Patient Name: Arshad Husain

Treatment At: AIIMS, New Delhi

Disease: Juvenile Myelomonocytic Leukemia

सेवा में,

अध्यक्ष अरजी फाउन्डेशन
आगरा उत्तर प्रदेश

DIAGNOSIS = JUVENILE MYLOMONOCYTIC LUKEMIYA

विषय, बेटे के इलाज हेतु सहायता के लिए

महोदय,

निवेदन है कि मेरा नाम सददाम है लखनऊ के जिला बहराईच का निवासी हूँ मेरे बेटे का नाम अरशद हुसैन है जिसकी उम्र लगभग 2 साल हो गई है इसका इलाज एम्स हॉस्पिटल नई दिल्ली में डाक्टर रचना शेठ के देखरेख में चल रहा है मेरे बच्चे को ब्लड कैन्सर की घातक बीमारी है इस बीमारी का पता चला जब बच्चा 7 महीने का था डाक्टर ने 15,00000 पन्द्रह लाख रु० का खर्च बताया है इलाज के लिए मैंने सरकार से आवेदन किया था तो 5 लाख मुख्यमन्त्री से और 3 लाख प्रधान मन्त्री से एम्स हास्पिटल में प्राप्त हुवे हैं। अभी लगभग 7 सात लाख रुपये की जरुरत है जो हम यह खर्च उठाने में असमर्थ हैं इसलिए हमने इलाज में सहायता के लिए अरज़ी फाउन्डेशन से ऑपरेशन में आने वाले खर्च के लिए बच्चे की जान बचाने में हमारी मदद करें मैं और मेरा परिवार अरज़ी फाउन्डेशन का आभारी रहेगा

धन्यवाद
अरशद
UHID = 10783257
AIIMS HOSPITAL
NEW DELHI

सददाम
मोबाइल 7715954138
पता- धासीपुर फखरपुर
बहराईच उत्तर प्रदेश
पिन=271902

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

DEPARTMENT OF PEDIATRICS

UNIT III

Name: Asad	**Age/Sex**: 8yr/Male	**POC No:**	**UHID No: 108699701**
Date of Admission: 06.01.26	**DOD:** 10.01.26		**Bed:** OPW 508
Diagnosis: **DONOR For ALLOGENEIC HAPLOIDENTICAL HSCT – Recipient – Arshad (JMML)**			
Consultants In-charge: Prof R Seth, Dr JP Meena, Dr AK Gupta, Dr Kana Ram Jat			
Phone: 9927458634			

PRESENTATION :

Asad, is Haplo identical 6/12 HLA match donor for his sibling, Arshad case of Juvenile Myelomonocytic Leukemia.

STEM CELL MOBILISATION AND HARVEST- DONOR:

Donor – Asad , 8 year-old Male, Weight – 18.5kg

The donor was started on Inj. GCSF at 5 mcg/kg BD from evening of 03.01.26 and further mobilization details are given below in the table. TLC and CD34 counts were regularly monitored. He was admitted on d3 GCSF . DLFC line was inserted on 7.01.26 under USG/Fluoroscopic guidance by Dr. Stuti (SR, Radiodiagnosis). There were no procedural complications.
Stem cell mobilization details are summarised in the table below:

Date	GCSF	Plerixafor	CD 34 %	TLC (cells/ml)	Absolute CD34(/uL)
03.01.26	100 mcg stat evening dose				
04.01.26	100 mcg BD				
05.01.26	100 mcg BD				
06.01.26	100 mcg BD		0.18	38,000	68
07.01.26	100 mcg BD				
08.01.26	100 mcg BD	4.5mg	0.32	62,590	200
09.01.26	100 mcg stat			91,990	

SUPPORTIVE CARE :

Patient had bony pains and fatigue relieved with paracetamol. During apheresis, vitals and ionized calcium was monitored and received supportive calcium gluconate infusion.

DLFC line has been removed, currently patient is well and fit for discharge.

INVESTIGATIONS:

Department of Pediatrics CK-94702
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

2nd Copy

शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Arshad Husain

UHID : 10783251?

Diagnosis: JMML

MEDGENOME

Medgenome Labs Ltd
Sy No 94/1C and 94/2, Tower-1, Veerasandra Village, Attibele Hobli, Electronic City, Phase-1, Bangalore, Karnataka, 560100.

DNA TEST REPORT

PRE-TRANSPLANT DETAILS

PATIENT'S DETAILS		DONOR'S DETAILS	
Full Name	**Arshad**	Full Name	**Asad**
Order ID/Sample ID	**1582078/9668524**	Order ID/Sample ID	**1582078/9668525**
Age/Gender	**2 Year(s)/Male**	Age/Gender	**8 Year(s)/Male**
Date and time of Sample Collection	**31-12-2025 11:36:00**	Date and time of Sample Collection	**31-12-2025 12:47:00**
Date and time of Sample Receipt	**02-01-2026 05:35:00**	Date and time of Sample Receipt	**02-01-2026 05:35:00**
Diagnosis	**Juvenile Myelomonocytic Leukemia**	Date and time of Report	**05-01-2026; 03.16 PM**
Sample Type	**Peripheral Blood in EDTA (Purple Top)**	Sample Type	**Peripheral Blood in EDTA (Purple Top)**
Referring Clinician	**Dr. Aditya Gupta,All India Institute Of Medical Sciences - Delhi, (Delhi)**		

POST-TRANSPLANT DETAILS

Full Name		Transplant Date	
Order ID/Sample ID		Date and time of Sample Collection	
No of Post-transplant Days		Date and time of Sample Receipt	
Sample Type			
Test Requested	**PRE BMT ENGRAFTMENT MONITORING BY STR TYPING [MGM475]**		

RESULT

Donor Chimerism	NA
Recipient Chimerism	NA

INTERPRETATION

NA

***Refer Annexure-I for detailed report**

BACKGROUND

Allogeneic HSCT is considered to be the best treatment modality for various malignant and non-malignant hematological disorders[1]. In human HSCT, complete donor-derived hematopoiesis is considered essential for sustained engraftment and for preventing relapse of the underlying disease[1,2]. The genotypic profile of polymorphic genetic markers or those of their products in recipient and donor act as a specific tag to identify and quantify the presence of specific cell types in the post HSCT recipient[3]. The transplant engraftment monitoring (chimerism) test evaluates the success of a hematopoietic stem cell transplant by measuring the relative ratio of the recipient and the donor cell population in the recipient's post-transplant specimen[4,5].

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

TEST METHODOLOGY

The test is based on detection and comparison of DNA short tandem repeat (STR) regions in the recipient and donor after transplantation. STRs are highly polymorphic DNA sequences in the human genome[5]. The pre transplant blood DNA samples of Patient and donor with positive control DNA are subjected to multiplex STR Typing by AmpFISTR® Identifiler®, in which different alleles present in 16 STR loci from chromosomes 2, 3, 4, 5, 8, 7, 11, 12, 13, 16, 18, 19, 21, X and Y are amplified in a single reaction, followed by capillary electrophoresis on SeqStudio Genetic Analyzer. After confirming the presence of expected STR allele peaks in the positive control DNA. The most informative short tandem repeats are used to differentiate and quantify donor and recipient components in the post-transplant sample. The patient's post-transplant STR profiles are compared to the pre-transplant patient and donor STR profiles to assess the % donor or % recipient chimerism[6]. Level of sensitivity for this assay is 1% (minimum percent detected of a cell type in the presence of another).

REFERENCES

1. Odriozola, A., et al. "Chimerism detection by short tandem repeat analysis when donor and recipient genotypes are not known." Clinica chimica acta 413.5-6 (2012): 548-551.
2. Dumache, Raluca, et al. "Chimerism monitoring by short tandem repeat (STR) markers in allogeneic stem cell transplantation." Clin Lab 64.9 (2018): 1535-1543.
3. Clark, Jordan R., et al. "Monitoring of chimerism following allogeneic haematopoietic stem cell transplantation (HSCT): technical recommendations for the use of short tandem repeat (STR) based techniques, on behalf of the United Kingdom National External Quality Assessment Service for Leucocyte Immunophenotyping Chimerism Working Group." British journal of haematology 168.1 (2015): 26-37.
4. Han, Eunhee, et al. "Practical informativeness of short tandem repeat loci for chimerism analysis in hematopoietic stem cell transplantation." Clinica Chimica Acta 468 (2017): 51-59.
5. Navarro-Bailón, Almudena, et al. "Short tandem repeats (STRs) as biomarkers for the quantitative follow-up of chimerism after stem cell transplantation: methodological considerations and clinical application." Genes 11.9 (2020): 993.
6. DNA Fragment Analysis by Capillary Electrophoresis by Genemapper, ThermoFisher Scientific

DISCLAIMER

- Test results should be interpreted in the context of clinical findings, family history, and other laboratory data.
- Misinterpretation of results may occur if the information provided is inaccurate or incomplete.
- This test was developed, and its performance characteristics determined by MedGenome Labs.
- According to guidelines we need at least 4 informative markers for reporting [5].

2. PRE-TRANSPLANT RECIPIENT AND DONOR STR PROFILES

Markers	Patient 9668524	Donor 9668525
D8S1179	10,12	12,13
D21S11	30,30.2	30,30.2
D7S820	8,11	11,11
CSF1PO	11,12	12,12
D3S1358	15,15	15,16
TH01	8,9	8,9
D13S317	8,12	8,9
D16S539	11,12	11,12
D2S1338	19,23	23,23
D19S433	13,13	13,15
vWA	14,16	16,19
TPOX	9,11	9,11
D18S51	12,19	15,19
AMEL	X,Y	X,Y
D5S818	11,12	12,12
FGA	23.2,27	21,23.2

NI = Non-Informative; SAI= Shared Allele Imbalance; LE= locus error, ME= measurement error

End of Report

Archita Sharma

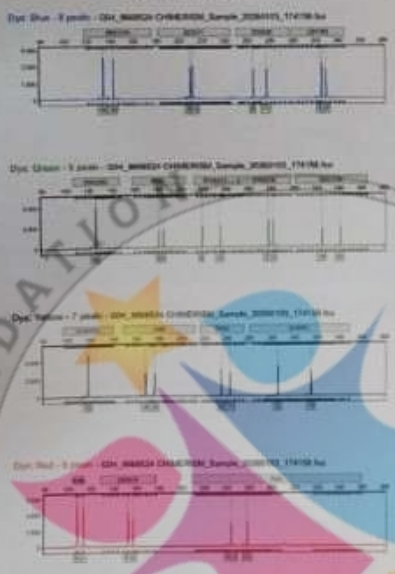
Senior Genome Analyst

Dr. Shruthi.P.S
MBBS, MD (Pathology)
Associate Director , Hematopathology
KMC Reg No. 78159

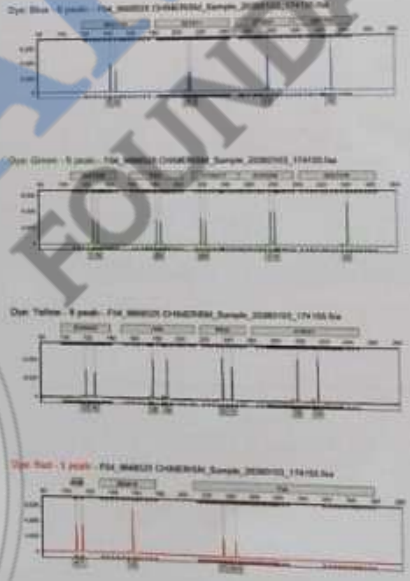
ANNEXURE-I

1. PRE-TRANSPLANT ELECTROPHEROGRAM IMAGE OF THE PATIENT AND DONOR

9668524



9668525



9668524 - Arshad (RECIPIENT)	**9668525 - Asad (DONOR)**

C1D1W
Suprajee Haldar

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Asad
Age/Sex: 5yr/Male
Ref. Deptt./Unit: (3)
Date: 30.12.25

Indoor (Bed No.) / Outdoor/ Casualty
OPD No. / UHID No.: 107832517
LMP:

Examination Required :

Ultrasound
Doppler (Arterial / Venous)
Interventional Procedure

CT
HRCT
Dual Phase CT
CT Angiography

Clinical History and Examination :

DLFC insertion

Kindly consider here to provide DLFC insertion date on 7th January 2026 for this case ~ Asad donor for his sibling planned for BMT.

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available):
Blood Urea / Serum Creatinine (for CT patients only):
Any h/o allergy or asthma:

Signature of Referring Physician / Date:

Consent :

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

Signature of Patient / Date:

US / CT Number:
No. of Films used :

Signature of Radiographer / Date:

DR. NIKITA [illegible]HAR
Senior Resident
Pediatric Oncology
Department of Pediatrics
All India Institute of Medical Sciences
New Delhi- 110029

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	107832517	**Sex :**	Male
Patient Name :	**Mr ARSHAD HUSAN**	**Sample Received Date :**	16-Jan-2026 18:41 PM
Age :	1Y 11m	**Department :**	Paediatrics
Reg Date :	16-Jan-2026 15:32 PM	**Sample Collection Date:**	16-Jan-2026 11:43 AM
Recommended By :		**Sample Details :**	**LC1601261863**
Lab Sub Centre:	**SMART Lab, New RAK OPD**	**Lab Reference No:**	261712970

BIOCHEMISTRY

Test Name (Methodology)	**Result**	**UOM**	**Bio. Ref. Interval**
Sample Type : Serum			
LDH (L to P - IFCC Reference)	**396**	U/L	120 - 300
Total Cholesterol (CHOD/POD)	122	mg/dL	85-182
Triglycerides (Enzymatic(Lipase/GK/GPO/POD))	**211**	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
VLDL - C (Calculated)	**42**	mg/dL	0-40
LDL-C (Calculated)	68	mg/dL	Adult levels: Optimal < 100 mg/dL Near optimal/above optimal 100-129 mg/dL Borderline high 130-159 mg/dL High 160-189 mg/dL Very high ≥ 190 mg/dL

Observations:
Ref: ESC 2021 Guidelines on cardiovascular disease prevention in clinical practice."Risk category depends on multiple factors like Smoking, Hypertension, Diabetes etc., & etc. Please consult your treating physician for the same.

HDL -C (Direct Measure, Polymer-polyanion)	**12**	mg/dL	>=55
CHOL/HDL ratio (Calculated)	**10.5**		<5.0
LDL/HDL ratio (Calculated)	**5.9**		<3.5

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry)	Dr. Tushar Sehgal (DM Hematopathology)	Dr. Suneeta Meena (MD Microbiology)	Dr Sudip Kumar Datta MD (Biochemistry) 16-Jan-2026 20:37

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi ,

LABORATORY OBSERVATION REPORT

UHID: 107832517
Name: Mr ARSHAD HUSAN
Sex: Male
Department: Paediatrics
Unit In-charge:
Sample Received Time: 16/01/2026 12:22 PM

Reg Date: 28/09/2024 08:48 AM
Ward Name :OPW V FLOOR
Age: 1 year 11 months 23 days
Unit Name: Unit-III
Sample Collection Date:16/01/2026 09:42 AM
Report Time:16/01/2026 03:41 PM

Sample Details :HMW-1601260476 (Blood) / Report Date:16/01/2026 03:41 PM

Test Name(Methodology)	Result UOM	Biological Reference	Verification Comment
216			
HCT (Cumulative Pulse Height Detection)	14.5 %	40 - 50 %	
RBC COUNT (Hydrodynamic Focusing DC Detection)	1.67 10*6/uL	4.5 - 5.5 10^6/µL	
PLATELET COUNT (Hydrodynamic Focusing DC Detection)	<5 10*3/uL	150.00-410.00	
T.L.C (Fluo.flowcytometry)	0.15 10*3/uL	4.00-11.00	
NEUTRO (Fluo.flowcytometry)	0.0 %	40.00-80.00	
LYMPHO (Fluo.flowcytometry)	73.3 %	20.00-40.00	
EOSINO (Fluo.flowcytometry)	0.0 %	1.00-6.00	
BASO (Fluo.flowcytometry)	0.0 %	0.00-1.00	
MONO (Fluo.flowcytometry)	26.7 %	2.00-10.00	
Hb(SLS-photometry)	4.6 g/dL	12 - 15 g/dL	
ABSOLUTE NEUTROPHIL COUNT (Calculated)	0.00 10*3/uL	2.00-7.00	
ABSOLUTE EOSINOPHIL COUNT (Calculated)	0.00 10*3/uL	0.02-0.50	
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	0.11 10*3/uL	1.00-3.00	
ABSOLUTE MONOCYTE COUNT (Calculated)	0.04 10*3/uL	0.20-1.00	
MCH (Calculated)	27.5 pg	26.00-34.00	
MCV (Calculated)	86.8 fL	80.00-96.00	
MCHC (Calculated)	31.7 g/dL	32.00-36.00	
RDW CV (Calculated)	19.5 %	11.60-14.00	
ABSOLUTE BASOPHIL COUNT (Calculated)	0.00 10*3/uL	0.02-0.10	

एकक/Unit _____ कमरा/Room C-207 पंजीकृत सं/O.P.D. Regn. No. _____

बाल चिकित्सा विभाग UHID:107832517
Dept No: 20240030028246
ARSHAD HUSAN
S/O Saddam Hussain
1Y 10M 27D / M(पुरुष)
Bahraich, Lucknow, UTTAR PRADESH, INDIA
Ph: 7715954138 General Rs. 0
Follow Up Patient
Queue / सं. F24
Unit-III, Paediatric
बुध, शनि, Wed, Sat(बुध, शनि)
Reporting: 08:21:50 20/12/2025

निदान | आयु Age | पता/Address

CIDIW dx sn/
o Supriya
Ma'am

दिनांक/Date | उपचार/Treatment

22/12/25

TO,
The Intervention [① dr Priyanka Ma'am]
Radiology

Kindly consider the
CIDIW/planned for allogenic
transplant
for Hickmann line
Placement
on 29/12/2026

Nikita
DR. NIKITA JAKHAR
Senior Resident
Paediatric Oncology
Dept. of Paediatrics
All India Institute of Medical Sciences
New Delhi- 110029

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	108699701	**Sex :**	Male
Patient Name :	Mr. ASAD HUSAIN	**Sample Received Date :**	23-Dec-2025 15:24 PM
Age :	8Y 2m	**Department :**	Paediatrics
Reg Date :	23-Dec-2025 15:24 PM	**Sample Collection Date:**	23-Dec-2025 14:26 PM
Recommended By :		**Sample Details :**	LB231225330
Lab Sub Centre:	SMART Lab, New RAK OPD	**Lab Reference No:**	2516989950

Report

HEMATOLOGY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Citrated Plasma			
PT *(Mechanical Viscoelastic)*	**17.20**	sec	13.1 - 16.3

Test Observations:

1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results 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 should be done
5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

INR	**1.29**		0.8-1.2
Sample Type : EDTA Whole Blood			
APTT *(Mechanical Viscoelastic)*	**28.10**	sec	29.8 - 35.3

22/12/25 D.O.B - 25/1/2024

Arshad

JMMW | planned for
allo- HSCT

C10%

Asad
D.O.B
6/12/2017

C10W
or Aditya sir

Plan
as DSA ⊖ to plan and

- proceed ē admission

- Admission slip
given ✓

Dr Nikita
FR

20/12/25

Akshad

JMML | planned for allo-HSCT

CIO :-

Potential donor

Asad

"6/12 match"

Baseline

10823

B*44:02 7810

post sensitization

12/9

B*44:03 6630

DRB1* 07:01 2854

5/12/25

?

B40

counts

19/12 7.2 19,960 2 UC

Clinically well

Advise

and plan ① TO RIV for allo-HSCT

and conditioning

plan on 22/12/25

Anisha

JR


भारत सरकार
Government of India
आधार
सद्दाम हुसैन
Saddam Husain
जन्म तिथि / DOB: 01/01/1991
पुरुष / MALE
Mobile No.: 7715954138
5393 8524 7249
मेरा आधा , मेरी पहचान


Unique Identification Authority of India
पता:
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