

① 29/11/24

पुरुषोत्तम खण्डेलवाल  
विधायक 89 आगरा उत्तर  
भाजपा, उ०प्र०

DM



8/140, भैरों बाजार, आगरा।

फोन न० 0562-2973555

मो०- 941066747819  
N: 539849



दिनांक-22.11.2024

सेवा में,

माननीय श्री योगी आदित्यनाथ जी  
मुख्यमंत्री उ०प्र० सरकार  
लखनऊ।

विषय- थैलेसीमिया जैसी जटिल बीमारी हेतु आर्थिक सहायता के संबंध में।

महोदय,

सलंगन प्रार्थना पत्र का अवलोकन करते हुए प्रार्थी श्री अनमोल जैन निवासी- के.ई.-09, कावेरी कुंज फेस-01, कमला नगर आगरा का बच्चा अद्वितीय जैन (उम्र- 18 माह) यह बच्चा थैलेसीमिया जैसी बीमारी से ग्रसित है। इसका इलाज इन्द्रप्रस्थ अपोलो हॉस्पिटल सरिता बिहार नई दिल्ली में चल रहा है। हॉस्पिटल के आगणन के अनुसार इन्हें इलाज हेतु 35,00,000 लाख रूपये की आवश्यकता है। हॉस्पिटल के स्टीमेट की छायाप्रति (प्रति संलग्न)

अतः आपसे अनुरोध है कि प्रार्थी श्री अनमोल जैन निवासी- के.ई.-09, कावेरी कुंज फेस-01, कमला नगर आगरा, को बच्चे के इलाज हेतु मुख्यमंत्री विवेकाधीन कोष से आर्थिक सहायता प्रदान करने की कृपा करें।

आगरा

कृपया संलग्न में सहायता हेतु संलग्न-क की प्रतियां  
अनु. संका -4/2019-1 एन/2020 दिनांक  
27/11/2016 द्वारा निर्दिष्ट समय के पूर्व  
संलग्न/संलग्निकाएं तब आवश्यकता के तब निर्दिष्ट  
संलग्निकाएं/अनुसूचित संलग्निकाएं संलग्न करवाएं  
22 (द्वि) दिन में अतिरिक्त रूप से संलग्निकाएं  
संलग्निकाएं/अनुसूचित संलग्निकाएं संलग्न करें।

भवदीय

पुरुषोत्तम खण्डेलवाल  
विधायक 89, आगरा उत्तर

अनुसूचित अधिकारी  
मुख्यमंत्री कार्यालय अनुसूचित  
उत्तर प्रदेश सरकार



3656





Dated: November 5<sup>th</sup> 2024

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that **Master Adwitya Jain**, 1 yr old male, is a case of **Thalassemia Major**. He 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 or matched related donor, **Adwitya** is planned for Haploidentical Bone Marrow Transplant. It is strongly recommended for **Adwitya** to go ahead with BMT to give him 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 Lac 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. 1.5 Lacs INR.
5.	T cell depletion kit (from Miltenyi Biotec Germany)	approx. 11.5 Lacs INR
6.	Transplant phase for 4 weeks of uncomplicated stay in hospital (dose of chemotherapy medicines depends on weight).	approx. 15-16 Lacs INR
7.	Post BMT weekly OPD follow ups	approx. 50,000 INR/month x 2 months.
<b>Grand Total</b>		approx. 35 Lacs INR

Overall success rate of BMT is approx. 80-90%.

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



**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](mailto:gaurav.kharya@gmail.com)

Phone: +919213132168

**Dr. Gaurav Kharya**

Clinical Lead | Center for Bone Marrow Transplant & Cellular Therapy

Senior Consultant | Paediatric Hematology Oncology & Immunology

Indraprastha Apollo Hospitals,  
Sarita Vihar, New Delhi 110076

DMC No. 25144

Ph. No. 9213132168

Email id - [gaurav.kharya@gmail.com](mailto:gaurav.kharya@gmail.com)



## HLA TYPING SUMMARY

Sequence-based HLA typing done by DKMS Life Science Lab GmbH - Germany, a laboratory accredited by the European Federation of Immunogenetics. Confirmatory HLA typing is required.

Date : 07 August 2024

Patient : **ADWITYA JAIN**      Code : **INA24007**      Gender : **Male**      Born : **19-May-2023**

Name	Relation	DOB	HLA Class I			HLA Class II		
			A	B	C	DRB1	DQB1	DPB1
ADWITYA JAIN	Patient	19-May-2023	11:01:01G	35:03:01G	15:02:01G	04:EMYEV	03:EDYCS	02:ETFNF
			11:01:01G	40:06:01G	15:02:01G	04:EMYZF	03:EDYCS	04:ERTTH
ANIMOL	Father	19-May-1996	11:01:01G	40:06:01G	07:01:01G	04:EMYEV	02:EDYCV	02:ETFNF
			33:03:01G	44:03:02G	15:02:01G	07:ESDGB	03:EDYCS	26:01:02G
NIKITA	Mother	31-Oct-1995	11:01:01G	35:03:01G	12:03:01G	04:EMYZF	03:EDYCS	04:ERTTH
			24:02:01G	35:03:01G	15:02:01G	14:ESZVU	05:EFSPK	26:01:02G

Comment: ADWITYA JAIN has no fully match donors in the list. ✓

Digitally signed by Dr

Lawrence Faulkner

Date: 2024.08.07

10:42:36 +05'30'

Dr. Lawrence Faulkner

Pediatric Hematologist-Oncologist and Bone Marrow Transplant Specialist

Medical Coordinator

Cure2Children Foundation, Florence-Italy and Sankalp India Foundation, Bangalore-India

CENTRE FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPY  
GCSF MOBILIZATION SHEET

Patient Details

Patient: ADWITYA  
DOB: \_\_\_\_\_  
Sex: MALE  
Height: 80.5cm

UHID No: ADD10011816413  
Age: 1yr 1B mo  
Weight: 10.8kg  
SA: 0.49m<sup>2</sup>

GCSF Mobilization

Day & Date	Drugs	Dosages
Day -5 ( - )	Inj. GCSF	10 mcg/kg/day ( - mcg OD) (10 AM)
Day -4 ( <u>4/11/24</u> )	Inj. GCSF	10 mcg/kg/day ( <u>100</u> mcg OD) (10 AM)
Day -3 ( <u>5/11/24</u> )	Inj. GCSF	10 mcg/kg/day ( <u>100</u> mcg OD) (10 AM)
Day -2 ( <u>6/11/24</u> )	Inj. GCSF	10 mcg/kg/day ( <u>150</u> mcg OD) (10 AM)
Day -1 ( <u>7/11/24</u> )	Inj. Plerixafor ( <u>588219720</u> )	0.24 mg/kg s/c ( <u>3</u> mg OD) (1 AM)
	Inj. GCSF	10 mcg/kg/day ( <u>100</u> mcg OD) (5 AM)
		Donor Admission
		Stem cell count (8 AM)
		Neck line insertion (8:30 AM)
		Stem Cell Harvest (9 AM)

Checklist Please tick & do the needful:

1. Informed the blood bank for harvest: Yes/No
2. Informed cryopreservation team for collection of harvest: Yes/No
3. Informed PICU team for the HD catheter insertion if required: Yes/No

*Vai Bhas*

Consultant signature

Nursing signature



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Indraprastha Apollo Hospitals

Sarita Vihar, Delhi - Mathura Road, New Delhi - 110 074 (INDIA)

Tel: +91-11-26921858, 26825803, Fax: +91-11-26833629, Emergency Telephone No.: 1066

Email: info@in@apollohospitals.com, Website: http://delhi.apollohospitals.com/

For Online appointment: www.askapollo.com



उत्तर प्रदेश सरकार  
**GOVERNMENT OF UTTAR PRADESH**  
 शिक्षा एवं स्वास्थ्य विभाग  
**DEPARTMENT OF MEDICAL AND HEALTH**  
 हरीपर्वत जोन नगर निगम अग्रा  
**HARI PARVAT ZONE NAGAR NIGAM AGRA**



जनम प्रमाण-पत्र  
**BIRTH CERTIFICATE**

(जनम मृत्यु रजिस्ट्रेशन अधिनियम, 1969 की धारा 12 / or तथा उत्तर प्रदेश जनम मृत्यु रजिस्ट्रेशन विधम, 2002 के नियम 8/13 के अन्तर्गत जारी किया गया)  
 (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जनम के मूल अभिलेख से ली गई है जो कि हरीपर्वत जोन नगर निगम अग्रा, तहसील अग्रा, जिला अग्रा, राज्य उत्तर प्रदेश, भारत में रजिस्ट्रेशन में दर्ज है।  
 THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR HARI PARVAT ZONE NAGAR NIGAM AGRA OF TAHSIL/BLOCK AGRA OF DISTRICT AGRA OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: ADWITYA JAIN	लिंग / SEX: पुरुष / MALE
जनम तिथि / DATE OF BIRTH: 19-05-2023 NINETEENTH-MAY-TWO THOUSAND TWENTY THREE	जनम स्थान / PLACE OF BIRTH: RASHMI MEDICARE CENTER AGRA
माता का नाम / NAME OF MOTHER: NIKITA JAIN	पिता का नाम / NAME OF FATHER: ANMOL JAIN
माता का आधार नंबर / MOTHER'S AADHAAR NO: XXXXXXXX0676	पिता का आधार नंबर / FATHER'S AADHAAR NO: XXXXXXXX0196
जनम के समय के माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD: KE - 9, PHASE - 1, KAVERI KUNJ KAMLA NAGAR, AGRA, AGRA, AGRA, AGRA, UTTAR PRADESH	माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS: KE - 9, PHASE - 1, KAVERI KUNJ KAMLA NAGAR, AGRA, AGRA, AGRA, AGRA, UTTAR PRADESH
पंजीकरण संख्या / REGISTRATION NUMBER: B-2023-990170-014084	पंजीकरण तारीख / DATE OF REGISTRATION: 28-05-2023
टिप्पणी / REMARKS (IF ANY): ---	

*(Handwritten Signature)*

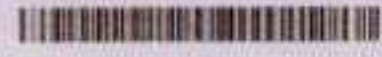
जारी करने की तिथि / DATE OF ISSUE: 18-07-2023	जारी करने वाला अधिकारी / ISSUING AUTHORITY: रजिस्ट्रार (जनम एवं मृत्यु) REGISTRAR (BIRTH & DEATH) हरीपर्वत जोन नगर निगम अग्रा HARI PARVAT ZONE NAGAR NIGAM AGRA
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UPDATED ON:  
28-05-2023 00:00:00



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"  
 "THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES."

"एक प्रत्येक जनम एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH





(10) (14)  
 Step 1 Arc 2mi - (41) <sup>3</sup> 50 1 las  
 10-12 2 Arch back up (1-25) + (10-50) ✓  
 3 or fix up 1 las + 1 las  
 4 BMT 15-16 + 11.5-12.0 las ✓  
 5 RM 50-75 / weeks \* 2 weeks

(10)  
 LkH  
 cmw  
 Smole

go to

100 Day

(10) 5-100

pm 3 las

DEFER

(1-2)

(10)

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

Date: 29/11/2024  
Name: Mast Adwaitya Jain  
Weight: 10.8 kg

Height: 80.5 cms

UHID: APD1.0011816413  
Age/Sex: 17 month/male  
BSA: 0.49 m<sup>2</sup>

Diagnosis: TDT for HFD HSCT.

Summary: known case of TDT, diagnosed at 6 months of age, on regular transfusions since then, presently every 21-28 days Ferritin ~ 948 ng/ml, on Defrijet 500 mg A/W 250 PO daily. Now planned for HFD HSCT in the absence of HLA identical donor.

**Investigations:**

CBC: 12/2, 4/903 P26%  
Bilirubin (T/D): 0.43/0.20  
DCT/ICT: Neg  
GGP: ND  
JD echo: EF- 60%

Retic count: 0.38%  
DSA: Negative, either of parent donor  
HIV/HBsAg/HCV: HIV/HBsAg/HCV: NR  
LDH: ND U/L  
T2 MRI: NR

PT/APTT: N  
Blood group: B Positive  
CMV: IgG/IgM: R/NR  
Ferritin: 948 ng/ml  
Fibroscan: NR

*DSA - Negative against both mother & father*

**Plan:**

1. Autologous stem cell harvest and backup to be done on 07/11/24 (Target dose 56 million cells/kg, harvested \_\_\_\_ ml, to be preserved at apollo Stem care)
2. PTIS (cycle # 1 started from 07/11/24)
3. TAB. HYDROXYUREA 250 MG PO ONCE DAILY
4. TAB. AZATHIOPRINE 25 MG PO ONCE DAILY
5. TAB. VALACICLOVIR 250 MG PO ONCE DAILY (TO BE CHANGED TO VALGANICLOVIR AFETR 2<sup>ND</sup> PTIS)
6. TAB. FLUCONAZOLE 75 MG PO ONCE DAILY (TO BE CHANGED TO VORICONAZOLE AFTER 2<sup>ND</sup> PTIS)
7. SYR. TRIMETHOPRIM-SULPHAMETHAZAZOLE (SEPTRAN) 3.5 ML PO TWICE DAILY (MON/THUR)
8. SYR. LEVETIRACETAM (1ML/100 MG) 1.0 ML PO TWICE DAILY
9. TAB. FOLIC ACID 5 MG X TAB PO ONCE DAILY
10. HYPER-TRANSFUSION AS ADVISED (MAINTAIN PRE-TX HB: 10 GM/DL)
11. CHELATION: TAB DEFRIJET 500 A/W 250 MG PO ONCE DAILY
12. ORAL & PERIANAL CARE AS ADVISED
13. Inj. Neukine 100 mg s/c x 3 days

- Admit for 2<sup>nd</sup> PTIS

*Gaurav*

DR GAURAV KHARIYA  
CLINICAL LEAD | CENTER FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPIES  
SENIOR CONSULTANT | PEDIATRIC HEMATOLOGY ONCOLOGY AND IMMUNOLOGY  
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DR GARIMA NIRMAL | CONSULTANT (+917011027315)  
DR ANSHU CHADHA | ASSOCIATE CONSULTANT (+919910000248)

DR NIKHIL GUPTA | JUNIOR CONSULTANT & FELLOW  
DR ABY P BABY | JUNIOR CONSULTANT & FELLOW  
DR SHRUTI VERMA | 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

Name	: Master ADWITYA JAIN	Age	: 6 Months
Lab No.	: 448589922	Gender	: Male
Ref By	: DR TARUN SINGHAL	Reported	: 18/12/2023 12:21:22PM
Collected	: 10/12/2023 5:27:06PM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB
Collected at	: MR. SATYENDRA RAY - (AGRA CC 7) Kendriya Hindi Sanathan Road Near Bypass Crossing Khandari Agra MobNo.9927777172, 05624044172		: National Reference Laboratory, Block E, Sector 18, Rohini, New Delhi -110085

### Test Report

Depending on the Homozygous or Heterozygous state, Beta Thalassemia can be classified as:

CLASSIFICATION	REMARKS	ALLELES
Thalassemia minor	Only one Beta globin gene bears a mutation	Beta+/Beta or Beta0/Beta
Thalassemia intermedia	Condition intermediate between the major and minor forms.	Beta+/Beta+ or Beta0/Beta+
Thalassemia major	Both Beta globin genes bear a mutation	Beta 0/Beta 0

The distribution of beta thalassemia gene is not uniform in the Indian subcontinent. The highest frequency of beta thalassemia trait is reported in Gujarat, followed by Sindh, Punjab, Tamil Nadu, South India and Maharashtra. Beta Thalassemia is common among Sindhi, Gujarati, Parsee, Punjabi Hindus, Lohanas and Teli communities of Indian sub-continent.





4-11-24

Name ANISHYA  
 1.5 yr / m  
 KEO ROI for HPD HSCF

25x Neg

Iron panels  
 install  
 error

Plan  
 workup  
 Anti backup  
 Receipt 4-11-24  
 on 7-11-24  
 Glucose from 04-11-24  
 05-11-24  
 06-11-24  
 03-11-24  
 Admission  
 History  
 feb PTIS #1

raibhav

Gan

(Dr Ganesh)

Sig Petham Graded MOV  
 300 mg - 1

Spint SHAD - 1

Naetle smoline supj + neetle - 1



Name	: Master ADWITYA JAIN	Age	: 6 Months
Lab No.	: 448589922	Gender	: Male
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**Test Report**

<b>TEST CONDUCTED</b>	THALASSEMIA BETA, MUTATION ANALYSIS (PCR, Sequencing)
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**RESULTS**

Homozygous Mutation Detected

 Kindly Note: **IVS-I-5 (G>C)** [HGVS: HBB:c.92+5G>C] mutation detected. Genetic counselling and clinical correlation recommended.

**Interpretation**

RESULT	REMARKS
Homozygous mutation detected	Both copies of the gene carry mutation
Heterozygous mutation detected	One copy of the gene carries mutation
Mutation Not Detected	Both copies of the gene carry the wild type trait

**Note**

1. This assay detects more than 100 different mutations in the Promoter region, Exon 1, IVS-I & Exon 2 and part of IVS-II. It also detects the deletion of 619 bp in IVS II and Exon 3. This assay does not detect variants in other parts of this gene.
2. Presence of PCR inhibitors in the sample may prevent DNA amplification.
3. This is an in-house developed assay.
4. Test conducted on Whole blood for Postnatal Mutation analysis and Amniotic Fluid for Prenatal Mutation Analysis
5. Genetic Counseling available with prior appointment at National Reference Laboratory, New Delhi

**Comments**

Beta ( $\beta$ ) thalassemia is an autosomal recessive disorder due to mutations in the HBB gene on chromosome 11. Severity of the disease depends on the nature of the mutation which is as follows:

- $\beta$  - Alleles without a mutation that reduces formation of  $\beta$  chains
- $\beta$ o- Mutations that prevent any formation of  $\beta$  chains
- $\beta$ + - Mutations that allow some formation of  $\beta$  chains

In all these cases there is a relative excess of  $\alpha$  chains, but these do not form tetramers; rather, they bind to the red blood cell membranes, producing membrane damage, and at high concentrations they form toxic aggregates.



## HLA TYPING REPORT HIGH RESOLUTION-NEXT GENERATION SEQUENCING (NGS)

### Patient Information

<p><b>Name</b> : Mst. Adwitya Jain  <b>Hospital</b> : Rashmi Medicare Centre  <b>Physician</b> : Dr. Tarun Singhal  <b>Diagnosis</b> : Beta Thalassemia Major  <b>Lab ID</b> : 448589922  <b>Report at</b> : MRS SADHNA RAI (AGRA CC 7)</p>	<p><b>Date of Birth</b> : 19.05.2023  <b>Gender</b> : Male  <b>Collection Date</b> : 10.12.2023  <b>Reporting Date</b> : 15.12.2023  <b>Specimen type</b> : Blood</p>
---	---

A	B	C	DRB1	DQB1	DPB1
11:01:01	35:03:01	15:02:01	04:03:01	03:02:01	02:01:02
11:01:01	40:06:01	15:02:01	04:04:01	03:02:01	04:01:01

Typing Status : COMPLETE

**Note:**

- Allele Data Base Version : IMGT/HLA release 3.52.0
- Sequencing technology : Illumina MiniSeq.
- Sequencing Coverage : Long Range PCR
  - Class I (-A, -B, -C) : Whole Gene Coverage
  - Class II (-DPB1) : Exon 2 to Exon 4
  - Class II (-DQB1) : Whole Gene Coverage
  - Class II (-DRB1) : Exon 1 + Exon 2 to Exon 6

Test Performed using MIA FORA kits Lot no: 23-087-6-U

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

Name	: Master ADWITYA JAIN	Age	: 6 Months
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## Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>HLA DNA TYPING HIGH RESOLUTION BY NEXT GENERATION SEQUENCING (NGS)</b>			

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

Dr Ram Kumar  
PhD, Biotechnology  
Senior Research Scientist Molecular  
Diagnostics  
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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.

(If) 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 (F560411) & ISO 27001:2013 (616691) Certified laboratory.



<b>Name</b> : Master ADWITYA JAIN	<b>Age</b> : 1 Year
<b>Lab No.</b> : 449996219	<b>Gender</b> : Male
<b>Ref By</b> : DR TARUN SINGHAL	<b>Reported</b> : 18/7/2024 8:45:43PM
<b>Collected</b> : 18/7/2024 4:38:00PM	<b>Report Status</b> : Final
<b>A/c Status</b> : P	<b>Processed at</b> : Dr. Lal Path Labs Ltd
<b>Collected at</b> : FPSC KAMLA NAGAR D-510, MAIN MARKET, KAMLA NAGAR, AGRA 95624008106,9997069973	Dayal Bagh Road , Agra- 282005

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT; CBC</b> (Photometry, Electrical Impedance, Optical/Impedance & Calculated)			
Hemoglobin	8.75	g/dL	11.10 - 14.10
Packed Cell Volume (PCV)	25.30	%	30.00 - 38.00
RBC Count	3.02	mill/mm <sup>3</sup>	3.90 - 5.10
MCV	83.70	fL	72.00 - 84.00
Mentzer Index	27.7		
MCH	29.00	pg	25.00 - 29.00
MCHC	34.60	g/dL	32.00 - 36.00
Red Cell Distribution Width (RDW)	16.60	%	12.3 - 17.0
Total Leukocyte Count (TLC)	14.74	thou/mm <sup>3</sup>	6.00 - 16.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	17.55	%	14.00 - 55.00
Lymphocytes	72.18	%	37.00 - 79.00
Monocytes	6.04	%	2.00 - 12.00
Eosinophils	3.89	%	0.00 - 6.00
Basophils	0.34	%	0.00 - 1.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	2.59	thou/mm <sup>3</sup>	1.00 - 7.00
Lymphocytes	10.64	thou/mm <sup>3</sup>	3.50 - 11.00
Monocytes	0.89	thou/mm <sup>3</sup>	0.20 - 1.00
Eosinophils	0.57	thou/mm <sup>3</sup>	0.10 - 1.00





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## Test Report

Test Name

Results

Units

Bio. Ref. Interval

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



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05624008106,9997069973

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Delhi Gate ,Agra 282002

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>FERRITIN, SERUM</b> (ECLIA)			
Ferritin	895.00	ng/mL	6.00 - 67.00

**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 Shresh Gupta  
MD, Pathology  
Chief of Laboratory  
Dr Lal PathLabs Ltd



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### Test Report


Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.05	thou/mm <sup>3</sup>	0.02 - 0.10
Platelet Count	650	thou/mm <sup>3</sup>	200.00 - 550.00
Platelets are mildly increased Followup and clinical correlation Mean Platelet Volume	7.7	fL	6.5 - 12.0

#### Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

#### Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



Dr Aditi Kapoor  
DCP, Pathology  
Chief of Laboratory  
Dr Lal Path Labs Ltd

