CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/ **DATE : 19/11/2022**

BENEFICIARY DEMOGRAPHY



PATIENT'S NAME : PRINCE KUMAR

AGE: 9 YEARS

RELIGION : HINDU

GENDER :MALE [✓] FEMALE [ ] TRANSGENDER [ ]

PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Child Prince is suffering with Bone cancer (Ewing's Sarcoma) and his treatment is going on AIIMS Hospital. Prince's father is currently working as cook and hardly earns bread for his family. They are in very miserable situation currently, kindly help child for his treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr. Vikas Rawat

MOTHER'S NAME : Mrs. Ritu Devi

OCCUPATION: Labour (Loading & Unloading worker)

OCCUPATION : Housewife

SIBLING : BROTHER [ ] SISTER [ ] TRANSGENDER [ ]

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : Bone Cancer

TREATMENT PRESCRIBED : Chemotherapy and Radiation therapy

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,50,000

TREATMENT IS DONE AT : AIIMS Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)

सेवा में

चेयरमैन दृष्टि महोदय

कार्यकारी हॉस्पिटल अॉफिसर

महोदय

सविनय निवेदन है कि मैं प्रेम कुमार विलासराव पिता

ग्राम माँड़ थाना खैरा जिला जमुई

बिहार का रहने वाला हु

मेरे बच्चे की जाग में कैन्सर है। जिसका

नाम प्रेम कुमार है यह बच्चा 9 साल से

का हो इसका इलाज का खर्च 15,000 तक

आ रहे है जिसका इलाज हमसे हॉस्पिटल चल रहा है

मैं इस खर्च को उठाने मे असमर्थ हु है

कृपया हमारी आर्थिक सहायता कर और हमें

इलाज के लिए और खाने पीने के लिये

सहायता प्रदान करे

आपकी महान कृपा होगी

विलासराव

जिला - जमुई - थाना

खैरा ग्राम रफुरा पोस्ट

माँड़ बिहार

विलासराव

123165

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.सं अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

बहिरंग रोगी विभाग / Out Patient Department

शरीरमाद्यं खलु धर्मसाधन

IN HOSPITAL PREMISES

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 371161 Reg.Date-01/10/2026
Clinic Paediatric Medical Oncology Clinic Clinic No. 2026/8579
Deptt. MEDICAL ONCOLOGY
General
Name PRINCE KUMAR UHID-109193491
S/O VIKASH RAWAT Sex/Age M/9Y
Phone No. 8745022192 Room 6 (Shift Afternoon)
Address VILLAGE-BHAUNR POST-BHAUNR THANA-KHAIRA. BHAUNR. JAMUI. BIHAR. Pin:811317. INDIA
Redistributed Appointment

2nd floor
Sanjeev Mam

एकक /Unit_
विभाग/Dep
ना
त सं. / O.P.D. Regn. No.
यु
ge
जन्म तिथि / Date of Birth

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
14/X/25	WR # 20
	1. Inj. VCR 1.2 mg IVP – d1
	2. Inj. ENDOXAN IVP d1 – 500 mg d2 – 500 mg
	3. Inj. Mesna 400 mg IVP – d1, d2
	4. Inj. Zofer 4 mg IV – d1, d2
	5. Inj. Zemron 4 mg IV
	6. T. Zofer 4 mg 0-0-1 (Gl pain)
	7. T Decadron 4 mg 0-0-1 (Gl pain) d1-4

CTD, tApres 14/10/25
CT D2 15/10/25
Room 15
-20.9.25

Cont'd – 9717936244 (Green Park)

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

स्वच्छ भारत
एक कदम स्वच्छता की ओर

अस्थिरोग विभाग

UHID:109193491
ABHA: 91-6170-8016-6524
91617080166524@abdm
Dept No: 20260080103329

कमरा / Room C-119

Queue / संख्या **F65**
Unit-II, Orthopedics,

OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

PRINCE KUMAR

S/O VIKASH RAWAT
9Y 4M 13D / M/(पुरुष)
VILLAGE-BHAUNR POST-BHAUNR
THANA-KHAIRA. BHAUNR. JAMUI. BIHAR.
Ph: 8745022192 General Rs. 0
Follow Up Patient

सोम,बुध,शुक्र,

Reporting: 08:19:53
16/10/2026

आयु Age	पता/Address
	8745022192

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
	J/u/c/o. (R) iliac blade ewings Sarcoma. NA chemo - (7). last on 15/10/26. (1) Prof. Sameer Bakshi) HPE-S26 31399A. — No fresh complaints. s/o. malignant small round cell tumor s/o ewing Sarcoma Adv: — c/b/w Dr Venkatesan S.K. sir. — C-10 (Dr Abhijit sir. for Date of Rx. early) (within 3 weeks) — Tab PCM-250 mg-SOS. — Review SOS / after Ortho II. Ayushman beneficiary. Junior Resident अस्थिरोग विभाग / Department of Orthopaedics अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-110029 come on 28/11/26 2/11/26

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

9711380150 Sushila Bajgai

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

स्वच्छ भारत
एक कदम स्वच्छता की ओर

अस्थिरोग विभाग

UHID:109193491
ABHA: 91-6170-8016-6524
91617080166524@abdm
Dept No: 20260080103329

PRINCE KUMAR

S/O VIKASH RAWAT
9Y 4M 6D / M/(पुरुष)
VILLAGE-BHAUNR POST-BHAUNR
THANA-KHAIRA. BHAUNR. JAMUI. BIHAR.
Ph: 8745022192 General Rs. 0
Follow Up Patient

कमरा / Room C-119
Queue / संख्या F48
Unit-II, Orthopedics.

सोम,बुध,शुक्र,
Reporting: 08:44:46
09/10/2026

OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. ____

आयु Age	पता/Address
	DMRC 109193491

निदान/Diagnosis: PNET - Non. metastatic.

दिनांक/Date

उपचार/Treatment

j/u/c/o. (R) iliac blade ewings sarcoma.
- Post chemo. = ~~6~~ cycles.
Last on 7/10/26.

HPE = S26313994.
- malignant small round cell tumor.
CD99, NKX 2.2 +ve.
s/o Ewings sarcoma)

- PET = Metabolically inactive expansile lytic destructive lesion ilium.
- No other metabolically active lesion.
Pain subsides after chemo.
- Now referred for definitive Rx.

Adv:
- MRI. pelvis & Rt hip.
- 2D Echo.
- PAC 4th floor.

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

स्वच्छ भारत
एक कदम स्वच्छता की ओर

HOSPITAL PREMISES

OPR-6

अस्थिरोग विभाग

UHID:109193491
ABHA: 91-6170-8016-6524
91617080166524@abdm
Dept No: 20260080103329

कमरा / Room C-119
Queue / संख्या N25
Unit-I, Orthopedics

PRINCE KUMAR

S/O VIKASH RAWAT
9Y 4M 0D / M/(पुरुष)
VILLAGE-BHAUNR POST-BHAUNR
THANA-KHAIRA. BHAUNR. JAMUI. BIHAR.
Ph: 8745022192 General Rs. 0
New Patient

मंगल,गुरु,शनि, Thu,Sat(गुरू,शनि)

Reporting: 09:06:13
03/10/2026

एकक/Unit ___
विभाग/Dept. ___

रोगी सं०/O.P.D. Regn. No. ___

नाम

पता/Address

निदान/Diagnosis

C/O PNET - Non Metastatic ↳ IRCH F/U.

दिनांक/Date

उपचार/Treatment

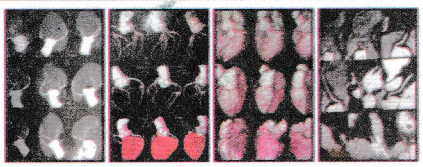
c/o pain ® hip, prox. thigh × ⑥ month
a/w fever, difficulty walking, climbing stairs.

Visited IRCH → Recieved 10 cycle Chemotherapy (Ifosfamide/Etoposide) → last cycle 10/9/26
Next cycle planned - 5/10 - 7/10

Referred from IRCH I/N/o definitive surgical management.

post Chemotherapy pain reduced, able to walk/climb stairs, fever resolved.

N/K/C/O trauma/TB/TR contact/ polyarthralgia/ Comorbidities



Name	MASTER.PRINCE KUMAR	Patient ID	API26030024113
Accession No	P2603066614139	Age/Gender	9Y / Male
Referred By	Dr.DR.AIIMS MBBS	Date	10-Nov-2026

MRI PELVIS WITH HIP

PROTOCOL

Multiplanar, multisequence MRI examination of the pelvis was performed on a high-field system. Sequences obtained include Axial, Coronal, and Sagittal T1-weighted, T2-weighted, Short Tau Inversion Recovery (STIR) / T2 Fat-Suppressed, and Diffusion-Weighted Imaging (DWI) with ADC mapping.

FINDINGS

Primary Osseous Lesion (Right Iliac Bone): A large, aggressive residual lytic destructive lesion with extensive marrow replacement is noted involving the right iliac bone. The lesion involves the right iliac blade as well as the distal portion of the right iliac bone adjoining the right sacroiliac joint. The overall lesion, along with its soft tissue component, measures approximately 8.1 x 4.4 cm (CC x TR/AP). There is marked cortical destruction with aggressive lamellated/spiculated periosteal reaction.

Inferior & Superior Extent: Inferiorly, the destructive bony and soft tissue component extends up to the supra-acetabular part of the right iliac bone. Importantly, no extension is seen into the right hip joint cavity, and the subchondral bone of the right acetabular roof remains intact. Medially, the lesion abuts the right sacroiliac joint with subchondral articular involvement of the iliac margin.

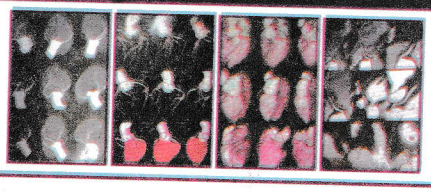
Extraosseous Soft Tissue Component & Muscular Infiltration: A significant associated extraosseous soft tissue mass component is identified. The soft tissue component shows intermediate-to-low signal intensity on T1WI and heterogeneously high signal intensity on T2/STIR images with restricted diffusion on DWI/ADC, reflecting high cellularity. Anteromedially, the mass directly infiltrates and replaces the right iliacus muscle. Posterolaterally, the soft tissue mass infiltrates into the right gluteus minimus muscle. The adjacent right gluteus medius and gluteus maximus muscles show normal fibrillar bulk without frank tumor invasion, displaying reactive hyperintense edema on STIR sequences.

Hip Joint & Acetabulum: Right femoral head demonstrates normal spherical contour, intact articular cartilage, and normal marrow signal. Right hip joint space is preserved with no gross joint effusion or synovial thickening. No intra-articular tumor seeding.

Contralateral Hemipelvis & Sacrum: Left iliac bone, left ischium, pubis, and the contralateral left hip joint are normal in morphology and marrow signal intensity. The visualized sacrum demonstrates preserved bony architecture with no discrete focal destructive lesion.

Pelvic Viscera & Neurovascular Bundles: Urinary bladder and visualized pelvic viscera are normal in baseline appearance. Right external iliac and femoral vessels are displaced by the anterior soft tissue component but appear patent with preserved flow voids; no gross tumor thrombus or circumferential encasement. Right sciatic notch shows preserved fat planes. No pathologically enlarged pelvic or inguinal lymphadenopathy detected.

(A Unit of Superb Imaging)
H-1A, Main Market Road, Hauz Khas, New Delhi-110016
Website: myhealthsquare.com ★ E-mail: info@myhealthsquare.com
For Appointments Please Call Ph.: 011-45317777, 011-45317716 +91-9310971546



Name	MASTER.PRINCE KUMAR	Patient ID	API26030024113
Accession No	P2603066614139	Age/Gender	9Y / Male
Referred By	Dr.DR.AIIMS MBBS	Date	10-Nov-2026

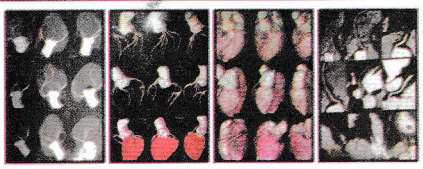
IMPRESSION

- **Known follow-up case of Ewing's sarcoma — MRI reveals an aggressive residual lytic destructive lesion of the right iliac bone (involving the iliac blade and distal ilium adjoining the sacroiliac joint) with marked cortical destruction and aggressive periosteal reaction.**
- **Large associated soft tissue component, measuring together approximately 8.1 x 4.4 cm, showing direct infiltration into the right iliacus and right gluteus minimus muscles.**
- **Inferiorly, the lesion extends up to the supra-acetabular region of the right ilium; however, there is no extension into the right hip joint cavity.**
- **Findings are consistent with residual / recurrent viable Ewing's sarcoma.**

Please correlate clinically.

Dr. SANDEEP DUA
HOD Radiology
MBBS, MD, DMC, 31131

The above report is a professional opinion and needs to be correlated with clinical history and other relevant investigation for final diagnosis. If incase results are alarming or unexpected may be due to typographic errors, hence please contact within 7 days.



ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

NAME : Master Prince Kumar
AGE / SEX : 09 Yrs./ M
DATE : 13th Oct 26
REG. NO. :

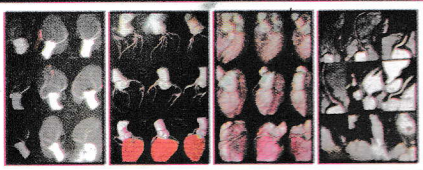
Quality of Imaging : Good / **Fair** / Poor.

MEASUREMENTS	ABSOLUTE VALUE	NORMALS (Adult)
		ABSOLUTE / m^2
Aortic Root Diameter	21.6	20 - 37 mm < 22 mm / m^2
Aortic Valve Opening	12.9	15 - 26 mm
Left Atrial Dimension	25.7	19 - 40 mm < 22 mm / m^2
RV Dimension (basal)	N	20 - 28 mm
RV Thickness	N	03 - 05 mm
LV ED Dimension	38.1	37 - 56 mm < 32 mm / m^2
LV ES Dimension	26.8	22 - 40 mm
IVS Thickness	ED- 05.7 ES – 08.8	06 - 11 mm
LVPW Thickness	ED- 05.7 ES – 08.8	06 - 11 mm
IVS / LVPW Ratio	N	< 1.25
Pulmonary Artery	N	15 - 21 mm
Inferior Vena Cava	N	12 - 17 mm
IVC inspiratory collapse	> 50 %	> 50 %

INDICES OF LV FUNC.		
EPSS	N	< 9 mm
FS %	29	24 – 42 %
LV Ejection fraction	57	60 ± 6 %

M MODE / 2D IMAGING:

1 . LV normal in size. No concentric LVH. Good contractility. No thrombus.
2 . LA normal in size. No LA clot.
3 . RV & RA normal in size. RV contractility normal (TAPSE 15 – 20 mm).
4 . Mitral valve leaflets and motion normal. No annular calcification.
5 . Normal tricuspid & pulmonic valves.
6 . Aortic valve tricuspid. Leaflets normal with normal opening.
7 . IAS accessible by TTE & IVS appear intact. No PDA / CoA.
8 . Pericardium normal.



NAME : Master Prince Kumar **DATE** : 13th Oct 26
AGE / SEX : 09 Yrs./ M **REG. NO.** :

RWMA - No LV RWMA at rest.

DOPPLER:

MV	E	0.95	m / sec	A	0.41	m / sec	MR	2/4
TV		0.55	m / sec				TR	1/4
AV		1.13	m / sec				AR	0/4
PV		0.60	m / sec				PR	0/4

PA pressure : Normal.

COLOUR FLOW MAPPING:

Mild MR, trace TR.

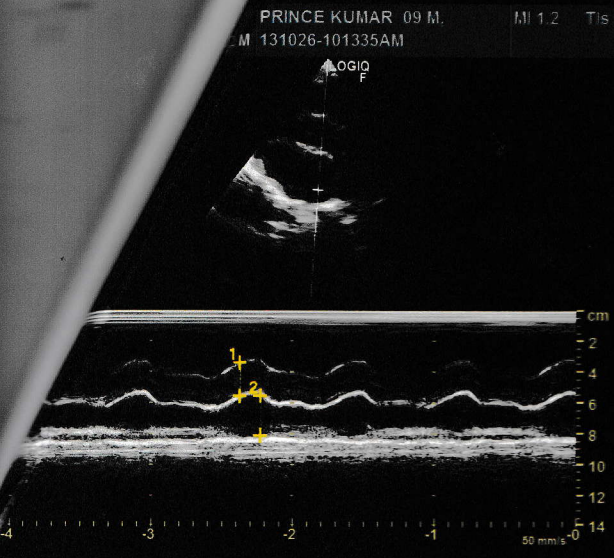
FINAL IMPRESSION:

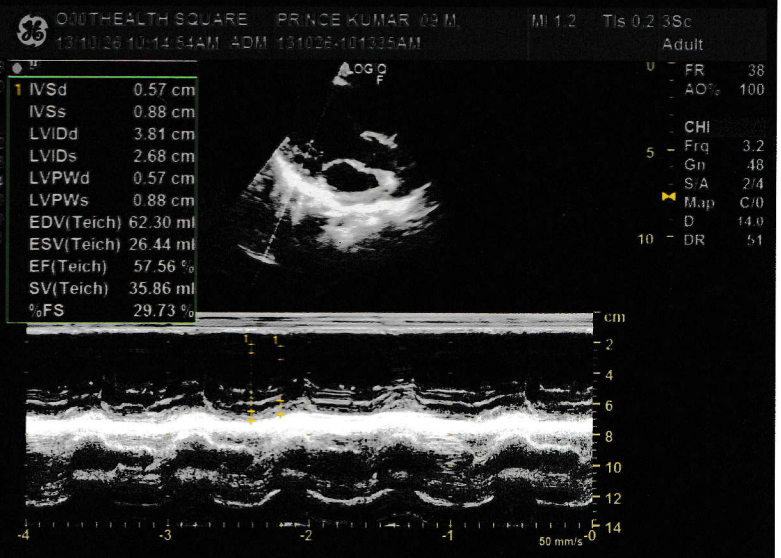
- Normal cardiac chambers and valves.
- No LV RWMA at rest.
- Normal LV systolic function.
- Normal forward flow velocities across the valves.
- Mild MR, trace TR.
- Normal pericardium.

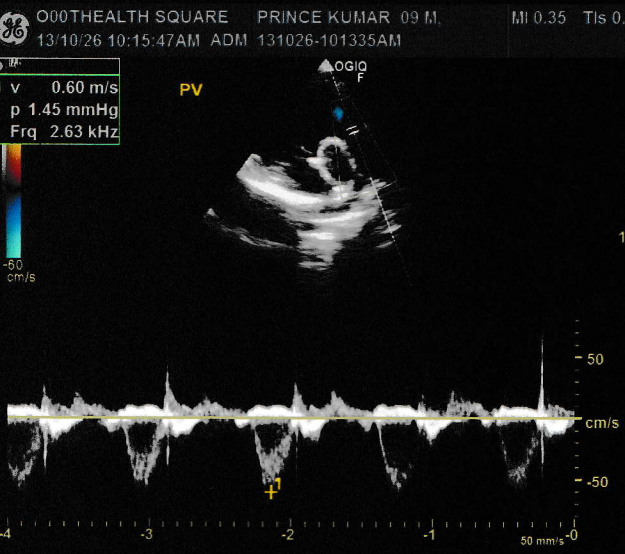
DR. NEERAJ MALIK MD
SR. CONSULTANT

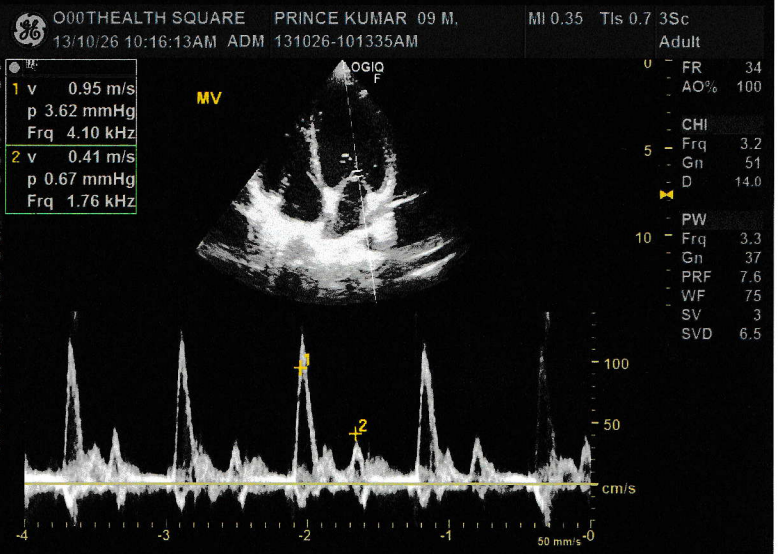
This is only a professional opinion and not the final diagnosis. It should be clinically interpreted by the referring clinician.

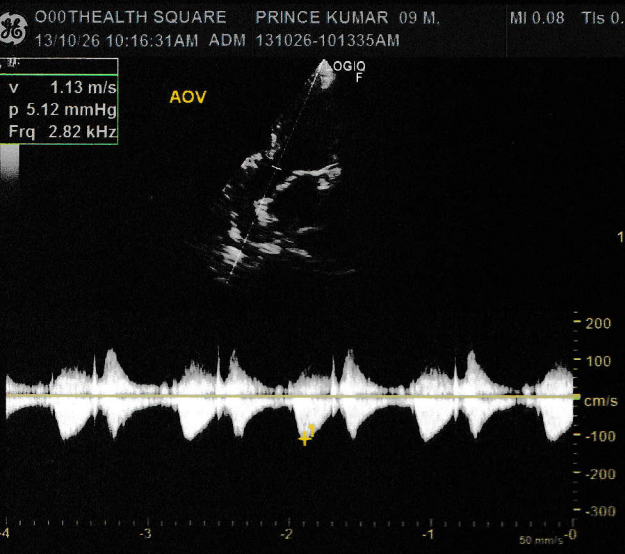
HEALTH SQUARE

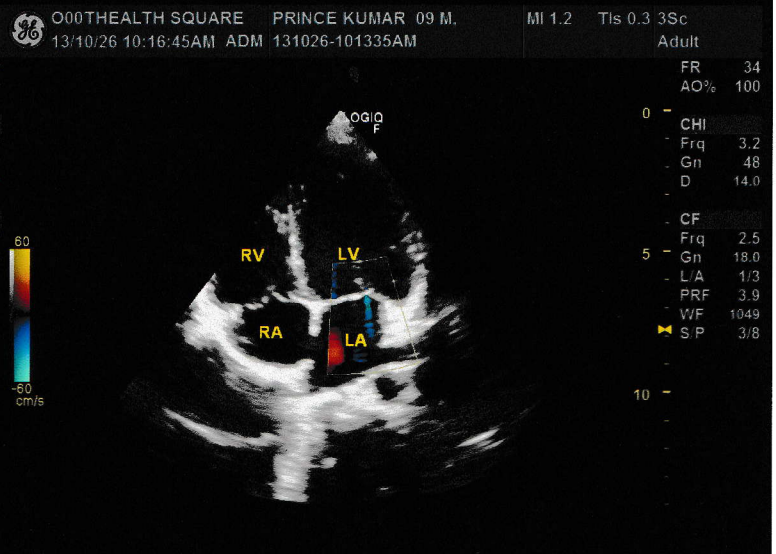












प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रुधिर विज्ञान
Hematology
अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

MC-7061

HID:	109193491	**Reg Date :**	03/06/2026 09:10 AM
Patient Name :	**Mr. PRINCE KUMAR**		
ex :	Male	**Age :**	9 years 5 months 10 days
Department :	Orthopedics	**Unit Name :**	Unit-II
Unit Incharge :		**Sample Collection Date:**	13/11/2026 09:26 PM
Lab Name:	Hematology	**Sample Received Date :**	14/11/2026 12:57 AM
Lab Sub Centre:	Hematology (Ward)		
Dept / IRCH No:	202600803103329	**Recommended By:**	Dr. Shikhar JR
Lab Reference No:	89		

Sample Details : HMW-1311261091 (EDTA Whole Blood) / Report Date: 14/11/2026 03:02 am

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
CBC PACKAGE				
Hb(SLS-photometry)	9.3	g/dL	• 13.00-17.00	
HCT (Cumulative Pulse Height Detection)	32.1	%	• 35 - 45 %	
RBC COUNT (Hydrodynamic Focusing DC Detection)	3.97	10*6/ uL	• 4.50-5.50	
T.L.C (Fluo.flowcytometry)	5.75	10*3/ uL	• 4.00-11.00	
PLATELET COUNT (Hydrodynamic Focusing DC Detection)	245	10*3/ uL	• 150.00-410.00	
MCV (Calculated)	80.9	fL	• 80.00-96.00	
MCH (Calculated)	23.4	pg	• 26.00-34.00	
MCHC (Calculated)	29.0	g/dL	• 32.00-36.00	
RDW CV (Calculated)	20.8	%	• 11.60-14.00	
RDW CV (Calculated)	20.8	%	• 11.60-14.00	
NUCLEATED RBC	0.2			
NEUTRO (Fluo.flowcytometry)	44.4	%	• 40.00-80.00	
LYMPHO (Fluo.flowcytometry)	31.1	%	• 20.00-40.00	
MONO (Fluo.flowcytometry)	20.9	%	• 2.00-10.00	
EOSINO (Fluo.flowcytometry)	2.4	%	• 1.00-6.00	
BASO (Fluo.flowcytometry)	1.2	%	• 0.00-1.00	
ABSOLUTE NEUTROPHIL COUNT (Calculated)	2.55	10*3/ uL	• 2.00-7.00	
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1.79	10*3/ uL	• 1.00-3.00	
ABSOLUTE MONOCYTE COUNT (Calculated)	1.20	10^3/ µL	• 0.20-1.00	
ABSOLUTE EOSINOPHIL COUNT (Calculated)	0.14	10^3/ µL	• 0.02-0.50	
ABSOLUTE BASOPHIL COUNT (Calculated)	0.07	10*3/ uL	• 0.02-0.10	

Overall Comment :

HID:	109193491	Reg Date :	03/06/2026 09:10 AM
Patient Name :	Mr. PRINCE KUMAR		
ex :	Male	Age :	9 years 5 months 10 days
epartment :	Orthopedics	Unit Name :	Unit-II
nit Incharge :		Sample Collection Date:	13/11/2026 09:26 PM
ab Name:	Lab Medicine	Sample Received Date :	14/11/2026 01:03 AM
ab Sub Centre:			
ept / IRCH No:	20260080103329	Recommended By:	Dr. Shikhar JR
ab Reference No:	125		

Sample Details : WC-1311261190 (Serum) / Report Date: 14/11/2026 02:35 am

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
Calcium (Arsenazo III)	9.3	mg/dL	• 8.40-10.20	
Chloride (Direct ISE)	105	mmo/ L	• 98.00-106.00	
Creatinine Enzymatic (Creatine amidinohydrolase)	0.27	mg/dL	• 0.66 - 1.25 mg/dL	
Phosphorus (p-methylaminophenol sulfate)	4.8	mg/dL	• 2.50-4.50	
Potassium (Potentiometric ISE Direct)	4.4	mmo/ L	• 3.50-5.10	
Sodium (Potentiometric ISE Direct)	139	mmo/ L	• 137.00-145.00	
Urea (Urease method)	19	mg/dL	• 19.00-42.00	
Uric Acid (Uricase Colorimetric)	4.8	mg/dL	3.500 - 8.500	
A/G ratio (Calculated)	1.73		• 0.80-2.00	
Alanine Amino Transferase (ALT) (UV with P5P)	50	U/L	0.000 - 50.000	
Albumin (Bromocresol Green,BCG)	3.8	gm/dl	• 3.50-5.00	
Alkaline Phosphatase (ALP) (PNPP, AMP buffer-IFCC))	202	U/L	• 40.00-129.00	
Aspertate Amino Transferase (AST) (IFCC with P5P)	48	U/L	• 14 - 36 U/L	
Bilirubin Unconjugated (Caffeine with dual wavelength)	0.20	mg/dL	• 0.10-1.10	
Direct Bilirublin (Calculated)	0.13	mg/dL	• 0.00-0.30	
Globulin (Calculated)	2.2	gm/dl	• 3.00-3.70	
Total Bilirubin (Modified diazo method)	0.33	mg/dL	• 0 - 1 mg/dL	
Total Protein (Biuret Method)	6.0	g/dL	• 6.30-8.20	

Overall Comment :

AMRITA)
erified By

() Authorized Signatory

HID:	109193491	Reg Date :	03/06/2026 09:10 AM
Patient Name :	**Mr. PRINCE KUMAR**		
ex :	Male	Age :	9 years 5 months 10 days
epartment :	Orthopedics	Unit Name :	Unit-II
nit Incharge :		Sample Collection Date:	13/11/2026 09:26 PM
ab Name:	Hematology	Sample Received Date :	14/11/2026 02:03 AM
ab Sub Centre:	Heamatology PT		
ept / IRCH No:	20260080103329	Recommended By:	Dr. Shikhar JR
ab Reference No:	90		

Sample Details : HPT-1311260543 (Citrate Plasma) / Report Date: 14/11/2026 02:44 am

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
PROTHROMBIN TIME (PT-INR)				
PROTHROMBIN TIME(PT) (Photo-optical)	13.3	sec	• 9.40-12.50	
International Normalised Ratio (INR) (calculated)	1.17	ratio	• 0.876 - 1.123 Non anticoagulated • 2 - 3 Anticoagulated	

Overall Comment : Kindly correlate clinically and with drug therapy.

NISHTHA KAPIL)
erified By

(Dr.Tushar Sehgal)
Authorized Signatory

lease note the following points:-

. All samples sent for coagulation must be filled till the frosted mark on the vial.

. Blood samples should not be collected from intravenous lines.

. Normal coagulation results do not exclude clotting abnormalities.

. In result above the normal range:

A) Heparin contamination must be excluded.

B) Clinical correlation for history (e.g., liver disease, prolonged antibiotic usage, infection, bleeding disorder, neoplasm, etc.) hould be done.

. Abnormal results may be followed up by repeating, mixing studies, factor assays, or inhibitor testing.

. For thrombophilia testing, samles should be sent 12 weeks after the acute episode to prevent false-positive results.

. In case of any discrepancies noted, please communicate with the lab immediately on the landline numbers provided.

his is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial eproduction of the report is not permitted.

**********END OF THE REPORT**********