Jan Sanjeevni Trust

Hands to Serve - Heart to Love

Reg. No. 1061 PAN No. AADTJ0816E

Jan Sanjeevni Trust Registration No: 1061/2017
Jan Sanjeevni Trust PAN No: AADTJ0816E
Jan Sanjeevni Trust Website: www.jstngo.org
Jan Sanjeevni Trust E-mail : we@jstngo.org

PATIENT NAME	Anvit Amol Shirgave
GURDIAN	Amol Anil Shirgave
D.O.B/ SEX	02/06/2024, Male
DISEASE NAME	Acute Myeloid Leukemia
TREATMENT HOSPITAL	Sri Shankara Cancer Hospital & Research Centre (Bangalore)
UHID NO	SSCF.202523
DEPARTMENT NAME	Pediatric Oncology, Haematology and BMT
TREATMENT COST	23 lakh
GURDIAN's OCCUPATION	Farmer
ADDRESS	Dudhgaon Miraj Sangli, Maharastra, 616315

अनु. क्र. 1
S.No.1

फॉर्म. 5
FORM5

महाराष्ट्र शासन
GOVERNMENT OF MAHARASHTRA
सार्वजनिक आरोग्य विभाग
DEPARTMENT OF PUBLIC HEALTH
महानगरपालिका सांगली
MUNICIPAL CORPORATION SANGLI

जन्म प्रमाणपत्र
BIRTH CERTIFICATE

(जन्म आणि मृत्यू नोंदणी अधिनियम, 1969 च्या कलम 12/17 आणि महाराष्ट्र जन्म आणि मृत्यू नियम 2000 चे नियम 8/13 अन्वये देण्यात आले आहे)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE MAHARASHTRA REGISTRATION OF BIRTHS & DEATHS RULES 2000)

प्रमाणित करण्यात येत आहे की खालील माहिती जन्म नोंदवहीच्या मूळ अभिलेखावरून घेण्यात आली आहे. जी महानगरपालिका सांगली तहसील / ब्लॉकच्या मिरज जिल्ह्याच्या सांगली राज्य / केंद्रशासित प्रदेश, भारत यांच्या नोंदवहीत उपलब्ध आहे.

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPAL CORPORATION SANGLI OF TAHSIL/BLOCK MIRAJ OF DISTRICT SANGLI OF STATE/UNION TERRITORY OF MAHARASHTRA, INDIA

नाव / **NAME:** ANVIT AMOL SHIRGAVE / अन्वित अमोल शिरगावे

लिंग / **SEX:** MALE / पुरुष

आधार क्रमांक / **AADHAAR NUMBER:**

जन्म दिनांक / **DATE OF BIRTH:**
02-06-2024
SECOND-JUNE-TWO THOUSAND TWENTY FOUR

जन्म ठिकाण / **PLACE OF BIRTH:**
SANJEEVAN HOSPITAL SANGLI , SANGLI MIRAJ KUPWAD, MIRAJ, SANGLI, MAHARASHTRA / संजीवन हॉस्पिटल सांगली , सांगली मिरज कुपवाड (म कॉर्प.), मिरज, सांगली, महाराष्ट्र

आईचे नाव / **NAME OF MOTHER:**
AISHWARYA AMOL SHIRGAVE / ऐश्वर्या अमोल शिरगावे

वडिलांचे नाव / **NAME OF FATHER:**
AMOL ANIL SHIRGAVE / अमोल अनिल शिरगावे

आईचा आधार क्र / **AADHAAR NUMBER OF MOTHER:**
XXXX-XXXX-8279

वडिलांचा आधार क्र / **AADHAAR NUMBER OF FATHER:**
XXXX-XXXX-6240

मुलाच्या जन्माच्या वेळी पालकांचा पत्ता / **ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:**
SANGLI MIRAJ KUPWAD, MIRAJ, SANGLI, MAHARASHTRA, / सांगली मिरज कुपवाड (म कॉर्प.), मिरज, सांगली, महाराष्ट्र,

पालकांचा कायमचा पत्ता / **PERMANENT ADDRESS OF PARENTS:**
DUDHGAON, MIRAJ, SANGLI, MAHARASHTRA, / दुधगाव, मिरज, सांगली, महाराष्ट्र,

नोंदणी क्रमांक / **REGISTRATION NUMBER:**
B202427902560003463

नोंदणी दिनांक / **DATE OF REGISTRATION:**
13-12-2024

शेरा (असल्यास) / **REMARKS (IF ANY):**

प्रमाणपत्र दिल्याचा दिनांक / **DATE OF ISSUE:**
13-12-2024

Updated On : 13-12-2024 12:22:48

'This QR code can be used to check the authenticity of the certificate'

SANGLI MIRAJ KUPWAD CITY MUNICIPAL CORPORATION

निर्गमित करणाऱ्या प्राधिकाऱ्याची सही / **SIGNATURE OF ISSUING AUTHORITY :**
निबंधक (जन्म आणि मृत्यू)
Registrar (BIRTH & DEATH)
महानगरपालिका सांगली
MUNICIPAL CORPORATION SANGLI

"प्रत्येक जन्म आणि मृत्यूची नोंदणी सुनिश्चित करा / **ENSURE REGISTRATION OF EVERY BIRTH AND DEATH**"

आपली सेवा
आमचे कर्तव्य

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तहसिलदार तथा विशेष कार्यकारी दंडाधिकारी, सांगली

क्रमांक : ९०११५२७५२२१
जिल्हा : सांगली

१ वर्षासाठी उत्पन्नाचे प्रमाणपत्र

प्रमाणित करण्यात येते की, **श्री. अमोल अनिल शिरगांवे** राहणार **दूधगाव** गाव **दूधगाव**, तहसील **सांगली**, जिल्हा **सांगली** येथील अर्जदार आहेत. त्यांचे तलाठी अहवाल या आधारावर अर्जदार व त्यांच्या कुटुंबातील सर्व सदस्यांचे सर्व मार्गाने व साधनाने मिळालेले १ वर्षाचे उत्पन्न खालील प्रमाणे आहे.

वर्ष	वार्षिक उत्पन्न (₹)	अक्षरी (रुपये)
२०२४ - २०२५	६५,०००	पासष्ट हजार

सदरचा दाखला **श्री. अमोल अनिल शिरगांवे** यांचा **मुलगा कुमार अन्वित अमोल शिरगांवे** यांना **वैद्यकीय कारणासाठी** या कामासाठीच देण्यात येत आहे, तसेच त्यांनी कार्यालयास सादर केलेल्या कागदपत्रांच्या आधारे देण्यात येत आहे.

हे प्रमाणपत्र ३१ मार्च,२०२६ पर्यंतच वैध राहील.

सादर केलेल्या दस्तऐवज / पुराव्याचे तपशील

१.शिधापत्रिकेची प्रमाणित प्रत	SK No. १४३२०८७
२.आधार कार्ड	७३९१ ८२३४ ६२४०
३.तलाठी अहवाल	R No. ५४५ /२०२६ Date: १२/०३/२०२६
४.स्वघोषणं पत्र	Date: १३/०२/२०२६
५.अर्ज	Date: १३/०२/२०२६

Digitally signed by
MANOHAR HINDURAO PATIL
Date: 2026-03-13 11:57:05 AM

स्थळ : सांगली
दिनांक : १३/०३/२०२६

विशेष कार्यकारी दंडधिकारी
सांगली

Printed By -OMTID :MH087302228 VLE Name :Nikhil Anil Kadam, Date:13/03/2026 11:57AM

MC - 3502

H-3021-0843
Aug 04, 2021 - Aug 04, 2024

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE
1ST CROSS, SHANKARAPURAM, BASAVANAGUDI, BANGALORE- 560 004. Ph. : 080-46484444, 46484420 & 26981000

11.03.2026

TO WHOMSOEVER IT MAY CONCERN

Mast Anvit Amol Shirgave, a 1.5-year-old male, registered with our hospital with MRN. 202523 is diagnosed to have **Acute Myeloid Leukemia: high risk** (a type of blood cancer) in March 2026.

He is planned to undergo **Intensive chemotherapy** followed by **Allogenic Hematopoietic Stem Cell Transplantation with best available donor.** He will benefit from treatment with a good chance of long cure (50%). The details of expenses for the treatment in general category is mentioned below:

SN	PARTICULARS	AMOUNT
1	**Chemotherapy** FEC regimen (Fludarabine/ Cytarabine) Conditioning with TTF regimen +/ - ATG	Rs. 4, 00, 000/-
2	**Supportive Care** Antimicrobials including antifungals Hospitalisation charges Central line insertion and maintenance	Rs. 5, 00, 000/-
3	**Investigations** pre transplant post-transplant	Rs. 2, 50, 000/-
4	**Blood products**	Rs. 4, 00, 000/-
5	**Immunosuppressive agents**	Rs. 2, 50, 000/-
6	**Donor work up and Harvesting**	Rs. 2, 50, 000/-
7	**Professional fees**	Rs. 2, 50, 000/-
TOTAL AMOUNT		**Rs. 23, 00, 000/-**

The estimated cost for the salvage chemotherapy is **Rs. 23, 00, 000/- (Rupees Twenty-Three lakhs only)**. The parents are from poor socio-economic condition and require financial assistance for continuing the treatment. Kindly do the needful.

Anand K.C.

DR. ANAND K.C.
MD, DM (Ped Onco)
Ped Oncologist Reg. No. 84940
SSCHRC, BANGALORE

Dr Anand K.C., MD, DM (Ped Oncol)
Consultant and Head
Department of Pediatric Oncology, Haematology and BMT.
Sri Shankara Cancer Hospital and Research Centre, Bengaluru.

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 08:25
Episode	:OP		
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	:02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , ,Sangli,Maharastra ,616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

Hematology

TEST	RESULT	UNIT	REFERENCE INTERVAL

Sample No : 07O0634904 Collection Date : 12/05/26 08:26 Ack Date : 12/05/2026 08:46 Report Date : 12/05/26 09:51

CBC (COMPLETE BLOOD COUNT)

Sample- EDTA Whole Blood

Haemoglobin Method - SLS Hemoglobin method(Cyanide))	11.1	g/dL	11.10 - 14.10
RBC Count Method - Flowcytometry	4.44	million/cumm	3.90 - 5.10
PCV Method - Calculated	34.3	%	30.00 - 38.00
MCV Method - Calculated	77.3	fl	72.00 - 84.00
MCH Method - Calculated	25.0	pg	25.00 - 29.00
MCHC Method - Calculated	32.4	g/dL	32.00 - 36.00
RDW CV Method - Calculated	20.7 ▲ *(H)*	%	11.60 - 14.00
NRBC / 100 WBC	0.0	%	Nil
Total Count Method - Fluorescence Flow cytometry	3420 ▼ *(L)*	/cumm	6000.00 - 16000.00
Platelet Method - Hydrodynamic focusing impedance/Manual	419000	/cumm	200000.00 - 550000.00
Mean Platelet Volume (MPV) Method - Calculated	7.90	fl	7.50 - 11.50
Differential Count		%	
Neutrophils Method - Florescence flow Cytometry / Manual	20.4	%	20.00 - 44.00

MC-3502

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 08:25
Episode	:OP		
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	:02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , ,Sangli,Maharastra ,616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

Lymphocytes Method - Florescence Flow Cytometry / Manual	60.5	%	32.00 - 69.00
Monocytes Method - Florescence Flow Cytometry / Manual	12.9 ▲ *(H)*	%	2.00 - 8.00
Eosinophils Method - Florescence Flow Cytometry / Manual	4.4	%	1.00 - 6.00
Basophils Method - Florescence Flow Cytometry / Manual	1.8	%	1 - 2
Absolute Neutrophil Count Method - Florescence flow cytometry / Manual	700 ▼ *(L)*	cells/cumm	1000.00 - 7000.00
Absolute Lymphocyte Count Method - Florescence flow cytometry / Manual	2070 ▼ *(L)*	cells/cumm	3500.00 - 11000.00
Absolute Monocyte Count Method - Florescence Flow cytometry / Manual	440	cells/cumm	200.00 - 1000.00
Absolute Eosinophil Count Method - Florescence flow cytometry / Manual	150	cells/cumm	100.00 - 1000.00
Absolute Basophil Count Method - Florescence flow cytometry / Manual	60	cells/cumm	20.00 - 100.00

Report Saved By - Connectree (12/05/2026 08:51 AM)

Report Provisionally Released By - Pradeep KG (12/05/2026 08:52 AM)

End of Report

Dr.GAYATHRI J
M.D. (Pathology)
Consultant Hematopathologist

RegNo: KMC 103923

MC-3502

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 08:25
Episode	:OP		
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	:02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , ,Sangli,Maharastra ,616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

Results pertain to the sample received in the laboratory. Clinical correlation of results suggested.
H-High, L-Low, CL-Critical Low, CH-Critical High

MC-3502

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 11:55
Episode	: IP	IP/Bed	:185591 / 418-1
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	: 02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , , Sangli, Maharastra, 616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

CYTOPATHOLOGY

TEST	RESULT	UNIT	REFERENCE INTERVAL

Sample No : 07I0635160 Collection Date : 12/05/26 13:42 Ack Date : 12/05/2026 15:01 Report Date : 13/05/26 09:57

Sample- CSF

LAB NUMBER	26-C-856
COLOUR	Colourless
Appearance:	Clear
Volume	1.5ml of CSF

SOURCE : Cerebrospinal fluid for cytology

CLINICAL NOTES : Not provided.

GROSS :1.5ml of colorless fluid received and sediment processed by cytospin for cytology.

MICROSCOPY : The cytospin smears are paucicellular and show occasional lymphocytes and neutrophils against a clear background. No atypical / malignant ccells are noted in the smears studied.

MICROSCOPIC DIAGNOSIS : Cerebrospinal fluid cytology - Negative for malignancy.

CSF report informed to Dr. Anand K C at 3.48pm by Dr. Prakruthi L and read back verified.

----------End of Report----------

NOTE: Specimen if any will be discarded three days after completion of reporting.

Report Saved By - Dr.Prakruthi Lokesh (13/05/2026 09:57 AM)

MC-3502

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 11:55
Episode	: IP	IP/Bed	:185591 / 418-1
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	: 02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , , Sangli, Maharastra, 616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

End of Report

Dr.Prakruthi Lokesh
MD(Pathology)
Fellow in Tumor Pathology

RegNo: 129796

Results pertain to the sample received in the laboratory. Clinical correlation of results suggested.
H-High, L-Low, CL-Critical Low, CH-Critical High

MC-3502

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 11:55
Episode	: IP	IP/Bed	:185591 / 418-1
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	: 02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , , Sangli, Maharastra, 616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

Bone Marrow Analysis

TEST	RESULT

Sample No : 07I0635160 Collection Date : 12/05/26 13:42 Ack Date : 12/05/2026 14:20 Report Date : 14/05/26 14:36

BONE MARROW ASPIRATION REPORT(Manual Microscopy - MGG/Leishman stain)

Sample- Bone marrow in EDTA/ Smears

BM NUMBER	213/26
CLINICAL DETAILS	AML with NUP89/NSD1 translocation(High risk) Post induction 1 --> induction failure Flucytarabine --> M2 disease Now received Venetoclaz/Azacitidine--> BM examination for assesing remission status
PERIPHERAL SMEAR	Leukocytopenia. Hemoglobin- 11.1 gm/dl, Total leukocyte count- 3,420/cu mm , Platelet count- 4,19,000/cu mm
Method - Microscopy (MGG/Leishman's stain)	
SATISFACTORY / NOT SATISFACTORY	Satisfactory for evaluation
CELLULARITY	Hypocellular marrow
ERYTHROPOIESIS	Erythroid precursors are seen predominantly seen and they show normoblastic maturation with few megaloblasts
PERL'S STAIN	Non-contributory
Method - Prussian blue staining and microscopy	
LEUCOPOIESIS	Myeloid precursors are seen scattered with sequential maturation pattern. Occasional (less than 5.0%) atypical cells ?blasts/?hematogones are seen.
DIFFERENTIAL COUNT	Manual differential count- Myelocyte- 5%, Metamyelocyte-1%, Band forms-6% , Neutrophils-7% , Basophils-1% , Eosinophils-3% , Erythroid series-71%, Lymphocytes-6%.
LYMPHOCYTES	Are within normal limit

MC-3502

SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE

DEPARTMENT OF LABORATORY SERVICES

Patient Name	:Baby ANVIT AMOL SHIRGAVE	Age/Sex	:1Year(s) / Male
UHID	: SSCF.202523	Order Date	:12-05-2026 11:55
Episode	: IP	IP/Bed	:185591 / 418-1
Ref. Doctor	:Dr.ANAND K C	Mobile No	:9096344722
	:	DOB	: 02/06/2024
Address	: DUDHGAON MIRAJ SANGLI , , Sangli, Maharastra, 616315	Facility	:Sri Shankara Cancer Foundation
ABHA	:	ABHA Address	:

PLASMA CELLS	Not seen
MEGAKARYOCYTES	Scattered megakaryocytes is seen with clumps of mature platelets at many focal areas.
ABNORMAL CELLS	Few aggregates of histiocytes and fibroblasts is seen. Few scattered osteoblasts and osteoclasts are seen.
IMPRESSION	Hypocellular marrow with erythroid predominance
COMMENTS	Please correlate with MRD by flowcytometry.

Report Saved By - Jayashree D Kulkarni (14/05/2026 14:36 PM)

Report Provisionally Released By - GAYATHRI J (13/05/2026 16:36 PM)

End of Report

Dr.GAYATHRI J
M.D. (Pathology)
Consultant Hematopathologist

RegNo: KMC 103923

Dr.Jayashree D Kulkarni
M.D. (Pathology)
Consultant Hematopathologist

RegNo: KMC : 51747

Results pertain to the sample received in the laboratory. Clinical correlation of results suggested.
H-High, L-Low, CL-Critical Low, CH-Critical High

MC-3502

MGM2450: Comprehensive Myeloid and Lymphoid Panel by NGS (SNVs, InDels, CNVs & Fusions)

Report Details		Specimen Information		Ordering Clinician	
Sample ID / Order ID:	9758523 / 1633681	**Specimen Site:**	NA	**Clinician:**	Dr. Sandeep Nemani
Collection Date:	9th February 2026	**Specimen Received:**	Peripheral Blood in EDTA	**Affiliation:**	Nihira Diagnostic Laboratory - Sangli
Date Received:	11th February 2026	**Specimen Tested:**	Peripheral Blood in EDTA	**Serviced By:**	NA
Report Date & Time:	24th Feb 2026 12:43 PM	**Tumor Content (%):**	NA	**Report Status:**	Final

CLINICAL BACKGROUND

Acute Myeloid Leukemia (AML) with aberrant CD19 expression [as per the clinical details provided in the Test Requisition Form].

Test Result Summary

Result - POSITIVE
CLINICALLY RELEVANT VARIANT/S DETECTED in *NRAS, CREBBP, KRAS,NUP98/NSD1* (fusion)

Gene/AMP Classification^^	Clinical relevance	Therapeutic relevance $	Interpretation
Genomic Variants			
***KRAS* - p.Gly12Asp (MISSENSE)** Variant Allele Frequency - 4.49%			
Tier IIC (Variant of potential clinical significance)	Effective	Cytarabine (Off-label)	Tolerant to high dose of Cytarabine, in adult AML patients with significant survival benefit. Involved in Leukemogenesis.
***NRAS* - p.Gly13Asp (MISSENSE)** Variant Allele Frequency - 42.34%			
Tier IID (Variant of potential clinical significance)	Prognostic	NA	NRAS mutations are involved in leukemogenesis.
***CREBBP* - p.Gln2122Ter (NONSENSE)** Variant Allele Frequency - 1.21%			
Tier IID (Variant of potential clinical significance)	Prognostic	NA	CREBBP mutations are associated with worse event free survival (EFS) in AML patients.
FUSION Variants			
***NUP98/NSD1* (FUSION)** Total Read depth - 116x			

Gene/AMP Classification^	Clinical relevance	Therapeutic relevance $	Interpretation
Tier IB (Variant of strong clinical significance & well documented literature)	Prognostic	NA	Patients with NUP98-NSD1 gene fusions have a poor prognosis in AML

No clinically significant Small INDELs and CNVs have been detected in this sample

^ Refer to Glossary section for the classification criteria details.

$Drug Approvals are based on US-FDA Guidelines. Kindly refer to local guidelines if required.

ADDITIONAL BIOMARKERS DETECTED

This section provides information about variants that do not have any therapeutic value. However, these variants may or may not have a likely oncogenic effect.

GLOSSARY

AMP Classification Criteria: Displays the classification of a biomarker according to the recommendations of the Association for Molecular Pathology (AMP) [PMID: 27993330].

Tier	Criteria
Tier IA	Variants of strong clinical significance. FDA-approved therapy or biomarkers included in professional guidelines.
Tier IB	Variants of strong clinical significance. Well-powered studies with consensus from experts in the field.
Tier IIC	Variants of potential clinical significance. FDA-approved therapies for different cancer types or investigational therapies. Multiple small published studies with some consensus.
Tier IID	Variants of potential clinical significance. Preclinical trials or a few case reports without consensus.
Tier III	Variants of unknown clinical significance.
Tier IV	Benign or likely benign variants.

Drug approval:

The development stage of the treatment for the patient's indication as per US-FDA guidelines.

Stage	Definition
Approved	This drug is launched for the primary or a secondary patient disease
Off-Label	This drug is launched for a disease other than the primary or secondary patient diseases
Investigational	This drug is currently under clinical development in the patient disease.
Other	None of the other stages are applicable. The drug or drug class is, for example, suspended, discontinued, or withdrawn.

ACTIONABLE BIOMARKER DETAILS

KRAS (p.Gly12Asp) - MISSENSE

Gene:*KRAS*	**Exon:**2	**Variant Allele Frequency:**4.49%
Nucleotide change:chr12:g.25245350C>T	**Protein change:**p.Gly12Asp	**Population MAF:**NA (1000G);0.001314(gnomAD);
cDNA change:c.35G>A	**Variant Type:**MISSENSE	**In-silico Predictions:**D_lc(SIFT); D(LRT); NA(Polyphen2)
Transcript ID:ENST00000311936.8	**Variant Allele Depth/Total depth:**12/267x	**Gene Function:**Oncogene

Gene Summary: *KRAS* gene, a guanine nucleotide (GDP/GTP) binding protein, is a member of the human *ras* family required for various cellular process including normal development and growth. In many cancers, somatic mutations in *KRAS* gene lead to its constitutive activation. This variant has been reported as pathogenic in Autoimmune lymphoproliferative syndrome type 4 as per the ClinVar database (RCV000144970.17).

Clinical and Therapeutic Relevance: In a study on 71 *de novo* AML patients, *KRAS* mutation was identified in 32% (23/71) cases. Those carrying mutations in the *KRAS* gene have shown disease-free survival (DFS) benefit from higher ara-C (Cytarabine) dose as compared to wild type *RAS* patients, hence pre-treatment mutation detection could be an important predictor for treatment strategy and survival of adult AML patients. A meta-analysis of 24 studies on AML patients showed that RAS (*KRAS* and *NRAS*) mutations did not influence the overall survival for adults AML patients {Hazard ratio (HR): 0.96, 95% CI: 0.78-1.19, *P* = 0.70}. Kindly correlate clinically.

Note: This mutation has been detected at a mutant allele percentage below the limit of detection of this assay. Please correlate Clinically

PubMed References: 21792317, 30194935

NRAS (p.Gly13Asp) - MISSENSE

Gene:*NRAS*	**Exon:**2	**Variant Allele Frequency:**42.34%
Nucleotide change:chr1:g.114716123C>T	**Protein change:**p.Gly13Asp	**Population MAF:**NA (1000G);NA(gnomAD);
cDNA change:c.38G>A	**Variant Type:**MISSENSE	**In-silico Predictions:**T_lc(SIFT); U(LRT); NA(Polyphen2)
Transcript ID:ENST00000369535.5	**Variant Allele Depth/Total depth:**141/333x	**Gene Function:**Oncogene

Gene Summary: This is an N-ras oncogene encoding a membrane protein that shuttles between the Golgi apparatus and the plasma membrane. The encoded protein, which has intrinsic GTPase activity, is activated by a guanine nucleotide-exchange factor and inactivated by a GTPase activating protein. Mutations in *NRAS* have been associated with somatic rectal cancer, follicular thyroid cancer, autoimmune lymphoproliferative syndrome, Noonan syndrome, and juvenile myelomonocytic leukemia. This variant has been reported to be Likely Pathogenic in RASopathy as per ClinVar database (RCV005089258.1).

NRAS (p.Gly13Asp) - MISSENSE

Clinical and Therapeutic Relevance: The small GTPase NRAS activates the RAS/MAPK signaling pathway to promote cell proliferation and survival. Variants at codon 13 within RAS exon 2 promote transformation due to enhanced downstream signaling. *NRAS* germline mutations associated with Noonan syndrome predispose to hematological malignancies, including acute lymphocytic leukemia (ALL), acute myeloid leukemia (AML), and various non-hematologic cancers. Mutations in *NRAS* occur at later stages of leukemia development and often at the hotspot codons G12, G13, A59, Q61, K117, and A146. They are acquired as somatic drivers in pediatric AML in response to the cytotoxicity of chemotherapy or resistance mechanisms to targeted therapy.
In a meta-analysis including 24 studies on AML patients (n=5647; n=761 with *KRAS* or *NRAS* mutations), *NRAS* mutations were not associated with a poor prognosis overall (hazard ratio (HR): 0.89, 95% CI: 0.65-1.20, p=.47). However, subgroup analysis indicated a negative prognostic impact in children (HR: 1.55, 95% CI: 1.13-2.12, p=.007) as opposed to in adults (HR: 0.87, 95% CI: 0.70-1.09, p=.21). In AML patients treated with venetoclax plus azacitidine, *NRAS* mutations are considered intermediate-risk (2024 ELN Less-Intensive) based on a retrospective study (n=279) showing worse overall survival (OS) in patients with wild-type *TP53* but with *NRAS/KRAS* mutations and/or *FLT3*-ITD (n=71, incl. n=28 with NRAS mutations) than without these alterations (n=145) (median OS: 12.1 vs. 26.5 months). Kindly correlate clinically.

PubMed References: 26989027, 26911408, 26863631, 24024839, 39133932, 39133921, 35797463, 33579957, 31088841, 30194935

CREBBP (p.Gln2122Ter) - NONSENSE

Gene:*CREBBP*	**Exon:**31	**Variant Allele Frequency:**1.21%
Nucleotide change:chr16:g.3728683G>A	**Protein change:**p.Gln2122Ter	**Population MAF:**NA (1000G);NA(gnomAD);
cDNA change:c.6364C>T	**Variant Type:**NONSENSE	**In-silico Predictions:**NA(SIFT); NA(LRT); NA(Polyphen2)
Transcript ID:ENST00000262367.10	**Variant Allele Depth/Total depth:**3/247x	**Gene Function:**Tumor Suppressor Gene

Gene Summary: CREB-binding protein, also known as CREBBP or CBP, is a protein that in humans is encoded by the *CREBBP* gene and is involved in chromatin remodeling. This gene is ubiquitously expressed and is involved in the transcriptional coactivation of many different transcription factors. Chromosomal translocations involving this gene have been associated with Acute Myeloid Leukemia (AML).
This is a loss of function variant.

Clinical and Therapeutic Relevance: As per a cohort study of 2216 AML patients, *CREBBP* mutations were detected in 55 patients. Out of the 55 patients, 39 of them were observed to carry terminating mutations and SNVs in the *CREBBP* gene and rest of them had fusions. Patients with *CREBBP* alterations had a worse 5 year event free survival (EFS) compared with wild type patients (25.9% vs. 45.2%; *P* = 0.002). These patients were considered to be high risk and coexisted with t(8;21) translocation [DOI:10.1182/blood-2021-154052]. Kindly correlate clinically.

Note: This mutation has been detected at a mutant allele percentage below the limit of detection of this assay. Please correlate Clinically

PubMed References: 21390130, 22388726

NUP98/NSD1 (FUSION)

Gene Fusion:*NUP98:NSD1*	**5'Gene***NUP98*	**3'Gene:***NSD1*
Total Read Depth:116x	**Ensemble Gene ID:**ENST00000324932.12	**Ensemble Gene ID:**ENST00000439151.7
	Exon/Intron: E:12	**Exon/Intron:** E:6
	5'Chromosome Breakpoint (hg38): chr11:3744509:-	**3'Chromosome Breakpoint (hg38):** chr5:177235821:+

Gene Summary 1: The fusion breakpoint is detected at **chr11:3744509:-** of ***NUP98*** gene. The 5' gene is **exon 12** of *NUP98* gene. *NUP98* is located at 11p15.4 which codes for a 920 amino acid protein which is associated with role in nucleocytoplasmic transport processes.

Gene Summary 2: The fusion breakpoint is detected at **chr5:177235821:+** of ***NSD1*** gene. The 3' gene is **exon 6** of *NSD1* gene. *NSD1* gene is located at 5q35.2 which codes for a 2696 amino acid protein and that regulates gene expression through methylation of histone H3, lysine 36 and lysin 37 and is also a coregulator of steroid receptors.

As a result of the *NUP98-NSD1* fusion, *NSD1* causes H3K36 hypermethylation of *HOXA* genes, which contributes to myeloid progenitor cell immortalization and results in AML.

Clinical and Therapeutic Relevance: *NUP98* rearrangements occur in mainly in pediatric patients with acute myeloid leukemia (AML). The translocation t(5;11)(q35;p15), resulting in the gene fusion *NUP98-NSD1*, is the most frequently reported. Patients with *NUP98-NSD1* gene fusions have a poor prognosis and are often reported with an internal tandem duplication (ITD) in the *FLT3* gene. In a retrospective analysis of younger AML patients (n=1421), the patients with co-occurrence of *NUP98-NSD1* fusion and *FLT3*-ITD mutations (n=37) showed a significantly lower complete remission (CR) rate (27% vs. 69%; *p*<.001) and an inferior 3-year OS (31% vs. 48%; *p*=.011) compared to patients with *FLT3*/ITD without *NUP98-NSD1* (n=216). A retrospective trial of AML patients included *NUP98-NSD1* patients (n=108) who had inferior OS (36% vs. 64%; *p* <.001) and event-free survival (EFS) (17% vs. 47%; *p*<.001) compared to the patients without NUP98 alterations. Fusion genes involving *NUP98* occur in patients with hematologic neoplasias, but mostly in pediatric acute myeloid leukemia (AML), constituting ~10% of all childhood leukemia cases. These fusion proteins involve the N-terminal region of *NUP98* and the C-terminal region of the gene partner. *NUP98* alterations include *NUP98-NSD1*, *NUP98-KDM5A*, and various less common fusion partners, which are mainly transcription factors or epigenetic modifiers, such as SET, HOX, and Bromodomain (BRD) containing genes.
Another clinical study on 1504 pediatric and adult AML patients demonstrated that CR rate for patients with and without *NUP98/NSD1* was 50% (13 of 26) and 77% (263 of 341; *P* = 0.004), respectively and the 3-year OS and event free survival (EFS) for CN-AML with and without *NUP98/NSD1* were 38% vs 63% (*P* = 0.029) and 19% vs 48% (*P* < 0.001), respectively. The same study also indicated that CN-AML patients with *NUP98/NSD1*, the 3-year OS was 28% vs 67% in those with and without *FLT3*/ITD co-occurrence (*P* = 0.092). Kindly correlate clinically.

PubMed References: 37580414, 36815378, 27694926, 30568173

DISCLAIMER

- **Decisions regarding treatment action plan should not be solely based on these test results. These findings are highly recommended to be correlated with the patient's clinical, pathological, radiological and family history for decisions on diagnosis, prognosis, or therapeutics.**
- The therapy information provided in this report is based on FDA approved drugs data, NCCN guidelines, peer-reviewed published literature, standard clinical databases, and strength of biomarker results. These therapies may or may not be suitable/beneficial to a particular patient. This clinical report summarizes potentially effective medications, potentially ineffective medications, and medications that may pose a higher risk of adverse reactions by mapping the patient's genetic alterations to the biomedical reference information. The report may also provide prognostic and diagnostic biomarkers detected or shown for the given disease context.
- The clinical trials information provided in this report is compiled from https://www.clinicaltrials.gov as per currently available data, however completeness of information provided herein cannot be guaranteed. This information should only be used as a guide and specific eligibility criteria should be reviewed thoroughly for the concerned patient. MedGenome Labs does not guarantee or promise an enrolment in any clinical trials.
- The identification of a genomic biomarker does not necessarily imply pharmacological effectiveness or ineffectiveness. The medications identified by the treating physician may or may not be suitable for use on a particular patient. Thus, the clinical report does not guarantee that any particular agent will be effective in the treatment of any particular condition. Also, the absence of a treatment option does not determine the effectiveness or predict an ineffective or safety-relevant effect of a medication selected by the treating physician.
- The classification and clinically relevant information for the reported variants is based on peer-reviewed publications, public clinical databases, medical guidelines (WHO, NCCN, ASCO, AMP) or other publicly available information and it has been ensured that the information provided is up to date at the time of report generated, however continuous updates may happen in public domains. Also, the classification of variants can change based on the updated literature evidence. Re-analysis of the results can be requested at additional cost.
- The scope of this assay limits to the detection of gene fusions in RNA transcripts.
- There is a possibility of false positives in this assay, and hence confirmation with orthogonal method is needed.
- This test has been validated at MedGenome Labs, and the fusions detected at ≥10 spanning reads are only reported.
- Possibility of false negative below the limit of detection of this assay cannot be ruled out.
- The classification of variants of unknown significance can change over time. Please contact MedGenome later for any change
- A false negative result for any variant below the LOD, i.e., 5% for SNVs and Small INDELs, cannot be ruled out.
- Non-coding RNA fusions are not reported.
- The scope of this assay includes testing for fusions in diagnostic and relapse samples while fusions in patients under remission or MRD cannot be efficiently detected by this assay, which needs to be checked at >5000x depth.

TEST DESCRIPTION

Thewhole genome sequencing of different subtypes of leukemia revealed new recurrent genetic and chromosomal abnormalities that could add value to the existing prognostic scoring index in different subtypes of leukemia. Several studies have been reported wherein clinical outcome was measured to correlate the significance of the mutational findings from whole genome sequencing. The scope of this Comprehensive Myeloid and Lymphoid Panel by NGS (SNVs, InDels, CNVs & Fusions) testing includes a panel of genes, wherein prognostic significance of these genes and their mutations has been well studied and documented in medical literature. The panel is designed on targeted sequencing of multiple genes for the coding regions through NGS.

TEST METHODOLOGY

Sample type: Peripheral bloodorbone marrow in EDTA tube

Extraction and Library Preparation: Nucleic acid extracted from blood or bone marrow was used to perform targeted gene capture by custom capture kit.

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Tel: 9892699680 | Email:helixgeneticlab@gmail.com| Web:www.helixgeneticlab.com| CIN-U86905MH2023OPC416182

LABORATORY REPORT

Patient Name	: MasterAnvit AmolShirgave	PatientUID	: 260210-007
Gender & Age	: Male /20 Months	Collection	: 10-02-2026 03:40 PM
Referred By	:Dr Sandeep Nemani	Registration	: 10-02-2026 03:50 PM
Referral centre	:NIHIRA DIAGNOSTIC	Reporting	: 24-02-2026 02:12 PM

CHROMOSOMAL ANALYSIS-PROVISIONAL REPORT

CLINICAL HISTORY : Acute Myeloid Leukemia.

CYTOGENETIC REPORT :

Specimen	:	Peripheral blood	Metaphases Counted	:	-
Sample Quality	:	Good	Metaphases Analyzed	:	-
Culture Type	:	Unstimulated	Metaphases Karyotyped	:	-
Banding Technique	:	GTG	Banding Resolution	:	400

RESULT (According to ISCN* 2020) :

Culture failure

DESCRIPTION

Unstimulated peripheral blood culture did not yield any analysable metaphases inspite of multiple attempts at slide dropping. This may be due to an extremely low blast count or due to setting up cultures using peripheral blood.

REMARK :

G-banded karyotype at the band level of 400 may not detect sub-microscopic chromosomal rearrangements.
International System for Human Cytogenetic Nomenclature

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Research Fellowship (M D Anderson Cancer Centre, USA)

NIHIRA DIAGNOSTIC LABORATORY
Centre Of Excellence for
Laboratory Haematology and Haematopathology

Dr. Bhumi Agrawal Nemani
M.B.B.S.,M.D.(Path.),
Post-Doctoral Fellow in Haematopathology
(CMC,Vellore)
Consultant Haematopathologist
Email - nihiralabs@gmail.com

Name : Master Anvit Amol Shirgave Age : 20 MonthsSex : M Registered on : 26/02/2026
Ref. By : Bharati Hospital Lab ID : 1 260226

COMPLETE BLOOD COUNTS

Test	Result	Unit	Reference Range
Haemoglobin	10.4	g/dl	14.0-16.5 g/dl
Hematocrit	32.2	%	40-54 %
R.B.C Count	4.22	millions / cu-mm	4.5-6.5 millions / cu-mm
MCV	76.3	fL	80-96 fL
MCH	24.6	Pg	27-33 Pg
MCHC	32.3	gm/dl	33-36 gm/dl
RDW-CV	14.2	%	11-14.5 %
RDW SD	39.9	fL	35-56 fL
W.B.C Count (Automated)			
Immature granulocytes	2740	/cumm	6000-17000 /cumm
Neutrophils	00	%	
Lymphocytes	08	%	15-35 %
Eosinophils	86	%	44-74 %
Monocytes	00	%	0-4 %
	06	%	01-06 %
Platelet Count (Automated)			
PCT	13000	/ul	150000-450000 /ul
MPV	---- ---	%	0.08-1.00 % 6.0-
PDW	- -----	fL	10.0 fL 10.0-15.0
P LCR	----	%	%
		%	15.0-35.0 %

PERIPHERAL SMEAR EXAMINATION

W.B.C Morphology	:	Few blastoid cells seen
Platelets on Smear	:	Markedly reduced on smear
Note	:	A known case of acute myeloid leukemia

---------- End Of Report ----------

Dr. Bhumi Nemani
MD (Path), PDF (Haematopath)
(CMC Vellore)

**Sample has been collected outside the laboratory. The results pertain to the sample received.


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