

SOUMYASHREE – BONE MARROW TRANSPLANT

Meet Soumyashree, a brave fighter who has been battling Thalassemia major since the tender age of just 3 months. Her journey has been one of resilience and hope, but now she needs our urgent support. Soumyashree is currently undergoing treatment at Apollo Hospital, Sarita Vihar Delhi, where she has been recommended for a life-saving Bone Marrow Transplant. This critical procedure comes with a hefty cost of 40 lakhs and 75 thousand rupees, a sum that is beyond the means of her family.




 ବାଚସ୍ପତି ସରକାର
 Government of India


 ଭାରତୀୟ
 Unique Identification Authority of India


 ସୌମ୍ୟଶ୍ରୀ ଦାସ
 Soumyashree Das
 ଜନ୍ମ ତାରିଖ / DOB: 08/03/2018
 ଶ୍ରୀ/ FEMALE

ଏହି ଆଧାର 5 ବର୍ଷ ପର୍ଯ୍ୟନ୍ତ ମାତ୍ର ଅଟେ

9786 3426 4004
 VID : 9177 7266 1282 9172
 ମୋ ଆଧାର, ମୋ ପରିଚୟ

Issue Date: 31/07/2020
 ଆଧାର ଚିତ୍ର


 ବାଚସ୍ପତି ବରିଷ୍ଠ ପରିଚୟ ପ୍ରାଧିକରଣ
 Unique Identification Authority of India


 ଭାରତୀୟ
 Unique Identification Authority of India

ଠିକଣା:
 ମନମୋହନ ପ୍ରସାଦ ଚନ୍ଦ୍ର ଦାସ, ବଡ଼ମନ୍ଦାରୁଣୀ,
 ମାସାନ୍ବାଡ଼ୀ, ବଡ଼ମନ୍ଦାରୁଣୀ ବାଲେଶ୍ଵର,
 ଓଡ଼ିଶା - 756034


 Grateful Child
 Welfare Foundation

Address:
 C/O: Paresch Chandra Das,
 BADAMANDARUNI, MASANBADIA,
 Badamandaruni, Baleswar,
 Odisha - 756034



9786 3426 4004
 VID : 9177 7266 1282 9172

1947
 help@uidai.gov.in
 www.uidai.gov.in



सेवा में,

श्रीमान

Grateful Child Welfare Foundation, New Delhi

विषय:- बेटी की अहायता हेतु आर्थिक अहायता निवेदन पत्र

महोदय,

मेरा नाम परेश चंद्र दास है। मैं दिल्ली का रहने वाला हूँ, मेरी
बच्ची सीमा श्री दास है जो की छठ (6) साल की है, वह Thalassemia
Major नाम की बيمारी से पिछले 5.7 Years से पीड़ित है। 3 महीने
की उम्र से उसे यह बिमारी है। इस बिमारी की वजह से मेरी बच्ची के
शरीर में खून नहीं बढ़ता है। मेरी बेटी का इलाज APOLLO HOSPITAL
SARITA VIHAR में चल रहा है। प्रत्येक 15 से 21 दिनों के बीच मे
बच्ची का खून बदला जाता है। पूरे इलाज का खर्च 40 लाख रु.
रुपय है।

इस 40.75 लाख में से 25 लाख रुपय हमने अपने जीवर
व जमीन बेच कर इकट्ठा किया है जिससे कुछ पैसा हमने
बैंक से लेना भी लिया है। लगभग 16 लाख रुपय अभी और हमें
बच्ची के इलाज के लिए चाहिए। मैं Grateful Child Welfare Foundation
से आग्रह करता हूँ कि मेरी अहायता करें क्योंकि मैंने लिए 40 लाख
रुपय इसके बेहद लंबी रकम है।

पूर्वी, परेश चंद्र दास

पता - ब्लॉक 47, राजपुरा गुरु, छातरपुर, दिल्ली - 110074



FINGER PRINT x Peresh
SIGN.

GSTIN : 07AAACI2398N1Z4		OP Cash Bill - Bill of Supply		Reference No :		
Name : Ms. SOUMYASHREE DAS		Age : 6Yr 4Mth 26Days		UHID: APD1.0011535104		
Father Name : PARESH CHANDRA DAS		Sex : Female				
Address : CHHATTARPUR New Delhi Delhi India 000000, CellNo:91-9015152065				OP Number: DEL1OPP4894188		
Pan Number: AXGPD3175N						
Doctor's Name : Dr. MANO BHADHURIA		Speciality : RADIATION ONCOLOGY		Bill No : DEL-OCS-4155741		
				Date : 3-Aug-24 Time : 13:42:40		
Bill Amount: ₹. 68,140.00				FOR APOLLO HOSPITALS		
Amount in words: ₹ Sixty-Eight Thousand One Hundred Forty Only						
S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Investigations(999311)					
1	TOTAL BODY IRRADIATION (SINGLE SITTING)	Radiation Oncology	1	68,140.00	0.00	68,140.00
					Sub Total	68,140.00
Service Amount :						68,140.00
Total Bill Amount						68,140.00
Final Payment (Cash:0.00, NonCash:68,140.00)						68,140.00
No Tax is Payable on Reverse Charge Basis						
Receipt Details: Received with thanks sum of ₹. 68,140.00 (Deposit Adjustment/Transfer)						
₹ Sixty-Eight Thousand One Hundred Forty Only From Ms. SOUMYASHREE DAS						
* Denotes Cancelled Services (QR) Denotes Quick Registration						Authorized Signatory
Mr. Sagar Dutt Gaur						
Cashier						
Online Payment access- https://pay.apollohospitals.com						

For enquires, appointments & Telemedicine consultations contact: 1860-500-1066

Email: enquiry@apollohospitals.com

Pay online at: <https://pay.apollohospitals.com>

Website: www.apollohospitals.com

Keep the records carefully and bring them along during your next visit to our hospital

For enquiry & appointments contact : 011-26925801 / 26925858

Page 1 of 1
3 Aug 2024, 8:03 pm



Accredited by
Joint Commission International



Dr. Manoj Bhaduria
M.D. (Radiotherapy) MAMC
Sr. Consultant Radiation Oncology
Apollo Cancer Institute, New Delhi
Mobile No. : +91-9811234990
E-mail : manobhaduria@gmail.com

IB -11535104

Date: 3/8/24

Miss Soumyashree Das Gy/F



- Transfusion Dependent Thalassemia
- Both parents - Thal Carriers

- Diag at 3 months age. > 80 transfusions in last 5 yr.
- Started Chelation therapy at 2y age H/o Joint pains since infancy.
- Was CS delivery baby. Had normal milestones. Took all age appropriate vaccinations till 5yr age.
- Now planned for HFD-HSCT → Post PTIS 1 & 2 - 14.6.24 & 5.7.24 and ref for TBI planning - 2cy in 1 yr.

Adv. Both parents counselled regarding TBI - benefits and side effects - on whole body, immunity, internal organs, fertility and hormonal functions.
Bill for 1 TBI - single sitting.



Handwritten signature

GSTIN : 07AAACI2398N1Z4		OP Cash Bill - Bill of Supply		Reference No :		
Name : Ms. SOUMYASHREE DAS		Age : 6Yr 4Mth 26Days		UHID: APD1.0011535104		
Father Name : PARESH CHANDRA DAS		Sex : Female				
Address : CHHATTARPUR New Delhi Delhi India 000000, CellNo:91-9015152065		OP Number: DEL10PP4893779				
Pan Number: AXGPD3175N						
Doctor's Name : Dr. MANO BHADHURIA		Speciality : RADIATION ONCOLOGY		Bill No : DEL-OCS-4155422		
				Date : 3-Aug-24		Time : 12:29:12
						
Bill Amount: ₹. 1,500.00			FOR APOLLO HOSPITALS			
Amount in words: ₹ One Thousand Five Hundred Only						
S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation(999311)					
1	OP Consultation - First Visit	Medical	1	1,500.00	0.00	1,500.00
					Sub Total	1,500.00
Service Amount :						1,500.00
Total Bill Amount						1,500.00
Final Payment (Cash:0.00, NonCash:1,500.00)						1,500.00
No Tax is Payable on Reverse Charge Basis						
Receipt Details: Received with thanks sum of ₹. 1,500.00 (CARD)						
₹ One Thousand Five Hundred Only From Ms. SOUMYASHREE DAS						
* Denotes Cancelled Services (QR) Denotes Quick Registration						Authorized Signatory
Ms. Nancy Gola Cashier						
Online Payment access- https://pay.apollohospitals.com						

For enquiries, appointments & telemedicine consultations contact **1860-500-1066**

Email: enquiry@apollohospitals.com

Pay online at: <https://pay.apollohospitals.com>

Keep the records carefully and bring them along during your next visit to our hospital

For enquiry & appointments contact : **011-26925801 / 26925858**

3 Aug 2024, 8:03 pm






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Joint Commission International

Indraprastha Apollo hospitals, Sarita Vihar, Delhi-Mathura Road, New Delhi 110 076.



3 Aug 2024, 4:48 pm

GSTIN : 07AAACI2398N1Z4 OP Cash Bill - Bill of Supply Reference No :

Name : Ms. SOUMYASHREE DAS	Age : 6Yr 4Mth 26Days	UHID : APD1.0011535104
Father Name : PARESH CHANDRA DAS	Sex : Female	
Address : CHHATTARPUR New Delhi Delhi India 000000, CellNo:91-9015152065		OP Number : DEL1OPP4893060
		
Pan Number : AXGPD3175N		
Doctor's Name : DR. GAURAV KHARYA		Bill No : DEL-OCS-4154871
Speciality : PAEDIATRIC HAEMATO-ONCOLOGY AND BONE MARROW TRANSPLANT		Date : 3-Aug-24 Time : 10:19:41
		

Bill Amount: ₹. 1,500.00 FOR APOLLO HOSPITALS

Amount in words: ₹ One Thousand Five Hundred Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation(999311)					
1	OP Consultation - Follow Up Visit	Medical	1	1,500.00	0.00	1,500.00
					Sub Total	1,500.00

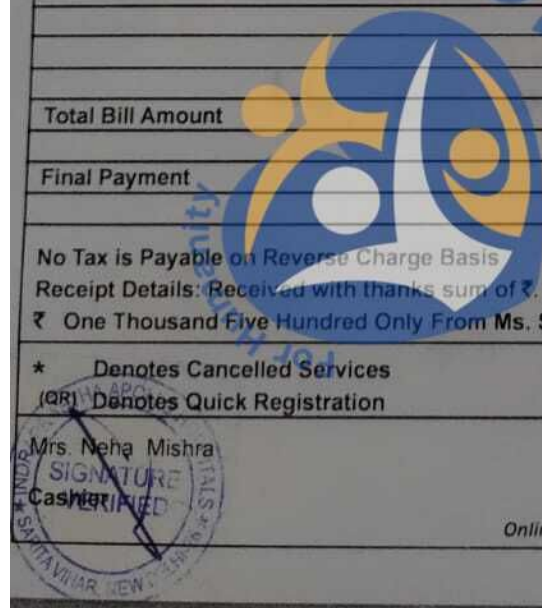
Service Amount :	1,500.00
Total Bill Amount	1,500.00
Final Payment (Cash:0.00, NonCash:1,500.00)	1,500.00

No Tax is Payable on Reverse Charge Basis
 Receipt Details: Received with thanks sum of ₹. 1,500.00 (CARD)
 ₹ One Thousand Five Hundred Only From Ms. SOUMYASHREE DAS

* Denotes Cancelled Services Authorized Signatory
 (QR) Denotes Quick Registration

Mrs. Neha Mishra
 SIGNATURE
 Cashier

Online Payment access- <https://pay.apollohospitals.com>



SOUMYA SAREE DAS
RT - 20240709 H Chest +
20 - 11535104 (TBI) Ant
HR - 8 Normal Dr. Manu
Hale 3/8/24



PEDIATRIC HEMATOLOGY-ONCOLOGY, IMMUNOLOGY & BONE MARROW TRANSPLANT UNIT

BONE MARROW TRANSPLANT WORK UP (Donor)

Donor's name: Mr Parash Das Recipient's name:
 Age /Sex: 39y/m AHJ no:
 Date:
 Wt: Ht:

<p>1. <input checked="" type="checkbox"/> CBC</p> <p>2. <input checked="" type="checkbox"/> G6PD screening</p> <p>3. <input checked="" type="checkbox"/> Reticulocyte count</p> <p>4. <input checked="" type="checkbox"/> LFT</p> <p>5. <input checked="" type="checkbox"/> KFT 2</p> <p>6. <input checked="" type="checkbox"/> Blood group <u>(4)</u></p> <p>7. <input checked="" type="checkbox"/> Blood sugar (R)</p> <p>8. <input checked="" type="checkbox"/> Viral panel (HIV, HBsAg, HCV) by Chemoluminescence method & NAT Test <u>(4)</u></p> <p>9. <input checked="" type="checkbox"/> HB core antibody (IgM)</p> <p>10. <input checked="" type="checkbox"/> CMV IgG</p> <p>11. <input checked="" type="checkbox"/> CMV IgM</p> <p>12. <input checked="" type="checkbox"/> VDRL</p>	<p>13. <input checked="" type="checkbox"/> Prothrombin time</p> <p>14. <input checked="" type="checkbox"/> APTT</p> <p>15. <input checked="" type="checkbox"/> HLA-typing basic</p> <p>16. <input checked="" type="checkbox"/> X ray chest PA view</p> <p>17. <input checked="" type="checkbox"/> Urine R & M</p> <p>18. <input checked="" type="checkbox"/> HPLC</p> <p>19. <input checked="" type="checkbox"/> DCT</p> <p>20. <input checked="" type="checkbox"/> ICT</p> <p>21. <input checked="" type="checkbox"/> Pre-Tx chimerism</p> <p>22. <input checked="" type="checkbox"/> ECG</p> <p>23. <input checked="" type="checkbox"/> Others</p> <p>24. <input checked="" type="checkbox"/> Physician/Pediatrician Consultation</p>
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Comments:

Tab salzman forte & ...

Gaurav
Dr Gaurav Kharya
 Clinical Lead / Center for Bone Marrow Transplant & Cellular Therapies
 Senior Consultant / Pediatric Hemato-oncology, Immunology & BMT
 Indraprastha Apollo Hospital
 Sarita Vihar, Delhi - 110076
 Email: gaurav.kharya@gmail.com
 Ph: +91-921-31-32-168



CENTER FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPY
BONE MARROW TRANSPLANT FOLLOW UP

Date: 03/08/2024
Name: Ms. Soumyashree Das
Weight: 20.3 kgs

Height: 112 cms

UHID: APD1.0011535104
Age/Sex: 6 years/male
BSA: 0.79 m2

Diagnosis: TDT for HFD HSCT.

Summary: known case of TDT, diagnosed at 3 months of age, on regular transfusions since then, presently every 21 days (with leucocyte filters). Ferritin 2560 ng/ml, on Desirox 750 mg PO once daily + Kelfer 500 mg PO twice daily. Now planned for HFD HSCT in the absence of HLA identical donor.

Investigations:

CBC: 10.5/1.7/250/P49.5%
Bilirubin (T/D): -/-
Blood group: O Positive
CMV: IgG/IgM: 124/-
Ferritin: 2562.40 ng/ml

Retic count: ___%
HbS: ND
DCT/ICT: Neg
G6PD: ND

PT/APTT: N
DSA: Negative (father donor)
HIV/HBsAg/HCV: NR 09/06
LDH: ND

Plan:

1. Autologous stem cell harvest and backup to be done on 14/06/24 (Target dose 10 million cells/kg, harvested ___ ml, to be preserved at apollo gene biotech)
2. PTIS (cycle # 1 from 14/06/24)
3. PTIS (cycle # 2 from 05/07/24)
4. TAB. HYDROXYUREA 500 MG PO ONCE DAILY (HOLD)
5. TAB. AZATHIOPRINE 50 MG PO ONCE DAILY (HOLD)
6. TAB. VALGANCICLOVIR (450 MG) % PO TWICE DAILY
7. TAB. VORICONAZOLE 200 MG-100 MG PO TWICE DAILY
8. TAB. TRIMETHOPRIM-SULPHAMETHAXAZOLE (SEPTRAN) DS % TAB TWICE DAILY (MON/THUR)
9. TAB. SHELECAL 1 TAB PO ONCE DAILY
10. TAB. FOLIC ACID 5 MG PO ONCE DAILY
11. SYP. LEVERACETAM 2 ML PO TWICE DAILY
12. HYPER-TRANSFUSION AS ADVISED (MAINTAIN PRE-TX HB. 10 GM/DL)
13. CHELATION: TAB DESIROX 750 MG PO ONCE DAILY + KELFER 500-250-500 MG PO THRICE DAILY
14. ORAL & PERIANAL CARE AS ADVISED
15. INJ NEUKINE 150 MICROGRAM S/C X 2 DAYS *3/8/24*

Plan:

- CMV PCR
- Review on *28/07/24* with CBC & consultation.

Gaurav

DR GAURAV KHARYA
CLINICAL LEAD | CENTER FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPIES
SENIOR CONSULTANT | PEDIATRIC HEMATOLOGY ONCOLOGY AND IMMUNOLOGY
APOLLO HOSPITAL, SARITA VIHAR, DELHI 110076
Email: gaurav.kharya@gmail.com; Phone: +919213132168

DR GARIMA NIRMAL | CONSULTANT (+917011027315)
DR VAIBHAV CHADHA | ASSOCIATE CONSULTANT (+919910000248)

DR GURPREET SINGH | JUNIOR CONSULTANT & FELLOW
DR NIKHIL GUPTA | JUNIOR CONSULTANT & FELLOW

IN CASE OF EMERGENCY, PLEASE CALL ON BMT CT HELPLINE: 8826197259
APPOINTMENTS (MS HIMSHIKHA): 8826931012
ADMISSIONS (MS JOYSHREE): 7005432414
REPORTS (MR ARUN): 8920860478



PEDIATRIC HEMATOLOGY-ONCOLOGY, IMMUNOLOGY & BONE MARROW TRANSPLANT UNIT

BONE MARROW TRANSPLANT WORK UP (Recipient)

Patient's name: *Adarsh Shree* Age /Sex:
 AHI no: Date:
 Diagnosis: BMT: Allo SCT / Auto SCT
 Exam/Remark: Ht:
 Wt:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> CBC | 20. HLA- typing basic |
| 2. G6PD screening | 21. HPLC |
| 3. Reticulocyte count | 22. DCT |
| 4. LFT | 23. ICT |
| 5. KFT 2 | 24. <input checked="" type="checkbox"/> Chimerism pre-engraftment (Donor & Recipient) <i>lab</i> |
| 6. Blood group | 25. Others (if required) |
| 7. Blood Sugar (R) | a. Bone marrow and PBF examination |
| 8. Serum LDH | b. Bone marrow biopsy examination |
| 9. Viral panel (HIV, HBsAg, HCV) by Chemoluminescence method & NAT Test | c. Bone marrow aspiration and biopsy |
| 10. HB core antibody (IgM) | d. EGFR serum |
| 11. CMV IgG | e. Serum protein electrophoresis |
| 12. CMV IgM | f. Immunofixation electrophoresis |
| 13. VDRL | g. Free light chain (kappa/Lambda) |
| 14. Prothrombin time | h. Pulmonary function test |
| 15. APTT | i. HCV Viral load quantitative/ HBV Viral load quantitative |
| 16. Ferritin | 26. Serum Vit D |
| 17. Digital skigram Chest -PA view | 27. DSA Single Antigen Bead Class I, Class II |
| 18. <input checked="" type="checkbox"/> Screening ECHOCARDIOGRAM <i>By KOTLI Screening</i> | 28. Physician/Pediatrician Consultation |
| 19. <input checked="" type="checkbox"/> ECG | |

CMV PCR a Day before admission

Comments:

Gur
 Dr Gaurav Kharya
 Clinical Lead / Center for Bone Marrow Transplant & Cellular Therapies
 Senior Consultant / Pediatric Hemato-oncology, Immunology & BMT
 Indraprastha Apollo Hospital
 Sarita Vihar, Delhi - 110076
 Email: gaurav.kharya@gmail.com
 Ph: +91-921-31-32-168



②

DELB7940 2353

Sett - 1.3 Lakh

Form # 1001

Handwritten initials

8888

APDI: 0011535104



Request For Admission

Please admit Mr./Ms. Sourmyashree Das Father's / Husband's Name :

Age 6 (Yrs.) Sex F UHID No. 0011535104 Date of Admission 6/07/24 Time of Admission 10:00 am

Payer Category - CASH CORP. TPA INTL.

Payment Details

Room Category Gen. Ward Under Dr. : BMT Team

Provisional Diagnosis TDT for HFDHSC Allergies

Procedures and Treatment Contemplated : MLC : Yes / No

TOTIS IF Yes Inside MLC / Outside

Expected Length of Stay : 4 Days MLC No.

*P. A. Yes / No. Auth. Letter Enclosed Yes / No

INSTRUCTIONS FOR STAFF NURSE

Inform me and my Resident / Registrar / Dr. _____

Diet	NBM	Liquid	Repeated	Diabetic	Renal	Others
	Soft Solid	Normal	Cardiac	Salt Free	Hepatic	

(B) Lab. Investigations (D) Radiological Investigations Medications

Special Instructions (if Any)

Pre-op Instructions (if applicable)



Att. Name Sourmyashree Das

Relation Mother

Phone No. 59051586

Please tick : as appropriate :

- Preventive
- Diagnostic
- Curative
- Palliative
- Rehabilitative

Name of Consultant / Authorised Signatory : BMT Team

Signature :

Date & Time 5/07/24

10:00 am

Grateful Child Welfare Foundation

Dr. Kumar

ADMISSION FORM

AF - I



UHID APD1.0011535104	DATE OF ADMN 06-Jul-2024	TIME OF ADMN 03:49:22 PM	WARD 3rd Floor T1 ward	Category/BedNo 2353 / AC MULTI BED UNIT	IPNO DELIP488065
NAME OF THE CONSULTANT: Dr.BMT TEAM			SPECIALITY: HEMATOLOGY, ONCOLOGY, IMMUNOL OGY, BMT		
SECONDARY CONSULTANT:			SPECIALITY:		
Name of the Patient : Ms. SOUMYASHREE DAS Age : 6years.3months 28days Sex : Female			Referred By : SELF		
Address(Permanent) : CHHATTARPUR, New Delhi, New Delhi, Delhi, India.			Phone/Mobile No : I HAVE CHECKED MY ADDRESS AND CERTIFY THAT IT IS CORRECT. 0000000000		
Father/Spouse/Guardian: PARESH CHANDRA DAS			Email ID : PARESH Blood Group : O+ Sign: <i>[Signature]</i>		
Local Address :			Nationality : India		
Local Contact No : 91-9015152065			Expected Length of Stay : 4Day(s)		
Reason for admission/Diagnosis: PTIS					
Name of next of Kin : MRS BANASMITA DAS			Relationship : Mother		
Informed Ward :			MLC No : MLC Type :		
Informed HK :			Mode of payment : Cash		

Grateful Child Welfare Foundation



PATIENT HISTORY				Total IP Nos :	2			
IP NO	ADMITTING DOCTOR	LOS	Discharge Date&Time	IP NO	ADMITTING DOCTOR	LOS	Discharge Date&Time	
DELIP487	BMT TEAM	12h	01/07/2024 09:40:01 PM	DELIP484519	BMT TEAM	3d 22h	16/06/2024 05:50:01 PM	

Consent Form

I hereby grant consent to examine, conduct non-invasive diagnostic tests and provide routine medication and treatment including IV, BM and subcutaneous injection while in the hospital for Ms. SOUMYASHREE DAS (state relationship: Mother)

I am aware that a separate informed consent will be obtained for all invasive tests and procedures, except when performed to save life, limb or sight. During hospitalisation, I understand that trainees / students may participate in my care under the supervision of my treating team.

All disputes shall be governed by the laws of India and shall be subject to the jurisdiction of Courts at New Delhi, India only.

Witness Name: Devendra Signature: [Signature]
 Address: Apollo Hospital Relation: _____
Sandeep Kumar Address: _____

Date: 06/07/2024 Date: _____
[Signature] Date: 06/07/2024

PROPOSED CARE & OUTCOME EXPLAINED
 EXPECTED COST EXPLAINED
[Signature] (Signature of PI/Attnd.)



UHID APD1.0011535104	DATE OF ADMN 13-Jun-2024	TIME OF ADMN 07:47:38 PM	WARD 6th Flr T2 BMT CT	Category/BedNo 3656 / A/C MULTI BED UNIT	IPNO DELIP484519
NAME OF THE CONSULTANT: Dr.BMT TEAM			SPECIALITY: HEMATOLOGY,ONCOLOGY,IMMUNOL OGY,BMT		
SECONDARY CONSULTANT:			SPECIALITY:		
Name of the Patient : Ms. SOUMYASHREE DAS			Referred By : SELF		
Age : 6years 3months 5days Sex : Female			Phone/Mobile : 91-8368526150		
Address(Permanent) : CHHATTARPUR, New Delhi,New Delhi, Delhi,India.			Email ID : PARESHDAS1985@YAHOO.CO.IN		
Father/Spouse/Guardian: PARESH CHANDRA DAS			Blood Group :		
Local Address :			Nationality : India		
Local Contact No : 91-8368526150			Expected Length Of Stay: 5Day(s)		

I HAVE CHECKED MY ADDRESS
AND CERTIFY THAT IT IS
CORRECT
Sign.....

Reason for admission/Diagnosis: autologous harvest and chemotherapy

Name of next of Kin : B DAS Relationship : Mother

Informed Ward : MLC No : MLC Type :

Informed HK : Mode of payment : Cash

INPATIENT HISTORY: Total IP Episodes :

IP NO	ADMITTING DOCTOR	LOS	Discharge Date&Time	IP NO	ADMITTING DOCTOR	LOS	Discharge Date&Time

Consent Form

I hereby grant consent to examine, conduct non-invasive diagnostic tests and provide routine medication and treatment including IV,IM and subcutaneous injection while in the hospital for Ms. SOUMYASHREE DAS (state relationship)

I am aware that a separate informed consent will be obtained for all invasive tests and procedures, except when performed to save life, limb or sight. During hospitalisation, I understand that trainees / students may participate in my care under the supervision of my treating team.

All disputes shall be governed by the laws of India and shall be subject to the jurisdiction of Courts at New Delhi, India only.

Witness _____	Signature _____
Name _____	Name _____
Address _____	Relation _____
_____	Address _____
Date _____	Date _____

CONSENT TAKEN BY _____

PROPOSED CARE & OUTCOME EXPLAINED
EXPECTED COST EXPLAINED _____

(Signature of Pt./Attnd)

APD1.0011535104
MS. SOUMYASHREE DAS
Age: 6 Year(s) Year(s)/Female
12 Jun. 2024 1:09:05 PM

67980 - 9th floor - 2.5 lakhs
Form # 1001

1. 0011535104



Request For Admission

Infant - Co-patient



Mr Das
2011535104
Father's / Husband's Name: Parash Chandra
Date of Admission: 13/6/24
Time of Admission: 6:00 PM

Payer Category - CASH CORP. TPA INTL.

Payment Details

Room Category: General Ward Under Dr.: BMT Team

Provisional Diagnosis: Thalassemia Major Allergies

Procedures and Treatment Contemplated: Autologous Harvest + chemotherapy
MLC : Yes / No
IF Yes : Inside MLC / Outside
MLC No. :

Expected Length of Stay: 5 days

T.P.A. Yes / No. Auth. Letter Enclosed Yes / No

INSTRUCTIONS FOR STAFF NURSE

Inform me and my Resident / Registrar / Dr. BMT Team

Diet	NBM	Liquid	Repeated	Diabetic	Renal	Others
	Soft Solid	Normal	Cardiac	Salt Free	Hepatic	

(B) Lab. Investigations	(D) Radiological Investigations	Medications

Special Instructions (if Any) Pre-op Instructions (if applicable)

Att. Name _____
Relation _____
Phone No. 955152065

Please tick / as appropriate :

Preventive Diagnostic Curative Palliative Rehabilitative

BMT Team
Name of Consultant / Authorised Signatory :

Signature : [Signature]
Date & Time 13/6/24 6:00 PM

June 2023 /PV

13 Jun 2024, 6:00 pm

Tel : 26925801, 26925858, Fax : 91-11-268



रजिस्टर्ड / REGISTERED

प्रधान मंत्री कार्यालय
PRIME MINISTER'S OFFICE

नई दिल्ली-110011
New Delhi-110011

02-May-2024

NO.82(9217)/2024-PMF

To

DIRECTOR
INDRAPRASTHA APOLLO HOSPITALS
SARITA VIHAR,
NEW DELHI - 110 076.

Dear Sir/Madam,

कृपया अपने दिनांक 09/11/2023 के पत्र/अनुमान/प्रमाणपत्र का संदर्भ लें, जो BABY SOUMYASHREE DAS के Thalassaemia Major के उपचार के लिए प्रधान मंत्री राष्ट्रीय राहत कोष से आर्थिक सहायता के संबंध में है (अस्पताल संदर्भ संख्या APD1.0011535104)। शल्य चिकित्सा/उपचार में होने वाले खर्च की अंशतः पूर्ति के लिए प्रधान मंत्री राष्ट्रीय राहत कोष से ₹300000.00 का अनुदान सिद्धांततः स्वीकृत किया जाता है।

Please refer to your letter/estimate/certificate dated 09/11/2023 regarding financial assistance from PMNRF for the Thalassaemia Major of BABY SOUMYASHREE DAS (Hosp No.APD1.0011535104). A grant of ₹300000.00/- (Three Lakh Only) from Prime Minister's National Relief Fund to partially defray the expenses involved in the Thalassaemia Major is sanctioned in-principle.

2. अस्पताल, इस पत्र के प्राप्त होने के बाद रोगी के Thalassaemia Major की जिम्मेदारी लेगा और होने वाले वास्तविक खर्च का ब्यौरा निर्धारित प्रपत्र (पहले ही भेजा जा चुका है) में इस कार्यालय को सीधे ही उपलब्ध कराए ताकि यह कार्यालय भुगतान जारी कर सके। जारी की जाने वाली अनुदान राशि अनुमेय अवधि के दौरान हुए खर्च तक सीमित रहेगी जो स्वीकृति की पूरी धनराशि तक होगा।

The hospital shall assume responsibility for the Thalassaemia Major of the patient on receipt of this communication and furnish details of the actual expenditure incurred directly to this office in the format prescribed (already supplied) to enable this office to release payment. Release of grant will be limited to expenditure incurred during the admissible period upto the full amount of sanction.

3. इस स्वीकृति पत्र के आधार पर किसी भी प्रकार की क्रेडिट सुविधा / इलाज की सुविधा प्रदान करते समय अस्पताल मरीज की सत्यता सुनिश्चित करेगा। किसी प्रकार का संदेह होने पर तत्काल इस कार्यालय को अवगत कराया जाए। अस्पताल द्वारा जारी एस्टिमेट की प्रति संदर्भ हेतु संलग्न है।

The hospital shall ascertain the veracity of the patient while extending any credit facility/treatment against this sanction letter. In case of any doubt, the same may be brought to the notice of this office immediately. Copy of the estimate issued by the hospital is enclosed for reference.

4. प्रधान मंत्री कार्यालय में रोगी/आवेदक का अनुरोध प्राप्त होने की तारीख 02/01/2024 है। आर्थिक सहायता इस पृष्ठ के पीछे उल्लिखित शर्तों और पहले ही बताए गए नियमों और शर्तों के अनुसार होगी। इस स्वीकृति पत्र की वैधता जारी होने की तारीख से दो वर्ष तक है। किन्तु अस्पताल स्वीकृति पत्र के जारी होने की तारीख से एक वर्ष के भीतर उपचार शुरू करेगा।

The date of receipt of patient's / applicant's request in PMO is 02/01/2024. Financial assistance is subject to the conditions mentioned overleaf and the terms and conditions already communicated. The validity of this sanction letter is for a period of two years from the date of issue. However, the hospital should commence treatment within one year from the date of issue of this sanction letter.

Yours faithfully

(Pradeep Kumar Srivastava)
Under Secretary (Funds)

Copy for Information to:

1) SMT BANASMITA DAS
BADAMANDARUNI, MASANBARIA, BALESWAR,
ODISHA 756034
CUTTACK, ODISHA -754293

with reference to the letter dated nil

2) SHRI PRATAP CHANDRA SARANGI, MP
ROOM.NO.133,UDYOG BHAWAN,
RAFI MARG, NEW DELHI-110011

with reference to letter dated 18/04/2024

(Pradeep Kumar Srivastava)
Under Secretary (Funds)

Shot on OnePlus

CutyLiza

Dated: November 9th 2023

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms Soumyashree Das (APD1.0011535104)**, 5 yrs old female, is a known case of **Thalassemia major**. She is currently on supportive care for the same. The only curative treatment for Thalassemia major is bone marrow transplant. In the absence of matched sibling donor or unrelated donor, **Soumyashree** is planned for haploidentical bone marrow transplant. It is strongly recommended for **Soumyashree** to go ahead with BMT to give her best quality of life & normal life expectancy.

BMT (haploidentical) is an expensive treatment. The quotation for BMT is as mentioned below:

1.	Pre-transplant workup (donor & recipient)	approx. 1-1.5 Lacs INR.
2.	Autologous Back up	approx. 2 Lacs INR.
3.	Pre transplant preparation	approx. 1 Lac X 2 cycles = 2 Lacs INR.
4.	Donor harvest	approx. 1 Lac INR
5.	T cell depletion kit (from MiltenyiBiotec Germany)	approx. 10 Lacs INR
6.	Transplant phase for 4 weeks of uncomplicated stay in hospital (dose of chemotherapy medicines depends on weight).	approx. 15-17 Lacs INR
7.	Post BMT weekly OPD follow ups	approx. 50000-75000 INR/month x 3 months.
8.	In case of emergency	approx. 5 Lacs INR
Total		approx. 40,75,000 INR

NOTE: The cost might rise in case of any unforeseen complications & extended stay in the hospital.

Overall success rate of BMT is approx. 90%.


Dr. Gaurav Kharya
 Clinical Lead | Center for Bone Marrow Transplant & Cellular Therapy
 Senior Consultant | Paediatric Hematology
DR GAURAV KHARYA
 CLINICAL LEAD | CENTER FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPIES
 SENIOR CONSULTANT | PEDIATRIC HEMATOLOGY ONCOLOGY AND IMMUNOLOGY
 APOLLO HOSPITAL, SARITA VIHAR, DELHI 110076
 Email: gaurav.kharya@gmail.com
 Phone: +919213132168
 Email: gaurav.kharya@gmail.com





Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Baleshwar, Odisha



Certificate No.: OD0811620180382266

Date: 04/01/2022

This is to certify that I/we have carefully examined Kum. **Soumyashree Das**, Daughter of Shri **Paresh Chandra Das**, Date of Birth **08/03/2018**, Age **3**, Female, Registration No. **2108/00000/2111/0807890**, resident of House No. **At-badamandaruni, Post-masanbadia - 756034**, Sub District **Kamarda**, District **Baleshwar**, State / UT **Odisha**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Thalassemia**

(B) The diagnosis in her case is **THALASSEMIA MAJOR**

(C) She has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to her **WHOLE BODY** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



Balaram Mishra
Chief District Medical &
Public Health Officer,
Balesore

Issuing Medical Authority, Baleshwar, Odisha

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

प्रधान मंत्री कार्यालय
Prime Minister's Office
डाक अनुभाग
DAK SECTION
RECEIVED ON
Date: 02/01/2024

RAMESH BIDHURI
Member of Parliament
South Delhi (Lok Sabha)

CHAIRPERSON:
Standing Committee on
Petroleum & Natural Gas

Member:
Committee on Welfare of OBCs,
Governing Body, AIIMS,
DDA Advisory Council



सत्यमेव जयते

Office:
115, B-Block, PHA Extension
New Delhi-110 001
Tel.: 011-23035761
011-21410253(Telefax)

RB/PMfund/LS/23/5014
Dated 29th Dec, 2023

To,
The Secretary
P.M National Relief Fund
South Block
New Delhi

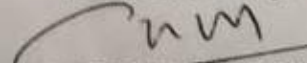
Sir/Madam,


Please find enclosed herewith the application of Mr. Paresh Chandra Das R/o H.no. Plot no. 47/6, Kh no. 25/26, Rajpur Khurd Extn. Chattarpur, South Delhi, Delhi-110074, his daughter '**Ms Soumyashree Das (5 Yrs.)**' is suffering from **Thalassemia Major (Requires Bone Marrow Transplant)** and undergoing treatment at Indraprastha Apollo Hospital, New Delhi. Belonging to a poor family, he is unable to afford the expenses of the treatment. The copy of estimate issued by hospital is enclosed herewith.

I, therefore, request to kindly consider the case sympathetically and release the fund under Prime Minister's National Relief Fund to the concerned hospital for further treatment.

With regards,


Yours sincerely,


(RAMESH BIDHURI)

Name : Baby SOUMYASHREE DAS	Age : 5 Years	 MC-2113
Lab No. : 177593963	Gender : Female	
Ref By : DR GAURAV KHARYA	Reported : 26/12/2023 5:15:01PM	
Collected : 22/12/2023 5:25:00PM	Report Status : Final	
A/c Status : P	Processed at : LPL-NATIONAL REFERENCE LAB	
Collected at : PSC SUKHDEV VIHAR PLOT NO-9,MAIN ROAD,SUKHDEV VIHAR DELHI-110025 NEW DELHI	National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085	

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HLA SINGLE ANTIGEN BEAD ASSAY FOR CLASS I & II IgG ANTIBODIES; DSA-SAB CLASS I & II			



Dr (Prof) Jasmeet Kaur
 MD, Pathology; PhD Transplant
 Immunology & Immunogenetics
 Technical Director - Advanced
 Histocompatibility &
 Immunogenetics
 NRL - Dr Lal PathLabs Ltd

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.



Name : Baby. Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Class I Single Antigen Bead (SAB) Result

No Antibodies detected against HLA Class I antigens tested with MFI > 1000.

Antibodies detected against HLA Class I antigens tested with MFI < 1000.

Allele Specificity	MFI
B*07:02	611
C*05:01	376
A*29:02	364
A*80:01	256
B*81:01	255
B*55:01	253
C*04:01	246
B*15:12	185
B*45:01	168
A*29:01	159
C*01:02	137
C*02:02	128
B*44:03	119
B*42:01	102
B*44:02	87
A*34:01	82
C*12:03	77
B*40:02	76
A*43:01	75
B*27:05	72
B*40:01	72
C*18:02	57
B*27:08	55
A*32:01	47
A*26:01	47
B*13:02	43
A*74:01	36
B*15:01	34
A*02:01	34
B*52:01	31
B*40:06	29
A*66:01	26
A*66:02	26
B*18:01	26
A*25:01	22
B*48:01	22



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Name : Baby. Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Allele Specificity	MFI
A*02:03	22
A*11:01	21
C*14:02	21
C*07:02	20
B*56:01	Not Detected
B*49:01	Not Detected
A*02:06	Not Detected
B*47:01	Not Detected
A*31:01	Not Detected
A*03:01	Not Detected
A*30:02	Not Detected
B*58:01	Not Detected
B*15:03	Not Detected
C*03:02	Not Detected
B*67:01	Not Detected
A*30:01	Not Detected
B*38:01	Not Detected
A*01:01	Not Detected
A*24:02	Not Detected
A*36:01	Not Detected
B*50:01	Not Detected
B*57:01	Not Detected
B*46:01	Not Detected
B*13:01	Not Detected
B*15:11	Not Detected
A*33:03	Not Detected
C*03:03	Not Detected
C*03:04	Not Detected
B*82:01	Not Detected
C*08:01	Not Detected
C*06:02	Not Detected
C*15:02	Not Detected
C*16:01	Not Detected
C*17:01	Not Detected
B*51:01	Not Detected
B*51:02	Not Detected
B*53:01	Not Detected
B*54:01	Not Detected
B*57:03	Not Detected
B*73:01	Not Detected
B*78:01	Not Detected
B*59:01	Not Detected
B*39:01	Not Detected
B*41:01	Not Detected
B*15:10	Not Detected
B*15:02	Not Detected
B*35:01	Not Detected

Grateful Child Welfare Foundation



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Name : Baby. Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Allele Specificity	MFI
B*37:01	Not Detected
B*15:13	Not Detected
B*15:16	Not Detected
B*14:01	Not Detected
B*14:02	Not Detected
B*08:01	Not Detected
A*68:01	Not Detected
A*68:02	Not Detected
A*69:01	Not Detected
A*33:01	Not Detected
A*34:02	Not Detected
A*24:03	Not Detected
A*11:02	Not Detected
A*23:01	Not Detected

Grateful Child Welfare Foundation



Name : Baby. Soumyashree Das Age : 05 Yrs. Gender : Female
 Referred by : Dr. Gaurav Kharya Collection date : 22.12.2023
 Lab No : 23 177593963 Reporting Date : 26.12.2023
 Report at : PSC SUKHDEV VIHAR

Bead Specificity Chart

Sero Type	Allele	MFI
B7,Bw6	B*07:02	611.52
Cw5	C*05:01	376.75
A29	A*29:02	364.28
A80	A*80:01	256.92
B81,Bw6	B*81:01	255.78
B55,Bw6	B*55:01	253.51
Cw4	C*04:01	246.76
B76,Bw6	B*15:12	185.69
B45,Bw6	B*45:01	168.22
A29	A*29:01	159.59
Cw1	C*01:02	137.08
Cw2	C*02:02	128.30
B44,Bw4	B*44:03	119.04
B42,Bw6	B*42:01	102.55
B44,Bw4	B*44:02	87.64
A34	A*34:01	82.30
Cw12	C*12:03	77.91
B61,Bw6	B*40:02	76.90
A43	A*43:01	75.46
B27,Bw4	B*27:05	72.38
B60,Bw6	B*40:01	72.27
Cw18	C*18:02	57.51
B27,Bw6	B*27:08	55.59
A32	A*32:01	47.95
A26	A*26:01	47.06
B13,Bw4	B*13:02	43.51
A74	A*74:01	36.73
B62,Bw6	B*15:01	34.44
A2	A*02:01	34.32
B52,Bw4	B*52:01	31.52
B61,Bw6	B*40:06	29.64
A66	A*66:01	26.98
A66	A*66:02	26.52
B18,Bw6	B*18:01	26.17
A25	A*25:01	22.77
B48,Bw6	B*48:01	22.54
A2	A*02:03	22.23
A11	A*11:01	21.96
Cw14	C*14:02	21.92
Cw7	C*07:02	20.86
B56,Bw6	B*56:01	0.00
B49,Bw4	B*49:01	0.00
A2	A*02:06	0.00
B47,Bw4	B*47:01	0.00
A31	A*31:01	0.00
A3	A*03:01	0.00
A30	A*30:02	0.00
B58,Bw4	B*58:01	0.00
B72,Bw6	B*15:03	0.00
Cw10	C*03:02	0.00
B67,Bw6	B*67:01	0.00
A30	A*30:01	0.00
B38,Bw4	B*38:01	0.00
A1	A*01:01	0.00
A24	A*24:02	0.00
A36	A*36:01	0.00
B50,Bw6	B*50:01	0.00
B57,Bw4	B*57:01	0.00
B46,Bw6	B*46:01	0.00
B13,Bw4	B*13:01	0.00
B75,Bw6	B*15:11	0.00
A33	A*33:03	0.00
Cw9	C*03:03	0.00
Cw10	C*03:04	0.00
B82,Bw6	B*82:01	0.00
Cw6	C*06:01	0.00
Cw6	C*06:02	0.00
Cw15	C*15:02	0.00
Cw16	C*16:01	0.00
Cw17	C*17:01	0.00
B51,Bw4	B*51:01	0.00
B51,Bw4	B*51:02	0.00
B53,Bw4	B*53:01	0.00
B54,Bw6	B*54:01	0.00
B57,Bw4	B*57:03	0.00
B73,Bw6	B*73:01	0.00
B78,Bw6	B*78:01	0.00
B59,Bw6	B*59:01	0.00
B39,Bw6	B*39:01	0.00
B41,Bw6	B*41:01	0.00
B71,Bw6	B*15:10	0.00
B75,Bw6	B*15:02	0.00
B35,Bw6	B*35:01	0.00
B37,Bw4	B*37:01	0.00
B77,Bw4	B*15:13	0.00
B63,Bw4	B*15:16	0.00
B64,Bw6	B*14:01	0.00
B65,Bw6	B*14:02	0.00
B8,Bw6	B*08:01	0.00
A68	A*68:01	0.00
A68	A*68:02	0.00
A69	A*69:01	0.00
A33	A*33:01	0.00
A34	A*34:02	0.00
A24	A*24:03	0.00
A11	A*11:02	0.00
A23	A*23:01	0.00



Grateful Child Welfare Foundation

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If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
 Tel: 011-4988-5050, Fax: +91-11-2788-2134, E-mail: customer.care@lalpathlabs.com

Name : Baby. Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Class II Single Antigen Bead (SAB) Result

Antibodies detected against HLA Class II antigens tested with MFI > 1000.

Allele Specificity	MFI
DQB1*02:01,DQA1*05:01	12,534
DQB1*02:01,DQA1*03:01	7,552
DQB1*02:01,DQA1*04:01	5,603
DQB1*02:01,DQA1*02:01	5,100
DQB1*02:02,DQA1*02:01	4,647
DRB4*01:03	2,227
DRB1*07:01	1,896
DQB1*03:03,DQA1*02:01	1,613
DRB4*01:01	1,600
DQB1*03:02,DQA1*03:03	1,071
DQB1*03:01,DQA1*06:01	1,027

Antibodies detected against HLA Class II antigens tested with MFI < 1000.

Allele Specificity	MFI
DQB1*03:19,DQA1*05:05	983
DQB1*03:03,DQA1*03:01	949
DQB1*03:03,DQA1*03:02	879
DRB1*13:01	798
DQB1*03:01,DQA1*05:03	795
DRB1*13:03	745
DRB3*03:01	648
DRB1*14:54	604
DRB1*14:01	569
DRB1*12:01	569
DRB1*08:01	484
DRB1*10:01	463
DRB1*03:01	458
DRB1*09:01	423
DQB1*03:01,DQA1*03:01	419
DRB1*11:04	416
DRB1*03:02	408
DRB1*11:01	402
DQB1*03:02,DQA1*02:01	375
DRB1*14:02	364
DRB1*09:02	357
DRB1*12:02	350
DRB3*02:02	335
DRB3*01:01	331

Name : Baby. Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Allele Specificity	MFI
DQB1*03:02,DQA1*03:01	317
DQB1*03:01,DQA1*02:01	312
DQB1*05:01,DQA1*01:01	81
DQB1*05:02,DQA1*01:02	75
DRB1*04:03	61
DQB1*06:02,DQA1*01:02	33
DRB1*04:01	33
DRB1*04:05	Not Detected
DPB1*18:01,DPA1*02:01	Not Detected
DRB1*15:01	Not Detected
DRB1*15:02	Not Detected
DRB1*15:03	Not Detected
DRB1*16:01	Not Detected
DRB1*16:02	Not Detected
DRB5*01:01	Not Detected
DRB5*02:02	Not Detected
DRB1*01:01	Not Detected
DRB1*01:02	Not Detected
DRB1*01:03	Not Detected
DRB1*04:02	Not Detected
DRB1*04:04	Not Detected
DQB1*06:02,DQA1*01:01	Not Detected
DQB1*06:03,DQA1*01:03	Not Detected
DQB1*06:04,DQA1*01:02	Not Detected
DQB1*06:09,DQA1*01:02	Not Detected
DQB1*06:01,DQA1*01:03	Not Detected
DQB1*04:01,DQA1*02:01	Not Detected
DQB1*04:01,DQA1*03:03	Not Detected
DQB1*04:02,DQA1*02:01	Not Detected
DQB1*04:02,DQA1*04:01	Not Detected
DPB1*01:01,DPA1*01:03	Not Detected
DPB1*01:01,DPA1*02:01	Not Detected
DPB1*02:01,DPA1*01:03	Not Detected
DPB1*05:01,DPA1*02:02	Not Detected
DPB1*03:01,DPA1*01:03	Not Detected
DPB1*03:01,DPA1*01:05	Not Detected
DPB1*03:01,DPA1*02:01	Not Detected
DPB1*04:01,DPA1*01:03	Not Detected
DPB1*04:02,DPA1*01:03	Not Detected
DPB1*05:01,DPA1*02:01	Not Detected
DPB1*06:01,DPA1*02:01	Not Detected
DPB1*06:01,DPA1*01:03	Not Detected
DPB1*09:01,DPA1*02:01	Not Detected
DPB1*10:01,DPA1*02:02	Not Detected
DPB1*11:01,DPA1*01:03	Not Detected
DPB1*28:01,DPA1*01:03	Not Detected
DPB1*13:01,DPA1*02:01	Not Detected

Name : Baby. Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Allele Specificity	MFI
DPB1*13:01,DPA1*02:02	Not Detected
DPB1*13:01,DPA1*03:01	Not Detected
DPB1*14:01,DPA1*02:01	Not Detected
DPB1*15:01,DPA1*02:01	Not Detected
DPB1*17:01,DPA1*02:01	Not Detected
DPB1*18:01,DPA1*01:05	Not Detected
DPB1*18:01,DPA1*01:04	Not Detected
DPB1*19:01,DPA1*01:03	Not Detected
DPB1*20:01,DPA1*03:01	Not Detected
DPB1*23:01,DPA1*01:03	Not Detected
DPB1*28:01,DPA1*01:05	Not Detected
DPB1*28:01,DPA1*04:01	Not Detected
DPB1*11:01,DPA1*02:02	Not Detected

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Name : Baby. Soumyashree Das Age : 05 Yrs. Gender : Female
 Referred by : Dr. Gaurav Kharya Collection date : 22.12.2023
 Lab No : 23 177593963 Reporting Date : 26.12.2023
 Report at : PSC SUKHDEV VIHAR

Bead Specificity Chart

Sero Type	Allele	MFI
DQ2	DQB1*02:01.DQA1*05:01	12,534.51
DQ2	DQB1*02:01.DQA1*03:01	7,552.86
DQ2	DQB1*02:01.DQA1*04:01	5,603.37
DQ2	DQB1*02:01.DQA1*02:01	5,100.09
DQ2	DQB1*02:02.DQA1*02:01	4,647.81
DR53	DRB4*01:03	2,227.00
DR7	DRB1*07:01	1,896.82
DQ9	DQB1*03:03.DQA1*02:01	1,613.77
DR53	DRB4*01:01	1,600.37
DQ8	DQB1*03:02.DQA1*03:03	1,071.33
DQ7	DQB1*03:01.DQA1*06:01	1,027.58
DQ7	DQB1*03:19.DQA1*05:05	983.52
DQ9	DQB1*03:03.DQA1*03:01	949.81
DQ9	DQB1*03:03.DQA1*03:02	879.31
DR13	DRB1*13:01	798.33
DQ7	DQB1*03:01.DQA1*05:03	795.70
DR13	DRB1*13:03	745.31
DR52	DRB3*03:01	648.62
DR14	DRB1*14:54	604.33
DR14	DRB1*14:01	569.82
DR12	DRB1*12:01	569.35
DR8	DRB1*08:01	484.74
DR10	DRB1*10:01	463.21
DR17	DRB1*03:01	458.93
DR9	DRB1*09:01	425.40
DQ7	DQB1*03:01.DQA1*03:01	419.68
DR11	DRB1*11:04	416.78
DR18	DRB1*03:02	408.52
DR11	DRB1*11:01	402.75
DQ8	DQB1*03:02.DQA1*02:01	375.90
DR14	DRB1*14:02	364.08
DR9	DRB1*09:02	357.48
DR12	DRB1*12:02	350.75
DR52	DRB3*02:02	335.34
DR52	DRB3*01:01	331.31
DQ8	DQB1*03:02.DQA1*03:01	317.24
DQ7	DQB1*03:01.DQA1*02:01	312.03
DQ5	DQB1*05:01.DQA1*01:01	81.51
DQ5	DQB1*05:02.DQA1*01:02	75.24
DR4	DRB1*04:03	61.20
DQ6	DQB1*06:02.DQA1*01:02	33.77
DR4	DRB1*04:01	33.44
DR4	DRB1*04:05	0.00
DP18	DPB1*18:01.DPA1*02:01	0.00
DR15	DRB1*15:01	0.00
DR15	DRB1*15:02	0.00
DR15	DRB1*15:03	0.00
DR16	DRB1*16:01	0.00
DR16	DRB1*16:02	0.00
DR51	DRB5*01:01	0.00
DR51	DRB5*02:02	0.00
DR1	DRB1*01:01	0.00
DR1	DRB1*01:02	0.00
DR103	DRB1*01:03	0.00
DR4	DRB1*04:02	0.00
DR4	DRB1*04:04	0.00
DQ6	DQB1*06:02.DQA1*01:01	0.00
DQ6	DQB1*06:03.DQA1*01:03	0.00
DQ6	DQB1*06:04.DQA1*01:02	0.00
DQ6	DQB1*06:09.DQA1*01:02	0.00
DQ4	DQB1*04:01.DQA1*01:03	0.00
DQ4	DQB1*04:01.DQA1*02:01	0.00
DQ4	DQB1*04:01.DQA1*03:03	0.00
DQ4	DQB1*04:02.DQA1*02:01	0.00
DQ4	DQB1*04:02.DQA1*04:01	0.00
DP1	DPB1*01:01.DPA1*01:03	0.00
DP1	DPB1*01:01.DPA1*02:01	0.00
DP2	DPB1*02:01.DPA1*01:03	0.00
DP5	DPB1*05:01.DPA1*02:02	0.00
DP5	DPB1*05:01.DPA1*01:03	0.00
DP3	DPB1*03:01.DPA1*01:05	0.00
DP3	DPB1*03:01.DPA1*02:01	0.00
DP4	DPB1*04:01.DPA1*01:03	0.00
DP4	DPB1*04:02.DPA1*01:03	0.00
DP5	DPB1*05:01.DPA1*02:01	0.00
DP6	DPB1*06:01.DPA1*02:01	0.00
DP6	DPB1*06:01.DPA1*01:03	0.00
DP9	DPB1*09:01.DPA1*02:01	0.00
DP10	DPB1*10:01.DPA1*02:02	0.00
DP11	DPB1*11:01.DPA1*01:03	0.00
DP28	DPB1*28:01.DPA1*01:03	0.00
DP13	DPB1*13:01.DPA1*02:01	0.00
DP13	DPB1*13:01.DPA1*02:02	0.00
DP13	DPB1*13:01.DPA1*03:01	0.00
DP14	DPB1*14:01.DPA1*02:01	0.00
DP15	DPB1*15:01.DPA1*02:01	0.00
DP17	DPB1*17:01.DPA1*02:01	0.00
DP18	DPB1*18:01.DPA1*01:05	0.00
DP18	DPB1*18:01.DPA1*01:04	0.00
DP19	DPB1*19:01.DPA1*01:03	0.00
DP20	DPB1*20:01.DPA1*03:01	0.00
DP23	DPB1*23:01.DPA1*01:03	0.00
DP28	DPB1*28:01.DPA1*01:05	0.00
DP28	DPB1*28:01.DPA1*04:01	0.00
DP11	DPB1*11:01.DPA1*02:02	0.00



Grateful Child Welfare Foundation

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
 Tel: +91-11-3988-5050, E-mail: lalpathlabs@lalpathlabs.com

If test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
 Tel: 011-4988-5050, Fax: +91-11-2788-2134, E-mail: customer.care@lalpathlabs.com

Name : Baby, Soumyashree Das **Age** : 05 Yrs. **Gender** : Female
Referred by : Dr. Gaurav Kharya **Collection date** : 22.12.2023
Lab No : 23 177593963 **Reporting Date** : 26.12.2023
Report at : PSC SUKHDEV VIHAR

Comments:

The SAB % PRA Class I is 0 %.
The SAB % PRA Class II is 12 %.
Donor HLA Typing report not available for comment on DSA.

- * Bead Specificity Chart for HLA Class I is on Page number 4.
- * Bead Specificity Chart for HLA Class II is on Page number 8.

Note: List of allele specificities included in the panel tested are given in the tables attached.

Interpretation Single antigen bead (SAB) class I and class II assays detect anti HLA IgG antibodies in the patient and allow for a precise, highly sensitive determination of a patient's antibody profile. This makes discrimination between donor-specific antibodies (DSA) and non-donor-specific antibodies (non DSA) possible. SAB panels are valuable in supporting a diagnosis of humoral rejection post transplantation, in routine pre-transplantation and post-transplantation monitoring and in assessing the efficacy of antibody reduction programs.

The solid phase immunoassays allow the capture of both the HLA antibody specificities and the level of antibody that is measured as a Mean Florescent Intensity (MFI). The immunologic risk assessment is based on providing MFI information for each defined antibody specificity above a given MFI threshold. MFI of > or = 1000 is considered as significant.

Recommendations for monitoring with SAB : Pre-transplantation to determine the immunologic risk assessment. Post-transplantation serial screening of serum to determine the time of onset of de novo DSA and to correlate DSA with clinical/ renal biopsy profile.

Methodology The test is based on the Luminex technology. The Single Antigen Class I /Class II beads are designed to detect IgG antibodies to HLA Class I /Class II glycoproteins . The SAB Class I / Class II are composed of different Luminex Beads to which purified recombinant Class I / Class II HLA glycoproteins are conjugated. The presence or absence of antibodies in the sera depends on the antigen /antibody binding on these beads that is detected by the luminex optic system.



Prof. (Dr) Jasmeet Kaur
MD (Path), PhD (Transplant-Immunology & Immunogenetics)
Director (Tech.)
Dept. of Histocompatibility & Transplant Immunology

