



Child Care India Trust



SPECIALTY LABORATORY LTD

CIN: U031450J2609PLC037597

Japur - 25/54, Palooz Apartment, Opp. Central Park, H. SMS Hospital, Sawai Man Singh Road, Japur, Rajasthan - 302004, Ph: 0141-2584411/777 86 9694093010
Unipath (H.O.) (Dubai/India) | Unipath House, Besides Sahakar College, Opp. Kamdhenu Complex, Panaraspole, Ambawadi, Ahmedabad-380013 Gujarat
Phone: +91-79-49006800 | WhatsApp: 9350001900 | Email: info@unipath.in | Website: www.unipath.in

LABORATORY REPORT



Reg. No : 40501503695
Name : Mast. VEDANT
Sex/Age : Male / 4 Years
Ref. By : Dr. ARPIT MITTAL
Location :

Reg. Date : 14-May-2024 12:38
Collection : 14-May-2024 12:38
Report Date : 18-May-2024
Tele. No : 9694093001
Dispatch At :

CD34 and CD20, T lineage and myeloid markers are negative. These findings are consistent with B lineage lymphoblasts.

Impression: Flowcytometry findings of the bone marrow is suggestive of B-cell Lineage Acute Lymphoblastic Leukemia (B-ALL).

Advise: Cytogenetic studies, ALL translocation panel [t(9;22), t(4;11), t(1;19), t(12;21)]

Note: Isolated flowcytometry analysis never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation, cytogenetic study, molecular tests and other hematological parameters.

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Dr. Pankaj Malukani
M.D. (Path.)
MP-11152

Approved On: 14-May-2024 17:16

Generated On: 18-May-2024 14:57

Page 2 of 14

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Unipath

SPECIALLY LABORATORY LIMITED

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Regd. Ofc : 3B Floor, Doctor House, Nr. Parnal Garden, Ahmedabad. 380056 Gujarat
www.unipath.in | 07940930001

LABORATORY REPORT

No	40591503695	Reg. Date	18-May-2024 12:28
Sex	Male, VEDANT	Collected on	18-May-2024 17:21
Age	Male / 4 Years	Report Date	18-May-2024
By	Dr. ARPIT MITTAL	Tele. No	9674093001
Lab		Dispatch At	

MOLECULAR ANALYSIS FOR t(1;19) (q23;p13.3): E2A-PBX1 (TCF3-PBX1) FUSION TRANSCRIPT DETECTION

Specimen: Bone marrow (EDTA)

Test Methodology: RNA is isolated from the sample and reverse transcribed. The resulting cDNA is subjected to nested PCR amplifications with primers designed to amplify t(1;19) (q23;p13.3) E2A-PBX1 Fusion gene. The PCR products are resolved by agarose gel electrophoresis and evaluated for the presence of amplicons that indicate a positive result. An additional RT-PCR amplification is directed at the GUSB gene as a control for sample quality.

Test Indication: B-cell ALL

RESULT:



Lane 1	Patient Sample (1 st round product)
Lane 2	Positive Control
Lane 3	Negative Control
Lane 4	GUSB marker
Lane 5	Patient sample 2nd round product
Lane 6	Positive Control
Lane 7	Negative Control

FUSION TRANSCRIPT	RESULT
t(1;19) (q23;p13.3) E2A-PBX1 (TCF3-PBX1)	NEGATIVE

INTERPRETATION: Patient sample is found NEGATIVE for t(1;19) (q23;p13.3):E2A-PBX1 fusion transcript

Dr. Ekta

Dr. Ekta Jajodia
M.D (Path), PDF (Molecular Hematology),
CNC, (Genetics) Consultant Pathologist
20798

Dr. Neeraj

Dr. Neeraj Arora
M.D (Path), PDF (Mol Haematol),
PDF (Haematopath)
22396

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Fax: 011-26101150 | WhatsApp: 8154023550 | Email: info@unipath.in | Website: www.unipath.in

LABORATORY REPORT

Reg. No: 40501503655
Name: Mast. VIDANT
Sex/Age: Male / 4 Years
Ref. By: Dr. AKHIL MITTAL
Location:

Reg. Date: 14-May-2024 12:28
Collection: 14-May-2024 12:28
Report Date: 18-May-2024
Tel. No: 9634093001
Dispatch At:

IMMUNOPHENOTYPING REPORT
(Leukemia / lymphoma panel)

Clinical history: Acute leukemia
Specimen: Bone marrow aspirate
Instrument / Software: Beckman Coulter DxFLLEX-8 color / DytExpert
Cell preparation method: Stain - Lyse - Wash
Gating strategy: CD45 Vs SSC

Result:

Marker	Intensity	Interpretation	Marker	Intensity	Interpretation
Myeloid / Monocytic			B cell		
CD33	-	Negative	CD10	Moderate	Positive
CD13	-	Negative	CD19	Bright	Positive
CD117	-	Negative	CD22	Bright	Positive
CD64	-	Negative	CD20	Subset	Positive
CD15	-	Negative	T cell		
Other			CD3	-	Negative
HLA DR	Moderate	Positive	CD7	-	Negative
CD34	Subset	Positive	CD5	-	Negative
CD45	Dim to Neg	Positive			

Abnormal population: 79% B lineage lymphoblasts
Size by forward scatter: Small
Side scatter: Low

Description: Abnormal cell shows dim CD45 and low side scatter on CD45 vs SSC dot plot. These cells are positive for B lineage marker CD19, CD10, CD22 along with HLA DR. A subset of blast is positive for

Dr. Pankaj Malukani
M.D (Path.)
MP-11152

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के.आर. लैब एण्ड डायग्नोस्टिक सेन्टर

C/o ऋग्वेद हॉस्पिटल, इन्दिरा नगर, हारादास, भरतपुर (राज.)

Last Name
First Name VAIDANT
Gender Female
Patient ID 570

Age

Sample ID AUTO_SID0002
Department 5888
Physician DR. RITU CHAUDHARY
Type Woman

Date of birth

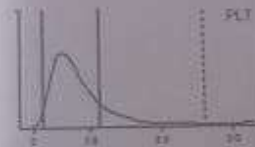
Sample comments

				Range
RBC	2.05	L*	10 ⁶ /µL	3.80 - 5.20
HGB	6.1	L	g/dL	11.5 - 15.2
HCT	21.6	L*	%	35.0 - 46.0
MCV	105.3	H*	fL	77.0 - 97.0
MCH	29.6		pg	26.0 - 34.0
MCHC	28.1	L	g/dL	32.0 - 35.0
CV	15.3		%	12.0 - 17.0
SD	73.9	H	µm	37.0 - 49.0

Recommended actions
Side review
Simp. Pathologies
Anemia
RBC PLT aggregate or NRBC ?
Leukopenia
Neutropenia

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				Range
PLT	451	H*	10 ³ /µL	150 - 400
PCT	0.36	*	%	0.15 - 0.40
MPV	8.0	L*	fL	8.0 - 11.0
PDW	10.4	L*	fL	11.0 - 22.0
PC	83		10 ⁹ /µL	44 - 140
CR	18.3		%	18.0 - 50.0



				Range
WBC	2.70	L	10 ⁹ /µL	3.50 - 10.00
	#		%	
EU	0.79	L*	1.60 - 7.00	29.1 L* 40.0 - 73.0
PM	1.73	*	1.00 - 3.00	64.3 H* 18.0 - 45.0
DM	0.12	L*	0.20 - 0.80	4.3 * 4.0 - 12.0
OS	0.01	*	0.00 - 0.50	0.3 H* 0.5 - 7.0
AS	0.05	*	0.00 - 0.15	2.0 * 0.0 - 2.0
BC	0.00	*	0.00 - 0.10	0.2 * 0.0 - 1.0



Slide Review

cell	Myeloblast	Anisocytosis
ocyte	Promyelocyte	Hypochromia
ne	Myelocyte	Polychromasia
cell	Metamyelocyte	Polikocytosis
	Blast	Microcytosis
Lymphocyte	Target Cell	Macrocytosis
	Sickle Cell	Platelet Clumps

Reported on _____ by _____ Signature: _____



डॉ. आर. लैब एण्ड डायग्नोस्टिक सेन्टर

C/o जगवेद हॉस्पिटल, हीरादास, भरतपुर (राज.)

LABORATORY REQUEST FORM

Date: 20/05/2014

62 Patient Name: Vaidant

Age: 9 yrs M/TX

NORMAL RANGE					Result	Range	
	NW	INFANT	OBESITY	412mm			
x10 ⁶ /Cumm	10-26	6-18	5-15	5.5-13.5	1. S. Bil. Tot L	0.5	
x10 ⁶ /Cumm	4-6	3.6-5.2	4.1-5.7	4.0-5.4	Direct L	0.3	
gm/dl	13.5-19.5	10.5-13.5	12.0-14.0	11.3-14.3	Indirect L	0.2	
%	44-64	32-44	36-44	37-45	2. SGPT	23	
Ri	106	65	70-86	77-91	3. SGPT	23	
Pp	30-38	24-34	24-30	24-30	4. S. Alk. Phos.	109	
%	35-36	32-35	34	34	5. S. Calcium		
WBC/Cumm (Normal 1.5-4.0x10 ⁵ /Cumm)					6. S. Cholesterol	150-200 mg%	
WIDAL TEST (By Slide Agglutination Method)					7. S. Creat	0-1.5 mg%	
% (45-74)	170	130	180	170	8. S. Uric Acid	2-7 mg%	
% (16-45)	TO					9. S. Amylase	80-100 U. Ov
% (2-10)	TH					10. BUN	8-23 mg%
% (0-4)	AM					11. Blood Sugar (F)	740
% (2-2)	BH					(PF)	> 135 mg%
10-17 hour (Normal)	Test exp → Positive				12. S. Total Protein	6.5	
10-20 mg%	H/E test → Non-Reactive				13. S. Albumin	4.3	
	RBTCT → Non-Reactive				14. S. Globulin	2.2	
Children (2-2%)	MANTOUX TEST (STU/10TU)				15. Sodium (Na ⁺)	134-140 mmol/L	
Chemical	Microscopic					16. Potassium (K ⁺)	3.5-5.5 mmol/L
Albumin	Pus Cells					17. Chloride (Cl ⁻)	96-106 mmol/L
Sugar	Epi Cells					18. Calcium (Ca ²⁺)	1.0-1.2 mmol/L
Bile Salt	RBC's					19. ST	1.4 Hr
S. Pp	Casts					20. CT	2.4 Hr
Phosphates	Crystals					21. ABO & RH	
Ketone Bodies	Amo. Sed					22. MP Test (Card Method)	

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Sign. of Technician

Not Valid for Medicolegal Purpose

डॉ. अजीत सिंह MS (entl), नाक, कान, गला विशेषज्ञ | डॉ. राजमणि राजपूत DM (GASTRO), वट, लीवर, अंतःस्राव विशेषज्ञ

शिक्षित माँ, सुरक्षित बच्चा, छोटा परिवार, सशहल परिवार

ical Chart



ऋग्वेद मल्टी स्पेशलिटी हॉस्पिटल

हीरादास चौराहा, पेट्रोल पम्प के पीछे, ५५

Reg. No.													
I. P.No.													
SULTANT DR.	Vadant Riduch.												
	20/5/24												
	6 AM	12 PM	6 PM	10 PM	6 AM	12 PM	6 PM	10 PM	6 AM	12 PM	6 PM	10 PM	6 AM
mp. (F)	77.6												
ise (60-100)	105.1												
spiration													
(a) NS													
(b) DNS													
(c) RL													
(d) ISO-P	✓												
(e) Mannitol	✓												
Ceftriaxone	✓												
Amikacin	✓												
Ranitidine	✓												
ondapipate	✓												
ly Tab.													
Trans.	50ml												
Output (M.)													

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ऋग्वेद मल्टी स्पेशलिटी हॉस्पिटल, भरतपुर

हीरादास चौगाहा, पेट्रोल पम्प के पीछे, भरतपुर (राज.)

INDOOR TICKET

Reg. No. UHD = 323 IP No. 57
 Name of the Patient Vaidant Age 1y Sex Male
 Mother Name / Husband's Name Shwpendra Contact No. _____
 Address Deeg BTP
 Date of Admission _____ Time of Admission _____
 Date of Discharge _____ Time of Discharge _____
 Pre Diagnosis Anaemia Acute Leukemia
 Final Diagnosis _____

Presenting Complaints

It has come for BT only

Admission B-T 08
by Dr. Ceftriaxone 250 mg
Dr. Amoxicillin

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Dr. Gonal BT
 Dr. Leukemia 1ml
 Dr. Orotin 1ml
 Dr. Avil 0.5ml before B.T.
 Dr. Hycort 2mg
 Dr. 2ml calcium 10% 1st B.T.
 - 150 P.W
 Dr. Lamin 2ml Post BT
 Dr. Ibugenic 1ml 5-8 503

Vitals

BP: _____
 HR: 120/min
 RR: 25/min
 Sat: 93%
 Temp: 99F

Investigation

CBC \leftarrow H-61g/dl
 P-4514
 W-23
 ABORH - OTUL
 HIBSA - N.R
 PPCT - N.P
 CRP - Positive
 RBS - 24 mg/dl
 LFT-ALB-103
 T-01

त मां, सुरक्षित बच्चा, छटा परिवार, खुशहाल परिवार

ऋग्वेद मल्टी स्पेशलिटी हॉस्पिटल, भरतपुर

हीरादाम जीराहा, पैट्रोल पम्प के पीछे, भरतपुर (राज.)

सहमति घोषणा : इलाज, ऑपरेशन, बेहोरी एवं अन्य प्रक्रिया के लिए

..... के साथ
 एवं/अपने सम्बन्धी के साथ

इलाज/ऑपरेशन के लिए अपनी सहमति देता हूँ। उक्त इलाज तथा ऑपरेशन के उद्देश्य, प्रक्रिया के भी शब्दों मुझे डॉ/श्री मी. सुधीर शर्मा द्वारा भली प्रकार समझा दिये गये हैं। इस सम्बन्ध में एनेस्थीसिया के तथा उसके लिए किसी भी प्रकार के एनस्थेटिक अथवा अन्य में प्रयुक्त किये जाने की सहमति देता हूँ।

ऑपरेशन के दौरान किसी अन्य प्रकार के वैकल्पिक कार्य जो परिस्थिति के कारण आवश्यक पड़ना जाये, किये जाने की भी सहमति देता हूँ और इसके लिए जनरल/लोकल या अन्य प्रकार एनेस्थीसिया दिये जाने की भी सहमति देता हूँ।

इस बात की भी जानकारी है तथा चिकित्सक द्वारा समझा दिया गया है कि मेरी/मेरे बच्चे की उम्र चिन्ताजनक है। मेरी/मेरे बच्चे की इलाज के दौरान, बेहोरी की दवा देते समय (एनेस्थीसिया समय) अथवा ऑपरेशन के समय या उसके बाद घृष्णु भी हो सकती है। इसके सभी सम्बन्धित रिस्को भली प्रकार समझा दिये गये हैं। इन सबकी जिम्मेदारी मेरी रहेगी।

Child Care India Trust

(दस्तावेज अथवा ईगूडा निर्धारण)

नाम उम्र 4y 10m 10d
 का नाम
 पता
 सम्बन्ध
 ऑपरेशन करने की तिथि 20/05/24

त मा, सुरदास कपूरा, अ...

ISO CERTIFIED HOSPITAL

ऋग्वेद हॉस्पिटल, भरतपुर

(पूर्वोक्त पुण्ड विल्डरन्स, हॉस्पिटल)

हीरादास चौराहा, पेट्रोल पम्प के पीछे, भरतपुर (राज.)



डॉ. (श्रीमती) ऋतु चौधरी

MD, DGO, MIMA
PGD-INFERTILITY & SONOGRAPHY
विशेषज्ञ - अंडोवापनी, यंत्रणतली एवं प्रगुति रोग
दृष्टान - 9599206600, 9949222452

ऋतु चौधरी

DCH, MIMA, MIAP
1000 अंडाण रोग विशेषज्ञ
9949222452

- अंडाण रोग विशेषज्ञ
- अंडाण रोग विशेषज्ञ (MD)
- अंडाण रोग विशेषज्ञ (DGO)
- अंडाण रोग विशेषज्ञ (MIAP)
- अंडाण रोग विशेषज्ञ (MIMA)
- अंडाण रोग विशेषज्ञ (PGD)
- अंडाण रोग विशेषज्ञ (SONOGRAPHY)
- अंडाण रोग विशेषज्ञ (ULTRASOUND)
- अंडाण रोग विशेषज्ञ (IVF)
- अंडाण रोग विशेषज्ञ (ART)
- अंडाण रोग विशेषज्ञ (ICSI)
- अंडाण रोग विशेषज्ञ (Zygote)
- अंडाण रोग विशेषज्ञ (Embryo)
- अंडाण रोग विशेषज्ञ (Fertilization)
- अंडाण रोग विशेषज्ञ (Implantation)
- अंडाण रोग विशेषज्ञ (Pregnancy)
- अंडाण रोग विशेषज्ञ (Delivery)
- अंडाण रोग विशेषज्ञ (Postnatal)
- अंडाण रोग विशेषज्ञ (Pediatrics)
- अंडाण रोग विशेषज्ञ (Gynecology)
- अंडाण रोग विशेषज्ञ (Obstetrics)
- अंडाण रोग विशेषज्ञ (Family Planning)
- अंडाण रोग विशेषज्ञ (Contraception)
- अंडाण रोग विशेषज्ञ (Infertility)
- अंडाण रोग विशेषज्ञ (Menstrual Disorders)
- अंडाण रोग विशेषज्ञ (Menopausal Disorders)
- अंडाण रोग विशेषज्ञ (Uterine Disorders)
- अंडाण रोग विशेषज्ञ (Ovarian Disorders)
- अंडाण रोग विशेषज्ञ (Endometriosis)
- अंडाण रोग विशेषज्ञ (Polycystic Ovary Syndrome)
- अंडाण रोग विशेषज्ञ (Premenstrual Syndrome)
- अंडाण रोग विशेषज्ञ (Dyspareunia)
- अंडाण रोग विशेषज्ञ (Vaginitis)
- अंडाण रोग विशेषज्ञ (Bacterial Vaginosis)
- अंडाण रोग विशेषज्ञ (Yeast Infection)
- अंडाण रोग विशेषज्ञ (Sexually Transmitted Infections)
- अंडाण रोग विशेषज्ञ (HIV)
- अंडाण रोग विशेषज्ञ (AIDS)
- अंडाण रोग विशेषज्ञ (Hepatitis)
- अंडाण रोग विशेषज्ञ (Tuberculosis)
- अंडाण रोग विशेषज्ञ (Malaria)
- अंडाण रोग विशेषज्ञ (Dengue)
- अंडाण रोग विशेषज्ञ (Cholera)
- अंडाण रोग विशेषज्ञ (Typhoid)
- अंडाण रोग विशेषज्ञ (Shigellosis)
- अंडाण रोग विशेषज्ञ (Amoebiasis)
- अंडाण रोग विशेषज्ञ (Ascariasis)
- अंडाण रोग विशेषज्ञ (Hookworm)
- अंडाण रोग विशेषज्ञ (Trichuriasis)
- अंडाण रोग विशेषज्ञ (Schistosomiasis)
- अंडाण रोग विशेषज्ञ (Leishmaniasis)
- अंडाण रोग विशेषज्ञ (Malaria)
- अंडाण रोग विशेषज्ञ (Dengue)
- अंडाण रोग विशेषज्ञ (Cholera)
- अंडाण रोग विशेषज्ञ (Typhoid)
- अंडाण रोग विशेषज्ञ (Shigellosis)
- अंडाण रोग विशेषज्ञ (Amoebiasis)
- अंडाण रोग विशेषज्ञ (Ascariasis)
- अंडाण रोग विशेषज्ञ (Hookworm)
- अंडाण रोग विशेषज्ञ (Trichuriasis)
- अंडाण रोग विशेषज्ञ (Schistosomiasis)
- अंडाण रोग विशेषज्ञ (Leishmaniasis)

34mm
 Pituitary - 0.7 34mm
 Acute Leukemia
 B-cell lineage Acute Lymphoblastic
 Leukemia
 TEL - 0.1 - 0.2
 5/Dec/23 3.8g/L
 CBC Platelets 40.6
 mCHC 40.6
 20/11/24
 14.2g
 0.35 - 300
 5.1

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6/11/24
 CBC 5.4
 5.74 JAKH
 CRP - 631
 0.1
 CRP
 CBC
 HbA1c
 PFT
 LFT
 RBS
 It has come
 only for B.T.

M.E. MCH (पुण्ड)
अंडाण रोग विशेषज्ञ
On Call

"पुनः विमं परीक्षण करवावः ज्ञानं असाध्यं है। ज्ञानं असाध्यं विद्वान् 100 इति वदन्तः परं त्वं वा सक्तो है।"
 पुनः (Infertility) का सफल उपचार
 पुनः (Infertility) का सफल उपचार 5 दिन तक मान्य है।
 पुनः (Infertility) का सफल उपचार 5 दिन तक मान्य है।
 पुनः (Infertility) का सफल उपचार 5 दिन तक मान्य है।

डॉ. ऋतु चौधरी की सलाह के बिना कोई दवा न दें। तुरन्त चिकित्सक से सम्पर्क करें।

शुद्धि, छोटा परिवार, खुशहाल परिवार



Unipath

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Regd. Ofr. No. : 04/2017-2018. Regd. Ofr. No. : 04/2017-2018. Regd. Ofr. No. : 04/2017-2018.

LABORATORY REPORT

Reg. No. 4050/103695
Patient Name: NASH VEDANT
Age / Sex: Male / 4 Years
Ref. By: Dr. ARMIT MITTAL

Reg. Date: 16-May-2024 12:28
Collection Date: 16-May-2024 17:21
Report Date: 16-May-2024
Tele. No: 9694059003
Dispatch At:

BACKGROUND INFORMATION:

- The TCF3 also called E2A, on chromosome 19, encodes 2 basic helix-loop-helix (bHLH) transcription factors, E12 and E47, through alternative splicing.
- PBX1, [also known as PRL on chromosome 1, is a homeodomain transcription factor of the TALE (3 amino acid loop-extension) class that regulates numerous embryonic processes, including morphologic patterning, organogenesis, and hematopoiesis.
- The genomic organization of E2A is well-defined and breakpoints occur almost exclusively in a 3.5-kb intron region between exon 13 and 14.
- The genomic organization of the PBX1 gene is not yet fully known and the breakpoints are dispersed over an intronic region of about 50 kb between exons 1 and 2.
- The E2A-PBX1 chimeric transcription factor contains the N-terminal transactivation domain of E2A (TCF2) fused to the C-terminal homeodomain of PBX1.
- The chromosomal translocation linking E2A and PBX1 has been reported in ALL. First, it is a reciprocal translocation between E2A and PBX1. Second, it generates the novel fusion gene E2A-PBX1 expressing unique regulatory sequences.

CLINICAL UTILITY:

- The t(1;19) is detected in about 5-6% of childhood ALL and in about 3% of adult ALL.
- In both pediatric and adult patients this translocation occurs almost exclusively in pre-B-ALL expressing cytoplasmic Igh.
- Most cases carrying the t(1;19) express a typical immunophenotype with homogeneous expression of CD13, CD10, CD9, complete absence of CD34, and at least partial absence of CD20.
- t(1;19) correlates with the presence of known clinical high-risk features, such as elevated cell count, high serum lactate dehydrogenase levels and central nervous system involvement.

LIMITATIONS:

- The limit of detection for this assay is 1 E2A-PBX1 positive cell in 100,000 normal cells.
- Results of this test must always be interpreted within the clinical context and other relevant data, and should not be used alone for a diagnosis of malignancy.

Dr. Ekta Jajodia
M.D. (Path), FCPS (Molecular Hematology),
DMC, Vellore, Consultant Pathologist
02799
Approved On: 16-May-2024 16:27
This is an electronically authenticated report. Please verify the authenticity of this report by scanning the QR code to ensure data integrity.

Dr. Neeraj Arora
M.D. (Path), FCPS (Mol. Hematol.),
FCM (Hematology)
27796
Generated On: 16-May-2024 14:57

हमारे बच्चे को केयर की बीमारी हो
लेकिन मैं खुद को ही एक वैदिक को
रूप में देखने के लिए नहीं करवा रहा

20/5/24

Child Care India Trust

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ULTANT D

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