

28/07/2026

**little
stars&she™**
women and children hospital

To,
Child Vikas Foundation,
Hyderabad.

This is to inform you that **Baby. MANHA SULTANA** D/O **ABU BAKR** bearing **UHID: 59817** is a 2½ years old female child is admitted in Little Star and She Hospital, Hyderabad and diagnosed as **CALLA POSITIVE B-cell ACUTE LYMPHOBLASTIC LEUKEMIA**. She has been started on chemotherapy as per UK ALL protocol. The present treatment is consolidation phase and the cost of treatment is high with intensive chemotherapy, prolonged hospitalization, and blood and bone marrow investigations along with supportive care including blood product transfusions. **The cost of chemotherapy required during the entire treatment would be around Rs 2,00,000/- (TWO LAKH RUPEES)**. We have approached to your esteemed Foundation for financial support. Kindly do the needful.

Thanking you,

Regards,


Dr. S.K. Waheed Hussain

Consultant

Pediatric Hematology, Oncology and Bone Marrow Transplant

Little Stars and She Hospital, Hyderabad

Dr. S. K. WAHEED HUSSAIN
M.B.B.S., M.D. Pediatrics, FIAP-PHO
Consultant, Pediatric Hematology-
Oncology and Bone Marrow Transplant
TSMC 08734

BANJARA HILLS, HYD
#8-2-596, Ascent Towers,
Road No. 10
T: 040 6699 2345
M: +91 96666 04444, 91210 00101

KONDAPUR, HYD
4th Floor, Pulla Reddy Sweets,
H.No: 2-20/4 to 8,
Near Kothaguda X Roads
M: +91 91007 45558

RAJAMAHENDRAVARAM, AP
Door No: 76-6-11, Plot No. B-4,
Gandhipuram 533 103,
T: 0883 2488 355,56,57
M: +91 88850 43576

 /littlestarsandshe



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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

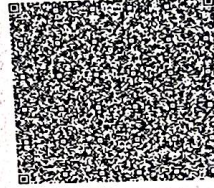
రెజిస్ట్రేషన్ / Enrollment No.: 0867/60124/01614

To
మణి సుల్తానా
Manha Sultana
C/O: Abubakar Bin Sayeed,
1-1-138, Khaleel pura,
VTC: Karimnagar,
PO: Karimnagar,
Sub District: Karimnagar, District: Karimnagar,
State: Telangana,
PIN Code: 505001,
Mobile: 7995770141

245591679



MH455916795FL



బాల ఆధార్

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6418 6628 9296

నా ఆధార్, నా గుర్తింపు



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Government of India



Aadhaar no. issued: 02/03/2025



మణి సుల్తానా
Manha Sultana
పుట్టిన తేదీ / DOB : 23/12/2023
స్త్రీ / Female

ఈ ఆధార్ కి పరిచయముల వివరాలు
వెబ్సైట్ పుష్కలముగా ఉన్నాయి

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి
కాదు. ఇది దృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ
లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

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or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

6418 6628 9296

నా ఆధార్, నా గుర్తింపు

బాల ఆధార్



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Unique Identification Authority of India

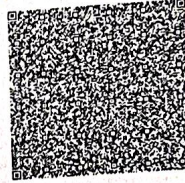
రిజిస్ట్రేషన్ / Enrollment No.: 0705/87803/01397

To
అలియ సుల్తాన
Aliya Sulthana
D/O Abu Bakar Bin Sayeed,
1-1-138,
Sha Saheb Street,
VTC: Karimnagar,
PO: Rampur,
Sub District: Karimnagar, District: Karimnagar,
State: Telangana,
PIN Code: 505001,
Mobile: 9703464899

136119334



MH361193342FL



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4502 0246 9786

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వము
Government of India



Aadhaar no. issued: 29/05/2013



అలియ సుల్తాన
Aliya Sulthana
పుట్టిన తేదీ / DOB : 11/11/2005
స్త్రీ / Female

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీకి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్‌ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

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4502 0246 9786

నా ఆధార్, నా గుర్తింపు



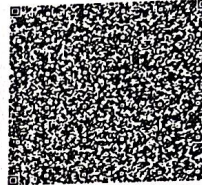
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0705/87803/01398

To
అబుబాకర్ బిన్ సయీద్
Abubakar Bin Sayeed
C/O: Sayeed Bin Ali,
1-1-138,
Khaleel Pura,
Near Amar Shuja Masjid,
Khaleel Pura,
VTC: Karimnagar,
PO: Karimnagar,
Sub District: Karimnagar,
District: Karimnagar,
State: Telangana,
PIN Code: 505001

Signature
Mobile: 7995770141
Digitally signed by Abubakar Bin Sayeed
DN: cn=Abubakar Bin Sayeed, o=Unique Identification Authority of India
Date: 2009.04.12 17:04:43
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6593 6318 5408
VID : 9102 0409 8951 0048



భారత ప్రభుత్వం
Government of India



Aadhaar no. issued: 07/12/2013



అబుబాకర్ బిన్ సయీద్
Abubakar Bin Sayeed
పుట్టిన తేదీ/DOB: 27/03/1972
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీకి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6593 6318 5408

నా ఆధార్, నా గుర్తింపు



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భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
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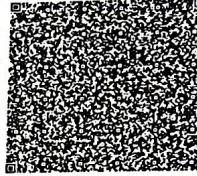
రిజిస్ట్రేషన్/Enrolment No.: 0705/87803/01398

To

అబుబాకర్ బిన్ సయీద్
Abubakar Bin Sayeed
C/O: Sayeed Bin Ali,
1-1-138,
Khaleel Pura,
Near Amar Shuja Masjid,
Khaleel Pura,
VTC: Karimnagar,
PO: Karimnagar,
Sub District: Karimnagar,
District: Karimnagar,
State: Telangana,
PIN Code: 505001

Mobile: 7895770141

Signature and
Date: 27/04/2013
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6593 6318 5408

VID : 9102 0409 8951 0048



భారత ప్రభుత్వం
Government of India



Aadhaar no. Issued: 07/12/2013



అబుబాకర్ బిన్ సయీద్
Abubakar Bin Sayeed
పుట్టిన తేదీ/DOB: 27/03/1972
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీకి కాదు. ఇది ధృవీకరణ కోసం మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

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6593 6318 5408

నా ఆధార్, నా గుర్తింపు



भारत सरकार
Bharat Sarkar



आधार
Aadhaar

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Government of India

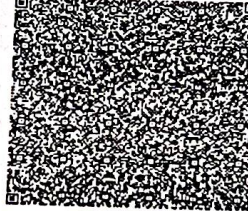
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/23431/32778

To
తల్లిం మల్లనా
Tasleem Sultana
W/O Abu Bakar Bin Sayeed
1-1-138
Sha Saheb Street
Karimnagar
Karimnagar Telangana - 505001
9703464899

Signature valid

Signature valid
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA GO
DATE: 2013-07-03 07:53:39
UTC



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2862 1922 2127

VID : 9106 4354 5815 4021

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



ఆధార్
Aadhaar

Issue Date: 08/05/2013



తల్లిం మల్లనా
Tasleem Sultana
పుట్టిన తేదీ/DOB: 20/09/1984
స్త్రీ/ FEMALE

2862 1922 2127

VID : 9106 4354 5815 4021

నా ఆధార్, నా గుర్తింపు

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

ABUBAKAR BIN SAYEED

BIN ALI SAYEED

27/03/1972

Permanent Account Number

ANRPA6653K

Signature



07/07/2008



TSGGDH90067702



FORM 5
తెలంగాణ ప్రభుత్వము
GOVERNMENT OF TELANGANA
DEPARTMENT OF MUNICIPAL ADMINISTRATION
వైద్య ఆరోగ్యశాఖ
MEDICAL & HEALTH DEPARTMENT
జనన ధృవ పత్రము
BIRTH CERTIFICATE

Certificate Id: 50104-B-264811

జనన మరణ నమోదు చట్టము 1969, 12/17 విభాగము ప్రకారము తెలంగాణ జనన మరణ నమోదు నిబంధనలు 1999, 8/13 నిబంధన క్రింద జారీ చేయబడినది.

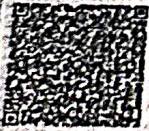
(Issued under Section 12/17 of the Registration of Births and Deaths Act 1969 and Rules 8/13 of the Telangana Registration of Births and Deaths Rules 1999)

తెలంగాణ రాష్ట్రము పెద్దపల్లి జిల్లా రామగుండం నగరపాలక సంఘ (స్థానిక ప్రదేశము) జనన రిజిస్టరు లోని జననానికి సంబంధించిన అసలు రికార్డు నుండి, క్రింది సమాచారము తీసుకొనబడినదని ధృవీకరించడమైనది.

This is to certify that the following information has been taken from the original record of birth which is in the register for (local area / local body) RAMAGUNDAM MUNICIPAL CORPORATION OF PEDDAPALLI DISTRICT OF STATE OF TELANGANA.

పేరు / Name	MANHA-SULTANA
లింగము / Sex	FEMALE
పుట్టిన తేదీ / Date of Birth (DD/MM/YYYY)	23/12/2023 TWO THREE ONE TWO ZERO TWO THREE
పుట్టిన స్థలము / Place of Birth	LAXMIVENI HOSPITAL KALYAN NAGAR KALYAN NAGAR GODAVARIKHANI 505209
కల్ల పేరు / Name of Mother	TASLEEM SULTANA
కండ్ల/భర్త పేరు / Name of the Father/Husband	ABUBAKAR BIN SAYEED
బిల్లి జన్మించినపుడు కల్ల దండ్రుల చిరునామా / Address of the parents at the time of Birth of Child	H-NO:1-1-138 KARIMNAGAR AT:3:25PM
కల్లదండ్రుల స్థిరచిరునామా / Permanent Address of parents	H-NO:1-1-138 KARIMNAGAR KARIMNAGAR
నమోదు సంఖ్య / Registration Number	3504
నమోదు తేదీ / Date of Registration (DD/MM/YYYY)	23/12/2023
రిమార్కులు / Remarks	
జారీ చేసిన తేదీ / Date Of Issue (DD/MM/YYYY)	28/06/2024

Application No:



UBC022403030716

Date : 28/06/2024

Certified By

Name : R Triyambakeshwar Rao
Registrar of Births & Deaths
RAMAGUNDAM MUNICIPAL
CORPORATION
PEDDAPALLI DISTRICT

Note : This is Digitally Signed Certificate, does not require physical signature. And this certificate can be verified at <https://ts.meeva.telanganagov.in> by furnishing the application number mentioned in the Certificate.



ఆహార భద్రత కార్డు
తెలంగాణ ప్రభుత్వం



ఆహార, పౌర సరఫరాలు మరియు
వినియోగదారుల వ్యవహారాలు

HOME

FSC Ration Card Search

☐ FSCRefNo	☒ RationCard No 365341077088	☐ Old RationCard No	Search
--------------------------------	--	---	---------------------------------------

RATION CARD DETAILS

New Ration Card No : 365341077088 FSC Reference No. : CHG669234584085 Card Type : FSC Application Status : Approved

Application No : SKS Form No : Office Name : KARIMNAGAR URBAN FPSShop No : 2084125

Head of the Family : xxxxxxxxxx District : Karimnagar IMPDS Status : No

Gas Connection : Single Consumer No : 611114 KeyRegister Sl.No : 131(2084125) Old RCNo : null

RATION CARD MEMBER DETAILS

S No	Member Name
1	Tasleem Sultana
2	Abubakar Bin Sayeed
3	Aliya Sulthana
4	Manha Sultana



TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads, Hyderabad-500 020.
Ph: 2766 7554, 2761 5953, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com
A PLACE YOU CAN TRUST

TEST REPORT

Reg.No	: 1426022536	Reg.Date	: 02-Jun-2026 05:32 PM
Name	: Baby Girl . MANHA SULTANA	Collection	: 02-Jun-2026 05:35 PM
Age/Sex	: 2 Y(s) /Female	Received	: 02-Jun-2026 05:32 PM
Referred By	: LITTLE STAR CHILDRENS HOSPITAL	Report	: 12-Jun-2026 06:02 PM
Referral Dr	: Self	Location	: MASAB TANK
Histo No	: CG000225/26		

2.FISH Probe Specifications (BCR, ABL1, ETV6, RUNX1, TCF3, PBX1, MLL(KMT2A) from probe kit
insert.
3.WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues, 5th Edition.

Cytogenetic Analysis for Hematological Malignancies

Lab Id: Gene/287/26

Summative Impression: B lymphoblastic leukemia with a normal karyotype.

Clinical details: Leucocytosis with abnormal cells in peripheral blood. ? Acute leukemia.

Flowcytometric findings: Immunophenotypic, peripheral blood findings favor CALLA Positive
B - Lymphoblastic Leukemia.

Result (ISCN 2024)

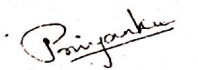
Karyotype: 46,XX[15]

Interpretation:

Cytogenetic analysis of unstimulated bone marrow aspirate cultures reveal 15 metaphases which shows the presence of a normal karyotype in all the metaphases scored and analyzed.

Notes: Suggest correlation with PCR/ FISH/ NGS for Ph like ALL.

Methodology


Ms.Priyanka Bung
MSC, Research Associate.
Genomics


Dr.ANURAG GUPTA
MBBS, MD(Path), Fellowship in
Clinical and Cancer
Cytogenetics.
MBA, PGDHHM, PGDMLS.(Regn No.
APMC/FMR/84417)
Director Genomics


Dr.SWARNA MANDAVA
M.SC PH.D (GENETICS)
Consultant Molecular
Pathologist

Page: 3 of 6

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TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads, Hyderabad-500 020.
Ph: 2766 7554, 2761 5953, E: tdc4@rodiffmail.com W: www.tapadiadiagnostics.com
A PLACE YOU CAN TRUST

TEST REPORT

Reg.No : 1426022536
Name : Baby Girl . MANHA SULTANA
Age/Sex : 2 Y(s) /Female
Referred By : LITTLE STAR CHILDRENS HOSPITAL
Referral Dr : Self
Histo No : CG000225/26

Reg.Date : 02-Jun-2026 05:32 PM
Collection : 02-Jun-2026 05:35 PM
Received : 02-Jun-2026 05:32 PM
Report : 12-Jun-2026 06:02 PM
Location : MASAB TANK

Bone marrow aspirate/Peripheral blood cells was cultured and metaphase chromosome spreads prepared. GTG-banding was performed, and karyotypes were analyzed and reported as ISCN 2024 nomenclature.

Limitations

- Low mitotic index or poor metaphase quality may limit analysis.
- Balanced or cryptic rearrangements below the resolution of GTG-banding may not be detected.
- Some chromosomal abnormalities require FISH or molecular methods for confirmation.
- Clinical and morphologic correlation is essential for interpretation of results.

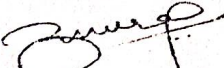
Test Information:

Number of cells scored:	15	Sample collection date:	02/06/26
Number of cells analyzed:	15	Culture initiation date:	03/06/26
Number of Cultures used for Analysis:	2	Mitotic Index:	Good
Number of Karyograms:	10	Morphology:	Good
Banding Resolution:	400-450		

References

1. ISCN 2024: An International System for Human Cytogenomic Nomenclature.
2. Arber DA, et al. The 2016 WHO Classification of Myeloid Neoplasms and Acute Leukemia. Blood. 2016;127(20):2391-2405.
3. Haeflrich T, et al. The clinical relevance of cytogenetic findings in hematologic malignancies. Leukemia. 2014;28(5):889-900.


Ms. Priyanka Bung
MSC, Research Associate,
Genomics


Dr. ANURAG GUPTA
MBBS, MD(Path), Fellowship in
Clinical and Cancer
Cytogenetics,
MBA, PGDHHM, PGDMLS.(Regn No.
APMC/FMR/84417)
Director Genomics


Dr. SWARNA MANDAVA
M.SC PH.D (GENETICS)
Consultant Molecular
Pathologist

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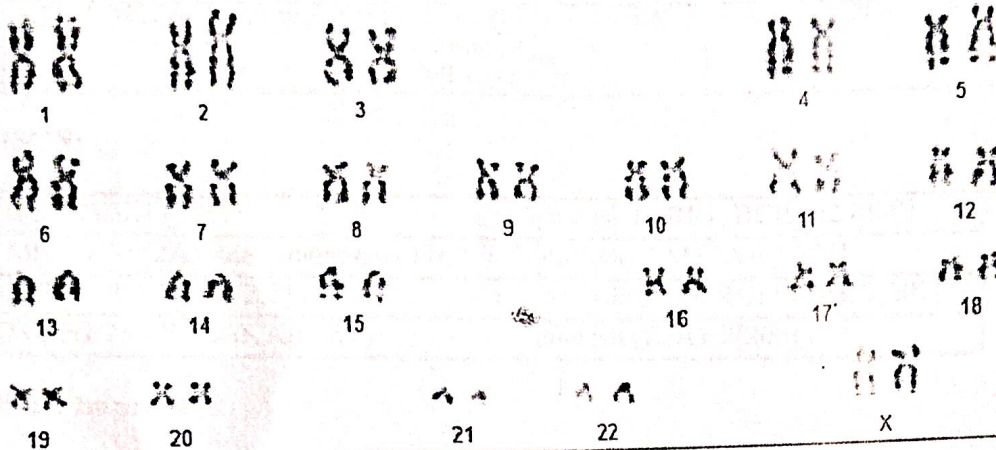
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Ph: 2766 7554, 2761 5953, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com
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TEST REPORT

Reg.No : 1426022536
Name : Baby Girl . MANHA SULTANA
Age/Sex : 2 Y(s) /Female
Referred By : LITTLE STAR CHILDRENS HOSPITAL
Referral Dr : Self
Histo No : CG000225/26

Reg.Date : 02-Jun-2026 05:32 PM
Collection : 02-Jun-2026 05:35 PM
Received : 02-Jun-2026 05:32 PM
Report : 12-Jun-2026 06:02 PM
Location : MASAB TANK



Cytogenetics ref. no: Gene/287/26

Priyanka
Ms. Priyanka Bung
MSC, Research Associate.
Genomics

Anurag Gupta
Dr. ANURAG GUPTA
MBBS, MD(Path), Fellowship in
Clinical and Cancer
Cytogenetics.
MBA, PGDHHM, PGDMLS.(Regn No.
APMC/FMR/84417)
Director Genomics

Swarna Mandava
Dr. SWARNA MANDAVA
M.SC PH.D (GENETICS)
Consultant Molecular
Pathologist

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Name	: Baby Girl . MANHA SULTANA	Collection	: 02-Jun-2026 05:35 PM
Age/Sex	: 2 Y(s) /Female	Received	: 02-Jun-2026 05:32 PM
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Referral Dr	: Self	Location	: MASAB TANK
Histo No	: CG000225/26		

MLL(KMT2A) Rearrangement (11q23)	5' MLL: Orange MLL: Green	200	0	200	Negative
----------------------------------	------------------------------	-----	---	-----	----------

ISCN:

BCR::ABL1 (t(9;22))	nuc ish (ABL1, BCR) x2 [200]
MLL (KMT2A) Rearrangement (11q23)	nuc ish (KMT2A)x2[200]
ETV6::RUNX1 (t(12;21))	nuc ish(ETV6,RUNX1) X 2[200]
TCF3(E2A)(BREAKAPART)	nuc ish (E2A)x2[200]

Final Impression

• FISH analysis revealed absence of BCR::ABL1, ETV6::RUNX1 fusions, rearrangements of KMT2A and TCF3 genes in all analyzed interphase nuclei.

Methodology

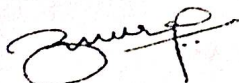
The ALL FISH panel uses fluorescence in situ hybridization to detect common chromosomal abnormalities in leukemic cells. Interphase nuclei from bone marrow or peripheral blood are hybridized with fluorescent DNA probes specific to leukemia-associated genes. After hybridization, the slides are analyzed under a fluorescence microscope to identify abnormal signal patterns. Results are interpreted using ISCN guidelines and reported based on the percentage of abnormal cells detected.

References

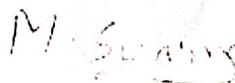
1.ISCN 2024: International System for Human Cytogenomic Nomenclature.



Ms.Priyanka Bung
MSC, Research Associate.
Genomics



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APMC/FMR/84417)
Director Genomics



Dr.SWARNA MANDAVA
M.SC PH.D (GENETICS)
Consultant Molecular
Pathologist

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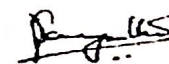
Name : Baby . MANHA SULTANA UMR NO : TD0940182
Age/Gender: 2 Years/Female Registered On : 02-Jun-2026 01:16 PM
Ref By : LITTLE STAR CHILDRENS HOSPITAL Reported On : 02-Jun-2026 05:35 PM
Req.No : 1426022482 Lab No :
Referral Dr : Self

Myeloperoxidase : Negative

Gating strategy: FSC – SSC; CD45 – SSC.
Gated Population of cells analysed, constitute 16 percent of all cells ; are low on side scatter.

ANTIGEN	RESULT	INTENSITY	REMARKS	ANTIGEN	RESULT	INTENSITY	REMARKS
NON LINEAGE ASSOCIATED MARKERS							
CD45	Positive	Moderate		HLA-DR	Positive	Bright	Heterogeneous
CD34	Positive	Bright	Very small population	TdT	Negative		
CD38	Positive	Moderate					
B – CELL LINEAGE ASSOCIATED MARKERS							
CD10	Positive	Very Bright	Heterogeneous	CD22	Positive	Moderate	
CD19	Positive	Bright					
T – CELL LINEAGE ASSOCIATED MARKERS							
CD2	Negative			CD3	Negative		
CD5	Negative			CD7	Negative		
CD4	Negative			CD8	Negative		
CD1a	Negative						
MYELOID LINEAGE ASSOCIATED MARKERS							
CD13	Negative			CD33	Negative		
CD117	Negative			CyMPO	Negative		
CD14	Negative			CD64	Negative		

SUMMARY: The gated population of moderate CD45 positive cells low on side scatter ; express CD38, HLA-DR ; CD10 , CD19, CD22 with a very small population expressing CD34.



Dr. Gayathri K
MD
Consultant Pathologist

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A PLACE YOU CAN TRUST

Name	: Baby Girl . MANHA SULTANA	UMR NO	: TD0941152
Age/Gender	: 2 Years/Female	Registered On	: 02-Jun-2026 05:32 PM
Ref By	: LITTLE STAR CHILDRENS HOSPITAL	Reported On	: 03-Jun-2026 01:48 PM
Req.No	: 1426022536	Lab No	: BM000111/26
Referral Dr	: Self		

BM: 100-2026.

Brief Clinical Profile: Deviation of 9 months x 5 days
Diagnosed ALL.

Peripheral Blood:

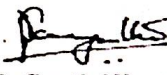
Red cells are normocytic normochromic.
Leucocytes show mild leucocytosis with circulating blasts.
Blasts 44%, Neutrophils 15%, Lymphocytes 40%, Monocytes 1%.
Platelets are adequate.

Bone Marrow

Aspiration and Biopsy imprint smears are particulate and cellular with dense cellularity.
Most of the cells (90 percent) are blasts.
These vary a little in size; show scant cytoplasm and large round nuclei with coarse chromatin and indistinct nucleoli.
Maturing myeloid and erythroid precursors are sparse.
Occasional megakaryocytes seen.
Myeloperoxidase : Negative.

Comments:

Marrow cytology consistent with Acute Leukemia-Myeloperoxidase Negative.
Report on trephine biopsy sections will follow.
Ref :FC/LL/25/2026; Cy/22/2026.
Recommend review with findings on Molecular studies and Karyotyping.


Dr. Gayathri K
MD
Consultant Pathologist



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Opp. Saptagiri Theatre, R.T.C. 'X' Roads. Hyderabad-500 020.
Ph: 2766 7554, 2761 5953, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com
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TEST REPORT

Reg.No	: 1426022536	Reg.Date	: 02-Jun-2026 05:32 PM
Name	: Baby Girl . MANHA SULTANA	Collection	: 02-Jun-2026 05:35 PM
Age/Sex	: 2 Y(s) /Female	Received	: 02-Jun-2026 05:32 PM
Referred By	: LITTLE STAR CHILDRENS HOSPITAL	Report	: 12-Jun-2026 06:02 PM
Referral Dr	: Self	Location	: MASAB TANK
Histo No	: CG000225/26		

ALL PANEL "FISH + Karyotyping"

Acute Lymphoblastic Leukemia (ALL) – FISH Panel Report

Lab Id: Gene/286/26

Summative Impression: B lymphoblastic leukemia - Negative for BCR::ABL1, ETV6::RUNX1 fusions, rearrangements of KMT2A and TCF3 genes

Clinical details: Leucocytosis with abnormal cells in peripheral blood. ? Acute leukemia.

Flowcytometric findings: Immunophenotypic, peripheral blood findings favor CALLA Positive B Lymphoblastic Leukemia.

FISH PANEL RESULTS:

Abnormality Tested	Probe design	No. of Cells Counted	Positive Cells	Negative Cells	Result
BCR::ABL1 (t(9;22))	Green: BCR Red: ABL1	200	0	200	Negative
ETV6::RUNX1 (t(12;21))	Green: ETV6 Red: RUNX1	200	0	200	Negative
TCF3(E2A)(BREAKAPART)	5'TCF3: Green 3'TCF3: Red	200	0	200	Negative

Ms. Priyanka Bung
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Genomics

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APMC/FMR/84417)
Director Genomics

Dr. SWARNA MANDAVA
M.Sc PH.D (GENETICS)
Consultant Molecular
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Ph: 2766 7554, 2766 5953, E: tdc4@rediffmail.com W: www.tapadiadiagnostics.com

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Name	: Baby . MANHA SULTANA	UMR NO	: TD0940182
Age/Gender	: 2 Years/Female	Registered On	: 02-Jun-2026 01:16 PM
Ref By	: LITTLE STAR CHILDRENS HOSPITAL	Reported On	: 02-Jun-2026 05:35 PM
Req.No	: 1426022482	Lab No	:
Referral Dr	: Self		

Sample Received on 02/06/2026
Materials Received: PBS in EDTA
Sample Processed: PBS in EDTA
Cell Count: 43670 cells/cumm
Panel Requested: AL - Panel.
Total Events Acquired: 50000

Type of Preparation: **Lyse-Wash**
Sample Acquired on 02/06/2026

Leukemia/ Lymphoma Flowcytometry Report

FC- 25-26.

Brief Clinical Profile: Deviation of months x 5 days.

CBC: Hb: 11.7 g/dl, TLC: 39190 cells/Cumm, PLT: 2.33 Lakhs/Cumm.

Differentials: Blasts 44%, Neutrophils 15%, Lymphocytes 40%, Monocytes 1%.

PBS (Morphology):

Red cells are normocytic normochromic.
Leucocytes show mild leucocytosis with circulating blasts.
Platelets are adequate.

Cytochemistry:

Dr. Gayathri K

MD

Consultant Pathologist



TAPADIA DIAGNOSTIC CENTRE

Opp. Saptagiri Theatre, R.T.C. 'X' Roads Metro Station, Pillar No.1100, Hyderabad-500 020.
Cell: 8305555999, E. idc4@rediffmail.com W: www.tapadiadiagnostics.com

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TEST REPORT

Reg.No : 1426022407
Name : BABY.MANHA SULTANA
Age\Sex : 2 Years\Female
Referred By : LITTLE STAR CHILDRENS HOSPITAL
Referral Dr : Self
Lab No :

Reg.Date : 02-Jun-2026 /09:28
Collection : 02-Jun-2026 /10:05
Received : 02-Jun-2026 /10:05
Report : 02-Jun-2026 / 11:46
Location : MASAB TANK



Hematology

Complete Blood Picture (CBP)

Investigaton	Observed Value	Biological Ref Range	Method
Complete Blood Picture (CBP)			
Hemoglobin	11.7 g/dL	11.0-14.0 g/dL	Spectrophotometry/Calorimetric
PCV(HCT)	38.7 vol%	34-40 vol%	Impedance/calculated
RBC Count	4.7 mill /cu.mm	4.0-5.2 mill /cu.mm	Impedance
MCV	82.8 fL	75-87 fL	Impedance/calculated
MCH	25.1 pg	24-30 pg	Impedance/calculated
MCHC	30.3 g/dL	31-37 g/dL	Impedance/calculated
RDW (CV)	14.0 %	11.6-14 %	Impedance/RBC
TOTAL WBC COUNT	39190 cells/cumm	5000-15000 cells/cumm	Flowcytometry
Neutrophils	15.0 %	30-54 %	Impedance/Flowcytometry
Lymphocytes	40.0 %	42-60 %	Impedance/Flowcytometry
Monocytes	1.0 %	4-7 %	Impedance/Flowcytometry
Eosinophils	0 %	2-7 %	Impedance/Flowcytometry
Basophils	0 %	0-2 %	Impedance/Flowcytometry
Abnormal/Atypical Cells	44 %		Impedance/Flowcytometry
Platelets Count	233000 cells/cumm	200000-490000 cells/cumm	Impedance
Blood Picture.	Red cells are normocytic normochromic. Leucocytes show mild leucocytosis with circulating blasts. Blasts 44%, Neutrophils 15%, Lymphocytes 40%, Monocytes 1%. Platelets are adequate.		

TEXT

Comments :

Sugget
Immunophenotyping and
further evaluation for
Acute Leukemia.

Sample Type : Blood

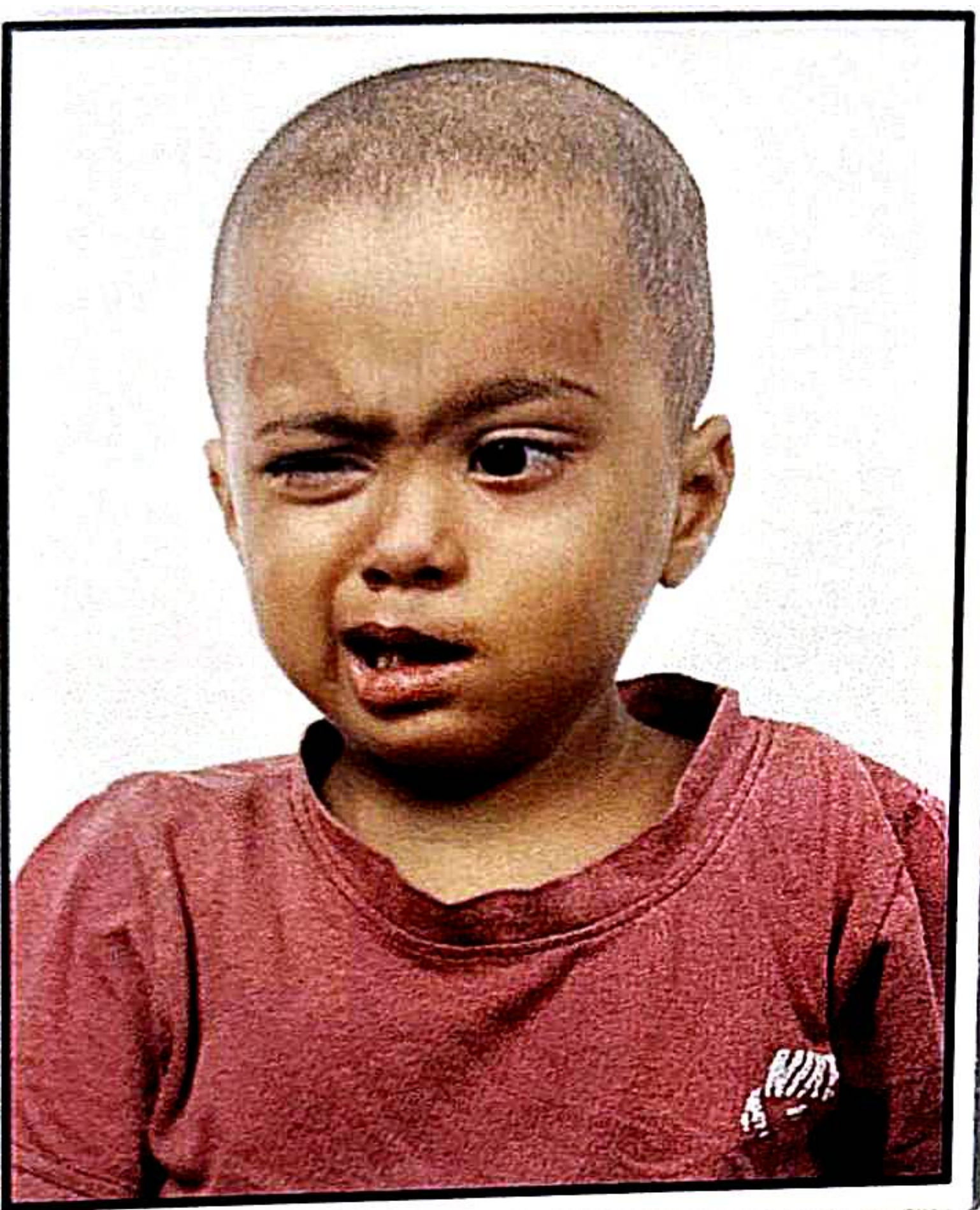
END OF THE REPORT

Dr.Gayathri K
MD
Consultant Pathologist



Dr. R TAPADIA
MD (Regn No. HMC/10741)
Consultant Pathologist

Page 1 of 1



Permanent Registration
GOVERNMENT OF TELANGANA
DISTRICT MEDICAL & HEALTH OFFICER
HYDERABAD DISTRICT

CERTIFICATE OF PERMANENT REGISTRATION

1. Application No. & Date
2. Inspection Report No. and Date : 3788 - 31-05-2023
3. Original File No. of Registration Authority : 2603 - 09-05-2024
4. Date of Issue of the Certificate of Registration : 07F - TSAPMCE -2603
5. Date of validity of the Certificate of Registration : 31-05-2023
6. Date of expiry of the Certificate of Registration : 30-05-2028

This is to Certify that M/s. LITTLE STAR & SHE WOMEN AND CHILDREN HOSPITAL (A unit of Thirumala Child Health Services Private Limited), located at: Ascent Towers H.No.8-2-596/C/1,2,3,4,5 Road.no.10, Banjara Hills, Hyderabad. Owned By DR.SATISH BABU GHANTA has been granted permanent registration as a clinic establishment under section 30 of The Clinical Establishment (Registration And Regulation Act, 2010). The Clinical Establishment is registered for providing medical services as a

1. BASIC

2. SPECIALITY

3. SUPER SPECIALITY

4. DIAGNOSTICS Types of services under Allopathic System of Medicine

6. This Certificate is valid for a period of five (05) years from the date of issue.
7. This Certificate shall be produced whenever it is required to the officer authorized by the Registration Authority.
8. The Establishment shall not lend, sell, transfer or otherwise close down without obtaining prior permission of the registration authority.
9. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.
10. The Establishment shall not violate the provision of the T.S.Clinical Establishment (Registration And Regulation Act, 2010 as amended from time to time and the rules made there under):
11. This Certificate is subject to the conditions and the provisions of the T.S. The Clinical Establishment (Registration And Regulation Act, 2010).

Dr. J. VENKATI, MBBS, DGO.

District Medical & Health Officer &
District Medical Officer, Hyderabad District

Opp. Hara Hara Kala Bhavan, Secunderabad.

Dr. J. (Office Seal)

District Medical and Health Officer
Hyderabad District

DISPLAY ONE COPY OF THE CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS.
Place : HYDERABAD

Date : 09.05.2024