EK PARIVARTAN FOUNDATION

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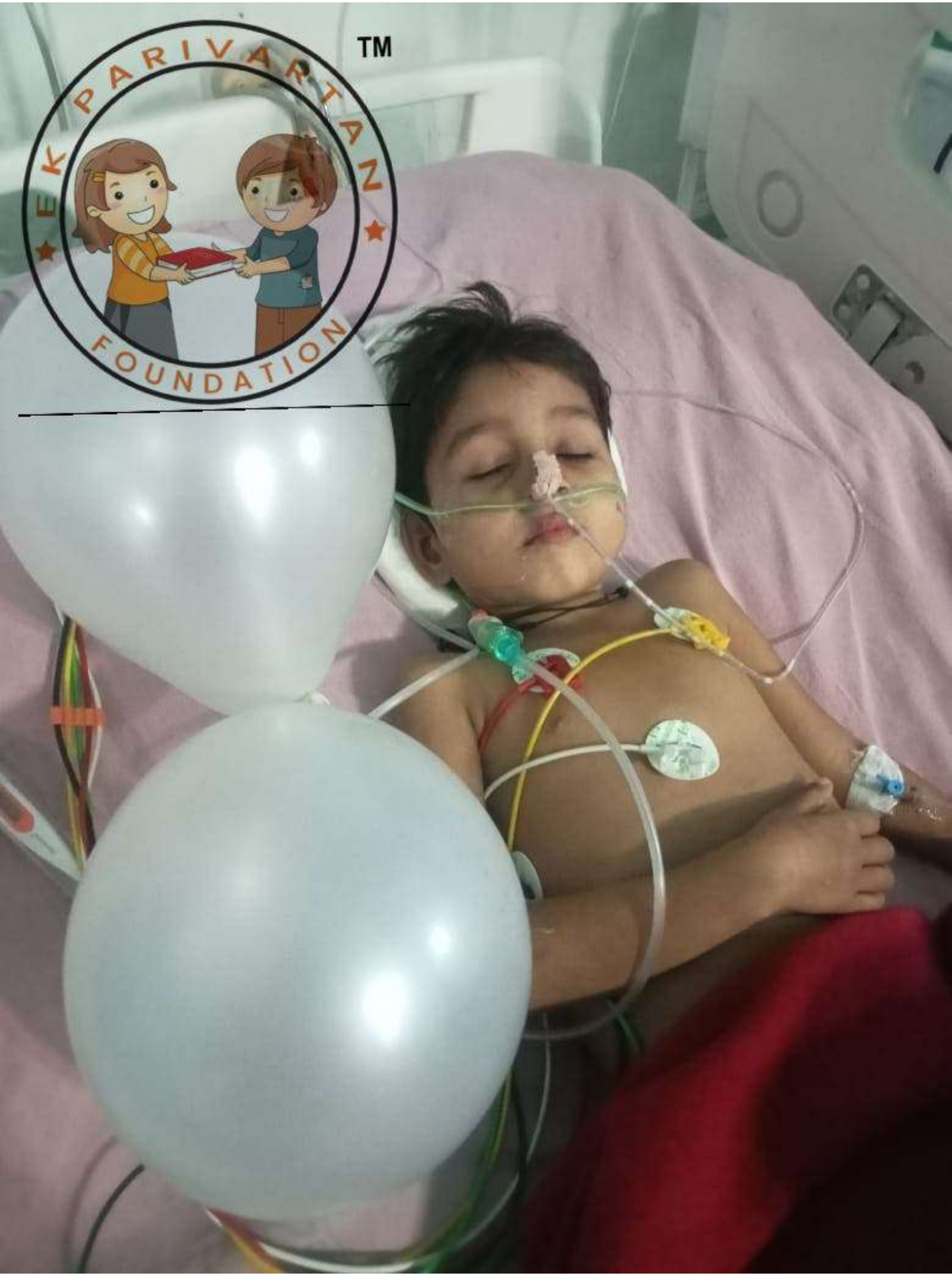
EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	**MASTER ARYAN**
PATIENT FATHER NAME	**MR. JASVEER SINGH**
DOB AND GENDER	**5 YR / MALE**
DISEASE NAME	**REFRACTORY HIGH RISK B-ALL**
TREATMENT HOSPITAL	**(AIIMS) ALL INDIA INSTITUTE OF MEDICAL SCIENCE**
OPD/CR NO	**202598053**
DEPARTMENT NAME	**PAEDIATRICS**
TREATMENT COST	**APPROX 10 LAKH**
PATIENT FATHER OCCUPATION	**LABOR**
PATIENT ADDRESS	**MAINPURI, UTTAR PRADESH**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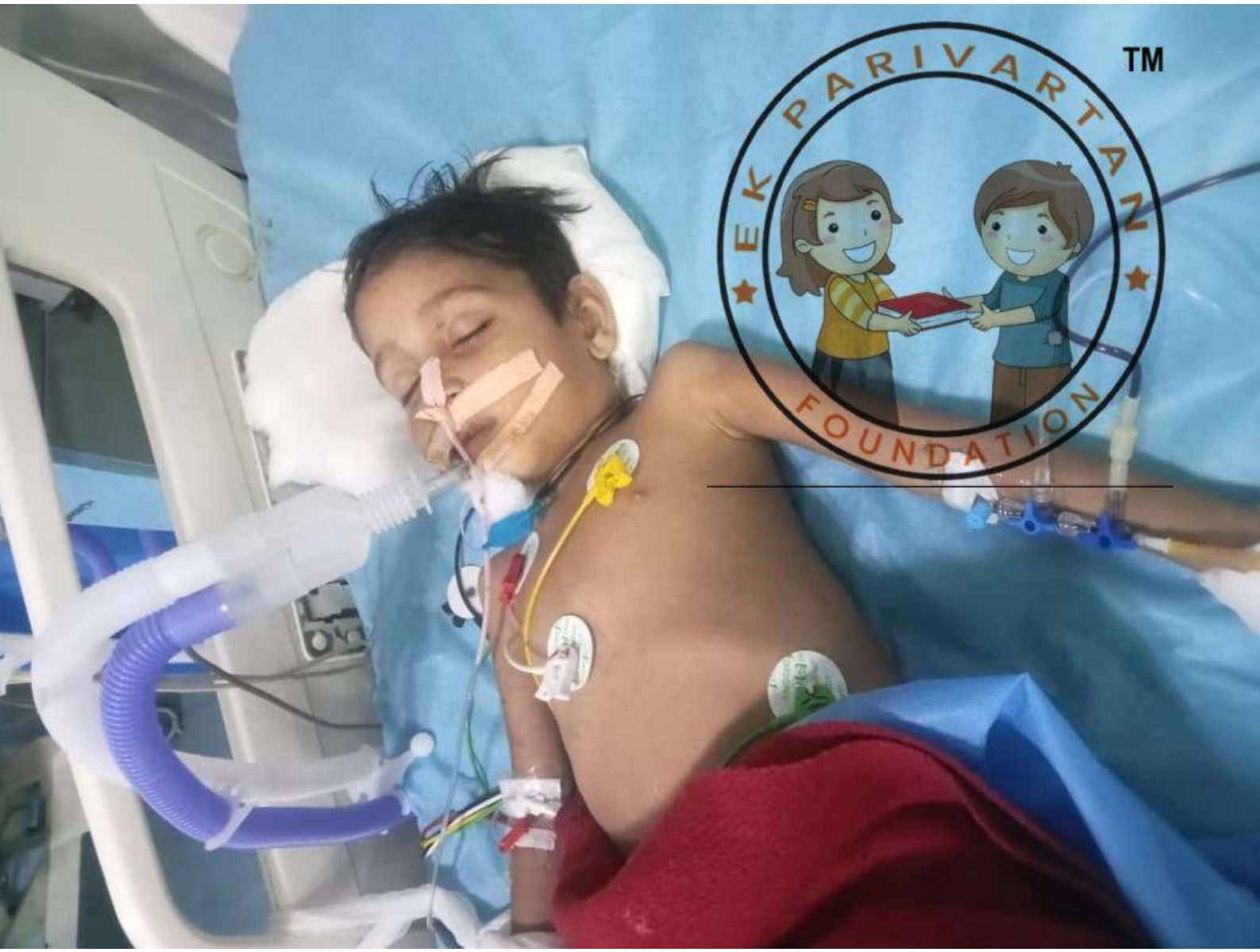
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वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली110029-

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

बाल रोग विभाग

Department of Pediatrics

Division of Pediatrics Hematology & Oncology

TO WHOM IT MAY CONCERN

DATE: 30.10.2025

This is to certify that

Patient Name ARYAN **Age** 5years **Gender** Male

S/o/D/o/W/o Jasveer Singh

OPD/ CR No – 202598053

Is suffering from Diagnosis Refractory High Risk B-ALL

And is under treatment from Department of Pediatrics, Division of Pediatrics Hematology & Oncology, VMMC & SJH, New Delhi.

The child is planned for allogenic Hematopoietic stem cell transplantation. This treatment is potentially lifesaving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amounts to Rs. 10 lakhs/- An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy – 5,000.00
2. Post transplant immunosuppression – 3,000.00
3. Miscellaneous + Supportive care – 2,000.00

10,000,00/–

This certificate is being issued to avail financial assistance from government institutions only.

Date 30.10.2025

Prashant

Signature

Dr. Prashant Prabhakar

DR. PRADEEP KR. DEBATA

M.D. Pediatrics, DM Neonatology

Professor, Consultant & HOD (Pediatrics)

VMMC & Safdarjung Hospital

New Delhi - 110029

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'O-1/S.J.H.-1

PD : 2025154220

बo रोoविo पंजीकृत स

O.P.D. Regn. No.....

विभाग/Deptt Paeds एकक/UNIT W2 (unit1) आय/Income

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री E/S/W/H/D of	लिंग/Sex आयु/Age	पता/Address
Aryan		5yr/male	

निदान/Diagnosis Ball All (Refractory)

तारीख Date	उपचार/Treatment
23/10/25	Advice - Admit in W2 unit1

DR. SABHARISREE
Senior Resident
Department of Pediatrics
Safdarjung Hospital
New Delhi - 110029

धुम्रपान व तम्बाकू सेवन दंडनीय अपराध है ।

SMOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE

स.ज.अ. (वि.रि.व.स.-2)
S.J.H. (M.R.D. NO.-2)

वी. एम. एम. सी. एवं सफदरगंज अस्पताल, नई दिल्ली

V.M.M.C. & SAFDARJANG HOSPITAL, NEW DELHI

Total No. of Pages :

दाखिला और छुट्टी का सारांश रिकार्ड/ADMISSION AND DISCHARGE RECORD

Sig. of Sr. Resident

रोगी का / Patient's

वि. रि. व. स./MRD No. वार्ड/Ward यूनिट/Unit CGHS Bed No

नाम/Name आयु लिंग/Age & Sex न. है/Civil Status

धर्म/Religion व्य./Occupation

पिता/पति का नाम/Father's/Husband Name आय/Income

म. न. गली/H. No. St. गांव Village टेलीफोन/Tele. Res./ Office

शहर/डाकखाना/Town P.O. जिला/District राज्य/State

दाखिले की तिथि और समय/ Date of Admission & Time

पता : निकट सम्बधी/Next of Kin's Address

स्थानीय पता/Local Address

छुट्टी की तारीख और समय Date & Time of Discharge		अस्पताल दिन Hospital days
अन्तिम निदान Provisional Diagnosis		
अन्तिम निदान (साफ अक्षरों में) Final Diagnosis (In block Letters)		कोड ICD Code
द्वितीयक निदान (साफ अक्षरों में) Secondary Diagnosis Complication (In block Letters)		
शल्य क्रियायें (साफ अक्षरों में) Operative Procedure (In block Letters)		

परिणाम Result	रूखसत किया – जीवित Discharge - Alive	मर गया Died	शव परीक्षा Autopsy
	☐ डाक्टर की सलाह से with Medical Advice ☐ डाक्टर की सलाह के विरुद्ध LAMA ☐ लापता Absconded	☐ 48 घंटे से कम Under 48 hours ☐ 48 घंटे से अधिक Over 48 hours	☐ हां Yes ☐ नहीं No

मृत्यु का कारण (साफ अक्षरों में) Cause of Death (In Block Letter)	I. प्रत्यक्ष कारण DIRECT CAUSE (क)..... (a) की वजह से अथवा (परिणामस्वरूप) due to (or as a consequence of पूर्ववृत्त कारण ANTECEDENT CAUSES (ख)..... (b) की वजह से अथवा (परिणामस्वरूप) due to (or as a consequence of (ग)..... (c)	II. अन्य महत्वपूर्ण स्थिति OTHER SIGNIFICANT CONDITIONS मृत्यु की वजह बीमारी अथवा वह कारण जो बीमारी की स्थिति से सम्बन्धित नहीं है । Contributing to the death, but not related to the disease or conditions causing it. ....

हस्ताक्षर Signature	जू.रेजी./Jr. Resident	सी.रेजी./Sr. Resident	से/यू. प्रमुख/Head of Ser./Unit	

दूसरी ओर : प्राधिकार आदि Reverse : Authorisation etc.

10/10/25 - completed BFM Augmented Blocks
(Awaiting counts recovery)

No fresh complaints

Adv
- Child is planned for Haplo HSCT post recovery & MRD
- Plan - MRD after 10 days
- Send HLA typing Child, parents

EK PARIVARTAN FOUNDATION TM

Ev on Monday OPC

- TO,
St Judes care centre
Please allow father to visit hometown to check status & wait for funds for HSCT for 1 week

Dr Prashant Prabhakar
MD, DM (Pediatric Oncology)
Senior Consultant Pediatric Hematology Oncology & Blood & Marrow Transplantation
Max Super Specialty Hospital
Vaishali

17

1/4/25

भारत सरकार
GOVT OF INDIA
वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली 110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI 110029
(दूरभाष Telephone : 011-26730000, 26165060)

UHID: 20250342381

CONSULTING ROOM NO : 229, TOKEN NO : 49
Clinic Paediatric Haematology-Onco Sply*
Days:WED

OUTPATIENT RECORD

Name : ARYAN	
Department : Paediatrics	
Dept No. : 2025/058/0018427	
Date of Registration : 26-03-2025 01:42:55 PM	
Unit : 2	Fee : 0.00
Age : 5Y	Sex : Male
Billing Type : General	S/O Jastveer
Mobile No. : ******833	Email
Address : , Mainpuri, UTTAR PRADESH, INDIA	Occupation : OTHER
Patient Type NON MLC	Prepared by Mr. Neha DEO OPD

B-ALL / HR / Consolidation
(EOI MRD (+ve))

✓ ANC-610

→ To restart consolidation — Adv
- ITM on 27/3
- Inj cyclophosphamide – 700 mg / IV
  NS over 1 hour
  Prehydration < 1 hour pre, 1 hour post
- Inj mesna – 'O' dose
- Tab 6MP (50 mg)
  1 tab OD on day 1, day 2 & ½ tab day 3
- Inj. Cytarabine – 50 mg < 27/3 – 28/3 – 29/3 – 30/3

Ryan

निम्नलिखित ओ.पी.डी. का पंजीकरण उक्त विभाग में भी किया जाता है।

	खिड़की नं
1. प्रसूति विभाग, प्रथम तल	28
2. पी एम आर विभाग, भूतल तल	32
3. बाल चिकित्सा विभाग, द्वितीय तल	33
4. सी टी वी, तृतीय तल	34
5. मनोरोग विभाग, तृतीय तल	35
6. चर्म रोग विभाग, पंचम तल	37

नए मरीज जो मेडिसिन (औषधि विभाग) में प्रथम बार दिखाने आए हैं उनके लिए परामर्श के लिए नई स्क्रीनिंग/सायंकालीन ओ.पी.डी. प्रारंभ की गई है।
परामर्श का स्थान: पुरानी स्पोर्ट्स इंजरी सेंटर के सामने मेक शिफ्ट अस्पताल में।
समय सारणी:
सोमवार से शुक्रवार - सुबह 11 30 से अपराह्न 05 30 तक।
शनिवार - सुबह 11 00 से अपराह्न 02 30 तक।

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

DOPR

Name	ARYAN SON OF JASVEER	Time/Date of admission	29/09/25
Age/Gender	6 YEARS / MALE	Time/Date of discharge	06/10/25
MRD no	25141785	Hematology no	
Weight Height	18 KG 110CM	BSA Blood group	0.73M² B(NEG)
Attending faculty	Dr. Prashant Prabhakar, Dr. Sumit Mehndiratta, Dr. Sangmitra Ray, Dr. Nidhi Chopra, Dr. Rita Mam C Baruah		

Diagnosis	REFRACTORY B-CELL ALL ON AIEOP-BFM PROTOCOL INTENSIFICATION BLOCK 3 COMPLETED (5/10)

PRESENTING COMPLAIN: child admitted for chemotherapy

HOSPITAL COURSE:

Child was admitted for chemotherapy. On Day 1-4- child received dexamethasone, HD cytarabine was given on day 1and day2. Child received Etoposide on Day 3 and 4. On day 6 PEG lasnase was given. As per protocol IT was not done. Child tolerated chemotherapy well, no complications were noticed. Currently child is vitally and hemodynamically stable and is being discharged.

INVESTIGATIONS-

DATE	HB	TLC	ANC	PLT	T BIL	GOT/GPT	ALP	BUN	CRET	NA/K	OTHER
29/10	11.5	5560	3580	179k	0.7	76/91	203	7.2	0.8	139/4	UA-111 TP/ALB 6.6/4.7

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. *Continue T. SEPTRAN (80/400) ½ tab PO BD on Sat and Sun*
4. *Danger signs explained.*
5. *Next visit after 1 week in ~~Wednesday~~ OPD 13/10/25*

Tues - 7/10 + GCSF (4 days) x

MONDAY DAYCARE

(CBC) - TIT | CSF | MRD |

HLA typing once recovery

Monizq

DR MONIZA
PG Res
Dept. of P
VMC & Safd

(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

CBC 10/10/25

EK PARIVARTAN FOUNDATION TM

22/10/25

To AIIMS (emergency)
New Delhi

Respected sir/ma'am

Pt Aryan 5yr/Male Klelo Bcell ALL
(Relapse)
Pt is plan for Bone marrow biopsy tomorrow

Kindly make UHID for this pt.

Thank you

SABHARIS EE
Senior Resident
Department of Pediatrics
Safdarjung Hospital

f 20/4/25

(3•)

भारत सरकार
GOVT. OF INDIA
वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली–110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)

[illegible] 2025042301

[illegible] ROOM NO. 229 TOKEN NO. 62
[illegible] Haematology Onco Sply
[illegible] DATE 26.03.2025

TM OUTPATIENT RECORD
Revisit

[illegible] Paediatrics
[illegible] 2025.088.0018427
[illegible]

Age: 0 (y)
Sex: Male
S/O [illegible]
[illegible]
Occupation: OTHER
Prepared by: Mr. [illegible]

15 kg

F/u/c B cell ALL (IR)
consolidation completed on 23/4

23/5 End consolidation MRD → positive

c/o/w Dr Shikha telephonically

S.1 3720 / 2050 < 20 lk.

Advice:
- Augmented BMF protocol
- To arrange funds for BMT

[signature]

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

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

Ref. No. 06-07/13584

Date	19/02/2025	Srl No. 23	Hospital No. 23250
Name	MST. ARYAN	Age 5 Yrs.	Sex Male
Ref. BY	DR.PRASHANT,SJH	I.O.P. No. CY-102-25	Date of Receipt 17-2-25

CSF FOR MALIGNANT CELLS

SPECIMEN - CSF FOR MALIGNANT CELLS

MICROSCOPY -

Centrifuged CSF smears show few RBCs and Lymphocytes.

(DR.AROONIMA MISRA)

** End of Report **

Signature

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

DISCHAIRGE SUMMARY

Name	ARYAN	**Date of admission**	07/10/2025
Age/Gender	5 Yr/ M	**Date of discharge**	07/10/2025
MRD no	2025145569	**Hematology no**	
Weight	18kg	**BSA**	0.73m²
Height	110cm		
Attending faculty	Dr. Nidhi Chopra , Dr. Sanghmitra, Dr. Prashant		

Diagnosis	Refractory B Cell ALL on augmented BFM protocol Intensification Block 3 Completed	**Phase of chemotherapy**: BFM protocol

Presented for: fever for 1 day

O/E: vitally and hemodynamically stable
HR- 98
RR- 22
RR - 18
SPO2- 10.1f
Temp- Afebrile

Investigations: 06/10/2025

TLC —4100
ANC-3660
HB —11.5
PLT —150k

Treatment given: inj. Inj. GCSF(75 m c g)(d-2)

Advice:

1 Normal diet as advised by dietician
2 Sitz bath and oral care as advised
3 Tab Septran (160/800) ½ BD tab(Saturday & Sunday)

Next visit :08/06/2025 in day care for GCSF(d-3)

DR. SADHANISREE
Department of Paediatrics
VMMC & Safdarjung Hospital
New Delhi

DR DANGS LAB

Dr. Manju Dang
M.D. (Pathology)

Prof (Dr.) Navin Dang
M.D. (Microbiology)

Dr. Manavi Dang
M.D. (Pathology)

Dr. Arjun Dang
M.D. (Pathology)

Lab Ref. No	SDA250015034	Centre	: DR DANGS LAB
Name	MR. ARYAN CK ID 98626	Client	: CAN KIDS
Age / Gender	5 Y 1 M 1 D /MALE	Collection Time	: 17-02-2025 02:59 PM
Ref. By Dr	Dr SAFDURJUNG HOSPITAL	Reporting Time	: 19-02-2025 06:34 PM
		Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MINIMAL RESIDUAL DISEASE (MRD)

Flow ID: 2502F110M037

Clinical History: Case of B-ALL/IR, post induction. Bone marrow done for MRD evaluation.

Specimen: Bone marrow sample in EDTA.

TLC in flow-cytometry bone marrow specimen – 12,490/ul.

CD markers used: Surface: CD45, CD19, CD10, CD34, CD38, CD58, CD73, CD86, CD20, CD81 and CD123.

Descriptive summary:

8-colour, 3-laserflowcytometry done on a BD FACS CANTO™ II flow cytometer. Analysis was done on FACS Diva™ v8.0.3 software.

Gating Strategy: The tubes were run till empty/ acquisition of a minimum 2 million events. In each tube, ~0.7-0.8 million events could be acquired. Exclusion of doublets on FSC-A vs FSC-H plot followed by exclusion of debris on the FSC vs SSC was done. Populations were gated on CD45 vs CD19 plot. Cells with abnormal expression of surface markers (expression pattern different from normal 'B' precursors and LAIPs) were looked for. The final MRD population is calculated with respect to nucleated cell population obtained from Syto13 tube.

Total CD19 positive events: 1508.

Hematogones are almost nil and **Myeloblasts** constitute ~1.28% of all nucleated cells.

The bone marrow immune-phenotyping shows a population of **leukemic blasts constituting ~0.15% of all cells. The latter cells express dim CD45, moderate CD19, moderate to bright CD73, moderate to bright CD10, moderate CD38, CD58, dim CD20, with loss of CD81. The Blasts are negative for CD34 and CD86.**

Impression- The flow-cytometric immune-phenotyping analysis of bone marrow specimen in a case of B-ALL post induction shows **presence of Leukemic Blasts (~0.15%). Minimal residual disease is positive (≥0.01%).**

Please correlate with clinical and treatment details.

***** End Of Report *****

DR. SHIKHA GARG
M.D (PATHOLOGY)

DR. MANAVI DANG
M.D. (PATHOLOGY)

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WWW.DRDANGSLAB.COM | INFO@DRDANGSLAB.COM | 999 999 2020, 011 45004200 (Sunday Closed)

Form PR-1

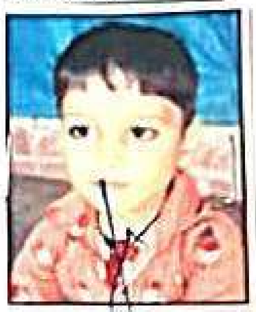
Employees State Insurance Corporation

Basaidarapur, DL (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: ER-2025/...	Insurance No/Staff/ Pensioner Card	: 6112867392
Name of the Patient	: Master ARYAN	Age/Gender	: 5 Years /Male
		UHID	: UK01.0001171170
IP			
Address/Contact No	: [illegible] Udham Singh Nagar Uttarakhand INDIA		
Identification marks (If any)	: Not Available		
IP/ Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Minor dependant son		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: NO Approved by Dr. C C Khakha		
Reason	: [illegible]		
Diagnosis	: [illegible] Acute lymphoblastic leukaemia, Remarks : NA		
CGHS (Name and Code)*	: [illegible] CGHS Health Intervention - NCHI , No Of Sessions Allowed - 1, Validity Date : 20/Nov/2025		



Remarks Additional Clinical Information/Procedure/Investigation case of B cell ALL post consolidation, MRD positive, planned for haplo identical bone marrow transplant total body irradiation (conditioning regime)

Reasons / Purpose for Referral Investigations/Rx/Procedure :

Name of the empanelled hospital whereto refer **Hospital** ESIC EMPANELED CENTRE DELHI
Department Paediatric Hematology Oncology

(Dr. Kanwaljeet Kaur / Dr. KANWALJEET K. D M Paediatric Oncology, Specialist SAG / Associate Professor, Department of Paediatrics, E.S.I. HOSPITAL BASAIDARAPUR, New Delhi-110015) 10.11.25

Date & Time of Referral 10-Nov-2025 11:51:21 AM **Name and Designation of the Referring Doctor** Dr. C C Khakha, G D M O

Or, Agreeing to / contradicting the above, I voluntarily choose ________________ Hospital for treatment of self or for my ________________ (relationship)

Date and Time: ________________ Jasveer

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ________________ Department of ________________ Hospital/Diagnostic Centre for ________________ (Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

N.B.
The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be governed by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure / treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

Printed By : ceccKha

11/10/2025