



Child life care foundation

**MY MOMMY
DOESN'T
WANT YOUR
ADVICE.**



Tata Medical Center

14 MAR (EW) , Newtown, Kolkata -700 160
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Molecular Pathology

Run Date: 25/02/2026 0:47:52

MR No. : MR/02/010460
Name : Master Tanush Bera
Age : 6 Y 4 M
Ref. Doctor : Dr. Mayur Parihar
Age at time of : 6 Y 4 M
Sample Collection

Request No. : SO/26/0129073
Patient No. : OP/26/012830
Sex : Male
Reported on : 24/02/2026 16:00:51
Lab Ref.No. : MP/26/000657

Parameter	Result	Biological Ref. Interval	Units
Specimen : PERIPHERAL BLOOD (SE/26/046897)			Collected On : 12/02/2026 14:30:54 Received On : 12/02/2026 15:05:06

RT-PCR FOR PML - RARA(RNA)

METHODOLOGY

RNA was extracted from WBCs, complementary DNA was synthesized using reverse transcriptase, followed by first and second round PCR for *PML::RARA* transcripts. The products were separated by agarose gel electrophoresis and analysed for *PML::RARA* fusion.

GENE TESTED

PML::RARA fusion gene.

CHROMOSOME LOCATION

17q21

RESULTS

Nested RT PCR Positive for *PML::RARA* fusion gene transcript (BCR3).

Note:

1. An additional fusion product at 100bp is also detected in the Nested RT PCR assay, consistent with an alternatively spliced variant of *PML::RARA* fusion transcript.
2. A Sanger sequencing/ NGS is advised for the confirmation of this alternatively spliced variants.
3. The MRD monitoring of the above detected alternative spliced variant on ddPCR/ Real time PCR would be difficult.
4. The detected BCR3 fusion transcript can be considered for the MRD monitoring of this patient.

COMMENTS

Acute promyelocytic leukemia (APL or AML-M3) is a subtype of acute myeloid leukemia with distinct clinical and histopathologic features. APL accounts for 10-15% of all AML cases and is characterized by a unique chromosomal anomaly. Investigations suggest that more than 95% of APL patients harbor a translocation between chromosomes 15 and 17, which fuses the retinoic acid receptor alpha (RARA) gene on chromosome 17 with the PML gene on chromosome 15. Detection of the *PML/RARA* t(15;17) translocation is therefore used within clinical research as an identifier for APL. The *PML/RARA* t(15;17) translocation is used in conjunction with the investigation of therapy response to all-trans-retinoic acid and arsenic trioxide as well as research on therapy response monitoring via MRD and research regarding detection of early relapse. Depending on the location of breakpoints within the PML site, intron 6, exon 6 and intron 3, the respective *PML-RARA* transcript subtypes referred to as long (L or bcr1), variant (V or bcr2) and short (S or bcr3), may be formed. They represent 55%, 5% and 40% of the cases respectively

REFERENCES

1. Van Dongen et al., Standardized RT-PCR analysis of fusion gene transcripts from chromosome aberrations in acute leukaemia for detection of minimal residual disease. Report of the BIOMED concerted action: Leukemia (1999)13;1901-1928

"This report is electronically generated "

"Results relate only to the items tested "



Tata Medical Center

14 MAR (EW) , Newtown, Kolkata -700 160
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Molecular Pathology

Run Date: 25/02/2026 0:47:52

MR No. : MR/02/010460
Name : Master Tanush Bera
Age : 6 Y 4 M

Request No. : SO/26/0129073
Patient No. : OP/26/012830
Sex : Male
Reported on : 24/02/2026 16:00:51
Lab Ref.No. : MP/26/000657

Ref. Doctor : Dr. Mayur Parihar
Age at time of : 6 Y 4 M

Sample Collection

Parameter	Result	Biological Ref. Interval	Units
DISCLAIMER	All precautions were taken to ensure the accuracy of these results. However, a 1% chance of error in this report is possible.		

Authorised By : Dr. Mayur Parihar

-: End of Report :-

Child life care foundation

"This report is electronically generated "

"Results relate only to the items tested "





Tata Medical Center

14 MAR (EW) , Newtown, Kolkata -700 160
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Molecular Pathology

Run Date: 25/02/2026 0:51:19

MR No. : MR/02/010460
Name : Master Tanush Bera
Age : 6 Y 4 M

Request No. : SO/26/0129073
Patient No. : OP/26/012830
Sex : Male
Reported on : 24/02/2026 16:01:18
Lab Ref.No. : MP/26/000657

Ref. Doctor : Dr. Mayur Parihar
Age at time of Sample Collection : 6 Y 4 M

Parameter	Result	Biological Ref. Interval	Units
Specimen : PERIPHERAL BLOOD (SE/26/046897)			Collected On : 12/02/2026 14:30:54
			Received On : 12/02/2026 15:05:06

ddPCR (PML-RARA/ABL)

Methodology

Total RNA was extracted from Peripheral blood WBCs using Qiasymphony. Complementary DNA was synthesized using reverse transcriptase, followed by quantification of the PML::RARA fusion transcript by droplet digital PCR (Biorad, USA). The ddPCR PML-RARA fusion transcripts are reported as absolute copies (absolute copies in the PML::RARA fusion assay reaction/20ul) and as the percentage ratio of PML::RARA transcript copies and ABL1 copies.

Gene tested

PML RARA fusion gene 17q21

Clinical details

At Diagnosis

Result

Positive for PML RARA fusion transcript (BCR3)

Absolute PML::RARA /20UL

4464

Absolute ABL1 (Reference gene) copies/20ul

47068

Ratio PML::RARA/ABL1

9.48

%

Comments

Acute promyelocytic leukemia (APL or AML-M3) is a subtype of acute myeloid leukemia with distinct clinical and histopathologic features. APL accounts for 10-15% of all AML cases and is characterized by a unique chromosomal anomaly. Investigations suggest that more than 95% of APL patients harbor a translocation between chromosomes 15 and 17, which fuses the retinoic acid receptor alpha (RARA) gene on chromosome 17 with the PML gene on chromosome 15. Detection of the PML/RARA t(15;17) translocation is therefore used within clinical research as an identifier for APL. The PML/RARA t(15;17) translocation is used in conjunction with the investigation of therapy response to all-trans-retinoic acid and arsenic trioxide as well as research on therapy response monitoring via MRD and research regarding detection of early relapse. Depending on the location of breakpoints within the PML site, intron 6, exon 6 and intron 3, the respective PML-RARA transcript subtypes referred to as long (L or bcr1), variant (V or bcr2) and short (S or bcr3), may be formed. They represent 55%, 5% and 40% of the cases respectively.

Disclaimer

All precautions were taken to ensure the accuracy of these results. However, a 1% chance of error in this report is possible

Authorised By : Dr. Mayur Parihar

-: End of Report :-

"This report is electronically generated "

"Results relate only to the items tested "



Tata Medical Center

14 MAR (EW) , Newtown, Kolkata -700 160
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Cytogenetics

Run Date: 13/02/2026 0:26:55

MR No.	: MR/02/010460	Request No.	: SO/26/0129073
Name	: Master Tanush Bera	Patient ID	: OP/26/012830
Age	: 6 Y 4 M	Sex	: Male
Age at time of Sample Collection	: 6 Y 4 M	Reported on	: 12/02/2026 17:09:08
Referring Doctor	: Mayur Parihar		

Lab. Ref. No. : CG/26/000229

Specimen : PERIPHERAL BLOOD FISH
(SE/26/046896)

Collected On : 12/02/2026 14:30:54 Received On : 12/02/2026 14:48:13

FISH FOR PML/RARa t(15;17)

RESULT SUMMARY

Positive for PML::RARa fusion.

FISH FOR PML/RARa t(15;17)

CYTOGENETICS LAB REF NO: F 054/26

COMMENT:

FISH analysis of 200 interphase cells shows **PML::RARa fusion** in 100% of the cells, indicating that the t(15;17) is present.

TEST RESULT: INTERPHASE/NUCLEAR IN SITU HYBRIDIZATION [ISCN 2024]

nuc ish(PML,RARa)×3 (PML con RARa)×2 [200/200]

FISH ANALYSIS:

NUMBER OF INTERPHASE CELLS COUNTED - 200

NUMBER OF CELLS POSITIVE FOR PML::RARa FUSION - 200[100%]

Interpretation Criteria (2F1G1R)

Positive: > 1% of the total scored cells

Negative: < 1% of the total scored cells

PROBES USED: LSI PML::RARa [dual colour, dual fusion]

15q22 (PML) - spectrum orange

17q21 (RARa) - spectrum green

-: End of Report :-

Authorised By

Dr. Dipali Deepak Akolekar

"This report is electronically generated "
"Results relate only to the items tested"
"Images can be issued for second opinion if requested"

INSTITUTE OF CHILD HEALTH

11, DR. BIRESH GUHA STREET, KOLKATA - 700 017
Email : ichcal@yahoo.com, Website : ichcalcutta.org

CONSUMABLES PRESCRIPTION

NAME :

AGE :

SEX :

REGISTRATION NUMBER :

BED NUMBER : HEM

UNIT

TE :

1012

1. S

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

20cc

2. C

Pediatrician :

(150ml)

Reg. : Bed No. HEM6 Date : 20/2

3. PI

Name of Patient : Tanush Bera

18 Gz

4. VE

DIRECTIONS

26 G

5. Ne

- * Inj Mezopenam (1g) → ④
- * ~~Redo~~ Child life care foundation → 1 Packet
- * Walyte ORS → 1 Packet
- * 500ml NS → ①

6. PE

7. Sa

8. Teg

9. QS

10. Ne

1. O2

Trio -

2. BLACK NEEDLE -

3. MICROSHIELD / HANDRUB / STERILIUM - 500ml.

Urometer -

ECG LEADS -

per - Adult

Large

Medium

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

reserve for tomorrow morning

1. Name of Hospital (s) Nursing Home : ICH Kolkata
2. Name of Physician / Surgeon : Hematology
(Capital Letters)

Date of requisition : 13/2/26
3. General Bed or Paying Bed or Cabin : General Bed
Address of the Patient (For house treatment)

4. How the blood should be issued :
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party | any of this
(iii) Blood donation / Credit Card
5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 13/2/26
6. Bed No. : HEM 6
7. Ward No. :
8. Hospital Registration No. : 26-1770
9. Age : 6yrs 4m
10. Sex : M
11. Diagnosis : APM L

For Blood Bank Use only

12. Indication for transfusion : (Tick which is applicable & cross the rest)
● Acute Haemorrhages ● Surgery ● Congenital Anemia / Thalassemia
● Snake bite ● Chronic Anemia not responding to treatment ● Cancer and / or Chemotherapy
● Liver diseases ● Coagulation Disorder ● Others (Please specify)

13. Obstetrical history :
14. Whether Emergency : no if so, why

15. Any adverse reactions : Not known

16. Hb :
17. Platelet Count :

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate (FFP) / Washed R.B.C. / Platelet cone / SDP / Others.

19. Quantity : 1 Unit Unit '0'
20. (i) Blood Group of patient : to be determined Rh Factor : to be determined

(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : Coming morning at 9AM
22. Any special-test wanted : As per part No. 20

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

3:15 PM 13/2/26
Time & Date

Countersigned
Designation
Reg No. of Physician
(In case of Private Institute)

THE CONCEPT OF "FRESH BLOOD" DOES NOT EXIST
SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭

INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician : Haematology

Reg. : Bed No. Date : 13/02/20

Name of Patient : TANUSH BERA

DIRECTIONS

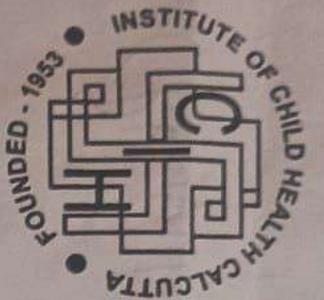
HEM-06

• Cap. ATRA — 10 mg

— 1 strip.

~~INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17~~

(P)
13/02



INSTITUTE OF CHILD HEALTH CALCUTTA

11, Dr. Biresh Guha Street, Kolkata - 700 017, Ph. : 2290 5686

INVESTIGATION REFERRAL SLIP (IRS) 1161

Reason for sending outside As per order

Patient's Name TANUSH BERA

Reg No. 26-1667 Age 6y 4m Sex M Under Hem. 6

Name of the Laboratory TATA MEDICAL CENTRE Date 12/2/26 Time

Blood for

- 1. Peripheral blood for PmL - RARA (quantitative PCR)
- 2.
- 3.
- 4. t(15,17)
- 5.
- 6.
- 7.
- 8.

Name of the SHO Sister
Date & Seal Date 12/2/26

YADU
ATAK

B

PTD

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICU
2. Name of Physician / Surgeon : ICU
(Capital Letters)
Date of requisition : 1/3/26
3. General Bed or Paying Bed or Cabin : Paying
Address of the Patient (For house treatment)
4. How the blood should be issued
(I) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party
(iii) Blood donation / Credit Card
5. Name of Patient : Tanush Bera
(Capital Letters)

By
Joy
Jana

- Date of admission 12/2/26
6. Bed No. HEH-6
7. Ward No. HEH-6
8. Hospital Registration No. 26-1220
9. Age 6 yrs
10. Sex Male
11. Diagnosis Acute Promyelocytic Leukemia
12. Indication for transfusion (Tick which is applicable & cross the rest)
 Acute Haemorrhages Surgery Congenital Anemia / Thalassemia
 Snake bite Chronic Anemia not responding to treatment Cancer and / or Chemotherapy
 Liver diseases Coagulation Disorder Others (Please specify)
13. Obstetrical history Nil
14. Whether Emergency Yes if so, why

For Blood Bank Use only

15. Any adverse reactions : Not known
16. Hb 8
17. Platelet Count 47000
18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate / F.F.P. / Washed R.B.C. /
Platelet cone / SDP / Others
19. Quantity 2 Unit
20. (i) Blood Group of patient To be determined Rh Factor To be determined
(Group and Rh Factor must be mentioned if previously tested)
(ii)
21. When wanted : As soon as possible
22. Any special-test wanted As per govt. rule

Countersigned [Signature] Designation [Signature]
Reg No. of Physician [Signature] Time & Date 1/3/26
(in case of Private Institute) THE CONCEPT OF "FRESH BLOOD" DOES NOT EXIST SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICU
2. Name of Physician / Surgeon : ICU
(Capital Letters)

Date of requisition : 1/2/26
3. General Bed or Paying Bed or Cabin : Paying
Address of the Patient (For house treatment)

4. How the blood should be issued :
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party
(iii) Blood donation / Credit Card

5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 12/2/21
6. Bed No. : HEM-6
7. Ward No. : HEM-6
8. Hospital Registration No. : 26-1370
9. Age : 6yr
10. Sex : Male
11. Diagnosis : Acute Myeloid Leukemia
12. Indication for transfusion (Tick which is applicable & cross the rest)

For Blood Bank Use only

- Acute Haemorrhages
- Surgery
- Congenital Anemia / Thalassemia
- Snake bite
- Chronic Anemia not responding to treatment
- Cancer and / or Chemotherapy
- Liver diseases
- Coagulation Disorder
- Others (Please specify)

13. Obstetrical history : Nil
14. Whether Emergency : Yes if so, why

15. Any adverse reactions : Not known
16. Hb. : 8
17. Platelet Count : 49000
18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate / FFP / Washed R.B.C. / Platelet cone / SDP / Others

19. Quantity : 1 Unit.
20. (i) Blood Group of patient : To be determined Rh Factor : To be determined
(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : As soon as possible
22. Any special-test wanted : As per govt rules

Countersigned B Designation _____ Time & Date 1/2/26
Reg. No. of Physician _____ Countersigned B Designation _____
(In case of Private Institute) THE CONCEPT OF "FRESH BLOOD" DOES NOT EXIST SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY (In case of Private Institute)

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭.
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. : Bed No. HEM-6 Date : 12/2

Name of Patient :

DIRECTIONS

- 1. Dera (4mg) — 2 strips
NS (100) — 1

- Inj Ondansetron (mg) — 1

- 4. Zyloric (100mg) — 1 strip

W Tub Pan — (1)

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

Inj Lasix — (4)
* see — (10)

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. : Bed No. HEM-6 Date: 14/2

Name of Patient : Tanush Beera

DIRECTIONS

- * Tab. Zydoric (100mg) → 1 Strip
- * Inj Mezo (1g) → (6)
- * 1000 ml NS → 2
- * Inj KCl → 2
- * Inj Teico (400) → (2)

Child life care foundation

INSTITUTE OF CHILD HEALTH
RINALINI CANCER RESEARCH CENTRE
Kolkata-17

শিশু স্বাস্থ্য নিকেতন, কলকাতা - ১৭
INSTITUTE OF CHILD HEALTH, KOLKATA - 17

Pediatrician :

Reg. :

Bed No. HEM6

Date : 22/2

Name of Patient : Tanush Bera

DIRECTIONS

° Py Mentec (1g) → (6)

NS (100) → (6)

NS (1 liter) → (2)

Child life care foundation

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17

10 be kept reserve for tomorrow morning (9AM)

ফর্ম নং. ২৪
Form No. 24

HEALTH & FAMILY WELFARE DEPARTMENT
STATE BLOOD TRANSFUSION SERVICE
GOVERNMENT OF WEST BENGAL

FORM FOR REQUISITION OF BLOOD / COMPONENT FROM GOVT. BLOOD BANK

1. Name of Hospital (s) Nursing Home : ICH Kolkata
2. Name of Physician / Surgeon : Hematology
(Capital Letters)

Date of requisition : 13/2/26
3. General Bed or Paying Bed or Cabin : General Bed
Address of the Patient (For house treatment)

4. How the blood should be issued :
(i) Indigent (attached Xerox Copy of indigent Certificate in case in of Govt. Hospital)
(ii) Cash by party | any of this
(iii) Blood donation / Credit Card
5. Name of Patient : TANUSH BERA
(Capital Letters)

Date of admission : 13/2/26
6. Bed No. : HEM 6
7. Ward No. :
8. Hospital Registration No. : 26-1770
9. Age : 6yrs 4M
10. Sex : M
11. Diagnosis : APM L

For Blood Bank Use only

12. Indication for transfusion : (Tick which is applicable & cross the rest)
 Acute Haemorrhages Surgery Congenital Anemia / Thalassemia
 Snake bite Chronic Anemia not responding to treatment Cancer and / or Chemotherapy
 Liver diseases Coagulation Disorder Others (Please specify)

13. Obstetrical history :
14. Whether Emergency : no if so, why

15. Any adverse reactions : Not known

16. Hb. :
17. Platelet Count :

18. What is required? Whose blood / Plasma / Cons. Rbc / Cryo precipitate (F.F.P. / Washed R.B.C. / Platelet cone / SDP / Others.

19. Quantity : 1 Unit Unit '0'
20. (i) Blood Group of patient : to be determined Rh Factor : to be determined Positive

(Group and Rh Factor must be mentioned if previously tested)

(ii)
21. When wanted : Coming morning of 9AM

22. Any special-test wanted : As per govt. Norms
3:15 PM 13/2/26
Time & Date

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

Countersigned
Designation
Reg. No. of Physician
(In case of Private Institute)

THE CONCEPT OF "FRESH BLOOD" DOES NOT EXIST
SINGLE UNIT TRANSFUSION HAS VERY LITTLE UTILITY

INSTITUTE OF CHILD HEALTH
MRINALINI CANCER RESEARCH CENTRE
Kolkata-17