





Sample No.: 54331 ANKUSH U2OPD
 Patient ID: Ward:
 Name:
 Sample Comment:

Race

Positive
 Diff. Morph. Count

WBC	5.24	[10 ³ /uL]		
RBC	1.83	- [10 ⁶ /uL]		
HGB	5.5	- [g/dL]		
HCT	16.3	- [%]		
MCV	89.1	[fL]		
MCH	30.1	[pg]		
MCHC	33.7	[g/dL]		
PLT	3 *	[10 ³ /uL]		
RDW-SD	42.0	[fL]		
RDW-CV	13.2	[%]		
PDW	----	[fL]		
MPV	----	[fL]		
P-LCR	----	[%]		
PCT	----	[%]		
NRBC	0.01	[10 ³ /uL]	0.2	[%]
NEUT	0.23 *	[10 ³ /uL]	4.3 *	[%]
LYMPH	4.85 *	[10 ³ /uL]	92.6 *	[%]
MONO	0.15 *	[10 ³ /uL]	2.9 *	[%]
EO	0.01	[10 ³ /uL]	0.2	[%]
BASO	0.00	[10 ³ /uL]	0.0	[%]
IG	0.00 *	[10 ³ /uL]	0.0 *	[%]
RET		[%]		[10
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]		

रोग का संक्षिप्त विवरण / Brief Clinical History & Examination :

now Admitted 2 Gs / w/ spikes. upto 101°F

O/E . no/only
vitals infection. ↓
rashes

4570 / 3K
5.5 / 17.7 / Hct 340

PRBC, ROP Tx

Alc. 108 / min
W. 5000

- IV Antibiotics started
magnesium

BP: 94/58

- non uric to been advised
for 36h

- ECG more pattern long

- no Gs ketonury / Allured serum /
Bunary / liver / kidneys / uric acid.

जांच / Investigation :

↳
Kardynanceels rasit

↳
unchanged.

किया गया उपचार / Treatment Given :

- Inj. mupirocin 0.3
- Inj. cefoperazone sulbactam 0.3
- Inj. Amikacin - 0.3
- Carbidap
- (Methexamine new)
- Syptan 800

छुट्टी के समय परामर्श / Advise on Discharge :

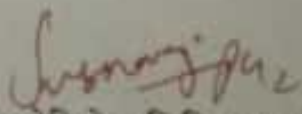
- Syptan (5ml Po 30) - 5ml
- Carbidap
- Methexamine new } LA 0.3
- Syptan
- off experience.

छुट्टी के बाद ओ.पी.डी. में Tue, Fri पर सुबह 9.00 बजे कमरा नं. 105 में आएँ।

छुट्टी के बाद Wed 2pm 220 स्पेशल क्लिनिक में 2.00 बजे कमरा नं. 220 में आएँ।

अगला टीकाकरण तारीख

वरिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर
Signature of Senior Resident


कनिष्ठ रेजिडेंट चिकित्सक के हस्ताक्षर
Signature of Junior Resident

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	Ankur	आयु /Age	9yrs	लिंग /Sex	
C.R. No	22040	Consultant	Jay		
Ward/OPD	U ₂ heart OPD	Unit/Bed No.			
Date/Time	26/8/23	EDTA/Citrate/Heapan/Nil			
Nature of Anticoagulant					
Diagnosis/History	(LSE)	Signature of the Doctor			
		Time of Reception			

Today's Lab. Ref. No.

INCOMPLETE FORM IS NOT ACCEPTABLE

Test Details

Test

HLA (Human Leukocyte Antigen) genes of the Major Histocompatibility Complex (MHC) encodes proteins that differentiates self from non self. It governs innate and adaptive immunity and plays critical role in disease and immune defenses [1]. HLA typing is useful for determining the best match donors for allogenic bone marrow and organ transplantation, disease studies and paternity testing [2, 3]. High resolution NGS based HLA typing is the gold standard for HLA typing [4]. Accurate HLA typing for upto 4-fields, with G group coding for identical nucleotide sequences is done for classical class I HLA genes A*, B*, C* and class II HLA genes DRB1*, DQB1* and DPB1*. This enables careful selection of donors thereby critically improving transplantation outcome [3, 5, 6, 7, 8].

Methodology

DNA extracted from Peripheral Blood in EDTA was used to amplify the HLA genes of interest by NGSgo kit from GenDx by long-range PCR, followed by fragmentation and library preparation to be sequenced on the Miseq/ NovaSeq Illumina platform. The libraries were sequenced to mean >80-100X coverage on Illumina sequencing platform. The raw sequence reads are aligned using a FASTA-like algorithm. Instead of aligning the reads to a single reference, however, the reads are aligned to all the alleles in the database. The IMGT/HLA database is used as the source of HLA alleles. To determine the SNP haplotypes, every position in the reference is evaluated to define homozygosity or heterozygosity. The heterozygous positions are evaluated to determine the cis-trans relationships (called phasing) between the bases at the individual heterozygous positions. All alleles in the library are compared against the possible haplotypes found in the previous steps. The number of nucleotide mismatches with each allele is determined, as well as the number of mismatches with the determined phasing data. Mismatches at exons and introns are treated separately. A list of alleles is selected with a limited number of mismatches. From these alleles, all possible genotypes are generated which will contain the most likely genotype(s) present in the original dataset. For each of these genotypes, the mismatch level of the two alleles with the phased data is determined. The genotype(s) with the lowest mismatch count is (are) reported [9].

Disclaimer:

- HLA genotypes were determined based on the IMGT/HLA database release 3.52. The occurrence of HLA genotyping results and the number of different allele combinations by a NGS assay for an individual may change according to the version of the IMGT/HLA database release. Please contact MedGenome at a later date for any change.
- "This test was developed and its performance characteristics determined by MedGenome"



BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

B-360, Jaitpur, Extension, Badarpur, New Delhi - 110044

E-mail: into@bachpancareorganization.org | Web: bachpancareorganization.org

Ref. No.

Date 30/08/2024

सेवा में,
फाउंडर सहीदया जी,
बचपन केयर ऑर्गनाइजेशन
बदरपुर नई दिल्ली,

सहीदया जी,

हमारे बच्चे को बल्ड कैंसर है इसके इलाज
के लिए बहुत खर्च आ रहा है मैं आपसे
निवेदन करता हूँ। मेरे बेटे अंकुश की सहायता
करें वह बहुत ज्यादा बيمार है। आपका बहुत
उपकार होगा हमारे उपर।
मैं बच्चे का पिता भुर्जित सिंह हाथ जोड़ कर
विनती करता हूँ।



प्रार्थी
भुर्जित सिंह

