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KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

Application for Help



Name of the Patient : VIDYAMARI RAHUL

FATHER/GUARDIAN : THIRUPATHI

MOTHER : SRIDEVI

ADDRESS : H NO: 6-6-643, VRR NAGAR,
KARIMNAGAR.

PHONE NUMBER : 9866618463, 7702007272

UMR No : UMR- 34955

AGE : 18 Years

GENDER : Male



DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis:

Acute Lymphoblastic Leukemia, BMT

Date of Diagnosis: 15.03.2021

Investigations: Complete Blood Picture
Bone marrow aspiration and biopsy L.P [C.S.F]
Serum Creatinine
Blood Grouping
Blood Cultures

Treatment

Induction:
Inj Vincristine 1mg once per month
Inj Daunorubicin
Inj Leunase 5000 units – 9
Inj Oncosper
Inj Cyclophosphamide
Inj Cytarabine 16 injections
Intrathecal Methotrexate injections -3 with LP(CSF)
and bone marrow aspirates

Consolidation:
Inj Cyclophosphamide
Inj Cytarabine
Inj Methotrexate 3

Type of treatment and Reviews:

Chemotherapy (remission induction, intensification/consolidation, and maintenance therapy)

1. Phase 1 – Remission induction: Vincristine and Lumbar Puncture (intrathecal) along with CBP every week for one month.
2. Phase 2 - Consolidation: Weekly lumbar puncture with intrathecal Methotrexate for one month
Followed by two intensifications and maintenance
3. Supportive care- Blood product support, treatment of infections during intense phases

Family Circumstances: Running timber depo. No other source of income for the family.

Estimation Amount: 10 lakhs

Any amount was sanctioned by any organization: None

Recommendations:

Kindly sanction 30,000 rupees to help this child to continue his treatment.

Consultant Name: Dr. Ramana Dandamudi

Consultant Signature:

Approved By: JAYA

Amount Approved By: Raja Kantamneni, Amount: Rs. 25,000. KMT Cheque No:
0100086