




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**

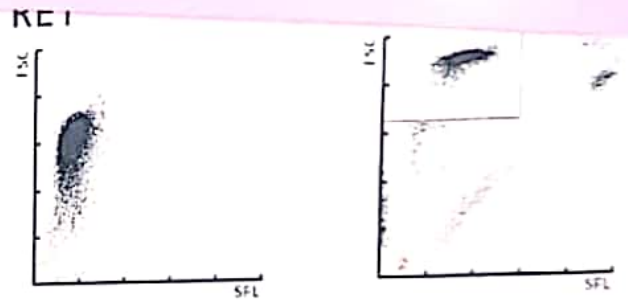
नाम /Name	Sarfraz	आयु /Age	8y /M	लिंग /Sex	
C.R. No.	10726	Consultant	Dr. V. Singh		
Ward/OPD	U2 PMDC	Uni/Bed No.			
Date/Time	08/05/24				
Nature of Anticoagulant	EDTA/Citrate/Heparin/Nil				
Diagnosis/History	CBC	 Signature of the Doctor			

Today's Lab. Ref. No.

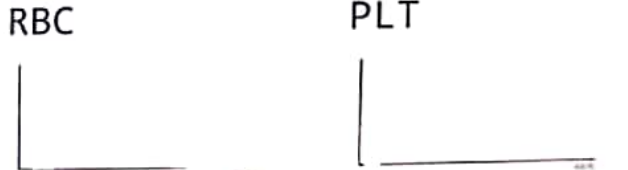
Time of Receipt

**INCOMPLETE FORM IS NOT ACCEPTABLE**

MONO	0.24	[10 <sup>3</sup> /uL]	0.8	[%]
EO	0.03	[10 <sup>3</sup> /uL]	0.0	[%]
BASO	0.00	[10 <sup>3</sup> /uL]	0.3 *	[%]
IG	0.01 *	[10 <sup>3</sup> /uL]	0.0104	[10 <sup>6</sup> /uL]
RET	0.52	[%]		
IRF	17.5	[%]		
LFR	82.5	[%]		
MFR	11.2	[%]		
HFR	6.3	[%]		
RET-He	20.1	[pg]		
IPF	13.2 *	[%]		



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



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

RBC IP Message  
 Anemia

PLT IP Message  
 PLT Abn Distribution  
 Thrombocytopenia

**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 28/5/24 Time \_\_\_\_\_ Routine/  Urgent/Immediate (Without crossmatch) (Please Tick)

REQUIREMENTS	WHOLE BLOOD	PACKED CELLS	FRESH FROZEN PLASMA (FFP)	PLATELETS		OTHER
				RDP	SDP	
		<u>300ml PCC</u>				

Patient's Name Sarfaraz Age Sex 8y2/m Ward/Bed Ug PMDC

Hospital Registration No. 13249 Father's/Husband Name Muhammad

Undertaking Replacement Donor (Donor Card No.) On undertaking

Doctor In-Charge Dr. V. Singh Sr Name of Transfusing Doctor Dr. Mofiz

Diagnosis Indication for Transfusion (Specify) Aplastic anaemia

Obstetric history (in female patients) \_\_\_\_\_

Patient's Hb 5.0 Platelet Count 28K/cub 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: \_\_\_\_\_

Please ensure that

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

Sample drawn by Dr. Mofiz Date 28/5/24 Sign & Stamp of Medical Officer [Signature]

Name & Designation of Medical Officer Dr. Mofiz

Medical Registration No. 34711 Contact No. 9205064163

**COMPATIBILITY AND ISSUE FORM (FOR BLOOD CENTRE USE ONLY)**

Requisition form received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient's ABO Group & RhD B+ Antibody screen \_\_\_\_\_ Tested by [Signature]

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
<u>Dr 2886</u>	<u>B+</u>	<u>FFP</u>						<u>8654</u>	<u>28/5</u>	<u>7:30</u>	<u>[Signature]</u>

Special Comments of BBO/Technician, if any: \_\_\_\_\_

Sample No: 10726 SARFARAZ U2  
 Patient ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Sample Comment: \_\_\_\_\_

Rack: \_\_\_\_\_

Position: Doc  
 Birth: Nickraj

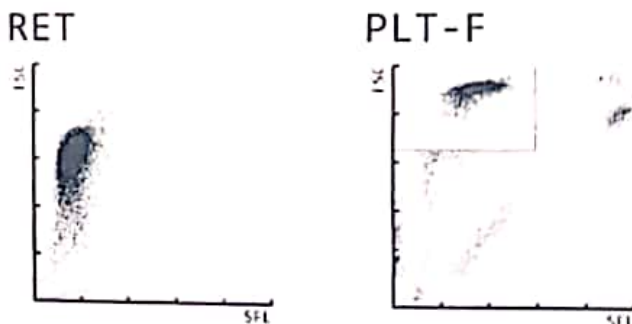
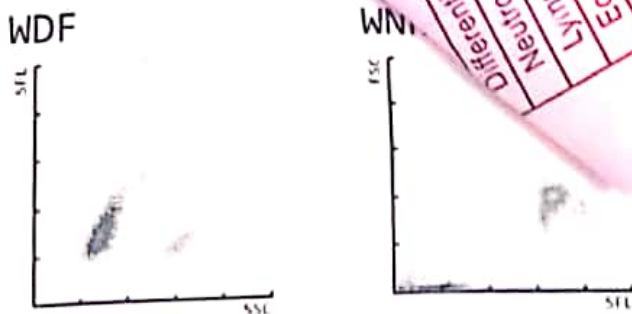
**Positive**  
 Diff. Morph. Count

WBC	3.82	[10 <sup>3</sup> /uL]		
RBC	2.00	- [10 <sup>6</sup> /uL]		
HGB	5.7	- [g/dL]		
HCT	16.0	- [%]		
MCV	80.0	- [fL]		
MCH	28.5	[pg]		
MCHC	35.6	[g/dL]		
PLT &F	9	- [10 <sup>3</sup> /uL]		
RDW-SD	37.2	[fL]		
RDW-CV	13.0	[%]		
PDW	----	[fL]		
MPV	----	[fL]		
P-LCR	----	[%]		
PCT	----	[%]		
NRBC	0.01	[10 <sup>3</sup> /uL]	0.3	[%]
NEUT	0.51 *	[10 <sup>3</sup> /uL]	13.3 *	[%]
LYMPH	3.04 *	[10 <sup>3</sup> /uL]	79.6 *	[%]
MONO	0.24 *	[10 <sup>3</sup> /uL]	6.3 *	[%]
EO	0.03	[10 <sup>3</sup> /uL]	0.8	[%]
BASO	0.00	[10 <sup>3</sup> /uL]	0.0	[%]
IG	0.01 *	[10 <sup>3</sup> /uL]	0.3 *	[%]
RET	0.52	[%]	0.0104	[10 <sup>6</sup> /uL]
IRI	17.5	[%]		
LFR	82.5	[%]		
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MN		[10 <sup>3</sup> /uL]		[%]
PMN		[10 <sup>3</sup> /uL]		[%]
TC-BF#		[10 <sup>3</sup> /uL]		

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दिया गया उपचार / Treatment Given :

1. P.R.P.

छुट्टी के समय परामर्श / Advise on Discharge :

1. Cap Gyrociprin 50mg 2tab - 2tab PO QD
  2. Tab Ellzombopag 50mg 1tab PO QD
  3. Tab Pantop 20mg 1tab PO QD BBS
  4. Tab calcium 500mg 1tab PO QD
  5. Tab Augmentin 625mg 1tab PO TDS 7 days
  6. Tab Pantop 40mg 1/2 tab PO QD
1. Dange signs explained 8  
छुट्टी के बाद आ.पी.डी. में ..... / ..... पर सुबह 9.00 बजे कमरा नं. .... में :  
छुट्टी के बाद ..... स्पेशल क्लिनिक में 2.00 बजे कमरा नं. .... में :  
अगला टीकाकरण ..... तारीख .....

वरिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर  
Signature of Senior Resident

(AW)  
PV  
कनिष्ठ रेजिडेंट चिकित्सक के  
Signature of Junior Resident

