



www.savechildrenfoundation.org
Donate UPI only This Org No. 9873404104



YOU ARE A Gypsy

Follow Your DREAMS

You are a Gypsy

www.savechildrenfoundation.org
Donate UPI Only This Org No. 9873404104



www.savechildrenfoundation.org
Donate UPI only This org. No. 9873404104



www.savechildrenfoundation.org
Donate UPI Only This Org No. 9873404104



(F)

PHO WARD AND DAY CARE

Department of Pediatric Hematology and Oncology, PGICH Noida

Patient Name Kashvi

CR No-

Date

20/09/20

S.NO	Name of Drug	Dose	Time of Medicine	Signature Of Nurse
1	Inj Magnesa	40mg	some ALB	x BD 11-11
2			over 1hr	
3	Sup. Cetrizine	2.5ml	X OD	10pm
4	Sup. Metrogyl	2.5ml	X BD	10-10
5	200/150			
6	T. 6mp Nutab	X OD		6pm
7	ORS powder			
8	Sup Zinc	5ml	X OD	2pm
9				
10	Inj Amikacin	130mg	X OD	2pm
11	Sup Cotrimoxazole			
12				
13				
14				
15				Last fev
16				2am (2
17				102°F
18				I - 150
19				O - 530
20				U - 11 + me
21				S - 1 + me
22				V - 1 + me

Collect Blood U/S



(F)

PHO WARD AND DAY CARE
Department of Pediatric Hematology and Oncology, PGICH NOIDA

29/09/26

Patient Name	CR No-	Date	Signature Of Nurse
Kashvi			
S.NO	Name of Drug	Dose	Time of Medicine
1	Inj Amikacin	130mg	X OD
2	Inj Zancefta	500mg	X 7DS
3			
4			
5	Inj Aztreonam	250mg	X 7DS
6			
7			
8			
9	Inj Magnem	400mg	X OD
10		1hr	X 3DS
11			
12			
13	Sup Zinc	2.5mg	X OD
14	Sup Zinc	5mg	X OD
15	Sup Metrogyl	2.5	X BD
16			
17	ORS Powder		
18			
19			
20			
21			
22			

www.savechildrenfoundation.org
Donate UPI Only This Org No. 9873404104

CBC, IgG Send (29/09/26)
Sent @ due

Last fever
4:15am 101°F
(29/09)
BP - 90/63
I - 250mg
O - 200mg
U - 400 + 800mg
S - 300mg



POST GRADUATE INSTITUTE OF CHILD HEALTH

SECTOR-30, NOIDA-201303 (U.P.)

(An Autonomous Institute under Government of Uttar Pradesh)

Continuation Sheet

Name Kaushi Age 1 yr 6 mo C.R.No./UHID 2600170398

① H 26/9/26

Pediatric Hematology Oncology
OPD

B ALL

Adv

Serial No.: 2
Date: 26/9/26
Height: 1
Weight: 8.9 Kg

HD Mtx Cycle 2

Dg

Fever since 3am
Reached in OPD
at 9am

① Admit in PHO DC LS

② CBC
Blood CRB

lab

③ 1; Ceftriaxone 500mg
400mg is same as
over 1hr BD

④ Continue 6MP
Clotharazole

peripheral smear
in HSM
9/11/26

h

www.savechildrenfoundation.org
Donate UPI Only This Org No. 9873404104

5

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name: KASHVI IV

Patient ID: OPD-0346

Date:

Gender: F

Sample ID: AUTO_64139

Ref: DR NITA

Mode: DIF WB

Group: DEFAULT

Comments: CBC

EDITED

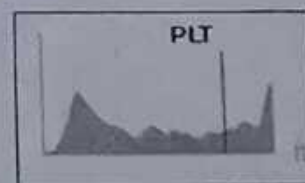
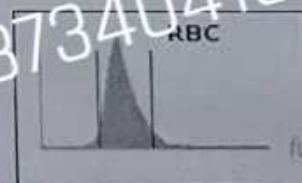
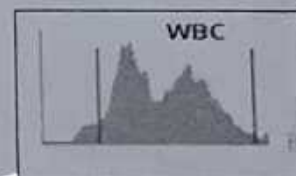
Operator ID: MYTHIC70

Date: 26/09/2026 11:09

Rack/Pos.: 010302

Seq#: 69855

Results	Flags	Units	Normal Limits
2.4	I	$\times 10^3/\mu\text{L}$	4.0 / 12.0
43.3		%	25.0 / 50.0
3.2		%	2.0 / 10.0
53.0		%	50.0 / 80.0
0.4		%	0.0 / 5.0
0.1		%	0.0 / 2.0
3.3		%	0.0 / 100.0
0.3		%	0.0 / 100.0
1.0		$\times 10^3/\mu\text{L}$	1.0 / 5.0
0.1		$\times 10^3/\mu\text{L}$	0.1 / 1.0
1.3	L	$\times 10^3/\mu\text{L}$	2.0 / 8.0
0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.4
0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.2
0.2		$\times 10^3/\mu\text{L}$	0.0 / 150.0
0.0		$\times 10^3/\mu\text{L}$	0.0 / 150.0
3.09	I	$\times 10^6/\mu\text{L}$	4.00 / 6.20
9.8	I	g/dL	11.0 / 17.0
27.6	I	%	35.0 / 55.0
89.3		fL	80.0 / 110.0
31.7		pg	26.0 / 34.0
35.5		g/dL	31.0 / 35.5
11.7		%	10.0 / 15.0
55.5		fL	37.0 / 47.8
12.8		$\times 10^3/\mu\text{L}$	150 / 400
0.20		%	7.0 / 11.0
0.20		%	0.200 / 0.500
12.5		%	10.0 / 18.0
12.2		%	12.0 / 42.0
12		$\times 10^3/\mu\text{L}$	13 / 129



Pathology Information:

du - Clinical correlation

Pathology Remarks:

SIGN & SEAL

ED ON

26/09/2026 12:02

BY:

MYTHIC70

SERIAL NUMBER:

710922-000056

N

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

BIOLO/ADMIN

SOFT VERSION:

VO.5.1-001



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA
SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA
PHONE : 911202600000

IPD NO : 981162026010498

ADMISSION CARD

ADM DATE/TIME : 17-SEP-2026/11:03:27

CR NO : 981162600170346

GENERAL

NAME

KASHVI

AGE/GENDER

1 YR/F

D/O

HOSP DIET

NO

CATEGORY

KANAHAIYA

MARITAL STATUS

ADM CHARGES

GENERAL

IS MLC

NO

ADV CHARGES

₹ 100.00

MLC NO

NA

DPT/UNIT

RS. 250.00 /-

(RS. TWO HUNDRED FIFTY ONLY.)

WARD/RED

PAEDIATRIC HAEMATOONCOLOGY/UNIT 1

STATUS AT ADM

PAEDIATRIC HEMATO ONCOLOGY

REFERRED FROM

GEN WARD /CA PHOEN 3

PROV DIAG

EMERGENCY

REMARKS/REF NO

ADM. DR.

DR NITA RADHAKRISHNAN

ADDRESS

HOUSE NO 81, BAZAAR WALI JARGAWA, BULANDSHAHAR, UTTAR PRADESH, INDIA

EMG CONTACT

ADM DATE

17-SEP-2026/11:03:27

WSD/RCV DATE

DETAILS OF POLICE

STATION

NAME OF

INFORMANT

FOR MEDICO LEGAL PURPOSE

POLICE

INFORMATION

IDENTIFICATION

MARKS

DISCHARGE DETAILS

DISCHARGE WARD

DISCHARGE DATE/TIME

PROV DIAGNOSIS

DIFF DIAGNOSIS

FINAL DIAGNOSIS

CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT

YES

NAME & SIGNATURE OF MO

DATE & TIME

NAME & SIGNATURE OF CONSULTANT

DATE & TIME

EMG BILL ADT 9

REGISTRATION BY:

AUTHORIZED SIGNATORY

PRINT DATE: 17 SEP 2026



POST GRADUATE INSTITUTE OF CHILD HEALTH
SECTOR-30, NOIDA

18/09/26



DEPARTMENT OF PEDIATRIC HEMATOLOGY ONCOLOGY
POST GRADUATE INSTITUTE OF CHILD HEALTH
NOIDA

CASE SUMMARY

Kashvi 1 yr old female k/c/o ALL admitted for HDMTX C2. He had no other complaints at the time of admission.

H C - OPMENTAL HISTORY: Developmentally normal

EXAMINATION: On admission - afebrile, HR 120/min, RR 24/min, BP-98/56 mmHg. Pallor - HSM - P/A: non tender, RS- Bilateral air entry equal, CVS: S1S2 -, CNS-NAD.

HOSPITAL COURSE:

The patient was admitted and evaluated for HDMTX C2. Started after evaluation investigations (CBC - 12/3500/500/81k). After achieving adequate hydration and urine pH Inj Methotrexate was started according to protocol. LP/IT was done on 19/09. MTX level was monitored - 0.10 µm dL. Patient developed mucositis. IV Fluid was started along with supportive medications.

At present she is hemodynamically stable and is being discharged with advice to follow up in the Department of PHO OPD (Room no 1, Specialized OPD, First floor, PGICHL).
PROCEDURES - LP/IT

INVESTIGATIONS: CBC(17/09)- 12/3500/500/81k
SGPT/CREAT-44/0.2

TREATMENT GIVEN: CHEMOTHERAPY/ SUPPORTIVE CARE

Dr Ajay Dr Ritika Dr Pshika	Dr Shubhi Dr Kirti	Dr Kanika Dr Kartik	Dr Mridna	Dr Nita Radhika
Resident	Senior Resident	Fellow in PHO	SR. PHO	Fellow

Department of Pediatric Hematology Oncology,
PGICHL, Noida



POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida-201303, G.B. Nagar (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

DEPARTMENT OF BIOCHEMISTRY

BLOOD BIOCHEMISTRY EXAMINATION REPORT

170346
ME/ B/o Kashvi
OPD/IPD Ph-OPD
DATE 31 AUG 2026
AGE 1 D/Wk/M/Y, GEN-M/F
F.BY

Plasma Glucose Fasting	mg/dL	(Bio. Ref. Interval) (70-100 mg/dL)
Plasma Post Prandial Glucose(2hrs)	mg/dL	(<140 mg/dL)
Plasma Random Glucose	mg/dL	(70-140mg/dL)
Plasma HbA1C	%	(4-5.6%)
LFT PROFILE		
Blood Urea	mg/dL	(10-45 mg/dL)
Creatinine	0.2 mg/dL	(0.5-1.5 mg/dL)
S. Uric Acid	mg/dL	(2-8 mg/dL)
ELECTROLYTE PROFILE		
S. Sodium (Na ⁺)	mmol/L	(135-145mmol/L)
S. Potassium (K ⁺)	mmol/L	(3.5-5.5 mmol/L)
S. Calcium Total	mg/dL	(9-11 mg/dL)
S. Chloride (Cl ⁻)	mmol/L	(95-105 mmol/L)
S. Calcium, ionized (Ca ²⁺)	mg/dL	(4.6-5.3 mg/dL)
LFT PROFILE		
Serum Bilirubin Total	mg/dL	(0.2-1.0 mg/dL)
Conjugated (Direct)	mg/dL	(0.1-0.4 mg/dL)
Unconjugated (Indirect)	mg/dL	(0.2-0.6 mg/dL)
SGOT (AST)	U/L	(0-40 U/L)
SGPT (ALT)	U/L	(0-45 U/L)
Serum Alkaline Phosphatase	U/L	(Depending on age)
S. Total Proteins	gm/dL	(6.0-8.0 gm/dL)
S. Albumin	gm/dL	(3.5-5.5 gm/dL)
S. Globulin	gm/dL	(2-3.5 gm/dL)
A.G. Ratio		(1.5-2.5)
Others		
S. CRP (Quantitative)	mg/L	(0 - 6 mg/L)
S. Phosphorus	mg/dL	(2.3-7.0 mg/dL)
S. LDH	U/L	(0-243 U/L)
S. Amylase	U/L	(28-100 U/L)
S. Lipase	U/L	(0-39 U/L)
Plasma Lactate	mg/dL	(4.5-19.8 mg/dL)
S. Magnesium	mg/dL	(1.6-2.6 mg/dL)
S. GGT	U/L	(0- 40 U/L)
S. IgA	mg/dL	(70-400 mg/dL)
S. IgG	mg/dL	(700-1600 mg/dL)
S. IgM	mg/dL	(20-200 mg/dL)
S. CPK	U/L	(<250 U/L)
S. CK-MB	U/L	(5-25 U/L)
S. Ceruloplasmin	mg/dL	(20-60 mg/dL)

Verified By
Technical Staff

01 AUG 2026

Dr. Rashmi
Assistant Professor
Department of Biochemistry
P.G.I.C.H., Noida

18

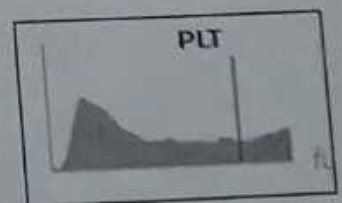
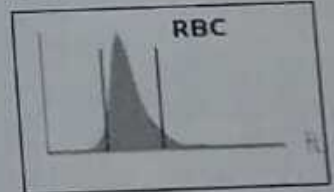
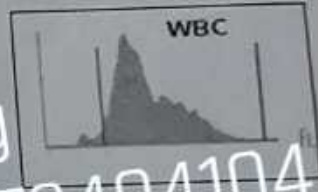
DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : KASHVI 01Y Patient ID : OPD-0346
Birth Date : Gender : F Sample ID : AUTO_63073
Doctor : DR NITA Mode : DIF WB Group : DEFAULT
Comments : CBC EDITED

Operator ID : MYTHIC70 Date : 17/09/2026 12:23 Rack/Pos. : 010601 Seq# : 68777

	Results	Flags	Units	Normal Limits
WBC	3.5	I	$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	63.7	H	%	25.0 / 50.0
MON%	17.9	H	%	2.0 / 10.0
NEU%	13.2	L	%	50.0 / 80.0
EOS%	4.9		%	0.0 / 5.0
AS%	0.3		%	0.0 / 2.0
PLT%	3.8		%	0.0 / 100.0
MPV	0.1		%	0.0 / 100.0
MCV	2.2		$\times 10^3/\mu\text{L}$	1.0 / 5.0
RDW	0.6		$\times 10^3/\mu\text{L}$	0.1 / 1.0
PDW	0.5	L	$\times 10^3/\mu\text{L}$	2.0 / 8.0
MPV	0.2		$\times 10^3/\mu\text{L}$	0.0 / 0.4
RDW	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.2
PLT	0.4		$\times 10^3/\mu\text{L}$	0.0 / 150.0
MPV	0.0		$\times 10^3/\mu\text{L}$	0.0 / 100.0
MCV	3.79	I	$\times 10^3/\mu\text{L}$	4.00 / 6.20
RDW	11.0		g/dL	11.0 / 17.0
PLT	33.0	I	%	35.0 / 45.0
MCV	87.0		fL	80.0 / 100.0
RDW	31.7		pg	26.0 / 34.0
MCV	36.4	h	g/dL	31.0 / 35.5
RDW	12.0		%	10.0 / 16.0
MCV	53.1	h	fL	37.0 / 47.8
RDW	81	h	$\times 10^3/\mu\text{L}$	150 / 400
MCV	12.5	h	fL	7.0 / 11.0
RDW	0.102	h	%	0.200 / 0.500
MCV	14.0	I	%	10.0 / 18.0
RDW	40.1	I	%	12.0 / 42.0
MCV	32	I	$\times 10^3/\mu\text{L}$	13 / 129

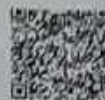


www.savechildrenfoundation.org
Donate UPI only This Org No. 9873404104

hology Information :

iology Remarks :

SIGN & SEAL



Name	: Baby. KASHVI CK 122159	Centre Details	: CANKIDS
Age	: 1 Yrs Sex: Female	Accession ID	: OQG2608311105
Collection Date	: 31/Aug/2026 12:00AM	Referred By	: DR.NITA RADHA KRISHNAN
Received Date	: 31/Aug/2026 09:39PM	Report Date	: 02/Sep/2026 11:38AM
Registration Date	: 31/Aug/2026 09:39PM	Ref.No/TRF.No	: /

DEPARTMENT OF FLOW CYTOMETRY

Flowcytometry-Acute Leukemia MRD Panel

Markers used are CD10, CD19, CD20, CD22, CD34, CD38, CD45, CD58, CD33, CD73, in 10 colour panel

CLINICAL DETAILS: B - ALL on treatment.

Previous Immunophenotype: B - ALL

Sample time point: Not Known

SPECIMEN: Bone marrow sample showed TLC = 80,000 cells/ μ l.

LOW CYTOMETRY ANALYSIS:

Instrument / Software: BD FACS Canto / BD FACS DIVA

Cell Preparation Method: Lyse - Wash - Stain - Wash

Gating strategy: SSC Vs CD45, SSC Vs CD19 & SSC Vs CD22

Total events acquired = 28,36,197 cells / tube

CD34 = 4.3%

CD19 Positive events = 3,03,111

B- Hematopoietics = 9.6%

B - ALL residual blast = <0.01% of All Leukocytes

IMPRESSION: B - ALL MRD = <0.01%

No minimal residual disease detected in the sample

Please correlate with previous hematological, immunophenotypic reports, detailed clinical/ancillary inputs and exact day of chemotherapy. LOQ for this assay is 0.003%.

Comment:

First pull bone marrow aspirate is recommended sample for MRD testing as subsequent pulls may show hemodilution

Patients with acute lymphoblastic leukemia (ALL) in morphological remission may still have upto 10^4 to 10^5 residual malignant cells. Detection of minimal residual disease (MRD) at the end of induction therapy allows better estimation of the leukemic burden and can help selection of appropriate therapeutic strategies. Flow cytometric detection (FCM) of MRD is based on variation from normal maturation pattern and the identification of immunophenotypic combinations expressed on leukemic cells but not on normal hematopoietic cells-Leukemia associated immunophenotypes (LAIPs). Prospective studies in large series of patients have demonstrated a strong correlation between MRD levels during clinical remission and treatment outcome. Therefore, Flowcytometry MRD assay can be reliably used to assess early response to treatment and predict relapse.

End Induction MRD

0.01% = Standard Risk

0.01% = High Risk

This test has been developed and its performance characteristics determined by Oncquest Laboratories.

All investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by Oncquest. Isolated laboratory investigations never confirm the final diagnosis of the disease. They help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.

Dr. Shivali Ahlawat
MD, D.L.B (Path)
Lab Director-National Reference Lab
ONC Reg No. 34363

This report by scanning the QR code on top. In case of any discrepancy please report to 01246650000
Sample is processed through Oncquest Laboratories Ltd., A-17 Infocity, Sector-34, Gurugram

DEPARTMENT OF PATHOLOGY
Post Graduate Institute of Child Health
Sector-30, Noida-201303

23

Name: Kashvi

R. No: 981162600170346

Ref. By: Dr. Nita Radhakrishnan

Age/Sex: 1Y/F

OPD/IPD: IPD

Dept/Unit: PHO

Lab Ref.No: FCY-1036/2026

Reg. Date: 31/08/2026

Reporting Date: 01/09/2026

Test Name- CSF for cytology.

Specimen:- CSF.

Physical Examination:-

Volume : 0.7ml.

Color : Colorless

Appearance : Clear

Coagulum : Nil

Blood : Nil

Microscopic Examination:-

Total Leukocytes Count(TLC) : <05 cells/ μ l

Differential Leukocytes Count(DLC) : smear shows occasional degenerated mononuclear cells.

Conclusion:- Negative for malignant cells-CNS₁

Remarks:- Clinical correlation.

status is defined as follows:

Nontraumatic puncture, ≤ 05 WBC/ μ l CSF without leukemic cells after cyto centrifugation.

Nontraumatic puncture, ≤ 05 WBC/ μ l CSF with identifiable leukemic cells.

Nontraumatic puncture, > 5 WBC/ μ l CSF with identifiable leukemic cells.

Traumatic puncture with leukemic cells.

Traumatic puncture without leukemic cells.

Traumatic lumbar puncture (TLP) is defined as 10 or more erythrocytes/ μ l CSF or as CSF macroscopically contaminated with blood.

Pathologist



DEPARTMENT OF PEDIATRIC HEMATOLOGY ONCOLOGY POST GRADUATE INSTITUTE OF CHILD HEALTH NOIDA

CASE SUMMARY

Kashvi 1 yr old female k/c/o ALL admitted for HDMTX C1

DEVELOPMENTAL HISTORY: Developmentally normal

EXAMINATION: On admission - febrile, HR 120/min, RR 24/min, BP-98/56 mmHg. Pallor - Hb, P/A: non tender, BS+, RS- Bilateral air entry equal, CVS S1S2+, CNS-NAD.

HOSPITAL COURSE:

The child was admitted and TP2 evaluation was done and HDMTX C1 was started after sending basic investigations.

CBC- 10.6/3400/900/1.4lac, IV Hydration was started and Inj Methotrexate was started according to protocol. Patient developed fever on D2 of cycle for which Inj Meropenem was added and blood C/S sent. Methotrexate was completed. MTX level monitored and leucovorin rescue was completed.

MTX level was 0.133umol/L. Fever also decreased. PRBC was transfused i/v/o hb-6.6. Patient developed severe mucositis, decreased oral intake and loose stools.

IV Fluid was started along with supportive medications.

Patient also had blood streaks in stool and vomiting and vomitus for which IV fluids and KDP was transfused. Inj Vitamin K was given. Gradually patient improved, vomitus stopped, no vomiting started taking orally.

At present she is clinically stable and is being discharged with advice to follow up as advised. Department of PHO OPD (Room no. 101, PGICH, First floor, PGICH).

PROCEDURES - PM/MD/PICC LINE/LP/TT

INVESTIGATIONS: CBC (1/8)- 10.6/3400/900/1.4LAC

SCD/CRT-27/0.2

CLT- (5/9) 6.8/2100/26%/63000

PT-19.8

APTT-38.6

INR-1.34

NA/K-140/3.7

CBC(8/9)13.4/2700/63%/52L

BLOOD C/S- NEGATIVE

TREATMENT GIVEN: CHEMOTHERAPY/Antibiotics/ Supportive care

Dr Ritika	Dr Kriti Tripathi	Dr Kanika Yadav	Dr Mridna Jha	Dr Nita Radhak
Dr Eshika	Dr Shubhi Gupta	Dr Kartik Mehta		
Dr Ajay		Dr Preeti Rani		
Dr Lalit				
Junior Resident	Senior Resident	Fellow in PHO	SR, PHO	Faculty

Department of Pediatric Hematology Oncology
PGICH, Noida

www.savechildrenfoundation.org
Donate UPI only This Org No. 9873404104

59

20

DL

PGICH/MICRO/CULTURE & AST FORM/

POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

DEPARTMENT OF MICROBIOLOGY

Culture and Susceptibility Testing Report

Microbiology Lab No / Date
4729 / 24-8-20

No. / UHID No: 2600170846
Patient Name: K95HVI
Age/Sex: 14/F Patient / Staff (ID No.):
Address: BCOAD-C/S
Patient Phone No:
Specimen: Gross Examination:
Microscopic Examination:

Culture Findings: STERILE AFTER 24H.
OF AEROBIC INCUBATION

Organisms Isolated: 1. 2.

Antimicrobial	Organism 1	Organism 2	Antimicrobial	Organism 1	Organism 2
Cefixime / Cefixitin			Cotrimoxazole		
Ampicillin			Erythromycin / Azithromycin		
Ampicillin / Amoxycillin			Clindamycin		
Ampicillin - Sulbactam			Gentamicin		
Amoxycillin - Clavulanate			High Level Gentamicin		
Pharyngeal			Amikacin		
Fluoroquinolone			Netilmicin		
Cotrimoxazole			Tobramycin		
Trimethoprim			Tetracycline		
Trimethoprim			Doxycycline		
Trimethoprim			Minocycline		
Trimethoprim			Nalidixic Acid		
Trimethoprim			Ciprofloxacin		
Trimethoprim			Levofloxacin		
Trimethoprim			Ofloxacin		
Trimethoprim			Norfloxacin		
Trimethoprim			Nitrofurantoin		
Trimethoprim			Fosfomycin*		
Trimethoprim			Tigecycline*		
Trimethoprim			Linezolid*		
Trimethoprim			Rifampicin*		
Trimethoprim			Chloramphenicol		
Trimethoprim			Vancomycin		
Trimethoprim			Teicoplanin		
Trimethoprim			Daptomycin		

RESTRICTED FORMULARY DRUGS: Reserved Only for Treatment of Pan Drug Resistant Isolates

Expert Comments on MDR Organisms	Skin / Commensal Flora isolated: Kindly follow Strict Skin Asepsis during phlebotomy for Blood or CSF/Sterile Fluid Collection for C/S
MRSA: MRSA isolates are resistant to ALL Beta Lactams, Cephalosporins, Beta Lactam / Beta Lactamase Inhibitor combinations and Carbapenems	Comments:
Test Positive: Inducible Clindamycin Resistance	
HLAR: High Level Aminoglycoside Resistance	
ESBL: Extended Spectrum Beta Lactamase Resistance	
ampC Beta Lactamase: Inhibitor Resistant Beta Lactamase Producer	
CR: Carbapenem Resistant Enterobacteriaceae	
RST: Nalidixic Acid Resistant Salmonella Typhi	

Microbiologist: [Signature] Date: 24/8