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SUPER SPECIALITY PAEDIATRIC HOSPITAL AND POST GRADUATE TEACHING INSTITUTE
Sector-30, Noida, G.B. Nagar-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

Department of Transfusion Medicine and Blood Bank
LICENCE NO. U.P/B & BP/2018/03

Request Form for Whole Blood (WB) & Packed Red Blood Cells (PRBC)

Property labelled 2 ml EDTA blood should be sent along with this form (0.5 ml EDTA for new born)
Any discrepancy between the requisition form and blood sample is UNACCEPTABLE.
This form will not be accepted if it is not signed or if any section is left blank.
For Neonatal (<4 months) and Exchange Transfusion please send 3 ml EDTA mother's sample also.

TMNo: _____

Patient Name: Shiv CR NO: 98116500052128 Age: 3yo Gender: m

Ward/Bed: P40

Diagnosis: Bl/Ague Faculty In charge: Dr. Nitya

ABO/Rh Blood Group (if known): B + Rh Positive

Pre Transfusion Haemoglobin value: 11.2 gm/dl

Leuko reduction needed

Quantity of Blood Units Required: 10 PRBC

Products	Whole Blood	PRBC	Paediatric PRBC Unit**
Numbers of Units Required (Volume)		<u>10 PRBC</u>	
Date and Time of Transfusion			

Indication

- ☐ Bleeding
- ☐ Anaemia
- ☐ Trauma
- ☐ Surgery
- ☐ Dialysis
- ☐ Thrombocytopenia
- ☐ Exchange Transfusion*

For Neonatal and Exchange Transfusion please mention the volume required for transfusion

☐ Any relevant past history:
☐ Previous Transfusion: (yes/no) ☒ yes date of last transfusion X; Any adverse reaction: _____
☐ Gravidity (for female patient): X

I certify that I have personally collected the blood sample after identification of Patient's CR, No and Name. I have explained the necessity of blood transfusion and the risk associated with it to patient/relatives & have taken their consent.

Please issue blood on urgent/ routine basis:-

☒ Urgent (Immediate spin crossmatch technique) ☐ Routine (AHG cross match technique)

Date: 16/8/28 Signature of Nursing Staff

Signature of Doctor: Dr. Nitya

Name: Shobha
(BLOCK LETTERS)

Name: Dr. Nitya
(BLOCK LETTERS)

Space to be used by the Department of Transfusion Medicine

Preliminary Blood Group _____

Signature of Medical Tech _____

FORWARD (CELL) GROUPING				REVERSE (SERUM GROUPING)			BLOOD GROUP	
Anti A	Anti B	Anti AB	Anti AD	A Cells	B Cells	O Cells	ABO	Rh

Auto Control : Positive/Negative

Patients Blood Group _____

Antibody Screening

Cross Match Records

S.No.	Unit No.	Blood Group	Volume	IS / AHG	SEGMENT No.	Compatible

Notes Overleaf

Date _____ Time _____ AM/PM

Signature of Faculty

Signature of Medic

SSPHPGT/TA

PET SCAN REQUEST FORM

Name of the Patient - Shiv

Age and Sex - 2y3m Male

CKID - 100062

Center

Center PTCH Noida

Doctor Incharge - Dr. Nita Radhakrishnan

Diagnosis - Burkitt Lymphoma Stage IV C3.

Date of Initial Diagnosis - 8/2/2025

Indication of PET - Response assessment -

Disease status of last PET -

No. of PET scan done in Past -



Shiv
3/4/25

Doctor Signature

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POST GRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, 201305 G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

DEPARTMENT OF RADIOLOGY
CT SCAN REPORT

Patient Name SLW
OPD/IPD IPD
Investigation done chest
Clinical Diagnosis K/C/O Burkitt lymphoma

Age/Sex 3y/M CR No. 25000.S.2.125
Department/Unit chest Date 10/06/25
CT No. 49

CECT CHEST

- * Bilateral lung parenchyma is normal, except mild GGO in LLL, posterior lateral 3 segment & anterior segment.
- * No consolidation /ground glass opacity/nodule are seen.
- * There is no significant mediastinal lymphadenopathy.
- * No significant pleural effusion seen.
- * No significant abdominal and bones are normal.

Impression-normal study

Mild GGO of LLL
Bpaley
10/6/2025

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Radiologist



POST GRADUATE INSTITUTE OF CHILD HEALTH
बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान
 Sector-30, Noida, G.B. Nagar (U.P.) पोस्ट-30, नोएडा, गीतमबुद्ध नगर (उ.प्र.) Website: www.ssphpgtinoida.ac.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तकारी संस्थान

Age/Sex 3y / M Regn. No. 981162500052/25

Name S. Shiv

Patient referred from UP University of Medical Science, Saifai, Etawah as a case of -
Unknown Primary Malignancy with multiple neoplastic secondaries

07/02/25
 Ut - 11,200
 Time - 4:45 AM

- HR = 112/min
- RR = 32/min
- Temp = 98.4°F
- BP = 90/60 mmHg
- SpO2 = 98% on RA
- P/A = Distended

- Case history -
- Patient presented with abdominal pain over the right upper abdomen for past one & a half month.
 - Patient also developed generalized swelling of body.
 - ~~CECT~~ CECT abdomen suggestive of multiple neoplastic secondaries.
 - Patient admitted in UPUMS, Etawah on 04/02/25 & discharged on 06/02/25.

C/O/w Dr. Aditi Ma'am

- Advice
- Admit in PHO
 - Investigations ⇒ CBC
 - ⇒ PT, APTT
 - ⇒ LFT, KFT
 - ⇒ Viral markers
 - ⇒ Sodium, Potassium



Dr. Arjun



POST GRADUATE INSTITUTE OF CHILD HEALTH
बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Section-30, Noida, U.P. (201301) India. www.pgichd.org
An Autonomous Institute under Government of U.P. and also under the Government of India.

Date: 12/12/2023
Page No: 02125

Name: Sahar

Age: 2y/00

Page No:

C/o Burkitt's lymphoma t(8,14)
Abdominal / Stage IV / Group C3 / High risk
Inter-NHL protocol.

Day -21 post R-COPAD

Mucositis involving the throat
any other symptoms of fever

Single ulcer on lower lip

S/E: WNL

Adm: ① Admit in PHO day care

② Send CBC, KFT, LFT, Wt/K

③ Chemo (R-COPAD Part 2) if
reports in range

Signature

④ 19/7/25

Pediatric Hematology Oncology
OPD

Serial No.: 07

Date: 19/07/25

Height: 83 cm

Weight: 9.1 kg

MARK: 12-30

Shiv 34/M

BL CHIV

9/6/25

(CRS3+)

Post CORAPM 2 (modified)

↓
Partial response (+)

↓
RCVYE + D₃₅

clinically well

stable

stable

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2. Admission photo day care

3. Plan RCVYE - (MT_x)

↓

ILL-DYN Ruby Software Version 2.3 ML 3/7/2025 8:21 Analyzer S/N: 35328BG96

Sex Male

6
SEQ# 3966 OPID Admin
Run 3/7/2025 8:19
Test CBC
Mode Open Param 1
Limits Universal Male (2)

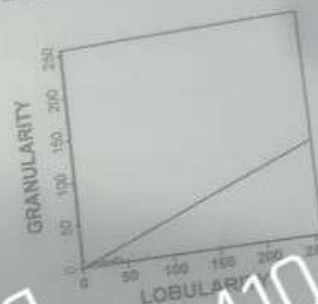
Testable Page
Spec ID No. 10
Ad Name DRIV
Ad ID P80-32125
Order DA NITA
Comment CBC

Spec Type Patient
DOB
Draw Date/Time
User Field 1 3Y
User Field 2

SUSPECT
WBC 10e3/uL WBC
NEU 85.1% VARL/BLAST
LYM 13.2% NRBC/RRBC
MONO 1.0%
EOS 0.0%
BASO 0.02% DFLT (NLMB)

RBC 5.36 10e6/uL
HGB 13.5 g/dL
HCT 43.6 %
MCV 81.2 fL
MCH 25.1 pL
MCHC 30.9 g/dL
RDW 17.3 %

PLT 1.55 10e3/uL
MPV >>>> fL



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SET		RBC	4.06-5.56	PLT	155-386
WBC	3.70-10.1	HGB	12.9-15.9	MPV	6.90-10.6
NEU	55.3-73.7 %	HCT	37.7-53.7		
LYM	1.09-2.99	MCV	81.1-96.0		
MONO	2.40-7.90	MCH	27.0-31.2		
EOS	0.00-4.40	MCHC	31.6-35.4		
BASO	0.00-0.80	RDW	11.5-14.5		

INTERPRETATION

SUSPECTED ABNORMAL POPULATIONS:
WBC Count Alert
WBC Diff Alert
Variant Lymphocytes/Blasts

Nucleated RBC
Resistant RBC

PLT Data Overrange

USER DEFINED ABNORMALITIES:

Leukopenia
Neutropenia
Lymphopenia

Hypochromic
Anisocytosis

Thrombocytopenia



At present he is hemodynamically stable and is being discharged with advice to follow up as

advised in Department of PHO OPD on 18/07/24 (Room no-1, Specialized OPD, First floor, PGICH)

PROCEDURES: LP/BMA, Bx

INVESTIGATIONS:

CBC 26/06 - 7.6/300/0/91k 29/06 - 8.33/149/0%/11.6k 01/07 - 7.7/200/0/7000 03/07 - 13.5/471/3/9.55K 5/7 - 12.3/880/100/7000 8/7 - 11.3/4200/2000/7000 12/7 - 11/3500/805/39k	S. Na ⁺ /k - 131/3.1 s. na ⁺ /k (03/07) - 132/3.8 5/7 - 130/4.7 10/07 - 132/4.5 S.IgG - 307
--	---

TREATMENT GIVEN: Chemotherapy/Supportive care

Dr. Lata / Dr. K. S. / Dr. Hari / Dr. Sudipto / Dr. Aditi / Dr. Nita / Dr. Silky / Dr. Anuj
Joint Resident / Senior Resident / Fellow in PHO / In charge
Department of Pediatric Hematology Oncology,
PGICH, Noida

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DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : SHIV 3Y

Patient ID : PHO 2125

Birth Date :

Gender : M

Sample ID : AUTO_37596

Doctor : DR. NITA

Mode : DIF WB

Group : DEFAULT

Comments : CBC

EDITED

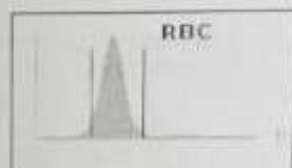
Operator ID : MYTHIC70

Date : 28/08/2025 07:15

Rack/Pos. : 010203

Seq# : 41022

	Results	Flags	Units	Normal Limits
WBC	7.9	/	$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	11.9	/L	%	25.0 / 50.0
MON%	52.3	/H	%	2.0 / 10.0
NEU%	33.4	/L	%	50.0 / 80.0
EOS%	0.0		%	0.0 / 5.0
BAS%	2.4	*	%	0.0 / 2.0
ALY%	10.1	/	%	0.0 / 100.0
IMM%	0.9	/	%	0.0 / 100.0
LYM#	0.9	/	$\times 10^3/\mu\text{L}$	1.0 / 5.0
MON#	4.1	/H	$\times 10^3/\mu\text{L}$	0.1 / 1.0
NEU#	2.6	/	$\times 10^3/\mu\text{L}$	2.0 / 8.0
EOS#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.4
BAS#	0.2	*	$\times 10^3/\mu\text{L}$	0.0 / 0.2
ALY#	0.2	/	$\times 10^3/\mu\text{L}$	0.0 / 100.0
IMM#	0.1	/	$\times 10^3/\mu\text{L}$	0.0 / 150.0
RBC	4.45		$\times 10^{12}/\mu\text{L}$	4.00 / 6.20
HGB	12.9		g/dL	11.0 / 17.0
HCT	38.2		%	35.0 / 55.0
MCV	17.3		fL	80.0 / 100.0
MCH	29.0		pg	26.0 / 34.0
MCHC	33.2		g/dL	31.0 / 35.5
RDW-CV	11.1		%	10.0 / 16.0
RDW-S	15.1		fL	37.0 / 47.8
PLT	42	*	$\times 10^3/\mu\text{L}$	150 / 400
MPV	-----		fL	7.0 / 11.0
PCT	-----		%	0.200 / 0.500
PDW	-----		%	10.0 / 18.0
PLCR	-----		%	12.0 / 42.0
PLCC	-----		$\times 10^3/\mu\text{L}$	13 / 129



Pathology Information :

Pathology Remarks :

SIGN & SEAL

BY : MYTHIC70
BIOLOG/ADMIN

SERIAL NUMBER : 110923-000056
SOFT VERSION : V0.5.1-001

PRINTED ON :

28/08/2025 07:29

CYCLE :

N

ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only

Saifai Diagnostic Center Pvt. Ltd.

Behind Hydai Guest House & S.B.I. Bank, Near Saifai Hospital
Gate No. 2, Muchehera Road, SAIFAI (ETAWAH)

- Rest of visualized bowel loops appear normal in course, caliber and opacification.
- Mild ascites seen.
- Multiple enlarged peripancreatic, paraaortic, aortocaval & bilateral iliac lymphnodes seen, largest of size 26x22mm.
- Visualized part of the lung parenchyma appears normal.
- Soft tissue dense lesion of size 45x30mm seen in left iliacus muscle, left gluteus muscle & involving left iliac bone with marked periosteal reaction.

IMPRESSION:

- Mass forming concentric wall thickening in cecum, ascending colon, ileo-cecal junction & distal ileum. (? Neoplastic)
- Well defined soft tissue dense lesion in left lateral & posterior UB wall. (? Neoplastic)
- Soft tissue dense lesion in left iliacus muscle, left gluteus muscle & involving left iliac bone with marked periosteal reaction. (? Ewing sarcoma / ? Secondary)
- Multiple enlarged peripancreatic, paraaortic, aortocaval & bilateral iliac lymphnodes.
- Bulky & edematous bilateral kidneys.
- Mild bilateral hydronephrosis.
- Hepatomegaly.
- Mild ascites.

Suggested: Clinical & HPE correlation.

Ritesh Rout
Dr. Ritesh Rout
MBBS, MD (Radio-Diagnosis)
Registration No: 18439/12



Helpline No.: 9990092185, 6397629292

E-mail: jksaifaictscan@gmail.com

CT Scan Digital X-Ray Pathology Ultrasound E.C.G. 2-D ECHO EEG NCV EMG PFT