

**CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM**

**SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT**

**PATIENT REG NO : CHO/585/**

**DATE : 12-04-23**

**BENEFICIARY DEMOGRAPHY**

PATIENT'S NAME :SUMIT KUMAR YADAV

AGE: 03yrs

RELIGION : HINDU

GENDER :MALE ☒ FEMALE ☐ TRANSGENDER ☐



**PATIENT'S FAMILY DETAIL ( IN MIN 30 WORDS)**

Baby Sumit is suffering with Retinoblastoma Eye Cancer and his treatment is going on AIIMS Hospital. Sumit's father is currently unemployed and hardly earns bread for his family. They are in very miserable situation currently, kindly help child for his chemotherapy and surgery treatment.

**GUARDIAN 'S DETAIL :**

FATHER'S NAME: Mr. Manoj Kumar Yadav

MOTHER'S NAME : Mrs. Manju Yadav

OCCUPATION: Unemployed

OCCUPATION : Housewife

SIBLING : BROTHER  SISTER  TRANSGENDER

FAMILY INCOME: NA

**TREATMENT DETAILS:**

PATIENT SUFFERING FROM :RETINOBLASTOMA EYE CANCER

TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: Rs. 1,50,000 (Approx)

TREATMENT IS DONE AT : AIIMS Hospital, New Delhi

**DECLARATION:**

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

**(SIGN OF THE FATHER/GUARDIAN)**



निवेदन पत्र:-

सेवा में:-

श्रीमान दृष्टि महोदय-

कॉलेज हैप्पीनेश आर्गनाइजेशन

महोदय:-

साविनय-निवेदन है। कि मैं मनोज यादव ग्राम खगोलिया पोस्ट बख्ता जिला जौनपुर थाना गौराबादशाहपुर, उत्तर-प्रदेश का रहने वाला हूँ। मेरे बच्चे की दोनों आँखों में कैंसर है। जिसका नाम सुमित यादव है, जिसकी उम्र 3 वर्ष है, और इसका इलाज एम्स हास्पिटल में चल रहा है, जिसका खर्च डाक्टर 1.50000 तक बताया है, जिसका भुगतान करने में असमर्थ हूँ। कृपया आपसे विनम्र निवेदन है, कि आप हमारा इलाज में सहयोग करें, आपकी बड़ी कृपा होगी, मैं सदैव आपका उम्मीर रहूँगा, धन्यवाद।

आपका निवेदक:-

मनोज यादव

ग्राम खगोलिया पोस्ट  
बख्ता जिला जौनपुर  
(उत्तर-प्रदेश)





S/B Dictation

WT:- 13.2kg  
Ht:- 93cm (1.)

Current intake : 57skim and  
165f  
Recommended intake:  
1000 kcal and  
30g P.

Target : 1300 kcal and 34g P

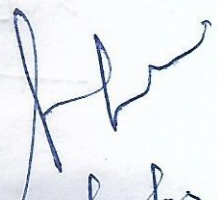
Advice - Pedagogical

15wsp in 200 ml milk

BD

Diet Mangrove

Cowley chie

  
25/03/23.

26/3/23

Septals:

Hygiene maintained

cycle 9 completed on 5/3/23  
EVA due on 24/3/23

(R) EORB - enucleated. (7/10/22)

(L) IORB (multifocal gp B)

Post 9 cycles HDCEV. (last 4/3/23.)

Due for EVA on 24/3/23.

RT enlisted.



$$b.8 \rightarrow \frac{3640}{640} \leftarrow 49,000$$

Adv:

1. Transfuse 200ml PRBC over 3 hours with 8mg laovic midway (elective date MCB-Day Care)

2. lgo ahead with cycle 10 HDCEV. wt-13kg

Inj Emeset 2mg IV } pre-chemo.

Inj Dexam 2mg IV }

Inj VCR 0.3mg IV push D1

Inj Carboplatin 360mg in 200ml NS over 1hr. D1

Inj Etoposide 150mg in 300ml NS over 1hr D1, D2 AG it 4/23

Inj GCSF 65µg SC OD

X 5 days post-chemo.

[ Syf Emeset (2mg / 5ml) 5ml tds

→ 2mg/5ml

→ AG 3/4/23

→ AG 4/4/23

→ AG 5/4/23

X 3 days

P. Dexam 4mg 1/2 — 1/2

P. lantol JR 15mg PO OD



ब० रो० वि० कार्ड

O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029

यू०एच०आई०डी० संख्या

UHID No.

आचार्य एस. के. खोखर का एकक

Prof. S. K. Khokhar's Unit

दृष्टि



नेत्र अमृत्य उपहार है  
जो आप ही दे सकते हैं

अनुभाग व दिन  
Section and Day  
सोमवार व बृहस्पतिवार  
Monday & Thursday

कमरा नंबर  
Cabin No.

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Sumit	3yr	M		13 lg

दिनांक DATE	निदान DIAGNOSIS
24/3/23	RE Rb

उपचार Treatment  
FT LSCS, CSAB, H/o ICU stay x 3d NPO since 10 pm  
(H/o? maternal anemia) - O<sub>2</sub> thru FM  
- H/o jaundice ⊕  
No H/o hptl admn. No comorbs

Chemo - 2 cycles, RE Enucleate in Oct 2022  
- On Sept 2022 H/o 6 GA exposures  
- last on 4/3/23  
H/o URI 1wk back after Chemo  
(cough)  
- took antibiotics last 5d back

Anaesthesia notes

Z: Sevofl + O<sub>2</sub> + N<sub>2</sub>O → Classic LMA #2  
M: Sevofl + O<sub>2</sub> + N<sub>2</sub>O  
A: 100% O<sub>2</sub>

Postop vitals stable

Exams  
Ⓝ Peds airway  
Nose clear  
Chest clear  
IV → Ⓡ foot

Namitha  
JR-2/AN

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting





# LABORATORY ONCOLOGY UNIT, Dr B.R.A. IRCH, AIIMS, New Delhi & NCI-JHAJJAR, AIIMS

## Requisition form for Routine Investigations

UHID :

Name :

Age/Sex :

• Clinical Diagnosis:

• Clinical Details:

*Reinobla bava.*

• Payment status:

Paying

EHS (No :)

Exempted by (Sign and Stamp)

### Investigation Requested

Parameters	Cost	Parameters	Cost	Parameters	Cost	Parameters	Cost
✓ CBC+DLC	Free	Total Bilirubin	Free	FSH	200	HIV	Free
CBC+DLC+ Reticulocyte	Free	Direct Bilirubin	Free	LH	200	HBsAg	Free
PT	Free	SGPT/ALT	Free	Estradiol	225	HCV	Free
INR	Free	SGOT/AST	Free	Progesterone	225	IgG	Free
APTT	Free	Total protein	Free	Cortisol	200	IgA	Free
TT	Free	Albumin	Free	Vitamin D	200	IgM	Free
D Dimer	Free	Alkaline Phosphatase	Free	Testosterone	200	AFP	Free
Fibrinogen	Free	GGT	Free	TSH	200	CA125	500
Glucose R	Free	Amylase	Free	FT3	Free	CA19.9	100
Glucose F	Free	Lipase	Free		Free	CEA	225
Glucose PP	Free	Magnesium	200		200	PSA	275
GTT-50g Glucose	Free	Cholesterol	200		200	Free PSA	Free
GTT-75g Glucose	Free	Triglyceride	100		100	β-HCG	Free
GTT-100g Glucose	Free	VLDL	Free		Free	HbA1c	150
Urea	Free	LDL		Homocysteine	Free	<b>Requesting Doctor</b> Name <i>[Signature]</i> Sign Seal	
Creatinine	Free	HDL		Iron	Free		
Uric Acid	Free	LDH		Transferrin	100		
Calcium	Free	CRP	25	Ferritin	Free		
Phosphorus	Free	IL-6	Free	TIBC	Free		
Sodium	Free	Procalcitonin	1350	Troponin	35		
Potassium	Free	Prolactin	200	CK-NAC	125		
Chloride	Free	PTH	200	CK MB	100		







अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 106040497 Sex : Male  
Patient Name : Mr. SUMIT MANOJ YADAV Sample Received Date : 24-Mar-2023 18:07 PM  
Age : 2Y 10m Department : Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date : 24-Mar-2023 18:07 PM Sample Collection Date: 24-Mar-2023 13:42 PM  
Recommended By: Dr. S. K. KABRA Lab Reference No: 2312211776

Sample Details : LH2403231329

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	7.70	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	27.80	%	34 - 40
RBC count (Impedance)	3.72	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	5.92	$10^3/\mu\text{L}$	5.0 - 15.0
Platelet count (Impedance)	368.00	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	74.70	fL	75 - 87
MCH (Calculated)	20.70	pg	24 - 30
MCHC (Calculated)	27.70	g/dL	
RDW-CV (Calculated)	31.20	%	11.6 - 14
Neutro (Fluo. flow cytometry)	27.50	%	30-60%
Lympho (Fluo. flow cytometry)	59.10	%	29-65%
Eosino (Fluo. flow cytometry)	0.50	%	1-4%
Mono (Fluo. flow cytometry)	12.70	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.20	%	0-1%
Neutro - Abs (Calculated)	1.63	$10^3/\mu\text{L}$	1.5-8.0
Lympho- Abs (Calculated)	3.50	$10^3/\mu\text{L}$	6.0-9.0
Eosino - Abs (Calculated)	0.03	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	0.75	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.01	$10^3/\mu\text{L}$	0.02 - 0.1

Remarks: Microcytic Hypochromic Anemia. Advice: 1. Iron studies, 2. Reticulocyte count. Kindly correlate clinically

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

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr. Kundan Kumar MD (Lab  
Medicine)  
24-Mar-2023 19:30





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 106040497 Sex: Male  
Patient Name: Mr. SUMIT MANOJ YADAV Sample Received Date: 24-Mar-2023 16:43 PM  
Age: 2Y 10m Department: Paediatrics  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block\*  
Reg Date: 24-Mar-2023 16:02 PM Sample Collection Date: 24-Mar-2023 13:42 PM  
Recommended By: Dr. S. K. KABRA Lab Reference No: 2312211187  
Sample Details: LC2403231868 Sample Type: Serum

Report

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLDH)	24	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.2	mg/dL	0.2 - 0.4
Uric Acid (enzymatic colorimetric)	2.6	mg/dL	3.4 - 7.0
Calcium (5-Nitro-S'-methyl-3-PTA)	10.0	mg/dL	8.8 - 10.8
Phosphorus (molybdate UV)	4.8	mg/dL	2.5-4.5
Sodium (Ion Selective Electrodes)	138	mmol/L	135 - 145
Potassium (Ion Selective Electrodes)	4.3	mmol/L	3.5-5.1
Chloride (Ion Selective Electrodes)	104	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.14	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.09	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.05	mg/dL	0 - 0.9
ALT (HCC without pyridoxal phosphate)	21	U/L	0 - 26
AST (HCC without pyridoxal phosphate)	38	U/L	<=40
ALP (HCC)	296	U/L	142 - 335
Total protein (Biotrol)	6.3	g/dL	6.0 - 8.0
Albumin (BCG)	4.4	g/dL	3.8 - 5.4
Globulin (Calculated)	2.0	g/dL	3.0 - 3.7
A/G ratio (Calculated)	2.2		0.8-2.0

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

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr. Ramji Rao Ramijinni  
24-Mar-2023 20:09





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
All India Institute Of Medical Sciences, New Delhi

UHID: 106040497 Sex : Male  
Patient Name : Mr. SUMIT MANOJ YADAV Sample Received Date : 28-Feb-2023 18:38 PM  
Age : 2Y 10m Department : Neuro Anesthesia  
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
Reg Date : 28-Feb-2023 18:38 PM Sample Collection Date: 28-Feb-2023 15:32 PM  
Recommended By: Dr. S. K. KABRA Lab Reference No: 2312112776

Sample Details : LH2802231452

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	<u>7.60</u>	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	28.00	%	34 - 40
RBC count (Impedance)	3.76	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count (Fluo. flow cytometry)	5.02	$10^3/\mu\text{L}$	5.0 - 15.0
Platelet count (Impedance)	308.00 ✓	$10^3/\mu\text{L}$	200 - 490
MCV (Calculated)	74.50	fL	75 - 87
MCH (Calculated)	20.20	pg	24 - 30
MCHC (Calculated)	27.10	g/dL	
RDW-CV (Calculated)	31.40	%	11.6 - 14
Neutro (Fluo. flow cytometry)	26.30	%	30-60%
Lympho (Fluo. flow cytometry)	59.60	%	29-65%
Eosino (Fluo. flow cytometry)	0.20	%	1-4%
Mono (Fluo. flow cytometry)	13.70	%	2-10%
NRBC	1	%	
Baso (Fluo. flow cytometry)	0.20	%	0-1%
Neutro - Abs (Calculated)	1.32	$10^3/\mu\text{L}$	1.5-8.0
Lympho- Abs (Calculated)	2.99	$10^3/\mu\text{L}$	6.0-9.0
Eosino - Abs (Calculated)	0.01	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	0.69	$10^3/\mu\text{L}$	0.2 - 1.0
Baso - Abs (Calculated)	0.01	$10^3/\mu\text{L}$	0.02 - 0.1

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

Dr. Sudip Kumar Datta  
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal  
(Hematology & Coagulation)

Dr. Suneeta Meena  
(Serology)

Dr Ranjan Yadav MD (Lab  
Medicine)  
01-Mar-2023 00:58



Let's try GCSF 65 mcg s.c. 00 from Day 3 to 4 A/c recovery

Syp Amet (2mg/5ml) 5ml TDS  
T. Dexam (4mg)  $\frac{1}{2}$  tab TDS  
P. Lancel IR 15mg 1 tab BBPOD } x 3 days

Cont. Septsan, oral hygiene

Take an urgent RPC & RT OPD date (father counselled)

N/V - 20/3/23 - POC - 2pm

*[Signature]*

S/B Dietitia

Wt:- 13kg.

Current Intake :- 890 kcal and 21 g P.  
Recommended Intake :- 1230 kcal & 34 g P  
↓ Ind appetite since 2-3 days.

Counselling done

Advice :- Thryth 3/day

Gruel 2-3 t.p/day

*[Signature]*  
01/3/23

GCSF 65mcg

D1  
Fakir  
6/3/23

D2  
Fakir  
5/3/23

D3  
Fakir  
4/3/23

D4  
Fakir  
3/3/23

D5  
Fakir  
10/3/23

Adv - syp Glatiramer (5/5) 2.5ml t.u x 5 day



No OPD card



Dr. Rajendra Prasad Centre For Ophthalmic Sciences  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New  
Delhi, 110029

Discharge Report  
PROVISIONAL DISCHARGE CERTIFICATE

121

UHID : 106040497  
Name: Mr. SUMIT MANOJ YADAV  
Age/Sex: 2 years 5 mons 9 days / Male  
Ward Name: 1A  
Address: KHATOLIA, JAUNPUR, UTTAR PRADESH, INDIA  
Mobile No: 9054137162  
Date of Admission: 05/10/2022 11:09:08 AM  
Date of Discharge : 08/10/2022 08:22:00 AM

Cr No: R-033945-22  
Department: R. P. Centre (Eye Centre)  
Unit: Unit-VI  
Bed No.: 121

22-1146  
8/10/22

Drug Allergy, if any :- []

ICD Code: ^H36  
ICD Description: Retinal disorders in diseases classified elsewhere

Diagnosis  
✓ RE FORB  
✓ LE MULTIFOCAL GROUP B RETINOBLASTOMA

Investigation  
Systemic NIL  
Ocular  
VA (CARDIFF)  
RE DOES NOT FOLLOW LIGHT  
LE 6/12 AT 50 CM  
IOP  
RE DIG LOW  
LE DIG NORMAL

Treatment/Operative Procedure  
Surgeon DR LOMI  
Date 08/10/2022  
07  
Surgery  
RE ENUCLEATION UNDER GA  
OPTIC NERVE STUMP 16 MM PLANT SIZE 20 MM  
SILICON

Condition at Discharge  
Vision NA  
Anterior Seg. MILD WATERY DISCHARGE  
WOUND OPPOSED  
CONFORMER INSITU  
IOP  
Posterior Seg. DIG LOW  
NA

Advice During Discharge  
Oral  
SYP IBUGESICS PLUS 2.5 ML TDS FOR 5 DAYS  
SYP DIGENE 2.5 ML OD FOR 5 DAYS - 0.25ml  
WITH DR LOMI IN 142B AT 2PM ON 12/10/22  
BRING HISTOPATHOLOGY REPORT  
Follow Up  
7th floor (1st flr)  
Topical  
RE  
E/D MILFLODEX 4T/D 1 WEEK  
E/D ARTIFICIAL TEARS 6T/D FOR 1 WEEK  
Position

Pre-op  
VER  
35.5mv LOSmax

Last EOA -  
2/9/22



chemoreduced EOB

Regretting  
lesion

Prepared By: Dr. Arnav Panigrahi  
Signature Of Senior Resident

Date & Time  
8/10/22



Chemo - 3 HDCEV

IAC ⊖

EBRT ⊖

(L)

ICG TTT

2/9/22

Last chemo - on 6/9/22

Last WRC - C/S/B SE Radiology

(R) Rheoregret EORR  
No optic nerve thickening &  
enhancement

+ Kindly accommodate pt in Dharmashal

To Gurin  
for hypoxia  
adjust chemotherapy

EMNT for (10)  
45K.

Recd  
8/10/22  
डॉ. प्रीति तोमर / Dr. PREETI TOMAR  
वरिष्ठ रजिस्ट्रार / Senior Resident  
डॉ. राजेन्द्र प्रसाद मेनन विज्ञान केंद्र  
Dr. R. P. Centre for Ophthalmic Sciences  
अ. वि. अ. वि. नई दिल्ली / A.I.M.S., New Delhi-29

Rem - HPT report

Date for EMNT  
1 month  
17/10/22

Used / sat

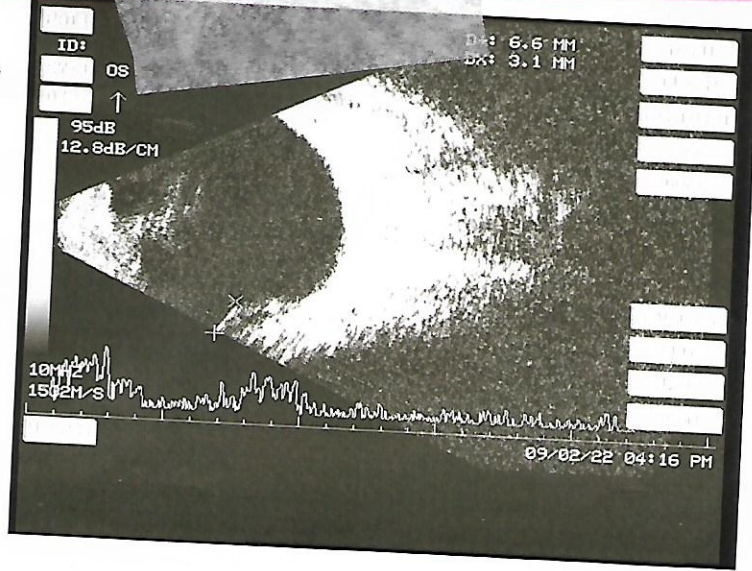
(33) 4.50K

Rem in perid's notes  
for adjust Sy, and chemotherapy

147 B  
(10/10/22)

TRCT for EMNT (R)





भाग व दिन  
on and Day  
र व शनिवार VI  
day & Saturday

कमरा नंबर  
Cabin No.

क  
Unit

121

पता  
Address

NCES  
29

DATE 2/9/22 DIAGNOSIS उपचार Treatment

EVA ↓ unit-6

No of chemo-2  
last chemo: 27/4/22

IAC ⊕

EBRT ⊕

Periocular / Intraocular inj.

Recent EVA: 24/6/22 (Staging EVA)

RE  
CORB

LE  
~~WNT~~ Multifocal Group B  
RB.

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

- the same.
- I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.
- I acknowledge that no guarantee and promises has been made to me concerning the result of any procedure / treatment.
- I consent to the photographing or televising of the operations or procedures to be performed, Including appropriate



**RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029**

**CONSENT FORM**

U.H.I.D. NO. / O.P.D. NO. Sumit Yadav BED NO. \_\_\_\_\_  
NAME : \_\_\_\_\_ SEX : \_\_\_\_\_ AGE : \_\_\_\_\_  
SON / DAUGHTER / WIFE OF Manoj Kumar Yadav  
ADDRESS : Village Khataliya post Bhaghandra Distt  
Jounpur Uttar Pradesh  
TELEPHONE NO. (OFF) 9054137162 (RESI.) \_\_\_\_\_ FAX. \_\_\_\_\_

**INFORMED CONSENT**

**AUTHORISATION FOR MEDICAL TREATMENT, ADMINISTRATION OF ANAESTHESIA AND PERFORMANCE OF SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE**

1. I hereby authorise the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, A.I.I.M.S. and those the Institute may designate as staff to perform upon \_\_\_\_\_ the following medical treatment, surgical operation and / or diagnostic / therapeutic procedures \_\_\_\_\_
2. It has been explained to me that during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedure in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorise the above designated staff to perform such additional surgical or other procedures as they deem necessary or desirable.
3. I consent to the administration of anaesthesia and to the use of anaesthetics as may be deemed necessary, or desirable, except to the following exceptions.  
\_\_\_\_\_

(Indicate exception or 'None')

4. To the best of my knowledge, I state that I am / am not suffering from Hypertension / Diabetes / Bleeding disorders / Heart disease or \_\_\_\_\_
5. I also state that I am not suffering from any known allergies or drug reactions. Which are \_\_\_\_\_
6. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.
7. The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complications in the investigative procedures / investigations and treatment of my condition / diagnosis have been fully explained to me and I understand the same. I have also been explained that in view of squint any one or both eyes may need to be operated and I give consent for the same.
8. I have been given an opportunity to ask all / any questions and I have also been given option to ask for any second opinion.
9. I acknowledge that no guarantee and promises have been made to me concerning the result of any procedure / treatment.
10. I consent to the photographing or televising of the operations or procedures to be performed, including appropriate



All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

106090497

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name Sumit Yadav Father's name Manoj Age 3yr Sex M POC NO.....family history.....

Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis

Others.....

Unilateral/bilateral B/L

MT 0.0mm HBsAg NR HIV NR

L Intraocular/Extraocular

R Intraocular/Extraocular

Group B Metastatic/Non metastatic

Group Metastatic/Non metastatic

Baseline workup/Investigations

USG Rt. sided large mass filling > 50% of globe with calcification  
Lt. sided appears anechoic

EUA Rt. eye - fundus not visible, Scleral invasion ⊕ AC seeds ⊕  
Lt. eye - Group B  
Total hyphema ⊕

Indirect Ophthalmoscopy

CT/MRI date & report

Rt. scleral breach ⊕ upto 1cm; ON not involved.  
Lt. intraocular mass, ON not involved.

Review of imaging at radioconference (Yes/No)

NR

Hb 7 TLC 11680 Platelet 629 AN 4340  
SGOT/SGPT/S.Bil/SAP 39/16/0.32/2.18  
MT NR HBsAg NR HIV NR