Tinsukia Diagnostics & Research Centre

Address: Bordoloi Nagar Near L.G.B civil Hospital, Tinsukia-786125(Assam)

Mail: tdrc1418@gmail.com / Phone: +91-6001295855

2025081948

ID	: 33241	SID.No	: 2025081948
Name	: BabyOf.LOVLY BARUAH SONOWAL (0 Y/M)	Specimen Date	: 19/08/2025
Ref.by	: DR . AMAN	Report Date	: 19/08/2025 03:41 pm
		Page No	: 1 of 1

TEST	RESULT	REFERENCE VALUE
HAEMATOLOGY		
BLOOD GROUP & RH TYPE	**"O" Positive**	
BIOCHEMISTRY		
Total Bilirubin	**16.68 mg/dl**	Adults: 0-2.0 0-1 day: 1.0-8.0 1-2 days: 6.0-12.0 3-5 days: 10.0-14.0

End of the Report

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2025082041

ID	: 33241	SID.No	: 2025082041
Name	: BabyOf.LOVLY BARUAH SONOWAL (0 Y/M)	Specimen Date	: 20/08/2025
Ref.by	: DR . AMAN	Report Date	: 20/08/2025 02:26 pm
		Page No	: 1 of 1

TEST	RESULT	REFERENCE VALUE
BIOCHEMISTRY		
Total Bilirubin	**13.93 mg/dl**	Adults: 0-2.0 0-1 day: 1.0-8.0 1-2 days: 6.0-12.0 3-5 days: 10.0-14.0

End of the Report

Institutional Follow up at S.N.C.U.

Visit	Anthropometry	Immunization Status	Examination Findings	Advice
8 Days Scheduled Date 27/8/2025 Date of Visit ...../...../20.....	Wt. (kg.) ..... Total Length (cm.) ..... Head Circumfer. (cm.)		General : Systemic :	Seen by.....
1 Month Scheduled Date ...../...../20..... Date of Visit ...../...../20.....	Wt. (kg.) ..... Total Length (cm.) ..... Head Circumfer. (cm.)		General : Vision : Hearing : Systemic :	Seen by.....
3 Months Scheduled Date ...../...../20..... Date of Visit ...../...../20.....	Wt. (kg.) ..... Total Length (cm.) ..... Head Circumfer. (cm.)		General : Vision : Hearing : Systemic : Neurodevelopmental :	Seen by.....
6 Months Scheduled Date ...../...../20..... Date of Visit ...../...../20.....	Wt. (kg.) ..... Total Length (cm.) ..... Head Circumfer. (cm.)		General : Vision : Hearing : Systemic : Neurodevelopmental :	Seen by.....
1 Year Scheduled Date ...../...../20..... Date of Visit ...../...../20.....	Wt. (kg.) ..... Total Length (cm.) ..... Head Circumfer. (cm.) ..... M.U.A.C. (mm.)		General : Vision : Hearing : Systemic : Neurodevelopmental :	Seen by.....

This part has to be filled on follow-up by Doctor on Duty

TREATMENT GIVEN

1. Oxygen : Yes / No (If yes duration.....)
2. Phototherapy : Yes / No (If yes duration.....)
3. Step-Down : Yes / No (If yes duration.....)
4. KMC : Yes / No (If yes duration.....)
5. Antibiotics : Yes / No (If yes fill the details below)

	Name & Dose	No. of Days
a)	.....	.....
b)	.....	.....
c)	.....	.....
d)	.....	.....

COURSE DURING TREATMENT

Lethargic. HR 140 wpm. SpO_2 98%
PR 52 wpm. RBS 166 mg/dl

RELEVANT INVESTIGATIONS

CONDITION ON DISCHARGE

Improved.

IMMUNIZATION STATUS

RI Card ☐ BCG ☐ OPV (0 Dose) ☐ Hepatitis B (Birth Dose) ☐

TREATMENT ADVISED ON DISCHARGE

1. Exclusive Breast Feeding till 6 months of Age.
2. Burp well after feed.
3. Maintain Temperature.
4. Immunization as per Schedule.
5. Follow-up as per Schedule.

- $VitD_3$ drops- 8 drops OD - 1 yr age
- R/o in Paed. OPD after 1 week

Doctor's Name and Signature

This Card has to be filled on Discharge by Doctor on Duty

MOTHER'S INFORMATION : During Labour

(Put Same as in Case Record Sheet)

Antenatal Steroids : NO | Number of Doses : | Time Between Last Dose & Delivery :

Foul Smelling Discharge : NO | Uterine Tenderness : | Leaking P.V. > 24 Hours :

NO Fever : | PPH : NV | PIH : NO

Amniotic Fluid : | Presentation : | Labor :

Course of Labor : | E/O Feotal Distress : | Type of Delivery : NVD

Indication for Caesarean, if Applicable [ ] | Delivery Attended by : Nurse

BABY'S INFORMATION : At Birth

(Put Same as in Case Record Sheet)

Cried Immed. after Birth : NO | Wt. at Birth : 2.7 Kgs. | Gestational Age (in completed weeks)

Maturity : Term | APGAR at 1 Min : | APGAR at 5 Min :

Resuscitation Required : NO | Vitamin K Given : YES | Breast Fed within 1 Hour :

BABY'S INFORMATION : On Admission

(Put Same as in Case Record Sheet)

GENERAL EXAMINATION

General Condition : Febrile | Temperature : 38.5 °C | Heart Rate : 140 /min | Apnea : NO | RR : 52 /min

B.P. : | Grunting : NO | Chest Indrawing : NO | Head Circumference : c.m.

Length : c.m. | Color : Yellow | Cry : Normal | CRT > 3 secs : NO

Skin pinch > 2 secs : NO | Meconium Stained Cord : NO | Tone : Esp | Convulsions : NO

Jaundice : Yes | Bleeding : NO | Bulging Anterior Fontanel : NO | Taking Breast Feed : NS

Sucking : Poor | Attachment : Good | Umbilicus : Normal | Skin Pustules : NO

Congenital Malformation : NO | Blood Sugar : 86 mg/dl | Oxygen Saturation : 98%

SYSTEMIC EXAMINATION

CVS :

RESPIRATORY :

PER ABDOMEN :

CNS :

OTHER SIGNIFICANT FINDING :

This Card has to be filled on Discharge by Doctor on Duty

SPECIAL NEW BORN CARE UNIT

Hospital .....

DISCHARGE CARD

(Developed by UNICEF for NHM)

SNCU Reg. No. 624/25 MCTS No.

Doctor In charge.....

Baby of (Mother's Name)	B/o Lovly Barua Sonowal		Sex: Male
Father's Name	Pallab Sonowal		Category:
Complete Address with Village Name / Ward No.	vill- Barpather. PO Barah P.S Talap Dt- Tsk		Date of Birth: 26-7-25
Contact No. & Relation	1. 6@1525479 2.		
Date and Time of Admission	26.7.25 @ 10.25 am	Age on Admission : D25	Wt. on Admission (Kg) : 3.84kg
Date and Time of Discharge	20.8.25 @ 3.30 pm	Age on Discharge : D27	Wt. on Discharge (Kg) : 3.934kg
Place of Delivery	Jengjan CHC	Type of Admission : Out born	
Indication for Admission			
Final Diagnosis	NNJ.		
Final Outcome	Improved.		

PRESENTING COMPLAINTS :

MOTHER'S INFORMATION : Past History and ANC Period

(Put Same as in Case Record Sheet)

Mother's Age : 19 Yrs. Mother's Wt. :_____ Kgs. Age at Marriage : 17 Yrs. Consanguinity :_____

Birth Spacing :_____ L.M.P. :_____ E.D.D.:_____ Antenatal Visit's : 4

T.T. Doses : 2 Gestation Weeks :_____ Gravida : 1 Para : 0

Live Birth : NO Abortion : NO Hb : 11gm% Blood Group : O (+ve)

PIH : NO Drug: Yes Radiation :_____ Illness :_____

APH : NO GDM : No Thyroid :_____ VDRL :_____

HbsAg : -Ve HIV testing : N/R Amniotic Fluid Volume : Adequate

Any Other Significant History :

This Card has to be filled on Discharge by Doctor on Duty

Krsnad DIAGNOSTICS

A PPP Initiative by Govt. of Assam and Krsnaa Diagnostics Ltd.

Test Requisition form for DH/SDCH/CHC-FRU

Patient Name: B/o Lovly Boruah Sonowal Age: 26days Sex: M

IPD/OPD: 624/25 Contact: 6001525479 Date: 19-8-25

Referred By Dr/Hospital : Dr Aman Identification No./ABHA ID:

Scheme :

Clinical History:

TEST - CASE HISTORY : Plan STSB CH ABO&Rh G6PD

BARCODE

LIST OF INVESTIGATION TESTS

HAEMATOLOGY & COAGULATION

- ☐ Complete blood count
- ☐ Prothrombin time (PT) and INR
- ☐ Activated partial thromboplastin time

CLINICAL BIOCHEMISTRY

- ☐ Blood Sugar
- ☐ Serum Creatinine
- ☐ Blood Urea
- ☐ S. Uric Acid
- ☐ Urine for microalbumin
- ☐ S.Bilirubin (T)
- ☐ S. Bilirubin direct and indirect
- ☐ S.SGPT
- ☐ S.SGOT
- ☐ S. Alkaline Phosphatase
- ☐ S. Total Protein
- ☐ S. albumin & AG ratio
- ☐ S. Globulin
- ☐ S. total Cholesterol
- ☐ S. Triglycerides
- ☐ S.VLDL
- ☐ S.HDL
- ☐ S. LDL
- ☐ S.GGT
- ☐ S.Amylase
- ☐ RA Factor/Qualititative (Quantitative)
- ☐ CRP (Including new born, Quantitative)
- ☐ S. LDH
- ☐ S. Sodium
- ☐ S. Potassium
- ☐ S. Chloride
- ☐ S. Calcium
- ☐ HbA1C
- ☐ S. Iron
- ☐ S. Total Iron Binding capacity

Dr Aman

Name of the Doctor :

Signature & Seal of the Doctor

Patient Consent*

- I hereby authorize and consent Krsnaa Diagnostics Ltd to collect, use, process, share with affiliates and contracted third parties, the information necessary to perform these tests. I/We agree that the remaining specimen can used for quality Assurance and Research purposes, if needed.
- By signing this TRF, the patient hereby agrees that in the event of loss, destruction of sample due to circumstances beyond the control of the service provider, the patient hereby agrees to provide his sample for retesting.

Patient's Signature Technician's Signature

L.G.B. CIVIL HOSPITAL, TINSUKIA

Doctor's Advice Slip

Hosp. R/No. 624/25 Date 20/8/25

Name B/O Levly Baruah Sarma Age 0.27.Th Sex Male

Ward SNCU

Adv - TSB (repeat).

(Doctor's Name)