



Ocean Welfare Foundation

Let's Help Together

PATIENT CONTACT FORM

Contact : 0120-4321226

<u>PARTICULARS</u>	<u>DETAILS</u>
PATIENT NAME	Master Tanmay
GAURDIAN NAME/FATHER NAME	Dinesh Singh
CURRENT AGE	7 Years
SEX	Male
DISEASE	Acute Lymphoblastic leukemia
HOSPITAL NAME	AIIMS
ADDRESS	Nainital, Uttrakhand
FAMILY BACKGROUND	Driver
TREATMENT REQUIRED	chemo and others treatment
ESTIMATED COST	250000/-

SDP



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

OPR-6

अ.भा.आ

DR. B.R.A. IRCH/ AIIMS, NEW DELHI

बहिरं
अस्पताल के अन्दर

IRCH No. 225418

Reg. Date-06/03/2019

Clinic Paed. Lymphoma Leukemia Clinic

Clinic No. 19976/2019

Deptt. MEDICAL ONCOLOGY

General



UHID-104347411

Name TANMAY SINGH BISHT

MR TANMAY SINGH BISHT

Sex/Age M/6Y

S/O- MR. DINESH SINGH BISHT

Room 13 (Shift Afternoon)

Address VILL. GUMALGOAN PO. PANIYA MEHTA DIST. NAINITAL,
UTTRAKHAND, Pin: 263126, INDIA

एकक/Unit Dr. SB/In-DP
विभाग/Dept.

नाम/Name

PDUL/19976
Date of Birth

निदान/Diagnosis

Acute Leukemia Leval.

दिनांक/Date

उपचार/Treatment

weight 20kg
height 120cm
15-25cm

Count No 9
↓
Report

AIIMS
Main
Building
near by new
emg. 60 blood
any group -

2nd
floor
day
care

Plan:

① CBC / LFT / KFT.

② LDH.

③ viral marker

④ PS + BMA + Flow cytometry

⑤ Cytogenetic + FISH + Molecular
labour request panel.

⑥ 60 Blood Donation

⑦ PRBC 200ml (Day Care)

⑧ SDP 10 (Day care)

⑨ R/V 11/3/19 → Board Room @ 8:30am

SDP donor + SDP kit (B700) → 1st floor
apexis lab

SL
shrestha

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

S. HOSPITAL
Department
D IN HOSPITAL PREMISES

OPR-6

DR. B.R.A. IRCILAHMS, NEW DELHI

ICHI No. 225418

Reg. Date-06/03/2019

एकक/Unit Clinic Paed. Lymphoma Leukemia Clinic

Clinic No. 19976/2019

विभाग/Dept. Deptt. MEDICAL ONCOLOGY
General



जीकृत सं०/O.P.D. Regn. No.

नाम TANMAY SINGH BISHT

UHID-104347411

नाम तंमय सिंह बिष्ट

पिता/FO- MR. DINESH SINGH BISHT

Sex/Age M/6Y

Room (Shift Afternoon)

Address VII-1 - GUMALGOAN PO., PANIYA MEHTA DIST- NAINITAL.

आयु Age	जन्म तिथि/Date of Birth
------------	-------------------------

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
18/3/19	Cont Pared + Pan
2. Inj. VCH 1.25mg IV	
3. Inj. Daunomycin 20mg IV	
4. Inj. Zofen 4mg IV	
5. SDP - 20/3 → 2nd flr day Care	
6. Fu with CBC on 20/3/19	

SDP donor + SDP kit. (B7000/1) ↓ Ist flr abherens lab ↓ 2nd flr day Care

Surveen Bhatia

19/3/19
15

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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute of Medical Sciences Rotary Cancer Hospital
 अ.भा.आ.सं. .S. HOSPITAL

OPR-6

एकक/Unit
 विभाग/Dept.

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 IRCH No. 225418
 Clinic Paed. Lymphoma Leukemia Clinic
 Deptt. MEDICAL ONCOLOGY
 General

Reg. Date-06/03/2019
 Clinic No. 19976/2019
 UHID-10434741

Department
 IN HOSPITAL PREMISES

नत सं/O.P.D. Regn. No.

Name TANMAY SINGH BISHT
 नाम तंमय सिंह बिष्ट
 S/O- MR. DINESH SINGH BISHT

आयु
 Age

जन्म तिथि/Date of Birth

Sex/Age M/6Y

Room 13 (Shift Afternoon)

Address VIII- GUMALGOAN PO- PANIYA MEHTA DIST- NARNIAL
 UTRAKHANDI Dist-263126

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

25/3/19

RT- 1 D → ^{2nd floor} day care

2. SDP- 1 D-

3. Cont. Pred + Pantop

4. Inj. VCR 1.2 mg IV

5. Inj. biornase 8000 units IM

6. Stop Map / Amuk

7. Fu with CBC on 28/3/19

~~CT~~
 26/3/19

~~25/3~~ → (15)

(15)

27/3
 26/3
 (15)

27/3/19

[Signature]

↓ कार्य
 न-15 @
 12pm

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

PITAL OPR-6

ent
AL PREMISES

wt → 19.6 kg
Ht → 123 cm
MUAC → 15 cm

अस

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 225418

Reg. Date-06/03/2019

Clinic Paed. Lymphoma Leukemia Clinic

Clinic No. 19976/2019

Deptt. MEDICAL ONCOLOGY

General

Regn. No.

जन्म तिथि/Date of Birth

एकक/Unit

विभाग/Dept.

नाम/Name

Name TANMAY SINGH

UHID-104347411

नाम तंमय सिंह बिष्ट

S/O- MR. DINESH SINGH

Sex/Age M/6Y

Room. 13 (Shift Afternoon)

Address VILL- GUMALGO

PO- PANIYA MEHTA DIST- NAINITA

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

1/4/19

Cont. Pred + LAN 2 DL

2.

10 G

3.

Inj. MAGNEX

29 gm iv b12

फॉलो (15)

4.

Inj. AMIKACIN

250mg iv once

x 3 day

5.

Inj. VCR

1.2 mg IVP - 1/4

6.

Inj. bionase

8000 unite IM - 2/4

7.

Saily Fv

8.

Tanya / Santosh to see

9.

Fv with CBC on 4/4/19

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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1/4
Methionase
2/4
D3-M
3/4
ममका न.
(12)
9:30 AM

2/4
7/10
2/4



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

J.I.M.S. HOSPITAL

OPR-6

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 225418

Reg. Date-06/03/2011

Clinic Paed. Lymphoma Leukemia Clinic

Clinic No. 19976/2011

Deptt. MEDICAL ONCOLOGY

General



ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

Name TANMAY SINGH

UHID-104347411

लिंग
Sex

आयु
Age

जन्म तिथि/Date of Birth

नाम तंमय सिंह बिष्ट

S/O- MR. DINESH SINGH

Sex/Age M/GY

Room 13 (Shift Afternoon)

Address VILL- GUMALGA
UTTARHAND, Pin-2631

PO- PANIYA MEHTA DIST- NAUNIAL
INDIA

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

8/4/19

d # 25

2nd flow
day Case

1. BT-10 → 8 vials units IM (15) 8/4
2. Inj. Bismarx
3. Inj. G-CSF 100 mcg slc
+ Blood 8/4 9/4, 10/4 → कमरा नं-15
4. CBC-10/4
5. Fv with CBC on 11/4/19
6. Cont Pined + Lamof
7. Fv on 11/4/19 → कमरा नं-5 @ 8.30am

8/4/2019

Continue the mg
Radiotherapy to spine

9/4/2019

CONTINUE as
Dr (col) Prakash please for IOPAC

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)
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 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

विभाग / Out Patient Department
 HOSPITAL PREMISES

एकक/Unit
 विभाग/Dept.

DR. B.R.A. IRCI, AIIMS, NEW DELHI
 IRCH No. 225418
 Clinic Paed. Lymphoma Leukemia Clinic
 Dept. MEDICAL ONCOLOGY
 General
 Name TANMAY SINGH BISHT
 नाम तंमय सिंह बिष्ट
 S/O. MR. DINESH SINGH BISHT

Reg. Date-06/03/2019
 Clinic No. 19976/2019
 UHID-104347411

O.P.D. Regn. No.

जन्म तिथि / Date of Birth

5/11/02

निदान / Diagnosis

Address VIII, GUMALGOAN PO., PANIYA MEHTA DIST- NAINITAL,
 UTTARAKHAND, Pin 263126, INDIA
 Sex/Age M/6Y
 Room 13 (Shift Afternoon)

दिनांक / Date

उपचार / Treatment

15/4/19

Dr. Daunomycin 20mg IVP
 +
 Dr. Zofen 4mg IVP
 15/4/19
 15

BHA + MRD
 +
 IT-M + X 12mg
 18/4 - करण नं 15

FLUC CBC + LFT/RFT on 24/4/19

(Signature)

ORIGINAL - CUSTOMER COPY

TAX INVOICE
Under sec 31



Span Healthcare Private Limited

C-21, Basement Community Centre New Delhi - 110058

Phone No. : 91-11- 41654214 E- Mail and Web Address : customercare@spanhealth.com, www.spanhealth.com

DL No. : 11 (2403) GSTIN : 07AAHCS8505N1ZU CIN No: U02423KA2004PTCO33217

Bill To Address

Delivery / Consignee Address:

Invoice No.

Date

Tanmay
Daycare, IRCH
A11MS, New Delhi

DEL/TI 14 2716 29/3/19

Book No. 14
Serial No. 1394

Purchase Order No. Date

Tax is Payable on reverse Charge Yes / No

Transportation Mode

Place of Supply

Phone No.:
State :
GSTIN :
Drug License :
State Code :

Phone No.:
State :
GSTIN :
Drug License :
State Code :

SL. No.	Item No.	HSN/SAC CODE	Item Description / Serial No / Lot No.	Expiry Date	Lot Qty.	UQC	QTY	RATE	TOTAL VALUE	Line Disc %	DISC	TAXABLE VALUE	IGST (INR)		CGST (INR)		SGST (INR)		TOTAL TAX	TAX INVOICE VALUE (INR)
													Tax%	Amt.	Tax%	Amt.	Tax%	Amt.		
1	994CFE	90189099	SDP kit Lot No. 9018003	6/21		NOS	1	6200	6200			6200		-	6%	372	6%	372	744	6944
2	ASD	90189032	Lot No. 04H1A101	08/20		NOS	1	X	X			X				X		X	X	X
													6200		372		372	744		

CASH RECEIVED

Amount Chargeable in Rupees (in words) Six thousand nine hundred and forty four only

R/Off 6944
Gross Amount 6944

Terms and Conditions:

- We hereby declare that the particulars shown above are true and correct and amount indicated represents the price actually changed as per agreed terms and our risk responsibility ceases as soon as goods are delivered at your premises
- Payment Terms : Against Delivery
- All disputes are subject to our corporate office in Bangalore Jurisdiction.

Span Healthcare Private Limited
C-21, Basement
Community Centre, Behind Janak
Janakpuri, New Delhi-110058
Phone : +91 11 41654214
and 11 41654212 & 41654213

OUR BANK DETAILS :
Bank Name : Indusind Bank
A/C.No. : 650001088455
Branch : M.G. Road, Bangalore
IFSC Code : INDB0000008

For Span Healthcare Private limited

Authorized Signatory
Partners in Care

Transist Insurance Open Policy No.

2016-C1395816-MLO



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ. भा. अ. सं.

I.M.S. HOSPITAL

OPR-6

DR. B.R.A. IRCILAHIMS, NEW DELHI

Reg. Date-06/03/2019

Clinic No. 19976/2019

ient Department
IBITED IN HOSPITAL PREMISES

IRCH No. 225418

Clinic Paed. Lymphoma Leukemia Clinic

Deptt. MEDICAL ONCOLOGY
General



UHID-104347411

Name TANMAY SINGH BISHT

नाम तंमय सिंह बिष्ट

S/O- MR. DINESH SINGH BISHT

Sex/Age M/7Y

Room 13 (Shift Afternoon)

Address VILLI - GUMALGOAN PO - PANIYA MEHTA DIST- NAINITAL,
UTTARAKHAND, Pin.263126, INDIA

वि० पंजीकृत सं०/O.P.D. Regn. No. _____

ग x	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

2/5/19

C - MR ① रात को 2 घंटे तक
J. b-MP 1 Tab q MS x 2 weeks

2.

Inj. ENDOXAN IVP
d1 - 400mg - 2/5/19
d2 - 400mg - 3/5/19

D15
2/5

3.

Inj. Zofen 4mg IVP - d1 - 2/5
d2 - 3/5

D2
3/5

4.

Inj. ARA-C 60mg IVP
2/5, 3/5, 4/5, 6/5, 8/5, 9/5, 12/5, 11/5

1/2 hr, 5/5
पहले 5

5.

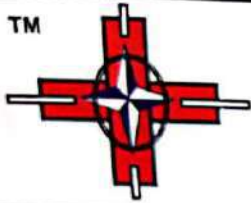
Inj. Zofen 4mg orally per
ARA-C

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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TM



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C-21, Basement Community Centre New Delhi - 110058

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DL No. : 11 (2403) GSTIN : 07AAHCS8505N1ZU CIN No: U02423KA2004PTCO33217

Bill To Address

Delivery / Consignee Address:

Invoice No.

Date

Tanmay
Daycare, IRCH
A 11MS, New Delhi

DEL/TI 14 2716 29/3/19

Book No. 14
Serial No. 1394

Purchase Order No. _____ Date _____

Tax is Payable on reverse Charge Yes / No

Transportation Mode _____

Place of Supply _____

Phone No.:

Phone No.:

State :

State :

GSTIN :

GSTIN :

Drug License :

Drug License :

State Code :

State Code :

SL. No.	Item No.	HSN/SAC CODE	Item Description / Serial No / Lot No.	Expiry Date	Lot Qty.	UQC	QTY	RATE	TOTAL VALUE	Line Disc %	DISC	TAXABLE VALUE	IGST (INR)		CGST (INR)		SGST (INR)		TOTAL TAX	TAX INVOICE VALUE (INR)
													Tax%	Amt.	Tax%	Amt.	Tax%	Amt.		
1	994CF E	901890 99	SDP kit Lot No. 9018003	10/21		NOS	1	6200	6200			6200	-		6%	372	6%	372	744	6944
2	ASD	901890 32	Lot No. 04H1A101	08/20		NOS	1	x	x			x				x		x	x	x
													6200		372		372	744		

CASH RECEIVED

Amount Chargeable in Rupees (in words) *81 thousand nine hundred*

forty four only

Span Healthcare Private Limited
C-21, Basement Community Centre, Behind Janak Community Centre, New Delhi-110058
Janakpuri, New Delhi-110058
Phone : +91 11 41654214 & 41654213

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Branch : M.G. Road, Bangalore
IFSC Code : INDB0000008

For Span Healthcare Private limited

[Signature]
Authorised Signatory
Partners in Care

Transist Insurance Open Policy No.

2016-C1395816-MLO

GST INVOICE

ORIGINAL

IMPEX INDIA

CHEMIST & DRUGIST

8/3, YUSUF SARAI,

MAIN MARKET, NEAR MANDIR,

Phone : 26714402, 26712485 Fax : 28866058

Licence No. : 13(2104)20B&21B 20821

GSTIN : 07AAPPD821001ZK

Inv.No.: YG-9019

DATE : 25-03-2019

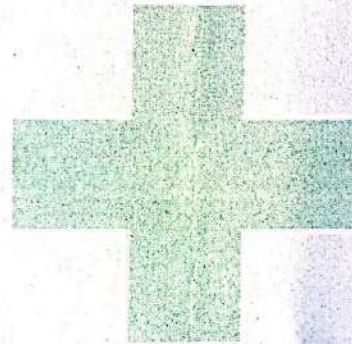
TANMAY SINGH

IRCH ALIMS

P/O DR. SAMEER BAKSHI State : 07

EXPIRY: EXPIRY DATE LESS THAN 1 YEAR WILL NOT BE ACCEPTED. PRICES: PRICES ARE CONFIRMED AND NOT SUBJECT TO CHANGE AS DISCUSSED AND GIVEN IN QUOTATION.

QTY	ITEM DESCRIPTION	Batch	EXP	HSN	M.R.P.	RATE	AMOUNT	DIS%	SGST	CGST
1	1X1 SDP PLATELET SET	994 9018003	10/21	9018	10350.00	6250.00	6250.00	0.00	6.0	6.0
1	500ML ACC-SOLUTION	500ML(S 04HIA)01	8/20	9018	340.00	267.86	267.86	0.00	6.0	6.0



PAID

.3021.

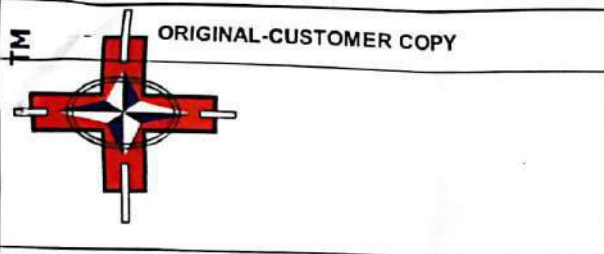
CLASS	SUB TOTAL	SCHEME	DISC.	TOTAL	SGST	CGST	TOTAL AMOUNT:	
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	6517.86	
GST 12.00%	7300.00	0.00	0.00	6517.86	391.07	391.07	391.07	
GST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GST 28.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GST 0%+FREE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ITMES 2	7300.00	0.00	0	6517.86	391.07	391.07	391.07	
							CR/DR NOTE :	0.00
							PARTY TOTAL :	7300.00

Rs. Seven Thousand Three Hundred Only

Tpt. Mode: Cycle/

All disputes subject to DELHI Jurisdiction only

for IMPEX INDIA



TAX INVOICE
Under Sec. 31

ORIGINAL Page No 1 of 1

Span Healthcare Private Limited

C-21, Basement Community Centre New Delhi 110058

Phone No.: 91-11-41654214 EMail and Web Address: customercare@spanhealth.com,www.spanhealth.com

DL No: 20B(119968), 21B(119969) GSTIN: 07AAHCS8505N1ZU CIN No: U02423KA2004PTCO33217

Bill To Address:
Retail Customer AIIMS
New Delhi

New Delhi-110029
Phone No. :
State : Delhi
GSTIN :
Drug License : 646/81
State Code : DL

Delivery/Consignee Address:
Tanmay Singh
Day Care, Oncology, IRCH
AIIMS, New Delhi
New Delhi-110029

Phone No. :
State : DELHI
GSTIN :
Drug License : 646/81
State Code : DL

Invoice No. DL/1819/TI2660	Date 18/03/2019
Purchase Order No DAY CARE, ONCOLOGY, IRCH	Date 18/03/2019
Tax Is Payable on reverse charge	No
Transportation Mode	BY HAND
Place of Supply	Delhi

SI No	Item No	HSN/SAC Code	Item Description / Serial No / Lot No	Expiry Date	Lot Qty	Uqc	Qty	Rate	Total Value	Line Disc%	Disc.	Taxable Value	IGST (INR)		CGST (INR)		SGST (INR)		Total Tax	Tax Invoice Value (INR)
													Tax%	Amt	Tax%	Amt	Tax%	Amt		
1	994CFE	90189099	Single Donor Platelet/Plasma Kit (Filtered) 9018003	31/10/2021	1	NOS	1	6,200.00	6,200.00			6,200.00			6.00	372.00	6.00	372.00	744.00	6,944.00
2	ACD-INNVOL	90189032	ACD SOLUTION - INNVOL 04HIA202	04/08/2020	1	NOS	1	0.00	0.00			0.00								

Amount Chargeable in Rupees (in words)
**** SIX THOUSAND NINE HUNDRED FORTY FOUR RUPEES AND ZERO PAISA ONLY

CASH RECEIVED

6,200.00	0.00	372.00	372.00	744.00	6,944.00
			R/Off		0
			Gross Amount		6,944.00

Terms and Conditions :
1. We hereby declare that the particulars shown above are true and correct, amounts indicate the price actually charged as per agreed terms and our risk and responsibility ceases as soon as goods are delivered at your premises.
2. Payment Terms : 0 Days from the date of invoice. Payments if made after the due date will attract interest of 1.5% per month.
3. All delivery/ shipment costs shall be paid by the customer.
4. All delivery dates given by us are in good faith only, and we do not accept any liability to the customer for any delay in delivery.
5. All disputes arising in respect of this Invoice are subject to the exclusive jurisdiction of the Courts in Bangalore.

For Span Healthcare Private Limited
[Signature]
Span Healthcare Private Limited
C-21, Basement Community Centre, Behind Janak Cinema
Janakpuri, New Delhi-110058
Phone : +91 11 41654214 & 41654213
Fax : +91 11 41654212 & 41654213

This is computer generated Invoice, Serial Number and Book Number is not required

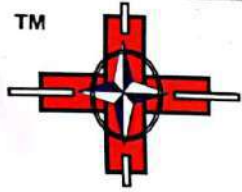
OUR BANK DETAILS:
Bank Name : Kotak Mahindra Bank Ltd
A/C.No : 0213035776
Branch : 22, Ground Floor, M.G Road, Bengaluru-560001
IFSC Code : KKBK0008066

Transit Insurance Open Policy No 2002/156540923/00/000

ORIGINAL- CUSTOMER COPY

TAX INVOICE
Under sec 31

TM



Span Healthcare Private Limited

C-21, Basement Community Centre New Delhi - 110058

Phone No. : 91-11- 41654214 E- Mail and Web Address : customercare@spanhealth.com, www.spanhealth.com

DL No. : 11 (2403) GSTIN : 07AAHCS8505N1ZU CIN No: U02423KA2004PTCO33217

Bill To Address

Delivery / Consignee Address:

Invoice No.

Date

DEL/TI 2600

8/3/19

Book No. 14

Serial No. 1344

Purchase Order No.

Date

Tax is Payable on reverse Charge

Yes / No

Transportation Mode

Place of Supply

Tanmay Singh
Ray Care Oncology
IRCH, AIIMS, New Delhi

Phone No.:

Phone No.:

State :

State :

GSTIN :

GSTIN :

Drug License :

Drug License :

State Code :

State Code :

S. No.	Item No.	HSN/SAC CODE	Item Description / Serial No / Lot No.	Expiry Date	Lot Qty.	UQC	QTY	RATE	TOTAL VALUE	Line Disc %	DISC	TAXABLE VALUE	IGST (INR)		CGST (INR)		SGST (INR)		TOTAL TAX	TAX INVOICE VALUE (INR)
													Tax%	Amt.	Tax%	Amt.	Tax%	Amt.		
1	994CFE	90189099	SPP KIT Lot No 9018003	10/21		NOS	1	6200	6200			6200			6%	372	6%	372	744	6944
2	ACD	90189032	Lot No 17J1A101	10/20		NOS	1	*	*			*					*	*	*	*
						NOS						6200					372	372	744	6944

Amount Chargeable in Rupees (in words) *Six thousand nine hundred forty four only*

R/off 6
Gross Amount 6944

Terms and Conditions :

- We hereby declare that the particulars shown above are true and correct and amount indicated represents the price actually changed as per agreed terms and our risk responsibility ceases as soon as goods are delivered at your premises
- Payment Terms : Against Delivery
- All disputes are subject to our corporate office in Bangalore Junction.

Span Healthcare Private Limited
Basement
Community Centre, Behind Janak Cinema
Janakpuri, New Delhi-110058
Phone : +91 11 41654214
Fax : +91 11 41654213

OUR BANK DETAILS :

Bank Name : Indusind Bank
A/C.No. : 650001088455
Branch : M.G. Road, Bangalore
IFSC Code : INDB0000008

For Span Healthcare Private limited

[Signature]
Authorised Signatory
Partners in Care

Transist Insurance Open Policy No.

2016-C1395816-MLO

TAX INVOICE

AGGARWAL AGENCY

135B, GROUND FLOOR, GAUTAM NAGAR, NEW DELHI-110049

Ph. 49056838.9899669838.

GST No: 07AGFPA1135P1ZJ

D.L.No.: S(2070)15\R\W

CASH MEMO NO.: 50-1082

DATE : 11/04/2019

NAME: 8859306404

Pr.By: Dr. AIIMS

ADDRESS:

Sr.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	GST%	RATE	AMOUNT
1.	1	10ML	ZOSTUM 26M INJ	Z01BG18001	12/19	3004	12	250.00	250.00

1250 RS

have nice day

TOTAL GST DETAILS

223.21 X 12 % = 26.78

CGST : 13.39

SGST : 13.39

TOTAL AMT: 250.00

Net Amt.(R/O): 250.00

For AGGARWAL AGENCY

E. & O.E.

(Computer Generated Invoice)

+ AMBEY MEDICINE CORNER +

37-A/S, GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE, NEW DELHI-29, Ph: 26193664

Bill No. : 408264
TANMAI

GST INVOICE

Date : 31/03/19
Time : 01:51 PM

Patient :
Address : AIIMS
Prescribed by :

INDIAN PAPERS Ph.: 25274765, 25274766



QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
2	MAGNEX-2GM INJ	30042019	12.0	820-39209A	06/20	1500.00



DL. NO. 20-121532.21-121533

	0.00	0.00	0.00
Taxable 5%	1.428.57	CGST 2.5%	85.72
Taxable 12%	0.00	CGST 6%	0.00
Taxable 18%	0.00	CGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00
Taxfree %	CGST 0%	SGST 0%	0.00
CGST Total	85.72	MRP TOTAL	1.500.00
SGST Total	85.72	DIS. AMT.	1.600.00
AMAN		PAID AMT.	

GSTIN : 07AGHPB6470A1ZV D.L. No. : 20-121532, 21-121533

Note : Cutting strips & fridge items (without ice) will not be returned
Medicine will not return after Ten Days

FOR : AMBEY MEDICINE CORNER

DL-MLN-119870, 119871

GST INVOICE

GST NO : 07AARFP1926D1Z7

+ PREM MEDICOS +

Shop No. 9, AIIMS - Safdarjung Hospital Subway
New Delhi - 110029

**CREDIT CARD
ACCEPTED**

Deals In : Medicines, Surgicals, Anti-cancer Drugs & Health Care Products.

**ALL DAYS
OPEN**

PHONE No. : 011-26160796, 26183370

★ In case you find any inadvertent error in the price charged.
Please bring this Retail Invoice for refund of difference.

QTY.	PARTICULARS	HSN CODE	BATCH NO.	EXP. DT.	INC. GST%	AMOUNT
1	BONE NARROW BIDPSY-13G.	90189029	0000916217	02/21	12.0	2400.00

TAXABLE %	TAXABLE AMOUNT	CGST%	CGST AMOUNT	SGST %	SGST AMOUNT
18%	0.00	9%	0.00	9%	0.00
12%	2.142.86	6%	128.57	6%	128.57
5%	0.00	2.5%	0.00	2.5%	0.00
0%	0.00	0%	0.00	0%	0.00
TOTAL	2.142.86		128.57		128.57

BILL NO. : 198564 DATE : 19/03/19 MRP Total 2.400.00

Ms/Mr. : TANMAY SINGH BISHT
Prsd by Dr.

Discount

ADDRESS :

1. No Return, No Exchange Sign.
2. All Disputes are subject to Delhi Jurisdiction only.

GRAND TOTAL

2.400.00

PROMPT.: SERVICE & REASONABLE RATES

E.&O.E.

QL-MLN-119870, 119871

GST INVOICE

GST NO : 07AARFP1926D1Z7

+ PREM MEDICOS +

Shop No. -9, AIIMS- Safdarjung Hospital Subway
New Delhi - 110029

**CREDIT CARD
ACCEPTED**

Deals In : Medicines, Surgicals, Anti-cancer Drugs & Health Care Products.

**ALL DAYS
OPEN**

PHONE No. : 011-26160796, 26183370

★ In case you find any inadvertent error in the price charged.
Please bring this Retail Invoice for refund of difference.

QTY.	PARTICULARS	HSN CODE	BATCH NO.	EXP. DT.	INC. GST%	AMOUNT
10	6-MP 50MG TAB.	30049049	B900493	12/20	12.0	67.87
1	FOLITRAX-15MG INJ.	30049042	AI624A19	12/20	5.0	50.80
"						
"						
TAXABLE %	TAXABLE AMOUNT	CGST%	CGST AMOUNT	SGST %	SGST AMOUNT	
18%	0.00	9%	0.00	9%	0.00	
12%	0.00	6%	0.00	6%	0.00	
5%	60.60	2.5%	3.64	2.5%	3.64	
0%	48.38	0%	1.21	0%	1.21	
TOTAL	0.00 109.98		0.00 4.84		0.00 4.84	

BILL NO. : 38248 DATE : 13/05/19 MRP Total 118.67
Discount

Ms/Mr. :
PRESS. BY. DR. TANMAI
ADDRESS : AIIMS

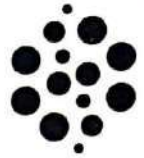
- 1. No Return, No Exchange Sign.
- 2. All Disputes are subject to Delhi Jurisdiction only.
- 3. Also Deals in Imported & Indian Drugs.

GRAND TOTAL 119.00

PROMPT.: SERVICE & REASONABLE RATES

Printed By: CONTINENTAL FORMS (P) LTD. Ph. : 9811344276, 9811344277

Main Laboratory : Oncquest Laboratories Ltd.
3 - Factory Road, Adj. Safdarjung Hospital,
New Delhi - 29, Tel. : 011 - 30611432/467
E-mail : info@oncquest.net
Website : www.oncquest.net
PAN: AAACO9860B
GST Regd No. 07AAACO9860B1ZI
SAC CODE:999316



ONCQUEST
discover diagnose defend

**CASH RECEIPT/
BILL OF SUPPLY**

Accession / Patient Registration (I.D.) No.

97613

Arms-ERC9

Date 7/3/19

S. No. FR.

Received with Thanks from (Mr. /Ms./ Dr.) Pannay Singh Bishr

The sum of Rupees (in figure) 12000/-

(In Words)

Age : 64 Sex : M Contact No. : Referred by : Dr. (Arms)

S. No.	TEST REQUESTED	PRICE
--------	----------------	-------

- ① ALL Panel by Rish
- ② + (1:19) by Rish
- ③ Cyto genetic

Total Amount 12000/- Discount

Net Amount Received Balance Due (if any)

Report to be Collected on Report Collection Timings a.m/p.m.

Mode of Payment: Wallet/Cash/Cheque/Cr./D. card/DD:.....

Please Note : Reports will not be available online for downloading if paid partially or unpaid. **Signatory**

The above services are exempted from GST under notification 09/2017.

For Office Use Only

SAP No.

Invoice No.



R. Gaur
Dr. Ravi Gaur, M.D. Pathology
Chief Operating Officer (COO)



Regd. Dt: 07/03/2019 Acc. ID: 1018185549 Client Details: Aiiims-Fund Patients
Coll Dt. Tm. 07/03/2019 00:00:00 Aiiims- Hospital, South Delhi
Recd. Dt. Tm. : 07/03/2019 15:55:31 Refd. By: DR SAMEER BAKSHI
Age: 6 Yrs Sex: Male Report Dt. Tm. : 11/03/2019 19:46:52
Name: Mst. TANMAY SINGH BISHT

BCR/ABL1 Translocation Assay # ^
Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized BM

FISH Probe: Zytovision directly labeled *ABL1* (9q34)/ *BCR* (22q11.2) DC-DF DNA probe

	<i>BCR</i> Green 22q11	<i>ABL1</i> Orange 9q34	<i>BCR/ABL</i> fusion Yellow t(9;22)	No. of cells (n=200)	Analysis
	2	2	0	200	Normal
	1	1	2	0	Ph+ve
Signals/cell	2	1	1	0	Variant form of Ph+ve/ Ph+ve with a Gain/Loss of <i>BCR/ABL1</i> locus
	3	3	0	0	Gain /Loss of <i>BCR/ABL1</i> locus

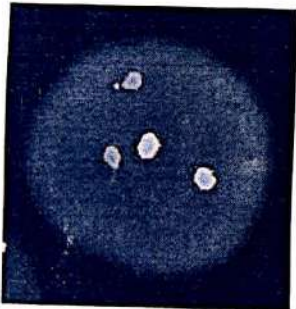
Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(ABL1,BCR)×2[200]

BCR/ABL1 Fusion signal was not detected in any cells.

The sample is Negative for t(9;22)



Contd...3

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited ^ In Scope of NABL

Regd. Dt: 07/03/2019	Acc. ID: 1018185549	Client Details: Aiiims-Fund Patients
Coll Dt. Tm. 07/03/2019 00:00:00		Aiiims- Hospital, South Delhi
Recd. Dt. Tm. : 07/03/2019 15:55:31		Refd. By: DR SAMEER BAKSHI
Age: 6 Yrs	Sex: Male	Report Dt. Tm. : 11/03/2019 19:46:52
Name: Mst. TANMAY SINGH BISHT		

TEL /AML1 (ETV6/RUNX1) Translocation Assay # ^

Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized BM

FISH Probe: ZytoLight directly labeled TEL (12p13)/ AML1 (21q22) DC-DF DNA probe

	TEL Orange 12p13	AML1 Green 21q22	TEL/AML 1 fusion Yellow t(12;21)	No. of cells (n=200)	Analysis
	2	2	0	0	Normal
	1	1	2	0	Translocated
Signals/cell	2	3	2	0	Translocated with Gain/ Loss of TEL/AML1 locus
	2	4	0	200	Gain of AML1 locus

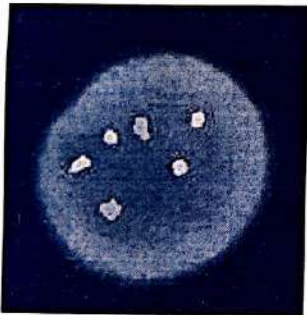
Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(ETV6×2),(RUNX1×4)[200]

TEL /AML1 Fusion signal was not detected in any cells.

The sample is Negative for t(12;21)



Contd...4

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited ^ In Scope of NABL



Ravi
Dr. Ravi Gaur, M.D. Pathology
 Chief Operating Officer (COO)



Regd. Dt: 07/03/2019 Acc. ID: 1018185549 Client Details: Aiiims-Fund Patients
 Coll Dt. Tm. 07/03/2019 00:00:00 Aiiims- Hospital, South Delhi
 Recd. Dt. Tm. : 07/03/2019 15:55:31 Refd. By: DR SAMEER BAKSHI
 Age: 6 Yrs Sex: Male Report Dt. Tm. : 11/03/2019 19:46:52
 Name: Mst. TANMAY SINGH BISHT

MLL (KMT2A) Gene Rearrangement Assay # ^
 Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized BM

FISH Probe: Vysis directly labeled LSI MLL 11q23 Dual Color Breakapart DNA probe

	MLL Green 11q23	MLL Orange 11q23	MLL fusion Yellow	No. of cells (n=200)	Analysis
Signals /cell	0	0	2	72	Normal
	1	1	1	0	Translocated
	1	1	2	0	Translocated with Gain/ Loss of MLL locus
	0	0	3	28	Gain of MLL locus

Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(5'MLL,3'MLL)×3(5'MLL con 3'MLL×3)[28/200]
 MLL Gene break apart signal was not detected in any cells.
 The sample is Negative for MLL Gene Rearrangement



Dr. G. Renjini Nambiar
 Ph.D
 Senior Consultant - Cytogenetics

*** End of Report ***

Dr. Sarjana Dutt
 Ph.D
 Director- Mol.Biology and R&D

The sample is processed by Oncquest Laboratories Ltd.



Ravi
Dr. Ravi Gaur, M.D. Pathology
 Chief Operating Officer (COO)



Regd. Dt:	07/03/2019	Acc. ID:	1018185549	Client Details:	Aiims-Fund Patients
Coll Dt. Tm.	07/03/2019 00:00:00				Aiims- Hospital, South Delhi
Recd. Dt. Tm. :	07/03/2019 15:55:31			Refd. By:	DR SAMEER BAKSHI
Age:	6 Yrs	Sex:	Male	Report Dt. Tm. :	11/03/2019 19:46:52
Name:	Mst. TANMAY SINGH BISHT				

B Marrow Heparinized
TCF3/PBX1 Translocation Assay # ^
 Fluorescence in-situ Hybridization (FISH)

Method: FISH analysis on Interphase cells of the specimen

Specimen type: Heparinized BM

FISH Probe: Vysis directly labeled LSI *TCF3* (19p13.3)/ LSI *PBX1* (1q23) DC-DF DNA probe

	<i>TCF3</i> Green 19p13.3	<i>PBX1</i> Orange 1q23	<i>TCF3/PBX1</i> fusion Yellow t(1;19)	No. of cells (n=200)	Analysis
Signals/ cell	2	2	0	0	Normal
	1	1	2	0	Translocated
	2	1	1	0	Translocated with a Gain/Loss of <i>TCF3/PBX1</i> locus
	2	3	0	200	Gain of <i>PBX1</i> locus

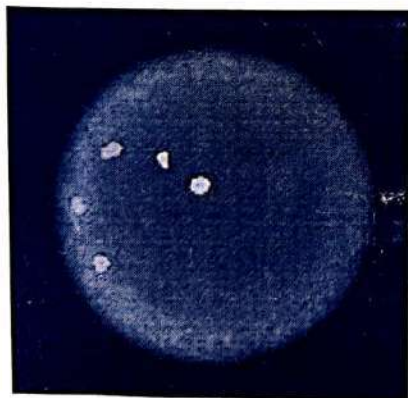
Note: Cut-off for detection of fusion signal in normal individuals is 3%. The performance characteristics of this Test have been evaluated at Oncquest Laboratories Ltd.

Interpretation:

nuc ish(*TCF3*×2),(*PBX1*×3)[200]

TCF3/PBX1 Fusion signal was not detected in any cells.

The sample is Negative for t(1;19)



Contd...2

The sample is processed by Oncquest Laboratories Ltd.



Ravi
Dr. Ravi Gaur, M.D. Pathology
Chief Operating Officer (COO)



Regd. Dt:	07/03/2019	Acc. ID: 1018185549	Client Details:	Aiims-Fund Patients
Coll Dt. Tm.	07/03/2019 00:00:00			Aiims- Hospital, South Delhi
Recd. Dt. Tm. :	07/03/2019 15:55:31		Refd. By:	DR SAMEER BAKSHI
Age:	6 Yrs	Sex: Male	Report Dt. Tm. :	16/03/2019 15:13:28
Name:	Mst. TANMAY SINGH BISHT			

Chromosomal Analysis: GTG Banding

Method Used : 24/48 Hr Unstimulated culture

Specimen type : Heparinized Bone Marrow

The sample was washed and processed for karyotyping, but analyzable metaphases were not available for karyotyping. The karyotype report is not possible due to nonavailability of quality metaphases. Paucity of proliferating blast cells in the sample provided may be considered as a possible reason.

The study was performed at a facility outside Oncquest Laboratories Ltd

*** End of Report ***

Dr. G. Renjini Nambiar
Ph.D
Senior Consultant - Cytogenetics

Dr. Sarjana Dutt
Ph.D
Director- Mol Biology and R&D

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited ^ In Scope of NABL

DR. BRA INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

10 MAY 2019

Dated.....



Ref. No.F.1/IRCH/MR/2019-2020

ESTIMATE CERTIFICATE

TO WHOM IT MAY CONCERN

This is to certify that Master Tanmay Singh Bisht, Age 07 years, Male, S/o. Sh. Dinesh Singh Bisht (UHID NO. 104347411 & IRCH No. 225418/19) is a known case of **Acute Lymphoblastic Leukemia** and is under treatment with Medical Oncology at DR. BRA IRCH, AIIMS since 06/03/2019.

The approximate cost for his treatment would be Rs. 2,50,000/- (Two Lakhs Fifty Thousand Rupees Only). The cheque/draft may be sent in favour of "DR. BRA IRCH, AIIMS, Ansari Nagar, New Delhi-29 (IRCH Patient Treatment Account)"

(SIGNATURE BY CONSULTANT)

(COUNTER SIGNED BY M.S.)

चिकित्सा अधीक्षक/MEDICAL SUPERINTENDENT
अ.स.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL
अ.स.आ.सं. नगर-29/DR. B.R.A., I.R.C.H.
नई दिल्ली-110029 /New Delhi-110029

आचार्य समीर बहली/Prof. Sameer Bahl
विश्वविद्यालय अंतर्गत विभाग/Deptt. of Medical Oncology
डॉ. बी.स.ए. स.सं.के.अ. अ.स.आ.सं./DR. B.R.A., IRCH, AIIMS
अंसारी नगर, नई दिल्ली-29/Ansari Nagar, New Delhi-29
मेडिसीन फील्ड सं./DMC Registration No. 18636