

Patient Details

Patient Name	Mohd. Sameer
Parents Name	Mohd. Samim
Age	7 Yrs
Address	Begusarai, Bihar
Hospital of	All India Institute of
Treatment	Medical Sciences.
Disease	Bardet Bledl Syndrome
	with Splenomegaly
Father's Occupation	Labor Work
Treatment Required	Vaccination
	(Pneumococcal/
	Meningococcal),
	Medication and Blood
	Transfusion.

DEPARTMENT OF PEDIATRICS ALL INDIA INSTITUTE OF MEDICAL SCIENCES

To,

Medical Superintendent AIIMS, New Delhi

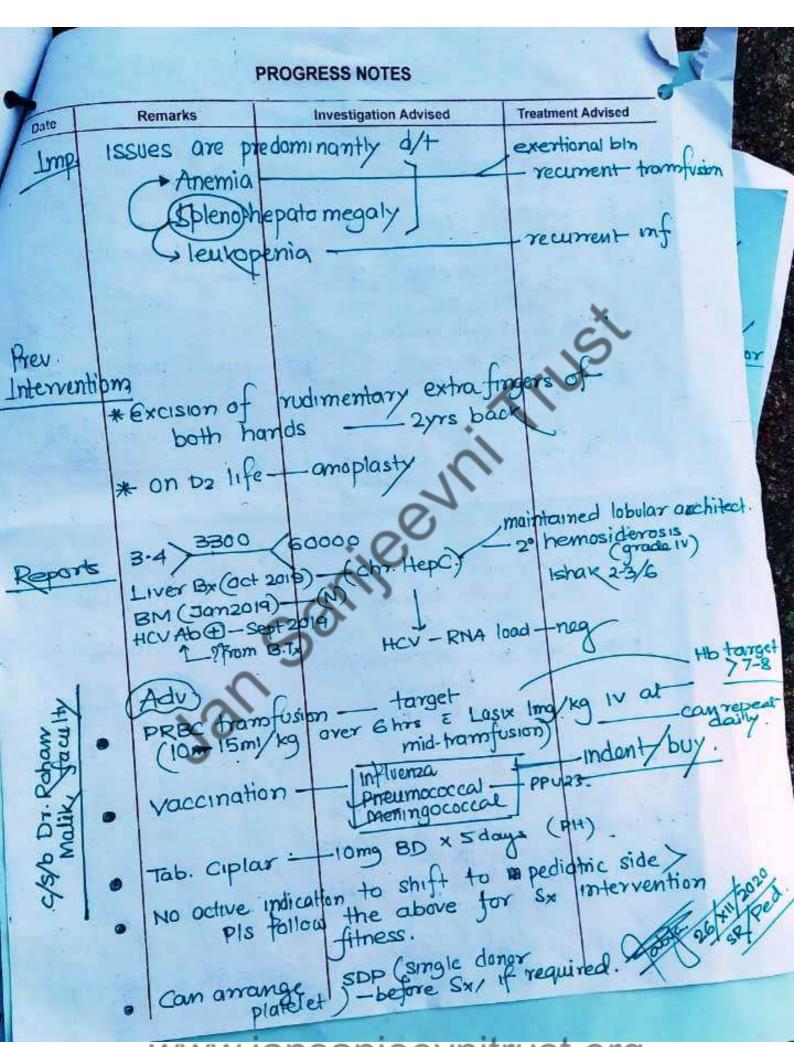
Sir

APPLICATION FOR AVAILING POOR FUND Date: 28th Dec
Name of the Patient: Mohammad Samir 2020
Address: Anand Ulhar
Mobile Number: 98716 21853
Department: Pediatrics unit 1 UHID No.: 10400 2113
Amount in Figures: Five thousand rupees only.
Reason: Vaccination (Pneumococcal Meningococcal)
Medication + Blood transfusion
Name of the Patient/Attendant Mohammad Sameem (Father) 21111
MSSO Comments:

Submitted to Medical Superintendent for approval please







www.jansanjeevnitrust.org

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029 All India Institute of Medical Sciences, New Delhi-110029 परामर्श अभिलेख / CONSULTATION RECORD एम.आर.-9 M.R.-9

यू.एव.आई.डी.सं. वेवाहिक स्थिति UHID No. Marital Status धर्म 104002113 Religion Sex M व्यवासाय Occupation to Dr. De Robani eferred by Dr. Pro Sandlep Aformula
Requesting Doctor Consultant & Specially Date: Kesperted Sur) indings: do Bardet-Biedl God T hypergenism Pt is write for sugar at the r as tetated vorterip in perday. It parente Diagnosis or Impression kirdly was per was primarich, side by you. Once optimed back for suryers, with be taken back Con PSu

Recommendations:

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Consul

विकिरण नैदानिक विभाग

INSTITUTE OF ME

अ० भा० आ० सं०, नई दिल्ली- 110029 DEPARTMENT OF RADIODIAGNOSIS A.I.I.M.S., NEW DELHI - 110029

Mohammaad DY PRITHVI

Radio-fellow 4th Jan 2021

Room 60 80m

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Mohammad

Age/Sex: 7y/m Ref. Deptt./Unit:1

Date: 284

Damir Indoor (Bed No.) / Outdoor/ Casualty L_Pediatrics OPD No. / UHID No. 10400 2113 LMP: -

Examination Required:

Ultrasound - KUB.

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination:

Bardet-Biedl syndr

Clinical / Working Diagnosis:

Any Previous Studies (Please provide No. if available):

Blood Urea / Serum Creatinine (for CT patients only):

Any h/o allergy or asthma

Signature of Referring Physician / Date:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

No. of Films used:

US/CT Number:

Signature of Radiographer / Date :

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DEPARTMENT OF PEDIATRIC SURGERY

All INDIA INSTITUTE OF MEDICAL SCIENCES

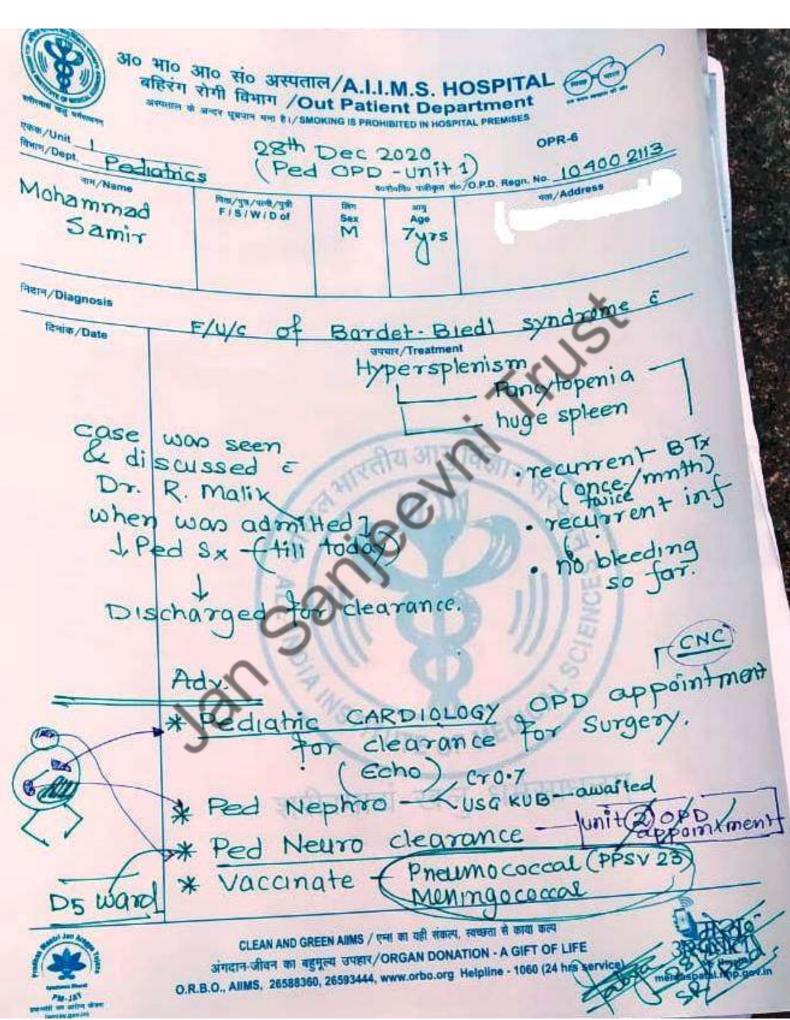
NEW DELHI-110029

DISCHARGE SUMMARY

Progressive abdomina life. Asymptomatic for recurrent CSOM, night	distension 3 years. Re	7 years 24.12.20 27.12.20 Indrome with for 4 years, A	DM- underw	ent anopiasty be of
Progressive abdomina life. Asymptomatic for recurrent CSOM, night	DOD rdet Biedl Sy I distension 3 years. Re	27.12.20 Indrome with for 4 years, A	splenomeg	ent anoplasty D2 of
Progressive abdomina life. Asymptomatic for recurrent CSOM, night	det Biedi Sy I distension 3 years. Re	for 4 years, A	DM- underw	ent anopiasty be of
Progressive abdomina life. Asymptomatic for recurrent CSOM, night	distension 3 years. Re	for 4 years, A	DM- underw	ent anopiasty be of
Referred to paediatri	t blindness, t-Biedl synd	excision of ex rome, under	tra digits of	hands 2 years back- stroenterology care.
of pending paediatric assessment for fitnes	nephrology ss for surger	y, neurology a y. Discharged	nd cardiolog on full oral	y evaluation and s
Clearances f	rom above i	2		pletion of workup and plus pre-splenectomy Mehak Sehgal / Dr Teg
	MA	NAGING SR	Dr N	ab Singh
	.0		TON Rev	iew in PSOPD, Friday
Prof. Sandeep Aga	rwala		ait	er workup for enectomy
	1. Laminate dis 2. Refer to pae Clearances f immunization Dr. Mehak Sehgal	PRBC transfusion given, spieles of pending paediatric nephrology assessment for fitness for surger Laminate discharge sum: Refer to paediatric gastric Clearances from above reimmunization. Dr. Mehak Sehgal	PRBC transfusion given, spiellectory of pending paediatric nephrology, neurology a assessment for fitness for surgery. Discharged Laminate discharge summary Refer to paediatric gastroenterology of Clearances from above mentioned de immunization. Dr. Mehak Sehgal Prof. Sandeep Agarwala FOLLOW UP VIS	Refer to paediatric gastroenterous, Clearances from above mentioned departments, immunization. Dr. Mehak Sehgal Prof. Sandeep Agarwala FOLLOW UP VISIT ON after

DATE: 27/12/20





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निदान/Diagnosis	Bander-Bledt syn	duome Explenomegaly
विनांक/Date	A SEC III.	?/Treatment
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Or	o Need la	ediology review prior to PAC &
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Total I	(Pr. is unable to ger an appointment e Sed. condictegy)	- Refer to primary treating team (4 Dr. Roman Malik). To expedite cardiology
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	Jeg. Zantung	to expedite cardiology
		Priv.
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O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





Virology Lab Department of Microbiology

A.I.I.M.S., New Delhi-110029 अ. भा. आ. सं., नई दिल्ली-110029A.I.I.M.S., New Delhi-110029 अ. भा. आ. सं., नई दिल्ली-110029

JHID

104002113

Reg Date :

15/09/2018 09:30 AM

Patient Name:

Mr. MOHAMAAD SAMIR

Age:

7 years 3 months 8 days

Sex

Department :

COVID 19 SCREENING OLD RAK OPD Unit Name :

Unit Incharge:

Sample Collection Date:

23/12/2020 11:06 AM

Lab Name

Ward Name:

Sample Received Date: 23/12/2020 01 47 PM

Microbiology

Lab Sub Centre: Report Generated Date: Coronavirus Testing 23/12/2020 05:48 PM

Dept / IRCH No.

20201680003970

Recommended By:

Dr. SR test

Unit

Lab Reference No:

51842 D6 ICU /4

Sample Details: COV-231220048-S (Throat and Nasal Swab)

SARS CORONAVIRUS- 2 (Real time

Result Of Investigation

Result:

Negative for SARS Coronavirus-2

Comments:

A negative for SARS Coronavirus - 2 result indicates absence of the RNA of this

virus in the sample submitted.

Sample Remarks; Please note that these results are not to be used for any thesis or presentations or for publication in any journal without the prior permission of the Director General, ICMR and Virology Laboratory, Department of Microbiology, AllMS, Delhi

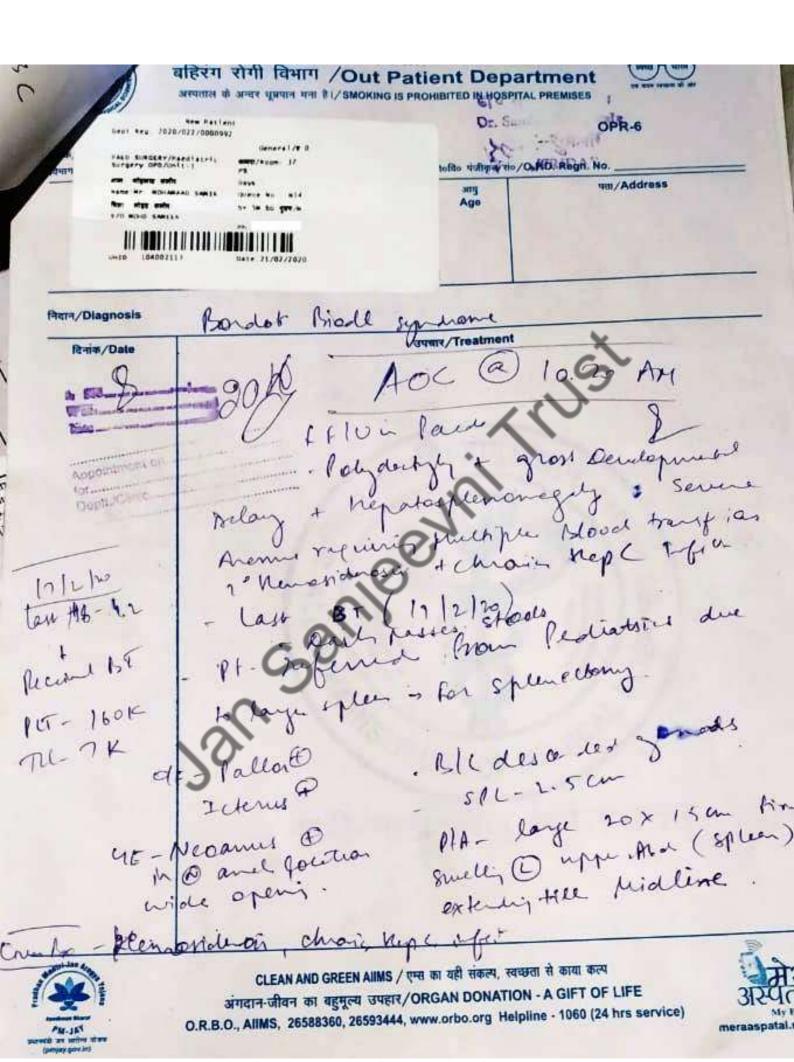
Please ensure that testing is as per prevailing ICMR guidelines

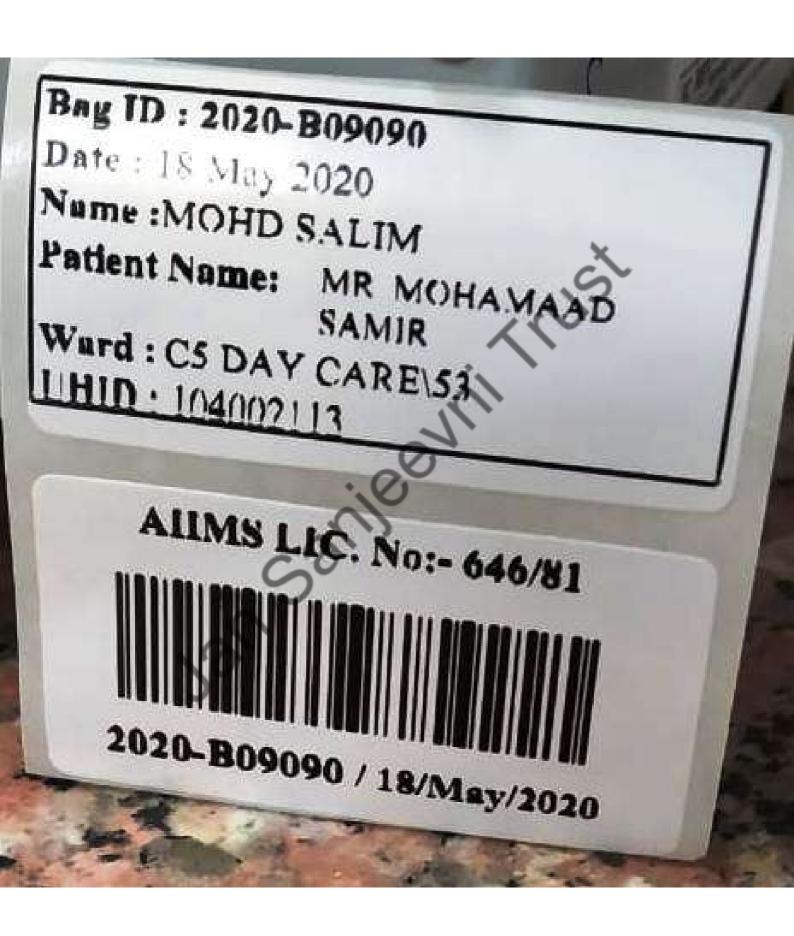
Authorized Signator

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ology OPD NO O 24 H 103745247 24-02-2020 Hematology OPD CL No 2019/H/95944 UHID 103745247

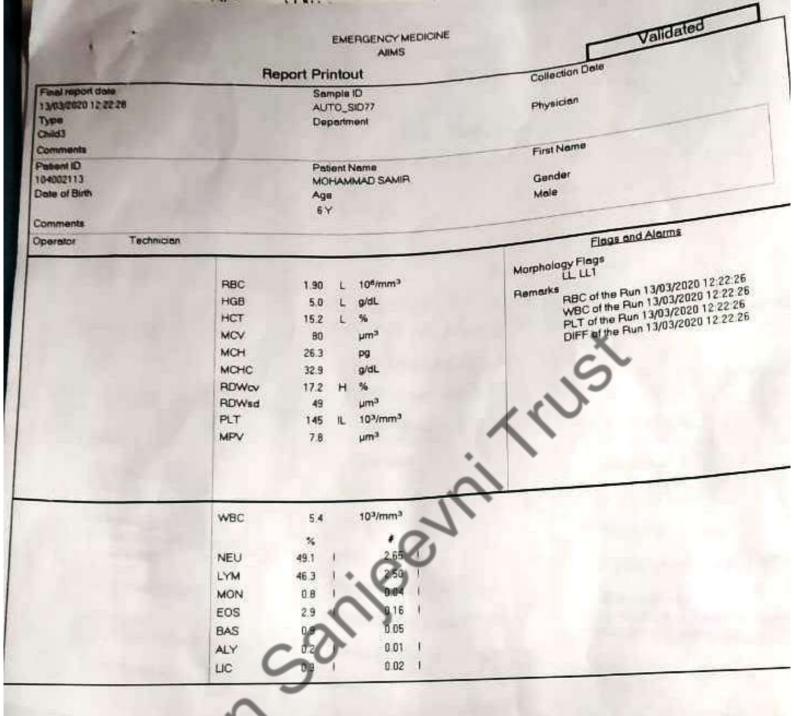
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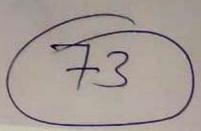
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Hematology OPD CL No 2019/H/95944 103745247 UHID

MOHAMAD 6Y2M4D

Hernatology OPD Queue No 0 Room 24 H JHID 103745247 28-02-2020



Dept: Hematology

DEPT. No: 20190240095944 Clinic Name: Hematology OPD

CL. No: 2019/H/95944

Room: 24 H

Name: MOHAMAD SHAMEER

Male

UHID 103745247 DT: 09-03-2020



DEPARTMENT OF HAEMATOLOGY HEMOLYTIC ANEMIA LABORATORY

Room No 205, 2nd Floor, New Private Ward Bidg A.I.I.M.S., New Delhi-110029

UHID: Patient Name: 103745247

Sex :

Department :

DEPT OF EMERGENCY

Dr. Praveen Aggarwal

19/05/2018 10:49 AM

Mr MOHAMAD SHAMEER

MEDICINE

Hematology

Unit Incharge:

Lab Name Sample Received

Time:

Dept / IRCH No:

20190240095944

Reg Date 1

15/05/2018 09:37 AM

Age :

5 years 4 days

Unit Name

Sample Collection Date:

Lab Sub Centre:

Report Generated Date:

Recommended By:

19/05/2018 10:48 AM HEMOLYTIC ANEMIA

22/05/2018 10:38 AM

Mr. PRAFULL HEMATOLOGY

Lab Reference No: Sample Details : DHH-190518003-M (Blood)

HB CAPILLARY ZONE ELECTROPHORESIS OF MOTHE

Age Range Result of Investigation OYear(s) - 100Year(s) 97.0% HbAo:

2.6% HbA2 0.4%

HbF: Verification Comment: 1Year(s) - 100Year(s) within normal limits

Authorized Signatory

Jansanie

www.jansanjeevnitrust.org

Reporting Date 05-01-2019 FORMAT TO BE FILLED FOR ALL RADIOLOGY REQUISITIONS 10 **Patient Details** Md Samir Name Age/ Sax Unit CHILL Bed No : CXP Investigation Required Clinical details RFTs (If contrast enhanced): History of allergy Please tick one of the following 1. Patient is COVID-19 positive: In this case, any imaging / intervention will be done in TC 2. Patient is COVID-19 suspect awaiting test results: In this case, any imaging / intervention 3 Patient is not COVID -19 suspect: In this case imaging / intervention will be done Certified by Faculty In-charge Name: Signature (SR/ Faculty Name Department Date & Time:



DEPARTMENT OF HARMATOLOGY HEMOLYTIC ANEMIA LABORATORY

Room No 209, 2nd Floor, New Private Ward Bldg A.I.I.M.S., New Dathi-116029

UHID:

Patient Name :

103745247

15/05/2018 09:37 AM Reg Date :

Mr MOHAMAD SHAMEER

Age I Unit Name : 6 years 1 month 18 days

Department:

Hematology

Sample Collection Date:

Unit Incharge : Lab Name:

Hematology

Lab Sub Centre:

02/07/2019 04:15 PM HEMOLYTIC ANEMIA

Sample Received Date:

02/07/2019 04:21 PM

Report Generated Date: Recommended By:

06/02/2026 12:09 PM

Dept / IRCH No:

20190240095944

Dr. SR HEMAT

Lab Reference No:

Ward Name:

Hematology Day Care

Dr. Manoranjan Mahapatra

Sample Datails : DHH-020719016 (Blood)

COOMB S TEST BY GEL CARD COOMB S TEST BY GEL CARD (DIRECT/INDIRECT)

Result of Investigation

Direct:

Negative

Verification Comment:

DCT by gel card is negative

INCUBATED OSMOTIC FRAGILITY

Re: "It of Investigation

Normal Range

Other

Special

Regins at Nacl Patient: 0.70 Control: 0.60

letes at

Patient: 0.30 Control: 0.30

5

26:

on Comment:

fragility test shows normal red cell fragility Incubated osmatio

Authorized Signat



DEPARTMENT OF RADIO-DIAGNOSIS ALL INDIA INSTITUTE OF MEDICAL SCIENCES A.L.M.S., NEW DELHI-110029

Represent and separated	ALL INDIA IN	M.S., NEW DELHI-1100	24	
Patient Name :		Age/Sex:	M/1/2	1
usg No. 10	4002113	Ward/OPD		
Clinical Details :			ax.	
ULTRASOUND A	BDOMEN	. Justian/IH	BBD (U)	
Liver : Normal in	size and echotextu	ire. No focal lesion/IH		
Gall Bladder : No	ormal in wall thickr	ess. No calculus see		
CBD/PV : Norma	I in calibre.	ARD not di	lated. QX	7.448.4) Cu
D. 4 / 4 A A A A		SALUT	n seen.	s sele epen.
		and edictorist	o calculus/Hydronep	Homond
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No Free fluid see	en.	by Dode	male Reer and Male: et single uses an	Co
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(Signature of R	adiologist),	No	Revoltuon	de

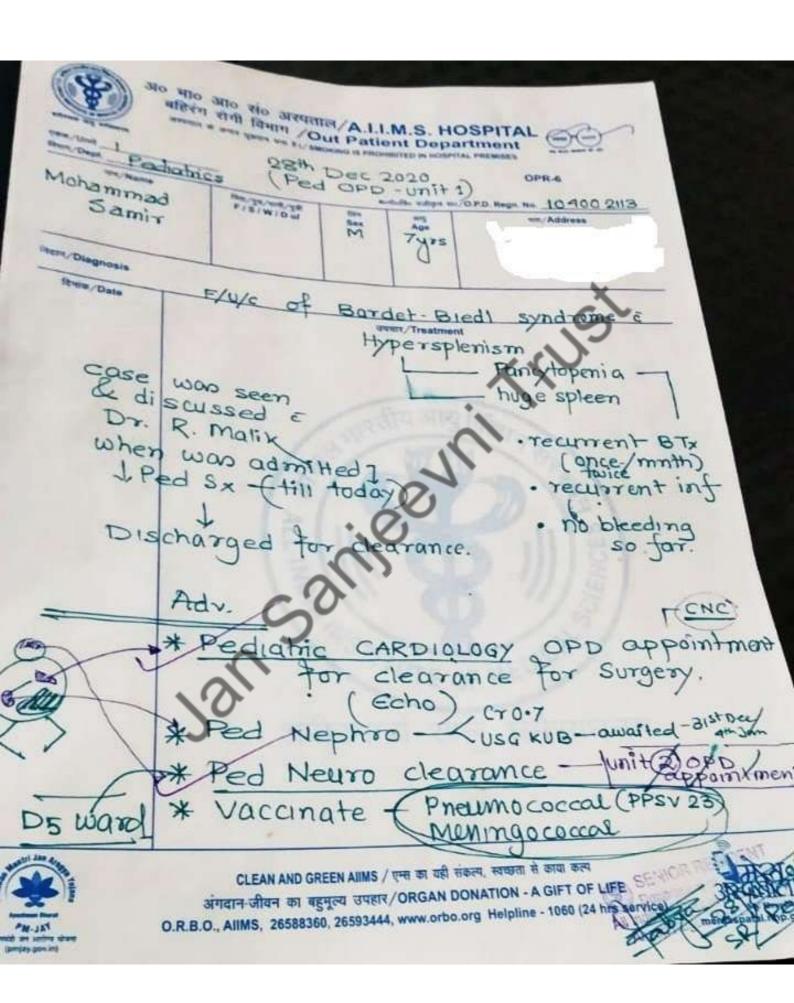
29/2/29 feekelene andolgy (whom if Bault fredl Eyrone Pallor ++ No yamoas-Unding-12 = 12 efmi Lxl: expiratory fine. ECQ (Q. Service. Edw - Dornal chiery

DEPARTMENT OF HEMATOLOGY

ROOM NO. 204, 2ND FLOOR, NEW PRIVATE WARD BLDNG, AIIMS, NEW DELHI 29 SAMPLE MODE:

CLOSED

DEPARTMENT: 105 0/2018 11:04:09 AT DATE OF BIRTH: RACK PHYSICIAN: CBC + Diff PARAMETERS: Factory OPERATOR: 30043 0071994 SEQ#: Md. Shameer NORMAL RANGE: GROUP1 103245242 5/12 MEK-8222(UNIT1) ANALYZER: (4.0 - 11.0) (20 - 701 400 - 800) [WBC FLAG] 7.5 [103 JUL] 44.6 [%] (1.0 - 3.0 / 20.0 - 40.0) Blasts 3.4" (0.2 - 101 20 - 100) Immature Granulocyte 25.2 [%] 1.9 . (0.0 - 0.51 1.0 - 5.0) Left Shift 24.1 - [%] 1.8 . 0.4 * [%] (00 - 01 / 00 - 20) Atypical Lymphocytes 5.7 1%] 0.4 Ly-Mo Interference 0.0 Monocytosis (450 - 550) 1.58 - [10° /µL] [RBC FLAG] (130 - 170) Abnormal MCHC 3.31 [g/dL] B (400 - 500) 12.2 L [%] Anemia (800 - 100) T 77.2 L [IL] Anisocytosis CV (27.0 - 32.0) 20.9 L [P9] Hypochromia NCH (31.0 - 37.0) 27.01 [g/dL] (118 - 140) MCHC ROW-CV 24.7 H [%] [PLT FLAG] (150 - 450) 231 · [103 /HL] PLT-RBC Interfer PLT (021 - 029) 0.12 L [%] PCT (60 - 120) 53L [IL] MPV (100 - 180) 16.3 [%] POW RBC 2 PLT Granularity Granutarity Complexity Mineyta hypochomi to nomowite PS COMMENTS and priminglois teas from NE E PLT Adv : Somm for witin Date: 13/26/2018 Data Phetinion C Mitcodistancinto Pro Manua



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Department Of Pathology All India Institute Of Medical Sciences

Tel:+91-11-26588500/26588700.Fax:+91-11-26588500/26588700

Patient Name

Md Shameer

F/H Name:

Md Samim

Age/Sex:

5 Y/Male

Clinic/Dept/Unit: Paediatrics/Unit 1

Reg Date:

26-12-2018

Acc. No:

1853875

Hosp. Reg. No.:

103745247

UHID No .:

Consultant Incharge: Dr. N/A

Reporting Date

08-01-2019

Histopathology Report

Re 10t Findings:

on a marrow clopsy is fragmented and comprise of cartilage, procedural hemorrhage with few marrow ments snowing hematopoietic cells of all three series. There is no evidence of storage cells or flight acy in this biopsy. Kindly correlate with too ch imprint findings.

ansaniee Reporting Incharge: Dr. Geetika Singh

Reporting SR: Dr. Kalpana

Verify By:

Dr. Diya Roy