



DEPARTMENT OF HEALTH GOVERNMENT OF BIHAR

DRAWING A NEW ERA FOR THALASSEMIA

INTEGRATED CENTRE FOR HEMOGLOBINOPATHY & HEMOPHILIA (ICHH)

DEPARTMENT OF PEDIATRICS

Name of Medical Collage/Hospital :

THALASSEMIA PATIENT CARD

SHSB Thalassemia Registration No.: Agno: BRO4008TH2604659

Day Care Centre Registration No.: ICHH/1556

Name of Patient : MISS HAPPY KUMARI

Date of Birth : 26/02/25 Sex : F

Name of Father : Sunil kumar

Name of Mother : Amrita Kumari

Contact No. - Father : 9304312519, Mother : 8969740933, Alternate No. :

Aadhar No. of Patient :

Aadhar No. of Father : 80510454 1110 Mother :

Date of Diagnosis of Thalassemia : 02/02/26

ABHA ID No. of Patient :

Name of Hospital where Diagnosis was confirmed : PMCH, Patna

Age at First Blood Transfusion : 11 months

Hepatitis 'B' Vaccination : Y/N, Date :, Nest Booster :

Blood Group : B+ve (B positive), Rh :

Leucocyte filter : Using regularly / using irregularly / Not using

Diagnosis : β thalassemia major

Counselling regarding BMT & Antenatal Screening :

Chelation : Y/N :, Drug :, Date :

Regular : Y/N :, Dose :

Date : 07/02/2026

Seal

Signature of Incharge
ICHH/MO SH



STATE HEALTH SOCIETY, BIHAR



जीवना बिसर...
सपना हो साकार

कृपया प्रत्येक बार इस कार्ड को अपने साथ लाएं।

Name : Ms. AMRITA KUMARI
Lab No. : 498700586
Ref. By : DR PMCH PATNA
Collected : 5/2/2026 12:01:00PM
A/c Status : P
Collected at : M/S MODREN DIAGNOSTIC CENTER
MATE MARKET, ASHOK RAJPATH(OPP PMCH),
SHOP NO. 3, PATNA - 800004,9308749621

Age : 20 Years
Gender : Female
Reported : 6/2/2026 1:18:00PM
Report Status : Final
Processed at : Patna Lab II
R K ESTATE opposite IGIMS Raja Bazar
Bailey Road Patna-800014



Test Report

Test Name

Results

Units

Bio. Ref. Interval



Authenticity assured - scan the QR code to access the original report from our verified database

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



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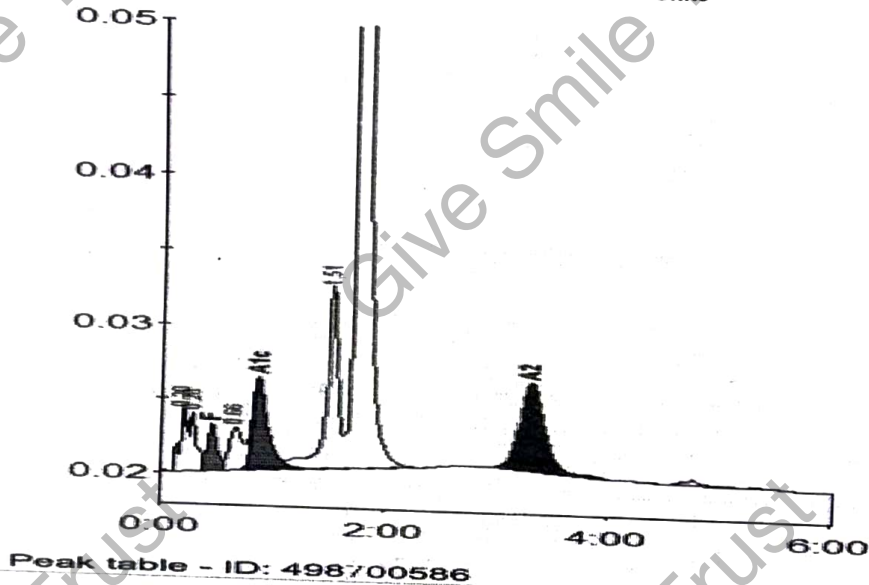
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Units

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Suggestive Interpretation

Beta Thalassemia Minor.

Recommended: Hb Chromatography of both parents and siblings, if any, for possible genetic counselling. Kindly include this report for reference.

To confirm the diagnosis, please undergo DNA analysis.

Test conducted on EDTA (Whole Blood)

Dr Binay kumar.
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Manju Sharma
DCP, Pathology
Consultant Pathologist

Dr. Shalini Sinha
MBBS, DCP
Chief of Laboratory
Dr Lal PathLabs Ltd

End of report



Name : Baby HAPPY KUMARI
Lab No. : 517828183
Ref By : DR GAURAV KHARYA
Collected : 17/9/2026 3:35:00PM
A/c Status : P
Collected at : PSC SUKHDEV VIHAR
PLOT NO-9, MAIN ROAD, SUKHDEV VIHAR
DELHI-110025
NEW DELHI

Age : 1 Year
Gender : Female
Reported : 17/9/2026 7:05:11PM
Report Status : Final
Processed at : LPL-NOIDA LAB
N-27, SECTOR-18, NOIDA - 201301

**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
FERRITIN, SERUM (CLIA)			
Ferritin	1056.50	ng/mL	7.00 - 140.00

Note: Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments

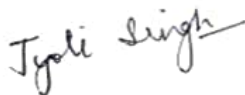
Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels

- Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
- Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
- Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns
- Acute & Chronic hepatocellular disease

Decreased Levels

Iron deficiency anemia



Dr. Jyoti Singh
MD, DNB, Pathology (DMC/R/14042)
Consultant Pathologist
Dr Lal PathLabs Ltd



Dr. Parul Joshi
MD, Pathology (DMC-2281)
Chief of Laboratory
Dr Lal PathLabs Ltd

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



Name : Baby HAPPY KUMARI **Age :** 1 Years
Lab No. : 517828183 **Gender :** Female
Referred By : DR GAURAV KHARYA **Reported :** 17-09-2026 07:05 PM
Collected : 17-09-2026 03:35 PM **Status :** Final
Collected at : PSC SUKHDEV VIHAR **Processed at :** LPL-NOIDA LAB
PLOT NO-9,MAIN ROAD,SUKHDEV N-27, SECTOR-18, NOIDA - 201301
VIHAR DELHI-110025
NEW DELHI



NABL M0726UP10266

Test Name	17-Sep-26	Units	Bio. Ref. Interval	Previous 1	Previous 2
FERRITIN, SERUM (CLIA)					
Ferritin	1056.50	ng/mL	7.00 - 140.00		

Dr Parul Joshi **Dr. Jyoti Singh**
MD, Pathology (DMC-2281) MD, DNB, Pathology (DMC/R/14042)
Chief of Laboratory Dr Lal PathLabs Ltd Consultant Pathologist Dr Lal PathLabs Ltd



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NEW DELHI

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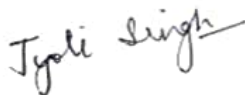
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Decreased Levels

Iron deficiency anemia



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Test Name	17-Sep-26	Units	Bio. Ref. Interval	Previous 1	Previous 2
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Ferritin	1056.50	ng/mL	7.00 - 140.00		

Dr Parul Joshi MD, Pathology (DMC-2281)
Chief of Laboratory Dr Lal PathLabs Ltd
Dr. Jyoti Singh MD, DNB, Pathology (DMC/R/14042)
Consultant Pathologist Dr Lal PathLabs Ltd



(Scan the QR code to access the report from our verified database)


PATIENT NAME : MISS HAPPY
REF. DOCTOR : DR. V.K. JHA
CODE/NAME & ADDRESS : C000141469
ACCESSION NO : 0419ZA003185
AGE/SEX : 11 Months Female
TIRHUT DIAGNOSTICS CENTRE
PATIENT ID : MISSF280225419
DRAWN : 30/01/2026 11:20:00
OPPOSITE SITAKUNJ PARK GATE, HOSPITAL ROAD
CLINT. PATIENT ID : JAN78
RECEIVED : 31/01/2026 12:10:30
SITAMARHI, SITAMARHI
ABHA NO :
REPORTED : 02/02/2026 12:10:30
SITAMARHI 843302
9431281471

Test Report Status	Results	Biological Reference Interval	Units
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Interpretation(s)
HEMOGLOBIN VARIANT ANALYSIS - BLOOD-Test Method: High Performance Liquid Chromatography (HPLC)

- 1) The Variant II Beta Thalassaemia Short Program utilizes principles of ion-exchange high-performance liquid chromatography (HPLC) for screening of Beta thalassaemia and hemoglobinopathies. DNA studies is required to rule out alpha thalassaemia or silent carriers.
- 2) In cases of hemoglobinopathy or abnormal Hb Window seen, Parents or family studies is advised.
- 3) All the results have to be correlated with age and history of blood transfusion. If blood transfusion is given then repeat testing after 3 months of last date of transfusion is required for diagnosis.
- 4) Mild to moderate increase in fetal haemoglobin can be seen in conditions like pregnancy, megaloblastic anaemia, thyrotoxicosis, hypoxia, chronic kidney disease, recovering marrow, MDS, Aplastic anaemia, PNH, medications (hydroxyurea, erythropoietin) etc.
- 5) P3 window above 10 % is indicative of either denatured forms of haemoglobins or possibility of abnormal Hb variant. Hence repeat analysis with fresh sample or DNA studies if recommended.
- 6) P2 window above 6 % is indicative of either glycated haemoglobin requiring correlation with diabetic status or possibility of abnormal Hb variant requiring DNA studies for confirmation.

Reference: 1) The relevance of hemoglobin F measurement in the diagnosis of thalassemias and related hemoglobinopathies Andrea Mosca, et al. Clinical Biochemistry 42 (2009) 1797-1801. 2) New analytical tools and epidemiological data for the identification of HbA2 borderline subjects in the screening for beta-thalassemias. Andrea Mosca, et al. Bioelectrochemistry 73 (2008) 137-140. 3) NATIONAL HEALTH MISSION (NHM) Guidelines 2016 - PREVENTION AND CONTROL OF HEMOGLOBINOPATHIES IN INDIA - THALASSEMIA, SICKLE CELL DISEASE AND OTHER VARIANT HEMOGLOBINS.

****End Of Report****

Please visit www.agilusdiagnostics.com for related Test Information for this accession

K. Z. Prajapati
Dr. Prajapati Kamlesh Ishwarbhai
Consultant - Pathologist


View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd
Reference Lab, 2nd Floor, Plot No. 31, Urban Estate Electronic City, Sector-18,
Gurgaon, 122015
Haryana, India
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956


ULR No. 775000016156912-0009

THALASSEMIA PATIENT REGISTRATION & INFORMED CONSENT

(Patient Copy)

DKMS BMST Foundation India
723, 2nd floor,
Chinmaya Mission Hospital Road,
Indiranagar 1st stage,
Bangalore, - 560038, Karnataka
T: +91-80-68286500, dkms-bmst.org
thalsupport@dkms-bmst.org

Thal. Partner Organization Name: 1011	Patient Name: Haggikumar
Sample Collecting Organization Name: DKMS	Mother Tongue of Patient Family: Hindi
Place: Delhi	Volunteer / Staff / Patient Counsellor Name:
Date: 17/9/20	

INFORMED CONSENT FOR PARTICIPATION IN PATIENT AND DONOR MATCHING:

Signatories hereby declare that they and their named wards, namely the patient/s and patient/s' siblings:

1. agree to participate in the Patient and Donor Typing Program of DKMS BMST Foundation India (hereafter "DKMS-BMST"). Purpose of the program is to determine a possible match between the patient and the donor in preparation of a potentially life-saving stem cell transplantation. I have understood the information provided to me and any questions were answered satisfactorily in my native language; and
2. will provide to DKMS-BMST the buccal swab samples of below named patient/s, siblings and parents and agree that DKMS-BMST uses these sample to examine their tissue characteristics, virologic parameters, and other biological factors which are important for a possible stem cell donation (e.g., KIR, CCR5, and blood type). Virological parameters include the detection of antibodies to various viruses (e.g., HIV, hepatitis, CMV) and other microorganisms (e.g., syphilis agents), as well as the direct detection of these pathogens. I have been informed that DKMS-BMST makes use of certified partner laboratories for this purpose. Any residual material after buccal swap analysis will be destroyed.

With regard to the processing of personal data the signatories further declare that they:

3. agree that DKMS-BMST, with the help of their cooperation partners, will collect and process personal data from this form and samples provided for the purpose described in this consent form. This includes identifying data collected via this consent form as well as results of the laboratory test (analysis data). DKMS-BMST processes all personal data in accordance with applicable data protection rules and regulations. For the purpose of patient and donor matching DKMS-BMST may share the data with entities of DKMS Group, which may be located inside or outside of India, and may make use of other service providers. More information has been provided to me in the Data Protection Statement on the back of this form;
4. agree that DKMS-BMST will store my personal data for a limited period to determine a possible match in the future;
5. agree that DKMS-BMST may transmit the result from laboratory test to the institution where the patient is under treatment or registered and the institution will share with them the results of all named sample givers. In case of a possible match, the signatories or the patient/s siblings may be asked to donate stem cells on the basis of a separate Informed Consent given vis-à-vis the institution where the collection will be carried out; and
6. have provided the personal data in this form and the sample to DKMS-BMST voluntarily and can revoke their consent at any time without giving reasons. They may submit this withdrawal in writing to thalsupport@dkms-bmst.org.

Date: 17/9/20	Date: 17/9/20
Father's Name: [Signature]	Mother's Name: Ankita Kuman
Signature: [Signature]	Signature: [Signature]
Contact address:	Mobile: 93014312519, 89697410911
	Email:



MC-5716

REF. DOCTOR : DR. V.K. JHA

PATIENT NAME : MISS HAPPY

CODE/NAME & ADDRESS : C000141469

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Final			

HAEMATOLOGY

HEMOGLOBIN VARIANT ANALYSIS - BLOOD

HEMOGLOBIN A
 METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)
 HEMOGLOBIN A2
 HEMOGLOBIN F
 HEMOGLOBIN S
 HEMOGLOBIN D
 HEMOGLOBIN C
 METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)
 HEMOGLOBIN (E+A2)
 PEAK2
 UNKNOWN UNIDENTIFIED PEAK
 OTHER PEAKS (NON-SPECIFIC)
 IMPRESSION

6.5 Low

3.9 High

88.4 High

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

89 - 96

1.8 - 2.9

1 - 10

0.0 - 0.0

0.0 - 0.0

0.0 - 0.0

0.0 - 0.0

0.0 - 0.0

0.0 - 6.0

0.0 - 2.0

0.0 - 10.0

%

%

%

%

%

%

%

%

%

%

%

%

%

COMMENT : -- HB VARIANT ANALYSIS IN 11 MONTHS OLD CHILD : HBF IS VERY HIGH FOR THE AGE AND HBA2 IS RAISED. THIS IS SUGGESTIVE OF BETA THALASSAEMIA HOMOZYGOUS OR DOUBLE HETEROZYGOUS FOR BETA THALASSAEMIA OR DOUBLE HETEROZYGOUS FOR BETA THALASSAEMIA AND DELTA BETA THALASSAEMIA.

ADVICE : KINDLY CONFIRM BY DOING PARENTAL SCREENING AND DNA ANALYSIS.

DISCLAIMER:- THIS SCREENING TEST DOES NOT RULE OUT ANY ALPHA THALASSAEMIAS/HB VARIANTS THAT ELUTE AT SIMILAR RTs ON HPLC. PLEASE TAKE INTO ACCOUNT ANY RECENT BLOOD TRANSFUSION RECEIVED BY THE PATIENT.

K. Z. Prasad

 Dr. Prajapati Kamlesh Ishwarbhai
 Consultant - Pathologist

Page 1 Of 3



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PERFORMED AT :

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 Reference Lab, 2nd Floor, Plot No. 31, Urban Estate Electronic City, Sector-18,
 Gurugram, 122015
 Haryana, India
 Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956


ULR No. 775000016156912-0009

Dr. Gaurav Kharya
MBBS, DCH, DNB (Pediatrics)
Fellowship - Ped. Hematology Oncology Immunology & BMT (SGGH, New Delhi)
Fellowship - Ped. Hematology Oncology Immunology & BMT (DNCH, UK)
Fellowship - Ped. Hematology & BMT (Imperial College, London)
DMC - 25144
Clinical Lead | Center for Bone Marrow Transplant and Cellular Therapy
Senior Consultant | Ped. Hematology Oncology & Immunology

Dr. Garima Nirmal
MBBS, MD Pediatrics
DM Ped. Hematology Oncology
DMC - 80894
Senior Consultant



Apollo
Indraprastha
Bone Marrow
Transplant
& Cellular Therapy

Dr. Nikhil Gupta
MBBS, MD Pediatrics
Fellowship in Ped. Hematology
DMC - 18956
Associate Consultant

Dr. Shruti Verma
MBBS, DCH, DNB Pediatrics
FIAP Ped. Hematology Oncology
DMC/R/12439
Junior Consultant & Fellow

Dr. Swati Mukherjee
MBBS MD Pediatrics
FNB in Ped. Hematology Oncology
DMC/R/14234
Junior Consultant & Fellow

Dr. Pallavi Wadhawan
MBBS MD Pediatrics
Fellowship in Ped. Oncology
DMC/R/10916
Junior Consultant

Dr. Jerubandi Shiva Kumar
Clinical Fellow in BMT and Cellular Therapy
MBBS, DNB (Pediatrics), DM (Ped. oncology,
TUM, Mumbai)
Junior Consultant & Fellow

Baby Happy

17th Sep 20

Ly 6 mo 1 mo F

wt = 8.5 kg

KCO TOT

Diag of 6 mo
on regular PRBC ix at 40% heap, Hct m ash
PRBC ix every 4 wks. 8 ix so far.
Dentin :- NO

GE GPE WNL
SE NNL

to

lg HbF 88.4%

Tx PRBC

- use eucap depleted PRBC
- transfuse pre Tx Ht > 9.5
- Nti lysis,

Hu Dentin

Tal. Folic acid 5mg 4x a day po

Syp. Starch 5ml po qd

Tal. DESIROX 250 mg

R/A xpts.

Hb sample to
be taken

Gur

(Signature)

Indraprastha Apollo Hospitals

Sarita Vihar, Delhi - Mathura Road, New Delhi - 110076 (INDIA) Tel: +91-11-71791170, 71791171
Room No: 1114, Gate No: 04, Timings: Monday-Saturday: 9:00 AM - 3:00 PM Email: gaurav.kharya@gmail.com, Cell: +91-9213132168
Website: delhi.apollohospitals.com
In case of emergency, please call on BMT & CT HELPLINE: 8826197259
Appointment No.: +91-8826631012



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Indraprastha Apollo Hospitals

Sarita Vihar, Delhi - Mathura Road, New Delhi - 110 076 (INDIA)
Tel: +91-11- 26921458, 26921501, Fax: +91-11-26823629, Emergency Telephone No.: 1066
Email: info@delhi.apollohospitals.com, Website: https://delhi.apollohospitals.com/
For Online appointment: www.askapollo.com

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Regd. Office : Dr Lal Pathlabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
 Web: www.lalpathlabs.com, CIN: L24899DL1995PLC065388

Age : 20 Years
 Gender : Female
 Reported : 6/2/2026 1:18:00PM
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 R K ESTATE opposite IGIMS Raja Bazar
 Bailey Road Patna-800014



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HEMOGLOBIN HPLC / ELECTROPHORESIS			
Hb F	<0.8	%	<1.50
Peak 2	5.10	%	<9.60
Hb Adult	87.60	%	83.24 - 90.79
Hb A2	6.70	%	1.50 - 4.00
Others (Non Specific)	4.90	%	<10.00
P3_AREA	4.90	%	0 - 10
Hemoglobin	10.30	g/dL	12.00 - 15.00
RBC Count	5.70	mill/mm3	3.80 - 4.80
Packed Cell Volume (PCV)	37.20	%	36.00 - 46.00
MCV	65.30	fL	83.00 - 101.00
MCH	18.10	pg	27.00 - 32.00
RDW	16.60	%	11.60 - 14.00





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