







ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
DEPARTMENT OF N.M.R.  
CLINICAL MRI REQUISITION FORM

भरि  
105-  
Barcode  
Date of Requisition  
Ward / Bed No.  
Neuro-Radiology  Cardiac Radiology

नाम / Patient's Name: Sidhant  
आयु / Age: लिंग / Sex:  
दिनांक / Date of Birth: दिन / Day: 27 माह / Month: 11 वर्ष / Year: 19 वजन / Weight: 10 कि. पा.

General Patient Condition (Tick as appropriate)  
 Critical and with life support  (ii) Ill but without life support  (iii) Ambulatory

Clinical Details : History :  
90 Angiomyxoma of tongue.  
operated on 30/10/12  
Best of MRI base of  
Brain.  
(Contrast Enhanced)

Previous CT / MR / Other Reports / Studies  
numbers, if any

Urea / S Creatinine

Indications for MRI :

Special Instructions (Education, Allergy or other details which may facilitate a safe and informative study)  
Contrast Enhancement Required: Yes  No

Allergic to any drugs :

Implant in Body (Tick as appropriate)  
Cardiac Pacemaker  Aneurysmal clips  Cardiac Valve/Prosthesis

Metallic Implants  Sharpnel/Pellet  Others  None

हस्ताक्षर / Signature: [Signature]

नाम / Name: (साफ अक्षरों में / In Block letters)

पदनाम / Designation: [Signature]

(Requisition may be signed by a Faculty Member/Sr. Resident)

PAC ✓  
MRT ✓  
wrg  
24 MONTHS



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 राष्ट्रीय चिकित्सा विद्यापीठ

PET SCAN FORM

Department of Nuclear Medicine & PET  
 Ansari Nagar, New Delhi-110029  
 11-26593210  
 PET Scan (Positron Emission Tomography) (PET) Scan  
 to be done if form is not properly filled)

QR Code  
 Patient Name: [Handwritten Name]  
 Patient ID: [Handwritten ID]  
 Date: [Handwritten Date]  
 Barcode  
 Department: [Handwritten Department]

Age: \_\_\_\_\_ Yrs. Sex: M F

Requisition Date: \_\_\_\_\_

Clinical History:

90 <sup>Superficial</sup> Angiomyxoma of tongue

Operated on 30/11/22

Post op - PET-CT  
 (Hivax Status)

Treatment History:

Past history  DM  HT  TB  Renal failure  Previous Malignancies

Investigations:

Bld. Sugar Fasting PP Random

Date:

Poly PET-CT  
 for staging: 26/11/22

D.M.:   
 C.T.:   
 R.F.:   
 Sr. 30/11/22

Ultrasound/ECG/ECG/ECG/MRI Scan/Contrast:

Baseline - attached

[Signature]  
 26/11/22

Previous Nuclear Medicine/PET: No. & Date

Indication of PET/CT: Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study:  Whole Body PET (Eyes to thighs)  Brain only  Cardiac only

P.T.O.

M.R.P. ₹ 2125/- (INCLUSIVE OF ALL TAXES)  
 NET WEIGHT: 25kg.

BEST BEFORE 24 MONTHS

Pa

RE

11-27203

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
DEPARTMENT OF N.M.R.  
CLINICAL MRI REQUISITION FORM



Date of Requisition: 105-

Ward / Bed No.

Neuro-Radiology  Cardiac Ra

Patient's Name (साफ अक्षरों में / In Block letters)

Sidhanth

Age

Date of Birth : 27 / 11 / 11

4. General Patient Condition (Tick as appropriate)

- (i) Critical and with life support
- (ii) Ill but without life support
- (iii) Ambulatory

5. Clinical Details : History :

40 Anxiogenic symptoms of tonic-clonic seizures operated on

Examinations

Relevant Investigations :

Previous CT / MR / Other Reports (with numbers, if any)

Best of MRI Pa  
B  
(Contrast Enhanced)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis

8. Exact Anatomical site for MRI :

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informed patient)

10. (a) Contrast Enhancement Required - Yes  No

(b) Allergic to any drugs :

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker \_\_\_\_\_ Aneurysmal clips \_\_\_\_\_ Cardiac Valves/Prostheses \_\_\_\_\_

Metallic Implants \_\_\_\_\_ Sharpnel/Pellet \_\_\_\_\_ Others \_\_\_\_\_

हस्ताक्षर / Signature

नाम / Name

(साफ अक्षरों में / In Block letters)

पदनाम / Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)

40  
330

12/5/23

PAC ✓

WFT ✓

WFO  
Jellu

VALID FOR 24 MONTHS FROM DATE OF ISSUE

Phone No. : +91-11-2723

on to Patients :

Please bring DD/Pay order for Rs. 5000/7500 in favour of "DIRECTOR of patient on reverse DD with date of scan. Payment is to be made on For 2nd PET Scan charge are only Rs. 4000/-

Charge for PET/CT film is Rs. 77/-

Patient may eat light breakfast before 7 am after that may take water only,

Must bring all old records.

Study is subject to availability of RADIOISOTOPE

Report shall be available 24-48 hrs. after test.

Study may take whole day. have patience and co-operate with sta

ent Date : 20/01/23

Time : 9 AM

W Body \_\_\_\_\_ Card. ac. \_\_\_\_\_

DD No. \_\_\_\_\_ Amount \_\_\_\_\_

youth relief trust

Weight

एम.आर.-3 जनरल हिस्ट्री  
M.R.- 3 General History

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम  
Name

उम्र  
Age

सर्विस  
Service

दिनांक  
Date

यू.एच.आई.सी. नं.  
UHID No.

प्रोफेसर इंचार्ज  
Professor I/C

Notes written by Dr. Sandhya

CLINICAL NOTES

1x14 EMRI (F+M) [29-09-22] :- Heterogeneous enhancing soft tissue mass lesion in oral cavity involving hard palate, (L) upper lip, extending into infra-temporal fossa, (L) masticator space, (L) medial + lateral rectus muscle with broad base of contact with ramus of (L) hemimandible. No intracranial / intraorbital extension.

MR (123817) :- Superficial angiofibroma  
CD 34 +  
Smooth muscle actin +

Management Plan: EVA

↓  
Excision / debulking depending on site of attachment (intra-oral / lat. rhinotomy)



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

एम.आर.-3 जनरल हिस्ट्री  
 M.R.-3 General History

नाम Name Siddhant  
 उम्र Age 2y  
 सर्विस Service  
 दिनांक Date 26/10/22  
 यू.एच.आई.डी. नं. UHID No. 105513412  
 प्रोफेसर/डॉक्टर/प्रो. एच.सी. Professor/DC  
 Prof. Abhishek Thakur  
 Notes written by Dr. Prahlad

CLINICAL NOTES

ENT ORJ Workup

Informant: Mother

Ch - Oral mass - 8-9 months.

HPI → Child was apparently normal 8-9 months back when she started developing intra oral mass - gradually

progressing, not also pain  
 not also breathing difficulty

not also bleeding  
 not also feeding difficulty.

No h/o neck swellings / swellings elsewhere in body

No h/o fever

No h/o weight loss / neurological symptoms / bony pain

30 मा० आ० सं०  
बहिरंग रोगी विभाग

PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P. Weight

On Exam

Child is alert, active

P-I-C-C-L-E-

PR- 110/min

NO stridor

No tachypnea

C/E  
C/E →



5x5 cm, soft mass  
arch  
Bm =  
Firm, tender, non-bleeding

- non tender  
not bleeding on touch

Neck →



1/c subcentimetric level Ib

Ix

CEMR (I+N)  
2/1/12 →

heterogeneously enhancing mass  
involving hard palate, upper  
ITF, masticator space,  
ventromandible.  
medial by lat rectus.

नाम  
Name  
प्रोफेसर डॉ.  
Professor

27/10

HPR

Plan -

Weight

एम.आर.-3 जनरल हिस्ट्री  
M.R.-3 General History

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Siddhant उम्र Age 24 सर्विस Service \_\_\_\_\_ दिनांक Date 27/10 यू.एच.आई.डी. नं. UHID No. 105513412

प्रोफेसर इंचार्ज Professor /C Prof. Mah Thakur

Notes written by Dr. Arunima

CLINICAL NOTES

Exam HS workshop

CLC - oral mass x 8 months.

PI - child has a/w firm mass - gradually progressive, developing intraoral mass - not too bulky difficulty, Enucleation onset - not too bulky difficulty,

not a/w bleed. in  
not a/w feeding difficulty

- No w/ neck swelling  
no w/ fever / weight loss / FND / seizure

Neatal w/o - PTNUO / CIAB  
no w/o neck stay.  
Development- as per age  
milestones

Postnatal -

Immunisation -> Not upto date

Weight

akal lectus

एम.आर.-3 जनरल हिस्टरी  
M.R. - 3 General History

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	Siddhant	उम्र Age	27	सर्विस Service	दिनांक Date	28/10/22	यू.एच.आई.डी. नं. UHID No.
प्रोफेसर इंचार्ज Professor I/C	Prof Alok Jha			Notes written by .....			

CLINICAL NOTES

CK/B ENT JR

A - (L) Intraoral superficial angiomyoma  
Planned for WLS / Debulking.

- Child is alert, afebrile.

No fever, cough, sputum

Other - vitals stable.

Order → Betadine gargles

Pankaj  
ENT JR

otomyc  
explant

Weight

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

एम.आर.-3 जनरल हिस्ट्री  
M.R.- 3 General History

नाम  
Name  
प्रोफेसर इंचार्ज  
Professor I/C

उम्र  
Age

सर्विस  
Service

दिनांक  
Date

यू.एच.आई.डी. नं.  
UHID No.

Prof Abhishek Thakur

Notes written by .....

CLINICAL NOTES

Oral



5x5

lobulated, soft to firm mass

? arising from SM & attachment

to SM? tongue, hard palate, mandible

precise extent not assessed.

- Non-tender
- Not bleeding on touch

Neck



8/8 subcentimetric level Ib  
LAP

Imv:

CEMRI [Face + Neck]  
29/01/22

- Heterogeneously enhancing mass
- Involving hard palate, ⊕ upper lip
- ⊕ ITF, ⊕ masticator space
- ⊕ hemimandible

PHYSICAL EXAMINATION

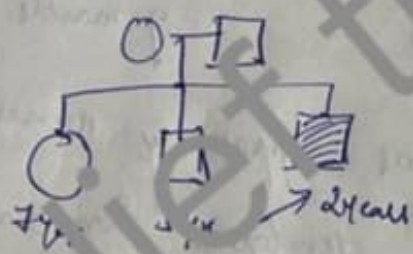
Temp. Pulse Resp. B.P. Weight

Natal Hx - Normal vaginal delivery  
C/S NO NICU stay

Post natal Hx - Nothing contributory  
Developmental Hx at par age

Immunization Hx - NOT upto date

Family Hx -



GPE - alert, active

NO pallor, icterus, cyanosis, clubbing, lymphadenopathy

HR - 102 bpm

CRS - < 3 sec

No steter/strider

Face



left bulge (+) (-) check

NO tachypnoea / accessory muscles of respiration in action



PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
-------	-------	-------	------	--------

- Involvement of ② medial & lateral rectus muscle.

- NO IC extension

HPE (2388H) - Wide view

Superficial angiofibroma

CB3+ , SMA+

Plan - Examination ↓ ?+

↓  
Excision / debulking

\* Approach - Intraoral / lateral rhinotomy  
band on degree & extent  
of attachment

\* Airway - +/- Tracheotomy

Prakhal  
ENT JRO

9.4.15  
Inco path  
(Outside Bx)

नाम  
Name  
प्रोफेसर इंचार्ज  
Professor U

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Master Sidharta उम्र Age 2y 8m सर्विस Service M दिनांक Date 26/10/22 यू.एच.आई.डी. नं. UHID No.

प्रोफेसर इंचार्ज  
Professor I/C

Notes written by S. Sandipta

CLINICAL NOTES

MCh HNS work-up

Patient's particulars

Name - Master Sidharta

Age - 2y 8m

Sex - male

Address - Gurgaon

Name of informant - Sushma Partha (Mother)

Chief complaints

Swelling in the oral cavity x 8 months

History of present illness

The child was apparently well 8 months back, till his mother noticed swelling inside the mouth, which ~~was~~ is gradually



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All India Institute of Medical Sciences, New Delhi-110029  
परामर्श अभिलेख / CONSULTATION RECORD

एम.आर.-9  
M.R.-9

नाम Name	Siddharth	आयु Age	27	लिंग Sex	M	वैवाहिक स्थिति Marital Status		105513412
सेवा Service		वार्ड Ward	04	बिस्तर Bed	22	व्यवसाय Occupation		यू.एच.आई.सी. सं. UHID No.
								धर्म Religion
								स्थिति Status

Referred by Dr. SR ENT

Requesting Doctor

to Dr. SK Radiodiagnosis

Consultant & Specialty

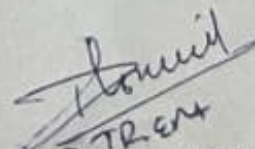
Findings :

Date : 28/10.

clo (L) BM mass - superficial Angiomyxoma.  
Kindly provide date for Diagnostic DSA  
on (R) side to look for cross-  
circulation.

Diagnosis or Impression :

Recommendation :

  
Consultant's Signature

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029  
 All India Institute of Medical Sciences, New Delhi-110029  
 परामर्श अभिलेख / CONSULTATION RECORD

एम.आर.-9  
 M.R.-9

105513412

नाम Name	सिद्धोर्थ	आयु Age	2	लिंग Sex	M	वैवाहिक स्थिति Marital Status	यु.एच.आई.डी.सं. UHID No.
सेवा Service		वार्ड Ward	D4	विस्तर Bed	22	व्यवसाय Occupation	धर्म Religion
							स्थिति Status

Referred by Dr. SR ENT

to Dr. SR pediatrics

Requesting Doctor

Consultant & Specialty

Findings:

Date: 28/10

CO (E) Buccal mucosa superficial angomyxoma.  
 planned for maxillary swing approach  
 excision.

Last -  
 Hb - 6.2  
 TLC Hk.  
 Plt -  $70 \times 10^3$ .

Diagnosis or Impression:

Widely evaluate & guide management

Recommendations:

*[Signature]*

Consultant's Signature



30 470 370 410 375  
संज्ञित चिकीत्सा

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight
37.8 31.10.17	90	① symmetrical planned for excision	Angiogram ↓ CA.	
	S - no joint complaints			
	O - RR - 12/min			
	SpO <sub>2</sub> - 96% on RA.			
	I - CRT			

Sharma

youth relief trust

28/10/22

Thanks for the report

epo @ intranasal erythropoietin  
for vrb / occluding

consultation sent to anaesthetist  
to do above haemofusion / bleeding from any site

Hb: 61

Hct: 73 ↓

renal ↓

UO: 20 ↑

Ue: 11260

Na: 142

Sf. MUC.

Plt: 577

diag: likely nutritional anemia

Advs :

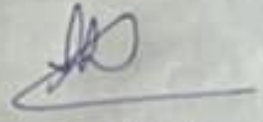
① CBC + PC

② Ferritin / folate / B12 level

③ May have PRBC prior to procedure

④ Ery V (total = 3mg) 2.5 ml BD  
x 3 months

↓  
repeat CBC



re Peds

YOUTH RELIEF TRUST

CT410 OC  
 IIF calc.  
 ? mandible attachment.

Act.

Section 11.17.11 Clinician

Plan:

Exhibit

Examination & CA

Examination / detailing depends on  
 site of attachment - Interaural /  
 lat. auricular

If  $R_1$  - discuss to adjust  $R_2$ .

Plan is in-  
 always lower for engaging.

(E3)

Also consent to create  
different intubation

11/2/13

Dr. John Street / Dr. R. J. ...  
 1000 ...  
 Dept. of Orthodontics & Head Neck ...  
 11th Floor, 111 ...  
 111 ...

with in  
 ending Dr. ...  
 25/10/13

Dr. ...  
 ...  
 on Friday

IRCH Screening 079

ors.gov.in



DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY (ENT)  
MEDICAL SCIENCES, ANSARI NAGAR, DELHI-29

QR Code  
Date: 10/01/2021  
Dept No: 0000000000

Q-38  
ENT  
Faculty Surgery (ENT)  
Block No. 113

SIGNATURE  
Dr. N. S. Singh  
ENT & Head Neck  
MCh, ENT & Head Neck Surgery  
Medical Sciences, Ansari Nagar  
Delhi-110029



Mobile: 9811000111 Fax: 011-26100000 Email: ent@aiims.edu

Clinic 'B' Check List

Age/Sex: UHID:

IRCH referral date:

ECOG Status:

Case type: Primary/Recurrence/Second primary

1) Clinical:

Tumour site-Subsite	Neck node	Zero degree Endoscopy	90 degree Endoscopy/FOL	Tripod endoscopy
Oral cavity				

2) Histology:

HPE/FNAC	AIIMS	AIIMS Slide review	Outside government institution	Outside private institution
HPE-		Superficial		
FNAC-		Microscopic		

3) Radiology:

Locoregional assessment		Distant metastasis assessment	
CECT Face and Neck		CXR PA	
MRI Face and Neck	Done	CECT Chest	
PET-CT		PET-CT	

4) TNM Stage:

T4 N1 M0 cT4c N1a M0  
[No. superficial lymph nodes]

Referring doctor Sign

Dr. N. S. Singh  
MCh, ENT & Head Neck Surgery  
Medical Sciences, Ansari Nagar  
Delhi-110029

Dr. N. S. Singh  
MCh, ENT & Head Neck Surgery  
Medical Sciences, Ansari Nagar  
Delhi-110029

विद्युत



# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department

अस्पताल व अंगण भूखण्ड पर धूम्रपान करना निषिद्ध है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

रोगी का नाम / Name  
Sex / लिंग  
Age / उम्र

OPR No.



A-613

Unit

Ward No. / नं.

Room No. / नं.

OPR No. / नं.



Address / पता  
AIIMS  
Joka Road, Ansapalli  
New Delhi, India  
Pin - 110029

OPD Regn. No.

Address

दिनांक / Date

उपचार / Treatment

oral med  
regularly 9m  
months

dx  
2 days  
relieved AIMS  
RR3847  
dx - superficial angiosarcoma

large mass lesion on  
smooth surface  
of labial  
possible origin from  
BM.



CLEAN AND GREEN AIIMS / एक वाणी स्वस्थ, स्वस्थ है सब का  
अंगदान जीवन का सच्चा उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 2658340, 2658344, www.orbo.org Helpline - 1800 (24 hrs service)





Full Receipt No: ACCOUNTS-18-134826/202223 AMT. RS. 350

कें. सं. नं.  
C.R. No.

II-3/8465-22

NON-MILC  
वाड/विस्तर सं.  
WARD / BED NO.

General Admissions

नाम/NAME: MASTER, SIDHARTH.  
पिता/पति का नाम / FATHER / HUSBAND NAME: S/O RAJU SINGH  
माता का नाम / MOTHER NAME:  
व्यवसाय / OCCUPATION: Other  
स्थायी पता अथवा नजदीकी रिश्तेदार एवं उसका पता  
LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS:  
दिनांक DATE: 26/10/2022  
वय/AGE: 37 Y 8 M 17 D  
लिंग/SEX: M  
राष्ट्रियता/NATIONALITY:  
धर्म/RELIGION: Hindu  
केवलिक स्थिति/MARITAL STATUS: Single  
एडमिशन/डिस्चार्ज नं./ADMISSION/CHGS NO.:  
संपर्क सं./CONTACT NO: 8800188613  
आधार नं./AADHAR NO.:

स्थायी पता / PERMANENT ADDRESS: INT NAHARPUR GURGAON  
राज्य/STATE: Haryana  
देश/STREET: Gurgaon INDIA  
फोन नं./PHONE:

विभाग का विवरण / DEPARTMENT DETAILS

विभाग / DEPARTMENT: ENT  
यूनिट अथवा UNIT HEAD: Dr. SR ENT  
पारामर्शदाता / CONSULTANT:  
ओ सी सी / CASUALTY NO.: UHID No. 105513412  
छुट्टी पर वैनात कर्मचारी का नाम / NAME OF CAO STAFF ON DUTY:  
दिनांक / DATE OF ADMISSION: 26/10/2022  
दिनांक / DATE OF DISCHARGE:  
समय / TIME: 01:04 pm  
छुट्टी पर वैनात कर्मचारी का नाम / नाम के हस्ताक्षर  
SIGN. OF CAO'S STAFF ON DUTY:

निदान एवं अन्य / DIAGNOSIS & OTHER

अस्थायी निदान / PROVISIONAL DIAGNOSIS:  
टिप्पणी / REMARKS:  
अंतिम निदान / FINAL DIAGNOSIS:  
द्वितीयक निदान एवं जटिलताएं / SECONDARY DIAGNOSIS & COMPLICATIONS:  
मृत्यु का कारण / CAUSE OF DEATH:  
संवेदनारण्य / ANAESTHESIA:  
ऑपरेटिव प्रक्रियाएं / OPERATIVE PROCEDURES:  
कोड नं. / CODE NO.:  
दिनांक / PREV. C.A. NO.:  
दिनांक / DATE:  
समय / TIME:  
शव परीक्षा: हां/नहीं / AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/तामा/फरार/गंभीर/मृत्यु होना।  
RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर / NAME & SIGN. OF SR. RESIDENT:  
पारामर्शदाता के हस्ताक्षर / SIGN. OF CONSULTANT



### सहमति प्रपत्र / CONSENT FORM

मैं स्वयं/मेरे रोगी \_\_\_\_\_ के अस्पताल में भर्ती रहने के दौरान उपयुक्त चिकित्सा/शल्यक मूल्यांकन आवश्यक समझी जाने वाली किसी प्रकार की शारीरिक जांच, नैदानिक मूल्यांकन, बायोप्सी, आधान आदि को निष्पादित एतदद्वारा, सहमति देता/देती हूँ।  
 I hereby give my consent for the performance of any physical examination, diagnostic evaluation, Biopsy, Transfusion etc. to be deemed necessary in the proper medical/surgical evaluation & treatment for me/my patient while the patient is in Hospital.

### शिक्षण एवं अनुसंधान हेतु नैमिक चिकित्सा उपचार के भाग के रूप में एकत्रित किए गए आंकड़ों/प्रतिबिंबों/जैविक नमूनों के बचे हुए भागों के प्रयोग हेतु सहमति CONSENT FOR USE OF REMNANT DATA/IMAGES/BIOSPECIMENS COLLECTED AS PART OF ROUTINE MEDICAL CARE FOR TEACHING & RESEARCH

मैं, एतदद्वारा, किसी भी प्रकार की सामग्री (आंकड़ें, प्रतिबिंबों, जैविक नमूनों/सूक्ष्म जीवविज्ञान नमूनों), जो मेरे/आश्रित के नैमिक उपचार (जांच, निदान, उपचार, इलाज आदि) के भाग के रूप में एकत्रित किए गए हैं तथा जिनकी उपयोगिता में किसी प्रकार की उपयोगिता नहीं है और जिसका प्रयोग शिक्षण एवं अनुसंधान हेतु अखिल भारतीय संस्थान, नई दिल्ली द्वारा भंडारित/संग्रहित/नष्ट करने के लिए किया जाएगा, के प्रयोग हेतु सहमति देता/देती/नहीं देता/देती हूँ। मैं समझता/समझती हूँ कि इस सामग्री का प्रयोग संस्थान की नीति समिति के विधिवत रूप से अनुमोदन से, उनके दिशा-निर्देशों एवं मानक प्रक्रियाओं के अनुसार किया जाएगा। मुझसे न तो भविष्य में संपर्क किया जाएगा और न ही मुझे मेरे/किसी प्रकार की वित्तीय वचनबद्धता होगी।

I hereby give/ do not give my consent for the use of any remnant material (data, images, biological specimens/specimens) that have been collected as a part of my/my child's/ward's routine care (investigation, diagnosis, treatment, etc.) and that to not have any further utility for such care but would be otherwise stored/archived/discarded to be utilized by the Institute of Medical Sciences, New Delhi for teaching and research. I understand that this material will be utilized in accordance with accepted guidelines, standard procedures and duly approved by the Institutional Ethics Committee. I agree neither be contacted nor will there be any financial commitment in this regard.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient SI J  
 (Relative only if patient is unable to sign.)  
 नाम (स्पष्ट शब्दों में) / Name (Capital letters) SIDDHART  
 पता / Address C/o: SHYAM MANOHAR, I.N. 4, Bhadakh  
DILWARA, Jabun, Uttar Pradesh - 285125  
 संबंध / Relationship FATHER

रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature SI J  
 नाम (स्पष्ट शब्दों में) Name (Capital letters) SI J  
 पता / Address C/o: Shyam Manohar, I.N. 4 Bhadakh  
Dhwara, Bhadakh Dhwara, Jabun, Uttar Pradesh - 285125

### आमर्श के विरुद्ध छुट्टी लेने पर जिम्मेदारी से मुक्ति RELEASE FROM RESPONSIBILITY FOR DISCHARGING AGAINST ADVICE

मैं, उपचार करते चिकित्सक की सलाह के विरुद्ध अ.भा.आ.सं. अस्पताल, नई दिल्ली से रोगी को ले जा रहा हूँ/रहा हूँ। मुझे आमर्श समिति जोखिम के बारे में सूचित कर दिया गया है एवं मैं, एतदद्वारा, उपचार कर रहे डॉक्टर एवं इस प्रकार की छुट्टी के परिणामस्वरूप हो सकने वाले किसी प्रकार के दुष्प्रभावों की जिम्मेदारी से मुक्त करता/करती हूँ।  
 I am leaving/taking away the patient from the AIIMS Hospital, New Delhi against the advice of the Attending Physician and I acknowledge that I have been informed of the risk involved and hereby release the Attending Physician and the hospital from all responsibility for any ill effects which may result from such discharge.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient \_\_\_\_\_  
 (Relative only if patient is unable to sign.)  
 नाम (स्पष्ट शब्दों में) / Name (Capital letters) \_\_\_\_\_  
 पता / Address \_\_\_\_\_

संबंध / Relationship \_\_\_\_\_  
 रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature \_\_\_\_\_  
 नाम (स्पष्ट शब्दों में) Name (Capital letters) \_\_\_\_\_  
 पता / Address \_\_\_\_\_

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