حكومة دبي
GOVERNMENT OF DUBAI
LATIFA HOSPITAL

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY
مستشفى لطيفة

15 December 2016

TO WHOM IT MAY CONCERN

MEDICAL REPORT

NAME OF THE PATIENT	**: MANSOOR ALI MOHD A ALQASSAB**
HEALTH CARD NO	**: 37009168**
DATE OF BIRTH	**: 13 JUNE 2008**
NATIONALITY	**: U.A.E.**
GENDER	**: MALE**

Diagnosis: Hereditary spastic paraplegia with 2 sibs similarly affected.

Reference:

- Medical report issued on 08 March 2016
- Medical report issued from Germany on 09 March 2007 and 04 June 2013.
- Medical reports from Dr. Heakyung Kim, Visiting Consultant Pediatric Rehabilitation.
- Medical report from LH dated December 2006, 14 May 2007 and 11 December 2010, 24 January 2012 and 20 July 2014.
- Medical report from Dr Carlos De'sousa, Visiting Consultant Pediatric Neurology on 22 Nov 2010.

Mansoor is an 8 years and 6 months old, known to have spastic and ataxic central motor defecits under follow-up in the Pediatric Neurology, Genetics and Orthopedic Surgery. He has been diagnosed to have hereditary spastic paraparesis. He has been seen by many visiting consultants and has also been seen in a hospital in Germany. He has had multiple sessions of botox injections here and elsewhere. Multiple tenotomies have been done earlier and he has been on intensive physio and occupational therapies. Please see our numerous earlier reports for the details of his illness.

Mansoor was born to consanguineous parents at term, there were no perinatal problems. Spastic lower limbs became obvious in early childhood. As noted earlier, 2 of his sibs, Mirah and Mayed, have similar problems; the three siblings are normal in their learning ability and are quite intelligent, but Mansoor and his elder sister have experienced difficulty with handwriting and fine motor skills. His speech has been normal. He has been a late walker and the gait is affected significantly because of spastic lower limbs and axial hypotonia. He had an orthopedic surgery on left hip last year.

ص.ب: ٩١١٥ - دبي - إ.ع.م. هاتف: ٣٢٤١١١١ ٤ ٩٧١+ فاكس: ٣٢٤١٧١٧ ٤ ٩٧١+
P.O. Box: 9115 - Dubai - U.A.E. Tel: +971 4 3241111 Fax: +971 4 3241717
www.dha.gov.ae

On examination during the last visit in December 2016, Mansoor looked alert and active, with normal growth parameters. He was able to walk with a walking aid with mixed spastic and ataxic gait with an exagerrated lumbar lordosis. Axial hypotonia and spastic lower limbs with tone of grade 2 using modified Ashworth scale was observed. The reflexes in the lower limbs were exaggerated. He was attending a mainstream school with a shadow teacher. His speech and hand skills were near normal.

He is under follow-up in the Rehabilitations unit and with Orthopedic Surgeon in addition to being seen by neurology team.

Investigation done on Mayed, Mansoor's brother showed the following:

- Long Chain Fatty Acids: Test Result Units Essentially normal levels of VLCFAs with normal ratios. No indication of an inherited paroxysmal disorder. Plasma aminoacids chromatography. Aminoacid/acylcarnitin screen normal. Sugar aminoacid chromatography normal. Urine organic acid screening normal.
- Molecular cytogenetics - microarray test result: Normal
- MRI brain (Feb 2011): showed delayed white matter myelination, but otherwise no other abnormalities.
- Mansoor and his brother (Mayed) molecular genetic testing of spastic paraplegia (SPG7 and SPG11) : A homozygus SPAST mutation in DNA sequencing analysis for 101 hereditary spastic paraplegia (HSP) and HSP related genes was identified
- His sister Mirah's exome sequencing detected several possible gene mutations with overlapping features with the 3 affected siblings. These include homozygous mutation [c.4579C>T, p.G1n1527*] In LAMA1 gene, causing poretti-Boltshauser syndrome for which Mansoor is hemizygous.

Parents were advised regular, intensive rehabilitation program in the hospital and at home. He will be followed in the Genetics, Orthopedic Surgery and Pediatric Neurology Clinic. PT, OT, orthoses have to be continued as before.

This medical report is issued upon parent's request.

DR. GURURAJ AITHALA
MD, DCH, MMED, MRCP(UK), FRCPCH, FRCPI
Consultant Pediatric Neurologist
Latifa Hospital

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BERLIN

سـفـارة
الإمارات العربية المتحدة
مكتب الملحقية العسكرية
برلين

01.10.2015
650/14/g.a.

MEDICAL REPORT
(Translation)

VOLMARSTEIN CLINICS WETTER
Orthopedic Clinic -Department of Pediatric and Neuro-Orthopedics
Dr. Benedikt Leidinger

Al Qassab, Mansoor, dob 13.06.2008
Consultation on 29.09.2015 (OPD)

Diagnosis:
Paraspasticity
C.a. multi-level soft tissue intervention
C.a. rehabilitation

Procedure:
Further wearing of lower leg orthoses
Walking with four-point-crutches
Continuation with muscle strengthening in the pelvino-trochanteric region
Further treatment after nine months, then, X-ray control of the pelvis

Mansoor shows a good rehabilitation result. Botulinum toxin has been injected once again.

Clinical examination: steady walking with the four-point crutches. Moderate hyperlordosis compared with his other siblings, but here the muscles are already quite weak.

Apart from this alternating gait pattern is possible, no fixed contractures. Good functional effect after the rehabilitation treatment.

In the case of Mansoor the development of the hip-joint will have to be observed. The treatment should be continued after nine months; by then, further clinical and radiological follow-up examination and supply with orthoses.

Signature

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MILITARY ATTACHE HEALTH OFFICE - BONN
ترجمة معتمدة من
سفارة الإمارات العربية المتحدة - برلين
الملحقية العسكرية - المكتب الصحي - بون

00493051651710 :فاكس 0049 30 51651733 : تلفون 10785 برلين ـ شارع هيروشيما 18 ـ 20 الرمز البريدي جمهورية المانيا الاتحادية
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MILITARY ATTACHE HEALTH OFFICE - BERLIN
ترجمة [illegible]
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[illegible]

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برلين

04.10.2015
650/14/g.a.

MEDICAL REPORT
(Translation)

HELIOS CLINIC HOLTHAUSEN
Center for Neurosurgical and Neurological Rehabilitation
Dr. Axel Petershofer

Al Qassab, Mansoor Ali Mohammad, dob 13.06.2008
In-patient from 12.02.2015 until 04.10.2015

Diagnoses:
Hereditary spastic paraparesis
C.a. Botox therapy on 17.08.15
C.a. Botox therapy on 02.04.2015
Neurogenic dysplasia of both hips, subluxation of the left hip
Genu recurvatum both sides
Hyperlordosis
Hypotonia of the trunk
Functional talipes equinus both sides, c.a. Strayer fasciotomy 2013
Other disturbances of gait and mobility, not specified further
Coordination disturbances not specified further
Problems regarding: assistance required for body hygiene
Supply with and fitting of orthopedic appliances

Therapeutic aims and therapy:
Part of the therapy at our clinic were the improvement of the mobilization of the legs and training of walking with medical appliances, as well as the promotion of the fine motor and graphomotor capabilities.

Mansoor was integrated into a multi-disciplinary therapy concept consisting of medical treatment and therapeutic care, curative pedagogic, music-therapy, physiotherapy, occupational therapy and group therap.
In addition to this repetitive walking exercises in the Lokomat (gait robot).

Rehabilitation course:
Physiotherapy:
Within the framework of the physiotherapeutic rehabilitation Mansoor has made good progress in some of the fields.

جمهورية المانيا الاتحادية – برلين – شارع هيورشيما 18 – 20 الرمز البريدي 10785 تلفون 0049 30 51651733 فاكس 0049305165171

On discharge Mansoor was able to walk a few steps freely, though only when he is accompanied or when he has the facility to reach out for a wall or some object, because every time and then he feels unsteady. Mansoor moves on the floor without help, he gets up into standing position with help and he is able to climb stairs.
Regular training with the Galileo and Lokomat, movement trainer and therapy bicycle. Daily standing exercises in the standing frame with the help of his mother.
In addition to this Mansoor used to go swimming once a week. He moves independently in the water though the coordination of swimming movement with the arms and legs is not yet possible for him. Regular stretching. Due to the recurring and not completely manageable inner rotation of the left leg tapes were applied.
GMFCS: level 4 in the beginning, and level 3 now.
We prescribed:
1 pair of four-point crutches
1 retro-walker
1 mobile standing trainer
1 active wheel-chair
1 anatomic seat unit
1 pair of orthoses
Positioning splints
1 pair of orthosis shoes

Occupational therapy:
Within the framework of the occupational therapeutic rehabilitation Mansoor achieved individual progress in the fields of mobility and sensorimotor capabilities.
During the last therapy sessions the boy learned a new handling plan for getting into and out of the wheel-chair. Here, he still needs some exercises and repetitions.
The boy is very fond of movements - he likes the seesaw and climbs oblique planes up and down. On the trampoline he can jump three times when clutching to something.
Mansoor's ability to use both hands at the same time is limited, and there are some conspicuous signs regarding the fine motor capabilities.
In group settings Mansoor shows some attention deficits. He is easily distracted, looks for close contact every time and then and needs approval for what he is doing.
He is discharged into his home environment.

Status at the time of the discharge:
Activities concerning self-care:
Body hygiene and getting dressed and undressed is possible with assistance. He takes up prepared food with spoon and fork.

Activities relating to mobility:
He sits in an active wheel-chair with the help of which he can move around independently. The patient walks short distances with help. He gets into and out of the wheel-chair without help and with an improved handling.

Activities relation to communication:
Mansoor has no disturbances concerning language and speaking; his mother tongue is Arabic, and in the meantime he has reached a good level in English.

Activities concerning the life at home:
Taken care of by his parents

Participation / profession / leisure time:
In his home country he attend a day center, he likes playing and climbing.

Sensorimotor functions:
Conspicuous symptoms concerning the fine motor and graphmotor capabilities.

Cognitive and emotional functions:
Reduced concentration and perseverance.
Further out-patient occupational treatment of the sensorimotor and cognitive functions is indicated, in order to warrant participation.

Clinical and social medical epicrisis:
Rehabilitation results and final findings:
On discharge Mansoor was in a very good general condition. No signs of an infection. The lungs were equally ventilated on both sides, clear heart sounds. Mansoor was able to sit up by himself at the edge of the bed and to sit completely free. He was able to get up into standing position with only little help. He even managed to walk 4 steps without any help at all. The boy is rather fast when using the four-point crutches; here, there is a minor recurvation of the knee-joints and the gait is a bit waddling, though the foot strike on the floor is plane.

Barthel on admission: 15
Barthel on discharge: 20

Critical appraisal of the rehabilitation process and result:
The aim to learn walking with the medical appliances was reached.

Prescribed medical appliances:
1 positioning splint, made-to-measure
1 active wheel-chair with individual accessories
1 anatomic seat unit with abduction wedge, made-to-measure
1 pair of four-point-crutches
1 walking aid "Crocodile" with individual accessories
1 mobile standing trainer "Rabbit" with individual accessories
1 Motomed movement trainer with accessories

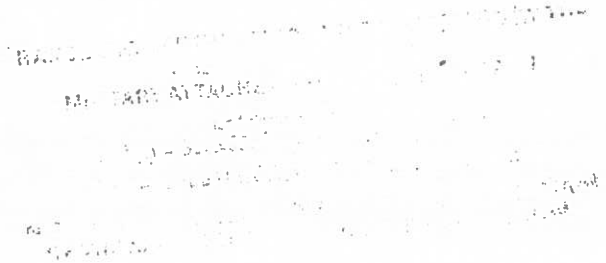
Social-medical epicrisis:
Mansoor has been discharged to return to his home country.

Recommended further measures and after-care:
Further diagnostics:
Another in-patient rehabilitation to improve the gait pattern and for further strengthening of the muscles is recommended after around 9 months

Further therapy:
Physiotherapy (improvement of gait pattern)
Occupational therapy (improvement of sensorimotor and cognitive functions)

Medication on discharge:
None

Signature



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Medication on discharge:
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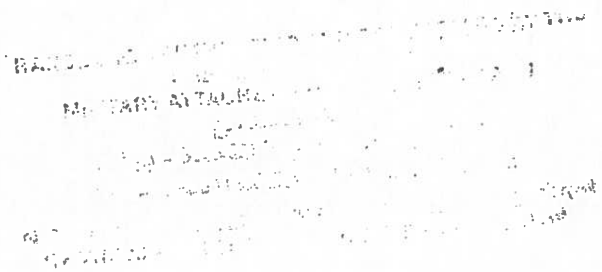
Signature



VOLMARST
die evangelische Sti

Evangelische Stiftung Volmarstein – 58292 Wetter (Ruhr)

Helios Klinik Holthausen

Orthopädische Klir

Zentrum für Orthopädie und Unfallchiru

Allgemeine Orthopädie und Unfallchirur
Chefarzt Dr. Matthias Gan

Kinderorthopädie und Neuroorthopä
Chefarzt Dr. Benedikt Leiding

Tumororthopädie und Revisionschirurg
Chefarzt PD Dr. Carsten Gebe

Hand- und Plastische Chirurg
Ltd. Arzt Kemal Ese

Wirbelsäulenchirurgi
Chefarzt Dr. Axel Scharfstäc

Durchschrift an	unser Zeichen	Auskunft erteilt	Durchwahl	
	0000360532 /Li	Sekretariat Frau Link E-Mail: linkg@esv.de	Tel: 02335 639 4841 Fax: 02335 639 409	Wetter (Ruhr), 22.02.2013

Entlassungsbericht

Patient: Al Qassab, Mansoor geb.: 13.06.2008 Wohnort: 10785 Berlin, Hiroshima Str. 18

Sehr geehrte Damen und Herren,

wir berichten über den stationären Aufenthalt unseres gemeinsamen Patienten vom 18.02.2013 bis 05.03.2013:

Diagnose:
Q66.6 neurogener Spitzfuss bds. beidseits
G80.0 Spastische tetraplegische Zerebralparese
M21.6 Sonstige erworbene Deformitäten des Knöchels und des Fußes beidseits

Therapie:
Postoperativ Fersenulcera Grad II bds.
5-854.09 Achillessehnenverlängerung (ASV) nach Strayer beidseits
8-020.4 Therapeutische Injektion: Adduktoren je 100 Units (Botox) beidseits
6-003.8 Applikation von Botulinumtoxin
8-310.y Oberschenkelgips 1 Woche und Gipsabdruck für knöchelübergreifende Orthesen im OP beidseits am 19.02.2013
Unterschenkelgips ab 25.2.2013

Nicht operative Prozeduren:
8-563.1 Physikalisch-medizinische Komplexbehandlung: Mindestens 7 bis höchstens 13 Behandlungstage

Prozedere:
Entfernung des Nahtmaterials nicht notwendig.
5 Wochen Unterschenkelgips. In Rehaklinik Holthausen Mobilisation unter Vollbelastung mit US-Gipsen im Gipsschuh unter Beobachtung der Fersendruckstellen geführt, am Rollator oder an UAGS erlaubt. Ein Rollstuhl für längere Gehstrecken steht zur Verfügung.
Nächste ambulante Vorstellung hier in 2 Wochen nach Entlassung.

Betreff: Al Qassab, Mansoor geb.:13.06.2008, Aufenthalt vom: 18.02.2013

Krankengymnastik, Stehtraining und Gangschulung täglich ca. 3 x 10-15 Minuten je nach Kondition und Akzeptanz des Kindes empfohlen und physikalische Therapie sollen begleitend erfolgen.

Anamnese und Befund:
Bei Mansoor zeigte sich ein beidseitiger neurogener Spitzfuß und Adduktoren-Kontraktur.
Die Dorsalextension ist vor allem bei Kniestreckung eingeschränkt, so dass eine Achillessehnenverlängerung nach Strayer indiziert wurde.

Nach üblicher Vorbereitung führten wir unter Narkose, EMG-gesteuert, die Applikation von Botulinumtoxin an den Hüftadduktoren und die Achillessehnenverlängerung nach Strayer bds. am 19.02.2013. Gipsabdruckentnahme zur Versorgung mit knöchelhohen Orthesen und Oberschenkelgipsschienen.

Einmalige Cephazolingabe am Op-Tag. Regelmäßige Befundkontrollen zeigten reizlose Einstichstellen. Keine Blutung, keine systemische Wirkung des Medikaments.

In die erste Woche wurden die Orthesen angepasst und der Patient im Rollstuhl mobilisiert. Es fanden regelmäßig Gipskontrollen statt. Trotz der fersenfreien Lagerung mussten wir leider feststellen, dass sich beidseits Fersendruckstellen entwickelt haben. Am Montag 25.02 wurden die Gipsschienen durch Unterschenkelrundgipse ersetzt. Hier wurden die Fersen gefenstert und frei gelagert. Im Verlauf zeigte sich eine gute Heilungstendenz bei trockenen und geschlossenen Druckulcera Grad II.

Mansoor war im Rollstuhl mobilisiert und die ersten Gehversuche am UAGS unter Vollbelastung in den US-Gipsen und einem Gipsschuh haben stattgefunden. Diese Übungen sollten fortgeführt werden. in 2 Wochen erbitten wir eine WV zur Druckstellenkontrolle und ggf. Umversorgung in die vorhandenen DAFO's.

Entlassungsbefund:
Am 05.03.2013 konnten wir den Patienten mit reizlosen Narbenverhältnissen bei beidseits geschlossenen Fersendruckstellen in die Reha-Behandlung entlassen.

Letzte Medikation:
IBU Saft b.B.

Mit freundlichen kollegialen Grüßen

Dr. B. Leidinger
Chefarzt
Kinder- u. Neuroorthopädie

Dr. V. Hahne
Facharzt

Dr. (RO) G. Ioannou
Stationsarzt

4a

EINGEGANGEN
18. Feb. 2013
Erl.

Orthopädische Klinik
VOLMARSTEIN

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58300 Wetter

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Am Hagen 20

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Wirbelsäulenchirurgie
Chefarzt Dr. Axel Scharfstädt

Durchschrift an	unser Zeichen	Auskunft erteilt	Durchwahl	Wetter (Ruhr), 06.02.2013
	0000359596 Dr. Lei./MSR/Ri.	Sekretariat Frau Schäfer E-Mail: kinderortho@esv.de	02335 639 4561	

Ambulanzbrief

Betreff: Patient: Al Qassab, Mansoor geb.: 13.06.2008 Wohnort: 10785 Berlin, Hiroshima Str. 18

Sehr geehrte Kollegen,

wir berichten über o.g Patient, der sich am 29.01.2013 in unserer Ambulanz vorstellte.

Diagnose: **Verdacht auf familiär bedingte Paraparese.**
Neurogene Hüftdysplasie mit Subluxation links.
Spitzfüße beidseits.
Starker Kauergang.

Prozedere: **Achillessehnentenotomie nach Strayer beidseits vorgeschlagen. Botox Ichios und Adduktoren bds.**
Azetabuloplastik beidseits und DVO links im mittelfristigen Verlauf empfohlen.

Vielen Dank für die Vorstellung Ihres kleinen Patienten. Dieser ist mit einem Rollstuhl versorgt und bisher nicht operiert. Es zeigt sich eine psychomotorische Retardierung mit vor allen Dingen körperlicher Behinderung durch fehlende Lauffähigkeit und angeborene Bewegungsstörung. Diese ist bei allen drei Kindern bekannt und beruht voraussichtlich auf Konsanguinität.

Mansoor kann sich unter Gewichtsbelastung seiner beiden Beine aus dem Rollstuhl heraus aufrichten und kann mit Hilfe stehen. Er kann auch mit Hilfe laufen. Dabei zeigt sich ein starker Kauergang mit Innenrotationsstellung beider Knie und deutlicher Spitzfüßigkeit beidseits.

Betreff: Al Qassab, Mansoor geb.:13.06.2008

Die klinische Untersuchung zeigt eine Schenkelhalsantetorsion von 35° rechtsseitig, 25° linksseitig. An der oberen Extremität besteht kein erhöhter passiver Widerstand, keine Kontrakturen. Die Wirbelsäule ist orthograd. Das Sitzen gestaltet Mansoor frei. Die Kniegelenke zeigen ein passives Streckdefizit von 5° und sind nicht das hauptsächliche Problem des Kauergangs, die Abspreizung an beiden Hüftgelenken beträgt 25° beidseits gestreckt und gebeugt. Die Rotationsfähigkeit beider Hüftgelenke beträgt IRO/ARO 30-0-50° beidseits symmetrisch.

Das OSG zeigt eine Dorsalextension bei gebeugtem Knie von linksseitig +15°, rechtsseitig ebenfalls +15°. Bei gestrecktem Knie beträgt die Dorsalextensionsfähigkeit an beiden oberen Sprunggelenken ± 0°.

An der unteren Extremität besteht ein erhöhter passiver Dehnungswiderstand, an beiden Unterschenkeln ist ein Klonus auslösbar.

Zur funktionellen Verbesserung schlage ich bei Mansoor vor, dass eine Achillessehnenverlängerung mit anschließender Gipsbehandlung für 6 Wochen und eine Versorgung mit dynamischen Unterschenkelorthesen erfolgt. Gleichzeitig sollte in derselben Narkose eine Botulinumtoxin-Injektion für die ischiokruralen Muskeln, die Adduktoren und gegebenenfalls den Psoas erfolgen. Anschließend sollte eine intensive Rehabilitation mit Mobilisation und auch Gangschulung erfolgen.

Bedauerlicherweise bewegt sich das linke Hüftgelenk in eine wahrscheinlich fortschreitende Subluxation, so dass wir hier wie auch am rechten Hüftgelenk eine Beckenosteotomie und linksseitig zusätzlich auch eine Femurosteotomie notwendig ist.

Diesen Eingriff würde ich allerdings zunächst zurückstellen, um dann so die Gelegenheit zu geben motorisch zunächst weitere Fortschritte zu machen und darauf nach der Hüftrekonstruktion zurückgreifen zu können. Dieser Eingriff könnte z.B. erst im nächsten Jahr erfolgen.

Funktionell steht aus meiner Sicht nur die Behandlung der Spitzfüße im Vordergrund. Ich empfehle somit im jetzigen Aufenthalt eine Operation der Spitzfüße wie oben angegeben und verbleibe

mit freundlichen kollegialen Grüßen

Dr. B. Leidinger
Chefarzt
Kinder- und Neuroorthopädie

EMBASSY OF THE
UNITED ARAB EMIRATES
MILITARY ATTACHE OFFICE
BERLIN

سفارة
الإمارات العربية المتحدة
مكتب الملحقية العسكرية
برلين

30.07.2015
650/14/g.a.

MEDICAL REPORT
(Translation)

HELIOS CLINIC HOLTHAUSEN
Center for Neurosurgical and Neurological Rehabilitation
Dr. Axel Petershofer

Al Qassab, Mansoor Ali Mohammad, dob 13.06.2008
In-patient since 12.02.2015

Diagnosis:
Hereditary spastic paraparesis
Neurogenic dysplasia of both hips, subluxation of the left hip
Genu recurvatum both sides
Hyperlordosis
Hypotonia of the trunk
Functional talipes equinus both sides, c.a. Strayer fasciotomy 2013
Other disturbances of gait and mobility, not specified further
Coordination disturbances not specified further
Problems regarding: assistance required for body hygiene
Supply with a fitting of orthopedic appliances

Mansoor suffers from hereditary spastic paraparesis. The patient has a neurogenic dysplasia of both hips and subluxation on the left side. Therefore, an acetabuloplasty has been performed in January 2015 at the clinic of Volmarstein.

On the 2nd April a Botulinum therapy to improve the adductor tonus has already been carried through with success. At that time Botox® had been injected into the m. gracilis and the m. adductor longus. Now, after almost 4 months, the BTX effect is slowly ceasing, so that another therapy ought to be performed.

Mansoor also still shows an elevated tonus of the adductors which leads to crepitation of the knees and the tendency to scissoring. In addition to this there is a hip flexor spasticity and a tonic talipes, left > right.

We therefore kindly ask for your cost guarantee for three ampoules of Botox® à 100 IU (total costs approx. 990,00 Euros) to facilitate the treatment of the patient again.

Signature / Stamp

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UAE EMBASSY - BERLIN
MILITARY ATTACHE - HEALTH OFFICE - BONN
ترجمة معتمدة من
سفارة الإمارات العربية المتحدة - برلين
الملحقية العسكرية - المكتب الصحي - بون


United Arab Emirates
Identity Card
دولة الإمارات العربية المتحدة
بطاقة هوية
ID Number / رقم الهوية
784-2008-4194079-2
الإسم: منصور علي محمد عبدالرحمن القصاب
Name: Mansoor Ali Mohammad Abdulrahman Al Qassab
الجنسية: الإمارات العربية المتحدة
Nationality: United Arab Emirates


Sex: M الجنس: ذكر
Date of Birth 13/06/2008 تاريخ الولادة
Signature / التوقيع
No signature / بدون توقيع
Expiry Date / تاريخ الإنتهاء
28/05/2019
Card Number / رقم البطاقة
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00C0007294700671
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0806132M1905283ARE<<<<<<<<<<<3
AL<QASSAB<<MANSOOR<ALI<MOHAMMA

UNITED ARAB EMIRATES
VISAS 3
الإمارات العربية المتحدة
التأشيرات

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الإمارات العربية المتحدة
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YK0L04812

Type
P

Country Code
ARE

Passport No
YK0L04812

الإسم
منصور علي محمد عبدالرحمن القصاب

Names
MANSOOR ALI MOHAMMAD ABDULRAHMAN ALQASSAB

الجنسية
الإمارات العربية المتحدة

Nationality
United Arab Emirates

الجنس
ذكر

Sex
M

تاريخ الميلاد
13/06/2008

Date of Birth
13/06/2008

مكان الميلاد
دبي

Place of Birth
DUBAI

تاريخ الاصدار
22/03/2017

Date of Issue
22/03/2017

تاريخ الانتهاء
21/03/2022

Date of Expiry
21/03/2022

توقيع حامل الجواز
بدون إمضاء / No signature

Holder's Signature
No signature

جهة الإصدار
دبي

Issuing Authority
DUBAI

Passport

P<AREALQASSAB<<MANSOOR<ALI<MOHAMMAD<ABDULRAH
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UNITED ARAB EMIRATES
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التأشيرات

الرقم الموحد 21754464
رقم الاضبارة 178557

UNITED ARAB EMIRATES
VISAS 60
الإمارات العربية المتحدة
التأشيرات


هيئة تنمية المجتمع
Community Development Authority
"سند" لذوي الإعاقة
"Sanad" for People with Disability
Name
الإسم
منصور علي القصاب
Mansoor Ali Al Qassab
Card No.
رقم البطاقة
1000092
Type of disability
نوع الإعاقة
حركية
Physical
A
A CITY FOR EVERYONE
مجتمعي
mycommunity


هيئة تنمية المجتمع
Community Development Authority
www.cda.gov.ae
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CDAdubaigov
Expiry Date
20/07/2021
سند
sanad

UNITED ARAB EMIRATES
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الإمارات العربية المتحدة
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Disabled ID Card بطاقة معاق

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Date of Issue :	2017-01-31	تاريخ الإصدار :
Date of Expiry :	2022-01-30	تاريخ الإنتهاء :
	الامارات العربية المتحدة	الجنسية
Nationality :	UNITED ARAB EMIRATES	
Date of Birth :	2008-06-13	تاريخ الميلاد :
	منصور علي محمد القصاب	الاسم :
Name :	Mansoor Ali Mohammad Al Qassab	
Disability Type :	Physical disability	نوع الإعاقة : جسدية

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	Hearing Aid	جهاز سمع
	Prosthesis	طرف صناعي
	Wheelchair	كرسي متحرك
	White cane	عصا بيضاء
Accompanied with a person -		مع مرافق

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