

Dr. Jagdish Prasad Meena
Associate Professor
Department of Pediatrics
All India Institute of Medical Sciences
New Delhi-110029

CLINICAL MICROBIOLOGY DIVISION

Department of Laboratory Medicine
Phone : 26588700-Ext. 4397

All India Institute of Medical Sciences
Ansari Nagar, New Delhi-29 (India)

HIV & HEPATITIS VIRAL MARKERS REPORT

Name of Patient VIRAT KUMAR Age / Sex 120/M State

Hospital Reg. / UHID No 105245352 OPD / Ward (B) Bed

Treating Unit Referred From (Hospital)

Diagnosis / Clinical Details RB

Indication for the test : Donor Safety / Screening / Diagnosis / Voluntary / Medical Board / Others.

Has the test been done earlier Yes No

If yes name of the Laboratory, Lab No. and Results

[Signature]
Signature of Doctor

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029



अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

यू०एच०आई०डी० संख्या
UHID No. 105245352

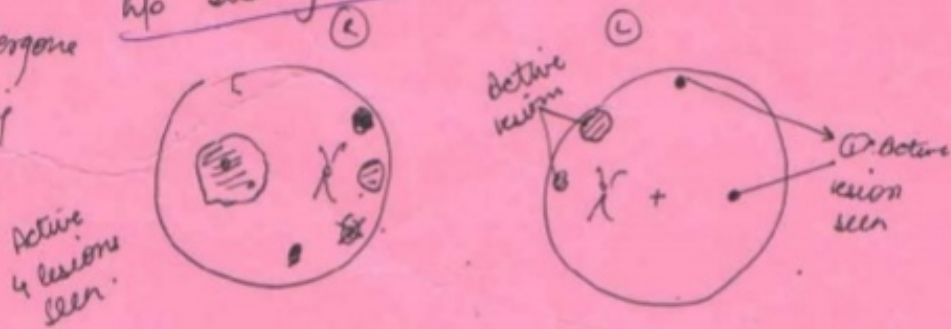
आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Vinay Kumar		1-5 mo/M		Rampur, Aligarhi

दिनांक DATE	निदान DIAGNOSIS
17/11/2020	3rd child Staging EVA उपचार Treatment ↓ U-6 (Dr Lomi / Dr Anil)

→ H/o B/L regressed RB in mother.
→ already undergone genetic testing

come for sibling screening
H/o elder sister (B/L RB)
H/o sibling death cancer.



कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं

- No Smoking
- Use Dustbin
- No Spitting



Discharge/ Referral/ LAMA/ Death Form (Tick (✓) whichever applicable)

Name of Facility:	Guru gobind Singh medical College & Hospital Fdk.		
Block:	Ob. and gynae	District:	Fdk.
Name and signature of service provider:	Phone No.		

Name:	W/o or D/o:	Age (yrs):	MCTS No.
Rinki Devi	Banjay Kumar	29 yr.	232401P
Date of admission:	Time of admission:	Date of Discharge/ Referral:	Time of Discharge/Referral:
01/10/20		02/10/20	02:00 PM
Date of delivery:	Time of delivery:	Delivery outcome: Live birth <input type="checkbox"/> Abortion <input type="checkbox"/> Single <input type="checkbox"/>	
1/10/20	04:05 PM	Fresh Still birth <input type="checkbox"/> Macerated Still birth <input type="checkbox"/> Twins/Multiple <input type="checkbox"/>	

Final outcome: Discharge/ Referred out/ LAMA/ Death
(Tick (✓) whichever applicable)

Discharge summary:	Referral summary:
Condition of mother fair	Reason for referral
FP option (if provided)	Facility name (referred to)
Condition of baby fair	Treatment given
Sex of baby M <input checked="" type="checkbox"/> F <input type="checkbox"/> Birth weight (kgs)
Pre-term: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Inj. Vit K1: Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunization: BCG <input checked="" type="checkbox"/> OPV <input type="checkbox"/> Hepatitis B <input checked="" type="checkbox"/>
Advice on discharge:
<input checked="" type="checkbox"/> Counselling on danger signs for mother and baby
<input checked="" type="checkbox"/> Rest, nutrition and plenty of fluids
<input checked="" type="checkbox"/> Tab iron <input type="checkbox"/> Tab calcium
Treatment given
Follow-up date

Notes on Discharge/ Referral/ Death

G3P2L1 = 10G $\left\{ \begin{array}{l} 28+5W \text{ (LMP 4/1/20)} \\ 38+5W \text{ (22w scan)} \end{array} \right.$

- Spontaneous conception; Fe, folic acid and TT doses given
- No HTN, DM, TB, bronchial asthma, thyroid also

Gefael
 BY = 110/70
 RR = 60/
 FHR = 149-

M. July dated and delivered NVD =
 Male baby at 1/10/20 at 3:05 PM
 No Tcm/ no BPV



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



सर्वोत्तम चिकित्सा परामर्श

एकक/Unit _____

विभाग/Dept. _____

नाम/Name _____

New Patient

Dept Reg. 2020/001/0010697

General/OPD

Paediatrics/Paediatric
/Unit-III

Room/Room: 10

Days:

Wed, Sat (Sun, Mon)

Name/Dr. VIRAT KUMAR

Queue No: 06

IN 250 रु/दि

S/O MOHAN LAL



UHID: 105245152

Date: 21/11/2020

OPR-6

1. No. _____

पता/Address _____

निदान/Diagnosis

Familial RB → B/L TORB - multifocal RB

दिनांक/Date

8

उपचार/Treatment

5.319

Mother → H/O B/L regressed RB

Elder sibling → H/O B/L RB

(Shomi RA)

↓ under treatment

no sibling death due p RB ⊕

Std. CCV. 1st cycle

Advt:

1mg VCR 0.25 mg w. (D1)

1mg CARBOPLATIN 100 mg w (D1)

1mg ETOPOSIDE 25 mg w (D1) (D2)

stop EMGSET (5/2mg) 0.5 ml ooo x 2dg

stop SEPTROX (5/10) 3ml 8 AM

MRX Test

Reading on 27/11/20



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया 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)



meraospital.nhp.gov.in



भारत सरकार

Government of India



संजय कुमार

Sanjay Kumar

जन्म तिथि / DOB : [REDACTED]

पुरुष / Male

[REDACTED] Masked Due to Confidential

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Navjeevan Cancer Foundation

MERA AADHAAR, MERI PEHACHAN

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
HEMATOLOGY

अटिल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

नाम/Name	Viras Kumar	वयु/Age	27	लिंग/Sex	M
UHID No.		Consultant			
Ward/OPD	105245352	Unit/Bed No.			
Date/Time					
Nature of Anticoagulant : EDTA / Citrate / Heparin / NB					
Diagnosis / History					
Previous Lab. Ref. No.	RB	Signature of Doctor			
Today's Lab. Ref. No.		Time of Receipt			

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

Day case / OS

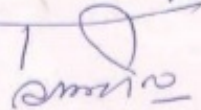
↳ Can kids - Comel orbit + Bolus

Collect protocol from diff case

① CBC / LFT → viral markers

1y HBV @ 1ml IM stat (2, 1, 2)
25/11/20

② Repeat ECA after 2 cycles of chemotherapy





डॉ. जगदीश प्रसाद मीना
Dr. Jagdish Prasad Meena

सह-आचार्य / Associate Professor

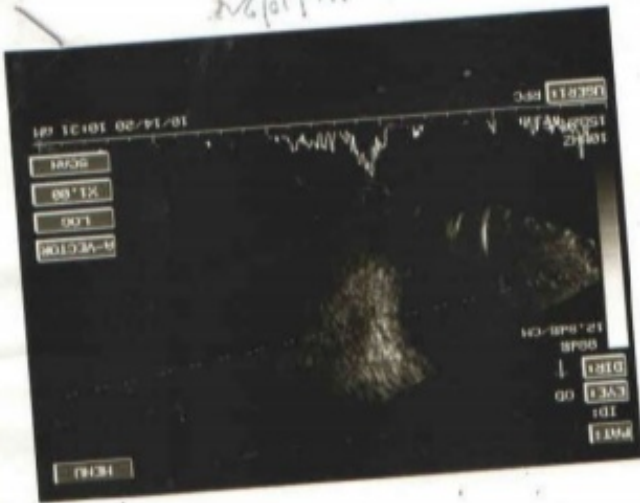
बालरोग चिकित्सा विभाग / Department of Pediatrics
ए.आ.आ.ए. नई दिल्ली / A.I.I.M.S., New Delhi-110029

Kindly allow Dr. Dharamchandra Choudhary on chemo
Debrish Sethi

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029

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Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029

22/01/21 30



22/01/21 30



दिल्ली -110029
SCIENCES, NEW DELHI-110029
UHID No:105245352

आपातकालीन नं. (Dept. Regd. No): 20200290006472
NON-MLC Patient

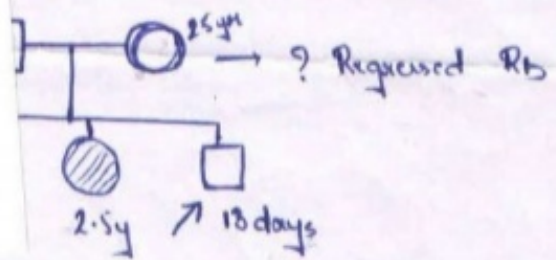
आयु AGE : 14 दिन Days
लिंग/SEX: पुरुष/M

AHIVASI गली / मुहल्ला
पिन कोड
मोबाइल
STREET/MOH: PALI RAZAPUR
PIN:
MOBILE:

आ.चि.अ C.M.O: DR KARTHIKEYAN

for Rb screening.
(ought by mother)

NVD, uncomplicated
findings, diagnosed as Rb.



O/E / no white reflex
B/E AC appears shallow
Rest WNL
#136 B/E USG for PSE
anterior
anterior

नेत्रदान महादान

नेत्र आपात सेवा पूरे २४ घंटे के लिए उपलब्ध है
Casualty Services are available for 24 hours
Tel.No(011)-26589461,26588500-26588709 Ext.3062/3063, Eye bank Services 26589461,26582060,1919

m. of. calceopatin

नेत्रदान महादान

#32

Lomi Sris opinion

14/10/2020

RT PCR
COVID testing

State for further
Siblings Screening
(next month)
by me

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली - ११००२९
Ansari Nagar New Delhi - 110029

MLC / NON - MLC

Shom
Domishor

UHID No.

105245353

ADMISSION SLIP

Dated

30/11/20

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss

VIRAT KUMAR

Age

21/11

Sex

M

in ward

DC/C-5

Under Unit

Peds-111

and Senior Resident of the Unit

Dr. Mahesh

whose Provisional

diagnosis is

RR

(in block letters)

C. A. O./ Hosp. Enquiry

Code No.

Signature & Stamp of the Admitting Medical Officer

Name of the Admitting M.O.

Designation of Admitting M.O.

Please advise patient / attendant to fill the details on the back of slip.

डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र, नई दिल्ली -110029

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES, NEW DELHI-110029



UHID No: 105245352



(AIIMS)

आपातकालीन विभाग
(RPC Emergency)

आपातकालीन नं. (Dept. Regd. No): 20200290006472
NON-MLC Patient

नाम NAME: () VIRAT KUMAR
S/O: () MOHAN LAL

आयु AGE: 14 दिन Days

लिंग/SEX: पुरुष/M

पता ADDRESS: मकान संख्या
शहर/प्रखंड
राज्य
दूरभाष सं.

H.NO: VILL-BHANKARI AHIVASI गली / मुहल्ला
CITY/BLOCK: DISTT-ALIGHRR पिन कोड
STATE: UTTAR PRADESH मोबाइल
PHONE NO:

STREET/MOH: PALI RAZAPUR
PIN:
MOBILE:

दिनांक DATE: 14/10/2020

इकाई UNIT: Unit-II

आ.चि.अ C.M.O: DR KARTHIKEYAN

द्वारा BROUGHT BY: Self

दिनांक Date: निदान Diagnosis:

14/10/2020
08:48:02 AM

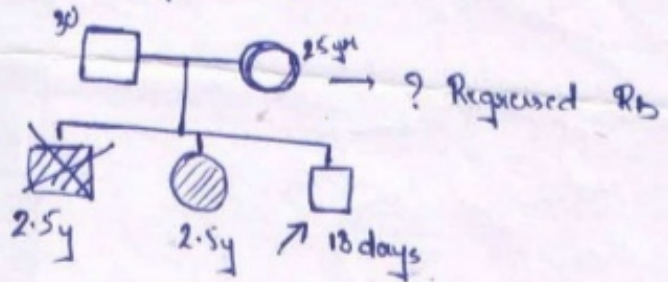
VA (unco-operative)

IOP (Dig) ①

Pl has come for Rb screening.
(brought by mother)

Pog: 39 wks, NVD, uncomplicated

It has two siblings, diagnosed e Rb.



O/E / no white reflex
B/E AC appears shallow
Rest WNL
anterior

136

B/E USG for PSE
anterior

m.d. calcarator

नेत्रदान महादान

नेत्र आपात सेवा पूरे २४ घंटे के लिए उपलब्ध है
Casualty Service are available for 24 hours

Tel.No:(011)-26589461,26588500-26588700 Ext.3062/3063, Eye bank Services 26589461,26593060,1919

आपकी आँखें बहुमूल्य हैं, नेत्र कोष में सुरक्षित करें
Your eyes are precious to all-visit our Eye Bank.

32

Lomi Sris opinion

14/10/2020

RT PCR
COVID testing

Date for first
Siblings Screening
next month
Sujar

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
वैद्यनिक रसायनिक
CLINICAL CHEMISTRY

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

रक्त रसायन / BLOOD CHEMISTRY

नाम/NAME Vikas Kumar आयु/Age 27 लिंग/Sex M
UHID NO. 105245352 OPD/WARD UNIT BED NO.

Diagnosis

&

Clinical

Note :-

RB

Signature

Name of Medical Officer

[Signature]

Time of

Specimen Collection

For Lab. Use only

Lab. Ref. No.

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED
Patient to Report Fasting

दिनांक - Date

उपचार - Treatment

17/11/20

B/L multifocal group B RB

TTT settings

power ~~150~~ 200 → 250mw
~~300~~ mw

B/E TTT done of all lesions

Duration 9000 msec

Repeat Interval 50

Adv

B/E [cid M₀4KT (4) x 5 days
cid Refresh tears (6) x day

Old RAK OPD →
Inglut #7/#10/#14
Radiation oncology
Dr Jagdish Meena
Dr Rochina Sethi
Dr Aditya Gupta
NPO solids - 2am
liquids - 4am Tues / Fri

→ Review after 2 cycles of
std. VEC chemotherapy

→ Date of EUA after
2 cycles of chemotherapy.
(Review in OPD (32) Wed/ Sat
at 9AM for date of EUA
J.R.K.P.C.

after chemotherapy
Next EUA date on 18/12/2020 OT 5th floor at 7am
COVID RT-PCR on 16/12/2020

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

To the PRC,
Kindly give an early appointment
for Paed Onco OPD for 18-11-2020

Senior Resident
Department of Paediatrics
All India Institute of Medical Sciences
New Delhi - 110029



भारत सरकार
GOVERNMENT OF INDIA



रिंकी देवी

Rinki Devi

जन्म तिथि/ DOB:

NCF

महिला / FEMALE



Confidential

मेरा आधार, मेरी पहचान

Firefox

http://192.168.15.224/hospital/HR/Appointment/printAppointmentmen...



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi,
Appointment No: Delhi-110029

Phones) 26588500
26588700



Date by: M.MUDASIR BAIG HELPAGE SWIC (Follow-up)

General ₹ 0.0

Received From: COVID 19 SCREENING OLD RAK OPD/COVID 19 SCREENING OLD RAK OPD

Appointment Date: 16/11/2020

ON ACCOUNT OF

Dr. MR aviral singh

Appointment Request date

Patient Type

Reporting Time: 10.00 AM

MR. VIRAT KUMAR

Appointment No

Room No. 1

Sex

Male

Age

1 month 17 days

Contact Details

Mobile: XXXXXXXXXX

Request Mode

online

Queue No.

F1

Remarks:

Visit 0000 to: 00140000



CONFIDENTIAL OF A PATIENT

Payment Mode:

INR (Rs.):

Rs. in Words

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