

BISHALAXMI MATA MANDIR TRUST COMMITTEE



KHURIGACHHI, DILAKASH, HOOGHLY
W.B GOV.REG.NO. : IV-190200955/2023
GOV.INDIA REG NO.WB/2023/0351299
CONTRACT NO: 6295760722/8145467483/9674400732
EMAIL: bmmtc.official@gmail.com

Ref.No. RE/FS/TM/2023-01

Date: 29 / 08 / 2023

To
The Respected All Origination,
West Bengal, India

Sub: Financial Help for the BON MARROW Infection for Ms.Taniya Mondal.

Respected
Sir/ Mam

I am Sudip Chakraborty as a secretary of Bishalaxmi Mata Mandir Trust Committee. A eleven (11 years) old girl child who has affected the medical problem of Bone Marrow Infection. Now she has been admitted in PG (S.S.K.M) Hospital. Ms. Taniya Mondal is in a lower economic condition of her family. And now do the many other examinations for the treatment. So please help financially support her family immediately. I also attached the all supporting documents for Ms.Taniya Mondal and also bank details mentioned below. Please share the message for social media and any other social worker and government sector who has immediately action.

Name : Taniya Mondal.

c/o: Mohanta Mondal

Address : Vill-Dakshin Dilakash, P.o-Dilakah,
P.s-Jangipara, Dist-Hooghly, Pin-712404

BANK NAME : INDIAN BANK
BRANCH: BORHAL
A/C NO : 59071431834
IFSC CODE : IDIB000B859
A/C Holder Name: MOHANTA
MONDAL



Sudip Chakraborty
29/08/23
Secretary
Bishalaxmi Mata Mandir Trust Committee
Khurigachhi, Dilakash, Hooghly



S. S. K. M. HOSPITAL, KOLKATA

SPECIMEN EXAMINATION FORM

N235

Please Examine of Blood (237153404)

Report of LFT, Nat, K⁺, Urea, Cr, Ca²⁺, PO₄³⁻, Uric Acid sent / to taken

Ward ALEX-1 Bed No. 150

Name Tanya Mondal sex F

Age 117 Date 19/8/23

Brief clinical notes of case : ΔLeukemia

Report of the Examination :

in cut
P.E
S...
202-207

Parameter	Value	Unit	Reference Range
ALB	0.4	g/dl	3.5 - 5.0
GLB	1	g/dl	12 - 16
HCT	7.2	%	37 - 47
HGB	3.8	g/dl	12 - 16
PLT	409	10 ⁹ /L	150 - 400
WBC	24	10 ⁹ /L	4 - 10
UACID	1.9	mg/dl	2.2 - 3.0
AMYLASE	2.1	U/L	30 - 120
UREA	15	mg/dl	8 - 20
CR	0.4	mg/dl	0.6 - 1.2
CA	12.3	mg/dl	9 - 10.5
PO4	4.5	mg/dl	2.8 - 4.5
URIC	9.1	mg/dl	2.4 - 8.0
ALP	1200	U/L	44 - 140

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
RECORD OF EMERGENCY PATIENT
IPGMER & SSKMH-CENTRE of EXCELLENCE
A.J.C Bose Road Kolkata-20
(PH:)

Patient Serial No: SSKM/PV2300184273		Registraton No: SSKM/RG2301533977	
Patient Name: TANIYA MONDAL		Gender: Female	
Date Time: 16-08-2023 10:21PM		Age: 11 yrs 0 months 0 days	
Doctor: E.M.O			
Disease:			
Provisional Diagnosis:			
Referred to:			
Reason:			
Specify if it is a cause of Accident/ Suicide/Homicide :	How Injury Occurred :	Specify the place of injury Home/Farm/ Factory/Street/Others :	Whether injury occurred while at work Specify by Yes/No :
Complain	Investigation	Advice	
<p>40 <u>fev</u> for 1/2 day</p>	<p>to admit</p> <p><u>Δ Leukemia</u></p>	<p>part Medicine on LAW</p> <p style="text-align: right;">6 <u>18/8/23</u></p> <p style="text-align: center;"><u>Adm.</u></p> <p>Admission ↓ UNIT-3(A) ↓ Dr. S. Saha</p>	

Form No. 814

Date

E BHT

Continuation Sheet Case No.

18/05/23

To,

The VP of the day
Dpt of Pathology
SSKM Hospital

Respected Sir/Madam

Referring this pt. 11 yrs old female
admitted with a suspected case of acute
lymphoblastic leukaemia presented with fever and
bone pain. Blood picture showed lymphopenia
& monocytosis and 70% atypical mononuclear cells.

Kindly review the case and consider
doing some marrow aspiration and biopsy.
Also, kindly keep 1 sample for IPT.

Thanking You

with paediatric medicine

18/05/23

Building Space

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
RECORD OF DEATH**

HYGIER & SAFETY CENTRE - EXCELLENCE
A.J.C. Bose Block, Kolkata-700 027
199

Patient's Name: _____ Sex: _____ Age: _____ Yrs. Months Days

Patient Srl. No.: _____ Registration No.: _____

Date confirmed by be on _____ 20 _____ at _____ hrs

Enter only one cause per line for (a), (b) and (c)

I		CAUSE OF DEATH	Approximate interval between onset and death
Disease or condition directly leading to death*	(a) [ICD10 Code _____]	due to (or as a consequence of)	
Antecedent causes Morbid conditions, if any giving rise to the above cause, starting the underlying condition last	(b) [ICD10 Code _____]	due to (or as a consequence of)	
	(c) [ICD10 Code _____]		

II
Other significant conditions contributing to the death but not related to the disease or condition causing it
* This does not mean the mode of dying e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death

Record of Birth

Father's Education: _____ Occupation: _____ Age of Mother At The Time Of Delivery: _____
Mother's Education: _____ Occupation: _____

Type of birth: Single / Multiple	Order of pregnancy _____ Gestation period in Weeks _____	Antenatal care received-Yes/No Haemoglobin percentage prior to confinement _____		
		1	2	3
Actual No. of birth: _____				
Particulars of birth				
1. Sex of the baby _____				
2. Weight of the baby in kgs. _____				
3. Date and hour of birth _____				
4. Date and hour of death _____				
5. Age at death in days _____				
6. Live / Still birth (L/S) _____				
7. Cause of still-birth _____				
8. Name of the disease in case of illness _____				
9. Cause of death of live born Infant dying in hospital ** _____				

Drug (Approved Name) Dry Kipzo			10		
Dose 3gm	Route IV	Other Direction TDS	12	✓	✓
Date 17/8/23	Doctor's Signature		14	✓	✓
			18		
			22	✓	✓
			24		

Drug (Approved Name) Dry Amikacin			6	17/8/23	10/11/12
Dose 510mg	Route IV	Other Direction OD	10	300	✓
Date 17/8/23	Doctor's Signature		12		
			14		
			18		
			22		
			24		

Drug (Approved Name) Tab. Alleparinol (100)			6	17/8/23	10/11/12
Dose 1 tab	Route P/O	Other Direction TDS	10	300	✓
Date 17/8/23	Doctor's Signature		12		
			14	✓	✓
			18		
			22	✓	✓
			24		

Drug (Approved Name) Tab. PEM (500)			6		
Dose 1 tab	Route P/O	Other Direction SES	10		
Date 17/8/23	Doctor's Signature		12		
			14		
			18		
			22		
			24		

Drug (Approved Name) 1mg Dextroxyline 90mg			6		
Dose 90mg	Route IV stat BD	Other Direction BD	10		
Date	Doctor's Signature		12		
			14		
			18		
			22		
			24		

Drug (Approved Name) dom			6		
Dose	Route	Other Direction	10		
Date	Doctor's Signature		12		
			14		
			18		
			22		
			24		

Date	17/8/23
Signature	
Address	
ONCE ONLY	
DATE	

- in out to Alex 2
On 10
CRITICAL CARE MEDICINE DEPT.
on 19/8/23 at 8:30 PM
IPGME & R -
SSKM HOSPITAL

↓ Dr. Sa Datta
PATIENT NAME: *Tarjya Mondal*
REGN. NO.: *2801534045*
AGE: *11 yrs* SEX: *fe* BED NO: *5150*
ADMITTED ON: *16.08.23* TIME: *11:52 AM*
DISCHARGED ON: _____ TIME: _____

DATE OF BIRTH _____ WEIGHT / HEIGHT *34 Kg /*
BEDSORE GRADE AT ADMISSION _____

DRUG HYPERSENSITIVITIES / ALLERGIES _____

DIAGNOSIS : *Leukemia -* Medications before Admission
⊕ Maintain temp chart

DIET : _____

DNS: KCL (100:1) 240ml 6:44

INTRAVENOUS INFUSION THERAPY

Use this section for intravenous infusion therapy and Drugs to be added to Resuscitation
Use the regular Prescription section for Drugs to be injected into rubber tubing

DATE	TIME	INTRAVENOUS FLUID	VOLUME	DRUG ADDED	DOSES	Rate of infusion	Range of infusion	DOCTOR'S SIGNATURE	Given by	Checked by
17/8/11	2:55pm	DNS: KCL (100:1) 6mg	440ml			30ml	9AM	[Signature]		
18/8	2AM	DNS: KCL (100:1)	440ml			30ml	9AM	[Signature]		
18/8	2AM	DNS: KCL (100:1) (100:1)	440ml	KCL						
			440ml	KCL						
19/8	3PM	DNS: KCL (100:1)	440ml	KCL						
			6mg							

Please Examine of Blood

..... sent / to taken

Report of LET, NAT, KT, UP, CP

Ward Alex-I Bed No. M-50

Name Taniya Mondal sex F

Age 11 Yr Date 17/8/23

Brief clinical notes of case : Δ Leukemia

Report of the Examination :

DMO Cum Consultant
ALEX WARD
SSKM HOSPITAL
KOL-20

S. BILIRUBIN (Total)	1.0	S/P GLUCOSE	
S. BILIRUBIN (Direct)		S/P GLUCOSE (2h PP)	
S. BILIRUBIN (Indirect)		S. UREA	28
S. Total Protein	8.1	S. CREATININE	0.7
S. Albumin		S. CHOLESTEROL	
S. Globulin		S. TRIGLYCERIDE	
S. Alkaline Phosphatase	552	S. HDL CHOLESTEROL	
SGPT	41	S. LDL CHOLESTEROL	
SCOT	173	S. SODIUM	140
S. URIC ACID		S. POTASSIUM	3.6
S. AMYLASE		S. CHLORIDE	
S. INORGANIC PHOSPHATE		S. CALCIUM	
		LDH	

Date

~~18/8~~

~~6:10 PM~~

Suspected leukemia.

PT in CAPC

Pulse: 100/min.

2 piles & four warts

TTL

PT on on ALLORIND

and Amr Bionin

Plan: to send IPT from PRS.

Building Space

Bill No. 226043

Date: 26-Aug-2023

Recipient Name: TANIYA MONDAL

Age: 11Y Sex: FEMALE

Hospital / Nurshing Home Name: IPGMER & SSKMH

Reg No: RG2301534045

Doctor Name: DR S DUTTA

Blood Group: O (POS)

Bed No: ONCO-10 Ward: ALEX-2

PARTICULARS	TTI	QTY	RATE	AMOUNT
PACKED CELLS (SAGM)	ELISA	1.00	1,400.00	1,400.00

Donor Credit Card no.:

Paymode: CASH

GROSS AMOUNT	1,400.00
TRANSPORT AMOUNT	0.00
DISCOUNT	100.00
PAYABLE AMOUNT	1,300.00

In Words: RUPEES ONE THOUSAND THREE HUNDRED ONLY

NB - Collect cross-match report along with blood unit / Advance receipt to be produced at the time of final payment / Fresh Blood Sample of the patient mandatory for each requisition / Blood once issued shall not be taken back by the blood Centre under any circumstances.

24 hours Service

Signature


**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE**

Discharge Certificate/Left Against Medical Advice **INDIAN & SSKM CENTRE FOR EXCELLENCE** Page No. _____

Discharge No. _____ Date of Discharge _____ Time _____ Patient Category Free/Paying/Other _____

Patient Name _____ Sex _____ Age _____ Yrs. _____ Months _____ Days _____

Patient Srl. No. _____ Patient Registration No. _____ Admission Date _____

Address _____ Post Office _____
Municipality / Village _____ District _____

Police Station _____ Nationality _____ Region _____

Referring Doctor's Name _____ Husband's Name _____
or/Unit _____ Bed Type _____ Phone/Mobile No. _____
No. _____ Ward Name _____

Diagnosis _____

Referred Out Case _____ Date _____ Time _____ Reason _____

Referred To : _____

A. _____ In case of Confinement
Mode of Delivery _____ No. of Child _____
Antenatal Care Taken Yes / No _____

B. _____ In case of Surgery
Surgery Date & Time _____ Type of Surgery _____
Surgery Status _____

C. _____ Anesthesia Details _____

D. _____ Investigation Done _____
Test Name _____ Comments _____

E. _____ Medicine Details _____
Medicine Name _____ No. of Days _____ Comments _____

F. _____

ADVICE _____

Details of Baby
Birth Date _____ Birth Time _____
Disc No. _____ Sex _____
Birth Wt. _____

Advice for Baby _____

Baby Checked and Discharged _____

Signature _____

Date _____ Time _____

Signature of the Medical Officer

S. S. K. M. HOSPITAL, KOLKATA - 20

APPLICATION FOR ADMISSION WITH BIO-DATA OF PATIENT

Name of the Patient (in Block Letter) SRI / SMT. TANIYA MONDAL

S/O, D/O, W/O MOHANTA MONDAL

Age 11 Sex F

Religion Hindu

Address of the Patient (in the Block letters)

Vill DULEKATA P.O. DULEKATA

PS. JANGI PARA

Dist. HUGLI

Pin 712401

964442184

Gurdian's Name / Admitted by Contact Phone No. (Mob.)

FATHER

Relation

Occupation

(S) 29 N 3W

Date 16.18.23

Time

Signature of the Patient / Gurdian's (Must)

S. S. K. M. HOSPITAL, KOLKATA

SPECIMEN EXAMINATION FORM

NITB

Please Examine of RA - 2307534045 sent / to taken

Report of One - 10

Ward One - 10 Bed No.

Name Tamina Mandal sex F

Age 11 mo Date 21/9/23

Brief clinical notes of case :

Report of the Examination : Blood ferr. uric acid -
Ur, cr, Nat, K⁺, Ca²⁺, PO₄³⁻

[Signature]
 21/9/23

MO Cum Clinical Tutor
 ALEX EXTN WARD
 SSKM HOSPITAL
 KOLKATA

S. BILIRUBIN (total)	mg/dl	S. GLUCOSE	mg/dl
S. BILIRUBIN (Direct)	mg/dl	S. GLUCOSE 2 hr pp	mg/dl
S. BILIRUBIN (Indirect)	mg/dl	S. UREA	3.8 mg/dl
S. Total Protein	g/dl	S. CREATININE	0.4 mg/dl
S. Albumin	g/dl	S. CHOLESTEROL	mg/dl
S. Globulin	g/dl	S. TRIGLYCERIDE	mg/dl
S. Total Lipid	g/dl	S. HDL CHOLESTEROL	mg/dl
S. Cholesterol	mg/dl	S. LDL CHOLESTEROL	mg/dl
S. Triglyceride	mg/dl	S. SODIUM	131 mmol/L
S. Phosphorus	mg/dl	S. POTASSIUM	5.8 mmol/L
S. Magnesium	mg/dl	S. CHLORIDE	mmol/L
S. Calcium	mg/dl	S. CALCIUM	8.7 mg/dl

[Checkmark]

~~12%~~ - ~~lymphocytes~~

03% - ~~Neutrophils~~

10% - ~~monocytes~~
Neutrophils → 03%

Lymphocyte → 22%

Monocyte → 02%

Eosinophil → 03%

Basophil → 00%

The atypical cells have high N:C

Ratio, open chromatin, irregular nuclear membrane, ~~irregular~~ in conspicuous nucleoli

The features are of Acute Leukemia

Please correlate clinically

Bone marrow aspiration & studies & immunophenotyping

Proper determination suggested for a urine.

Dr

28/08/23
11:30am

- Adv:
- Tab. Pan (200) - 1 tab
 - Tab. Pan (20) - 1 tab
 - Tab. Ondem (10) - 1 tab

TDS
x 2 days
ODMC
x cont
TDS x
cont

Date Diet and extras

21/8/23 (M) Pt A/C/C
no fresh complaint
afebrile for last
4 days

Adv

- Omit ini p/p 20,
- amikacin
- Cont. others

24/8/23
2:00pm

Adv:

- Omit IVF.
- Omit Tab. Aclopramol.

TEST REPORT

Reg No	: 30802109681	Reg. Date	: 19-Aug-2023 19:19	Collection	: 19-Aug-2023 19:19
Name	: Miss. TANIYA MONDAL	Sex	: Female	Received	: 19-Aug-2023 19:19
Age	: 11 Years	Referral By	: ROTARY ROTARACT LIFE BEYOND CANCER @ KOLKATA	Report	: 21-Aug-2023 22:40
Referred Dr	: S S K M HOSPITAL	Status	: Final	Dispatch	: 21-Aug-2023 23:02
				Location	: KOLKATA

IMMUNOPHENOTYPING REPORT

Clinical history: Feverx 17 days, shoulder and elbow pain x 5 days, Lymphadenopathy ? Acute leukemia

Specimen: Peripheral blood (EDTA), Leucocytosis

Method: Direct fluorescence antibody used on Beckman Coulter DxFLEX 10 color flowcytometry.

Gating Strategy: Using forward-side scatter and CD45-side scatter analysis

Cell preparation method: Stain- Lyse - Wash **Viability** : ~77%

Gated abnormal population: ~84.4%

Size by forward scatter: Low

Side scatter: Low

Marker	Intensity	Interpretation	Marker	Intensity	Interpretation
Myeloid			B-Cell		
CD 33	-	Negative	CD 10	Moderate	Positive
CD 13	-	Negative	CD 19	Moderate	Positive
CD 117	-	Negative	CD 20	Dim Subset	Positive
CD 15	Dim Subset	Positive	CD 22	Dim	Positive
CD 64	-	Negative	CD 38	Dim	Positive
Cyto-MPO	-	Negative			
CD36	-	Negative			
CD11b	-	Negative			
Immature			T Cell/NK cell		
HLA DR	Dim	Positive	CD 3	-	Negative
CD 34	-	Negative	CD 7	-	Negative
CD 45	Dim to	Positive	Cyto-CD 3	-	Negative

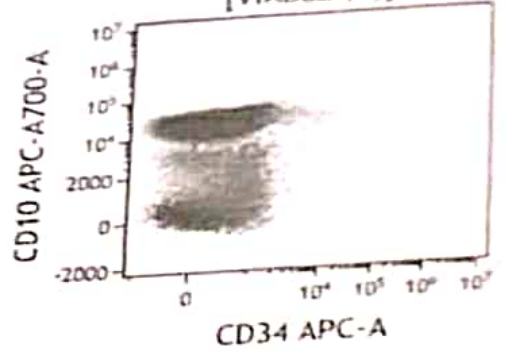
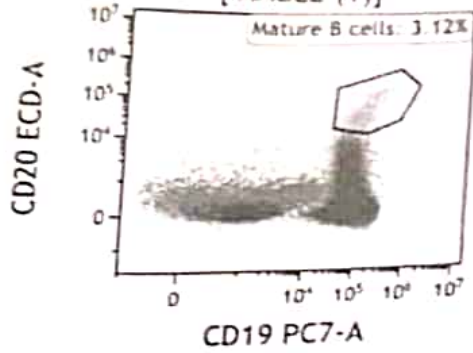
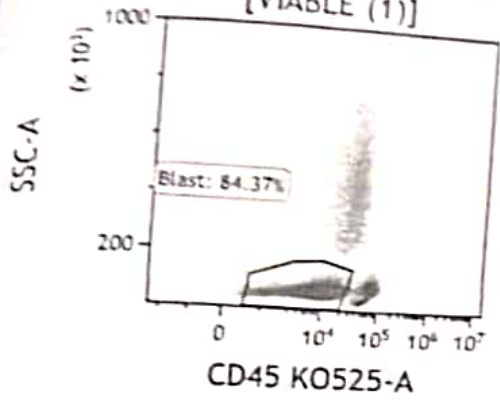
* Denotes Test not in NABL Scope.

Kolkata Lab: Floor: DO-03 Sector-1 "Anandbanerjee" Commercial Floor, Cell: 100, Kolkata-700014

[TANIYA MONDAL
30802109681]AL1 B+T
[VIABLE (1)]

[TANIYA MONDAL
30802109681]AL1 B+T
[VIABLE (1)]

[TANIYA MONDAL
30802109681]AL1 B+T
[VIABLE (1)]



CD45 KO525-A

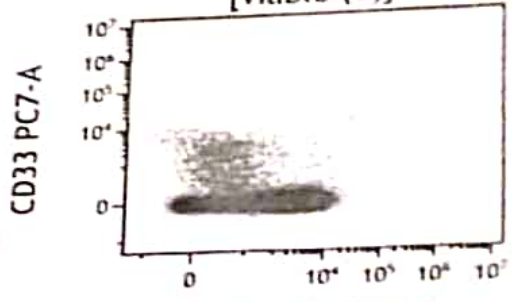
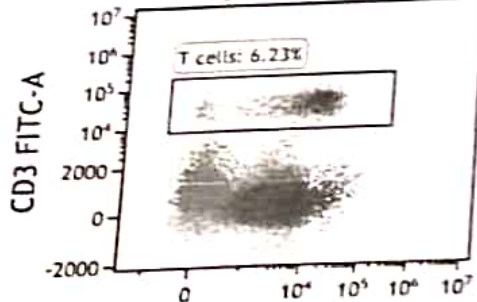
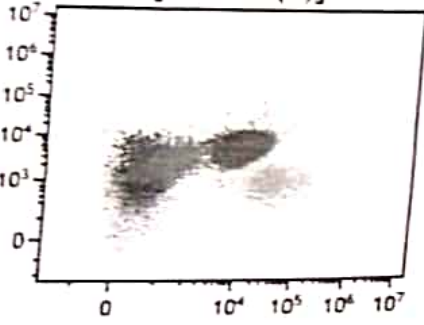
CD19 PC7-A

CD34 APC-A

[TANIYA MONDAL
30802109681]AL1 B+T
[VIABLE (1)]

[TANIYA MONDAL
30802109681]AL1 B+T
[VIABLE (1)]

[TANIYA MONDAL
30802109681]AL2
MYELOID
[viable (1)]



CD22 PE-A

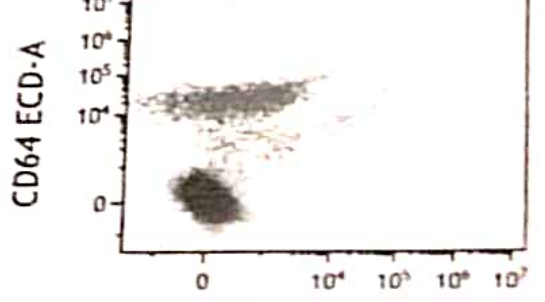
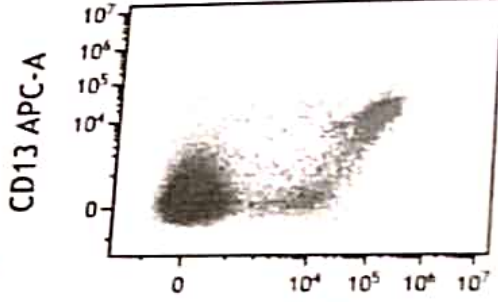
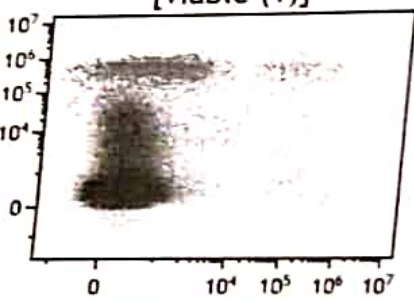
CD7 APC-A750-A

HLA DR PB450-A

[TANIYA MONDAL
30802109681]AL2
MYELOID
[viable (1)]

[TANIYA MONDAL
30802109681]AL2
MYELOID
[viable (1)]

[TANIYA MONDAL
30802109681]AL2
MYELOID
[viable (1)]



CD36 APC-A700-A

CD11b APC-A750-A

CD117 PC5.5-A

Unipath

SPECIALTY LABORATORY LTD

Kolkata Lab : Block DD-30, Sector 1, "Andromeda", Ground Floor, Salt Lake, Kolkata-700094
 Landline No: 033-4081800/8898/8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
 CIN: UB5195G12009910057009

TEST REPORT

Reg. No	BDR72109651	Reg. Date	19-Aug-2023 19:19	Collection	19-Aug-2023 19:19
Name	Miss. TANIYA MONDAL	Sex	Female	Received	19-Aug-2023 19:19
Age	11 Years	Referral By	ROTARY ROTARACT LIFE BEYOND CANCER @ KOLKATA	Report	21-Aug-2023 22:40
Referred Dr	S S K M HOSPITAL	Status	Final	Dispatch	21-Aug-2023 23:02
				Location	KOLKATA

IMMUNOPHENOTYPING REPORT

Clinical history: Fever 17 days, shoulder and elbow pain x 5 days, Lymphadenopathy ? Acute leukemia
 Specimen: Peripheral blood (EDTA), Leucocytosis

Method: Direct fluorescence antibody used on Beckman Coulter DxFLEx 10 color flowcytometry.
 Gating Strategy: Using forward-side scatter and CD45-side scatter analysis

Cell preparation method: Stain- Lyse - Wash Viability: ~77%
 Gated abnormal population: ~54.4%

Size by forward scatter: Low
 Side scatter: Low

Marker	Intensity	Interpretation	Marker	Intensity	Interpretation
Myeloid			B-Cell		
CD 33	-	Negative	CD 10	Moderate	Positive
CD 13	-	Negative	CD 19	Moderate	Positive
CD 117	-	Negative	CD 20	Dim	Positive
CD 15	Dim Subset	Positive	CD 22	Dim	Positive
CD 64	-	Negative	CD 38	Dim	Positive
CD117	-	Negative			
CD56	-	Negative			
CD11b	-	Negative			
Immature			T Cell/NK cell		
HLA DR	Dim	Positive	CD 3	-	Negative
CD 34	-	Negative	CD 7	-	Negative
CD 45	Dim to	Positive	Cyto-CD 3	-	Negative

IPGME & SSKM HOSPITAL

CYTOLOGY (DEPARTMENT OF PATHOLOGY)

3rd FLOOR, ROOM NO - 4

SERIAL NO BF 997

DATE 25/8/23

রিপোর্ট দেওয়ার সময়

সোমবার থেকে শনিবার সকাল ১০টা থেকে দুপুর ২টা পর্যন্ত।

03:55 PM
18/5/23

c/o. vomiting
diarrhea

2/10

Tab Endem 4mg 1 tab stat

stat

TEST REPORT

Reg. No :	30802109681	Reg. Date :	19-Aug-2023 19:19	Collection :	19-Aug-2023 19:19
Name :	Miss. TANIYA MONDAL			Received :	19-Aug-2023 19:19
Age :	11 Years	Sex :	Female	Report :	21-Aug-2023 22:40
Referral By :	ROTARY ROTARACT LIFE BEYOND CANCER @ KOLKATA			Dispatch :	21-Aug-2023 23:02
Referred Dr :	S S K M HOSPITAL	Status :	Final	Location :	KOLKATA

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CD 117	-	Negative	CD 20	Dim	Positive
			Subset		
CD 15	Dim Subset	Positive	CD 22	Dim	Positive
CD 64	-	Negative	CD 38	Dim	Positive
Cyto-MPO	-	Negative			
CD36	-	Negative			
CD11b	-	Negative			
Immature			T Cell/NK cell		

Unipath

SPECIALTY LABORATORY Ltd.

Kolkata Lab : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt Lake, Kolkata-700064
Landline No. 033-40818800/8888/8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
CIN: UB5195GJ2009PLC057059

TEST REPORT

Reg. No	: 30802109681	Reg. Date	: 19-Aug-2023 19:19	Collection	: 19-Aug-2023 19:19
Name	: Miss. TANIYA MONDAL			Received	: 19-Aug-2023 19:19
Age	: 11 Years	Sex	: Female	Report	: 21-Aug-2023 22:40
Referral By	: ROTARY ROTARACT LIFE BEYOND CANCER @ KOLKATA			Dispatch	: 21-Aug-2023 23:02
Referred Dr	: S S K M HOSPITAL	Status	: Final	Location	: KOLKATA

	moderate				
CD123	-	Negative	CD56	-	Negative

Impression: Morphological findings & immunophenotypic analysis show ~84% abnormal blast with antigen expression consistent with a Precursor Lymphoid neoplasm- B-cell lymphoblastic leukemia/lymphoma.

Advice: Cytogenetics and molecular studies.

----- End Of Report -----

26/08/23 (1 PM)

Go vomiting
 few hours Epinephrine
 abd. -
 O/G, Pt Nacc.
 pallor++
 P/A - cuff -

27/08/23
 11:00am

Adm

- 1mg Ondansetron 2mg/kg for
 chest & TBS
- 1mg Pan 40mg/kg for chest
 2.00
- 1mg Protin 40mg/kg in P39
- ivf NC 350ml bolus

↓

DNS: 500ml slowly
 KCl (100%)

Adm
 Omit - WP -

Name..... Ward..... 11/200

No. of Bed / Cabin Turret..... MSD

Date	Diet and extras	Treatment	Initial
19/8		Transfer out advice	
8:10 PM		• 2mg Lipzo (39) - iv stat and TDS x cont	
D1 of Intubation		• 2mg Ativan (510mg) - iv stat and O/S cont	
		• Tab Allopurinol (100) - 1 tab TDS x cont	

- Tab Paracetamol (10)
- Glabs Stat dose
- ↓
- Tab Paracetamol (10)
- 2 - 2 - 2 (from tomorrow)
- ~~appt.~~ Septan DS - 1/2 bid
- BD on Sat and Sunday
- syrlactase 1 unit x bid
- x cont
- I if C DM - 500ml
- x 6 bidly x cont
- Tab Ondansetron (4) 1 tab TDS x cont

Name

No. of Bed / Cabin Turret

Date	Diet and extras	Treatment	Initial
17/08/23 7:30AM	Unit no: SSK-23-0-5513/RDP SSK-0-5505 /RDP SSK-23-0-5510/RDP SSK-23-0-5508/RDP	4 Unit Platelet to is being transfused to the pt. If any adverse rx ⁿ . - stop the transfusion. - call on duty doctor.	
	Blood Group: 'O' Positive DOE: 19/8/23		

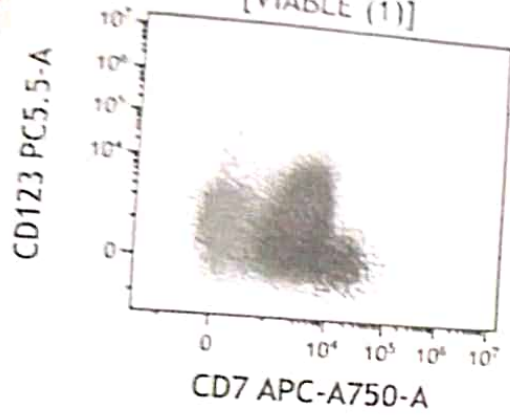
TREATMENT & DIET SHEET

Whenever any change in the diet is made, the entire list is to be entered afresh

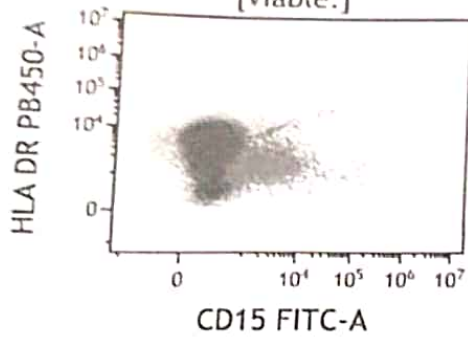
Name..... TANIYA MONDAL Ward..... ALEX-2
 No. of Bed / Cabin Turres..... Oneo - 10

Date	Diet and extras	Treatment	Initial
8/8/23 12:00 PM	1 U PRBC is checked Unit NO KHFA - OZZ Segment NO 23F463996 Blood Gr → 'O' Positive DOE → 15/8/23 DOE → 25/9/23	and Transfused. If Any Adv. Rxn Occurs - ① Immediately Stop transfusion ② Call on duty Doctor. ③ Inj. Larix 34mg mild transfusion	[Signature]

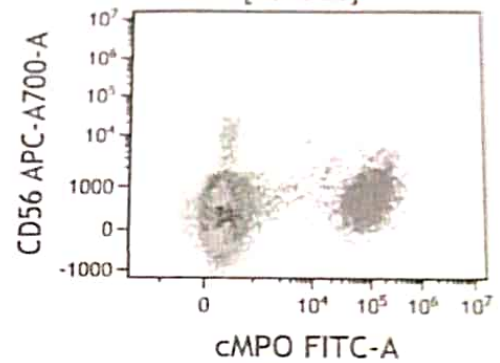
[TANIYA MONDAL
30802109681]AL1 B+T
[VIABLE (1)]



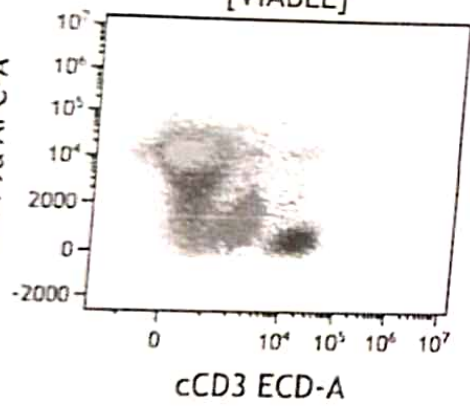
[TANIYA MONDAL
30802109681]AL3
MONOCYTIC
[viable.]



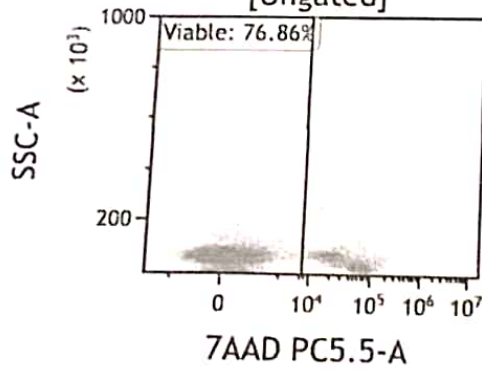
[TANIYA MONDAL
30802109681]AL4 CYTO
[VIABLE]



[TANIYA MONDAL
30802109681]AL4 CYTO
[VIABLE]



[TANIYA MONDAL
30802109681]AL
VIABILITY
[Ungated]



17/8
5:00 PM

18/08/23
5:11 PM

Inj Dabigeyran (70 mg)
- IV stat and PRX cont

Cont Inj dabigeyran
- Tab ondansetron (4) 1 tab
TDS & cont

Ward

No. of Bed / Cabin Turres

Date	Diet and extras	Treatment	Initial
17/08/23 2:50 pm	(100% TFI)	<ul style="list-style-type: none"> - IV DNS: KCl (100%) @ Sharly x cont - Inj piperz 3g iv stat and TDS & cont - Inj Amikacin 510mg iv stat and PRX cont - Tab Allopurinol (100) stat and TDS & cont - Tab paracetamol (500) 1 tab SOS. - reinitia's hup chart 	440 mg

[Signature]

Own Preference

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
IPGMR & SSKM
BED-HEAD TICKET

Patient's Name : TANIYA MONDAL
 SSKM/PA2300080210 [16-08-2023] Sex : ♀ Age : 19 Yrs. Months : 08
 Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL
 Registration No. : SSKM/RC2301534015 Alex Ward
 Ward :
 Address : Dhalakos Ben. No. : 1450 Patient Type : ONCC/O
 Municipality / Village : Jangipora India Post Office : Haldia PIN :
 Police Station : West Bengal District :
 State : Nationality : Religion :
 Address for Communication :
 Marital Status : Single Patient's Occupation :
 Father's Name : MOHANTA MONDAL Husband's Name :
 Brought By : UNIT-1A (Pediatric) / Prof. Dr. Supratim Datta Phone / Mobile No. :
 Doctor/UNIT : Health Id :
 Whether Referred From :
 Provisional Diagnosis :

Signature of Admitting Officer
Designation

IPC Serial No. : Diary No. :

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.
	<u>knocky shift the</u>	<u>Patient to ONCC/O</u>	<u>Yes</u>

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

(b) Final Diagnosis or Injury

Reg No. 11 Y Age (Year) 0 Age (Month) 0 Age (Days) 0 Sex Female

Blood Group O Rh + (Pos) Physion Name NA

Ward/Unit ALEX Reg No. RG 2301534045 Bed No. M-50

Hospital/Clinic Name SSKM HOSPITAL

Sl No	Unit No.	Blood Group	Blood/Blood Component	Date of Expiry	Test	Remarks
1	SSK-23-0-5505 RDP	O+	PLATELET CONC.	19/08/2023		Compatible
2	SSK-23-0-5508 RDP	O+	PLATELET CONC.	19/08/2023		Compatible
3	SSK-23-0-5510 RDP	O+	PLATELET CONC.	19/08/2023		Compatible
4	SSK-23-0-5513 RDP	O+	PLATELET CONC.	19/08/2023		Compatible

[Anti-HCV 1 & 2, Anti-HCV, HBsAg, RPR -All Non-Reactive, M.P-Not Found]

Blood/Component Supplied as per sample sent along with the Requisition and for as mentioned blood group in requisition.

Note:

Remarks From Cross Match:

Signature of Medical Technologist / M.O. *Signature - 17/8/23*
 Full Name of Medical Technologist / M.O. *Medical Officer SSKM Hospital Blood Centre Kolkata-700020*

- NB-A (1) Conc. RBC, (2) FFP, (3) PLATELET CONC., (4) CRYO Ppt., (5) SDP, (6) PPP, (7) FFP-All should be transfused IMMEDIATELY once, issued from Blood Bank and transfusion should be complete within 4 hours
- B. Always use static transfusion set during transfusion.
- C. Blood group of the patient must be mentioned in every requisition who had previously received transfusion.

Fresh blood transfusion is not Advisable.
 Prescribe Blood Components instead of Whole Blood.

Adverse Transfusion Reaction Report

(In case of adverse transfusion reaction in the bag with giving set should be send immediately to the blood bank along with details of reaction and fresh sample of the patient in EDTA A plain vial)

Patients's Name _____ Adm/Reg. No. _____ Hospital Name _____ Blood Bag No. _____ Name of the Product _____
 Date _____ Time of Start _____ AM/PM Stopped at _____ AM/PM Rate of transfusion _____
 Min Transfused _____ ml (approx.)

In case of suspected transfusion reaction, please send 3ml post transfusion EDTA sample from the patient and the remaining blood bag along with this form.

VITALS	BEFORE REACTION	AFTER REACTION	POST REACTION
	(Time:)	(Time:)	
Temp			
Pulse			
BP			
PR			

- Chill
- Oliguria/Anuria
- Any Other _____ of Medical Officer
- Drop in B.P.
- Chest Pain
- Anaphylactic reaction
- Dyspnoea
- Temperature
- Haemoglobinuria
- Back Pain
- Urticaria Shock

Date & Time _____

Signature
 Designation

See Instruction Over...

LABORATORY EXAMINATION FORM

N89

Please Examine of Blood

sent / to taken

Report of uric acid, cat + pos, LDH

Ward Alex Bed No. M50

Name Tariza munda sex F

Age 17 Date 17/8/83

Brief clinical notes of case : Alzheimer

Report of the Examination :

S. Bilirubin (Total)	mg/dl	S/P GLUCOSE	mg/dl
S. Bilirubin (Direct)	mg/dl	S/P GLUCOSE (2 hr PP)	mg/dl
S. Bilirubin (Indirect)	mg/dl	S. UREA	mg/dl
S. Total Protein	g/dl	S. CREATININE	mg/dl
S. Albumin	g/dl	S. CHOLESTEROL	mg/dl
S. Globulin	g/dl	S. TRIGLYCERIDE	mg/dl
S. Amino Proctet	g/dl	S. HDL CHOLESTEROL	mg/dl
SGPT	U/LI	S. LDL CHOLESTEROL	mg/dl
SCOT	U/LI	S. SODIUM	mEq/L
S. URIC ACID	mg/dl	S. POTASSIUM	mEq/L
S. AMYLASE	U/LI	S. CHLORIDE	mEq/L
S. INORGANIC PHOSPHATE	mg/dl	S. CALCIUM	mg/dl
			U/LI

7.6

3.6

132

49.8

457

Please Examine of 12/10/23 sent / to take

Report of CBC, PR, Retic's

Ward Tabara Mondal Bed No. 1450

Name Tabara Mondal sex F

Age 11/20 Date 17/8/23

Brief clinical notes of case : A Leukemia.

Report of the Examination :

Supputed leukemia pt.
kindly provide blast /
Abnormal cells.

Thanks You

BLOOD PICTURE

Hb. 9.4 gm%	WBC 2,50,000
PCV 28.2 %	Neutrophil
MCV 74.0 fl	Lymphocyte
MCH 24.7 P.g.	Eosinophil
MCHC 33.3 %	Monocyte
RDW 18.1 %	Basophil
RBC 3.81 Million/comm	Platelets 60,000

RBC predominantly normocytic normochromic
& admixed microcytes.

PLT - moderately reduced on smear

(P.T.O)

Chemotherapy for B-cell Acute Lymphoblastic Leukemia: Intermediate-risk; Induction
ICICLE-2014

Division of Pediatric Hematology/Oncology
 IPGME&R and SSKM Hospital, Kolkata

Name Tanya Mondal Age/Sex 11y / f Wt/BSA 34kg / 1.1m² Hospital ID no _____

Week	1	2	3	4	5	6
Day	1	8	15	22	29	35#
Date	19/8					
Prednisolone (60 mg/ m ² /d in 3 divided doses)					Taper	Stop
Inj Vincristine 1 mg (1.5 mg/m ²) in 10ml NS slow IV push (Days 8, 15, 22, 29)	X	↑ 26/8	↑ 02/09 02/09	↑ 07/09 07/09	↑ 14/9	X
Inj Daunorubicin 27 mg (25 mg/m ²) in 100 ml NS IV over 1 hour (Days 8, 15)		↑ 26/8	↑ 02/09 02/09	X	X	X
Inj Peg Asparaginase 15 U (1000 U/ m ²) IM (Day 9 & 23)		↑ X		↑ X		
Alternative to Peg Asparaginase Inj Native L - Asparaginase 11,000 U (10,000 U/ m ²) IM (Days 9, 12, 15, 18, 21, 24, 27, 30)		↑ 1/8	↑ 30/8	↑ 7/9	↑ 14/9	↑ 21/9
Intrathecal methotrexate 12 mg (Days 8, 15, 35)	X	↑ 26/8	↑ 02/09 02/09	X	X	↑

Day 35 Bone marrow + MRD; *Cotrimoxazole prophylaxis (Sat/ Sun); Consolidation starts at week 7

Atypical mononuclear cells - ~~00%~~ 70%

Neutrophils - ~~03%~~ 03%

Lymphocytes - ~~00%~~ 22%

Monocytes - 02%

Eosinophils - 03%

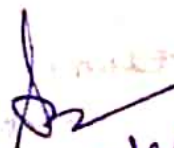
Basophils - 00%

The atypical cells have high N:C ratio, open chromatin, irregular nuclear membrane, inconspicuous nucleoli.

The features are suggestive of acute leukaemia.

Please correlate clinically.

Bone marrow aspiration & studies & immunophenotyping suggested for proper determination of lineage.


17/8/23

SPECIMEN EXAMINATION FORM

214

Please Examine of Blood

..... sent / to taken

Report of CBC + PBS + Retc

Ward Alex-2 Bed No. M-50

Name Taniya Mandal sex F

Age 11 Yr Date 18/8/23

Brief clinical notes of case :

Report of the Examination :

[Handwritten signature]

BLOOD PICTURE

Hb. <u>8.7</u> gm%	WBC. <u>96000</u> Cumm
PCV..... <u>29.5</u> %	Neutrophils..... 40 %
MCV..... <u>70.2</u> fl	Lymphocyte..... %
MCH..... <u>29.9</u> Pg.	Eosinophils..... %
MCHC..... <u>35.5</u> %	Monocyte..... %
RDW..... <u>16.7</u> %	Basophil..... %
RBC..... <u>3.50</u> Million/cumm	Platelets..... fac/cumm (<u>40</u>)
Reticulocyte Count..... %

Sakho Logo

S. S. K. M. HOSPITAL, KOLKATA

SPECIMEN EXAMINATION FORM

61

Please Examine of BIF RRR301534045 sent / to taken

Report of abs. absolute Blast Count

Ward Alex-2 Bed No. once 10

Name Taniya Mondal sex F

Age 11 yrs Date 26/08/23

Brief clinical notes of case :

Report of the Examination :

please provide absolute blast cell count

BLOOD PICTURE

Hb.....	<u>6.7</u> gm%	WBC.....	<u>3000</u> /cmm
PCV.....	<u>20.1</u> %	Neutrophil.....	<u>30</u> %
MCV.....	<u>74</u> fl	Lymphocyte.....	<u>66</u> %
MCH.....	<u>29.7</u> P.g.	Eosinophil.....	<u>01</u> %
MCHC.....	<u>33.3</u> %	Monocyte.....	<u>01</u> %
RDW.....	<u>11.2</u> %	Basophil.....	— %
RBC.....	<u>2.70</u> Million/comm	Platelets.....	<u><15,000</u> /cmm
Reticulocyte Count.....	—		

Atypical mononuclear cells = 2%

RBC - normochromic normocytic polychromatophilic macrocytes seen, and occasional NRBCs ⊕

plt - severely reduced on smear

**MO CUMI
ALEX EXTN WARD
SSKM HOSPITAL
KOLKATA**

P70

17/8/23

West Bengal Form No. 815

RG 301534045

Plate No.
Register No.

S.S.K.M. Hospital

KOLKATA - 700 020

ELECTRO THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name Tanya Mondal Age 11yr Sex F

Address

Physician / Surgeon / Unit I

Ward Alex

Bed No. / Cabin MSO Paying / Non-Paying,

Brief History of Case : 2 sleukomon

Clinical Diagnosis :

particular Point to be investigated : ICTC

Instruction :

Date 17/8/23

Signature [Signature]

R E P O R T

38095

RMO cum
ALEXANDER
S.S.K.M. HOSPITAL
KOL-20

ICTC

S.S.K.M. Hospital

Tested Serum Non Reactive

For Antibodies HIV-1&2

इलाहाबाद बैंक



ALLAHABAD BANK

पासबुक का स्वरूप :
Nature of Pass Book : CURRENT.

खाता सं. :
Account No: 59071431834

शाखा का नाम व पता :
Name & Address of the Branch: BORHAL (HOOGHLY) (627)
VILL. BORHAL, P.O. SATGARAH VIA-JANGIPAR DIST. HOOGHLY
WEST BENGAL 712404

दूरभाष सं. / Telephone No : 259752
आईएफएससी / IFSC : ALLA0210627

एमआईसीआर कूट / MICR Code : 700010548

खाताधारक का नाम / Name of Account Holder

a. Mr. MOHANTA MONDAL

b.

c.

INDIAN BANK, BORHAL BRANCH
IFSC : IDIB 000B859
MICR : 700019199

सीआईएफ सं. / CIF No पैन / PAN

3907147118-4

NA





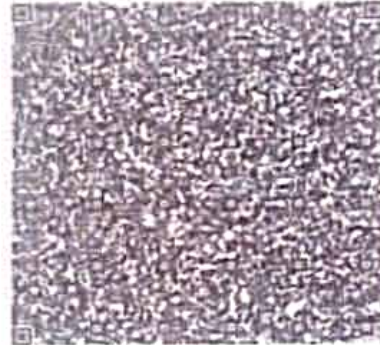
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 0651/72062/04173

To
TANIYA MONDAL
C/O: Mohanta Mondal
Dilakash
Dakshin Dilakash
Hooghly West Bengal - 712404
9641412184

Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

7686 4121 1134
VID : 9104 0976 4335 3674

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 18/01/2017



TANIYA MONDAL
Date of Birth/DOB: 08/10/2012
Female/ FEMALE

7686 4121 1134
VID : 9104 0976 4335 3674

मेरा आधार, मेरी पहचान

सूचना / INFORMATION

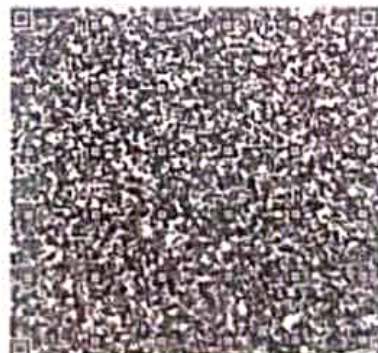
- **आधार** पहचान का प्रमाण है, नागरिकता का नहीं।
- **आधार** विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एकराएम्पल/ऑनलाइन प्रमाणीकरण की उपयोग करके पहचान सत्यापित करें।
- **आधार** के सभी रूप जैसे **आधार** पत्र, पीवीसी कार्ड, **ई-आधार** और **एम-आधार** समान रूप से मान्य हैं। 12 अंकों की **आधार** संख्या के स्थान पर आभासी (वर्चुअल) **आधार** पहचान (VID) का भी उपयोग किया जा सकता है।
- 10 साल से कम से कम एक बार **आधार** अपडेट जरूर करें।
- **आधार** आपकी विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- **आधार** में अपना मोबाइल नंबर और ई-मेल आइटमी अपडेट रखें।
- **आधार** सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर **mAadhaar** ऐप डाउनलोड करें।
- **आधार**/बायोमेट्रिक्स को लॉक/अनलॉक करने की विधि का उपयोग सुरक्षित सुनिश्चित करने के लिए करें।
- **आधार** (पत्र/ नंबर) चाहने वाली संस्थाओं को उचित सहमति लेने के लिए बाध्य किया गया है।
- **Aadhaar** is a proof of identity, not of citizenship.
- **Aadhaar** is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of **Aadhaar** like **Aadhaar** letter, PVC Cards, **eAadhaar** and **mAadhaar** are equally valid. Virtual **Aadhaar** Identity (VID) can also be used in place of 12 digit **Aadhaar** number.
- Update **Aadhaar** at least once in 10 years.
- **Aadhaar** helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in **Aadhaar**.
- Download **mAadhaar** app on smart phones to avail **Aadhaar** Services.
- Use the feature of lock/unlock **Aadhaar**/biometrics to ensure security.
- Entities seeking **Aadhaar** are obligated to seek due consent.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Address:
C/O: Mohanta Mondal, Dilakash, Dakshin
Dilakash, Hooghly,
West Bengal - 712404



7686 4121 1134

VID : 9104 0976 4335 3674

इलाहाबाद बैंक



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: ALLA0210627

एमआईसीआर कूट / MICR Code : 700010548

खाताधारक का नाम / Name of Account Holder

- a. Mr. MOHANTA MONDAL
b.
c.

INDIAN BANK, BORHAL BRANCH

IFSC : IDIB 000B859

MICR : 700019199

सीआईएफ सं. / CIF No पैन / PAN

3907147118-4

NA





BMMTC
ESTD-1981 SOCIETY REGD.

BISHALAXMI MATA MANDIR TRUST COMMITTEE

VILL-KHURIGACHHI, P.O-DILAKASH, P.S-JANGIPARA, DIST-HOOGHLY, PIN-712404

W.B GOV.REG.NO:IV-190200955/2023

4

DEBIT
CREDIT

VOUCHER

Date: 27/10/2023

Name <u>Tania Mondal</u>	Voucher No: <u>04</u>
Address <u>Dilakash, Jangipara, Hooghly</u>	File No: <u>01</u>
	Cash Book No:
	Page No:

Debit/Credit: Debit Vouchers A/c

PARTICULARS	AMOUNT	
	RS.	P.
Cheque/Cash/Bank A/c./Online Paid <u>Cash A/c</u>	<u>1500</u>	<u>00</u>
<u>Paid to Tania Mondal purpose of Medical Expenditure Donation collection.</u>	/	
Rupees in words: <u>One thousand five hundred only</u>	TOTAL	<u>1500 00</u>

Prepared By: [Signature] 27/10/23
 Passed By: Malay Santia Payee's Signature: [Signature] 27/10/23