



The miracle foundation

1767-B/2015
W7317-2018/BW

GST INVOICE

GST No: 04AAIFD6181B1ZT
FSSAI : 13024001000091

DURGA MEDICOS

SCO 12, SECTOR-11-D, CHANDIGARH
Ph. 9056446464, 0172-2745055, durgamedicos@yahoo.in

Page No: 3 of 3

NAME: THE MIRACLE FOUNDATION/SAMARJO
PATIENT SAMARJOT SINGH
DOCTOR NAME : PGI CHANDIGARH

INVOICE NO. : 143778
DATE : 09/03/2025
CR. NO. :

S.NO.	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	MRP	RATE	AMOUNT	DIS%	NETAMT
23.	PEDIA DRIP SET PLUS	90183210	ROMSON	1 PC	1	G24J020597	09/29	12.00	307.00	75.00	75.00		75.00
24.	ECG ELECTRODE	30051020	AMBU	1PC	5	.	01/26	12.00	36.00	7.00	35.00		35.00
25.	NEOFON-24G	90183930	BECTON	1 PC	2	4084058	03/27	12.00	345.00	90.00	180.00		180.00
26.	NEOFON-26G	90183930	BECTON	1PC	2	4084043	03/27	12.00	485.00	90.00	180.00		180.00
27.	DISPOVAN SYRINGES 10 ML	90183100	HINDJUS	10 ML	5	504102JF1	12/29	12.00	13.00	7.00	35.00		35.00
28.	INSULIN SYRINGE SINGLE 40 IU	90183100	DISPO	1PC	5	425016G21	04/29	12.00	12.00	6.00	30.00		30.00
29.	3WAY 10CM EXTENSION LINE	90181990	MODEX	1PC	1	C2301001	12/27	12.00	450.00	60.00	60.00		60.00
30.	3WAY 100CM EXTENTION	90189019	LIFELINE	1PC	1	C2401008	12/28	12.00	450.00	70.00	70.00		70.00
31.	PMO LINE M-F 200 CM ROMSO	90183990	ROMSON	1PC	1	G24L010926	11/29	12.00	401.00	60.00	60.00		60.00

PATIENT SAMARJOT SINGH

INCL. GST DETAILS : 6726.89 X 12 % = 807.22,
4997.06 X 5 % = 245.34,

Rs. Twelve Thousand Six Hundred Eighty Six Only

Mrp Value : 23801.87

KAMAL

Total Savings
11115.31

CGST : 526.28

UTGST: 526.28

TOTAL AMOUNT :

15560.87

LESS

2874.31

Net Amt.(R/0):

12686.00

Cash Received : 12686.00

Goods once sold will not be taken back. Subject to Chandigarh Jurisdiction only.

Please Show your Medicines to your doctor before use

Any Price Charged By oversight will be refundable.

CUTTING STRIPS OF MEDICINES CAN NOT BE REPLACED

E.& O.E.

(Computer Generated Invoice)

For DURGA MEDICOS

QUALIFIED PERSON/PHARMACIST

DTM No.: 057 008

60

रक्तस्थान औषधि विभाग, पी.जी.आई. चण्डीगढ़
Department of Transfusion Medicine, PGIMER, Chandigarh

Blood Group Verification by HIS Sign.

Requisition Form

- The 2ml sample
- Requisition form
- This form

CR No. 202401913792
Samarjeet Singh Notary 12 Y/M



SAMPLE NO.: _____

Platelets, FFP, Plasma, Cryoprecipitate, SDAP, SDP
The vial must be labeled with GUM PASTED PAPER ONLY.
Labels on any section is left blank.

Patient's Name: _____ Age: _____ Sex: _____ Ward: APC-60 Diagnosis: Defa 3rd Rb Lung Sarcoma for surgery C.R. No.: _____
 Clinician Incharge: Dr. P. Mehra Blood Group: _____ Rh: _____

(Send fresh 2ml sample in EDTA vial for blood grouping. If the patient has received transfusion check Blood Group and DTM No. from records as it's correct information is responsibility of the doctor filling this requisition form).

- Indication for Transfusion:**
- Platelet count $\leq 10,000$ in a patient without bleed
 - Platelet count $\leq 20,000$ in a patient with Fever/Sepsis/Chemotherapy and other drugs
 - Platelet count $\leq 50,000$ for an invasive procedure (Liver Biopsy/ATG Therapy/Central Line Insertion)
 - Platelet count $\leq 1,00,000$ for major surgical procedure like _____ (Name of the surgery)
- Prophylactic Platelet Transfusion :**

- Therapeutic platelet transfusion:**
- Cutaneous Bleed (Petechiae, Ecchymosis)
 - Mucosal Bleed (Epistaxis)
 - Mucosal Bleed (LGI, UGI, Hematuria, ICH, SAH, SDH)
 - DIC
 - Massive transfusion: if Platelet count is $\leq 50,000/\mu\text{L}$

- FFP/Plasma:**
- Hemophilia A/Hemophilia B
 - Von Willebrand Disease
 - DIC
 - Liver Disease
 - Deranged Coagulogram
 - Shock
 - Vitamin K Deficiency/ Warfarin overdose
 - AT-III Deficiency
 - Burns
- Cryoprecipitate**
- Hemophilia A
 - Von Willebrand Disease
 - Uraemia
 - Factor Xii Deficiency
 - Fibrinogenemia Dysfibrinogenemia

Pre-transfusion values:
 Platelet count: _____ $\times 10^9/\mu\text{L}$ APTT: _____ sec PT: _____ sec P₃₀: _____ % Serum albumin: _____ g/dL

Quantity of unit (s) required:
 Platelets: _____ FFP/Plasma: 10 Cryoprecipitate: _____ SDAP: _____ SDP: _____
 Previous Transfusion Yes No: If Yes, Blood Group of unit transfused: _____ Date: _____ In PGI Outside PGI

Component Unit in No. _____ Adverse Reaction, if any Yes / No
 (In case of previous transfusion, please attach completely filled & duly signed reaction form.)
 Certified that I have personally collected the blood sample after identification of Patient's C.R. No. and Name etc.
 I have explained the necessity of component transfusion and the risks associated with it to patient/relatives.

Time: 2 PM AM/PM
 Date: 9/3/24
 Resident/I/c Signature: _____
 Name/Mobile No.: _____

(Space to be used by the Department of Transfusion Medicine)

PATIENT'S BLOOD GROUP

Cell Grouping				Serum Grouping			Blood Group	
Anti B	Anti A	Anti AB	Anti D	A Cells	B Cells	O Cells	ABO	Rh(D)

Auto control: Positive/Negative

Signature of Medical Technologist

S. No.	Component Unit No	Quantity (ml)	Blood Group	Screened for infection markers	Type of component

Signature of Resident/Medical Technologist
 Date: _____ Time: _____ AM/PM

GST No.: GST No: 04AAVFB52441127

GST INVOICE

D.L.No.: RLF20CH2024000007, RLF21CH2024000007

BROTHER CHEMIST-32SHOP NO.4, BASEMENT, APC BUILDING, PGIMER, SECTOR- 12, CHANDIGARH.
8866005594 brotherchemistapc@gmail.comNAME: THE MIRACLE FOUNDATION/SAMARJOT
SINGH

CASH MEMO NO.: 72677

DATE : 22/02/2025

DOCTOR/INSTITUTE NAME : P.G.I.M.E.R

CR.NO.:

SNO.	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.	PALONOGET 0.25MG INJ	30049049	GLS PHA	1	1	PSIA2410G	10/25	12.00	147.00	147.00	15.00	124.95
2.	VINLOW INJ.	30049045	CELON L	1VIAL	1	VCI2415AC	08/26	5.00	60.25	60.25	15.00	51.21
3.	ADRIM 50MG (DOXORUBICIN)	30049046	DABUR P	25ML	1	87240372AA	08/26	12.00	889.00	889.00	15.00	755.55
4.	CYCLOSTED 1000MG	30049049	HALSTE	1VIAL	1	HHP23029	09/25	5.00	180.00	180.00	15.00	153.00
5.	MESNA INJ.	30049048	GERMA	200MG	3	CHA1075	05/28	5.00	32.50	97.50	15.00	82.87
6.	NS 100ML ACULIFE	30041000	..	100ML	2	9K240141B	10/27	12.00	47.09	94.18	15.00	80.05
7.	NS 500ML ACULIFE	30041010	..	500ML	1	9I240171	11/27	12.00	98.49	98.49	15.00	83.72
8.	PEG FRASTIM 6MG INJ	30041010	R.P.G.LI	1PC	1	8400286	03/27	12.00	5872.00	5872.00	67.00	1937.76
9.	ENCORE MICROPTIC GLOVES 7.0	40151110	ANSELL	1PCS	1	241102661T	11/27	12.00	125.00	125.00	30.00	87.50
10.	LIFELONG 10CC	30041030	LIFELON	1PC	3	012510-X	12/29	12.00	50.50	151.50	80.00	30.30
11.	SYRINGE HITECH 20ML	30041030	HITECH	20ML	2	2335304	03/28	12.00	30.00	60.00	30.00	42.00
12.	NEOFLOX-24G BD	90183930	DECTON	1PCS	1	4114355	10/27	12.00	379.00	379.00	65.00	132.65

INCL. GST DETAILS: 2923.73 X 12 % = 350.86 ,
273.42 X 5 % = 13.66 ,CGST : 182.26
UTGST: 182.26TOTAL AMOUNT : 8153.92
LESS 4592.26
Net Amt.(R/0): 3562.00

USER Total Save On Bill : 4592.26

Rupees: Three Thousand Five Hundred Sixty Two Only

E & OE

REFRIGERATOR Medicines Will Not Be Refundable After 30 mins

(Computer Generated Invoice)

For BROTHER CHEMIST-32

Any Price Charged by oversight will be refundable.

Subject to Chandigarh Jurisdiction only

Rates are inclusive of TAX (as applicable)

Pharmacist/Qualified pers

1767-B/2015
W7317-2018/BW

GST INVOICE

GST No: 04AAIFD6181B1ZT
FSSAI : 13024001000091

DURGA MEDICOS

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Page No: 3 of 3

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27.	DISPOVAN SYRINGES 10 ML	90183100	HINDUS	10 ML	5	504102JF1	12/29	12.00	13.00	7.00	35.00		35.00
28.	INSULIN SYRINGE SINGLE 40 IU	90183100	DISPO	1PC	5	425016G21	04/29	12.00	12.00	6.00	30.00		30.00
29.	3WAY 10CM EXTENSION LINE	90181990	MODEX	1PC	1	C2301001	12/27	12.00	450.00	60.00	60.00		60.00
30.	3WAY 100CM EXTENTION	90189019	LIFELINE	1PC	1	C2401008	12/28	12.00	450.00	70.00	70.00		70.00
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PATIENT SAMARJOT SINGH

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4907.06 X 5% = 245.34,

Rs. Twelve Thousand Six Hundred Eighty Six Only

KAMAT

52.00

Mrp Value : 23801.87

Total Savings
11115.31

CGST : 526.28

UTGST: 526.28

TOTAL AMOUNT :

15560.87

LESS

2874.31

Net Amt (R/O):

12686.00

Cash Received : 12686.00

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Please Show your Medicines to your doctor before use

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CUTTING STRIPS OF MEDICINES CAN NOT BE REPLACED

E.& O.E.

(Computer Generated Invoice)

For DURGA MEDICOS

QUALIFIED PERSON/PHARMACIST

GST No.: GST No: 04AAVFB5244J1Z7

GST INVOICE

D.L.No.: RLF20CH2024000007, RLF21CH2024000007

BROTHER CHEMIST-32

SHOP NO.4 , BASEMENT, APC BUILDING, PGIMER, SECTOR-12, CHANDIGARH.
8866005594 brotherchemistapc@gmail.com

NAME: THE MIRACLE FOUNDATION/SAMARJOT

CASH MEMO NO.: 69079

DOCTOR/INSTITUTE NAME : P.G.I.M.E.R CHANDIGARH

DATE : 06/02/2025

CR.NO. :

S.NO	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.	PALONOGET 0.25MG INJ	30049049	GLS PHA	1	2	PSIA2410G	10/25	12.00	147.00	294.00	15.00	249.90
2.	POSID 100MG INJ	30049631	CADILA	5ML	5	BESI2436ZA	08/26	12.00	193.26	966.30	15.00	821.35
3.	IFOSMA 1GM INJ	300400	..	1PC	5	OLO842	10/26	12.00	461.30	2306.50	15.00	1960.52
4.	PEG RELIGRAST 6MG INJ	30041010	RELIAN	6MG	1	PGS1A23003	01/26	12.00	3885.38	3885.38	43.30	2203.01
5.	NS 100ML ACULIFE	30041000	..	100ML	5	9K240141B	10/27	12.00	47.09	235.45	15.00	200.13
6.	NS 500ML ACULIFE	30041010	..	500ML	5	9I240171	11/27	12.00	98.49	492.45	15.00	418.58

INCL. GST DETAILS : 5226.33 X 12 % = 627.16 ,

CGST : 313.58
UTGST: 313.58

TOTAL AMOUNT : 8180.08
LESS : 2326.59
Net Amt.(R/O): **5854.00**

USER

Total Save On Bill : 2326.59

Rupees: Five Thousand Eight Hundred Fifty Four Only

(Computer Generated Invoice)

REFRIGERATOR Medicines Will Not Be Refundable After 30 minutes
Any Price Charged by oversight will be refundable.
Subject to Chandigarh Jurisdiction only.
Rates are inclusive of TAX (as applicable)

Pharmacist/Qualified person



तारीख व हस्ताक्षर
DATE & INITIALS

TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Advic, 2D echo

CBC, SEFT, coagulogram

To be reviewed

(9)

Admit in APC-6C.
↓ Prof. P.M.

JK
JK-ANG

The miracle foundation

Plan: Arrange 30 PRBC
transfer 10 PRBC.
Get 2D Echo tomorrow.
Surgery on Monday

केवल जांच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है।
Lab test reports are available on website pgimer.edu.in/ors.gov.in

~~7/3/2~~

~~Admit to GC
pediatric surgery
& Prof. Poorna Menon~~

JK



Samrajit | BB 62 | Non met.

Ewing sarcoma protocol

Date	4/12/24	27/12/24	22/1/25	7/2/25											
Cycle No.	1	2	3	4	Local control	5	6	7	8	9	10	11	12	13	14
	V	I	V	I		V	I	V	I	V	I	V	I	V	I
	D		D			D		D		D		D		D	
	C	E	C	E		C	E	C	E	C	E	C	E	C	E

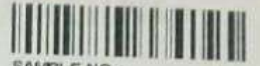
The miracle foundation

Each cycle is administered at 3 weekly interval, when ANC is >750 and platelet count is >75,000. The compressed regimen (even 2 weeks) may be considered for well-nourished patients, who tolerate chemotherapy well. Pl. discuss with consultant. If compressed regimen is used, local control starts after cycle no. 6

- V Vincristine 2 mg/m²/dose (Max 2 mg). Day 1
- D Doxorubicin 37.5 mg/m²/day. Days 1 and 2
- C Cyclophosphamide 1,200 mg/m². Day 1
- I Ifosfamide 1,800 mg/m²/day for 5 days
- E Etoposide 100 mg/m²/day for 5 days
- G-CSF 5 µg/Kg/day (max 300), till ANC >750 & platelet count > 75,000. Pegfilgrastim is optional.

- Local control
> 24/2

DEPARTMENT OF RADIO DIAGNOSIS &
PGIMER, CHANDIGARH
C.T. Scan Requisition Form



SAMPLE NO.:
CR No. 202404913792
Samarjit Singh Notary 12 Y/M

1125

Name: _____ Age/Sex: 24/f C.R. No.: _____
OPD/Ward: 4B Ref. By: Dr. Deepak Bansal Admn. No.: _____
Date of LMP: _____

Any history of Allergy/Bronchial Asthma/Renal Disease/
Drug Reactions:

Clinical History & Provisional Diagnosis:-

Lt hemithorax Baring's
Sarcoma post
04 cycles of chemotherapy.

Amount (Rs.)
Receipt No.
Pvt. Wd. Sr. No.
Non Paying Stamp
(Post Fee Amount No.)
Signature of concerned official

Previous investigations (Please mention US/CT/MRI No.)

(BOT) Pt 394967. Today [Signature] CBCT

Area of Interest (Please specify Plain/Contrast CT)

CB CT scan chest for restaging
post chemo.

Date:

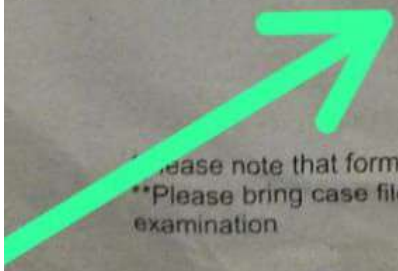
Please give the date
on 25/02/2025

[Signature]
Signature of referring physician
(Name & Designation)

Please note that forms which are incomplete in any respect shall not be accepted.
**Please bring case file, all previous X-rays and other relevant records of investigations with you on date of examination

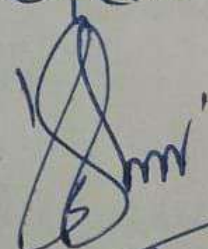
The miracle foundation

RRT



DATE: 12/02/25
 Hb : TLC : Platelets :
 DLC : N L E M ANC : DATE :

Wt
 Ht
 Week of therapy : [Redacted]

Δ-) Left Hemithorax Baring Sarcoma
 Admitted for cycle 4 IE.
 Given from 07/02/25 to 11/02/2025
 Hydration continued till 12/02/2025.
 No concern.
 Plan! - CECT Chest on 25/02/25
 Adv:
 - DRUG (leave out) - 1 tft in
 1500ml water ~~for~~ HS.
 - R/V 21/02/25 in POC with
 EBC/MP for cycle - 5 chemo.

 (Dr. Aminabhau SR PHO)

The miracle foundation

Revisit on:

IE Chemotherapy: Ewings Sarcoma

Name: Samayot

POC No. 8862

Weight/BSA 11.9 / 0.56

Cycle no.

Hb TLC

ANC

Platelet

Drug	Day 1	Day 2	Day 3	Day 4	Day 5
Inj. Palonosetron 20 mcg/kg/dose mcg in 100 ml NS over 15 mins (Max dose: 1500 mcg/dose). To be given 30 minutes before chemo. (Available as 250 mcg vial)	7/2 ↑	8/2	9/2	10/2 ↑	11/2
Tab Dexamethasone $\leq 0.6 m^2$: 2 mg/dose; $> 0.6 m^2$: 4 mg/dose, q12h, PO/IV for 5 days (Available as 0.5 & 4 mg tablets)	→				
Inj. Etoposide 100 mg/m ² /dose 80 40 mg in 200 ml NS (1:4 dilution) over 4 hours (Available as 100 mg vial)	↑	↑	↑	↑	↑
Inj. Ifosfamide 1800 mg/m ² /dose 1700 1700 mg in 100 ml NS over 2 hours (Available as 5, 10, 20, 50, 100 mg vials)	↑	↑	↑	↑	↑

For children < 12 years of age, weight < 12 kg, BSA < 0.6 m², doses calculated on m² basis. If tolerated (no delay in administration of next cycle due to delayed count recovery or delayed resolution of other toxicities & no serious toxicities), consider increasing to 75% & then to 100% of the calculated full dose.

Hydration: IVF N/2 5% D or N/4 5% D @ 125 ml/m²/hour + KCl 2 meq/L (1 ml in 100 ml fluid) + Mesna 90 mg/m²/hour. Start IVF 3 hours prior to start of Ifos. Continue for 24 hours after last dose of Ifos. Subtract Etoposide fluid from total. (Inj MESNA available as 200 mg vials)

T. Ondansetron (0.15 mg/kg/dose q 6 hrly - max dose 8 mg/dose) for 3 days after end of chemo.

Inj G-CSF (5 µg/kg) µg SC (for 6 days). Started 24-36 hrs after last dose of chemo. Optional: Pegfilgrastim 0.1 mg/kg SC (Max 6 mg) as a single dose

- Peg G-CSF 1.2 mg SC ↑
13/2

dose modⁿ
< 12 kg < 0.6 BSA

(Signature of Doctor)

I → 60 mg/kg
E → 33 mg/kg

The miracle foundation

HH

DATE : Hb : TLC : Platelets :
 DLC : N L E M ANC :

Wt Week of therapy :
 Ht Plan

The miracle foundation

- 1) VDC - 3 as per chart
- 2) Tab. DEXA (4mg)
 $\frac{1}{2}$ — $\frac{1}{2}$ (2 days)
- 3) ~~9.4~~ - G-CSF 1.5mg sc stat
 - 24/1/25

4) R/v POC 8am on 4/2/25 free
 CBC & ~~MP~~ ^{MP} course - 4 IE

4/2/25
 CBC/MP

wt = 12.2 kg
 ht = 90cm

due course - 4 Sweettha

9.4 $\left\{ \begin{array}{l} 5600 \\ 37/33/30 \end{array} \right. \left\{ \begin{array}{l} 180 \times 10^3 \end{array} \right.$

no active issues

Revisit on:

5B Bed
16

स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
CHANDIGARH

Drug and Treatment

Paid

Page No.....

Weight..... 11.9 kg

BSA = 0.56

Sex..... m

Name..... Samrajat Singh Notan..... Age..... 21

CR No..... 202404913792..... Bed No..... 14..... Ward No..... APC 5B

Date..... 6/2/25

Oral Drug	Dr's Sig.	7/2	8/2	9/2	10/2	Nurse's Remarks
inj Palonosetron 250 mcg in 100ml NS over 30min	Jawal	↑ 9am			↑ 9am	
Tab Dexamethasone 4mg 1/2 tab BD						

Diet and External Treatment

IVF N/2 5D 500ml 7hr
+ ~~200ml~~ KCl 5ml in 50
+ Mesha 350mg in 50
Fam 7/2/25 till 12/2/25

Date.....

Nurse's Remark

Injection/Blood
Components

Dr's Sig.

ORIGINAL



POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH
CHANDIGARH-160012 (INDIA)

TEST RECEIPT

DATE & TIME : 25/02/2025 08:37:31

RECEIPT NO. : 2250238663/1

CATEGORY : GENERAL

CR No. : 202404913792

WARD : PEDIATRIC MEDICINE

NAME : SAMARJOT SINGH NOTAY

AGE/SEX : 2 YR/MALE

DESCRIPTION

RATE (RS.) QTY. AMOUNT (RS.)

CT BODY (SPINE/CHEST/ABDOMEN) (RADIOLOGIS)

1125 1 1125.00

TOTAL AMOUNT 1125.00

RUPEES (IN WORD) : ONE THOUSAND ONE HUNDRED TWENTY-FIVE RUPEES ONLY

PAYMENT MODE / AMOUNT : POS/1125 RUPEES

RAHUL GILL, (POS APC 10)

Samrajit | 8862 | Non met.

Ewing sarcoma protocol

Date	Cycle No.	1	2	3	4	Local control	5	6	7	8	9	10	11	12	13	14
4/12/24	1	V	I	V	I		V	6	V	I	V	I	V	I	V	I
27/12/24	2	D	E	D	E		D	7	D	E	D	E	D	E	D	E
22/1/25	3	C		C			C	8	C		C		C		C	
7/2/25	4							9								
								10								
								11								
								12								
								13								
								14								

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- V Vincristine 2 mg/m²/dose (Max 2 mg). Day 1
- D Doxorubicin 37.5 mg/m²/day. Days 1 and 2
- C Cyclophosphamide 1200 mg/m² Day 1
- E Etoposide 100 mg/m²/day for 5 days
- G-CSF 5 µgm/Kg/day (max 300), till ANC >750 & platelet count $>75,000$. Pegfilgrastim is optional.

Handwritten notes in green: "Local control", "> 26/2", "check: 25/12/25", "from pixon".