INVOICE

Receipt No. 23 - 24/5145 05/10/2023

Patient Name	**Mst. MAYANK MEHTA IRCH-305416**	P. ID No.	P1000100018251
Mobile No	8860001135	**Accession No.**	**100023010696**
Email ID		Age / Sex	9 Yrs Male
Refd By	DR SAMEER BAKSHI	Billing Date	05/10/2023 19:30:17

Received with thanks a sum of Rs. 12000 from Mst. MAYANK MEHTA By : Paytm on a/c of :

Sr. No.	Investigation	Charges (Rs.)
1	AML Prognostication Panel	17999

Total Amount	**Rs. 17999**
Discount	**Rs. 5999**
Net	**Rs. 12000**
Received	**Rs. 12000**
Balance	**Rs. 0**

Online ID / Password 100023010696 / 28D72E80 User : Sylvia.P740

Pathkind Diagnostics Pvt. Ltd. (CIN - U74999DL2016PTC306874)
National Reference Lab: Plot No. 55-56, UdyogViharPh-IV, Gurugram - 122015. Ph No:75000-75111 E-mail: customercare@pathkindlabs.com

डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 305416 Reg Date-08/11/2024
Clinic Bone Marrow Transplant Clinic Clinic No. 2024/1521
Deptt. MEDICAL ONCOLOGY
General
UHID-107028596
नाम
Name MAYANK MEHTA
S/O- GAUTAM KUMAR MEHTA Sex/Age: M/19Y
Phone No. 9447696330 Room 7 (Shift Afternoon)
Address H.NO-13 GRAM-LUPUNG POST- LUPUNG THANA KATKAMSANDI HAZARIBAGH, JHARKHAND, Pin-825319, INDIA
Paid Online

एकक/Unit Prof SB/DP
विभाग/Dept. MO

नाम/Name

जन्म तिथि/Date of Birth

निदान/Diagnosis AML ; D+168 of AlloSCT (Haplo) ; gd I cGVH(sk

उपचार/Treatment

दिनांक/Date

22/11/2024

Adv.

- Syp. CsA 1.25 mL BD (2 वार) (≈ 125 mg BD)
- T. Acivir 200 mg BD. (2 वार) — Mon (2 दिन) / Wed (बुध) \ Fri (शुक्र)
- T. Septran SS 1 tab OD (1 वार) — Mon (2 दिन) / Wed (बुध) \ Fri (शुक्र)
- Derma opinion : Dr. Vishal Gupta sir (New RAK OPD)
- F/U: 13/12/24

CsA | CBC, LFT, KFT.

- steam inhalat"

Prabhat (SR/MO)
NCI-AIIMS, Jhajjar

अंगदान–जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O.AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/ Dharamshala facility is available for outstation

To
Dr. Vishal Gupta
Dept of Dematology
AIIMS. Delhi (N. ~~RAK~~ OPD).

22/11/2024.

Resp Sir,

Hereby refering this case : AML / Post ~~HAplo~~A Haplo-identical Allogenic stem cell transplant / D+ 168. for your opinion.

Current issue: ? gd I chronic skin GVHD

kindly opine if regarding the same.

Thank you.
Dr. Prabhat.
SR Med Onco
(Faculty : Dr. Deepam Pushpam)

24/10/2024

AML - P| Haplo ASCT - D+145.

1. T. Cyclosporine 100 mg BD 1 —— 1 (or) (सुबह रात्रि)
Syp. CSA 1 ml BD.

2. T. Acivir 200 mg BD 1 —— 1 (दो बार) } M|W|F
3. T. Septran SS. 1 OD (एक बार) } (सोम/बुध/शुक्र)

4. T. Augmentin (625mg) 1 TDS. ①—①—① } (तीन बार) Delay
5. T. Azee (500mg) 1 OD ① —— x (एक बार) } (5 दिन तक)

CMV, CSA → urgent (to communicate BMT team).

F/u on 8/11/2024.
CBC, RFT, LFT

for. [signature] [stamp]

6. Syp. Orofer XT
5ml 1 —— (2 बार)

FREE GENERIC PHARMACY
AIIMS, NEW DELHI
25/10/24
cyclosporine 50mg, 6 tab is given

- F/V - 30/10/2024

LH0111240048[illegible] 107028596
LC0111240012 107028596
CPC-011124001 107028596
MAYANKMEHTA

8/11/2024. ↑↑ CSA to 125 mg BD.
(Syrup 1.25ml - 1.25 ml)

rest as before.

Next f/u - 22/11/24.

[signature] [stamp]

CPC-011124002 107028596
MAYANKMEHTA

डॉ बी आर अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

y Cancer Hospital

S. Hospital

Department

N HOSPITAL PREMISES

OPR-6

DR. B.R.A. IRCH,AIIMS,NEW DELHI

RCH No. 305416 Reg.Date-14/06/2024

Clinic: Bone Marrow Transplant Clinic Clinic No. 202407521

Deptt. MEDICAL ONCOLOGY

General

UHID-107028596

नाम

Name MAYANK MEHTA

एकक / Unit S/O- GAUTAM KUMAR MEHTA Sex/Age M/9Y

विभाग / Dept. Phone No. 8441696330 Room 7 (Shift Afternoon)

Address H.NO-13 GRAM-LUPUNG POST- LUPUNG THANA KATKAMSANDI, HAZARIBAGH, JHARKHAND, Pin:825319, INDIA

Hospital/O.P.D. Regn. No.

आयु Age

जन्म तिथि / Date of Birth

JF41

107028596

निदान / Diagnosis: AML post Haplo BMT. Day+140.

उपचार / Treatment

दिनांक / Date

21/10/24

Low grade fever

cough, coryza.

8.0 / 4410 / 2940 / 1.9

Rx

- Tab cetirizine 10mg ½ OD (रात को)
- Tab PCM 500mg ½ SOS (बुखार)
- Cont CSA/Septran/Acivir (सभी)
- F/U on 25/10/24 c̄ CBC, LFT/RFT, CSA

CMV.

Dr. DEBABRATA MOHAPATRA
MD, D... (...ogy)
BMT F... ...ology
AIIMS, New Delhi

RPB-241024084-Y 107028596

LC2410240252 107028596

LH2410240090 107028596

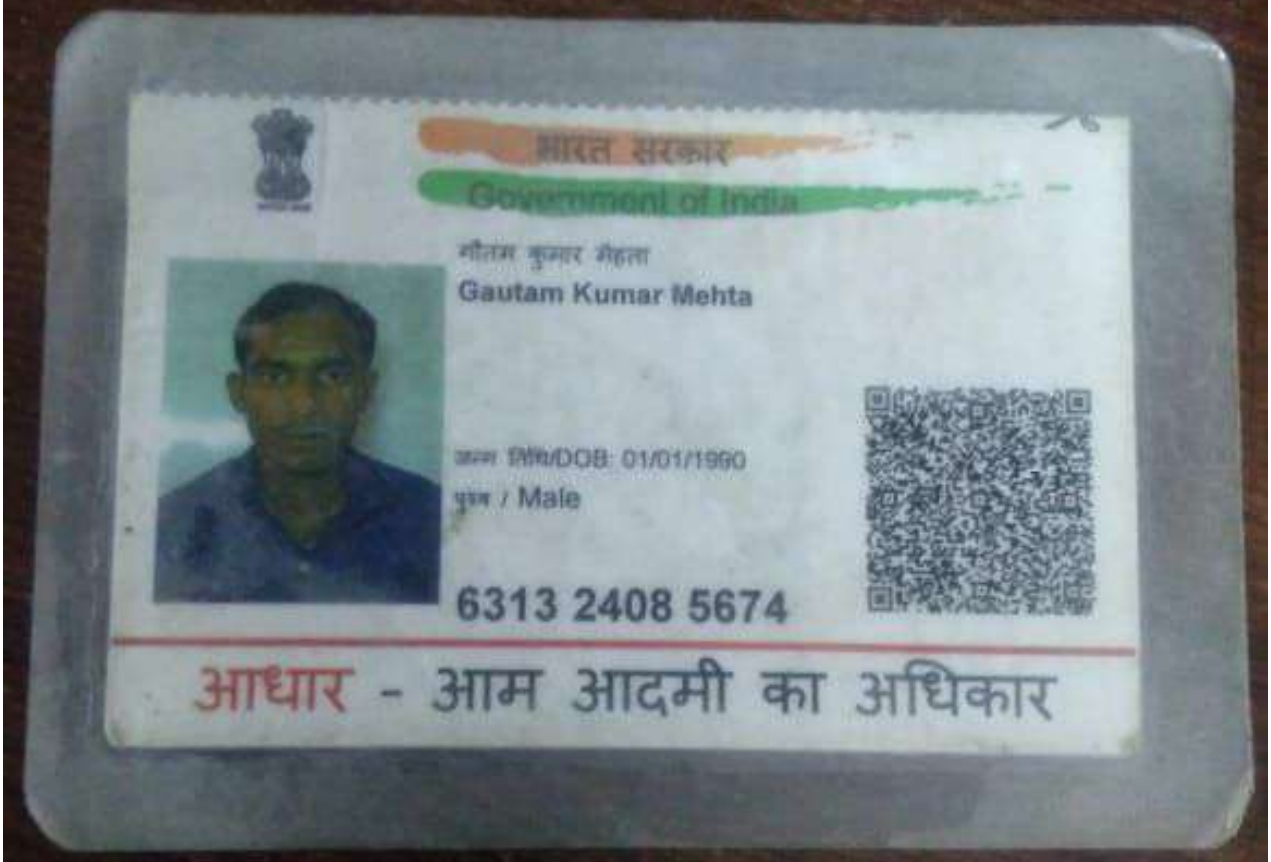
MAYANKMEHTA

अंगदान–जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O.AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients


बिस्तर सं.
BED No.
2


भारत सरकार
Government of India
गौतम कुमार मेहता
Gautam Kumar Mehta
जन्म तिथि/DOB: 01/01/1990
पुरुष / Male
6313 2408 5674
आधार - आम आदमी का अधिकार

भारत सरकार

Government of India

आधार

मयंक मेहता

Mayank Mehta

जन्म तिथि/DOB: 16/08/2014

पुरुष/ MALE

Download Date: 11/12/2020

Issue Date: 28/11/2020

9989 2057 7665

VID : 9135 7501 1273 9198

मेरा आधार, मेरी पहचान

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. MAYANK MEHTA IRCH-305416**	Billing Date	:	05/10/2023 19:30:17
Age	: 9 Yrs	Sample Collected on	:	05/10/2023 11:00:55
Sex	: Male	Sample Received on	:	05/10/2023 19:36:40
P. ID No.	: P1000100018251	Report Released on	:	11/10/2023 17:50:29
Accession No	: **100023010696**	Barcode No.	:	995326626
Referring Doctor	: DR SAMEER BAKSHI			
Referred By	:	Ref no.	:	

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

AML Prognostication Panel

AML-ETO1 t(8;21) RTPCR Qualitative

Sample: Whole Blood EDTA
Method: RTPCR & Electrophoresis

AML1-ETO (RUNX1-RUNX1T1) Qualitative Assay

Specimen type: EDTA P Bld
Methodology: RTPCR & Gel Electrophoresis

Translocation Screened	Effect of Mutation	Molecular Status
AML1-ETO/ t(8;21)(q22;q22.1)	Pathogenic	Not Detected

Result & Interpretation:
The hybrid transcript for *AML1-ETO* was not detected in the leukocytes of the specimen.

Clinical Information:
AML1-ETO or t(8:21)(q22;q22.1) is a balanced reciprocal translocation between *AML1* gene on chromosome 21 and *ETO* gene on chromosome 8. It is observed in 5-12% cases of AML and most closely associated with AML-M2, though it may rarely be seen in AML-M1 or M4. Immunophenotypically, a close association has been reported between expression of CD19 in AML and occurrence of *AML1-ETO* translocation. At the genetic level, *AML1* breakpoints are located within intron 5 and *ETO* breakpoint occur upstream of exon 2. Presence of the translocation denotes a good prognosis and patients often achieve CR in 85-90% cases
The result of this test should be interpreted in correlation with the clinical and hematological parameters observed.

Methodology, Test Attributes and Limitations:
Whole Blood RNA was extracted using commercial Kit. This assay is based on the qualitative estimation of presence of *AML1-ETO* hybrid transcript. The analytical sensitivity of this Test allows detection of 1 leukemic cell carrying the abnormal transcript in 100,000 normal cells. This Test is designed for diagnostic evaluation of the said transcript and should not be used for Monitoring purposes.
Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.
PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

Inv(16) RTPCR Qualitative

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

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P. ID No.	:	P1000100018251	Report Released on	:	11/10/2023 17:50:29
Accession No	:	**100023010696**	Barcode No.	:	995326626
Referring Doctor	:	DR SAMEER BAKSHI			
Referred By	:		Ref no.	:	

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

inv16 (*CBFB-MYH11*) Qualitative Assay

Specimen type: EDTA P Bld
Methodology: RTPCR & Gel Electrophoresis

Translocation Screened	Effect of Mutation	Molecular Status
CBFB-MYH11/ inv16(p13q22)	Pathogenic	Not Detected

Result & Interpretation:
The hybrid transcript for *CBFB-MYH11* was not detected; hence the specimen is negative for inv16 mutation .
It may be noted that this RTPCR assay is designed to interrogate the presence of type A, D and E fusion transcripts only. A false negative due to the presence of other rare transcripts cannot be ruled out.

Clinical Information:
Pericentric inversion of chromosome 16, inv (16) (p13q22) is found in 8-9% cases of AML. It is most closely associated with AML-M4Eo. This inversion results in the fusion of *CBFB* gene to smooth muscle myosin heavy chain gene, *MYH11*. So far, 10 different *CBFB-MYH11* fusion transcripts have been reported. More than 85% cases have the transcript A; type D & E together represent another 10% cases. *CBFB-MYH11* or inv (16) positive AMLs are considered to have a good prognosis with more than 50% cases reaching CR. This RTPCR assay is designed to investigate the presence of type A, D and E transcripts only.
The result of this test should be interpreted in correlation with the clinical and hematological parameters observed.

Methodology, Test Attributes and Limitations:
Whole Blood RNA was extracted using commercial Kit. This assay is based on the qualitative estimation of presence of *CBFB-MYH11* hybrid transcript. The analytical sensitivity of this Test allows detection of 1 leukemic cell carrying the abnormal transcript in 100,000 normal cells. This Test is designed for diagnostic evaluation of the said transcript and should not be used for Monitoring purposes. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

PML-RARA t(15:17) RTPCR Qualitative

Sample: Whole Blood EDTA

The Test/s marked with (#) is are not accredited by NABL

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Pathkind Diagnostics Pvt. Ltd.

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Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mst. MAYANK MEHTA IRCH-305416**	Billing Date	:	05/10/2023 19:30:17
Age	: 9 Yrs	Sample Collected on	:	05/10/2023 11:00:55
Sex	: Male	Sample Received on	:	05/10/2023 19:36:40
P. ID No.	: P1000100018251	Report Released on	:	11/10/2023 17:50:29
Accession No	: **100023010696**	Barcode No.	:	995326626
Referring Doctor	: DR SAMEER BAKSHI			
Referred By	:	Ref no.	:	

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

PML-RARa Qualitative Assay

Specimen type: EDTA P Bld
Methodology: RTPCR & Gel Electrophoresis

Translocation Screened	Effect of Mutation	Molecular Status
***PML-RARa*/ t(15;17)(q22;q12)**	**Pathogenic**	**Not Detected**

Result & Interpretation:
The hybrid transcript for *PML-RARa* was not detected in the leukocytes of the specimen.

Clinical Information:
PML-RARa or t(15;17)(q22;q12) is a balanced reciprocal translocation between *PML* gene on chromosome 15 & *RARa* gene on chromosome 17. This translocation is present in all cases of Acute Promyelocytic Leukemia/ AML-M3 & stratifies the patients for treatment with ATRA (all trans retinoic acid). At the genetic level, *RARa* breakpoints always occur in intron 2. *PML* breakpoints may occur in intron 6 (bcr1; 55-57%), exon 6 (bcr2; 3-5%) or intron 3 (bcr3; 40%).
This test detects the bcr1, bcr2, and bcr3 forms of the hybrid transcript.
The result of this test should be interpreted in correlation with the clinical and hematological parameters observed.

Methodology, Test Attributes and Limitations:
Whole Blood RNA was extracted using commercial Kit. This assay is based on the qualitative estimation of presence of *PML-RARa* hybrid transcript. The analytical sensitivity of this Test allows detection of 1 leukemic cell carrying the abnormal transcript in 10,000 normal cells. This Test is designed for diagnostic evaluation of the said transcript and should not be used for Monitoring purposes.
Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.
PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

NPM1 Mutation Detection

Sample: Whole Blood EDTA

NPM1 Mutation Analysis

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

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Accession No	: **100023010696**	Barcode No.	:	995326626
Referring Doctor	: DR SAMEER BAKSHI			
Referred By	:	Ref no.	:	

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

Specimen: EDTA Whole Blood
Methodology: Real Time PCR
Mutations Screened in: Exon 12 of *NPM*1 gene (RefSeq NM_002520)

Gene/ Exon	Mutation Screened	Effect of Mutation	Molecular Status
NPM1/ Exon 12	Mutations A, B & D	Pathogenic	Mutation 'A' Detected

Result & Interpretation:
Mutation 'A' was observed in exon 12 of *NPM1* gene.

Clinical Information:
Acute myeloid leukemias (AMLs) are a heterogeneous group of disorders characterized by the clonal expansion of myeloid blasts (eg, undifferentiated myeloid precursors) in the peripheral blood, bone marrow, and/or other tissues, which results in impaired hematopoiesis and bone marrow failure.
While cytogenetic aberrations detected at the time of diagnosis are the most used prognostic feature, approximately 50% of AML cases show a normal karyotype, which is considered an intermediate-risk feature. A comprehensive evaluation of several molecular markers (eg, *FLT3, NPM1, CEBPA, KIT, IDH1* and *IDH2*) is important for risk assessment and prognostication in certain patients with AML and may guide treatment decisions.

1. An *NPM1* alteration is a common finding in de novo AML (25%-30% of cases) and consists of small insertion (typically 4 base pair) or insertion/deletion events involving exon 12.
2. Three variants are highly recurrent, termed **types A, B, and D** and together account for approximately 90% of *NPM1* alterations in de novo AML.
3. Thus, in patients with newly diagnosed AML, those with normal karyotype, no *FLT3* variant, and a *NPM1* alteration are considered to have a better prognosis than patients in the same group with neoplasms lacking a *NPM1* alteration.
4. Furthermore, the presence of a *NPM1* alteration serves as a sensitive marker for evaluating minimal disease and therapeutic response following treatment

Methodology, Test Attributes and Limitations:
Whole Blood DNA was extracted using commercial Kit. The Kit utilizes real-time quantitative PCR (qPCR) double-dye oligonucleotide hydrolysis principle, in which specific primers and an internal double-dye probe with a reporter and a quencher (FAM™-TAMRA™) for the amplification reactions is being used. In addition, a 3'-end modified phosphate oligonucleotide is used that perfectly matches the wild-type NPM1 gene and does not allow polymerization. This test is designed to detect NPM1-mutant transcripts of types A, B, and D only.
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
Results of this test must always be interpreted within the patient's clinical context and in conjunction with other relevant data and should not be used alone for a diagnosis of malignancy.

Note: This Test has been developed and its performance evaluated at Pathkind Diagnostics Pvt. Ltd.

100023010696 Mst. MAYANK MEHTA IRCH-305

The Test/s marked with (#) is are not accredited by NABL

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	**: Mst. MAYANK MEHTA IRCH-305416**	Billing Date	: 05/10/2023 19:30:17
Age	: 9 Yrs	Sample Collected on	: 05/10/2023 11:00:55
Sex	: Male	Sample Received on	: 05/10/2023 19:36:40
P. ID No.	: P1000100018251	Report Released on	: 11/10/2023 17:50:29
Accession No	**: 100023010696**	Barcode No.	: 995326626
Referring Doctor	: DR SAMEER BAKSHI		
Referred By	:	Ref no.	:

Report Status - Preliminary Report

Test Name	**Result**	**Biological Ref. Interval**	**Unit**

FLT3 Mutation Detection

Sample: Whole Blood EDTA

FLT3 (ITD & D835) Mutation Detection Assay (Qualitative)

Specimen: EDTA Whole Blood
Methodology: PCR & Gel Electrophoresis
Mutations Screened in: *FLT3* gene (Ref Seq NC_000013.11)

Gene/ Exon	Mutation Screened	Effect of Mutation	Molecular Status
***FLT3*/ Exon 14**	**ITD**	**Pathogenic**	**Detected**
***FLT3*/ Exon 20**	**D835**	**Pathogenic**	**Not Detected**

Result & Interpretation:
ITD Mutation was **DETECTED** in the *FLT3* gene of the sample provided.

Clinical Information:
Acute myeloid leukemias (AMLs) are a heterogeneous group of disorders characterized by the clonal expansion of myeloid blasts (eg, undifferentiated myeloid precursors) in the peripheral blood, bone marrow, and/or other tissues, which results in impaired hematopoiesis and bone marrow failure.
Gene alterations, along with translocations and inversions, carry prognostic importance in AML. In addition to large chromosomal rearrangements, molecular changes have also been implicated in the development of AML. In fact, genetic mutations are identified in more than 97% of cases, often in the absence of any large chromosomal abnormality. A comprehensive evaluation of several molecular markers (eg, *FLT3, NPM1, CEBPA, KIT, IDH1* and *IDH2*) is important for risk assessment and prognostication in certain patients with AML and may guide treatment decisions.

1. This test is designed to detect *FLT3* mutations in acute myeloid leukemia (AML). *FLT3* mutation incidence is 20-30 percent in cytogenetically normal AML and represents an important diagnostic and prognostic marker.
2. Up to 70 percent of *FLT3*-mutated patients harbor internal tandem duplication (ITD) mutations in exon 14 of the juxtamembrane domain and 30 percent demonstrate tyrosine kinase domain (TKD) D835 mutations in exon 20. Aspartic acid at amino acid 835 most often changes either to Tyrosine (D835Y) or Valine (D835V).
3. This test is designed to detect both ITD and D835 mutations. The presence of *FLT3* mutations is associated with a poor prognosis, unless it occurs concurrently with an NPM mutation
4. *FLT3* Positive AMLs are candidates for treatment with Midostaurin in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation

Methodology, Test Attributes and Limitations:
Whole Blood/ BM DNA was extracted using commercial Kit. The Mutation analysis was carried out using an LDT. PCR reactions were carried out to amplify the region involved in ITD and D835 point mutations. The amplified product for D835 was digested with EcoRV and resolved on gel electrophoresis.
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
FLT3 mutations other than ITD and D835 will not be detected with this assay. Results of this test must always be interpreted within the patient's clinical context and in conjunction with other relevant data and should not be used alone for a diagnosis of malignancy. A negative result does not definitely exclude the possibility of an *FLT3* mutation below the detection limit of this test and does not exclude the possibility of rare forms of *FLT3* mutations not detectable by this methodology.

References:

100023010696 Mst. MAYANK MEHTA IRCH-305

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

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Sex	: Male	Sample Received on	:	05/10/2023 19:36:40
P. ID No.	: P1000100018251	Report Released on	:	11/10/2023 17:50:29
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Referring Doctor	: DR SAMEER BAKSHI			
Referred By	:	Ref no.	:	

Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit

1. M Carmen Chillón, Carina Fernández, Ramón García-Sanz, Ana Balanzategui et al. FLT3-activating mutations are associated with poor prognostic features in AML at diagnosis. Hematol J. 2004; 5(3):239-46.
2. Naval Daver, Richard F. Schlenk, Nigel H. Russell & Mark J. Levis. Targeting FLT3 mutations in AML: review of current knowledge and evidence. Leukemia 2019. Vol 33; 299-312
3. Alexander J Ambinder , Mark Levis . A. Potential targeting of FLT3 acute myeloid leukemia. Review Haematologica. 2021 Mar 1;106 (3):671-681

Note: This Test has been validated and its performance evaluated at Pathkind Diagnostics Pvt Ltd

** End of Report**

Result Awaited : AML Prognostication(Karyotyping HM Disor, CEPBA Mutation Det.)

Dr. Avijit Guha
Scientist (Molecular)
PhD (Molecular)

100023010696 Mst. MAYANK MEHTA IRCH-305

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