





Govt. of NCT of Delhi
CHACHA NEHRU BAL CHIKITSALAYA
(An Autonomous Institute under Govt. of NCT of Delhi)
Geeta Colony, Delhi-110031



ADMISSION SHEET

NAME: Minku
AGE/SEX: 3.9 yof
C.R.NO: 12236

DEPT: SX
D.O.A: 25/8/26

UNIT HEAD: Dr. R. Gupta

UNIT: II

D.O. Discharge:

Provisional Diagnosis:		Final Diagnosis		ICD - 10
Primary Diagnosis:		<u>710.1 of femur clavicle</u>		
Associated Diagnosis:				
Complications:				
Surgical/Medical Procedures Done			Blood Components Therapy	
Date	Name of Surgery /Procedure		Date	Name of Blood components transfused

Weight Chart

Date									
Weight									

Anthropometry

Antibiotics Therapy

	Observed	Expected	%	Other Antiro	Name	Started on	Stopped on
Wt (Kg)	<u>12.8 Kg. New 3rd Percentile 60th Percentile</u>						
Ht/L (cms)	<u>93 cm. less than 8th Percentile</u>						
HC (cms)							

Immunization (tick ✓): Unimmunized ()
Partially immunized ()
Immunized for age ()

Discharge Plan

Readmission within 48 Hrs of discharge from CNBC (Yes/No): _____

PIG) transfer (Yes/No): _____ DOT in: _____ DOT out: _____

INITIAL ASSESSMENT FORM

Chief Complaints & Duration

Date: 24/8/26 Time: 3:30 PM

DIETARY HIST

IMMUNIZA
(Please t

Any oth
DEVEL

Follow up care of clear cell sarcoma

↓
Admitted for week 3 - 2nd cycle
Day 3 chemo.

History of Present Illness:

History obtained from: ☒ Mother

☐ Father

☐ Grand Parents

☐ Others

Patient mother gave history that the patient is a follow up care of clear cell sarcoma. At present, patient is admitted for week 3, 2nd cycle Day 3 chemo. Due to non-availability of drug Carboplatin. Patient did not get day 3 week 3 2nd cycle. The regimen patient is recurrent, recurrent care of clear cell sarcoma. Patient received DOXA on 11/9/24 and stopped at week 5. Patient was started on Regimen I at 29/10/24. Neoadjuvant patient underwent E and LN. (2) Neoadjuvantly with LN on 11/3/24. Patient received Adjuvant chemotherapy Regimen I.

H/O Previous Hospitalization:

As explained
PAST HISTORY:

As explained
FAMILY HISTORY:

BIRTH HISTORY:

Child deliver NVD.



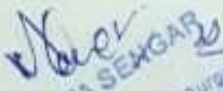
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13/7/26

Treatment Sheet

Name MINHA Age/Sex 3y 7m/F
CR No. 9254 Ward 5th Floor Diagnosis _____

Date	Time	Rx	Dr. Name & Sign	Noted by Sister Name & Sign.
		Pt is a case of Rt. Clear Cell Sarcoma of Kidney, Received Regimen I Chemotherapy, completed Chemotherapy F10 supportive cycles, now poorer with telomerase hence MRI brain and spine.		
		Thanking you Dr. Rajiv Emlyaz DR Paeds SX.		
		 Dr. MAMTA SENGUPTA MS-MCH Professor of Pediatric Surgery HOD Dept. of Pediatric Surgery Chacha Nehru Bal Chikitsalaya Geeta Colony, Delhi-110031		



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CT SCAN REQUISITION FORM

Incomplete form will not be accepted

Date 13/7/24

Name of Patient	MINHA	Age	3.7y	Sex	F	Ward	PW	Unit		C.R. No.	9254
Head of the unit	Prof Dr Manish Sanghvi	OPD		OPD No.							

Exact part to be examined MRI brain and spine

Personal History: History of heart disease / renal impairment / previous surgery infections / allergy to iodinated contrast/any other allergy.

KFT For Contrast Study

B.U 16
S.C 0.17

Short Clinical History and duration of illness/Clinical diagnosis:

Case of Rt clear cell sarcoma of kidney? Relapsed Post Rignin + of complete chemotherapy cycle and Radiotherapy

Result of Previous Investigations

Whether paid or free
Justification for free recommendation

Signature of Referring Consultant with Stamp

Signature of HOD Radiology (For Free Cases Only)

Signature of MS. with Stamp (For Free Cases Only)

INSTRUCTIONS

1. Appointment is fixed on _____ at _____
2. The patient should be fasting for at least six hours / overnight.
3. Charges _____ to be deposited at Chacha Nehru Bal Chikitsalaya on the same day
4. Patients who are on some medications should take the morning dose with a sip of water.
5. PAC to be done in CNBC Room No. _____ / Ward.

C.T. No.

Date



Date	Time	Rx	Dr. Name & Sign	Noted by Name & Sign
		<u>X/12/25</u> Qty GGF 195 mg S-C 2x/day x 3 days <u>Am</u> <u>to Am</u> Am Am Am		

10 _____

No. _____

Date _____

DIAGNOSTIC REPORT

Agilus - COE HISTOPATHOLOGY



MC-ST18

agilus>>>
diagnostics

Formerly SRL

PATIENT NAME : MINHA**REF. DOCTOR : SELF****CODE/NAME & ADDRESS : C00015B350**ABHISHEK DIAGNOSTICS
ADARSH NAGAR SARDHANA, ROAD KANKER
KHEKA MEERUT, MEERUT
MEERUT 250001
7500553277**ACCESSION NO : 0106ZH000073****PATIENT ID : MINHP949797910****CLNT.PATIENT ID:****ABHA NO :****AGE/SEX : 3 Years Female****DRAWN : 01/08/2026 10:47:25 Hrs****RECEIVED : 01/08/2026 16:27:37 Hrs****REPORTED : 07/08/2026 19:15:16 Hrs****PATH NO :****BCOR****CLINICAL DETAILS**

Case received on 03/08/2026 at Agilus-COE.

SPECIMEN TYPE :

2 paraffin blocks (CN-146/25-J & N) of right nephrectomy for BCOR IHC testing.

COE Path No. : 0303HZ-3726

IMPRESSION :**BCOR : Negative****NOTE:**IHC carried out on formalin-fixed paraffin-embedded sections.
All controls (i.e. Internal Negative patients tissue and External Positive control) show appropriate reactivity.

Detection systems used are:

- UltraView / Optiview Universal DAB Detection with or without Amplification Kit on Ventana Benchmark XT platform.
- Envision flex detection system on DAKO as link 48 platform.

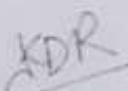
The clone for BCOR antibody is "C10-SC514576".

"H&E slides and blocks prepared from the tissue sample processed can be requisitioned by the patient at any time during the retention period by sending an email at connect@agilus.in calling at 91115 91115. The same will be made available at the prevailing conditions".**Our panel of histopathologists at AGILUS-COE include : Dr. Kunal Sharma,
Dr. Kush Raut & Dr. Priyanka Kembhavi.**

Outside blocks and slides received at AGILUS are dispatched with the hard copy of the report to the concerned centre.

****End Of Report****Please visit www.agilusdiagnostics.com for related Test Information for this accession

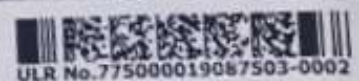
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Dr. Kush Raut, MD
(Reg.No. MMC2001/03/1389)
Consultant Senior
Histopathologist

View Details



View Report

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CIN - U74899PB1995PLC045956

ULR No. 775000019087503-0002



भारत सरकार
Government of India



Issue Date: 17/08/2016



शहरीन
Shareen
जन्म तिथि/DOB: 10/04/2002
महिला/ FEMALE

6430 3747 1609

VID : 9193 3658 8403 4650

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

आत्मजा: शमशद, मोहल्ला जेतपुर, रावली रोड,
मुरादनगर, गाजियाबाद,
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