESNA 500mg / 100ml NS iv @ 0, 3, 6 hrs on D1 D2 D3

✓ - Inj. CARBOPLATIN 340mg / 200ml NS iv over 1 hour on D1

- Inj. ETOPOSIDE 70mg / 200ml NS i.v. over 2 hrs on D1 D2 D3

- Inj. G-CSF 80µg s/c q 24 hrs × 5 days from 16/08/25

- N/V on 20/08/25 ē CBC

Post chemo

- T. EMSET 4mg ½ TAB po q 8Hrly × 3 days

- T. DEXA 4mg ½ TAB po q 12Hrly × 3 days

20/8/25

C/o Rhabdoid tumor ē I/C extension (MRT) on Ex Rhabdo pro
post RT 50.4 Gy 1/5/25 – 12/6/
post #2/wk3 ICE ∵ 13/8/25
Due for next # on 29/8/25
F/U ē fresh CBC on 27/8/25 chart next #

9.4 > 2930 / 2290 < 2.7

MRI dated on 22/8/25

1:30pm

16/8/25
2.pm

SB for Pedonco.

C/o. ATRT received chemo from 13/8/25 to 15/8/25. (Ifos / carboplatin + Etoposide)

→ LM x 2 day — yest 3 episode
today 2 episode

fever → 1 day 100°F
no cough / cold
c/o no vomiting today
voiding urine well → 3 times today

→ HR → 110
RR → 28
PP ++ / H
→ RS: AE = BS clear
CVS: S1S2 heard no murmur
PA: soft NT
CNS: GCS 15/15

CBC
10.6 / 5640 / 5020 / 3.91 L
VBG N

18/8/25

No e/o dehydration
Child active playful

Adv
→ Syp cefixime 100mg/5ml 4ml — 4ml
G-CSF 80 mcg OD x 5 day
→ Syp Emeset 2mg/5ml 5ml SOS
→ Syp. Zinc 5ml OD x 14 day
→ Pr ORS 100ml after LM
→ danger signs explained
→ f/u on 18/8/25 at 2

Pr Remo
Dr Pedonco

3pm day 1

PGIMS Rohtak
P13 Exempt-C
1/2/25

डॉ॰ जगदीश प्रसाद मीना
Jagdish Prasad Meena
Tutor/Additional Professor
Dept. of Pediatrics
AIIMS, New Delhi-29

FKC → 16 → Room

FDG/N/40694/25
14/7/25

PET SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग/Department of Nuclear Medicine & PET
अंसारी नगर, नई दिल्ली-110029/Ansari Nagar, New Delhi-110029
Tel. : 91-11-26593210

Physician request form for Position Emission Tomography (PET) Scan
(Please Note : Scan will not be done if form is not properly filled)

1:5 HTT Brain 6 wks sed

NAME: Shiveri Kurodi **Date:** 18/6/25

AGE/GENDER: 54/Female

Name of Referring Dept. / Physician Dr. Rachna Seth.

UHID: 108197031 **LMP:**

FBS: **Contact No:** 84 [illegible] 85 99 80

Try O/N 19/06/25

FGVC Intracranial Intracranial RT
Intracranial Irradiation.

Present Clinical History and Diagnosis:

EK PARIVARTAN FOUNDATION

To CTO 14/7/25 (AM)
SE CT PET -ve

Initially used as RMS
Received 8 cycles of chemo.
Now received RT - 50.4 Gy in 28 fractions

Clinical Question / PET Scan Indication :

Try on 19/06/25

Past Medical History with any current medication for same:

Resp(TB/DM/Autoimmune)

JR/NM

(a) Previous Pathology Reports:

To be started on EC-PMAD protocol

Response assessment to be done

RT → last 12/6/25 declared

(b) Biochemical Markers:

12/8/25 9 am FRNM

Any Other relevant Info

POCS PANEL
PB Exempt

FOGN/40694/25
14/7/25

RK → 16 → Room 1

डॉ. जगदीश प्रसाद मीणा / Dr. Jagdish Prasad Meena, Additional Professor, Dept. of Pediatrics, AIIMS, New Delhi

PET SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग/Department of Nuclear Medicine & PET
अंसारी नगर, नई दिल्ली-110029/Ansari Nagar, New Delhi-110029
Tel. : 91-11-26593210

Physician request form for Position Emission Tomography (PET) Scan
(Please Note : Scan will not be done if form is not properly filled)

NAME: Shivani Kumari
AGE/GENDER: 5y / Female
Name of Referring Dept. / Physician: Dr. Rachna Seth.
UHID: 108197031
FBS:

1:54 pm — HTT Brain — 6 mCi

Date: 18/6/25
sed
LMP:
Contact No: 84 [illegible] 859980

Try O/N 19/06/25

Present Clinical History and Diagnosis: FU/C Intracranial / Extracranial MRT — Intracranial Ewing's

To CTC 14/7/25 (9AM)
S/C/PT — -ve

Clinical Question / PET Scan Indication : Initially Dxed as RMS & received 8 cycles of Chemo. Now received RT → 50.4Gy in 28 fractions

Try on 19/06/25

Past Medical History with any current medication for same:
esp(TB/DM/Autoimmune)
To be started on EU-RMAD protocol

(a) Previous Pathology Reports: Response assessment to be done

OR/NM

RT → last 12/6/25
1 radiated

(b) Biochemical Markers:

12/8/25 9am
SRNM Any Other relevant Info

Advice:

Given @ 7PM 31/7

1. Inj. PCM 160mg IV stat
2. Plenty of fluids
3. Syp. lactulose 10ml PO BD (to stop if loose stools ⊕).

4. Rv with reports.

Dr. RISHIKA POTHARAJU
Junior Resident
Department of Pediatrics
AIIMS, NEW DELHI -110029

4S/b Peds Onco SR

ALT / Post RT

c/o itching & burning micturition

fever × 1 spike low grade

. received DOXO 23/7 - 24/7

. on G-CSF prophylaxis - 5 days received ✓

Wt = 16kg

O/E rash over vulval region ⊕

HR = 96/min

RR = 24/m

PP/CP + / ✓

R/S B/L AE ⊕ no added sounds

P/A soft, BS ⊕ no OM

CNS NAD

Hb/Lk - ⊘

8.8) 4050 / 2990 (1.332

MG - ⊘

Plan: U R/M ; U C/S ; USG KUB.

Adv

- Syp. lactulose 10ml @ OD
- Candid Oint. LA TDS.
- Syp. cefixime (100/5) 4ml BD.
- to review reports

31/7/25 (7PM)

AIIMS FREE GENERIC PHARMACY RECEIVED

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Shivani **Age/Sex :** 32/F **Ref. Deptt./Unit :** Paedi. **Date :** 31.7.13

Indoor (Bed No.) / Outdoor / Casualty **UHID No. :** 10819703) **LMP :**

Examination Required :

Clinical History and Examination :

USG KUB — ? Cystitis

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only)

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : _____

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer :

P.T.O.

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PATHOLOGY

Patient Name	:	SHIVANI KUMARI	UHID NO.	:	108197031
Accession No	:	S2516578	F/H Name	:	D/O BHARAT YADAV
Age/Sex	:	4Y /Female	Additional ID	:	NA
Clinic/Dept	:	Paediatrics	Unit	:	Unit III
Consultant Incharge	:	Dr. Rachna Seth	Request Date/Time	:	01-04-2025 /00:00:00
			Accession Date/Time	:	01-04-2025 /12:28:59

HISTOPATHOLOGY REPORT

GROSS EXAMINATION:

Accession No. : S2516578A

Specimen labelled as "Orbital mass " comprises of multiple linear soft cores measuring 0.2-0.4 cm in maximum dimension

MICROSCOPIC EXAMINATION:

Section examined shows a partly necrotic tumor composed of cells with scant to moderate, eccentric eosinophilic cytoplasm. Tumor cells show loss of INI1 immunoexpression.

Desmin and WT1 show cytoplasmic dot-positivity. p53 shows diffuse strong i.e. mutant-type staining. Myogenin and MyoD1 are negative. BRG1 expression is retained.

Features are those of extrarenal rhabdoid tumor.

Case transferred to the undersigned on 24/04/2025

DIAGNOSIS:

S2516578A	Orbital tissue biopsy	Orbital Mass Biopsy	• Extrarenal rhabdoid tumor 8963/3

End Report

Reporting Resident: Dr. Kamlesh Darji

Reporting Faculty: Dr. Aanchal Kakkar, M.D.
Additional Professor

Reporting Date/Time: **29-04-2025 19:42**

Disclaimer :

1. This report is electronically generated and does not require a signature or stamp to be considered valid.
2. The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.

INJECTED ACTIVITY (mCi): **Ht:** **Urea:**

TIME OF INJECTION: **Wt:** **Creatinine**

Previous Imaging **Site of Cannulation**

Date **Finding :-**

Date **Previous PET (Private/AIIMS)**

Dr SHAMIM
Kindly give early date

Treatment history :

EK PARIVARTAN FOUNDATION

डॉ० जगदीश प्रसाद मीना
Dr. Jagdish Prasad Meena
अतिरिक्त प्राध्यापक / Additional Professor
शिशु रोग विभाग / Dept. of Pediatrics
अ.भा.आ.सं., नई दिल्ली-29 / A.I.I.M.S., New Delhi-29

Instruction to Patients :

1. Please bring DD/Pay order for Rs. 5000/7500 in favour "AIIMS MAITRI ~~GRANT~~ ACCOUNT" and write name of patient on reverse of DD with date of scan. **Payment is to be made on the day of the test.**
   For 2nd PET Scan charge are only Rs. 4000/-
2. **Charge for PET/CT film is Rs. 100/-**
3. Patient may eat light breakfast before 7 am after that may take water only, no food for at least 4-6 hours.
4. Must bring all old records.
5. Study is subject to availability of **RADIOISOTOPE**

Prof. Madhavi Mam
Nuclear Medicine
This is a case of MPN
Kindly give early date

Date :	Time :

Consent

I have been explained the risk with iodinated contrast media & radiopharmaceutical injection. I hereby give my consent for the injection of contrast media/ RP to the patient by any route and dose as deemed necessary for PET/CT Imaging/Biopsy. I understand that sedation if necessary will be administered by the treating department / anesthetist

P4/7/25

डॉ० जगदीश प्रसाद मीना
Dr. Jagdish Prasad Meena
अतिरिक्त प्राध्यापक /Additional Professor
शिशु रोग विभाग / Dept of Pediatrics
अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

Dr SHAMIM

Signature ..... **Name** ..... **Date**..... **Relation**.....

Kindly give date for July PET/CT, Clinically progressive disease → Need to upgrade therapy

19/6/25

BATRA HOSPITAL & MEDICAL RESEARCH CENTRE
OF CH. AISHI RAM BATRA PUBLIC CHARITABLE TRUST
1, Tughalakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062

BATRA HOSPITAL
& MEDICAL RESEARCH CENTRE
HEALTH & HAPPINESS FOR ALL

Tel.: +91-11-29958747 Extn 2078 Mobile.: +91-9999828211
Available between : 10.00 AM to 4.00 P.M. Monday To Saturday
E-mail.: maildrirfan@gmail.com

Dr. Irfan Bashir
MBBS, DNB Fellowship St. Christophers (London)
Head of the department Radiation Oncology
Chairman-Radiation Safety Commitee
- Life Time Member Of Association Of Radiation Oncologist Of India (AROI)
- Life Time Member Of India College Of Radiation Oncology (ICRO)

554/25

Date 29/4/25

Name : Shivani Kumari Age : 4 (yrs) Sex : M/F

Diagnosis :-

Complaints:-

Case of Parameningeal Rhabdomyosarcoma

Post 1 cycle of IVAC (23/3/25)
3 cycle of VCR
(Last on 26/4/25)

Biopsy → Ovoid elongated cells
Myxoid stroma
Desmin +ve
Myogenin +ve

EK PARIVARTAN FOUNDATION

- orfit cast & CT-planning today.
- Radiation from 1/5/25 at 12:00 noon

01/05/25 [illegible] therapy to be started from today
[illegible] soaps, oil & cream over the area
[illegible] avoid hot beverages, chillies & spices
[illegible] plenty of fluids 3L/day

Zincovit 1 tab OD

Dr K
Junior

NOT VALID FOR MEDICO LEGAL PURPOSE ... must be ... practices, storage Ext.no. 7004/7005

agnostic Work UP & Risk Stratification

ch RC) → Ⓛ cavernous sinus mass extending into Ⓛ orbital region via SOF along apex. origin appears orbital apex.

l (21/3/25) → 3.9 x 6.3 cm Ⓛ large mass extending into osteriorly Ⓛ ambient cistern, sella, MCF, Ⓡ cavernous sinus c̄ proptosis. significant increase in mass Ⓕ. Bony erosion ⊕, not origin. Optic N/v 360° encased. RMS c̄ IC extension.

(1/4/25) Ⓛ Preauricular LN +nt involved reactive marrow uptake in iliac Bone, (secondary to chemo) + nt tu lung Ⓝ

Chest :- Ⓝ

marker: Negative

an GenXpert - Negative

Biopsy :-

– Ⓝ

+ Biopsy : BMA Ⓝ
Biopsy →

e of treatment protocol

PM- RMS c̄ intracranial extension
mets - pending

extrarenal Rhabdoid tumor

10KB0|BB0|
18/3/25

Blood/Components requisition form

BLOOD BANK, TRAUMA CENTRE & SUPER SPECIALITY HOSPITAL, IMS, BHU, VARANASI-05

MRD No. 322760

Only fully filled & signed form will be accepted.

Blood Bank Registration No. 6408

- Well labelled blood sample of the patient, 2 ml each in EDTA & Plain tube, must be sent alongwith the requisition form.

Patient's Details :

Name : SHIVANI KUMARI	Patient's Blood Group : A+ve
Age : 4y Sex : M/F	Diagnosis : Retinoblastoma
Ward/EOPD No. : opthal	Hb % (gm) : 5 Platelet Count : 1 lakh
Dr. In-charge : Prof Prashant Bhushan	H/o Previous Blood Transfusion : Yes / No
	Requirement : PLANNED / URGENT / RUSH

Blood Product Required :

Name	Whole blood	Packed RBC	Random Donor Platelet (RDP)	FFP	Cryo ppt.	Plasma
Quantity		10				

S.N.	Specialized Service / Product :	Quantity
1.	Single Donor Plateletpheresis (SDP)	
2.	Plasmapheresis	
3.	Leukoreduced RBC	
4.	Washed Packed RBC	
5.	Factor VII, VIII, IX, FIBA, vWF (For registered Haemophilia Patients only.)	

Note : Certified that I have personally collected the blood sample after identification of patient's MRD No. & name. I have explained the necessity of blood / component transfusion & risks associated with it to patient / relatives & have taken informed consent.

Intern	JR-1	JR-2	JR-3	SR	MO	Dr/Unit Incharge
Date : 18/3/25	Time: 7:20 AM/PM				Signature with Full Name	

Note: Kindly read instructions overleaf before filling requisition form.

FOR BLOOD BANK USE ONLY

S.N.	Donor's Name	Donor Reg. No. (DR No.)	Receipt No.	Amount	Unit No. allotted & Cross matched
1.					
2.					
3.					
4.					

Group & Cross Match
- Date : Time : AM/PM
- Blood Group :
- Saline / Coomb's/Gel

Full Name of BB Staff	Signature

Requisition received on :
- Date : 18/3/25 Time 8:27 AM/PM
- Pt.'s Sample received : YES / NO
- Form properly filled : YES / NO

Full Name of BB Staff	Signature

DAILY RT FRACTION RECORD

S.No.	DATE	DAY	THERAPIST'S SIGNATURE	REMARKS
1.	1/5	Thu		
2.	6/5	Tue		
3.	7/5	Wed		
4.	8/5	Thu		
5. CBC	9/5	Fri		
6.	12/5	Mon		
7.	13/5	Tue		
8.	14/5	Wed.		
9.	15/5	Thu		
10.CBC	16/5	Wed		
11.	19/5	Mon		
12.	20/5	Tue		
13.	21/5	Wed		
14.	22/5	Thu		
15.CBC	23/5	Fri		
16.	26/5	Mon		
17.	27/5	Tue		
18.	28/5	Wed		
19.	29/5	Thu		
20.CBC	30/5	Fri		11:15-2:05

DAILY RT FRACTION RECORD

S.No.	DATE	DAY	THERAPIST'S SIGNATURE	REMARKS
21.	2/6	Mon		12:25 - 2.05pm
22.	3/6	Tue		10.30 - 11:25
23.	4/6	Wed		12:55pm - 3.00pm
24.	6/6	Fri		12.50pm - 2.45pm
25.CBC	9/6	Mon		11:00 - 11:30
26.	10/6	Tue		2.28pm - 2:58pm
27.	11/6	Wed		12.55pm - 1:30pm
28.	12/6	Thu		- 2.25
29.				
30.CBC				
31.				
32.				
33.				
34.				
35.CBC				
36.				
37.				
88.				
39.				
40.CBC				