

Date: 10/07/2026

COST CERTIFICATE

Cass File No. 20876

Name: MAS OMYA ASAN KILLARE.

Age: 42 years

Disease: Acute myeloid leukaemia (AML) (blast crisis)

Proposed treatment: Chemotherapy with medicines BENCd arabinoside and filgrastim.

Intent: Curative

Duration of treatment: Six Months.

Estimated Total cost of Treatment: 30,000.00 INR

Break Up Cost

Chemotherapeutic Agent	INR 5,000.00
Mospitalization	INR 6,000.00
Therapies (Therapies, Diagnostic, Radiological, Other)	INR 5,000.00
Transfusion Support (Blood products, etc.)	INR 3,000.00
Hospital Service Charges.	INR 1,000.00
GRAND TOTAL	INR 20,000.00

The total cost of treatment is estimated on the basis of the current market prices and the cost of the medicines and the cost of the hospital services. The actual cost may vary depending on the patient's condition and the response to the treatment.

AIC Name: MIT HOSPITAL AND RESEARCH INSTITUTE GOMA

Account No. 59260008030070

Beneficiary: HDPO BANIE.

Branch: SHRI NUTRITION ROAD AURANGABAD

IFSC Code: HOPCB986728

Account Type: Current Account

Contact No: 977007452.

Dr. NIKET NEDAR MANTRI



10/07/2026, 10:00 AM

For more information, please contact us at 7770018020

MIT Hospital & Research Institute (A Unit Of G.S Mandal Trust)

Plot No. 44, Sector 6, Near Air High School, N-A Circle, Chh. Sanbhay Inga, MH-40, 906 Phase No-2, 411004, 7770018020





Name	: Ms.DIVYE KHILLARE	Centre Details	: METRO PATHO LAB
Age	: 14 Yrs Sex: Female	Accession.ID	: OQG2607090970
Collection Date	: 09/Jul/2026 05:01PM	Referred By	: DR NIKET MANTRI
Received Date	: 09/Jul/2026 05:02PM	Report Date	: 09/Jul/2026 06:12PM
Registration Date	: 09/Jul/2026 05:02PM	Ref.No/TRF.No	: /

DEPARTMENT OF FLOW CYTOMETRY

Flowcytometry-Acute Leukemia Comprehensive Diagnosis

Result

Marker	Intensity	Interpretation
T Cell Markers		
CD3	N/A	Negative
CyCD3	N/A	Negative
CD5	N/A	Negative
CD7	N/A	Negative
B Cell Markers		
CD19	Moderate	Positive
CD10	Bright	Positive
CD20	N/A	Negative
CD22	Dim	Positive
SlgM	N/A	Negative
Myeloid & Monocytic Markers		
CD13	N/A	Negative
CD14	N/A	Negative
CD16	N/A	Negative
CD33	N/A	Negative
CD36	N/A	Negative
CD64	N/A	Negative
CD117	N/A	Negative
CD11b	N/A	Negative
MPO	N/A	Negative
Others		
CD34	Dim	Positive
CD38	Dim	Positive
CD45	Dim	Positive
CD56	N/A	Negative
HLADR	Moderate	Positive
TdT	N/A	Negative



Shruti

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Shivali

Dr. Shivali Ahlawat
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DEPARTMENT OF FLOW CYTOMETRY

Specimen Type: - Bone marrow sample showed TLC – 1,000 cells/ μ l.

Instrument / Software: BD FACS Canto / BD FACS DIVA

Cell Preparation Method: Stain – Lyse- Wash

Total events acquired = 20,000 cells / tube

SSC Vs CD45 Gating.

Flow cytometric analysis shows a cell cluster in CD45 dim side scatter. These gated cells in blast region(20.0%) show bright expression of CD10, moderate expression of CD19, HLADR, dim expression of CD22, CD34, CD38 and rest of the markers are negative.

Impression:

The scatter parameters and antigen expression profile as studied by flow cytometry of the sample are suggestive of **B Lymphoblastic Leukemia, B-ALL.**

Correlation with clinical, cytogenetic and other hematological parameters is advised.

COMMENT: Recommendation for further testing is as follows:-

- 1) Advised Karyotyping and ALL FISH panel or ALL Translocation panel for t(9;22),t(12;21),t(1;19) and t(4;11) by multiplex PCR, for risk stratification.**
- 2)Follow up MRD studies by Flowcytometry are advised at completion of initial induction and/or as per chemotherapy regimen**

As per NCCN GUIDELINES 2022 recommendations:-

Cytogenetic risk groups for B ALL:-

Good Risk: Hyperdiploidy (51-65 chromosomes; cases with trisomy of chromosome 4, 10 and 17 appear to have the most favourable outcome); t(12;21)(p13;q22): ETV6-RUNX1

Poor Risk: Hypodiploidy (<44 chromosomes); KMT2A rearranged (t[4;11] or others); t(v;14q23)/IgH; t(9;22)(q34;q11.2): BCR-ABL1(defined as high risk in the pre-TKI era); complex karyotype (5 or more chromosomal abnormalities); ph-like ALL; intra-chromosomal amplification of chromosome 21 (iamp21)

Timing of MRD assessment

- (i)Upon completion of initial induction**
- (ii)Additional time points may be useful depending on the regimen used.**

This test has been developed and its performance characteristics determined by Oncquest Laboratories.

Note: All investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by Oncquest. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.

***** End Of Report *****

Disclaimer: All Results released pertain to the specimen submitted to the lab

1. Test results are dependent on the quality of the sample received by the lab
2. Tests are performed as per schedule given in the test listing and in any unforeseen circumstances, report delivery may be delayed



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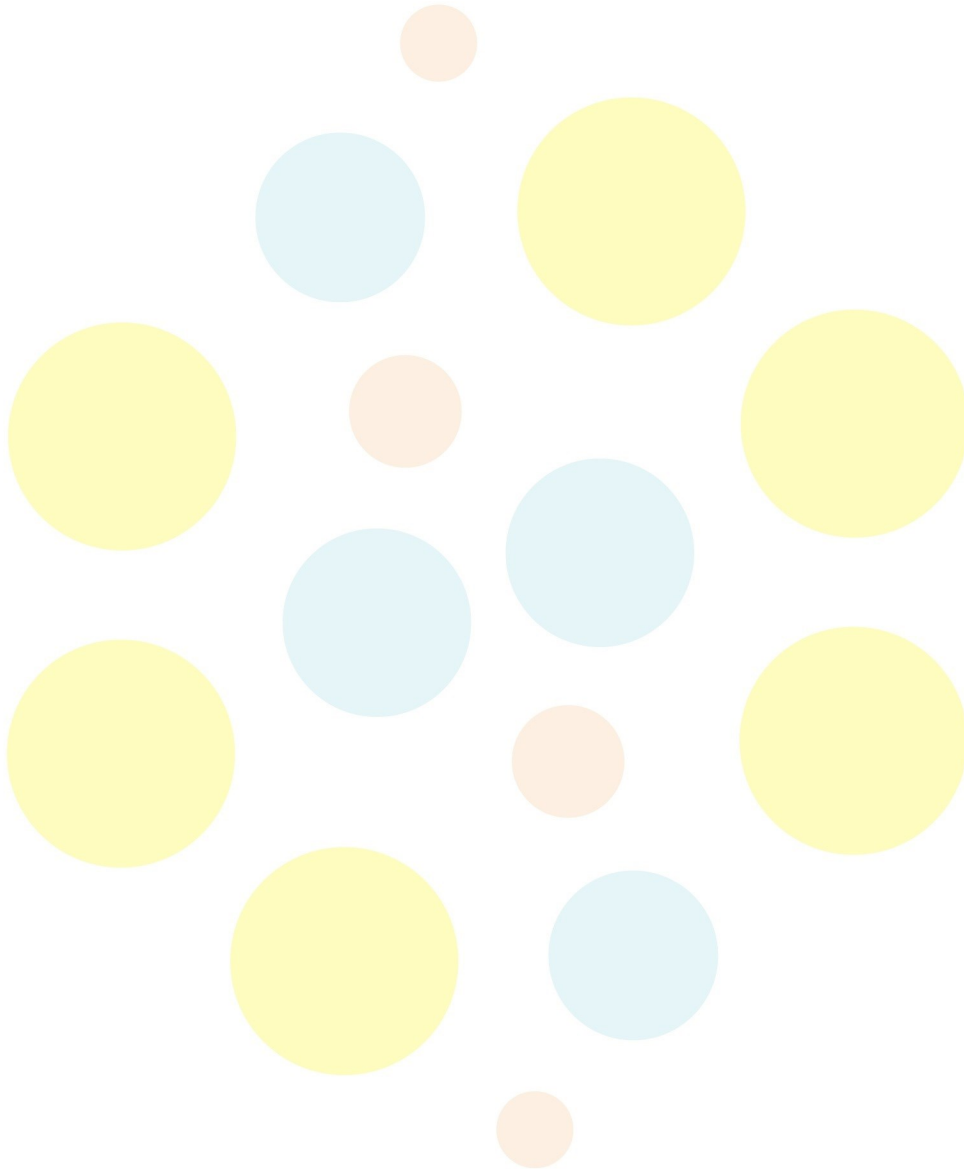
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DEPARTMENT OF FLOW CYTOMETRY

3. Test results may show interlaboratory variations
4. All dispute and claims are subjected to local jurisdiction only. Clinical correlation advised.
5. Test results are not valid for medico legal purposes
6. For all queries, feedbacks, suggestions, and complaints, please contact customer care support +0124 665 0000



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Name	: Ms.DIVYE KHILLARE	Centre Details	: METRO PATHO LAB
Age	: 14 Yrs Sex: Female	Accession.ID	: OQG2607071076
Collection Date	: 06/Jul/2026 12:00AM	Referred By	: DR NIKET MANTRI
Received Date	: 07/Jul/2026 06:12PM	Report Date	: 08/Jul/2026 05:42PM
Registration Date	: 07/Jul/2026 06:11PM	Ref.No/TRF.No	: /

DEPARTMENT OF HAEMATOLOGY(SPECIALISED)

Bone Marrow Morphology

Lab No:- BM/1404/26

CLINICAL DETAILS:

C/o B symptoms, B12 deficient and H/o PCV transfusion

SPECIMEN DETAILS:

Received 7 bone marrow aspirate and imprint smears and 2 heparin and 2 EDTA vials for morphology.

MICROSCOPY:

Bone Marrow Aspirate:

Bone marrow shows few particles and are hypercellular.

Adequate number of erythroid precursors are seen.

Reaction is normoblastic.

Myelopoiesis is markedly reduced.

No megakaryocytes seen in the smear examined

Blast cells constitute ~73% of the nucleated cells of the marrow. These are large, have round to oval nuclei, open chromatin, 0-3 nucleoli and scant amount of cytoplasm.

DLC on bone marrow aspirate

Blasts :73%

Promyelocytes :00%

Myelocytes :00%

Metamyelocytes :00%

Polymorphs + band forms :05%

Lymphocytes :05%

Erythroid precursors :17%

Plasma cells :00%

Eosinophil and precursors :00%

IMPRESSION

Picture is suggestive of Acute Leukemia

Advise:

1 Flow cytometric analysis of bone marrow aspirate /immunohistochemistry on bone marrow biopsy is advised for further characterization and immunophenotyping.

2. Cytogenetics and molecular studies

Result/s to follow :

Bone Marrow Biopsy - Small

***** End Of Report *****

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