



THE
CURABLE
TRUST
MY MOMMY
DOESN'T
WANT YOUR
ADVICE.



INSTITUTE OF CHILD HEALTH

11 DR. BIRESH GUHA STREET, KOLKATA 700017

Phone No : +91 33 2290 5686 FAX : +91 33 2289 3242

E-mail : ichcal@yahoo.com Website : www.ichcalcutta.org

- RECEIPT

Date: 12-02-2026 02:27 PM

| | | | |
|-----------------|---|--------------------|------------------|
| Patient's Name: | TANUSH BERA | Bill No: | 2600004403 |
| Gardian's Name: | AVIJIT BERA [FATHER] | Reg No : | 2600003467 |
| Address : | BANKRA DAKSHIN PALLY POST -BANKRA DOMJUR | IPD Admission No: | 2600001667 |
| P.S. : | DOMJUR | Age: | 6-Yr.4-Mn.13-Day |
| Pin: | 711403 | Bed No: | HEM-06 |
| Sex : | M | Phone No: | |
| Group : | General | Date of Admission: | 10-02-2026 |

Admitted under Dr.: SNEHA AGARWALA

Recieved from (Corporate / patient / others) as Advance : Rs. 24,710.00

Paid Through: Card, Inv. No: 103711

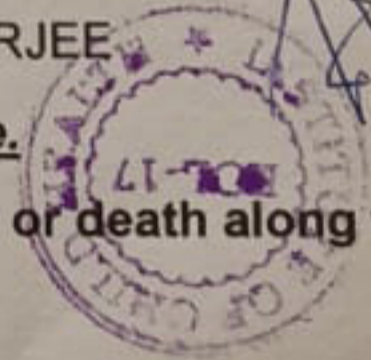
Total Amount Paid till date 12-02-2026 Rs. 24710/-

Name / Signature dt. :

(Staff)

SAIKAT MUKHERJEE

Please produce this document at the time of discharge.



*Claims for refund of money must be made within 5 days of discharge or death along with original receipt

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. : Bed No. Date. :

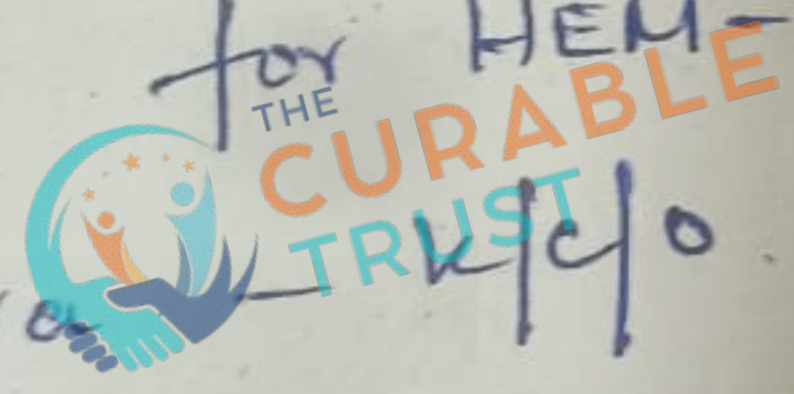
Name of Patient : HEM - 180 - 1

DIRECTIONS

Please pay for ophthal

examination

for HEM-180-1



Tamukh Bera

APML — on chemo, with

labile hypertension &
reddening of b/l conjunctiva

LTH

al College & Hospital)

mobile : 90736 84856 (9 am to 4 pm), 90730 60117 (4 pm to 9 am)
E-mail : ichcal@yahoo.com, Website : www.ichcalcutta.org

- Please bring OPD prescription & receipt during every visit.
- Investigations are preferred to be done from ICH Lab.
- Patients advised admission should be admitted at ICH, (subject to availability of beds.)

HEM-150-1

REG. NO. : 2600003467
REG. DATE: 31/03/2026
BILL NO. : 2600029870

NAME : TANUSH BERA
ADDRESS : BANKRA DAKSHIN PALLY POST-BANKR
SEX : M
AGE : 6 yr 5 month(s) 7 day(s)
ROOM NO.: 108
SRL. NO.: 8

CONSULTATION FEES: Rs. 350
VISITING DATE : 31/03/2026
CONSULTANT : DR. PRACHI SUBHEDAR GHOSH

.asim/M/192.168.1.73/O/P



FOR INSTRUCTIONS PLEASE SEE OVERLEAF

INSTITUTE OF CHILD HEALTH

(A Trust-run, Not for profit, Post Graduate Medical College & Hospital)
11, Dr. Biresh Guha Street, Kolkata 700017
Mobile : 90736 84856 (9 am to 4 pm), 90730 60117 (4 pm to 9 am)
E-mail : ichcal@yahoo.com, Website : www.ichcalcutta.org

RECEIPT

- Please bring OPD prescription & receipt during every visit.
- Investigations are preferred to be done from ICH Lab.
- Patients advised admission should be admitted at ICH, (subject to availability of beds.)

Received thanks from TANUSH BERA
The sum of Rupees Three Hundred Fifty Only/-
Against OPD Consultation fee.

(Reg No. - 2600003467)

RS. 350/-

CASHIER



HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICH Kolkata
2. Name of Physician / Surgeon : Hematology
(Capital Letters)

Date of requisition : 13/2/26
3. General Bed or Paying Bed or Cabin : General Bed
Address of the Patient (For house treatment)

4. How the blood should be issued :
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party | any of this
(iii) Blood donation / Credit Card
5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 13/2/26
6. Bed No. : HEM 6
7. Ward No. :
8. Hospital Registration No. : 26-1770
9. Age : 6yrs 4m
10. Sex : M
11. Diagnosis : APML

For Blood Bank Use only

12. Indication for transfusion : (Tick which is applicable & cross the rest)
● Acute Haemorrhages ● Surgery ● Congenital Anemia / Thalassemia
● Snake bite ● Chronic Anemia not responding to treatment ● Cancer and / or Chemotherapy
● Liver diseases ● Coagulation Disorder ● Others (Please specify)
13. Obstetrical history :
14. Whether Emergency : No if so, why

15. Any adverse reactions : Not known

16. Hb. :
17. Platelet Count :

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate (F.F.P. / Washed R.B.C. / Platelet cone / SDP / Others.

19. Quantity : 1 Unit Unit '0'
20. (i) Blood Group of patient : to be determined Rh Factor : to be determined POSSIBLE

(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : Coming morning at 9 AM

22. Any special-test wanted : As per govt Norms

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

3:15 PM 13/2/26
Time & Date

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

THE CONCEPT OF "FRESH BLOOD" DOES NOT EXIST
SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

To be kept reserve for tomorrow morning (9 AM)

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICH Kolkata
2. Name of Physician / Surgeon : Hematology
(Capital Letters)

Date of requisition : 13/2/26
3. General Bed or Paying Bed or Cabin : General Bed
Address of the Patient (For house treatment)

4. How the blood should be issued :
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party
(iii) Blood donation / Credit Card
any of this
5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 13/2/26
6. Bed No. : HEM 6
7. Ward No. :
8. Hospital Registration No. : 26-1770
9. Age : 6 yrs 4m
10. Sex : M
11. Diagnosis : APML

For Blood Bank Use only

12. Indication for transfusion : (Tick which is applicable & cross the rest)
● Acute Haemorrhages ● Surgery ● Congenital Anemia / Thalasassaemia
● Snake bite ● Chronic Anemia not responding to treatment ● Cancer and / or Chemotherapy
● Liver diseases ● Coagulation Disorder ● Others (Please specify)
13. Obstetrical history :
14. Whether Emergency : No if so, why

15. Any adverse reactions : Not known

16. Hb. :
17. Platelet Count :

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate (F.F.P. / Washed R.B.C. / Platelet cone / SDP / Others)

19. Quantity : 1 Unit Unit 'O'
20. (i) Blood Group of patient : to be determined Rh Factor : to be determined POSSIBLE
(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : Coming morning at 9 AM

22. Any special-test wanted : As per part No. 20
3:15 PM 13/2/26

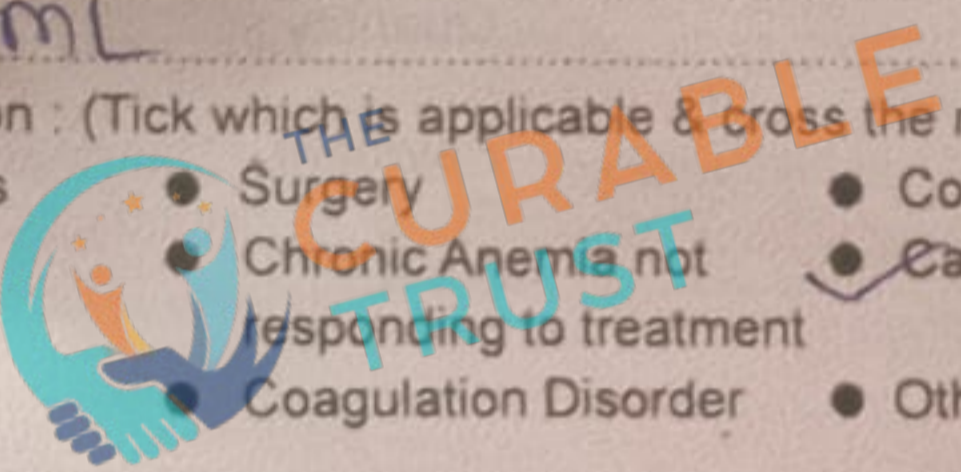
Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

Time & Date

Countersigned
Designation
Reg No. of Physician
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MRINALINI CANCER RESEARCH CENTRE
Kolkata-17



can reserve for tomorrow morning (9 AM)

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICH Kolkata
2. Name of Physician / Surgeon : Hematology
(Capital Letters)

Date of requisition : 13/2/26

3. General Bed or Paying Bed or Cabin : General Bed
Address of the Patient (For house treatment)

4. How the blood should be issued :
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party
(iii) Blood donation / Credit Card
any of this

5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 13/2/26

6. Bed No. : HEM 6

7. Ward No. :

8. Hospital Registration No. : 26-1770

9. Age : 6 yrs 4m

10. Sex : M

11. Diagnosis : APML

12. Indication for transfusion : (Tick which is applicable & cross the rest)
● Acute Haemorrhages ● Surgery ● Congenital Anemia / Thalassemia
● Snake bite ● Chronic Anemia not responding to treatment ● Cancer and / or Chemotherapy
● Liver diseases ● Coagulation Disorder ● Others (Please specify)

13. Obstetrical history :

14. Whether Emergency : No if so, why

15. Any adverse reactions : Not known

16. Hb. :

17. Platelet Count :

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate (F.F.P. / Washed R.B.C. / Platelet cone / SDP / Others)

19. Quantity : 1 Unit Unit '0'

20. (i) Blood Group of patient : to be determined Rh Factor : to be determined
(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : Coming morning at 9 AM

22. Any special-test wanted : As per govt. Norms

Countersigned
Designation

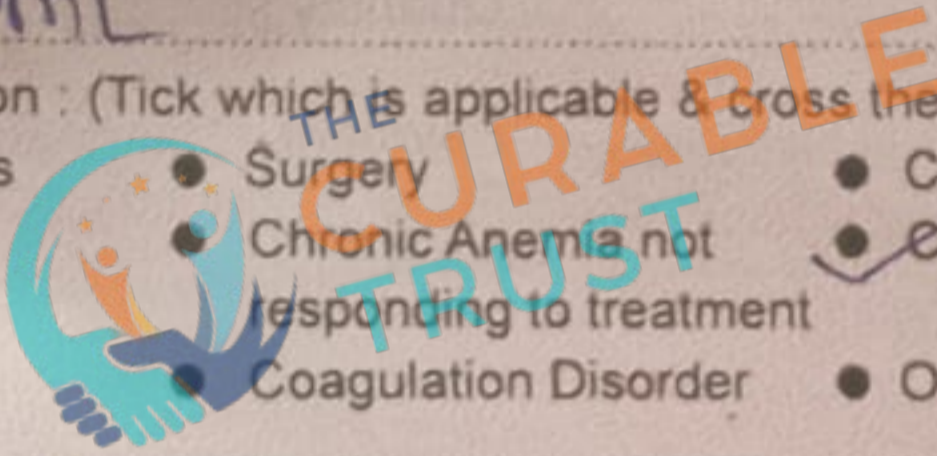
Reg. No. of Physician
(In case of Private Institute)

Time & Date
3:15 PM 13/2/26

Countersigned
Designation
Reg No. of Physician
(In case of Private Institute)

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INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17



For Blood Bank Use only

can reserve for tomorrow morning (9 AM)

to be kept reserve for tomorrow morning (9 AM)

ফর্ম নং. ২৪
Form No. 24

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICH Kolkata

2. Name of Physician / Surgeon : Hematology
(Capital Letters)

Date of requisition : 13/2/26

3. General Bed or Paying Bed or Cabin : General Bed

Address of the Patient (For house treatment)

4. How the blood should be issued :

(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)

(ii) Cash by party

(iii) Blood donation / Credit Card

5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 13/2/26

6. Bed No. : HEM 6

7. Ward No. :

8. Hospital Registration No. : 26-1770

9. Age : 6 yrs 4 M

10. Sex : M

11. Diagnosis : APML

12. Indication for transfusion : (Tick which is applicable & cross the rest)

● Acute Haemorrhages ● Surgery ● Congenital Anemia / Thalassemia

● Snake bite ● Chronic Anemia not responding to treatment ● Cancer and / or Chemotherapy

● Liver diseases ● Coagulation Disorder ● Others (Please specify)

13. Obstetrical history :

14. Whether Emergency : No if so, why

15. Any adverse reactions : Not known

16. Hb. :

17. Platelet Count :

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate (F.F.P. / Washed R.B.C. / Platelet cone / SDP / Others.

19. Quantity : 1 Unit Unit '0'

20. (i) Blood Group of patient : to be determined Rh Factor : to be determined
(Group and Rh Factor must be mentioned if previously tested)

(ii) 21. When wanted : Coming morning at 9 AM

22. Any special-test wanted : As per govt Norms

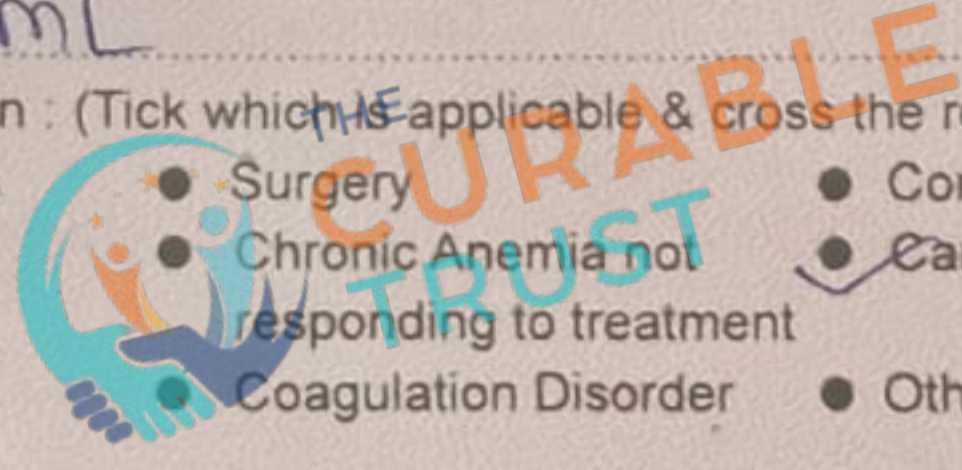
Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

3:15 PM 13/2/26
Time & Date

Countersigned
Designation
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INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17



For Blood Bank Use only



Tata Medical Center

14 MAR (EW) , Newtown, Kolkata -700 160
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Molecular Pathology

Run Date: 25/02/2026 0:51:19

MR No. : MR/02/010460
Name : Master Tanush Bera
Age : 6 Y 4 M
Ref. Doctor : Dr. Mayur Parihar
Age at time of : 6 Y 4 M
Sample Collection

Request No. : SO/26/0129073
Patient No. : OP/26/012830
Sex : Male
Reported on : 24/02/2026 16:01:18
Lab Ref.No. : MP/26/000657

| Parameter | Result | Biological Ref. Interval | Units |
|---|--------|--------------------------|---|
| Specimen : PERIPHERAL BLOOD (SE/26/046897) | | | Collected On : 12/02/2026 14:30:54 |
| | | | Received On : 12/02/2026 15:05:06 |

ddPCR (PML-RARA/ABL)

Methodology

Total RNA was extracted from Peripheral blood WBCs using Qiasymphony. Complementary DNA was synthesized using reverse transcriptase, followed by quantification of the PML::RARA fusion transcript by droplet digital PCR (Biorad, USA). The ddPCR PML-RARA fusion transcripts are reported as absolute copies (absolute copies in the PML::RARA fusion assay reaction/20ul) and as the percentage ratio of PML::RARA transcript copies and ABL1 copies.

Gene tested
Clinical details
Result

PML RARA fusion gene 17q21
At Diagnosis
Positive for PML RARA fusion transcript (BCR3).

Absolute PML::RARA /20UL
Absolute ABL1 (Reference gene) copies/20ul
Ratio PML::RARA/ABL1

4464
47068
9.48 %

Comments

Acute promyelocytic leukemia (APL or AML-M3) is a subtype of acute myeloid leukemia with distinct clinical and histopathologic features. APL accounts for 10-15% of all AML cases and is characterized by a unique chromosomal anomaly. Investigations suggest that more than 95% of APL patients harbor a translocation between chromosomes 15 and 17, which fuses the retinoic acid receptor alpha (RARA) gene on chromosome 17 with the PML gene on chromosome 15. Detection of the PML/RARA t(15;17) translocation is therefore used within clinical research as an identifier for APL. The PML/RARA t(15;17) translocation is used in conjunction with the investigation of therapy response to all-trans-retinoic acid and arsenic trioxide as well as research on therapy response monitoring via MRD and research regarding detection of early relapse. Depending on the location of breakpoints within the PML site, intron 6, exon 6 and intron 3, the respective PML-RARa transcript subtypes referred to as long (L or bcr1), variant (V or bcr2) and short (S or bcr3), may be formed. They represent 55%, 5% and 40% of the cases respectively.

Disclaimer

All precautions were taken to ensure the accuracy of these results. However, a 1% chance of error in this report is possible

Authorised By : Dr. Mayur Parihar

-: End of Report :-

"This report is electronically generated "

"Results relate only to the items tested "

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICCH
2. Name of Physician / Surgeon : ICCH
(Capital Letters)

Date of requisition : 1/3/26
3. General Bed or Paying Bed or Cabin : Paying
Address of the Patient (For house treatment)

4. How the blood should be issued
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party
(iii) Blood donation / Credit Card

By
Jay
Juman

5. Name of Patient : Tanush Bera
(Capital Letters)

Date of admission : 12/2/26
6. Bed No. : HEH-6
7. Ward No. : HEH-6
8. Hospital Registration No. : 26-1720

For Blood Bank Use only

9. Age : 6 yrs
10. Sex : Male
11. Diagnosis : Acute Pancytopenic Leukemia

12. Indication for transfusion : (Tick which is applicable & cross the rest)
 Acute Haemorrhages Surgery Congenital Anemia / Thalassemia
 Snake bite Chronic Anemia not responding to treatment Cancer and / or Chemotherapy
 Liver diseases Coagulation Disorder Others (Please specify)

13. Obstetrical history : Nil
14. Whether Emergency : Yes if so, why

15. Any adverse reactions : Not known

16. Hb : 8
17. Platelet Count : 47000

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate / F.F.P. / Washed R.B.C. /
Platelet cone / SDP / Others

19. Quantity : 2 Unit
20. (i) Blood Group of patient : To be determined Rh Factor : To be determined
(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : As soon as possible
22. Any special-test wanted : As per govt. rule

Countersigned : [Signature]
Designation : [Signature]
Reg. No. of Physician : [Signature]
(In case of Private Institute)

INSTITUTE OF CHILD HEALTH
PRINIPAL IN CANCER RESEARCH CENTRE
Kolkata-17
Time & Date : 1/3/26

Countersigned : [Signature]
Designation : [Signature]
Reg. No. of Physician : [Signature]
(In case of Private Institute)

THE CONCEPT OF "FRESH BLOOD" DOES NOT EXIST
SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. :

Bed No.

HEM6

Date :

22/2

Name of Patient :

Tanush Bera

DIRECTIONS

• Inf Mesotec (1g) → (6)

NS (100) → (6)

NS (1 liter) → (2)



INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

R

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭

INSTITUTE OF CHILD HEALTH, KOLKATA - 17


Pediatrician : Haematology

Reg. : Bed No. Date : 13/02/20

Name of Patient : TANUSH BERA

DIRECTIONS

HEM-06

Cap.  — 10 mg

— 1 strip.

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

P
13/02

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. : Bed No. HEM-6 Date : 14/2

Name of Patient : Tanush Beera

DIRECTIONS

* Tab. Zydoric (100mg) → 1 Strip

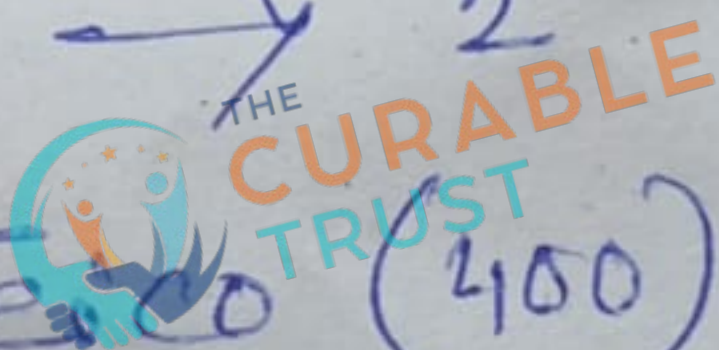
* Inj Mero (1g) → (6)

* 1000 ml NS → 2

* Inj KCl → 2

* Inj Teno (400) → (2)

INSTITUTE OF CHILD HEALTH
RINALINI CANCER RESEARCH CENTRE
Kolkata-17





INSTITUTE OF CHILD HEALTH CALCUTTA

11, Dr. Biresch Guha Street, Kolkata - 700 017, Ph. : 2290 5686

INVESTIGATION REFERRAL SLIP (IRS) **1161**

Reason for sending outside *As per order*

Patient's Name *TANUSH BERA*

Reg No. *26-1667* Age *6y 4m* Sex *M* Under *Hum 6*

Name of the Laboratory *TATA MEDICAL CENTRE* Date *12/2/26* Time

Blood for

1. *Peripheral blood for P2M1 - RARA (quantitative PCR)*

3. *4 (15, 17)*

5. *6*

7. *8*

Name of the SHO *[Signature]*

Date & Seal *12/2/26*

Sister *[Signature]*

Date *12/2/26*

PTD

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. : Bed No. HEM-6 Date : 12/2

Name of Patient :

DIRECTIONS

~~1. Dera (4mg) - 2 strips~~
~~NS (100) - 1~~

~~Inj Ondansetron (4mg) - 1~~

~~4. Zyloric (100mg) - 1 strip~~

~~Tub Pan - (1)~~

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

~~Inj Lasix - (4)~~
~~* see - (10)~~

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICU
2. Name of Physician / Surgeon : ICU

(Capital Letters)

Date of requisition : 1/3/26

3. General Bed or Paying Bed or Cabin : Paying
Address of the Patient (For house treatment)

4. How the blood should be issued :
(I) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party
(iii) Blood donation / Credit Card

5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 12/2/21

6. Bed No. : HEM-6

7. Ward No. : HEM-6

8. Hospital Registration No. : 26-1770

9. Age : 6yrs

10. Sex : Male

11. Diagnosis : Acute Promyelocyte Leukemia

12. Indication for transfusion (Tick which is applicable & cross the rest)

- Acute Haemorrhages
- Surgery
- Congenital Anemia / Thalassemia
- Snake bite
- Chronic Anemia not responding to treatment
- Cancer and / or Chemotherapy
- Liver diseases
- Coagulation Disorder
- Others (Please specify)

13. Obstetrical history : Nil

14. Whether Emergency : Yes if so, why

15. Any adverse reactions : Not known

16. Hb. : 8

17. Platelet Count : 49000

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate / F.F.P. / Washed R.B.C. / Platelet cone / SDP / Others

19. Quantity : 1 Unit.

20. (I) Blood Group of patient : To be determined Rh Factor : To be determined
(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : As soon as possible

22. Any special-test wanted : As per govt rules

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

1/3/26
Time & Date

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

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SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY



Tata Medical Center

14 MAR (EW) , Newtown, Kolkata -700 160
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Cytogenetics

Run Date: 13/02/2026 0:26:55

MR No. : MR/02/010460 Request No. : SO/26/0129073
Name : Master Tanush Bera Patient ID : OP/26/012830
Age : 6 Y 4 M Sex : Male
Age at time of Sample Collection : 6 Y 4 M Reported on : 12/02/2026 17:09:08
Referring Doctor : Mayur Parihar

Lab. Ref. No. : CG/26/000229

Specimen : PERIPHERAL BLOOD FISH
(SE/26/046896)

Collected On : 12/02/2026 14:30:54 Received On : 12/02/2026 14:48:13

FISH FOR PML/RARa t(15;17)

RESULT SUMMARY

Positive for **PML::RARa fusion.**

FISH FOR PML/RARa t(15;17)

CYTOGENETICS LAB REF NO: F 054/26

COMMENT:

FISH analysis of 200 interphase cells shows **PML::RARa fusion** in 100% of the cells, indicating that the t(15;17) is present.

TEST RESULT: INTERPHASE/NUCLEAR IN SITU HYBRIDIZATION [ISCN 2024]

nuc ish(PML,RARa)×3 (PML con RARa)×2 [200/200]

FISH ANALYSIS:

NUMBER OF INTERPHASE CELLS COUNTED - 200

NUMBER OF CELLS POSITIVE FOR **PML::RARa FUSION** - 200[100%]

Interpretation Criteria (2F1G1R)

Positive: > 1% of the total scored cells

Negative: < 1% of the total scored cells

PROBES USED: LSI **PML::RARa** [dual colour, dual fusion]

15q22 (**PML**) - spectrum orange

17q21 (**RARa**) - spectrum green

-: End of Report :-

Authorised By

Dr. Dipali Deepak Akolekar

"This report is electronically generated "

"Results relate only to the items tested"

"Images can be issued for second opinion if requested"

INSTITUTE OF CHILD HEALTH

11, DR. BIRESH GUHA STREET, KOLKATA - 700 017
Email : ichcal@yahoo.com, Website : ichcalcutta.org

CONSUMABLES PRESCRIPTION

NAME :

AGE :

SEX :

REGISTRATION NUMBER :

BED NUMBER : HEM

UNIT

TE : 1312

1. S

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

C

20cc

2. C

Pediatrician :

(150ml)

Reg. : Bed No. HEM6 Date : 20/2

3. PI

Name of Patient : Tanush Bera

DIRECTIONS

18 Gz

4. VE

* Inj Mezopenam (1g) → (4)

26 G

5. Ne

* Zedott Sachet → 1 Packet

6. PE

* Walyte ORS → 1 Packet

7. Sa

* 500ml NS → (1)

8. Teg

Trio -

9. QS

10. Ne

1. O2

2. BLACK NEEDLE -

3. MICROSHIELD / HANDRUB / STERILIUM - 500ml.

Urometer -

ECG LEADS -

per - Adult

Large

Medium