



GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name: Lakshita Age/Sex: 5y/F Date: 25/05/2022
 P. No.: 20261991131 CGHS No.: _____ OPD/Wd: _____

Diagnosis: _____
 Ref: _____

YASINI NANDY
 RESIDENT
 DEPT OF PAEDIATRICS
 DR. RML HOSPITAL
 DELHI-110001

Analyzer ID: Z118230030C

Barometer: 722.7 mmHg
 Sample Type: Arterial
 Operator: 123456
 Releaser: auto
 MRN: 91131
 Patient Name: Pi/Ps 10/8
 Other Flags: PiO2 = 30%
 Comments: PEEP - 5

Sample: STP pH
 Printed: 26/05
 Analyzed: 26/05
 Analyzer ID: Z
 Barometer: _____
 Sample Type: _____
 Operator: _____
 Releaser: _____
 MRN: _____
 Patient Name: _____

Test	Value	Units	Flags
pH	7.408		
pCO2	37.1	mmHg	
pO2	44.8	mmHg	
Hct	154.2	mmol/L	UC
Na+	4.16	mmol/L	
K+	1.14	mmol/L	
Ca++	2.6	mmol/L	
Lac	24.7	mmol/L	
TCO2	1.15	mmol/L	
nCa	81.1	mmol/L	
SO2%	20.2	mmol/L	
BE-ecf	23.9	mmol/L	
BE-b	23.2	mmol/L	
SBC	21.6	mmol/L	
HCO3-	21.6	mmol/L	
PI/FIO2	0.2		
A-aDO2	0.8		

Analyzer ID: Z118230030C

Barometer: 723.1 mmHg
 Sample Type: Arterial
 Operator: 123456
 Releaser: auto
 MRN: 91131
 Patient Name: _____
 Other Flags: Spont
PI - 10
 Comments: PEEP - 5
PIO2 = 30%

Test	Value	Units	Flags
pH	7.454		
pCO2	31.3	mmHg	
pO2	89.5	mmHg	
Hct	131.8	mmol/L	UC
Na+	3.61	mmol/L	
K+	1.01	mmol/L	
Ca++	1.4	mmol/L	
Lac	23.1	mmol/L	
TCO2	1.04	mmol/L	
nCa	97.4	mmol/L	
SO2%	-2.0	mmol/L	
BE-ecf	-0.3	mmol/L	
BE-b	24.2	mmol/L	
SBC	22.1	mmol/L	
HCO3-	0.2		
RI	428.2	mmHg	
pO2/FIO2	103.8	mmHg	

9. Others :

S. Amylase : _____

S. Lipase : _____

Magnesium : _____

Arterial
 123456
 auto
 991131
 1v
 5
 2-30f

Flags



"Bringing Hope, Together. We Rescue Life."

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name: Lakshita Age/Sex: 5y F Date: 23/05/2026
 REGD. No.: 20261991131 CGHS No.: OPD/Wd:

Local Diagnosis :

Incharge :

Signature: DR. DEYASIM NANDY
 PG RESIDENT
 DEPARTMENT OF PAEDIATRICS
 ARIHMS AND DR. RAML HOSPITAL
 NEW DELHI-110001

Food Sugar : 1FT/KFT/SE/9CRP
 mg/dl(70-110)
 mg/dl(90-160)
 mg/dl(70-140)

Key Function Test :
 mg/dl(15-45)
 mg/dl(0.6-1.2)
 mg/dl(2.5-6.0)

Function Test :
 mg/dl(0.2-1.2)
 mg/dl(0.1-0.3)
 mg/dl(0.2-1.1)
 U/L (15-50)
 U/L (15-50)
 U/L (50-130)
 U/L (8-61M; 5-36F)

Proteins :
 gm/dl (6.0-8.0)
 gm/dl (3.5-5.5)
 gm/dl (1.5-3.5)

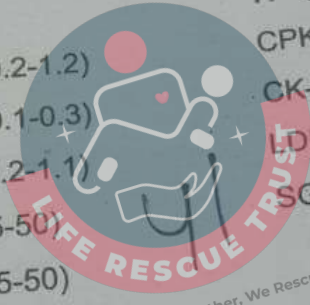
Urea Profile :
 mg/dl(130-230)
 mg/dl(30-65)
 mg/dl(50-150)
 mg/dl(upto 40)
 mg/dl(50-200)

6. S. Electrolytes :
 Sodium : mmol/L (130-145)
 Potassium : mmol/L (3.5-5.5)
 Chloride : mol/L (95-105)
 Calcium : mg/dl (8.5-10.5)
 Phosphorus : mg/dl (2.5-4.5)

7. Cardiac Profile :
 CPK : U/L
 CK-MB : U/L
 LDH : U/L
 SGOT : U/L

8. Iron Profile :
 T. Iron :
 TIBC :
 UIBC :
 Saturation :

9. Others :
 S. Amylase :
 S. Lipase :
 S. Magnesium :
 Ammonia (NH₃) :
 Lactate :



"Bringing Hope, Together, We Rescue Life"

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI

REQUISITION PROFORMA FOR FREE SANCTION
OF THE PAYABLE INVESTIGATIONS

Name of Patient... LAKSHITA Age... 5Y Sex... F CR/OPD No... 2026-1991131
Department... pediatrics Unit... HOU Indoor/Outpatient.....

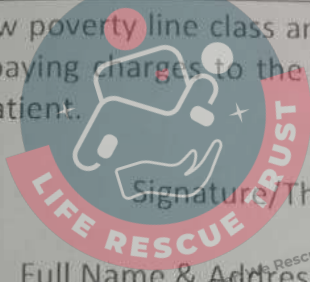
Investigation/Procedure requested.....
Clinical Details of the Patient: TFT & S. COXisol.
(S.Ts/Tu/TCM)

Justification for the free sanction
not Affording
DR. MANJU NIMESH
SPECIALIST (PEDIATRICS)
ABVIMS, DR. RML HOSPITAL
NEW DELHI-01

Dr. MANJU NIMESH
SPECIALIST-I (PEDIATRICS)
ABVIMS, DR. RML HOSPITAL
NEW DELHI
Signature of the treating HOD/HOU (With Seal)

CERTIFICATE BY THE PATIENT OR ATTENDANT

I hereby declare that I belong to the below poverty line class and have no financial means to get the above prescribed investigation done by paying charges to the hospital. I request the authorities to sanction the same free of cost as a poor patient.



Anant

Signature/Thumb impression of patient/Attendant

Full Name & Address... Anil 21221512 Kumbheshwar 1st Diggamati
11008

CERTIFICATE BY THE HOD/HOU

On the basis of records shown to me, or the apparent financial condition of the patient. I recommend that above investigation may be done free of cost for this patient. This is also to certify that this investigation is absolutely essential for diagnosis/treatment of this patient

Dr. (Prof.) Dinesh Kumar
Signature of HOD/HOU (With Seal)
SPECIALIST (PEDIATRIC)
ABVIMS & Dr. RML Hospital, New Delhi-110001
Phone No. 2770/DMC-9770

SANCTION OF THE COMPETENT AUTHORITY

On the recommendation of HOD/HOU, the Sanction for free investigation is accorded.

Addl. M.S. (With Seal)

Sl. No



**Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001**



**FORM NO. 3E
[As per NDPS rule 52H (3)]**

DETAIL OF THE PATIENT TO WHOM ESSENTIAL NARCOTIC DRUGS DISPENSED

Registration Number: 260017277 Date: 17/03/26

Aadhar number of patient may be added

1	Name	:	LAKSHITA
2	Complete postal address (with contact number, if any)	:	11033, CALI PEPPAL WALL, SWAMI RAM TIRTH NAGAR, NEW DELHI
3	Brief description of the illness	:	ACUTE MENINGOENCEPHALITIS
4	Whether registered with any other registered medical practitioner/recognized medical institute (If yes, details to be recorded)	:	NO
5	Details of the essential narcotic drugs dispensed	:	INJ. FENTANYL

Date	Name of the essential narcotic drugs	Quantity	Signature/Thumb of the patient relative mentioning Relationship	Remarks, if any	Doctor's Signature & Stamp
8/3/26	INJ. FENTANYL	9 AMP	Amit (FATHER)		<p align="center">Dr. Anjali Meena Senior Resident Department of Pediatrics ABV IMS and Dr. RML Hos. New Delhi-110001</p>
9/3/26	INJ. FENTANYL	9 AMP	Amit		
10/3/26	INJ. FENTANYL	9 AMP	Amit (FATHER)		
11/3/26	INJ. FENTANYL	4 AMP	Amit (father)		
12/3/26	INJ. FENTANYL	14 Amp.	Amit (father)		
16/3/26	INJ. FENTANYL	05 Amp.	Amit		

Note:
This record shall be retained for two years from the date of last entry.
This record shall be produced before the concerned authorised officers whenever called upon during the course of their inspection/investigation.