No. 00116358

THE KOLKATA MUNICIPAL CORPORATION

FORM 5

HEALTH DEPARTMENT

5, S. N. Banerjee Road, Kolkata- 700 013.

BIRTH CERTIFICATE

[Issued under Sec 12/Sec 17 of the Registration of Births and Deaths Act, 1969, Govt. of India and FREE COPY]
Registration of Births and Deaths Rules 2000, Govt. of West Bengal]

This is to certify that the following information has been taken from the original record of birth which is in the Register for Kolkata Municipal Corporation of Kolkata District of West Bengal.

Name	ARNAVI PAUL
Sex (M / F)	FEMALE
Date of Birth	24/03/2016
Place of Birth	VIDYASAGAR HOSPITAL, BEHALA BOROUGH XIV
Name of Mother	BABITA PAUL
Name of Father	AMIT KUMAR PAUL
Address of the Parents at the time of birth of the Child	A - 16 BASUNDHARA PARK, PO SARSUNA, PS THAKURPUKUR, KOLKATA
Permanent Address of the Parents	A - 16 BASUNDHARA PARK, SARSUNA, THAKURPUKUR, KOLKATA 70006
Registration No	I/14/2016/00596 (OLD REGN. NO:- 451/16)
Date of Registration	24/03/2016
Remarks (if any)	
Date of Issue	31/05/2016

Signature of the Issuing Authority

Address of the Issuing Authority

Ensure registration of every birth and death

Department of Haematology
NRS Medical college & Hospital, Kol-14

Name: Arnavi Paul
Sex: Female
Ward/OPD: Hematology

BM No.507/25
Age: 09 YRS
Date of aspiration: 28/03/2025

Bone Marrow Report

Clinical History: Pallor requiring transfusion associated with petachial rash for 2 months

Complete Hemogram Findings:

CBC: **Hb-7.3gm%, TLC- 3310/cmm, Platelets-** 60000/cmm, Reticulocyte count- 0.45%

Differential count- Neutrophil-21%, Lymphocytes-75%, Monocytes-04%

Absolute Neutrophil Count- 695

Peripheral Blood Smear- Anisocytosis. Normocytic normochromic to microcytic hypochromic RBCs. Platelets are reduced on the smear.

Bone Marrow Findings:

Particles: Aparticulate

M:E Ratio: 3.9 :1

Cellularity: Grossly, diluted

MPO:----,PAS:----

Differential count (count done on imprint smear)

Blast	02%
Promyelocytes	--
Myelocytes	02%
Metamyelocytes	04%
Neutrophils	10%
Lymphocytes	31%
Monocytes	--
Eosinophils	01%
Eo-Baso	--
Plasma cells	--
Erythroid Precursors	14%

Erythropoiesis: Reduced

Megakaryocytes: Reduced with normal morphology.

Myelopoiesis: Reduced

Lymphopoiesis: Increased, mostly mature form

Hemoparasites: Not seen

Perl's stain: Aparticulate

Trephine Biopsy:
Unilateral trephine biopsy measuring 1.5cm shows markedly hyporcellular marrow spaces with overall cellularity 10-15%. There is marked reduction in trilineage hematopoiesis. Interstitium shows mild increase in mature looking looking lymphoid cells and plasma cells.

Impression :- Overall diluted bone marrow picture is suggestive of Hypoplastic marrow

Advice: 1. Rue out secondary causes of hypocellular marrow
2. Stress Cytogenetics
3. PNH study

Dr Prathbha Singh
Senior Resident (PDT)
Dept. of Hematology
NRSMCH

Dr. Sneha Roy
Senior Resident
Dept. of Hematology
NRSMCH

Dr.Abhishek Sharma
Asst. Professor
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Tata Medical Center

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Newtown, Rajarhat, Kolkata - 700 160
Tel.: + 91 33 6605 7000, Email : info@tmckolkata.com
www.tmckolkata.com

TATA MEDICALCENTER

Date: 10/05/2025

Department of Paediatrics Oncology

COST ESTIMATE FOR TREATMENT

Name	: Miss. Arnavi Paul
MR No	: MR/25/006181
Age/Sex	: 9 Y 1 M / Child
Nationality	: Indian
Category	: General
Diagnosis	: Aplastic Anaemia
Duration of Treatment	: 1 Year
Prescribed Management	: Allogenic Stem cell Transplant + Supportive Care
Intent of treatment	: Curative
Doctor's Name	: Dr. Niharendu Ghara
Estimated Expenditure	: Approx. Rs. 500000/- For Supportive Care
Estimated Expenditure	: Approx. Rs. 2000000/- For Allogenic Stem cell Transplant

Total Estimated Expenditure : Approx. Rs. 2500000.00 /- (Twenty Five lakh INR Only)

DR. NIRAJ NIRAULA
Name of the authorizing Doctor
(In Capital Letter)

Signature of the authorizing Doctor
Registration No: R-13012/00423/2024 Reg
Department of Paediatrics Oncology

Authorised By :
TATA Medical Center,
Kolkata

Anyone willing to make any contribution/help towards the treatment of this patient is requested to provide the following:-

1. **Declaration letter must be attached with the cheque/DD along with the patient details-name and MR number.**
2. **The letter must carry the name of the individual/company and contact details.**
3. **The cheque/draft to be issued on 'Tata Medical Center'**

Disclaimer:This is an approximate estimate for the planned treatment. However, same may increase, in the eventuality of any complication or on detection/development of any incidental disease, as cost of extra stay, critical care, and expense of higher antibiotics and medicines including supportive care and additional investigations and procedures that may be needed to manage the complications.

DRS. TRIBEDI & ROY
DIAGNOSTIC LABORATORY
93, Park Street, Kolkata-700 016
Phones : 033 4067-5290 / 2217 6451 / 4801-2512 / 2515
WhatsApp No. : 9831212452
E-mail : mail@tribedinroy.com
Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (Path)

Collection Centres :
- 46A, Diamond Harbour Rd, Kolkata - 27 (8 A.M. - 4 P.M.) ✆ 033-24434513
- 17, Saint Chatterjee Ave, Kolkata - 29 (8 A.M. - 5 P.M.) ✆ 7595834945
- 6, Dover Lane, Kolkata - 700 029 (8 A.M. - 5 P.M.) Ph. : 8584959480
- 11A, East Topsia Rd, Kolkata - 46 (8 A.M. - 4 P.M.) ✆ 033-40605406

TEST REPORT

Patient's Name : Arnavi Paul
Age : 9 Yrs.
Referred By :
Address N.R.S.M.C.H.

Date of Receipt : 22-Apr-2025
Date of Report : 22-Apr-2025
Lab No. : LDH978

PNH Flowcytometry – FLAER Test

Specimen type	:	Blood
Instrument	:	BD FACS CANTO II Flowcytometer
Software	:	FACS DIVA Software
Reagents	:	FLAER -FITC, CD64-PE, CD24-PerCpCy5.5 CD14-PE.Cy7, CD15-APC, CD45-APC-H7.
Cell preparation	:	Stain-lyse-wash

Result : No phenotypic evidence of paroxysmal nocturnal haemoglobinuria (PNH)

COMMENT :
Flowcytometry analysis does not show any evidence of a PNH clone based upon analysis of a variety of GPI-linked antibodies on monocytes and neutrophils. These findings do not support diagnosis of PNH. Clinical correlation is recommended.

Cell population	Result	LLOQ
CD64+Monocytes	No FLAER /CD14-negative cells	0.1%
CD15+Neutrophils	No FLAER/CD24-negative cells	0.01%

Flow results : Immunophenotypic analysis was performed using gating antibodies CD45, CD15, CD64, and GPI-linked antibodies CD14, CD24 and FLAER.

Checked by :
The results relate only to the items tested.
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(Please see overleaf)

DR. DEBASIS BANERJEE M.D.(Path)

DRS. TRIBEDI & ROY
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MC-6225

Collection Centres :
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- 17, Sarat Chatterjee Ave. Kolkata - 29 (8 A.M. – 5 P.M.) ✆ 7596884045
- 6, Dover Lane, Kolkata - 700 029 (8 A.M. – 5 P.M.), Ph : 8554805490
- 11A, East Topsia Rd. Kolkata - 46 (8 A.M. – 4 P.M.) ✆ 033-40605408

TEST REPORT

NAME Arnavi Paul 9 Yrs. (Lab No. LDH983)

ADDRESS N.R.S.M.C.H. DATE OF RECEIPT 22.04.2025

PHYSICIAN DATE OF REPORT 25.04.2025

MATERIAL 2 unstained bone marrow aspiration smears (No. 507), 2 unstained bone marrow trephine biopsy imprint smears, 1 bone marrow trephine biopsy block (No. 507/25) and blood sample received for review.

HISTOPATH NO. 5649/25

CLINICAL HISTORY :-
Anemia warranting blood transfusion, petechial rash, pancytopenia and cervical lymphadenopathy.

PERIPHERAL BLOOD SMEAR :-
No peripheral blood smear provided. Smear drawn on 22.05.2025 reveals severe pancytopenia.

BONE MARROW SMEAR EXAMINATION :-
Smears reveal haemodiluted and markedly hypocellular marrow. Only a few myeloid cells and lymphoid cells present. No abnormal cell found.

BONE MARROW TREPHINE BIOPSY :-
Sections prepared from the supplied block reveals a tiny bone marrow biopsy specimen. Marrow spaces are collapsed and most of the marrow specimen has been lost. Only a tiny bit of fatty marrow is preserved in this specimen.

COMMENT :-
Smears reveal markedly haemodiluted hypocellular bone marrow specimen.
Inadequate bone marrow biopsy specimen. Descriptive report.

ENCLOSED :- All slides and block.

db

DR. SUBIR KUMAR DAS
M.B.B.S. D.C.P.

DR. DEBASIS BANERJEE
M.B.B.S. M.D. (Path.)

19 + 2 PTS

...EDI & ROY
...C LABORATORY
...Roy M.B.B.S. (Cal) M.D. (Path)
Collection Centres

TEST REPORT

Patient's Name : Arnavi Paul
Age 9 Yrs.
Referred By :
Address N.R.S.M.C.H.

Date of Receipt : 22-Apr-2025
Date of Report : 22-Apr-2025
Lab No. : LDH978

INTERPRETATION:-

Paroxysmal nocturnal hemoglobinuria (PNH) is a rare hematopoietic stem cell disorder characterized by a somatic mutation in the PIGA gene, leading to a deficiency of proteins linked to the cell membrane via glycophosphatidylinositol (GPI) anchors. One of best reagents available to study GPI-linked antigens on leukocytes is the reagent fluorescent aerolysin or FLAER. This is a fluorochrome-conjugated inactive variant of the bacterially derived channel-forming protein aerolysin, which binds specifically to GPI-anchors. FLAER offers significant advantages as a reagent for PNH testing; in contrast with antibodies against many of the GPI-linked antigens normally studied, its binding is less sensitive to the maturational stage of the cells. FLAER, which binds specifically to the GPI anchor and is consequently reliably absent from GPI anchor–deficient granulocytes and monocytes, has the most useful reagent for detecting WBC PNH clones. The flow cytometric assay evaluates for a loss of expression of the following GPI-linked antigens on cells ; CD14 and FLAER on monocytes, and CD24 and FLAER on granulocytes. The assay can detect as little as 0.01% GPI-deficient cells in each cell lineage. PNH clones are referred to as minor when the clone size is <1% of any lineage and such are often seen in patients with Aplastic Anemia and some subsets of myelodysplastic neoplasms. Although patients with these minor PNH clones most likely do not exhibit clinical symptoms of PNH, the detection of smaller PNH clones in patients with subclinical PNH associated with bone marrow failure syndromes requires subsequent monitoring at defined intervals to monitor potential clone expansion and possible transition to classical hemolytic PNH. The presence of minor PNH clones in patients with AA is associated with better response to immunosuppressive therapy.

(Drawn sample from outside)

Checked by :

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(Please see overleaf)

DR. DEBASIS BANERJEE M.D.(Path.)