





शरीरमाद्यं खलु धर्मसाधनम्

DEPARTMENT OF HEMATOLOGY
हिमेटोलोजी विभाग
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अखिल भारतीय आयुर्विज्ञान संस्थान
ANSARI NAGAR, NEW DELHI - 110029
अंसारी नगर, नई दिल्ली-११००२९
TELEPHONE : 011-26594670

Date... 7/2/25...
दिनांक

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Devendra

Age : 10 Gender : Male

S/o/D/o/W/o Mohan Lal

UHID No. 101087550

is suffering from Diagnosis Thalassemia Major
and is under treatment from Department of Hematology, AIIMS.

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amount to Rs. ₹ 12 lacs for allo BM. 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	<u>400,000/-</u>
2. Antithymocyte globulin	<u>100,000/-</u>
3. Antibiotics	<u>100,000/-</u>
4. Blood component kits and tests	<u>100,000/-</u>
5. Growth factors	<u>50,000/-</u>
6. Room charges for Isolation	<u>200,000</u>
7. Post Transplant Immunosuppression	<u>200,000</u>
8. Miscellaneous charges	<u>150,000/-</u>
9. Total	<u>1,400,000/-</u>

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Patient Treatment Account, AIIMS, New Delhi

Date : 7/2/25.
Rupun
SR Hematology

करेड रजाडट. Senior Resident
धिर विज्ञान विभाग/Dept of Hematology,
आस नई दिल्ली-29/A.I.I.M.S New Delhi.



डॉ. प्रदीप कुमार
Dr. Pradeep Kumar
सह-आचार्य / Associate Professor
रुधिर विज्ञान विभाग / Dept. of Hematology
अ.भा.आ.रां., नई दिल्ली / A.I.I.M.S., New Delhi-29

07/02/2025

Signature



शरीरमाध्यं खलु धर्मसाधनम्

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



एक कदम स्वच्छता की ओर

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 101887550

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
DEVENDRA		M	9	101887550

निदान/Diagnosis

Hematology

दिनांक/Date	उपचार/Treatment
9/4/23 (131)	TDT s/p splenectomy June 2023 Rx ① Keep Hb 7, 9-logit by transfusion ② T. FA Sy OD ③ Sy. Calcein 5ml OD ④ T. Desiron 750mg OD (1/2 glass water) ⑤ Sy. Digene 5ml TDS 508 No file No Tx Fent 1/4

AIIMS FRM - GENERIC PHARMACY
(✓) MEDICINE RECEIVED

NAME

DATE

BY

10/04/23

3m

CBC
SEK
FT
Fent



DR. MEDAN KHEHAN
MBBS, MD Internal Medicine
Senior Resident
DM Clinical Hematology
AIIMS, New Delhi

mika

SR

वारेड रजिस्ट्रार, Senior Resident
धिर विज्ञान विभाग / Deptt of Hematology,
आर.बी.ओ. नई दिल्ली-29/AIIMS New Delhi



प्रधानमंत्री जन आरोग्य योजना
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से कायों कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

NoPh



UHID: 101887550

ABHA:

Dept No: 20220240116518

Clinic No: 2020/HA/247

DEVENDRA

S/O MOHAN LAL

9Y 11M 3D / M पुरुष

DIST-BAREILLYPO-SEVIGANJPS-

JOBETHER, UTTAR PRADESH, INDIA

Mob: 9548829474

General Rs. 0

Follow Up Patient

संख्या / Queue 7

कमरा / Room: C-512

Unit-I

HA CLINIC

Dr. Pradeep Kumar Hematology

WED



Registration time:

30/04/2025 08:48:58 AM

Chalasenne

TDT

Post splenectomy

37

LH30042500587

101887550

LC3004250943

101887550

DEVENDRADEVENDRA

S. Ferritin

HCA mail

(1) Folic acid 5mg on

(2) Sy osteocalcin 14mg daily

(3) i- Denirox 750g on - dissolve in
V. green water

(4) Sy Digene

S. Ferritin

CBC

RFT

LFT

3mm

Tube

HT clinic - check

Dr. Tulika Seth

Professor

Department of Hematology

A.I.I.M.S., New Delhi-110029



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi – 110029

SCREENING FORM FOR RAN/HMDG

Dated: 7 / 2 / 25

आयुष्मान भारत केंद्र, पुराने राजकुमारी अमृत
कौर ओपीडी के सामने, एम्स गेट नंबर 1 के पास

Ayushman Bharat Kendra, Opposite Old
Rajkumari Amrit Kaur OPD, Nearby AIIMS Gate
No. 1

Pradhan Mantri Arogya Mitra (PMAM) on duty to please check the eligibility under the
Rashtriya Arogya Nidhi (RAN) / Health Minister's Discretionary Grant (HMDG) for the patient:

Name of the patient Mr. /Mrs Devendra Age 10 Gender Male

S/o, D/o, W/o _____ is getting treatment under Department of

Hematology vide UHID No. 101887550 patient's domicile

State U.P.

Forwarded from the concerned MSSO Rajkumari Amrit Kaur

Name & Signature of MSSO's: Akhilendra

On the basis of Ration Card No./ PMJAY -ID _____

Eligible/Not Eligible: ☐ RAN ☐ HMDG

Advised to bring the following documents:

1. RAN/HMDG Application Form
2. Aadhar Card
3. Ration Card
4. Physical presence of Applicant for Bio-metric

Processed for the Card- Date: / / Time:

Any Remarks: _____

Card No. _____

State _____

Name & Signature of PMAM: _____

Please contact to the concerned MSSO's for the further action.



All India Institute of Medical Sciences, New Delhi
Department of Transplant Immunology & Immunogenetics
Tel: 26594638, 26594446

HLA No: 24356 B

UHID: 101887550

CLINICAL IMMUNOGENETICS LABORATORY

HISTOCOMPATIBILITY TESTING REPORT

Patient: Devendra

Hospital :

AIIMS/Hematology

Diagnosis: Thalassemia

Physician I/C :

Dr. Mukul Aggarwal

HLA CLASS I

Date : 28/10/2024

Time: 10:15 AM

Name Age/Sex	Relation	Technique#	HLA-A	HLA-C	HLA-B
Devendra 9/M	Patient	PCR-SSO	*01 *32	*06 *07	*37 *15
Piyush 2/M	Brother	PCR-SSO	*01 *32	*06 *07	*37 *15
Sangeeta 29/F	Mother	PCR-SSO	*32 *11	*07 *04	*15 *35

Haplotypes	a	A*01, C*06, B*37 (derived)	c	A*32, C*07, B*15
	b	-	d	A*11, C*04, B*35

#PCR-SSO low resolution HLA typing

Remarks:

- 6/6
1. The patient Devendra shares six out of six HLA alleles with Piyush tested at HLA-class I (A, C & B) region.

☒ DNA based HLA-class II (DRB1, DQA1 & DQB1) region testing for patient Devendra and Piyush is to be performed.

Date: 26/11/2024

Scientist

Time: 04:30 PM

Faculty

(Dr. Uma Kanga)

Head of the Department
(Prof. D. K. Mitra)

*Please quote your HLA no. for any further enquiries

Sample No.: Devender
Patient ID:
Name:
Sample Comment:

Ward: Rack: 1

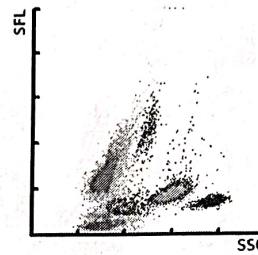
Position: 5 2025/04/09 10:10:07 WB
Doctor:
Birth: Sex:
Nickname: XN-2000-1-R

Positive

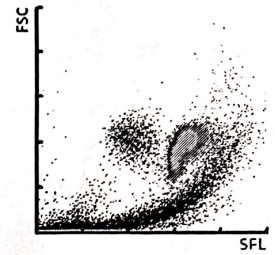
Diff. Morph. Count

WBC	23.87 *	[10 ³ /uL]	
RBC	2.11 -	[10 ⁶ /uL]	
HGB	6.0 -	[g/dL]	
HCT	18.2 -	[%]	
MCV	86.3	[fL]	
MCH	28.4	[pg]	
MCHC	33.0	[g/dL]	
PLT	228 *	[10 ³ /uL]	
RDW-SD	49.2	[fL]	
RDW-CV	16.2 +	[%]	
PDW	20.3 *	[fL]	
MPV	13.7 *	[fL]	
P-LCR	50.5 *	[%]	
PCT	0.31 *	[%]	
NRBC	1.77 *	[10 ³ /uL]	7.4 * [%]
NEUT	7.28 *	[10 ³ /uL]	30.4 * [%]
LYMPH	14.80 *	[10 ³ /uL]	62.0 * [%]
MONO	0.61 *	[10 ³ /uL]	2.6 * [%]
EO	1.12 *	[10 ³ /uL]	4.7 * [%]
BASO	0.06 *	[10 ³ /uL]	0.3 * [%]
IG	0.08 *	[10 ³ /uL]	0.3 * [%]
RET		[%]	[10 ⁶ /uL]
IRF		[%]	
LFR		[%]	
MFR		[%]	
HFR		[%]	
RET-He		[pg]	

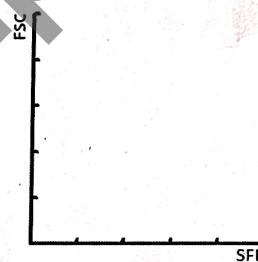
WDF



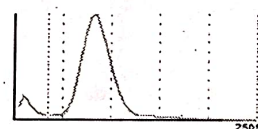
WNR



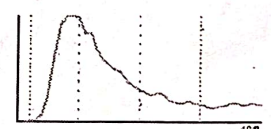
RET



RBC



PLT



WBC IP Message
WBC Abn Scattergram
Lymphocytosis
Eosinophilia
Leukocytosis
NRBC Present
Blasts/Abn Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distribution
Giant Platelet?



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर नियुक्ति विर्ची-110029 / Ansari Nagar, New

दूरभाष { 26588500
Phones { 26588700

APPOINTMENT SLIP

रसीद संख्या / Receipt No.:
Done By-Mrs.MUNESH DEO SWSC (Follow-up)

General ₹ 0.0

दिनांक / Date: 01/05/2025

जमाकर्ता / Received From:

ओ.पी.डी. / उपचार गर्हना / Department Name: Hematology/HT CLINIC

रोगी प्रकार / Patient Type: 06/05/2025

कक्ष संख्या / Room No.:
Reporting Time: 8.30 AM :

के नामे / ON ACCOUNT OF

Doctor Name	Dr. TULIKA SETH	Appointment Request date	01/05/2025
Name of Patient	MR. DEVENDRA DEVENDRA	Appointment No	2025050105238
Sex	Male	Age	9 years 11 months 5 days
Contact Details	Mobile: XXXXXXXX474	Request Mode	counter
Queue No:	F4		

Remarks:

Your UHID Is : 101887550.

Your Clinic Number Is : 2025/HT/869.

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.):

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



All India Institute of Medical Sciences, New Delhi
Department of Transplant Immunology & Immunogenetics
Tel: 26594638, 26594446 email: tii.hla.aiims@gmail.com

HLA No: 24356B
UHID No: 101887550

CLINICAL IMMUNOGENETICS LABORATORY

HISTOCOMPATIBILITY TESTING REPORT

Patient: Devendra

Hospital : AIIMS/Hematology

Diagnosis: Thalassemia

Physician I/C : Dr. Mukul

HLA CLASS I & II

Date of sample: 28/10/2024

Time-10:15 AM

Name Age/Sex	Relation	Technique	HLA-A	HLA-C	HLA-B	HLA- DRB1	HLA- DQA1	HLA- DQB1
Devendra 9/M	Patient	PCR-SSO	*01 *32	*06 *07	*37 *15	*13 *15	*01 *01	*06 *06
Piyush 2/M	Brother	PCR-SSO	*01 *32	*06 *07	*37 *15	*13 *15	*01 *01	*06 *06

Remarks:

1. The patient Devendra shares twelve out of twelve HLA-alleles with Piyush tested at HLA-Class I (A, C & B) and Class II (DRB1, DQA1, & DQB1) regions.

Date: 30/12/2024
Time: 04:30 PM

Scientist


Faculty
(Dr Uma Kanga)


Head of the Department
(Prof D K Mitra)

AIIMS, New Delhi
Anand Nagar, New Delhi-110029



भारत सरकार

Government of India



देवेंद्र कुमार

Devendra Kumar

जन्म तिथि/DOB:01/09/2016

पुरुष/ Male



7734 4433 6171

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



संगीता

Sangita

जन्म तिथि / DOB : 01/01/1992

महिला / Female



7896 1188 8579

मेरा आधार, मेरी पहचान

