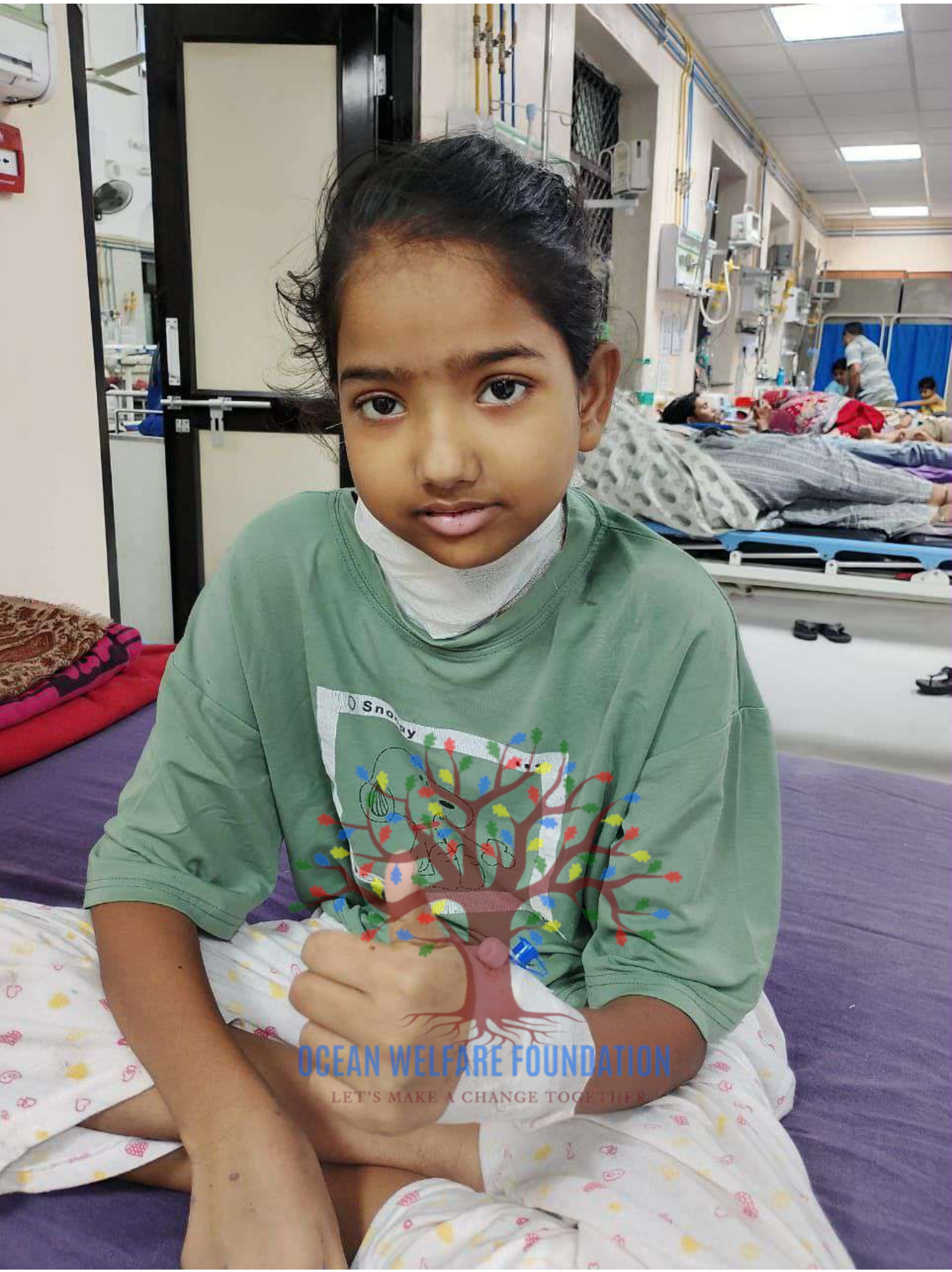

OCEAN WELFARE FOUNDATION
LET'S MAKE A CHANGE TOGETHER

OCEAN WELFARE FOUNDATION
LET'S MAKE A CHANGE TOGETHER

Date : 24.09.2026

Patient Registration Form For Medical Treatment

Sr.	Patrticulars		
1	Patient Name	Dipanshi	
2	Age/Sex	11 Years- Girl Child	
3	Father Name	Mr. Bhagwan Das	
4	Occupation	Labour	
5	Addrtess	Khatikan Chowk, Khitan Pana, Bhivani, Haryana	
6	Hospital Name	AIIMS + Kalawati Saran Children Hospital	UHID : 109286145
7	Nature Of Disease	Both Kidney Failure	
8	Required Treatment	Required 19- INJ. - Eculizumab	
9	Estimated Cost	14,85,000/- (Fourteen Lacs Eighty Five Thousand Only)	
10	Summary	Dipanshi (11+Year old Girl), is Diagnosed with Both Kidney Failure, Required 19 Very Costly Injections, She belongs to a poor family, Her Father is a Labour, earns very low. Treatment cost is too High for her family, So her Father requested "OCEAN WELFARE FOUNDATION" for Financial Support.	
11	Signature Of Family	Authorised Signattory & Seal	Hospital Seal & Signature
	भागीदार 24/9	OCEAN WELFARE FOUNDATION Reg.No. 70/2023	

OCEAN WELFARE FOUNDATION
LET'S MAKE A CHANGE TOGETHER

डॉ० झुमा संकर
Dr. JHUMA SANKAR
आचार्य / Professor
विभाग / Department of Pediatrics
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-29

सेवा मे,
श्रीमान प्रबंधक
ओशियन वेलफेयर संस्था
नोएडा, गौतमबुध नगर

विषय - इलाज हेतु आर्थिक सहायता पत्र

महोदय,

सविनय निवेदन है कि मेरा नाम भगवान दास है, मैं भिवानी हरियाणा का रहने वाला हु और पेशे से मैं एक मजदूर हु। मेरी इकलौती बच्ची है जिसका नाम त्रिवांशी है, उसकी उम्र 11 साल है। मेरी बच्ची की दोनो किडनी फेल हो गई है, जिसका इलाज दिल्ली के एम्स और कलावती अस्पताल मे चल रहा है। उसके इलाज के लिए 14,85,000/- का खर्चा बताया है। जिसको जमा करने मे मैं असमर्थ हु। कृपया मेरी बेटी के इलाज के लिए यह धनराशि अस्पताल मे जमा कराने की कृपा करे, और मेरी बच्ची को नया जीवनदान दे।
मैं और मेरा परिवार हमेशा आपके ऋणी रहेंगे।

दिनांक -
24-09-2026
भगवान दास

निवेदक,
भगवान दास
बच्ची का नाम - त्रिवांशी
उम्र - 11 साल
अस्पताल - एम्स, कलावती, नई दिल्ली
खर्चा - 14,85,000/-

24/Sept/2026

DEPARTMENT OF PEDIATRICS

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi – 110029

ESTIMATE CERTIFICATE

Ref. No: _____

TO WHOM IT MAY CONCERN

Date: 20/9/2024

This is to certify that Shri/Smt./Kum Dipanshu Aged 11y Sex F UHID 109286145 S/o.D/o.W/o Bhagwan is getting treatment in Department of Pediatrics, AIIMS vide and for diagnosis atypical HUS (anti factor H antibody mediated) - refractory to PEX

The approximate cost of the treatment is Rupees.....

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

		Cost in Rs.
1.	Injection ECULIZUMAB → Dosing as schedule for	Cost per vial Rs 75,000/-
2.	3month. 300mg 2vial D1, D8 300mg 3vial	See Total vials for
3.	on week 3, week 5, week 7, week 9,	3month - 19 vial
4.	and week 11	Rs 14,25,000/-
5.	Hemodialysis duty 3 month period (3/week)	Rs 60,000/-
6.		

Total Cost: (In Words)	Rs Fourteen lakhs and eight five thousand.

Note:-

This Estimate Certificate is being issued to avail *Financial Assistance* for treatment only.

#The Cheque /Demand draft may be issued in favour of:

- ☐ **AIIMS RAN & HMDG A/c 40207561985**
- ☐ **AIIMS PATIENTS TREATMENT A/c 10874588593** **[IFSC CODE: SBIN0001536]**
- ☐ **AIIMS P.M.O. PATIENTS A/c 37671405137**
- ☐ **AIIMS DELHI AROGYA KOSH A/c 33477690609**

For Account Transaction Please Contact: 011-26594746, 011-26546084.

20/9/2024

(Name &Signature of Consultant with stamp)

(Counter Signature of HOD with stamp)

डॉ० झुमा संकर
Dr. JHUMA SANKAR
आचार्य / Professor
बालरोग चिकित्सा विभाग / Department of Pediatrics
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-29

Acting HOD

KALAWATI SARAN CHILDREN'S HOSPITAL

DEPARTMENT OF PEDIATRICS

PEDIATRICS NEPHROLOGY-DIALYSIS DISCHARGE SUMMARY

Name: DEEPANSHI **Age/Sex:** 10 yr/F **CR NO: 23592**

Date of admission: 11/09/2026 **Date of Discharge:** Access : Rt. IJV (12/06/2026)

Consultants: Dr. A. Saha, Dr. Rachita, Dr. Prajal, Dr. Anjali

Diagnosis : Atypical HUS (Anti factor H+/ on HD since 02/06/26/ received cyclophos on 19/6/26.

Procedure notes: The child was planned for 3.5hours of hemodialysis session via right IJV, using pediatric tubing and FX dialyser. Heparin free HD done. Net UF achieved was 1600 ml

Pre- procedure vitals

Date/Time	BP	PR	RR	PV/PP	CFT/Peripheries	Weight	SPO2
11/09/2026	120/72	108/min	20/min	Good/+	<2sec/warm	27.5 kg	98%(RA)

Post- procedure vitals

Date/Time	BP	PR	RR	PV/PP	CFT/Peripheries	Weight	SPO2
11/09/2026	100/66	99/min	20/min	Good/+	<2sec/warm	25.7 Kg	99%(RA)

ADVICE AT DISCHARGE:

1. HD catheter care. SALT RESTRICTED DIET
2. Tab Amlodipine 5mg BD 8am-8pm
3. Tab Prazosin 5mg 1-2-1 tab TDS
4. Tab Labetolol 100mg tds 10am-4pm-10pm-4am
5. Tab Hydralazine 25mg 2-2-2 11pm-7am-3pm
6. Tab Clonidine 100mcg 2-2-2-2 OHD 12am-6am-12pm-6pm
7. Tab Prednisolone 10mg 2 tab A/D since 24/8/26
8. Strict UO and BP monitoring
9. Tab Calcium 500mg BD
10. Syp MV 5ml PO OD
11. Tab Emset 4mg sos
12. Tab B12 (500 mcg) 1 tab PO OD
13. Tab IFA (100mg) 1 tab PO OD
14. Satchet vit D3 (60K IU) 1 Sachet/2 weekly
15. 2nd dose cyclophosphamide on 19/7/26 DEFFERED due to leucopenia.
16. Follow up in Nephrology ward for dialysis on 14.09.26 at 8am.
17. Influenza vaccine given on 11.09.26

Admit & Nephro

Swelly SR

XN series KSCH

Rack: Position: 24/09/2026 10:32:10 W

Ward: Doctor: Sex:

Birth: Nickname: XN-1000-1-A

Comment:

Positive

Morph. Count

WBC	3.29	[10^3/uL]		
RBC	3.26	[10^6/uL]		
HGB	8.0	[g/dL]		
HCT	25.3 -	[%]		
MCV	77.6 -	[fL]		
MCH	24.5 -	[pg]		
MCHC	31.6	[g/dL]		
PLT	82	[10^3/uL]		
RDW-SD	44.6	[fL]		
RDW-CV	15.7	[%]		
PDW	----	[fL]		
MPV	----	[fL]		
P-LCR	----	[%]		
PCT	----	[%]		
NRBC	0.00	[10^3/uL]	0.0	[%]
NEUT	1.58 *	[10^3/uL]	48.1 *	[%]
LYMPH	1.13 *	[10^3/uL]	34.3 *	[%]
MONO	0.58 *	[10^3/uL]	17.6 *	[%]
EO	0.00	[10^3/uL]	0.0	[%]
BASO	0.00	[10^3/uL]	0.0	[%]
IG	0.06 *	[10^3/uL]	1.8 *	[%]
RET		[%]		[10^6/uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		
IPF		[%]		

WBC-BF		[10^3/uL]
RBC-BF		[10^6/uL]
MN	[%]	[10^3/uL]
PMN	[%]	[10^3/uL]
TC-BF#		[10^3/uL]

WBC IP Message
Blasts/Abn Lympho?
Atypical Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distribution

WDF

WNR

RET

PLT-F

RBC

PLT

00-22 24/09/2026 10:32

To

Date: 30.06.2026

Dr. Aditi Sinha

Professor, Division of Nephrology,

Department of Pediatrics,

All India Institute of Medical Sciences, New Delhi.

SUBJECT: CONSIDER ECULIZUMAB THERAPY FOR PATIENT WITH HEMOLYTIC UREMIC SYNDROME

Respected ma'am,

This is with regards to patient Deepanshi, 10 years old female, resident of Bhiwani, Haryana, who has been diagnosed as Anti factor H positive Hemolytic Uremic syndrome at our hospital and needs Eculizumab therapy. I am sharing summary of her illness as discussed.

The onset of illness was in 2nd week of May when she developed vomiting for which she sought treatment after 3 days. She was admitted at a private hospital in Bhiwani with IV fluids. No investigations are available from this admission. Subsequently, she developed icterus and decreased urine output over next few days requiring hospital admission where, Hb - 3g/dl and received PRBC for the same and discharged without any other investigations or management.

However, above symptoms persisted and she was admitted at PGI rohtak on 01/06/26. At PGI, Rohtak, following investigations were done: Hb 5.0 g/dl, Platelet count- 80,000, urea – 330 mg/dl, serum Creatinine - 15mg/dl, schistocytes present. She was then referred to a higher center.

She presented to KSCH on 2/6/26, after 17 days of symptom onset. At KSCH, Child was received in gasping state for which she was intubated and mechanically ventilated. There was negligible urine output. On Examination, patient had anasarca and BP was 128/98 (>95th +12th). Investigations showed Hb- 4.8 g/dl, ,TLC - 5190/cumm, Platelet- 65,000, Schistocytes were - 6.1%, LDH – 1756 IU/L, Reticulocyte count – 20%, urea – 338 mg/dl , creatinine - 15.4 mg/dl, S. Albumin-3.6 mg/dl, URM-Protein-4+, Blood-3+, RBC-172/HPF, WBC-192/HPF, UP:UC-13.5 mg/mg , Sodium-127, Potassium-4.5. She was provisionally diagnosed as Hemolytic Uremic Syndrome. Anti-Factor H levels sent. Plasmapheresis and Hemodialysis were initiated on 02/6/26. Blood Pressure was managed with anti-hypertensive drugs.

Anti factor H levels - 9444 au/ml (03/06/2026)

Daily steroid started on 4/6/26.

11 daily sessions of Plasmapheresis were done after which **remission was documented** as platelets improved to 1.2 lakh, LDH 365 IU/L and Schistocyte index < 2 % on two consecutive days, **repeat anti factor H (17.06.2026) – 853 AU/ml).** Hemoglobin – 7.8 g/dl, TLC – 5230 /cumm, Reticulocyte count – 2.1%, CRP – 4.1 mg/dl (negative). AKI persisted (urea – 91 mg/dl, serum creatinine – 3.8 mg/dl on Hemodialysis) with neligible urine output (50-100ml/day). PEX tapered as per HUS protocol, last PEX done on 27/06/26. 1st dose of cyclophosphamide was also given.

2D-ECHO showed cardiac dysfunction in the form of Dilated Left Atrium, Left Ventricle. Mild pericardial effusion was also noted. Normal biventricular function, Left Ventricular Ejection fraction: 66%.

On 20/6/2026 (1 day after giving cyclophosphamide), patient developed pneumonia requiring O_2 support. Investigations showed drop in Hb – 6 gm/dl, TLC-23,000 /cumm, Platelet – 64,000, CRP- 96 mg/dl (high), LDH-350 IU/L , schistocytes-1.3% which was managed with escalation of IV antibiotics.

Now, there is no evidence of infection. Patient is hemodynamically stable, no oxygen requirement. However TLC started to fall from 23.06.26 (4750 , ANC - 3830). Pancytopenia is still present, with a negative CRP. Today's investigations show Hb - 7.3 g/dl, TLC-1300/cumm, ANC-640, Platelet – 34,000, CRP- Negative. 29.06.2026, LDH – 408 IU/L , schistocytes – 2.1%, Reticulocyte Count – 2.1%, urea – 83 mg/dl, serum creatinine – 3.4 mg/dl on hemodialysis. Urine output is 80-100ml/day. There is no edema, serum albumin – 3.6 g/dl

In view of possibility of relapse of HUS, we request you to kindly consider the patient for Eculizumab therapy.

Thanking You,

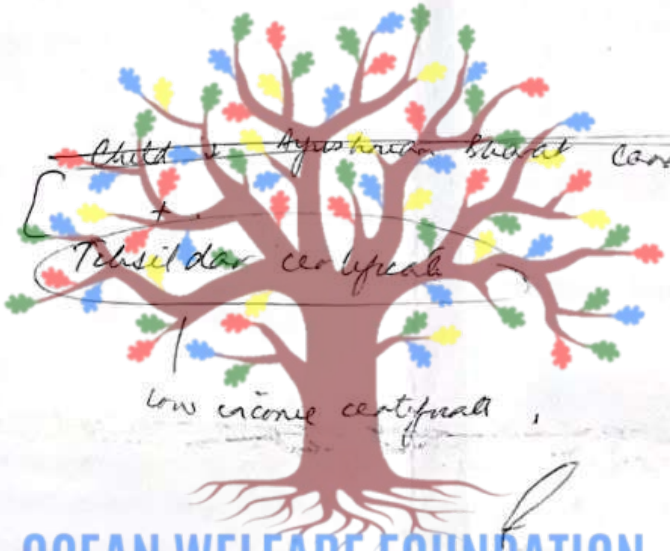
Dr. Prajal Agarwal

Assistant Professor (Pediatric Nephrology)

Division of Pediatric Nephrology

Department of Pediatrics

LHMC & KSCH, New Delhi



भारत सरकार / GOVT OF INDIA
लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
बंगला साहिब मार्ग, नई दिल्ली-110001 / BANGLA SAHIB MARG, NEW DELHI-110001

दैनिक शीट /DAILY SHEET

दिनांक /Date

रोगी का नाम /Patient's Name	आयु /Age	लिंग/Gender	CR No.	एकक/Unit
Deepanshi	1 day 1f		20804	Nephro ward

Date : Day of Hospital Stay

Diagnosis

TO
The Nursing officer
LHMC & KSCH
Delhi

Issues

Respected sir / ma'am,

This is regarding the above mentioned pt. C

Asis of atypical HUS planned for inj. eculizumab. Kindly vaccinate the child c pneumococcal vaccine & please mention the strains covered. Eg

Examination Findings

Thanking you
Dr Lalita

Dr. LALITA KRISHNIA
Post Graduate Resident
Department of ...
LHMC & Kalawati ... Children's
Hospital, New Delhi-110001

Treatment & Plan

Signature
Name of JR/SR

24 Hrs. Emergency Laboratory Services

Kalawati Saran Children's Hospital, New Delhi (XL-640195)

Sample ID	M-25	Patient ID	
Name		Sample Type	SERUM
Category	-	Collection Date	24-Sep-2026
Age	-	Reg. Date	24-Sep-2026
Ref. Dr			

Sr.No	Test	Result	Flag	Normal Range
1	Sodium	130.31 mmol/l	L	↓ 135.00 - 145.00 mmol/l
2	Potassium	4.06 mmol/l		3.50 - 5.00 mmol/l
3	Chloride	98.12 mmol/l		95.00 - 105.00 mmol/l
4	Urea	92.3 mg/dl	H	↑ 18.0 - 55.0 mg/dl
5	Creatinine ENZ	2.56 mg/dl	H	↑ 0.70 - 1.30 mg/dl

भारत सरकार
Government of India

दीपांशी
Dipanshi
जन्म तिथि/DOB: 22/11/2015
महिला/ FEMALE

Issue Date: 19/08/2021

8294 5301
VID : 9168 7303 6570 5736
मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

भगवान दास
Bhagwan Das
जन्म तिथि/DOB: 02/04/1980
पुरुष/ MALE

Issue Date: 26/08/2011

3927 0165
VID : 9169 7941 6593 3545
मेरा आधार मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मजा: भगवान दास, किलान पाना, खटिकान चौक,
भिवानी, भिवानी,
हरियाणा - 127021

Address:
D/O: Bhagwan Dass, KITAN PANA,
KHATIKAN CHOWK, Bhiwani, Bhiwani,
Haryana - 127021

8294 5301
VID : 9168 7303 6570 5736

1947 | help@uidai.gov.in | www.uidai.gov.in

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O बाबू राम पंवार, खटीकान चौक ,किलान पाना,
भिवानी, भिवानी,
हरियाणा - 127021

Address:
S/O Babu Ram Panwar, khatikan chowk
,kilan pana, Bhiwani, Bhiwani,
Haryana - 127021

3927 0165
VID : 9169 7941 6593 3545

1947 | help@uidai.gov.in | www.uidai.gov.in

आयुष्मान कार्ड/AYUSHMAN CARD

₹5 लाख का मुफ़्त उपचार

नाम/NAME
DIPANSHI

जन्म वर्ष /YOB: 2015 | लिंग /GENDER: F
गाँव/शहर/ Village/Town : NOT AVAILABLE
तालुका/Subdivision : Bhiwani
जिला/ District : BHIWANI

राज्य हरियाणा
State: Haryana

ABHA Number : 91-4826-5508-3049

PM-JAY ID : MJGYD1HPH
PPP ID : 4UPHQ863

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना - चिरायु हरियाणा
AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA
CHIRAYU - HARYANA (COMPREHENSIVE HEALTH INSURANCE FOR ANTYODAYA UNITS)

आयुष्मान कार्ड/AYUSHMAN CARD

₹5 लाख का मुफ़्त उपचार

नाम/NAME
BHAGWAN DAS

जन्म वर्ष /YOB: 1980 | लिंग /GENDER: M
गाँव/शहर/ Village/Town : NOT AVAILABLE
तालुका/Subdivision : Bhiwani
जिला/ District : BHIWANI

राज्य हरियाणा
State: Haryana

ABHA Number : 91-1618-3785-5069

PM-JAY ID : MJGYD762P
PPP ID : 4UPHQ863

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना - चिरायु हरियाणा
AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA
CHIRAYU - HARYANA (COMPREHENSIVE HEALTH INSURANCE FOR ANTYODAYA UNITS)

आयुष्मान कार्ड/AYUSHMAN CARD

₹5 लाख का मुफ़्त उपचार

नाम/NAME
SADHANA

जन्म वर्ष /YOB: 1985 | लिंग /GENDER: F
गाँव/शहर/ Village/Town : NOT AVAILABLE
तालुका/Subdivision : Bhiwani
जिला/ District : BHIWANI

राज्य हरियाणा
State: Haryana

ABHA Number : 91-4337-1476-4340

PM-JAY ID : MJGYD5DQB
PPP ID : 4UPHQ863

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना - चिरायु हरियाणा
AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA
CHIRAYU - HARYANA (COMPREHENSIVE HEALTH INSURANCE FOR ANTYODAYA UNITS)