

TAX BENEFITS

URGENT SUPPORT



SAVIOUR
FOUNDATION

RONAK RAJ (5 YRS)

UHID ID : 108889071

Blood Cancer - VSAA

www.savioursfoundation.org



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



अस्पताल में धूम्र पान करना मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

HEMATOLOGY OPD

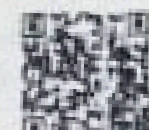
OPR-6

रोगी विभाग

L.HID: 108889071

कमरा / Room

C-408



Dept No: 20250240144153

Clinic No: 2025HI144153

Queue /
संख्या

F2

Unit: Hematology OPD

बहिरंग रोगी सं./G.P.D. Regn. No.

N-144153/26

पता / Address

रोगी का नाम / ROYAK RAJ

सो आर्यन राज /

SY OM 160 / M (25)

WARD NO-1, THANA- GAGRI JAMALPUR

KHAGARIA BHAR INO INDIA

General Rs 0

Follow Up Patient

सं. कु. रोगी



Reporting: 10:39:27

06/03/2026

रिपोर्ट / Diagnosis

दिनांक / Date

22/4

उपचार / Treatment

VSAA

plan Friday clinic AA

CBC - 62/2530/14 ANC-180
(7/2/26)

admission

PNH FCM

Stem cell

HLA matching

NGS - 13mfS

Naresh

medicobone: 8750765115

T/L transfusion to keep Hb \geq 9g% + PLT \geq 20K

T. Tranexa 500mg SOS (bleeding)

T. Acivir 200mg BD

Emergency SOS

RNT reports

Signature of Hematologist



CLEAN AND GREEN AIIMS / एम का यही सकार्य, सफाई से बना 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)



Mera Aashpal
Mera Hospital
merahospital.nhp.gov.in



DEPARTMENT OF HAEMATOLOGY
2nd Floor, (NEW PVT WARD)

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

अ. भा. आ. स., नई दिल्ली-110029A.I.I.M.S., New Delhi-110029

अ. भा. आ. स., नई दिल्ली-110029

UHID: 108889071 Reg Date: 21/01/2026 09:26 AM
Patient Name: Mr RONAK RAJ
Sex: Male Age: 5 years 8 days
Department: Hematology Unit Name: Unit-1
Unit Incharge: Dr. Manoranjan Mahapatra Sample Collection Date: 29/01/2026 03:20 PM
Lab Name: Hematology Sample Received Date: 29/01/2026 03:36 PM
Lab Sub Centre: HEMATOLOGY 204
Dept / IRCH No: 20260240144153 Recommended By: Dr. SR HEMAT
Lab Reference No: 264
Ward Name: Hematology Day Care

Sample Details : DHM-290126018 (Bone Marrow) / Report Date: 09/02/2026 12:00 PM

BONE MARROW ASPIRATE

BMA:	B-264 -26				
BMBx:	26BX-265				
Clinical details:	Transfusion requiring anemia, right cervical lymphadenopathy present. Pancytopenia under evaluation. ? Aplastic anemia vs Acute leukemia.				
CBC:	Hb: 5.7 g/dl; WBC: $3.87 \times 10^9/L$; Platelets: $06 \times 10^9/L$				
DLC (%):	N-05, L-90, M-05, ARC- 3400/ul, ANC-194/ul.				
Peripheral smear:	Normocytic normochromic RBC seen. WBC series shows very severe neutropenia. Platelet counts are markedly reduced.				
Aspirate:	Pauciparticulate, hypocellular				
Imprint:	Patchy cellular				
Lineage:	Adequacy and morphology				
Erythropoiesis:	Reduced				
Megakaryopoiesis:	Not seen				
Granulopoiesis:	reduced				
Myelogram (%):					
Blasts	02	Neutrophils	03	Basophils	-
Promyelocytes	-	Lymphocytes	72	Erythroid cells	03
Myelocytes	08	Monocytes	-	Plasma cells	11

DEPARTMENT OF HAEMATOLOGY, HEMOGRAM LAB, AIIMS, NEW DELHI

21/1

LAB

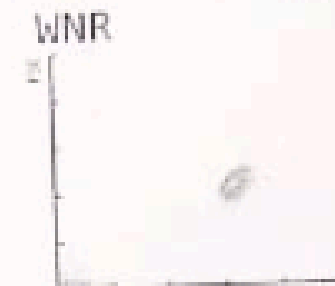
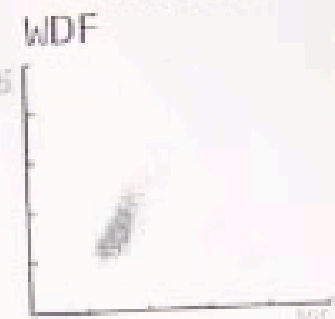
Sample No.: H-5278 Rack: 18 Position: 8 21/01/2026 13:02:27 WB
 Patient ID: _____ Doctor: _____
 Name: _____ Birth: _____ Sex: _____
 Sample Comment: *Rohan Roy* Nickname: XN-2000-1-L

Positive

Diff. Morph. Count

10 3889071
5/m
imp

WBC	3.58	[10 ³ /uL]		
RBC	3.56	[10 ⁶ /uL]		
HGB	10.7	[g/dL]		
HCT	30.8	[%]		
MCV	86.5	[fL]		
MCH	30.1	[pg]		
MCHC	34.7	[g/dL]		
PLT &O	18	[10 ³ /uL]		
RDW-SD	41.7	[fL]		
RDW-CV	13.2	[%]		
PDW	12.6	[fL]		
MPV	10.5	[fL]		
P-LCR	31.3	[%]		
PCT	0.02	[%]		
NRBC	0.00	[10 ³ /uL]	0.0	[%]
NEUT	0.08	[10 ³ /uL]	2.3	[%]
LYMPH	3.32	[10 ³ /uL]	92.7	[%]
MDND	0.15	[10 ³ /uL]	4.2	[%]
EO	0.03	[10 ³ /uL]	0.8	[%]
BASO	0.00	[10 ³ /uL]	0.0	[%]
IG	0.00	[10 ³ /uL]	0.0	[%]
RET	0.22	[%]	0.0078	[10 ⁶ /uL]
IRF	4.0	[%]		
LFR	96.0	[%]		
MFR	4.0	[%]		
HFR	0.0	[%]		
RET-He	35.9	[pg]		
MicroR	1.6	[%]		
MacroR	3.0	[%]		
HYPO-He	0.3	[%]		
HYPER-He	0.5	[%]		
RBC-He	29.9	[pg]		
Delta-He	6.0	[pg]		



WBC IP Message
 WBC Abn Scattergram
 Neutropenia
 Atypical Lympho?

RBC IP Message

PLT IP Message
 Thrombocytopenia

RBCs - Normocytic normochromic
WBCs - Leucopenia with very severe neutropenia
No blasts seen.
No 2 L6M04
ANC - 72/uL
ABC - 7800/uL
PLTs - Reduced

Imp. FS shows pancytopenia with reticulocytopenia and very severe neutropenia in a c/o aplastic anemia. Biopsy advised. Advise review of bone marrow slides & blocks.
 00-22 21/01/2026 13:02 1/1
 (Senior Resident, Dept. Hematology)



DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Room No. 92, Ground Floor, Teaching Block, Near Academic Section

Ansari Nagar, New Delhi-110 029, India

Tel : (+91-11) 2659 4538, 2659 4446 Email : deptofimmunology2015@gmail.com

REQUISITION FORM HEMATOPOIETIC STEM CELL TRANSPLANTATION

Recipient Information, Referring Hospital, BMT- Patient, Sibling 1, 2, 3, Mother, Father. Includes fields for UHID, Dept No, Room, Hospital, Physician, Phone, Email, and a barcode.

Clinical Details

Date of Diagnosis, Clinical Remission, History of relapse, Details of previous chemotherapy, Is patient on special protocols? (Steroids or Immunosuppression etc)

History of Blood Transfusions

Blood Group, Number of units given so far, Date last Transfused, TLC Counts, HIV, Hbs Ag, Other relevant information

Original Disease

AML, ALL, CML, Multiple Myeloma, MDS, Thalassemia, Aplastic Anemia, Others

Immunogenetics Tests Requested (see note below)

Low Resolution, High Resolution, HLA-Class I (ABC), HLA-Class II (DR/DQ/DP)

Anti HLA - Antibody (see note below)

Panel Reactive Antibody (PRA) Screening, Donor Specific Antibody (DSA)

Note

- Samples will be accepted/collected ONLY with completely filled requisition form.
• Treating physician signature is mandatory.
• Family information should be provided overleaf.
• Specimen requirement: (a) HLA Testing- 4ml EDTA blood. (b) Antibody testing-2ml plain blood.
• Testing Details: Samples collected on Monday, with prior appointment only.

Recipient Photograph TO BE ATTESTED BY TREATING PHYSICIAN

Dr. Avleen Agarwal, Consultant, Dept. of Transplant Immunology & Immunogenetics, AIIMS, New Delhi-110029

CONSULTANT'S SIGNATURE & SEAL Date:

23/Jan/26

Very severe Aplastic with - CSOM

- . ARC - 7800/ μ l
 - . ANC - 72/ μ l
 - . PLT - 18k
- and active discharge

did/wr. Dr. Mukul sir

Adv

To reach em
in case of
bleeding manifesta,
and fever

To do. Transfusion - keep - Hb > 8
PLT > 10k

- . BMA - Bx ; EBV ; CMV PCR ; PNH ;
- . stress cytogenetics Anti-HAV
- . NGS for IBMFS

. Pt. requires further imaging
& investigation & IV antibiotics
for CSOM with severe neutropenia
with pseudo
monoc
cover

To reach emergency A&E
(ED) now

. ENT review

~~Subodh
Temed~~

Co/DS - ward for
getting date for Bx.

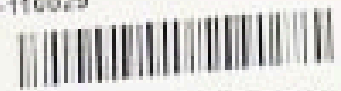


(DUPLICATE) PASS ISSUE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आवृत्त संख्या: 1000

87



UHID No:108889071

(DEPT. OF EMERGENCY MEDICINE)

REG TIME: 04:58:15 PM

NON-MLC

Emergency No: 20260300007919

REG DATE: 23/01/2026

PATIENT NAME: MR RONAK RAJ

AGE: 5 years 2 days

SEX: M

S/O: AAYAN RAJ

ADDRESS:

WARD NO-1, HANA-GAURI

JAMALPUR KHAGARIA

STREET/NO:

CITY/BLOCK:

PIN:

STATE:

BIHAR

PHONE NO:

MOBILE NO:

8051600000

Location:

Pediatric Emergency

Criticality: Red / Yellow / Green

BR BROUGHT BY: Relative - FATHER

Triage: Responsive / Unresponsive

HR

/min

BP

mmHg RR

/min

SpO2

%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

R/O Very severe Aplastic Anemia

White discharge from right ear x 15 days 12/1/26

L/O right ear discharge 15 years back

10.7 } 3580 } < 18,000
ANC - 80

Primary Assessment (ABCDE) - Assessment Pending

Airway	Circulation	Disability
Open & stable <input checked="" type="radio"/> Yes <input type="radio"/> No If No.....	HR 104/min	GCS 15/15
Breathing: RR 30/min Efforts: <input checked="" type="radio"/> Normal <input type="radio"/> Poor <input type="radio"/> Increased Auscultation: Air entry: <input checked="" type="radio"/> Normal <input type="radio"/> poor <input type="radio"/> Differential	CPT 13 secs	Pupil size...../mid
Added sounds: <input checked="" type="radio"/> None <input type="radio"/> Stridor <input type="radio"/> Wheeze <input type="radio"/> Crackles	BP.....mmHg	Pupillary Reactions... 4/6 RT
SpO2 on Room air 100% w RA	Peripheral pulse: <input checked="" type="radio"/> Poor <input type="radio"/> Good	<input checked="" type="radio"/> Motor activity: <input type="radio"/> Normal & Symmetrical <input type="radio"/> Asymmetrical
15.3kg	Central pulse: <input checked="" type="radio"/> Poor <input type="radio"/> Good	Posturing/Flaccidity/Seizure
	Skin temp: <input checked="" type="radio"/> Warm <input type="radio"/> cool	Blood Sugar.....mg/dl
	Others	Exposure: Temp..... Colour: <input checked="" type="radio"/> Normal <input type="radio"/> pallor <input type="radio"/> cyanosis <input type="radio"/> mottled
		Any other skin lesions.....

Diagnosis: VLAA E ?CSOM

Running on
6.45gm try 8 Pipster 1.0gm IV 8hly
try amikacin 225mg IV 24hly
Refer to ENT OPD

HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name RANJIT RAJ Age/Sex 5 Yr Date 21/01/2018
 Hospital UHID No. 100989071 Lab No. _____
 Referring Doctor _____ Ward/OPD/Clinic _____

Clinical Summary No vaccination till 12y of age Nov. 2011 His
bone hypoplasia / transfusion requiring anemia

No. of Blood transfusion PRBC 150 Date of last BT: 20/1/18 PRBC PRP

Examination findings

Pallor (+) Fever (+)
 Bleeding manifestations _____ Jaundice _____
 Liver _____ Spleen (+)
 Lymph nodes PA cervical 2x2 cm LN (+) Sternal tenderness _____
 Others _____

B.M. Buffer
Pipette
CTG

Provisional Clinical Diagnosis

pancytopenia severe

Radiological Findings

? RA w/ acute leuk

outside BM slides & slides for review

Other Investigations

Treatment History

Recent Haemogram

Haemoglobin 3.0 TLC 1000 Platelets 30k
WBC 13.5 L 23-5

Previous Bone Marrow

BM - 3/0
hypoplasia BM
A - 0% blasts (2-4%)
Bx - 4% blasts

Signature _____
 Name of Doctor _____
 Contact Tel. No. _____

DMP
IP T
29/1/26

2.2/5400 / 30,000
hematocrit 9%

Note: Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. BM Slides without PS will not be accepted.



बिहार सरकार

GOVERNMENT OF BIHAR

योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT

सदर अस्पताल खगड़िया
SADAR HOSPITAL KHAGARIA

फॉर्म-5
FORM-5



सं. 1
NO. 1



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

6771/2020

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अंतर्गत जारी किया गया।)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि सदर अस्पताल खगड़िया तहसील खगड़िया जिला खगड़िया राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR SADAR HOSPITAL KHAGARIA OF TAHSIL/BLOCK KHAGARIA OF DISTRICT KHAGARIA OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: RONAK RAJ / रोनक राज

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
05-10-2020
FIFTH-OCTOBER-TWO THOUSAND TWENTY

जन्म स्थान / PLACE OF BIRTH:
SADAR HOSPITAL KHAGARIA/---

माता का नाम / NAME OF MOTHER:
ABHILASHA KUMARI / अभिलाषा कुमारी

पिता का नाम / NAME OF FATHER:
AAYAN RAJ / आयन राज

अधार नंबर / MOTHER'S AADHAAR NO:

अधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
ITAHRI, WARD N - 01, THANA - GOGRI, PHUDKICHAK, ITAHRI, GOGRI, KHAGARIA, BIHAR- 851203
इटहरी, वार्ड न - 01, थाना - गोगरी, फुदकीचक, इटहरी, गोगरी, खगड़िया, बिहार- 851203

माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS:
ITAHRI, WARD N - 01, THANA - GOGRI, PHUDKICHAK, ITAHRI, GOGRI, KHAGARIA, BIHAR- 851203
इटहरी, वार्ड न - 01, थाना - गोगरी, फुदकीचक, इटहरी, गोगरी, खगड़िया, बिहार- 851203

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2020-10-90323-006568

पंजीकरण तारीख / DATE OF REGISTRATION:
19-10-2020

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
02-03-2021

जारी करने वाला अधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
सदर अस्पताल खगड़िया
SADAR HOSPITAL KHAGARIA

UPDATED ON :
02-03-2021 22:12:40



"THIS IS A COMPUTER GENERATED CERTIFICATE."
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".
"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

