







Duplicate Estimator

as previous same  
call got > 1 year late.

DEPARTMENT OF HEMATOLOGY  
हिमेटोलोजी विभाग  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अखिल भारतीय आयुर्विज्ञान संस्थान  
ANSARI NAGAR, NEW DELHI - 110029  
अंसारी नगर, नई दिल्ली-११००२९  
TELEPHONE : 011-26594670

Date.....

दिनांक .....

30/5/24

### TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Mamun Akad

Age : 9 Gender : M

S/o/D/o/W/o Chandra Sen

UHID No. 20130615332

is suffering from Diagnosis PRCA

and is under treatment from Department of Hematology, AIIMS.

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amount to Rs. 15,00,000/-. An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy	<u>4,00,000/-</u>
2. Antithymocyte globulin	<u>3,00,000/-</u>
3. Antibiotics	<u>2,00,000/-</u>
4. Blood component kits and tests	<u>200,000/-</u>
5. Growth factors	<u>-</u>
6. Room charges for Isolation	<u>2,00,000/-</u>
7. Post Transplant Immunosuppression	<u>1,00,000/-</u>
8. Miscellaneous charges	<u>600,000/-</u>
9. Total	<u>15,00,000/-</u>

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Patient Treatment Account, AIIMS, New Delhi

Date : \_\_\_\_\_

Dr. Mukul Aggarwal  
सहा आचार्य/Associate Professor  
रुधिर विज्ञान विभाग/Dept of Hematology  
अ.भा.आ.सं.  
New Delhi-29



Dr. MUKUL AGGARWAL

सहा आचार्य/Associate Professor  
रुधिर विज्ञान विभाग/Dept of Hematology

Signature

New Delhi-29

Department of Hematology  
All India Institute of Medical Sciences, New Delhi  
**CONSULTATION FORM**

Name: MANU AZAD

Age/ Sex: 13 y/male UHID No.: 20130615332

Ward: PVT III/ 908

Date: 23/5/25

To

Whomsoever it may concern

Respected sir/ ma'am

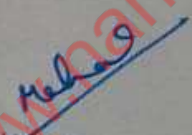

We have the above mentioned child admitted with us for **DIAMOND BLACKFAN ANEMIA, a genetic condition** in which the child requires blood product support every 2-3 weeks for survival. The child is undergoing **BONE MARROW TRANSPLANT as a part of urgent life-saving treatment** at AIIMS, New Delhi

Patient requires funds for financial support to continue Treatment for life saving support

Hereby mentioning the requirement of medicines/ support to continue treatment

1. SDP kit for transfusion support \* 4 (approx. Rs 45,000)
2. Room rent with investigations for 3 weeks (approx. Rs 75000)
3. Antibiotics/ antifungals- ceftazidime-avibactam, aztreonam, tigecycline, targocid, caspofungin (Rs 250000)
4. Blood products (approx. Rs 300000)

With Regards

  
 **Dr. MEHAK TREHAN**  
MBBS, MD Internal Medicine  
Senior Resident  
Clinical Hematology  
AIIMS, New Delhi

Senior Resident

AIIMS

New Delhi



## CHEMOTHERAPY

Item	Quantity
Inj Thiotepa 15 mg	13 vials
Inj Fludarabine 50 mg per vial (BRAND- ZYDUS)	5 vials
Inj Treosulphan (EMCURE)	5g* 6 vials 2.5 g* 3 vials
Inj Horse ATG (Thymogam) (250 mg/ 5mL vial)	20 vials

Inj Methotrexate 15 mg/ 3ml (Biotrexate/ Folitrax) (Zydus)	4 vials
Inj Ciclosporine A (Sandimmune) (250 mg/ 5 mL) (Novartis)	40 vials
Syrup Ciclosporine A 100 mg/mL (Sandimmune/ Neoral)	2 bottles
Inj Folinic acid (Leucovorin) 50 mg	15 vials

## Antibiotics

Inj Meropenem (Meronem IV) 1 g	6
Inj Targocid 400 mg	6
Inj Zosyn 4.5 g	6
Inj Magnex 2 g	6
Inj Micafungin 50 mg (Caspofungin/ Glenmark)	5
Inj Zavicefta (Pfizer) 2.5 g	6
Inj Azeenam 1 g	12
Inj Ambisome 50 mg	15

Platelet collection/ SDP apheresis kit 10400	6
Hickmann Pockets	5
Hickmann Line (9Fr/ 7 Fr) double lumen	1
DLFC	1

Inj Neukine/ Filgrastim 300 mcg	20
Tab Septran DS (160/800)	30
Tab Acivir DT 400 mg	60
Tab Posaconazole 300 mg (Picasa)	30
Inj Normal Saline 500 mL (Baxter/freeflex)	30
Inj Palonosetron 0.25 mg/ 5 mL	10
Inj Fosaran 150 mg	2
Inj Emeset 4 mg	30
Inj Perinorm 10 mg	30
Inj Pantocid 40 mg	30
Inj Lasix 20 mg	20
Inj Vitamin K (10 mg/ mL)	6 ampoules



BMT Drug List for Manu Azad  
Private 3/9<sup>th</sup> (20130615532)

Inj Normal Saline 500 mL (Glass Bottle)	10
Inj DNS 500 mL (Glass bottle)	10
Inj 5% Dextrose 500 mL (Glass Bottle)	10
Inj Distilled Water 10 mL (Plastic vials)	100
Inj Heplock (10 mL vial)	30
Inj Avil/ Pheniramine maleate	30
Inj Calcium Gluconate 10 mL	10
Inj KCl (Potchlor)	20
Inj Magnesium Sulfate	20
Inj Dexamethasone 8 mg vial	4
Inj Tramadol 50 mg	10
Inj SodaBicarb	10 amp
Inj Paracetamol 1g	10
Inj Ranitidine 50 mg	10
Inj Tranexamic acid 500 mg	20
Tab Tranexamic acid 500 mg	20
Tab Amlong 5 mg	30
Tab Olanzapine 10 mg	20
Tab Udiliv 300 mg	90
Tab NAC 600 mg	60
Tab ShelCal 500 mg	60
Cap Zevit	30
Tab Domperidone (DOM DT) 10 mg	60
Syp Looz	2 bottles
Mucaine Gel	2
Mucobenz/ Chlorhexine Mouth wash	20
Injection Levetiracetam 100 mg	100

Syringes 2 mL (Dispovan)	30
Syringes 5 mL (Dispovan)	100
Syringes 10 mL (Dispovan)	200
Syringes 20 mL (Dispovan)	20
Syringes 50 mL (Dispovan)	10
Syringes 1 mL (Dispovan)	30
PMO Line	20
Disposable Masks	3 packets
Sterile Caps	1 packets
Surgical Gown	10 packets
Sterilium (with dispenser)	2
Steriswabs/ Alcohol wipes (BD)	100 pieces
21G Needles	20
16G Needles	20
Small Primapore	20
3-way connectors	60
IV drip sets (with airway)	40
BT Sets	30
Surgical Gloves (Powder free)	Size 7 * 6 packets Size 6.5 * 3 packets

BMT Drug List for Manu Azad  
Private 3/9<sup>th</sup> (20130615532)

Miscellaneous

Phenyl for room wash	1 bottle
10% Betadine	3 bottles
Foldable Sitz bath for Commode (available on amazon) (Expertomind)	1
Plastic tub for Sitz bath	1
Measuring Mug 1 Litre	4
Slipper pairs	1
Digital BP instrument	1
Weighing Machine	2
Digital Thermometer	2
Dettol	1
Sthethoscope	1
Everready Josh bright torch	10
Sterile plastic specimen container	



Dr. MEHAK TRIPATHI  
MBBS, MD Internal Medicine  
Senior Resident  
DM Clinical Hematology  
AIIMS, New Delhi

*Mehta*



અો માો આો વિો સંો અસ્પતાલ  
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

29/5/25  
Name

Appt. Momen Bad

20130615332  
UHID No.

O.P.D./Ward 4th floor

Rx.

(908)

Tab- Pantop 40mg - (1) ship  
Inj Targemid 200mg → (4)  
Inj Cefepime 1g → (15)  
100ml NS - (20)  
Inj Casoprogyn 50mg → (5)  
Inj Cyclosporin → 2 Ben  
10ml Syringe - 2 Ben  
Surgical Gloves - 2 Ben

29/5/25



भारत सरकार

Government of India



मनू आज़ाद

Manu Azad

जन्म तिथि/ DOB: 31/07/2014

पुरुष / MALE



4153 8086 9043

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: चंद्रसेन, हाउस न - 10, ग्राम  
भासी पोस्ट कुवर गांव, बदायूं, बदायूं  
उत्तर प्रदेश - 243601

Address:

S/O: Chandrasen, house no -  
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Uttar Pradesh - 243601

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