

A photograph of a person lying in a hospital bed. The person is wearing a white hospital gown and a grey headband. They are covered with a thick, multi-colored blanket featuring red, purple, and grey stripes. The bed has a white metal frame and a white headboard. The background is a plain, light-colored wall. The text "One support one life" is overlaid on the image in a white, sans-serif font, oriented diagonally from the bottom left towards the top right.

One support one life

Sample No.: 5589 RONAX U2C3
 Patient ID:
 Name:
 Sample Comment:

Adapter:
 Ward:

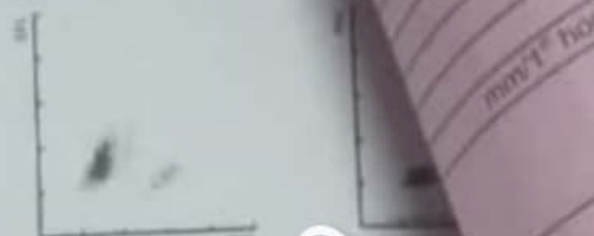
Pos.: 277
 Doctor:
 Birth:
 Nickname:

Positive

Diff. Morph. Count

| | | | | | |
|--------|------|---|-----------------------|------|-------|
| WBC | 2.11 | - | [10 ³ /uL] | | |
| RBC | 2.19 | - | [10 ⁶ /uL] | | |
| HGB | 6.5 | - | [g/dL] | | |
| HCT | 18.6 | - | [%] | | |
| MCV | 84.9 | - | [fL] | | |
| MCH | 29.7 | - | [pg] | | |
| MCHC | 34.9 | - | [g/dL] | | |
| PLT | 5 | * | [10 ³ /uL] | | |
| RDW-SD | 38.5 | | [fL] | | |
| RDW-CV | 12.8 | | [%] | | |
| PDW | ---- | | [fL] | | |
| MPV | ---- | | [fL] | | |
| P-LCR | ---- | | [%] | | |
| PCT | ---- | | [%] | | |
| NEUT | 0.23 | * | [10 ³ /uL] | 10.9 | * [%] |
| LYMPH | 1.80 | * | [10 ³ /uL] | 85.3 | * [%] |
| MONO | 0.08 | * | [10 ³ /uL] | 3.8 | * [%] |
| EO | 0.00 | | [10 ³ /uL] | 0.0 | [%] |
| BASO | 0.00 | | [10 ³ /uL] | 0.0 | [%] |
| IG | 0.00 | * | [10 ³ /uL] | 0.0 | * [%] |

WDF



WBC



PLT



WBC IP Message
 Neutropenia
 Leukocytopenia
 Blasts/Abn Lympho?
 Atypical Lympho?

RBC IP Message
 Anemia

PLT IP Message
 PLT Abn Distribution
 Thrombocytopenia

231

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
 बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

क्लीनिकल हिमेटोलॉजी लैब
CLINICAL HAEMATOLOGY LAB

लिंग / Sex **M**

पेश Name **Ranak**

आयु / Age **9yrs**

C.R. No. **9589**

Consultant

Ward/OPD **42C3**

Unit/Bed No.

Date/Time **27/2/24**

EDTA/Citrate/Heparin/Nil

Nature of Anticoagulant

Diagnosis/History

CBC

[Signature]
 Signature of the Doctor

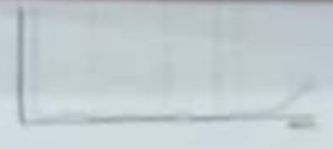
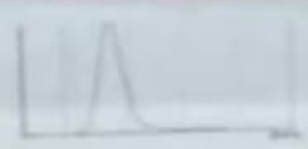
Today's Lab. Ref. No.

Time of Receipt

INCOMPLETE FORM IS NOT ACCEPTABLE

One Support One Life

WBC 8.00 $\times 10^9/L$ [x]
 IG 0.00 $\times 10^3/uL$ [x]



WBC IP Message
 Neutropenia
 Leukocytopenia
 Blasts/Abn Lympho?
 Atypical Lympho?

RBC IP Message
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PLT IP Message
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 Thrombocytopenia

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
 LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
 KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/55, Telephone No. 011-23408270
 TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 27/2 Time 12:40 Routine Urgent Immediate (Without crossmatch) (Please Tick)

| REQUIREMENTS | WHOLE BLOOD | PACKED CELLS | FRESH FROZEN PLASMA (FFP) | PLATELETS | | OTHER |
|--------------|-------------|--------------|---------------------------|-----------|-----|-------|
| | | | | SDP | SDP | |
| | | <u>170ml</u> | | <u>50</u> | | |

Patient's Name Ronak Age/Sex 9y Ward/Bed U213

Hospital Registration No. 5589 Father's/Husband Name _____

Undertaking Replacement Donor (Donor Card No.) Discarded

Doctor in-Charge A. J. Singh Name of Transfusing Doctor A. J. Singh

Diagnosis / Indication for Transfusion (Specify) Coarctation

Obstetric history (in female patients) _____

Patient's Hb 6.5 Platelet Count 5L PT _____ APTT _____

H/O Previous Transfusion: Yes / No, If Yes: _____

| Date | No. of units transfused | Types of Components/ Whole Blood | ABO Rh Group of units transfused | Adverse Reactions if any |
|------|-------------------------|----------------------------------|----------------------------------|--------------------------|
| | | | | |

Special Comments of Transfusing Doctor, if any Asymptomatic & release

Please ensure that _____

CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION.

Sample drawn by MD Date 27/2/24 Sign & Stamp of Medical Officer [Signature]

Name & Designation of Medical Officer [Signature]

Medical Registration No. _____ Contact No. _____

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received [Signature] Date 27/2/24 Time 2:15 PM

Patient's ABO Group A+ Antibody screen _____ Tested by [Signature]

| Cross Match Bag No. | Group | Antibody Screening | CROSS MATCH (SALINE AND CERMUS PRIST) | Cross Match done by | | | Issue No. | Issue By | | |
|---------------------|------------|--------------------|---------------------------------------|---------------------|----------------|--------------------|-------------|-------------|-------------|--------------------|
| | | | | Date | Time | Sign | | Date | Time | Sign |
| <u>U1170</u> | <u>A+</u> | <u>RUC</u> | <u>COMPATIBLE</u> | <u>27/2</u> | <u>2:15 PM</u> | <u>[Signature]</u> | <u>3252</u> | <u>27/2</u> | <u>5:20</u> | <u>[Signature]</u> |
| <u>C-3146</u> | <u>RUC</u> | <u>None</u> | <u>None</u> | | | | <u>3253</u> | | | |
| <u>C-3154</u> | | | | | | | <u>3254</u> | | | |
| <u>C-3156</u> | | | | | | | <u>3255</u> | | | |

Special Comments _____

BLOOD CENTRE LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED S.S.K. & K.C. HOSPITAL
 COMPATIBILITY REPORT
 LICENCE NO. 982/55

ISSUE NO. 3255 DATE OF ISSUE 27/2/24
 TIME 2:15 PM DATE 27/2/24
 HbA_{1c} HCV HIV 1&2 TPHA MALARIA NON REACTIVE
 COMPATIBLE FOR A+
 PTX Name Ronak BLOOD GROUP A+
 HOSPITAL NO. U213 REGISTRATION NO. 5589

= 0.24 Wg

DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
 LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
 KALAWATI SARAN CHILDREN HOSPITAL
 License No. 982/85, Telephone No. 011-23408270
 TRANSFUSION REQUISITION / ISSUE FORM

Blood required on Date 27/12 Time 12:00 Routine Urgent Immediate (Without crossmatch) (Please Tick)

| REQUIREMENTS | WHOLE BLOOD | PACKED CELLS | FRESH FROZEN PLASMA (FFP) | PLATELETS | | OTHER |
|--------------|-------------|---------------|---------------------------|-----------|-----|-------|
| | | | | BDP | SDP | |
| | | <u>1 unit</u> | | <u>50</u> | | |

Patient's Name Rohan Age/Sex 9y / M Ward/Bed U216

Hospital Registration No. 5589 Donor's/Husband Name _____

Undertaking Replacement Donor (Donor Card No.) _____

Doctor In-Charge Dr. V. Singh Name of Transfusing Doctor Dr. Anand

Diagnosis / Indication for Transfusion (Specify) anemia & active bleed

Obstetric history (in female patients) _____

Patient's Hb 6.5 PCV 52 PT _____ APTT _____

H/O Previous Transfusion: Yes / No. If Yes: _____

| Date | No. of units transfused | Types of Components/ Whole Blood | ABO/Rh Group of units transfused | Adverse Reaction if any |
|------|-------------------------|----------------------------------|----------------------------------|-------------------------|
| | | | | |
| | | | | |

Special Comments of Transfusing Doctor, if any urgently required & release as per order

Please ensure that
CONSENT OF THE PATIENT/GUARDIAN HAS BEEN TAKEN FOR TRANSFUSION

Sample drawn by _____ Date 27/12 Sign & Stamp of Medical Officer [Signature]

Name & Designation of Medical Officer _____

Kalawati Saran Children's Hospital, New Delhi

Department of Biochemistry

Date: 27-02-2024 13:09:30

Ref. class: ADULT

Sample Id: 95
 CHID/CR No.
 Name:

| Test Name | Result | Units | Normal Range | Low/High/Normal |
|--------------------|--------|-------|--------------|-----------------|
| Urea | 24 | mg/dL | 15 - 45 | Normal |
| Creatinine | 0.47 | mg/dL | 0.59 - 1.45 | Low |
| Bilirubin Total | 0.80 | mg/dL | 0.30 - 1.20 | Normal |
| Bilirubin Direct | 0.34 | mg/dL | 0.00 - 0.40 | Normal |
| AST/GOT | 128 | U/L | 5 - 40 | High |
| ALT/GPT | 399 | U/L | 5 - 40 | High |
| Alkaline Phos | 300 | U/L | 25 - 125 | High |
| Total Protein | 7.8 | g/dL | 6.2 - 8.5 | Normal |
| Albumin | 4.3 | g/dL | 3.5 - 5.2 | Normal |
| Calcium | 10.0 | mg/dL | 8.1 - 10.4 | Normal |
| Phosphorus | 3.9 | mg/dL | 2.6 - 4.5 | Normal |
| C-Reactive Protein | 17.27 | mg/L | 0.00 - 7.00 | High |

One Support One Life

$Na^+ - 142$
 $K^+ - 4.1$
 $Cl^- - 107$

Performed By

Verified By