







Silver Crest Hospital

INFORMED CONSENT FOR INTRAVITREAL RANIBIZUMAB INJECTION FOR RETINOPATHY OF PREMATURITY

49, Rattan Garden, New Colony Mor, Gurugram, Haryana-122001

Ph : 7303141112, E-mail : silvercrest498@gmail.com

Name of the infant: BO Prjyemlee T2

M.R. Number 11811

Parents' / Guardian's name: Rajesh - chacha

Diagnosis:

I have been explained in the language that I understand (Hindi), that my child is suffering from retinopathy of prematurity (ROP) in both eyes. Doctor has explained me that it is a disease which affects growing blood vessels of the retina of premature babies and has told me that the disease needs treatment in the form of Intra-vitreous anti-VEGF injection to stop its progression. This procedure will be done under topical anesthesia in presence of a Paediatrician/Anaesthetist.

I have been told that available Anti-VEGF that could be used for the treatment are AVASTIN® (Bevacizumab), ACCENTRIX® (Ranibizumab), RAZUMAB® (Ranibizumab) and EYLEA® (Aflibercept).

Research has shown Ranibizumab to be effective in Aggressive ROP (A-ROP) and helps in regression of the disease. There are no guidelines for use of Ranibizumab in ROP currently, including guidelines for doses. Following the results of clinical trial (RAINBOW), it has been approved by European Union for use in preterm infants with ROP. In India, it's approved by Drug controller general of India (DCGI) for use in preterm infants with ROP.

I have been told about the possible adverse effects of the procedure like Sub-conjunctival hemorrhage (redness of eye), Cataract formation (clouding of the lens), Glaucoma (increased pressure in the eye), Retinal detachment or retinal tear (damage to retina), Endophthalmitis (eye infection), Hypotony (reduced pressure of the eye), loss of vision or loss of the eye & systemic complications including the need to be on a ventilator, cardiac or respiratory collapse, and death. Additional procedures may be needed to treat these complications.

I understand that depending upon disease severity and treatment response, additional treatment (Laser/ surgery) may be required later. I understand that despite the treatment, sometimes the disease may progress leading to visually disabling sequelae and blindness and later may require surgical intervention which may or may not restore the vision.



Silver Crest Hospital

4/9, Rattan Garden, Sector 10, Gurugram, Haryana-122001

Date: 10/10/26

Ph : 7303141112, E-mail : silvercrest498@gmail.com

Name: Baby of Priyanka twin 2

DOB: 21/8/26

Gestational age at birth: 27 weeks

Birth wt: 700 gm

Post conceptional age now: 34+2 wks

Wt. now: 1 kg

Risk factors for ROP: Severe prematurity/very low birth weight/High flow oxygen supplementation/ventilator/multiple blood transfusion/suspected sepsis

Previous screening report: Both eyes zone 1 Aggressive ROP (on 3/10/26).

Previous procedure report: Underwent intravitreal razumab injection in both eyes on 6/10/26

On examination:

	Right eye	Left eye
Lids and adnexa	WNL	WNL
Cornea	Clear	Clear
Lens	Clear	Clear
Pupils	Fully dilating	Fully dilating
Media haze?	No	No
Tunica vasculosa lentis?	Present	Present
Zone	1	1
Stage	Post razumab regressed ROP	Post razumab regressed ROP
Preplus/plus disease	No (regressed plus disease)	No (regressed plus disease)
Any specific examination comments?	Complete regression of vascular dilation and tortuosity, vascularization in zone 1	Complete regression of vascular dilation and tortuosity, vascularization in zone 1

Diagnosis: Both eyes post Razumab regressed Aggressive ROP, zone 1 vascularization

Advice:

Repeat screening for ROP after 2 weeks/SOS

Eye drop Tobacin 3 times a day in both eyes for 3 days

Dr. Indrish Bhatia(Ophthalmologist)



Brij Anand Path Lab

Fully Computerised Lab

JAS-ANZ



Date 17/10/2026
Name B/O PRIYANKA T-2
Ref. By SILVER CREST HOSPITAL

Srl No. 11
Age 0 Yrs. 1 Mn. 27 Day
UHID 11861

Patient Id 26101711
Sex F

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM			
HAEMOGLOBIN (Hb)	13.1	gm/dl	11.0 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	14,570	/cumm	6000 - 18000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	03	%	01 - 06
MONOCYTE	07	%	02 - 10
BASOPHIL	00	%	0 - 0
R B C COUNT	4.49	Millions/cmm	3.1 - 4.3
P.C.V / HAEMATOCRIT	36.8	%	35 - 45
M C V	82.0	fl.	80 - 100
M C H	29.1	Picogram	27.0 - 31.0
M C H C	35.5	gm/dl	33 - 37
PLATELET COUNT	5.31	Lakh/cmm	1.50 - 4.00

SEROLOGY

CRP (QUANTITATIVE) 1.58 mg/L (<6mg/L)

**** End Of Report ****

Lab Technician
Sign

Dr. P. K. JAIN
M.D. PATHOLOGY
Reg. No. HR-HV-214



Lab Report & Home
Collection Delivery

Digital X-ray, ECG, All Blood Test

5-6, Housing Board Colony, Sector-15, Jharsa Road
Narayana Mother & Child Centre
Near Bye Jyoti Hospital, Gurgaon (Haryana)
M. 8860451314, 0124 - 429417
E-mail : brijanandlab@gmail.com

(not valid for medico legal purpose.) brij anand path lab

Rotary
District 3011



ROTARY BLOOD CENTRE GURUGRAM

(An ISO 9001:2015 Certified Blood Centre)
Regional Blood Transfusion Centre
Licence No. : 781-B(H) dt. 09.05.2017

Pataudi Road, Kadipur, Sector 10-A, Gurugram-122001, Haryana (India)
Tel: +91-124-2320982 / +91-124-2303982 / +91-9599089982
E-mail : info@rotarybloodcentregurugram.org
Website : www.rotarybloodcentregurugram.org



UNITE
FOR
GOOD

"NAT Tested Blood Components Available"

Note.: Please turn over & check (Instructions & Components Usage) before ordering.
If overwriting, give reason. Incomplete & mutilated forms will not be accepted.

Date 11/10/26

Request No.:

Receipt No.:

Blood Component required on Date : 11/10/26

Routine / Urgent / Immediate

No. of Units Required

Blood Group "A" positive.

• Packed Red Blood Cells (PRBC)
(NAT Tested)

10

• Platelets Conc. (RDPC)
(NAT Tested)

• Fresh Frozen Plasma (FFP)
(NAT Tested)

• Cryoprecipitate (NAT Tested)

• Single Donor Platelet Conc.
(SDPC)(CLIA Tested)

Patient's Name Dr. Priyanka Age 210 days Sex (M/F) her

Father's /Husband's Name Dr. Nitin

Registration No 11061

Hospital's Name Silver Crest Hospital

Ward / Bed N7CU /C.R. No

Doctor Incharge Dr. Mayank Singh

Clinical Diagnosis & Reason for Blood Transfusion : Anemia

Patient's Hb 8.4 Plt Count 4

Previous Transfusion with Date :

Date & Time when Request sent : 11/10/26 | 8:25Am

Patient's Sample drawn & labelled by ☐ Laboratory Technician ☒ Nurse ☐ Doctor

Name & Signature of Phlebotomist

For Female Patient :

H/O Pregnancy :

H/O HDNB, Stillbirth, Miscarriage : N/A

Mother's Blood Grp. (For New Born) :

SILVER CREST HOSPITAL
Name & Signature of Requesting
Doctor with Doctor's & Hospital's Stamp

For Blood Centre Use Only

Received By :

Authorised By :

Date & Time :

Anti -A	Anti -B	Anti -D1	Anti -D2	A Cell	B Cell	O Cell	Patient's Blood Group:	Tested By :
								Date / Time :

CROSS MATCH DETAILS

Blood Group	Unit No.	Segment No.	Blood Component	Column Agglutination Compatible	Column Agglutination Incompatible

Cross Match By : Name Signature Date Time

Counterchecked & Issued By : Name Signature

(+ Agglutination) o No agglutination)

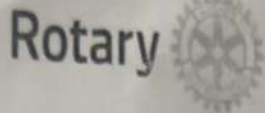
Issued Blood Received By : Name :

Signature

Date & Time

Ph. No

- 1.The Blood collected from Voluntary Donors is safe.
- 2.It is tested for HIV-I & II, HBV, HCV, Syphilis & Malaria (NAT & CLIA)
- 3.The Blood is carefully cross matched to make sure that it is compatible.
- 4.However no Blood is 100% safe.



ROTARY BLOOD CENTRE GURUGRAM
A Project of: Rotray Club of Gurgaon South City Community Services
Society(Regd.)

License No: 781-B (H),

Pataudi Road, Kadipur, Sector-10, Gurugram-122001

Ph : 9599089982, 0124-2320982 and 0124-2303982.

Website : www.rotarybloodcentregurugram.org

Email : info@rotarybloodcentregurugram.org

100% NAT Tested Blood Available - The Safest Blood Against HIV, Hepatitis B and C



Blood Component/Product Compatibility and Issue Report

Patient Name : B/O PRIYANKA T2 Age/Gender : 31-180 days/Female Reg. No. : REQ-26-10464
Hospital : SILVER CREST HOSPITAL Ward/Bed No : IP Number : 11861
Attending Consultant : Issue No : 26592-(2026-27)

Patient Id : REQ-26-10464 Patient ABO : A Positive Request Date/Time : 11/10/2026 04:00 pm
Issue Date/Time : 11/10/2026 04:08 pm Request Type :

Unit No.	Collection Date / Expiry Date	ABO Rh	Component	Result	Crossmatching Date/Time	Performed By	Certified By	Issued By
RBCG-26-13873-PC	07/10/2026 18/11/2026	A Positive	Packed Red Blood Cells 260ml	Compatible	11/10/2026 04:07 pm	Shivam Sharma		SandeepRana

Cross Match Remarks if any :

Signature: Shivam

All Blood Components (PRBC, FFP & RDPC) are NAT Tested

BB.NO. RBCG-26-13873-PC ✓ Blood Grp **A** Rh **Pos**

Collection Date: 07/10/2026 12:00 Expiry Date: 18/11/2026 23:59

Issued On: 11/10/2026 16:08 Vol: 260ml

Non Reactive for HBsAg, HIV1&2, HCV, Antibodies, Syphilis & M.P.

Recipient Name: B/O PRIYANKA T2 (A Pos)(31-180 days /F) ✓

Hospital: SILVER CREST HOSPITAL ✓ UHID: 11861 ✓

Modifiers: NAT

CONCENTRATED HUMAN RED BLOOD CORPUSCLES I.P.

Prepared from 350/450ml of Whole Blood collected in CPD-A1 (49/63ml) / SAGM (78/100ml) from a Voluntary Blood Donor.

INSTRUCTIONS

1. Compatible Cross Matched Blood Component.
2. Shake Gently Before Use. 3. Do not add any medication to the Blood Bag.
4. Check Blood Group on the Label & Recipient's Blood Group before administration.
5. Use a fresh, clean and sterile Blood Transfusion Set with Filter.
6. Do not dispense without prescription of a Registered Medical Practitioner.
7. The contents should not be used if there is any visible evidence of deterioration like Hemolysis, Clotting or Discoloration.
8. Store at 2°C to 6°C. 9. Once issued, The Blood Bag will not be taken back.
10. Bring the Unit to Body temperature before Transfusion.

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Website : www.rotarybloodcentregurugram.org
Email : info@rotarybloodcentregurugram.org

Technician's Signature:

11/10/26
SPM

15ml PRBC transfused over
in 5 hours.

VS - SpO₂ - 94%
HR - 137/min
T_{up} - 98.6°

stop transfused at 10pm.



‘मैं का दूध बच्चे के लिए सर्वोत्तम आहार है’

Silver Crest Hospital



4/9, Rattan Garden, New Colony Mor, Gurugram, Haryana-122001

Ph : 7303141112, E-mail : silvercresthospital@hotmail.com

CHILD SPECIALIST

Dr. Anurag Singh
M.B.B.S. DCH. Fellow NICU
Child Specialist

Dr. Hanish Bajaj
M.B.B.S. DCH
Child Specialist

Dr. Mayank Singh
M.B.B.S. MD (Pediatric)
Fellowship in Neonatology.

Dr. Jyotsna Singh
M.B.B.S. MD (Pediatric)

Dr. Samarth Yadav
M.B.B.S. MD (Pediatric)

Dr. Sudeep
M.B.B.S. MD (Pediatric)

Dr. Yogesh

PEDIATRIC SURGEON

Dr. Nitin Goel
M.B.B.S. M.S. MCH

PEDIATRIC CARDIOLOGY

Dr. Deepak Thakur
M.B.B.S. DNB (Pediatric)
FNB (Pediatric Cardiology)

PEDIATRIC NEUROLOGY

Dr. Ajit Baghel
M.B.B.S. MD

PEDIATRIC OPHTHALMOLOGY

Dr. Aparna Gupta
M.B.B.S. MS

Dr. Ridhi
Child Psychology

Dr. Mayank Pushkar
Physiotherapist

Dr. Shivi
Speech Therapy

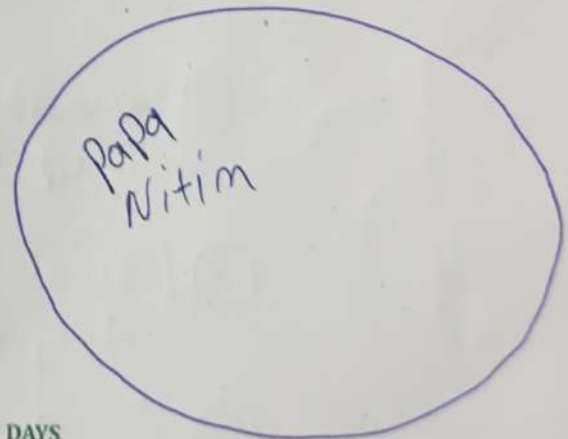
B/o Priyanka twin-II

17/10/2026

Informed consent-

हमें बता दिया गया है कि एकटा बच्चा सत्र से
पेहने हो गया है - 27week | वजन लगभग 1.1 kg।
बच्चा ventilator में है। 3 बार extubation failure हो
चुका है। बच्चा नलकी से पूरे दुब- पर है। Prematurity
से बुझी हुई आ सकने वाली शक्तों के बारे में
बता दिया है। लगने वाले सत्र स्वरु सदर् के बारे
में भी बता दिया है। 1 kg के बच्चे में आ सकने
वाली शक्त कभी भी हो सकती है।
हमें विचार में सभी जानकारी दी गई है।

Witness
- Asmr



VALID FOR 3 DAYS

All vaccinations are being done here
(not valid for medico legal purpose)

सुविधाएँ :- 24 घंटे बच्चों के डॉक्टर की सुविधा

मर्फी की सुविधा, सभी प्रकार के ऑपरेशन की सुविधा, दिल के जाँच (ECHO) की सुविधा (सभी प्रकार के लैब टेस्ट की सुविधा
24 घंटे की फार्मसी

भारत सरकार
GOVERNMENT OF INDIA

आधार

प्रियंका
Priyanka
जन्म तिथि / DOB: 06/01/2003
महिला / FEMALE

9095 0227 3257
VID : 9156 3788 3548 4484

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

पता:-
द्वारा: नितिन, लेडी फ्लोरन्स पब्लिक विद्यालय के पास,
सेक्टर-73, बेगम्पुर खटोला, नरसिंहपुर, गुडगाँव,
हरियाणा - 122004

Address:
C/O: Nitin, Near Lady Florance Public
School, Sector-73, Begumpur Khatola,
Narsinghpur, Gurgaon, Haryana - 122004

9095 0227 3257
VID : 9156 3788 3548 4484

1947 | help@uidai.gov.in | www.uidai.gov.in

भारत सरकार
Government of India

आधार

नितिन
Nitin
जन्म तिथि / DOB : 02/08/2003
पुरुष / Male

6584 3308 7019

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता: S/O: जोगिन्द्र सिंह, बेगम्पुर खटोला,
बेगम्पुर खटोला, बेगम्पुर खटोला 101, गुडगाँव,
हरियाणा, 122004

Address: S/O: Joginder Singh, begampur
khatola, begampur khatola, Begampur
Khatola(101), Gurgaon, Haryana, 122004

6584 3308 7019

1947 | help@uidai.gov.in | www.uidai.gov.in



Silver Crest Hospital

4/9, Rattan Garden, New Colony Mor, Gurugram, Haryana-122001

Ph : 7303141112, E-mail : silvercrest498@gmail.com

Date:22/10/2026

To,

Hope and life foundation

Name of the Patient: Baby of Priyanka Twin 2

Age: NB

Gender: Female

Medical Diagnosis: Extreme Preterm/27 weeks/ELBW(700GMS)/Male/RDS/NVD/ Sepsis/ Mech ventilator

Suggested Treatment: Prolonged NICU management with ventilatory and respiratory support for 5 weeks

Proposed date of Treatment: As Soon As Possible

This is to sincerely request your kind support for the above-mentioned child, who is critically ill and needs intensive medical care. The family is unable to afford the high treatment costs, and we appeal for financial assistance to help save the baby's life. The estimated amount provided is based on the current treatment plan, though complications may lead to increased expenses. Your timely help can bring hope to this child and family in their time of need.

Estimated cost of treatment: Rs 500000/-

Thank You

Mayank Singh
SILVER CREST HOSPITAL
Dr. Mayank Singh
4/9, Rattan Garden, New Colony More
Consultant Pediatrician Haryana-122001
Department : Pediatrician & Neonatologist
Silver Crest Hospital



Do not touch the Sensor
R.K. Surgical Industries

SKIN SENSOR

WARNING
Don't leave the infant unattended in the warmer

CAUTION
Clean the metallic surface of the probe every 4 hours
Periodically check the placement of the probe
to register correct temperature

