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SHOT ON REDMI Y3
AI DUAL CAMERA



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA
 SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA
 PHONE : 911202000000

...es.in/HBIMS/ipd/transactions/Pat...

ADMISSION CARD

IPD NO : 981162026000564



CR NO : 981162500362990



ADM DATE/TIME : 19-JAN-2026/10:48:11



GENERAL

NAME
 AGE/GENDER
 S/D
 CATEGORY
 ADM CHARGES
 ADV CHARGES

SAKSHAM DHARWAN

4 YR/M

SATISH KUMAR

GENERAL

₹ 100.00

RS. 250.00 /-

(RS. TWO HUNDRED FIFTY ONLY.)

PAEDIATRIC HAEMATOONCOLOGY/UNIT 1

TROLLEY BED WARD /TROLLEY BED

45

EMERGENCY

HOSP DIET

MARITAL STATUS

IS MLC

MLC NO

NO

--

NO

NA

DPT/UNIT
 WARD/BED

STATUS AT ADM

REFERRED FROM

PROV DIAG

ADM DR

ADDRESS

DR NITA RADHAKRISHNAN DR ANUJ SINGH

NEW LAKSMIPURAM NAJDEEK GOV N SCHOOL GALIRA, SAHARANPUR, SAHARANPUR, UTTAR PRADESH, INDIA

EMG CONTACT

SATISH KUMAR

ADM DATE

19-JAN-2026/10:48:11

WRD-RCV. DATE

FOR MEDICO LEGAL PURPOSE

DETAILS OF
 POLICE STATION

NAME OF
 INFORMANT

MLC REMARKS

POLICE
 INFORMATION
 IDENTIFICATION
 MARKS

DISCHARGE DETAILS

DISCHARGE DATE/TIME

DISCHARGE
 WARD

PROV DIAGNOSIS

OFF DIAGNOSIS

FINAL DIAGNOSIS

CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT

YES

NAME & SIGNATURE OF MO

DATE & TIME

NAME & SIGNATURE OF CONSULTANT

DATE & TIME

EMG BILL ADT 9

REGISTRATION BY:

AUTHORIZED SIGNATORY

PRINT DATE : 19-JAN-2026



SHOT ON REDMI Y3
 AI DUAL CAMERA



POST GRADUATE INSTITUTE OF CHILD HEALTH
बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Noida, G.B. Nagar (U.P.) सेक्टर-३०, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.pgich.edu.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Name: Saksham Age/Sex: 4 y/m Regn. No: 62503629

Pediatric Hematology Oncology
OPD

Serial No.: 14
 Date: 21/1/26
 Height: 98.5cm
 Weight: 14.5kg

BAU
Due for HD Mx C3

no issues.
 no HSM

Admission 11/10/26
 HD Mx C3 after C
 report
 CBC
 Strep. G. hemoxant
 S. aureus S. MP
 Clostr.

19/1/26

Serial No. - 29
 Date 19/1/26
 Height: 99.1cm
 Weight: 14.3kg

BAU
HD Mx C4

no fever.
 no HSM

Admission 11/10
 SAPT
 CreaHume
 CBE
~~HD Mx~~

Had fever at home.

ऑनलाइन फीडबैक फॉर्म स्कैन करें और भरें।



नोट:-

- टीकाकरण नियमित रूप से कराएँ।
- यदि आपके बच्चे में खतरे के कोई लक्षण जैसे की साँस तेज चलना, अत्याधिक सुस्त होना, बार बार उल्टी होना, दौरे पड़ना इत्यादि हो तो तुरन्त चिकित्सालय की इमरजेंसी या नजदीकी चिकित्सालय में तुरन्त बच्चे को ले जाएँ।

24x7 Emergency Contact No. 0120-2458000



DEPARTMENT OF PEDIATRIC HEMATOLOGY ONCOLOGY
POST GRADUATE INSTITUTE OF CHILD HEALTH
NOIDA

NAME Saksham AGE 3y 8 months SEX M
Name of attendant: Satish Relationship to patient
Date 16/01/25 Time

COUNSELING SESSION

Presenting complaints

BALL

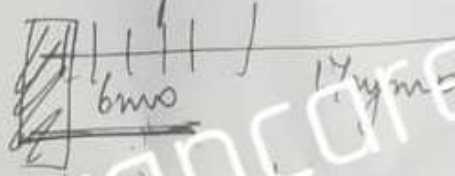
Resident of Saksham

Acute lymphoblastic leukemia

Diagnosis

lym

Treatment



80-90% Cure

Prognosis



What should you do?

- ① Hygiene
- ② Diet
- ③ No visitors

④ Govt Accredited

Counseling by

h

Dr Nita Radhakrishnan/ Dr Anuj Singh
Dr Hari Gaire/ Dr Sudipto Bhattacharya/ Dr Aditi Tulsian

16/1/25

Please keep this counseling sheet safely and bring it for all future counseling sessions

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SUPER SPECIALITY PAEDIATRIC HOSPITAL AND
 Sector-30, Noida, G.B. Nagar-201303 (U.P.)
 (An Autonomous Institute under Government of Uttar Pradesh)
Department of Transfusion Medicine and Blood Bank
 LICENCE NO. U.P./B & BP/2018/03

Request Form for Whole Blood (WB) & Packed Red Blood Cells (PRBC)

- Property labelled 2 ml EDTA blood should be sent along with this form (0.5 ml EDTA for new born)
- Any discrepancy between the requisition form and blood sample is UNACCEPTABLE.
- This form will not be accepted if it is not signed or if any section is left blank.
- For Neonatal (<4 months) and Exchange Transfusion please send 3 ml EDTA mother's sample also.

TMNo: _____

Patient Name: Sakshar CR NO: 362990 Age: 4y Gender: M

Ward/Bed: P/H10

Diagnosis: B-ALL Faculty In charge: Dr Nita

ABO/Rh Blood Group (if known): B+Positive

Pre Transfusion Haemoglobin value: _____ gm/dl

Leuko reduction needed _____ yes/no

Quantity of Blood Units Required: _____

- Indication**
- Bleeding
 - Anaemia
 - Trauma
 - Surgery
 - Dialysis
 - Thalassaemia
 - Exchange Transfusion

Products	Whole Blood	PRBC	Paediatric PRBC
Numbers of Units Required (Volume)		<u>10 PRBC</u>	
Date and Time of Transfusion			

(For Neonatal and Exchange Transfusion please mention the volume required for transfusion)

- Any relevant past history:
- Previous Transfusion: [yes/no]; if yes date of last transfusion _____; Any adverse reaction _____
 - Gravida (for female patients): _____

I certify that, I have personally collected the blood sample after identification of Patient's CR, No and Name and have explained the necessity of blood transfusion and the risk associated with it to patient/relatives & have obtained informed consent.

Please issue blood on urgent/ routine basis:-

- Urgent (immediate spin crossmatch technique) Routine (AHG cross match technique)

Time: 4:50 PM AM/PM

Signature of Nursing Staff

Signature of Doctor

Date: 19/1/26

Name Kundan

Name Dr

(BLOCK LETTERS)

(BLOCK LETTERS)

Space to be used by the Department of Transfusion Medicine

Preliminary Blood Group _____

Signature of Medical Officer

FORWARD (CELL) GROUPING				REVERSE (SERUM GROUPING)			BLOOD GROUP	
Anti A	Anti B	Anti AB	Anti AD	A Cells	B Cells	O Cells	ABO	Rh

Corpuscular Screening : Positive/Negative

Patients Blood Group _____

Cross Match Records

CLAHG	SEGMENT No.	Comments

