DEPARTMENT OF IMMUNOHEMATOLOGY & BLOOD TRANSFUSION
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
KALAWATI SARAN CHILDREN HOSPITAL

Licence No. 0823/85, Telephone No. 011-23408270

TRANSFUSION REQUISITION/ISSUE FORM

Blood required on Date 24/7/24 Time _____ Routine/Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS RDP / SDP	OTHER
				10 SDP	

Patient's Name Adarsh Age/Sex 4yr / M Ward/Bed _____

Hospital Registration No. 18533 Father's/Husband Name _____

Undertaking/Replacement Donor (Donor Card No.) Self donation

Doctor In-Charge Dr. Nadia Mittal Name of Transfusing Doctor DOD

Diagnosis / Indication for Transfusion (Specify) T-ALL i. thrombocytopenia

Obstetric history (in female patients) —

Patient's Hb 6.9 g/dl Platelet Count 71000 /M 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
	Sunday	Ae BG CM		

Special Comments of Transfusing Doctor, if any: _____

Please ensure that

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

Dr. Muskan Dey
Dr. MUSKAN DEY
PGT Clinical Pathology
Lady Harding Medical College
& Associated Smt Medical Hospital
New Delhi-110001

Sample drawn by Dr. Muskan Date 24/7/2024 Sign & Stamp of Medical Officer

Name & Designation of Medical Officer DOD

Medical Registration No. 82580 Contact No. 7987991[illegible]

COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)

Requisition form received by _____ Date _____ Time _____

Patient's ABO Group & RhD _____ Antibody screen _____ Tested by _____ Sign _____

Cross Match Bag No.	Blood Group	Component	Antibody Screening	CROSS MATCH (SALINE AND COOMBS PHASE)	Cross Match done by			Issue No.	Issue By		
					Date	Time	Sign		Date	Time	Sign

Special Comments of BBO/Technician, if any _____

Sample No.: 19986 ADARSH U2C5 Rack: Position: 28/08/2026 17:04
Patient ID: Ward: Doctor:
Name: Birth: Sex:
Sample Comment: Nickname: XN-1000-1

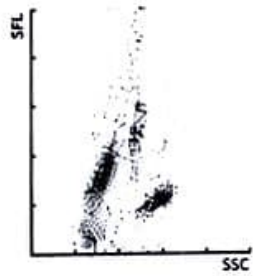
Positive

Morph. Count

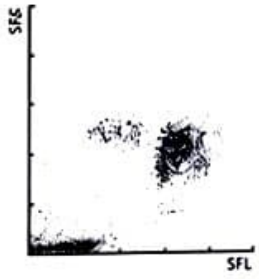
WBC	4.59		[10^3/uL]		
RBC	3.38		[10^6/uL]		
HGB	8.3		[g/dL]		
HCT	28.6		[%]		
MCV	84.6		[fL]		
MCH	24.6		[pg]		
MCHC	29.0	-	[g/dL]		
PLT	85	*	[10^3/uL]		
RDW-SD	66.4	+	[fL]		
RDW-CV	24.3	+	[%]		
PDW	----		[fL]		
MPV	----		[fL]		
P-LCR	----		[%]		
PCT	----		[%]		
NRBC	0.33		[10^3/uL]	7.2	[%]
NEUT	1.28	*	[10^3/uL]	27.9	[%]
LYMPH	2.63	*	[10^3/uL]	57.3	[%]
MONO	0.66	*	[10^3/uL]	14.4	[%]
EO	0.00		[10^3/uL]	0.0	[%]
BASO	0.02		[10^3/uL]	0.4	[%]
IG	0.07	*	[10^3/uL]	1.5	[%]
ECT			[%]		
IRF			[%]		
LFR			[%]		
MFR			[%]		
HFR			[%]		
RET-He			[pg]		
IPF			[%]		

WBC-BF		[10^3/uL]	
RBC-BF		[10^6/uL]	
MN		[10^3/uL]	[%]
PMN		[10^3/uL]	[%]
TC-BF#		[10^3/uL]	

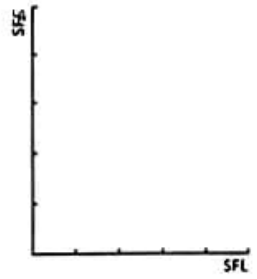
WDF



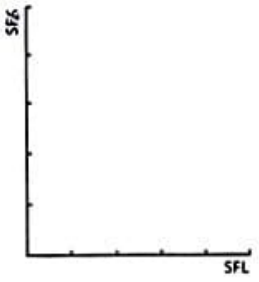
WNR



RET

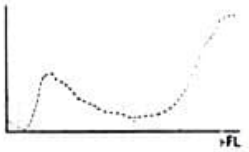


PLT-F



RBC

PLT



WBC IP Message
NRBC Present
Blasts/Abn Lympho?
Atypical Lympho?

RBC IP Message
Anisocytosis
Anemia

PLT IP Message
PLT Abn Distribution

Advice: Correlate clinically
to rule inflammatory cause

Diagnosis:.....

HEMATOLOGY CASE RECORD

DIVISION OF PEDIATRIC HEMATO-ONCOLOGY

KALAWATI SARAN CHILDREN'S HOSPITAL, DELHI

Name ADARSH Kumar Age/Sex 4yr /M
Father's Name JAGDISH Date of Admission 17/7/24
Address WARD-10, Raliya, Khear

Ph./Mob.: 7908793335
Blood Group B-ve Weight 14kg Height 94.5cm Surface Area 0.62 m^2
SYMPTOMS: (mention duration/ir) (main symptom)

Fever..... X 1Feb.....
Pallor..... (Y) x 1 Month
Skin bleeds..... Petechiae x 15d.....
Epistaxis..... (Y).....
Other bleeds..... (~).....
Lymphadenopathy..... (~).....
Bone pains..... (~).....
Joint pains..... (~).....
Eye Swelling..... (~).....

SIGNS

Pallor..... (Y).....
Bony Tenderness..... (~).....
Gum Hypertrophy..... (~).....
Skin bleeds..... (Y).....
Lymphadenopathy (size/ sites)..... (~).....
Joint swelling..... (~).....
Liver (cms) ..... 4cm .....> mid-umbilicus yes/ no.....
Spleen (cms) ..... 3cm .....> mid-umbilicus yes/no.....
Other lumpy(s) ..... (~).....
Testes..... (N).....
Meningeal signs(Focal Neurological Deficit..... (~).....
Fundus..... (N).....

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Mob.: 8588981217

Ref. No.: .....

Date : 31/09/2026

सेवा में,
Kilkari Trust

विषय: बच्चे के इलाज हेतु आर्थिक सहायता के लिए आवेदन

महोदय/महोदया

मैं अपने बच्चे आदर्श (4 वर्ष) का माता/पिता हूँ। मेरे बच्चे का गंभीर बीमारी के कारण इलाज चल रहा है। इलाज का खर्च हमारी आर्थिक क्षमता से बाहर है।

अतः आपसे विनम्र निवेदन है कि कृपया हमारे बच्चे के इलाज हेतु आर्थिक सहायता प्रदान करें। आपकी मदद हमारे बच्चे के जीवन के लिए बहुत महत्वपूर्ण होगी।

धन्यवाद।

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