
RAKSHAK TRUST
VIBES
ONLY
GOOD

YATHARTH
SUPER SPECIALITY HOSPITALS
GET BETTER

Patient Name	: **Master ANSH**		**Room No**	: 1201205-S
Address	: HN-655 GALI NO-08 MAHMOOD NAGAR MUZAFFARNAGAR		**Hosp No**	: 30034239
			IP No	: HE24257952
Consultant	: **Dr. MALAY NANDY / Dr.RUCHIR TANDON**		**Age/Sex**	: 10 Yrs. /M
Qulification	: MBBS,MD/DNB,DM		**Admission Date**	: 30/07/2024 20:50
Department	: **HEMATO-MEDICAL ONCOLOGY**			

FINAL DIAGNOSIS - Pre B-Acute Lymphoblastic Leukemia (Morphologically High Risk, Molecular - Standard Risk)

PRESENTING COMPLAINTS & FINDINGS - A - 10 year-old male child presented with c/o pain abdomen, generalized weakness and fever on & off - since 2 months, red spots on lips - few days. Outside investigations showed anemia, thrombocytopenia and Leucocytosis with about 30% immature cells on peripheral smear. USG abdomen - hepatosplenomegaly.

ON EXAMINATION -
-Afebrile
-PR-130/min, regular
-BP-90/56 mmHg
-RR-20/min
-SpO2- 97% on room air,
-B/L cervical and inguinal LNE
-Sternal tenderness +
-Petechial spots on oral mucosa and lips
-Chest -B/L Air Entry +
-CVS-S1S2+
-PA-Hepatosplenomegaly
-CNS-Grossly normal

COMORBID CONDITIONS - None

DRUG ALLERGIES/ADDICTIONS - None

SIGNIFICANT PAST HISTORY - None

COURSE IN HOSPITAL - On admission all relevant investigations were done and he was started on supportive medications for acute leukemia induction treatment. Hb - 3.9 gm%, TLC - 136000 cumm
PLT - 15000/cu.mm with 90% blast on peripheral smear. Chromosome analysis 46 XY, BRR ABL1 - Negative, Flowcytometry - Precursor B, lymphoblastic leukemia / Lymphoma (CD10 +), NGS - No gene mutataions,
TCF3 :: PBX1 fusion - Positive. USG abdomen and scrotum - hepatosplenomegaly, mild GB wall edema, mild ascitis, inguinal LNE +, testis normal. HRCT thorax - multifocal patchy areas of consolidation
B/L lungs. Viral markers - non reactive, Echo - normal.
he was initially managed with aggressive supportive care including blood and platelets transfusion, antibiotics, anti-fungals, deworming, IV fluids and prephase therapy with Wysteine was started.

YATHARTH
SUPER SPECIALITY HOSPITALS
GET BETTER

PICC insertion was done.
on 09.08.2024 child had improved considerably, TLC was 14790/cu.mm and he was started on
induction chemotherapy (UKALL - 2019 protocol).
Induction regimen from 09.08.2024 -

- Inj. Vincristine 1.2 mg IV infusion on D2, D9,D16, D23, D29
- Inj. Danunorubicin 20 mg IV infusion on D2, D9,D16, D23, D29
- Inj. Peg-Asparginase 850 IU IV infusion on D4 and D18
- Tab. Dexametahsone 2 mg PO twice daily for 29 days

After D8 IT MTX patient had developed vincristine induced SIADH and Asparginase induced
acute pancreatitis. Hence further chemotherapy was with held and he was managed for SIADH
and
acute pancreatitis in consultation with gastroenterologist and nephrologist with IV
antibiotics Tolvapton 3% saline infusion etc. His condition was monitored with regular
blood investigations
CT abdomen and USG abdomen as and when required.
By D25 both SIADH, acute pancreatitis and neutropenic fever had resolved significantly, and
remaining doses of induction chemotherapy were restarted.
He received D29 IT MTX 12 mg on 14.09.2024 ; D9, D16 and D23 Vincristine and Prednisone he
were given on 02.09.2024 & 15.09.2024. Peg-Asparginase was withdrawn from the protocol.
Dexamethasone is being gradually tappered. At the time of discharge he is clinically
hematologically he is in remission. During the courese of this treatment he has received
irridated blood and
blood products (RDP - 18 units, SDP 1 unit and PRBC 1/2 X 4 unit, 1 unit X 1).

INVESTIGATIONS - Vitamin D3 - <8.0, TSH - 0.8811, Mg - 2.1, LDH - 11341, Iron - 199, TIBC - 288, Ferritin - >1000, Vitamin B12 - 216, Folic acid - 3.54, Hb - 3.9, TLC - 196090, PLT - 15000, Urea - 19, Creatinine - 0.5, Uric acid - 9.5, Sodium - 136, Potassium - 5.5, Calcium - 8.5, Bilirubin total - 0.6, SGOT/SGPT - 308/28, ALP - 472, GGTP - 88, APTT - 49.8, Malaria Antigen - Negative, INR - 1.3, D-Dimer - 136, Dengue serology - Negative, Typhi IgG & IgM - Negative, Viral markers - Non reactive, CRP - 2.177, PCT - 0.337 Amylase - 257, Lipase - 865.

CT CHEST - Multifocal small patchy area of consolidation in bilateral lung with relative predominance in basal segments of left lower lobe.

STOOL R/M - pus cells - 2-3/HPF | **STOOL OCCULT BLOOD** - Negative

USG ABDOMEN - Hepatosplenomegaly, Gall bladder wall edema and Mild ascites.

ULTRASOUND SCROTUM - Multiple prominent B/L inguinal group of lymph nodes noted.

CSF - ADA - <0.020, **Protein** - <10.0 mg/dl, **Glucose**: 68.0 mg/dl, **Total Cell Count**: 05 cells/
Malignant cytology - Negative for malignant cells

URINE & BLOOD CULTURE - No growth | **OSMOLALITY URINE** - 460.0 | **OSMOLALITY SERUM** - 252.0

CECT WHOLE ABDOMEN - Hepatosplenomegaly, Jejunojejunal intussusception without inflammatory changes and Fecolith loaded colonic loops.

PERIPHERAL SMEAR EXAMINATION - Normocytic normochromic smear with leucopenia
with thrombocytopenia.

YATHARTH
SUPER SPECIALITY HOSPITALS
GET BETTER

HRCT CHEST (31.08.2024) - [illegible] lymphadenopathy.

LEUKEMIA DIAGNOSTIC PANEL - Flow cytometry findings are consistent with [illegible] B [illegible] Leukemia Lymphoma (CD19 positive).

FIBRINOGEN LEVEL - [illegible] | **UROBILINOGEN QUANTITAIVE URINE** - Negative | **FIBRINOGEN DEGRADATION PRODUCTS** -

PROCEDURE/OPERATIONS (IF ANY WITH DATE) None

ADVICE ON DISCHARGE -

Tab. Emeset 10 mg twice daily before food for 3 days
Tab. Domstal 10 mg thrice daily before food for 5 days
[illegible] 10 ml at bed time once daily for [illegible] days
[illegible] 10 mg once daily before breakfast for [illegible] days
[illegible] 10 ml thrice daily for 7 days
Tab. [illegible] .5 mg PO twice daily for [illegible] days
[illegible] 1 cap once daily for 7 days
[illegible] 1 tab once daily for [illegible] days
[illegible] mg once daily for [illegible] days
[illegible]-Calcium 1 TSF thrice daily for [illegible] days
[illegible] Posaconazole [illegible] thrice daily for 7 days
Tab. Septran-DS 1 tab twice daily on mondays & Thursday only
Tab. Methycobal 500 mcg once daily for 7 days
Tab. Valcivir [illegible] mg once daily for 7 days
Tab. [illegible] 1 tab thrice daily for [illegible] days before meal
Tab. [illegible] mg twice daily for [illegible] days
Candid mouth paint thrice daily
Betadine mouth wash thrice daily
[illegible] bath twice daily

PENDING REPORTS (TO BE COLLECTED LATER ON) - None

WHEN TO OBTAIN URGENT CARE (WARNING SIGNS)-

a) In case of High Grade fever.
b) Any Bleeding Symptoms/Vomiting/Breathlessness/Loose Motion/Severe Pain/Numbness/Swelling/Redness of Area.
c) Any Other Complaint you think necessary that you should discuss with Doctor Urgently.
d) Do not CHANGE/STOP medications without medical advice.

FOLLOW UP ADVICE - You are advised to see Dr. Malay Nandy / Dr. Ruchit [illegible] on 2[illegible].09.2024 with perission for the following -

1. [illegible] days ward admission for complition of induction chemotherapy
2. CBC, LFT, KFT, RBS, LDH, Ca, Mg, Bone marrow biopsy & aspiration for histopathology MRD by Flowcytometry
3. CXR-PA, 2D Echo, USG abdomen and Scrotum
4. D29 chemotherapy with Inj. Vincristine 1.2 mg, Inj. Danunorubicin 20 mg

Dr. Malay Nandy
Group Director & Head
Medical Oncology

YATHARTH
SUPER SPECIALITY HOSPITALS
GET BETTER

Contact to Book an Appointment / Helpline Number - 8800110084 / 8800110086

Dr. Malay Nandy
Group Director & Head
Hemato-Medical Oncology
Yatharth Hospital
Noida Extension 1

Malay Nandy
Group Director & Head
Hemato - Medical Oncology
Yatahrth Hospital
UPMCI - 81835

Dr. Ruchir Tandon
Consultant
Hemato-Medical Oncology
Yatharth Hospital
Noida Extension 1

PATIENT DECLARATION: I have been explained the discharge advice and follow up advice in a language i understand and i have understood the same.

Signature of Patient/ Attendant-
Name of Patient/ Attendant-
Date and Time-

- This is an important document, please keep this for further reference and bring on your next visit.
- In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

INVESTIGATION REPORT

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	571215
AGE/SEX	:	10 Yrs.(M)	**DATE**	:	19/08/2024
Referred By	:	Dr. MALAY NANDY / Dr.RUCHIR TANDON	**Bed No.**	:	10B1014-B
NE24257952	:	NE24257952	**COMPANY**		ESI MUZAFFARNAGAR (CR)
Ward	:	GROUND FLOOR	**Current Ward**	:	TENTH FLOOR
Bill Date/Time	:	18/08/2024 11:25:00PM	**Sample Collection Date/Time**	:	19/08/2024 12:13:00AM
Sample Recieving Date/Time	:	19/08/2024 01:02:00AM	**Result Date**	:	19/08/2024 10:46:00AM

CLINICAL PATHOLOGY (URINE)

TEST REPORT STATUS :FINAL

Osmolality urine

TEST NAME	RESULTS	UNITS	BIO.REF.INTERVAL
OSMOLALITY URINE (Freezing point depression)	460.0	mOsm/kgH2O	300.00-900.00

Interpretation

	REFERENCE RANGE IN mOsm/KgH2O
Fluid intake Average	300-900
After 12 hr fluid restriction	850-1200

NOTE- Urine osmolality can vary from 50 to 1200 mOsm/KgH2O depending upon the state of hydration

COMMENTS

Osmolality is an index of solute concentration and corresponds to urine specific gravity in disease states Urine osmolality in normal indiviuals may vary widely, depending on the state of hydration. Urine osmolality is reduced in cases of Diabetes insipidus and Primary polydipsia.

----------Report Complete----------

NOTE- PLEASE CORRELATE CLINICALLY.

TECH.

DR. SANJAY BHAMBAY
MD (PATHOLOGIST)

DR. DEEPIKA HANDA
MD (CONSULTANT MICROBIOLOGY)

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGIST)

Printed By ASHISH2236

Checked By :

MC-5052

UHID	: 30074239		
NAME	: Master ANSH	LAB NO.	: 571284
AGE/SEX	: 10 Yrs (M)	COMPANY	: ESI MUZAFFARNAGAR (CR
Referred By	: Dr MALAY KANDY / Dr.RUCHIR TANDON	Current Bed No.	: 108101A-B
Manual No.	:	Current Ward	: TENTH FLOOR
NE24257952	: NE24257952	Ward	: GROUND FLOOR
Bill Date/Time	: 19/08/2024 01:34:00AM	Sample Collection Date/Time	: 19/08/2024 03:04:00AM
Sample Recieving Time	: 19/8/2024 03:57:00AM	Result Date	: 19/08/2024 10:46:00AM

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS FINAL

Test Name	Results	Bio. Ref. Interval	Units
Kidney Function Test.			
SERUM UREA *Urease, colorimetric*	40.0	19 - 40	mg/dL
Serum Creatinine *Enzymatic, IFCC-IDMS standardized*	**0.3**	0.66 - 1.25	mg/dL
SERUM URIC ACID *Uricase, colorimetric*	3.5	3.5 - 8.5	mg/dL
SERUM SODIUM *Direct ISE - Potentiometric*	**119.0**	137.0 - 145.0	mmol/L
SERUM POTASSIUM *Direct ISE - Potentiometric*	3.9	3.5 - 5.1	mmol/L
CALCIUM - SERUM *Arsenazo III*	9.1	8.4 - 10.2	mg/dL
SERUM PHOSPHORUS *Phosphomolybdate Reduction*	**4.6**	2.5 - 4.5	mg/dL
TOTAL PROTEIN *Biuret*	**5.9**	6.3 - 8.2	g/dL
ALBUMIN *Bromocresol Green (BCG)*	3.5	3.5 - 5.0	g/dL
Lipid Profile.(Total cholesterol,LDL,HDL,treigylcerides)			
TOTAL CHOLESTEROL *Cholesterol Oxidase esterase, peroxidase*	181.0	0 - 200	mg/dL
TRIGLYCERIDES *Enzymatic end point*	84.0	0 - 150.0	mg/dL
HDL - CHOLESTEROL *Direct Measure, PTA MgCl2*	**72.0**	40.0 - 60.0	mg/dL
LDL-CHOLESTEROL *calculated*	92.0	< 100.0	mg/dL
VLDL *calculated*	17.0	0 - 30.0	mg/dL
CHOLESTROL/HDL RATIO	2.0		

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	588647
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	12B1205-S
Manual No.	:		**Current Ward**	:	TWELTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	14/09/2024 02:36:00AM	**Sample Collection Date/Time**	:	14/09/2024 04:08:00AM
Sample Recieving Time	:	14/09/2024 05:51:00AM	**Result Date**	:	**14/09/2024 09:55:00AM**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
Serum amylase *Amylopectin, Colorimetric*	95.0	30.0 - 110.0	U/L
Serum Lipase *Enzymatic With Colipase*	241.0	23.0 - 300.0	U/L
Kidney Function Test.			
SERUM UREA *Urease, colorimetric*	30.0	18 - 40	mg/dL
Serum Creatinine *Enzymatic, IFCC-IDMS standardized*	**0.2**	0.66 - 1.25	mg/dL
SERUM URIC ACID *Uricase, colorimeteric*	3.5	3.5 - 8.5	mg/dL
SERUM SODIUM *Direct ISE - Potentiometric*	141.0	137.0 - 145.0	mmol/L
SERUM POTASSIUM *Direct ISE - Potentiometric*	4.0	3.5 - 5.1	mmol/L
CALCIUM - SERUM *Arsenazo III*	9.5	8.4 - 10.2	mg/dL
SERUM PHOSPHORUS *Phosphomolybdate Reduction*	**5.2**	2.5 - 4.5	mg/dL
TOTAL PROTEIN *Biruet*	6.7	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	4.4	3.5 - 5.0	g/dL
Liver Function Test.			
BILIRUBIN TOTAL *Diphylline, Diazonium Salt*	0.3	0.2 - 1.3	mg/dL
BILIRUBIN DIRECT *Calculated*	0.1	0.0 - 0.4	mg/dL
BILIRUBIN INDIRECT *Direct Measure*	0.2	0.1 - 1.11	mg/dL
SGOT *Uv with pyridoxal-5-phosphate (p5p)*	42.0	17.0 - 59.0	U/L

MC-5052

UHID	: 30034239				
NAME	: Master ANSH	LAB NO.	:	588647	
AGE/SEX	: 10 Yrs.(M)	COMPANY	:	ESI MUZAFFARNAGAR (CA	
Referred By	: Dr.MALAY NANDY / Dr.RUCHIR TANDON	Current Bed No.	:	12B1205-S	
Manual No.	:	Current Ward	:	TWELTH FLOOR	
NE24257952	: NE24257952	Ward	:	GROUND FLOOR	
Bill Date/Time	: 14/09/2024 02:36:00AM	Sample Collection Date/Time	:	14/09/2024 04:08:00AM	
Sample Recieving Time	: 14/09/2024 05:51:00AM	Result Date	:	14/09/2024 09:55:00AM	

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS : FINAL

Test Name	Results	Bio. Ref. Interval	Units
SGPT *UV with Pyridoxal-5-Phosphate(P5P)*	**125.0**	0.0 - 50.0	U/L
ALKALINE PHOSPHATASE *p-Nitrophenyl Phosphate (PNPP), ANP Buffer*	109.0	38.0 - 126.0	IU/L
GGTP - GAMMA GLUTAMYL TRANSPEPTIDASE *G-Glutamyl-P-Nitroanilide*	**151.0**	12.0 - 58.0	IU/L
TOTAL PROTEIN *Biruet*	6.7	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	4.4	3.5 - 5.0	g/dL
GLOBULIN *Calculated*	2.4	2.3 - 3.5	g/dL
A/G RATIO *Calculated*	1.9	0.9 - 2.0	

End of the report

Ruchi

Dr. RUCHI SRIVASTAVA
MBBS MD DIPRCPATH
(CONSULTANT PATHOLOGY)

TECH.

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	571183
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	10B1014-B
Manual No.	:		**Current Ward**	:	TENTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	18/08/2024 08:53:00PM	**Sample Collection Date/Time**	:	18/08/2024 09:16:00PM
Sample Recieving Time	:	18/08/2024 09:25:00PM	**Result Date**	:	**19/08/2024 10:46:00AM**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
Serum Magnesium	2.0	1.6 - 2.3	mg/dL

End of the report

TECH.

Dr. SANJAY BHAMBAY
MD (PATHOLOGIST)

Dr. DEEPIKA HANDA
MD (CONSULTANT MICROBIOLOGY)

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGIST)

19/08/2024 11:02AM Checked By : Printed By 9,673.00

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	588647
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	ESI MUZAFFARNAGAR (CR
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	12B1205-S
Manual No.	:		**Current Ward**	:	TWELTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	14/09/2024 02:36:00AM	**Sample Collection Date/Time**	:	14/09/2024 04:08:00AM
Sample Recieving Time	:	14/09/2024 05:51:00AM	**Result Date**	:	14/09/2024 09:55:00A

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units

End of the report

Ruchi

Dr. RUCHI SRIVASTAVA
MBBS MD DIPRCPATH
(CONSULTANT PATHOLOGY)

TECH.

MC-5052

INVESTIGATION REPORT

UHID	: 30034239		**LAB NO.**	: 570799	
NAME	: Master ANSH		**DATE**	: 18/08/2024	
AGE/SEX	: 10 Yrs.(M)		**Bed No.**	: 10B1014-B	
Referred By	: Dr. MALAY NANDY / Dr.RUCHIR TANDON		**COMPANY**	**ESI MUZAFFARNAGAR (CR)**	
NE24257952	: NE24257952		**Current Ward**	: TENTH FLOOR	
Ward	: GROUND FLOOR				
Bill Date/Time	: 17/08/2024 07:20:00PM		**Sample Collection Date/Time**	: 18/08/2024 04:27:00AM	
Sample Recieving Date/Time	: 18/08/2024 04:57:00AM		**Result Date**	: **18/08/2024 09:51:00AM**	

CLINICAL PATHOLOGY (URINE)

TEST REPORT STATUS :FINAL

Urine routine- pH, Specific gravity, sugar, protein and microscopy

TEST NAME	RESULTS	REF. RANGE
PHYSICAL EXAMINATION		
COLOUR	: PALE YELLOW	
APPEARANCE	: CLEAR	
SPECIFIC GRAVITY (pKa change)	: 1.020	1.000 - 1.030
CHEMICAL EXAMINATION		
pH (Double indicator)	: 6.0	5.0 - 8.5
ALBUMIN (Heat & Acetic Acid) (Protein-error-of-indicator)	: NIL	NIL
GLUCOSE (Glocuse Oxidase Peroxidase) / (Benedicts)	: NIL	NIL
KETONES (Nitropusside and acetoacetic) (Rotheras)	: NIL	NIL
BLOOD (Hydroperoxide)	: NIL	NIL
NITRITE	: NIL	NIL

TECH.	**DR. TUSHAR KALONIA** **MD (PATHOLOGIST)**	**DR. DEEPIKA HANDA** **MD (CONSULTANT MICROBIOLOGY)**	**Dr. SHAILAJA MEHTA TYAGI** **MB DCP (PATHOLOGIST)**

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	571284
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	1081014-B
Manual No.	:		**Current Ward**	:	TENTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	19/08/2024 01:34:00AM	**Sample Collection Date/Time**	:	19/08/2024 03:04:00AM
Sample Recieving Time	:	19/08/2024 03:57:00AM	**Result Date**	:	**19/08/2024 10:46:00AM**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
LDL/HDL RATIO	1.2		
TSH *Chemiluminescence*	0.7388	0.465 - 4.68	µIU/mL

End of the report

TECH.

Dr. SANJAY BHAMBAY
MD (PATHOLOGIST)

Dr. DEEPIKA HANDA
MD (CONSULTANT MICROBIOLOGY)

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGIST)

MC-5052

INVESTIGATION REPORT

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	570799
AGE/SEX	:	10 Yrs.(M)	**DATE**	:	18/08/2024
Referred By	:	Dr. MALAY NANDY / Dr.RUCHIR TANDON	**Bed No.**	:	10B1014-B
NE24257952	:	NE24257952	**COMPANY**		**ESI MUZAFFARNAGAR (CR)**
Ward	:	GROUND FLOOR	**Current Ward**	:	TENTH FLOOR
Bill Date/Time	:	17/08/2024 07:20:00PM	**Sample Collection Date/Time**	:	18/08/2024 04:27:00AM
Sample Recieving Date/Time	:	18/08/2024 04:57:00AM	**Result Date**	:	**18/08/2024 09:51:00AM**

CLINICAL PATHOLOGY (URINE)

NITRITE (Diazotization reaction)	:	NIL	NIL
LEUCOCYTES ESTERASE (3-hydroxy-5-phenyl pyrrole)	:	NIL	NIL
BILIRUBIN (Azo-coupling)	:	NIL	NIL

MICROSCOPIC EXAMINATION*

PUS CELLS (MICROSCOPY)	: 1-2 /HPF	0 - 5 /HPF
EPITHELIAL CELLS (MICROSCOPY)	: 0-1 /HPF	
RBCs (MICROSCOPY)	: NIL /HPF	NIL/HPF
CAST (MICROSCOPY)	: NOT SEEN	
CRYSTALS (MICROSCOPY)	: NOT SEEN	
OTHER OBSERVATION		

----------Report Complete----------

NOTE- PLEASE CORRELATE CLINICALLY.

TECH.	DR. TUSHAR KALONIA MD (PATHOLOGIST)	DR. DEEPIKA HANDA MD (CONSULTANT MICROBIOLOGY)	Dr. SHAILAJA MEHTA TYAG MB DCP (PATHOLOGIST)

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH			
AGE/SEX	:	10 Yrs.(M)	**LAB NO.**	:	570847
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Manual No.	:		**Current Bed No.**	:	10B1014-B
NE24257952	:	NE24257952	**Current Ward**	:	TENTH FLOOR
Bill Date/Time	:	18/08/2024 12:09:00AM	**Ward**	:	GROUND FLOOR
Sample Recieving Time	:	18/08/2024 04:57:00AM	**Sample Collection Date/Time**	:	18/08/2024 04:25:00AM
			Result Date	:	**18/08/2024 10:00:00AM**

HAEMOTOLOGY (EDTA WHOLE BLOOD)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
COMPLETE HAEMOGRAM			
Hb-Haemoglobin *Colorimetric*	**8.7**	11.5 - 15.5	g/dL
RBC Count *Electric Impedence*	**3.06**	4.0 - 5.2	million/cm
HEMATOCRIT *Calculated*	**25.9**	35 - 45	%
Mean Corpuscular Volume - MCV *Calculated*	84.6	77.0 - 95.0	fl
Mean Corpuscular. Haemoglobin - MCH *Calculated*	28.4	25.0 - 33.0	pg
Mean Corpuscular. Haemoglobin Conc. - MCHC *Calculated*	33.6	31.0 - 37.0	g/dL
Total Leucocyte Count (TLC) *Laser-based Flow Cytometry/Microscopic*	**1610**	5000 - 13000	/cu mm.
NEUTROPHIL *Flow cytometry/ Microscopy*	**31.0**	32 - 62	%
LYMPHOCYTES *Flow cytometry/ Microscopy*	**66.5**	28 - 48	%
MONOCYTES *Flow cytometry/ Microscopy*	2.5	0 - 4	%
EOSINOPHIL *Flow cytometry/ Microscopy*	0.0	0 - 3	%
BASOPHILS *Flow cytometry/ Microscopy*	0.0	0 - 1	%
EOSINOPHIL (ABSOLUTE) *Calculated*	**0.00**	0.1 - 1.0	10^3/µL
NEUTROPHIL (ABSOLUTE) *Calculated*	**0.50**	2 - 8	10^3/µL
LYMPHOCYTES (ABSOLUTE) *Calculated*	1.07	1 - 5	10^3/µL

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	571182
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	10B1014-B
Manual No.	:		**Current Ward**	:	TENTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	18/08/2024 08:45:00PM	**Sample Collection Date/Time**	:	18/08/2024 09:15:00PM
Sample Recieving Time	:	18/08/2024 09:25:00PM	**Result Date**	:	**19/08/2024 10:46:00AM**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS FINAL

Test Name	Results	Bio. Ref. Interval	Units
SGPT *UV with Pyridoxal-5-Phosphate(P5P)*	50.0	0.0 - 50.0	U/L
ALKALINE PHOSPHATASE *p-Nitrophenyl Phosphate (PNPP), AMP Buffer*	**149.0**	38.0 - 126.0	IU/L
GGTP - GAMMA GLUTAMYL TRANSPEPTIDASE *G-Glutamyl-P-Nitroanilide*	**119.0**	12.0 - 58.0	IU/L
TOTAL PROTEIN *Biruet*	6.5	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	3.8	3.5 - 5.0	g/dL
GLOBULIN *Calculated*	2.7	2.3 - 3.5	g/dL
A/G RATIO *Calculated*	1.4	0.9 - 2.0	

End of the report

TECH.

Dr. SANJAY BHAMBAY
MD (PATHOLOGIST)

Dr. DEEPIKA HANDA
MD (CONSULTANT MICROBIOLOGY)

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGIST)

MC-5052

UHID	:	30034239	**LAB NO.**	:	587240
NAME	:	Master ANSH	**COMPANY**	:	**ESI MUZAFFARNAGAR (**
AGE/SEX	:	10 Yrs.(M)	**Current Bed No.**	:	10B1014-B
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Ward**	:	TENTH FLOOR
Manual No.	:		**Ward**	:	GROUND FLOOR
NE24257952	:	NE24257952	**Sample Collection Date/Time**	:	12/09/2024 03:09:00AM
Bill Date/Time	:	12/09/2024 02:29:00AM	**Result Date**	:	12/09/2024 09:48:00A
Sample Recieving Time	:	12/09/2024 03:34:00AM			

HAEMOTOLOGY (EDTA WHOLE BLOOD)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
MONOCYTES (ABSOLUTE) *Calculated*	0.30	0.2 - 1	10^3/µL
BASOPHILS (ABSOLUTE) *Calculated*	**0.01**	0.02 - 0.10	10^3/µL
Platelet count *Electric Impedence/ Microscopy*	1.81	1.70 - 4.50	lakhs/cumm
RED CELL DISTRIBUTION WIDTH -RDW CV *Calculated*	**24.3**	11.6 - 14.0	%
RED CELL DISTRIBUTION WIDTH -RDW SD *Calculated*	**90.6**	39.0 - 46.0	fl
NRBC	4.2		%
Serum amylase *Amylopectin, Colorimetric*	**117.0**	30.0 - 110.0	U/L
Serum Lipase *Enzymatic With Colipase*	277.0	23.0 - 300.0	U/L
Kidney Function Test.			
SERUM UREA *Urease, colorimetric*	35.0	18 - 40	mg/dL
Serum Creatinine *Enzymatic, IFCC-IDMS standardized*	**0.2**	0.66 - 1.25	mg/dL
SERUM URIC ACID *Uricase, colorimeteric*	**2.5**	3.5 - 8.5	mg/dL
SERUM SODIUM *Direct ISE - Potentiometric*	137.0	137.0 - 145.0	mmol/L
SERUM POTASSIUM *Direct ISE - Potentiometric*	4.8	3.5 - 5.1	mmol/L
CALCIUM - SERUM *Arsenazo III*	9.4	8.4 - 10.2	mg/dL
SERUM PHOSPHORUS *Phosphomolybdate Reduction*	**5.6**	2.5 - 4.5	mg/dL

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	587240
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CB**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	10B1014-B
Manual No.	:		**Current Ward**	:	TENTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	12/09/2024 02:29:00AM	**Sample Collection Date/Time**	:	12/09/2024 03:09:00AM
Sample Recieving Time	:	12/09/2024 03:34:00AM	**Result Date**	:	**12/09/2024 09:48:00AM**

HAEMOTOLOGY (EDTA WHOLE BLOOD)

TEST REPORT STATUS **FINAL**

Test Name	**Results**	**Bio. Ref. Interval**	**Units**
COMPLETE HAEMOGRAM			
Hb-Haemoglobin *Colorimetric*	**9.8**	11.5 - 15.5	g/dL
RBC Count *Electric Impedence*	**3.01**	4.0 - 5.2	million/cmm
HEMATOCRIT *Calculated*	**31.9**	35 - 45	%
Mean Corpuscular Volume - MCV *Calculated*	**106.0**	77.0 - 95.0	fl
Mean Corpuscular. Haemoglobin - MCH *Calculated*	**32.6**	25.0 - 33.0	pg
Mean Corpuscular. Haemoglobin Conc. - MCHC *Calculated*	**30.7**	31.0 - 37.0	g/dL
Total Leucocyte Count (TLC) *Laser-based Flow Cytometry/Microscopic*	**4790**	5000 - 13000	/cu mm.
NEUTROPHIL *Flow cytometry/ Microscopy*	**76.4**	32 - 62	%
LYMPHOCYTES *Flow cytometry/ Microscopy*	**17.1**	28 - 48	%
MONOCYTES *Flow cytometry/ Microscopy*	**6.3**	0 - 4	%
EOSINOPHIL *Flow cytometry/ Microscopy*	**0.0**	0 - 3	%
BASOPHILS *Flow cytometry/ Microscopy*	**0.2**	0 - 1	%
EOSINOPHIL (ABSOLUTE) *Calculated*	**0.00**	0.1 - 1.0	10^3/µL
NEUTROPHIL (ABSOLUTE) *Calculated*	**3.66**	2 - 8	10^3/µL
LYMPHOCYTES (ABSOLUTE) *Calculated*	**0.82**	1 - 5	10^3/µL

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH			
AGE/SEX	:	10 Yrs.(M)	**LAB NO.**	:	587240
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**COMPANY**	:	**ESI MUZAFFARNAGAR (C**
Manual No.	:		**Current Bed No.**	:	10B1014-B
NE24257952	:	NE24257952	**Current Ward**	:	TENTH FLOOR
Bill Date/Time	:	12/09/2024 02:29:00AM	**Ward**	:	GROUND FLOOR
Sample Recieving Time	:	12/09/2024 03:34:00AM	**Sample Collection Date/Time**	:	12/09/2024 03:09:00AM
			Result Date	:	**12/09/2024 11:14:00A**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units

End of the report

TECH.

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGY)

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	570847
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	10B1014-B
Manual No.	:		**Current Ward**	:	TENTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	18/08/2024 12:09:00AM	**Sample Collection Date/Time**	:	18/08/2024 04:25:00AM
Sample Recieving Time	:	18/08/2024 04:57:00AM	**Result Date**	:	**18/08/2024 10:00:00AM**

HAEMOTOLOGY (EDTA WHOLE BLOOD)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
MONOCYTES (ABSOLUTE) *Calculated*	**0.04**	0.2 - 1	10^3/µL
BASOPHILS (ABSOLUTE) *Calculated*	**0.00**	0.02 - 0.10	10^3/µL
Platelet count *Electric Impedence/ Microscopy*	**0.59**	1.70 - 4.50	lakhs/cum
RED CELL DISTRIBUTION WIDTH -RDW CV *Calculated*	**17.5**	11.6 - 14.0	%
RED CELL DISTRIBUTION WIDTH -RDW SD *Calculated*	**48.1**	39.0 - 46.0	fl
NRBC	**11.8**		%

End of the report

TECH.

Dr. TUSHAR KALONIA
MD (PATHOLOGIST)

Dr. DEEPIKA HANDA
MD (CONSULTANT MICROBIOLOGY)

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGIST)

19/08/2024 09:55AM Checked By : Printed By 9,673.00

UHID	:	30034239			
NAME	:	Master ANSH			
AGE/SEX	:	10 Yrs.(M)	**LAB NO.**	:	571215
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**COMPANY**	:	**ESI MUZAFFARNAGAR (CA**
Manual No.	:		**Current Bed No.**	:	10B1014-B
NE24257952	:	NE24257952	**Current Ward**	:	TENTH FLOOR
Bill Date/Time	:	18/08/2024 11:25:00PM	**Ward**	:	GROUND FLOOR
Sample Recieving Time	:	19/08/2024 01:02:00AM	**Sample Collection Date/Time**	:	19/08/2024 12:13:00AM
			Result Date	:	**19/08/2024 10:46:00AM**

CLINICAL PATHOLOGY (URINE)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
Urinary sodium	123.0	40 - 220	mmol/L

End of the report

TECH.

Dr. SANJAY BHAMBAY
MD (PATHOLOGIST)

Dr. DEEPIKA HANDA
MD (CONSULTANT MICROBIOLOGY)

Dr. SHAILAJA MEHTA TYAGI
MB DCP (PATHOLOGIST)

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	571182
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	10B1014-B
Manual No.	:		**Current Ward**	:	TENTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	18/08/2024 08:45:00PM	**Sample Collection Date/Time**	:	18/08/2024 09:15:00PM
Sample Recieving Time	:	18/08/2024 09:25:00PM	**Result Date**	:	**19/08/2024 10:46:00AM**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
Serum amylase *Amylopectin, Colorimetric*	82.0	30.0 - 110.0	U/L
Serum Lipase *Enzymatic With Colipase*	77.0	23.0 - 300.0	U/L
Kidney Function Test.			
SERUM UREA *Urease, colorimetric*	**47.0**	18 - 40	mg/dL
Serum Creatinine *Enzymatic, IFCC-IDMS standardized*	**0.4**	0.66 - 1.25	mg/dL
SERUM URIC ACID *Uricase, colorimeteric*	3.5	3.5 - 8.5	mg/dL
SERUM SODIUM *Direct ISE - Potentiometric*	**117.0**	137.0 - 145.0	mmol/L
SERUM POTASSIUM *Direct ISE - Potentiometric*	4.3	3.5 - 5.1	mmol/L
CALCIUM - SERUM *Arsenazo III*	9.1	8.4 - 10.2	mg/dL
SERUM PHOSPHORUS *Phosphomolybdate Reduction*	**4.6**	2.5 - 4.5	mg/dL
TOTAL PROTEIN *Biruet*	6.5	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	3.8	3.5 - 5.0	g/dL
Liver Function Test.			
BILIRUBIN TOTAL *Diphylline, Diazonium Salt*	**1.6**	0.2 - 1.3	mg/dL
BILIRUBIN DIRECT *Calculated*	0.4	0.0 - 0.4	mg/dL
BILIRUBIN INDIRECT *Direct Measure*	**1.2**	0.1 - 1.11	mg/dL
SGOT *Uv with pyridoxal-5-phosphate (p5p)*	34.0	17.0 - 59.0	U/L

MC-5052

UHID	:	30034239			
NAME	:	Master ANSH	**LAB NO.**	:	588647
AGE/SEX	:	10 Yrs.(M)	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Bed No.**	:	12B1205-S
Manual No.	:		**Current Ward**	:	TWELTH FLOOR
NE24257952	:	NE24257952	**Ward**	:	GROUND FLOOR
Bill Date/Time	:	14/09/2024 02:36:00AM	**Sample Collection Date/Time**	:	14/09/2024 04:08:00AM
Sample Recieving Time	:	14/09/2024 05:51:00AM	**Result Date**	:	**14/09/2024 09:55:00AM**

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
TOTAL PROTEIN *Biruet*	6.7	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	4.4	3.5 - 5.0	g/dL
Liver Function Test.			
BILIRUBIN TOTAL *Diphylline, Diazonium Salt*	0.3	0.2 - 1.3	mg/dL
BILIRUBIN DIRECT *Calculated*	0.1	0.0 - 0.4	mg/dL
BILIRUBIN INDIRECT *Direct Measure*	0.2	0.1 - 1.11	mg/dL
SGOT *Uv with pyridoxal-5-phosphate (p5p)*	42.0	17.0 - 59.0	U/L
SGPT *UV with Pyridoxal-5-Phosphate(P5P)*	**125.0**	0.0 - 50.0	U/L
ALKALINE PHOSPHATASE *p-Nitrophenyl Phosphate (PNPP), AMP Buffer*	109.0	38.0 - 126.0	IU/L
GGTP - GAMMA GLUTAMYL TRANSPEPTIDASE *G-Glutamyl-P-Nitroanilide*	**151.0**	12.0 - 58.0	IU/L
TOTAL PROTEIN *Biruet*	6.7	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	4.4	3.5 - 5.0	g/dL
GLOBULIN *Calculated*	2.4	2.3 - 3.5	g/dL
A/G RATIO *Calculated*	1.9	0.9 - 2.0	

MC-5052

UHID	:	30034239	**LAB NO.**	:	587240
NAME	:	Master ANSH	**COMPANY**	:	**ESI MUZAFFARNAGAR (CR**
AGE/SEX	:	10 Yrs.(M)	**Current Bed No.**	:	1081014-B
Referred By	:	Dr.MALAY NANDY / Dr.RUCHIR TANDON	**Current Ward**	:	TENTH FLOOR
Manual No.	:		**Ward**	:	GROUND FLOOR
NE24257952	:	NE24257952	**Sample Collection Date/Time**	:	12/09/2024 03:09:00AM
Bill Date/Time	:	12/09/2024 02:29:00AM	**Result Date**	:	**12/09/2024 11:14:00AM**
Sample Recieving Time	:	12/09/2024 03:34:00AM			

BIOCHEMISTRY (SERUM)

TEST REPORT STATUS **FINAL**

Test Name	Results	Bio. Ref. Interval	Units
TOTAL PROTEIN *Biruet*	6.8	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	4.4	3.5 - 5.0	g/dL
Liver Function Test.			
BILIRUBIN TOTAL *Diphylline, Diazonium Salt*	0.7	0.2 - 1.3	mg/dL
BILIRUBIN DIRECT *Calculated*	0.3	0.0 - 0.4	mg/dL
BILIRUBIN INDIRECT *Direct Measure*	0.4	0.1 - 1.11	mg/dL
SGOT *Uv with pyridoxal-5-phosphate (p5p)*	**79.0**	17.0 - 59.0	U/L
SGPT *UV with Pyridoxal-5-Phosphate(P5P)*	**119.0**	0.0 - 50.0	U/L
ALKALINE PHOSPHATASE *p-Nitrophenyl Phosphate (PNPP), AMP Buffer*	101.0	38.0 - 126.0	IU/L
GGTP - GAMMA GLUTAMYL TRANSPEPTIDASE *G-Glutamyl-P-Nitroanilide*	**136.0**	12.0 - 58.0	IU/L
TOTAL PROTEIN *Biruet*	6.8	6.3 - 8.2	g/dL
ALBUMIN *Bromcresol Green (BCG)*	4.4	3.5 - 5.0	g/dL
GLOBULIN *Calculated*	2.4	2.3 - 3.5	g/dL
A/G RATIO *Calculated*	1.8	0.9 - 2.0	

Evidence Summary by Variant Class

A variant class hierarchy was created to summarize gene variants with associated clinical evidence. Evidence items refers to citations across the different global data sources.

TCF3::PBX1 fusion

Variant Class	Evidence Items
t(1;19)	3
↳ t(1;19)(q23;p13.3)	0
↳ TCF3::PBX1 fusion	2

Current Clinical Trials Information

Clinical Trials information is current as of 2024-06-03. For the most up-to-date information regarding a particular trial, search www.clinicaltrials.gov by NCT ID or search local clinical trials authority website by local identifier listed in 'Other identifiers'

TCF3::PBX1 fusion

NCT04787263
Phase I/II Study of Anti-CD19 Chimeric Antigen Receptor-Expressing T Cells in Pediatric Patients Affected by Relapsed/Refractory CD19+ Acute Lymphoblastic Leukemia and Diffuse Large B Cell Lymphoma (DLBCL) or Primary Mediastinal B Cell Lymphoma (PML)

Cancer type: Acute Lymphoblastic Leukemia

Variant class: TCF3::PBX1 fusion

Other Identifiers: CD19-CAR_Lenti, EudraCT Number 2020-003452-32

Population segments: (N/A), Aggressive, B-cell, Diffuse large B-cell lymphoma (DLBCL), High risk, Other subtype, Pediatric or Adolescent, Second line

Phase: I/II

Therapy: CART-CD19

Location: Italy

Name	: Master ANSH 30034239	Age	: 10 Years
Lab No.	: 181569465	Gender	: Male
Ref By	: DOCTOR MALAY NANDY	Reported	: 12/8/2024 5:16:10PM
Collected	: 31/7/2024 7:41:00PM	Report Status	: Final
A/c Status	: P	Processed at	: LPL - LPL-NATIONAL REFERENCE LAB National Reference laboratory Block E Sector 18, Rohini, New Delhi -110085
Collected at	: 560 - YATHARTH SUPER SPECIALITY HOSPITAL HO-01, SECTOR-01,GREATER NOIDA WEST NOIDA		

Test Report

Test Name	Results	Units

EARLY TREATMENT RESPONSE MILESTONES

(adapted from NCCN guidelines Version 3.2021 CML)

BCR-ABL1 (IS)	3 months	6 months	12 months
>10%	Yellow	Red	
>1%-10%	Green		Yellow
>0.1-1%	Green		Light Green
≤0.1%	Green		

Color	Concern	Clinical considerations	Recommendations
RED	TKI- resistant disease	Evaluate patient Compliance and drug interactions	Switch to alternate TKI and evaluate for allogenic HCT
		Consider mutational analysis	
Yellow	Possible TKI resistance	Evaluate patient compliance and drug interactions	Switch to alternate TKI or Continue same TKI (other than Imatinib) or Increase Imatinib dose to Max of 800 mg and Consider evaluation for allogenic HCT.
		Consider Mutational analysis	
		Consider bone marrow cytogenetic analysis to assess for MCyR at 3 mo or CCyR at 12 mo	
		Note: Careful consideration is required as patient with slightly >10% IS may achieve <10% at 6 months and have greatly favorable outcome.	Note: Achievement of response milestones must be interpreted within the clinical context.
Light Green	TKI-Sensitive Disease	If treatment goal is long-term survival: >0.1%-1% optimal	If optimal: continue same TKI
		If treatment goal is treatment-free remission: ≤0.1% optimal	If not optimal: Shared decision-making with patient
Green	TKI-Sensitive Disease	Monitor response and side effects	Continue same TKI
			Note: Discontinuation of TKI with careful monitoring is feasible in selected patients.

GENEVOLVE
Dr Lal PathLabs

Regd. Office: Dr Lal PathLabs Ltd, Block E, ... Web: www.lalpathlabs.com CIN: ...
drLalpathLabs
National Reference Laboratory
Rohini
Delhi - 110085

Biomarker Descriptions (continued)

of B-lymphoblastic leukaemia/lymphoma by the World Health Organization (WHO)[11]. The t(17;19)(q22;p13) translocation is associated with poor prognosis and relapse in B-cell ALL[12].

Variant Details

Gene Fusions

Genes	Variant ID	Locus
TCF3::PBX1	TCF3-PBX1.T16P3.COSF1489	chr19:1619110 - chr1:164761731

Relevant Therapy Summary

● In this cancer type ○ In other cancer type ◑ In this cancer type and other cancer types - No evidence

TCF3::PBX1 fusion

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
allogeneic stem cells, chemotherapy, radiation therapy	✕	✕	✕	-	● (II)
allopurinol, chemotherapy, sirolimus, radiation therapy, mycophenolate mofetil	✕	✕			● (II)
CART-CD19	✕	✕			● (I, II)
stem cell therapy	✕	✕			● (I, II)

* Most advanced phase (IV, III, II/III, II, I/II, I) is shown and multiple clinical trials may be available.

Regd. Office: Dr Lal PathLabs Ltd, Block E, Sector 18, Rohini, New Delhi - 110085
Web: www.lalpathlabs.com CIN: L74899DL1995PLC065388
Dr Lalpathlabs
National Reference Laboratory
Rohini
Delhi - 110085

TCF3::PBX1 fusion (continued)

NCT06013423
Optimized Cord Blood Transplantation for the Treatment of High-Risk Hematologic Malignancies in Adults and Pediatrics

Cancer type: Acute Lymphoblastic Leukemia

Variant class: t(1;19)

Other identifiers: NCI-2023-05598, RG1123652

Population segments: (N/A), Aggressive, Blast phase, Diffuse large B-cell lymphoma (DLBCL), Extranodal marginal zone B-cell lymphoma (MALT), Follicular lymphoma (FL), High risk, Indolent, Mantle cell lymphoma (MCL), Remission, Second line, Small lymphocytic lymphoma (SLL)

Phase: II

Therapies: allogeneic stem cells, chemotherapy, radiation therapy

Location: United States

US State: WA

Contact: Ann Dahlberg [206-667-1959; adahlber@fredhutch.org]

NCT05805605
Allogeneic Hematopoietic Stem Cell Transplantation Using Reduced Intensity Conditioning (RIC) With Post-Transplant Cytoxan (PTCy) for the Treatment of Hematological Diseases

Cancer type: Acute Lymphoblastic Leukemia

Variant class: t(1;19)

Other Identifier: 2022LS146

Population segments: (N/A), Accelerated phase, Aggressive, Chronic phase, Extranodal marginal zone B-cell lymphoma (MALT), Follicular lymphoma (FL), High risk, Indolent, Int-2 risk, Other subtype, Primary Myelofibrosis, Remission, Second line

Phase: II

Therapies: allopurinol, chemotherapy, sirolimus, radiation therapy, mycophenolate mofetil

Location: United States

US State: MN

Contact: Mark Juckett [612-625-5469; juck0001@umn.edu]

NCT01203722
Reduced Intensity, Partially HLA Mismatched Allogeneic BMT for Hematologic Malignancies Using Donors Other Than First-degree Relatives

Cancer type: Acute Lymphoblastic Leukemia

Variant class: t(1;19)

Other identifiers: CRMS-33771, J1055, NCI-2011-00377

Population segments: (N/A), Aggressive, B-cell, Chronic phase, Classical, Diffuse large B-cell lymphoma (DLBCL), Follicular lymphoma (FL), Graft-versus-host disease, Indolent, Mantle cell lymphoma (MCL), Nodular lymphocyte-predominant, Pediatric, Pediatric or Adolescent, Peripheral T-cell lymphoma (PTCL), Poor-risk, Second line, Small lymphocytic lymphoma (SLL), Stem cell transplant, T-cell, Third line

Phase: I/II

Therapy: stem cell therapy

Location: United States

US State: MD

Contact: Dr. Richard Ambinder [410-955-8839; rambind1@jhmi.edu]

Regd. Office : Dr Lal PathLabs [illegible]
Web: www.lalpathlabs.com, CIN: [illegible]

GENEVOLVE
Dr Lal PathLabs

Dr Lal PathLabs
Pro

DNA MUTATIONS

GENE (EXON)	VARIANT INFORMATION				CLASSIFICATION (AMP/ASCO/CAP)
	Coding DNA Alteration	Amino Acid Alteration	Variant Allele Frequency	Coverage	
NONE DETECTED					

RNA FUSIONS

Gene Fusion Detected	Read Counts (per million)
TCF3::PBX1 fusion	378022

Tier Classification (AMP/ASCO/CAP)

Tier I: Variants of Strong Clinical Significance Therapeutic, Prognostic & Diagnostic Relevance	Tier II: Variants of Potential Clinical Significance Therapeutic, Prognostic & Diagnostic Relevance	Tier III: Variants of Unknown Clinical Significance	Tier IV : Benign or Likely Benign Variants
Level A Evidence FDA-approved therapy included in professional guidelines	Level C Evidence FDA-approved therapies for different tumor types or investigational therapies Multiple small published studies with some consensus	Not observed at a significant allele frequency in the general or specific subpopulation databases, or pan-cancer or tumor-specific variant databases No convincing published evidence of cancer association	Observed at significant allele frequency in the general or specific subpopulation databases No existing published evidence of cancer association
Level B Evidence Well-powered studies with consensus from experts in the field	Level D Evidence Preclinical trials or a few case reports without consensus		

Dr Lal PathLabs

Regd. Office: Dr Lal PathLabs Ltd, Block F, Sector 18, Rohini, New Delhi - 110085
Web: www.lalpathlabs.com; CIN: L74899DL1995PLC068269

Name	: Master ANSH 30034239	**Age**	: 10 Years
Lab No.	: 181569465	**Gender**	: Male
Ref By	: DOCTOR MALAY NANDY	**Reported**	: 12/8/2024 5:16:10PM
Collected	: 31/7/2024 7:41:00PM	**Report Status**	: Final
A/c Status	: P	**Processed at**	: LPL - LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085
Collected at	: S60 - YATHARTH SUPER SPECIALITY HOSPITAL HO-01, SECTOR-01,GREATER NOIDA WEST NOIDA		

Test Report

Test Name	Results	Units
TEST CONDUCTED	BCR-ABL GENE REARRANGEMENT, PCR QUANTITATIVE	
METHOD	(Real Time PCR)	
Type of Transcript		Copy of Number
P210 (e13a2, e14a2, Major) BCR-ABL rearranged copy		0
P190 (e1a2, minor) BCR ABL rearranged copy number		0
P230(e19a2 micro) BCR ABL rearranged copy number		0
ABL copy number		534510
Percentage Ratio (as per limit of detection)		0.000
International scale (as per limit of detection)		0.000
Percentage Ratio (as per linearity)		< 0.002
International scale (as per linearity)		< 0.001
Type of transcript detected		Not Detected

Name	: Master ANSH 30034239		
Lab No.	: 181569465	Age	: 10 Years
Ref By	: DOCTOR MALAY NANDY	Gender	: Male
Collected	: 31/7/2024 7:41:00PM	Reported	: 12/8/2024 5:16:10PM
A/c Status	: P	Report Status	: Final
Collected at	: S60 - YATHARTH SUPER SPECIALITY HOSPITAL HO-01, SECTOR-01,GREATER NOIDA WEST NOIDA	Processed at	: LPL - LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units

NOTES

1. Sensitivity of the assay is 0.01% when copies of ABL detected is 100 000
2. Limit of detection is 10 copies of BCR-ABL fusion gene transcripts per PCR
3. This is an in-house developed assay designed as per EAC (Europe Against Cancer) protocol
4. This test detects Major (M) gene rearrangements namely- e13a2 & e14a2. Minor (m) gene arrangement e1a2 and micro gene rearrangement e19a2
5. Test conducted on Whole blood / Bone Marrow
6. This test gives percentage of BCR-ABL fusion gene detected with respect to the ABL transcript present as well as the International scale value to harmonize the result.
7. If the copies of ABL control gene are found to be between 5000 to 10000 copies guidelines suggest that such case should be repeated to ensure sufficient sensitivity of the assay.
8. The value in the graph has been rounded off to two decimal places.

COMMENTS

Chronic Myeloid Leukemia (CML) is the commonest myeloproliferative neoplasm and possibly the commonest adult leukemia in India. This clonal stem cell disorder is characterized by a proliferation of myeloid cells at all stages of differentiation and the t(9 22) (q34 q11) leading to formation of BCR-ABL fusion gene. Cytogenetic and molecular studies are vital for the diagnosis of CML by using detection procedures for Philadelphia chromosome. The abnormality is present in over 95% patients of CML while remainder 5% have complex or variant translocations involving additional chromosomes. Major gene rearrangements are detected in CML while minor gene arrangement may be detected in ALL.

USES

- To monitor therapy in CML patients. A3 log reduction in BCR-ABL gene rearrangement is associated with good prognosis.
- Monitoring of Minimal Residual Disease (MRD).
- As a prognostic marker in ALL patients. Presence of BCR-ABL Gene rearrangement is associated with poor prognosis

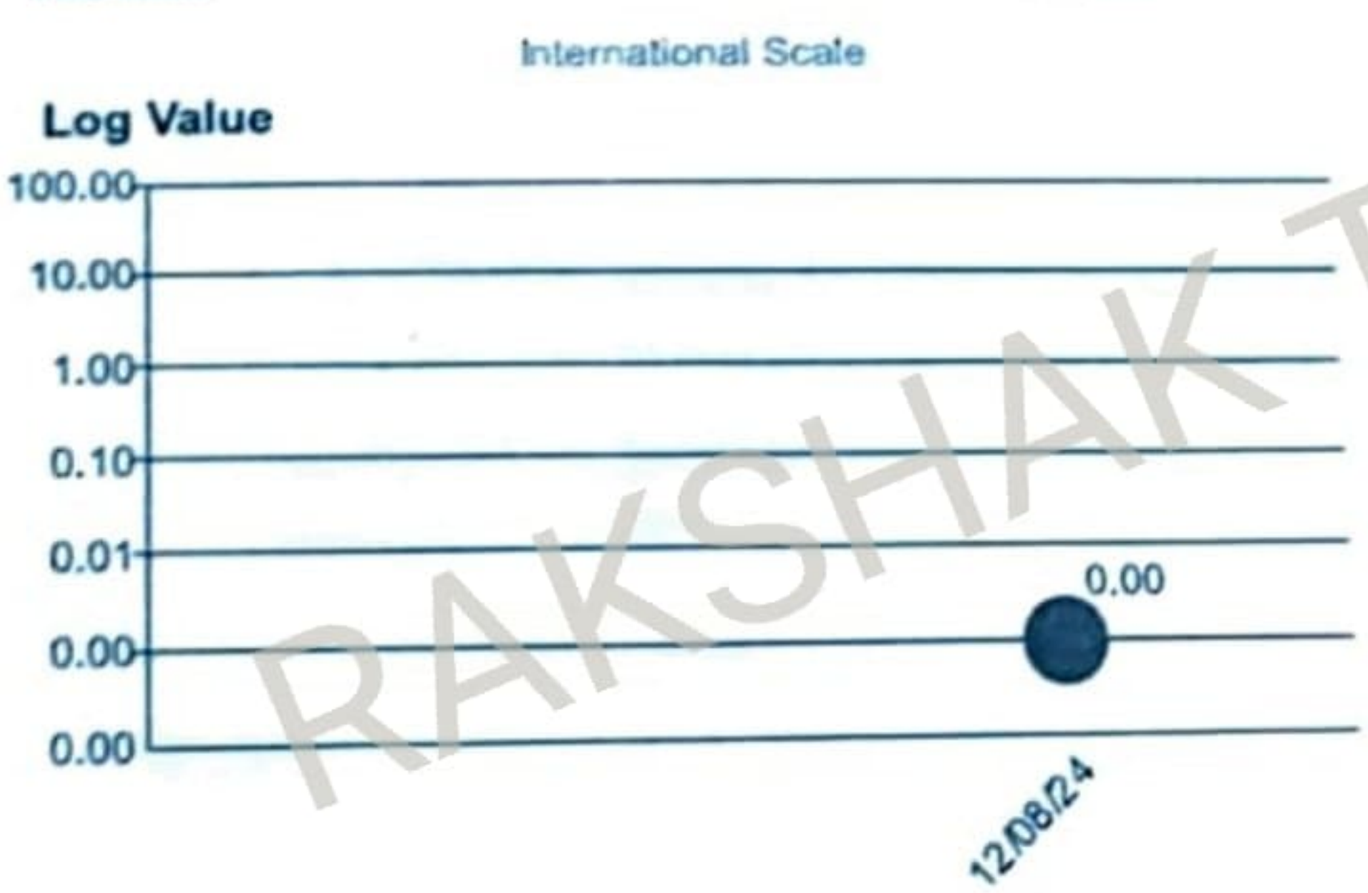
Regd. Office: Dr Lal PathLabs Ltd, Block E, Sector 18, Rohini, New Delhi -110085
Web: www.drlalpathlabs.com, CIN: L74899DL1995PLC068969

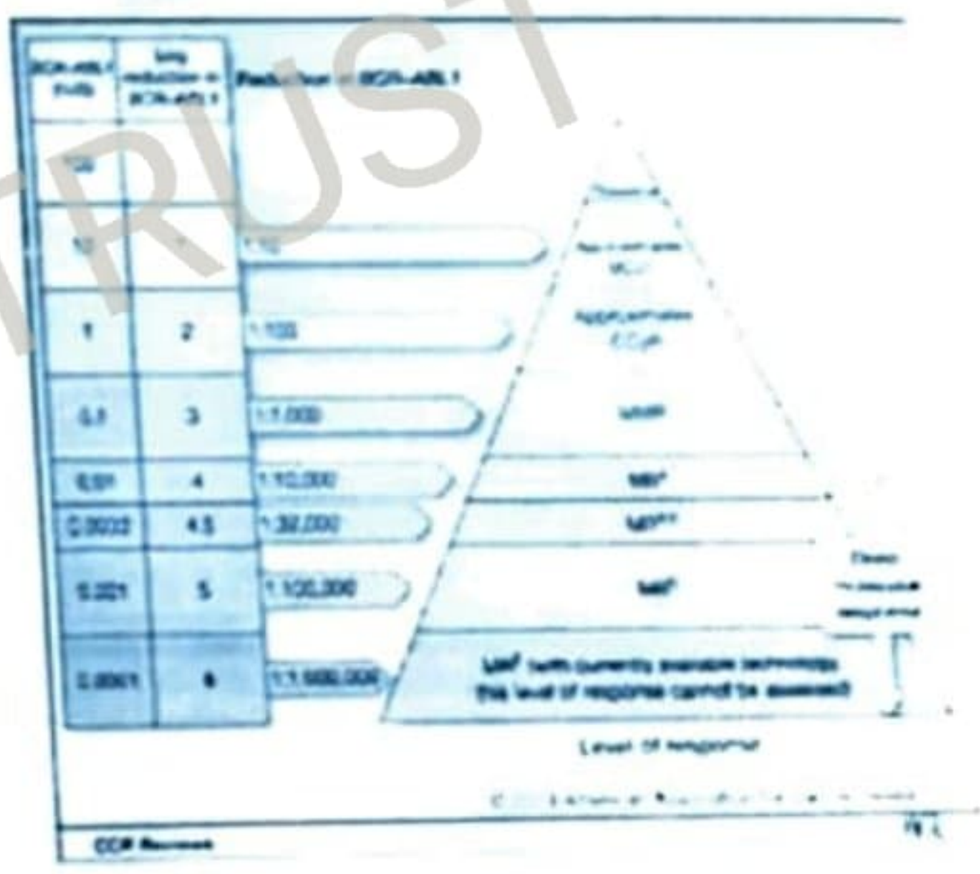
Name	: Master ANSH 30034239		
Lab No.	: 181569465	**Age**	: 10 Years
Ref By	: DOCTOR MALAY NANDY	**Gender**	: Male
Collected	: 31/7/2024 7:41:00PM	**Reported**	: 12/8/2024 5:16:10PM
A/c Status	: P	**Report Status**	: Final
Collected at	: S60 - YATHARTH SUPER SPECIALITY HOSPITAL HO-01, SECTOR-01,GREATER NOIDA WEST NOIDA	**Processed at**	: LPL - LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units

International Scale





ABBREVIATION	FULL FORM	INFERENCE
CHR	Complete Hematological Respose	Blood counts returning to normal values
MCyR	Major Cytogenetic Respose	Ph Chromosome 1-35% on FISH
CCyR	Complete Cytogenetic Respose	Ph Chromosome 0% on FISH
MMR	Major Molecular Respose	BCR-ABLIS <0.1
MR4	Molecular Respose	Molecular Respose with 4 Log reduction
MR4.5	Molecular Respose	Molecular Respose with 4.5 Log reduction (Deep MR)
MR5	Molecular Respose	Molecular Respose with 5 Log reduction

GENEVOLVE

Pro

DEMOGRAPHICS		
	NAME	Master ANSH 30034239
	AGE/SEX	10 YEARS / MALE
	LAB NUMBER	181569465
	REFERRED BY	Dr MALAY NANDY
	REPORTING CENTRE	YATHARTH SUPER SPECIALITY HOSPITAL
	RECEIVING DATE	31 / JULY / 2024
	REPORTING DATE	12 / AUGUST / 2024

TEST NAME	ONCOPRO COMPREHENSIVE LEUKAEMIA PANEL - DNA MUTATIONS & RNA FUSIONS
CLINICAL INDICATION	A 10 years old Male with B-ALL (CD10 Positive) Karyotype:46,XY
GENE MUTATION	NONE DETECTED
GENE FUSION	*TCF3::PBX1 fusion* Detected

HOTSPOT GENES COVERED (23)

ABL1	*BRAF*	*CBL*	*CSF3R*	*DNMT3A*	*FLT3*	*GATA2*
HRAS	*IDH1*	*IDH2*	*JAK2*	*KIT*	*KRAS*	*MPL*
MYD88	*NPM1*	*NRAS*	*PTPN11*	*SETBP1*	*SF3B1*	*SRSF2*
U2AF1	*WT1*					

FULL GENES COVERED (17)

ASXL1	*BCOR*	*CALR*	*CEBPA*	*ETV6*	*EZH2*	*IKZF1*
NF1	*PHF6*	*PRPF8*	*RB1*	*RUNX1*	*SH2B3*	*STAG2*
TET2	*TP53*	*ZRSR2*				

FUSION DRIVER GENES COVERED (29)

ABL1	*ALK*	*BCL2*	*BRAF*	*CCND1*	*CREBBP*	*EGFR*
ETV6	*FGFR1*	*FGFR2*	*FUS*	*HMGA2*	*JAK2*	*KMT2A*
TFE3	*MECOM*	*MET*	*MLLT10*	*MLLT3*	*MYBL1*	*MYH11*
NTRK3	*NUP214*	*PDGFRA*	*PDGFRB*	*RARA*	*RBM15*	*RUNX1*
TCF3						

EXPRESSION GENES (5)

BAALC	*MECOM*	*MYC*	*SMC1A*	*WT1*

#Kindly Note: The On Target coverage of this sample is suboptimal.

Prognostic Details

Report Date: 10 Aug 2024

Current NCCN Information

NCCN information is current as of 2024-06-03. To view the most recent and complete version of the guideline, go online to NCCN.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/what-we-do/international-adaptations

Some variant specific evidence in this report may be associated with a broader set of alterations from the NCCN Guidelines. Specific variants listed in this report were sourced from approved therapies or scientific literature. These therapeutic options are appropriate for certain population segments with cancer. Refer to the NCCN Guidelines® for full recommendation.

TCF3::PBX1 fusion

Prognostic significance: NCCN: Standard

Cancer type: Acute Lymphoblastic Leukemia

Variant class: TCF3::PBX1 fusion

NCCN Recommendation category: 2A

Summary:

- Cytogenetics risk groups for B-ALL

Reference: NCCN Guidelines® - NCCN-Acute Lymphoblastic Leukemia [Version 4.2023]

Clinical Trials Summary

TCF3::PBX1 fusion

NCT ID	Title	Phase
NCT04787263	Phase I/II Study of Anti-CD19 Chimeric Antigen Receptor-Expressing T Cells in Pediatric Patients Affected by Relapsed/Refractory CD19+ Acute Lymphoblastic Leukemia and Diffuse Large B Cell Lymphoma (DLBCL) or Primary Mediastinal B Cell Lymphoma (PML)	I/II
NCT06013423	Optimized Cord Blood Transplantation for the Treatment of High-Risk Hematologic Malignancies in Adults and Pediatrics	II
NCT05805605	Allogeneic Hematopoietic Stem Cell Transplantation Using Reduced Intensity Conditioning (RIC) With Post-Transplant Cytoxan (PTCy) for the Treatment of Hematological Diseases	II
NCT01203722	Reduced Intensity, Partially HLA Mismatched Allogeneic BMT for Hematologic Malignancies Using Donors Other Than First-degree Relatives	I-II

GENEVOLVE

Dr Lal PathLabs

Regd. Office: Dr Lal PathLabs Ltd, Block E, Sector 18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com; CIN: L74899DL1995PLC068269
Dr Lalpath Labs
National Reference Laboratory
Rohini
Delhi 110085

Report Date 10 Aug 2024

METHODOLOGY: This panel targets 40 key genes, 29 fusion driver genes and uses Next generation sequencing methodology. The kits used is Oncomine myeloid assay. These genes have been selected on the basis of their known impact as actionable targets of existing and emerging anti-cancer therapies, and the prognostic features in specific tumor types. The sensitivity of the assays depends on the quality of the sample and the percentage of blasts. In validation studies using control materials and a variety of cell lines, the minimum analytic detection limit for each of the assays is 5%. The Genomic positions are given in reference to the GRCh37 (hg19) assembly of the human genome.

LIMITATIONS: The accuracy and completeness of this information may vary due to variable information available in different databases. Variants with variant allele frequency at nearly 50% or 100% may be considered Germline mutations. Synonymous mutations were not considered while preparing this report. UDG treatment has not been done. The mutations are usually not confirme using Sanger sequencing and/or alternate technologies and additional testing might be required if clinically indicated. False negative results may be due to sampling error/errors in sample handling as well as clonal density below the limit of detection.

DISCLAIMER: This report provides information about the patient's mutations that may aid the physician's decision making process but this test should not be the sole source of information for making decisions on patient care and treatment. These tests should be interpreted in the context of standard clinical, laboratory, and pathological findings. Identification of a mutation in one or more of these genes does not guarantee activity of the drug in a given indication. Insertions and deletions greater than 10bp in size may not reported by this assay. Benign mutations and mutations in the intronic regions have not been included in this report. The informatio provided in this report was collected from various sources that we believe to be reliable and quality control procedures have been put in place to ensure the information provided is as accurate, comprehensive, and current as possible. The information provided should only be utilized as a guide or aid and the decision to select any therapy option based on the information reported here rest solely with the discretion of the treating physician. Patient care and treatment decisions should only be made by the physician aft taking into account all relevant information available including but not limited to the patient's condition, family history, findings ob examination, results of other diagnostic tests, and the current standards of care. This report should only be used as an aid and th physician should employ clinical judgment in arriving at any decision for patient care or treatment.

Report Signed By

Name	Role	Date	Comments
Lalpath Labs	National Head - Genomics & Clinical Cytogenomics	10 Aug 2024 06:14 PM	Kindly correlate with clinical history treatment history including blood transfusion history, Complete Blood BMA/BMBx findings, Flow cytometr Cytogenetics and other relevant lab parameters.

GENENOLVE
Dr Lal PathLabs

Regd. Office: Dr Lal PathLabs Ltd. Block E, Sector 18, Rohini, New Delhi-110085
Web: www.drlalpathlabs.com CIN: L74899DL1995PLC068259
DrLalpathLabs
National Reference Laboratory
Rohini
Delhi - 110085

Report Date: 10 Aug 2024

Lab ID : 181569465

Clinical Indication : A 10 years old Male with B-ALL (CD10 Positive)
Karyotype:46,XY

Sample Type : Peripheral Blood

Sample Cancer Type: Acute Lymphoblastic Leukemia

Table of Contents	Page

Report Highlights
1 Relevant Biomarkers
0 Therapies Available
4 Clinical Trials

Relevant Biomarkers

Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
TCF3::PBX1 fusion **Prognostic significance:** NCCN: Standard	None	None	4

Public data sources included in relevant therapies: FDA1, NCCN, EMA2, ESMO
Public data sources included in prognostic and diagnostic significance: NCCN, ESMO

Biomarker Descriptions

TCF3::PBX1 fusion

PBX homeobox 1, transcription factor 3

Background: The TCF3 gene, also known as E2A, encodes the transcription factor 3 protein and is a member of the E protein family of basic helix-loop-helix transcription factors (bHLH). TCF3 encodes two alternative splice transcription factors namely E12 and E47, which serve as dimerization partners with tissue specific bHLH proteins including MoD, NeuroD, and MASH[1,2]. TCF3 activates transcription of target genes such as CDKN1A (p21), CDKN2B (p15INK4B), and CDKN2A (p16INK4B) by binding to E-box sequences as a homo- or heterodimers[1]. Somatic alterations in TCF3 frequently include translocations, deletions, and loss of protein expression and are implicated in various lymphoid cancers and leukemias[3,4,5].

Alterations and prevalence: TCF3 fuses with diverse genes including ZNF384, NOLI, HLF, and FB1/TFPT in childhood pre-B cell acute lymphoblastic leukemia (pre-B ALL)[6]. The translocation t(1;19)(q23;p13), resulting in the TCF3::PBX1 fusion, is observed in both adult and pediatric B-cell acute lymphoblastic leukemia (B-precursor ALL) at a frequency of 3-6%[6,7]. The t(17;19)(q22;p13) translocation, resulting in an oncogenic fusion protein between TCF3 and HLF, is present in 1% of childhood B-precursor ALL[8,9]. TCF3 is deleted in 70% of Sezary syndrome and this loss is associated with the upregulation of MYC and CDK6 expression leading to cell proliferation[3].

Potential relevance: Currently, no therapies are approved for TCF3 aberrations. The presence of TFC3 rearrangements, specifically t(1;19)(q23;p13.3) resulting in TCF3::PBX1 fusion and t(17;19) leading to TCF3::HLF fusion, is associated with standard risk in acute lymphoblastic leukemia[10]. B-lymphoblastic leukaemia/lymphoma with TCF3::PBX1 fusion is recognized as a distinct molecular subtype

Electronically Signed By Lalpath Labs on 10 Aug 2024 06:14 PM
Disclaimer: The data presented here are from a curated knowledge base of publicly available information, but may not be exhaustive. The data version is current. The content of this report has not been evaluated or approved by the FDA, EMA or other regulatory agencies.

References

1. Patel et al. Increased expression of bHLH transcription factor E2A (TCF3) in prostate cancer promotes proliferation and confers resistance to doxorubicin induced apoptosis. Biochem. Biophys. Res. Commun. 2012 May 25;422(1):146-51. PMID: 22564737
2. Slattery et al. E2A proteins: regulators of cell phenotype in normal physiology and disease. Int. J. Biochem. Cell Biol. 2008;40(8):1431-6. PMID: 17604208
3. Steininger et al. Genomic loss of the putative tumor suppressor gene E2A in human lymphoma. J. Exp. Med. 2011 Aug 1;208(8):1585-93. PMID: 21788410
4. Barber et al. Molecular cytogenetic characterization of TCF3 (E2A)/19p13.3 rearrangements in B-cell precursor acute lymphoblastic leukemia. Genes Chromosomes Cancer. 2007 May;46(5):478-86. PMID: 17311319
5. Paulsson et al. Characterisation of genomic translocation breakpoints and identification of an alternative TCF3/PBX1 fusion transcript in t(1;19)(q23;p13)-positive acute lymphoblastic leukaemias. Br. J. Haematol. 2007 Jul;138(2):196-201. PMID: 17593026
6. Wafa et al. Childhood pre-B cell acute lymphoblastic leukemia with translocation t(1;19)(q21.1;p13.3) and two additional chromosomal aberrations involving chromosomes 1, 6, and 13: a case report. 2017 Apr 7;11(1):94. PMID: 28385156
7. NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 3.2024]
8. Raimondi et al. New recurring chromosomal translocations in childhood acute lymphoblastic leukemia. Blood. 1991 May 1;77(9):2016-22. PMID: 2018838
9. de et al. The E2A-HLF oncogenic fusion protein acts through Lmo2 and Bcl-2 to immortalize hematopoietic progenitors. Leukemia. 2011 Feb;25(2):321-30. PMID: 21072044
10. NCCN Guidelines® - NCCN-Acute Lymphoblastic Leukemia [Version 4.2023]
11. Alaggio et al. The 5th edition of the World Health Organization Classification of Haematolymphoid Tumours: Lymphoid Neoplasms. Leukemia. 2022 Jul;36(7):1720-1748. PMID: 35732829
12. Fischer et al. Genomics and drug profiling of fatal TCF3-HLF-positive acute lymphoblastic leukemia identifies recurrent mutation patterns and therapeutic options. Nat. Genet. 2015 Sep;47(9):1020-1029. PMID: 26214592

Regd. Office: Dr Lal PathLabs Ltd, Block E, Sector 18, Rohini, New Delhi - 110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC068969

Dr. Vamshi Krishna Thamtam
MCI-17-25915
MBBS, MD Pathology
DipRCPath, UK (Molecular Genetics)
Fellowship, Tata Medical Center
National Head – Genomics & Clinical Cytogenomics
National Reference Laboratory
Dr Lal PathLabs Ltd

--- END OF REPORT ---

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Reports delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts in Delhi at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico-legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

SUNITA DEVI

GAYADIN

01/01/1985

Permanent Account Number

[redacted]06696P

सुनीता देवी

Signature

21012015

4739

भारत सरकार
Government of India

आधार

Aadhaar no. Issued: 24/03/2015

अंश
Ansh
जन्म तिथि/DOB: 16/11/2013
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

[redacted] 8727

मेरा आधार, मेरी पहचान