



KINNERA MEMORIAL TRUST

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Application for Help



PATIENT NAME : SHANMUKHA SATHYAVARSHITH
FATHER/GUARDIAN : VENKATESHWARULU
MOTHER ; SHANTHI
ADDRESS : VENGAYAPALEM,KURICHEDU (MD)
PRAKASHAM(DIST)
PHONE NUMBER : 9959174608
UMR No : UMR-23482
AGE : 1Years
GENDER : MALE

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: INFANTILE ACUTE LYMPHOBLASTIC LEUKEMIA
(PLAN FOR B.M.T)

Date of Diagnosis: 23/06/17

Investigations: Complete Blood Picture
CRP
Electrolyte ,Creatinine
Blood Cultures
CT Scan & Ultra Sound
PET SCAN

Treatment

Induction

Inj Vincristine
Inj Daunorubicin
Inj Methotrexate IT
Inj Doxorubicin

Consolidation:

Inj.Methotrexate
Inj. Cytarabine
Inj Cyclophosphamide
Inj. Oncospor
Tab 6mp
Tab Pantodac 20 mg
Syp Sucral
Syp Septran 5ml BD m/th
Mouthcare
high dose methotrexate

Type of treatment and Reviews:

Chemotherapy (remission induction, intensification/consolidation, and maintenance therapy) every 3rd month IT Methotrexate/cytarabine

1. Phase 1 – Remission induction: Vincristine and along with CBP every month.
2. Supportive care- Blood product support, treatment of infections during intense phases

Family Circumstances: Father out of job soon after diagnosis due to repeated absences. No other source of income for the family.

Estimation Amount: 10 lakhs

Any amount was sanctioned than any organization: None

Recommendations:

Kindly sanction to help this child to continue his treatment.

Consultant Name : Dr. Ramana Dandamudi

Consultant Signature :

Approved By:

KANTAMNENI RAJA

Dr. RAMANA