



Reg No. : A2461720 Darpan ID : JK/2020/0258291
 PAN No. : AADTT6247K 12A No. : AADTT6247K23CD01
 CSR No. : CSR00024548 (Valid From 2021-2022 To AY 2025-2026)
 FCRA No. : 152670049 80G No. : AADTT6247KF20241
 (Valid From 2024-2025 To AY 2026-2027)
 L1 CODE : 984500RB4806DA4E1D95, MSME : UDYAM-JK-07-0014925



Ref. No. :-

Date :-

सेवा से
 दि होपिंग लाउन्ड्रियन
 शान्त नगर जानीपुर जम्मू
 जन्म - 180007

दिनांक - 1 अक्टूबर 2024
 विषय - बच्चे का बर्न ट्रान्सप्लान्ट हेतु प्रार्थना पत्र।

मान्यवर,
 सविनय निवेदन यह है कि मेरी सगीर दत्ता अपने बेटे
 निरखल दत्ता जी कि नौ साल का है जिसका जन्म से ही
 थैलासिमिया रोग नामक बिमारी है लेकिन मेरी आर्थिक
 स्थिति सहन होने के कारण मैं अपने बेटे निरखल का
 इलाज की फीस नहीं भर पा रहा हूँ क्योंकि मैं जितना
 कमाता हूँ वो घर खर्च और निरखल की हर महीने
 दवाई में खर्च हो जाता है। तो आपकी NGO से निवेदन
 है कि मेरे बेटे निरखल दत्ता का इलाज कारण से आप
 हमारी मदद करें। जिसका हाल ही में बर्न-ट्रान्सप्लान्ट
 होना है। और उसका इलाज बर्नलॉर के नारायणा हॉस्पिटल
 होस्पिटल में कराया जा रहा है।

आपकी अति कृपा होगी।

समयाद
 समीर दत्ता

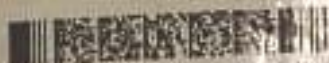
Mallik
 The Hoping Foundation
 WZ-66, Phase - 4, Om Vihar,
 Uttam Nagar, New Delhi-110059
 Website - www.thehopingfoundation.in
 Email - info@thehopingfoundation.in
 Ph: 011-7963932, 011-2538004, 9419134404



H/O: 4/74 First Floor, Shant Nagar, Old Janipur, Jammu-180007.
 B/O: C-20 Block C Hastal Vihar, Uttam Nagar, New Delhi-110059.

9419134404
 0191-7963932, 0191-2538004
 www.thehopingfoundation.in
 info@thehopingfoundation.in





Cert. No. M-0086

CLIENT CODE : CD00041229

CLIENT'S NAME AND ADDRESS :

SRL PSC - JAMSHEDPUR (DB)
1ST FLOOR, YASH KAMAL COMPLEX, MAIN ROAD, BISTUPUR,JAMSHEDPUR 831001
JHARKHAND INDIA
7786914353

SRL LIMITED

F 5 Srijan Tech Park Building, DN-52, Unit No. 2, Ground Floor, Sect
V, Salt Lake,
KOLKATA, 700102
WEST BENGAL, INDIA
Tel : 033-39401111 / 033-40043946, Fax : 30203412
CIN - U74899DL1995PLC020603
Email : customercare.srl@skdnet.in

PATIENT NAME : MASTER NIKHIL DUTTA

ACCESSION NO : 0138QH002388 AGE : 2 Years SEX : Male

DATE OF BIRTH :

DRAWN : 25/08/2017 00:00

RECEIVED : 25/08/2017 13:36

REPORTED : 26/08/2017 18:32

REFERRING DOCTOR : DR. S C DAS

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
HEMOGLOBIN VARIANT ANALYSIS, BLOOD				
HEMOGLOBIN A		10.7	Low 94.5 - 98.2	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
HEMOGLOBIN A2		0.0	Low 1.6 - 3.5	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
HEMOGLOBIN F		17.8	High 0.2 - 2.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
HEMOGLOBIN S		0.0	0.0 - 0.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
HEMOGLOBIN D		0.0	0.0 - 0.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
HEMOGLOBIN C		0.0	0.0 - 0.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
HEMOGLOBIN (E+A2)		70.4	High 0.0 - 0.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
PEAK2		0.0	0.0 - 9.6	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
UNKNOWN UNIDENTIFIED PEAK		0.0	0.0 - 2.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
OTHER PEAKS (NON-SPECIFIC)		0.0	0.0 - 0.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)				
REMARKS		An abnormal hemoglobin peak of 70.4% with retention time 3.67 minutes is observed in the Hemoglobin E/A2 window alongwith an elevated peak of 17.8% corresponding to Hemoglobin F window. The suggested possibilities are 1. Compound heterozygous for Hemoglobin E and beta Thalassemia 2. Hemoglobin E homozygous.		

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2. Hemoglobin E homozygous.

Advised : Hemoglobin studies (Hb Variant Analysis) of members and clinical correlation to rule out recent blood transfusion.

Interpretation(s)**HEMOGLOBIN VARIANT ANALYSIS, BLOOD-**

High performance liquid chromatography (HPLC) is a fast and accurate method for determining the presence and for quantification of various type of normal Hb and common abnormal Hb variants, including but not limited to Hb S, C, E, D and beta- thalassemia. The diagnosis of these abnormal Hb variants should be confirmed by DNA analysis. The method used has a limited role in the diagnosis of alpha thalassemia.

Slight elevation in hemoglobin A2 may also occur in hyperthyroidism or when there is left shift in hemoglobin S2 or A2 and this should be distinguished from inherited elevation of HbA2 in beta-thalassemia trait.

End Of Report

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



कूदा डाल
दूध उचि
थेकिनों में है
गर्लबाही की



भारत सरकार
Government of India



निखिल दुता
Nikhil Dutta
जन्म तिथि / DOB : 20/02/2015
पुरुष / Male



3888 8386 7989

मेरा आधार, मेरी पहचान

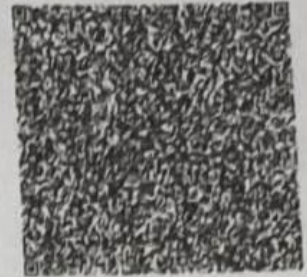
Issue Date : 06/09/2018



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



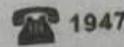
पता: आत्मज: समीर दुता, अट.बरकुरी,
बरकुरी, पुरुलिया, वेस्ट बंगाल, 723131



Address: S/O: Samir Dutta, At.Barakuri,
Barkuri, Purullya, West Bengal, 723131

Print Date : 19/01/2023

3888 8386 7989



1947



help@uidai.gov.in



www.uidai.gov.in

Re: Master Nikhil Dutta
MRN: 10020001745291
Date of Birth: 20th February 2015
Gender: Male

TO WHOM SO EVER IT MAY CONCERN

17th June 2024

I wish to state that Master Nikhil Dutta is diagnosed with Thalassemia Major. The only curative treatment is Bone Marrow Transplant. There is no fully HLA matched family donor or unrelated donor, hence we are planning to use one of the parents as donor (haplo identical). As the parents are haplo match, we are planning TCR alpha / Beta and CD 45RA depletion therapy for this patient. Following is the cost estimation:

Pre BMT evaluation of Donor	Rs.50,000/- (Rupees Fifty thousand only)
Pre BMT evaluation of Patient	Rs.50,000/- (Rupees Fifty thousand only)
Back up Stem Cell collection	Rs.80,000/- (Rupees Eighty thousand only)
Pre BMT preparation of patient for one and half month)	Rs.1,50,000/- (Rupees one lakh fifty thousand only)
TCR alpha /beta & CD 45RA depletion kit	Rs.12,50,000/- (Rupees twelve lakhs fifty thousand only)
Cost of donor stem cell collection	Rs.1,00,000/- to Rs.1,50,000/- (Rupees one lakh to Rupees one lakh fifty thousand only)
Cost of Haplo identical transplant	Rs.20,00,000/- to Rs.22,00,000/- (Rupees Twenty lakhs to Rupees twenty two lakhs only)
Cost of follow up (2 – 3 months)	Rs.2,00,000/- to Rs.3,00,000/- (Rupees two lakhs to Rupees

Is Mandatory

DR. SUNIL BHAT

Director and Clinical Lead -
Pediatric Haematology, Oncology
& Bone Marrow Transplantation
Narayana Health City, Bangalore
Reg. No.: KMC 87984

Dr Sunil Bhat
Director and Clinical Lead
Pediatric Hematology, Oncology and Blood & Marrow Transplantation
Narayana Health Network Hospitals -
Mazumdar Shaw Cancer Centre, Narayana Health City Bangalore, India
Mazumdar Shaw Medical Center

(A Unit of Narayana Hrudayalaya Limited) CIN: U85110KA2000PLC027497

Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk,
Bangalore 560099 | Tel +91 80 712 22222 | Fax +91 80 2783 2648

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

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Appointment
1800 309 0309

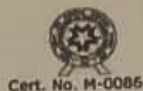


Email:
info.msmc@narayanahealth.org

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Care Solutions



CLIENT CODE : C000041229
 CLIENT'S NAME AND ADDRESS :
 SRL PSC - JAMSHEDPUR (DB)
 1ST FLOOR, YASH KAMAL COMPLEX, MAIN ROAD, BISTUPUR,
 JAMSHEDPUR 831001
 JHARKHAND INDIA
 7766914351

SRL LIMITED
 P S Srijan Tech Park Building, DN-52, Unit No. 2, Ground Floor, Sect
 V, Salt Lake,
 KOLKATA, 700102
 WEST BENGAL, INDIA
 Tel : 033-39401111 / 033-40043946, Fax : 30203412
 CIN - U74899DL1995PLC070603
 Email : customercare.saltlake@srl.in

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End Of Report

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

Re: Master Nikhil Dutta
 MRN: 10020001745291
 Date of Birth: 20th February 2015
 Gender: Male

TO WHOM SO EVER IT MAY CONCERN

17th June 2024

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Cost of follow up (2 – 3 months)	Rs.2,00,000/- to Rs.3,00,000/- (Rupees two lakhs to Rupees Three lakhs only)

The above estimation is in the absence of any complications.

We request you to transfer the amount in advance either by cheque / DD/ Pay order/ Electronic transfer to initiate treatment to the below mentioned Bank Account.

Account Number	:	00000038003340056
Description	:	CA-GEN-PUB OTH-NONRURAL-INR
Name	:	NARAYANA HRUDAYALAYA LIMITED
Currency	:	INR
Corporate Address	:	258/A, BOMMASANDRA INDL AREA, ANEKAL TALUK BANGALORE, KARNATAKA-560099
Branch	:	COMMERCIAL BRANCH, HOWRAH(04150)
IFS Code	:	5BIN0004150

Pls Note: After the transfer acknowledgement of transfer should be sent to below mentioned fax/mail. Fax no-08071222177 Mail id- punith.yv@narayanahealth.org / mamatha.m@narayanahealth.org / Patient MRN No

Is Mandatory

DR. SUNIL BHAT
 Director and Clinical Lead -
 Pediatric Hematology, Oncology
 & Bone Marrow Transplantation
 Narayana Health City, Bangalore
 Near P.O. KMC STDS

Dr Sunil Bhat
 Director and Clinical Lead
 Pediatric Hematology, Oncology and Blood & Marrow Transplantation
 Narayana Health Network Hospitals -
 Mazumdar Shaw Cancer Centre, Narayana Health City Bangalore, India
 Mazumdar Shaw Medical Center

A Unit of Narayana Hrudayalaya Limited. CIN: L85110KA2000PLC027432

Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099 | Tel +91 80 712 22222 | Fax +91 80 2783 2848

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099



Appointment
1800 309 0309



Email:
info.msmc@narayanahealth.org

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 Care Solution



भारत सरकार

Government of India



Issue Date: 16/03/2012



बकुल दुत्ता

Bakul Dutta

जन्म तिथि / DOB: 01/11/1989

महिला / Female



4230 7485 0474



4230 7485 0474

मेरा आधार, मेरी पहचान



भारत सरकार
GOVERNMENT OF INDIA



समीर दुत्ता
Samir Dutta

जन्म वर्ष / Year of Birth : 1980
पुरुष / Male



7745 8250 0912

आधार — सामान्य माणसाचा अधिकार

PERSON WITH DISABILITY REGISTRATION FORM

1. Personal Details

Applicant Name : NIKHIL DUTTA
First Name Middle Name Surname

Father's Name : SAMIR DUTTA

Mother's Name : BAKUL DUTTA

Date of Birth : 20-02-2015 Age : 08yrs 3month
(DD/MM/YYYY)

Mobile No : _____ E-mail ID : samirdutta7427
@gmail.com

Gender : Male Female Other

Mark of Identification : Finger cut-mark on Right leg. Signature / Thumb / Other Print

Category : General OBC* SC* ST* (*Attached cast certificate for OBC/SC/ST only)

Blood Group : O+ O- A+ A- B+ B- AB+ AB-

Marital Status : Married* Unmarried Widow Divorced Divorcee & Widower

*If you are married give Spouse Name : _____

Name of Guardian/ Caretaker /Attendant / Related Person : SAMIR DUTTA M/father His/Her Contact No. : _____

Relation with Person with Disability : Father Mother Wife Husband Uncle Aunty Sister Other

Educational Details : Primary Middle/Higher Primary Senior Secondary Higher Secondary
 Diploma Graduate PG Diploma Post Graduate
 Doctorate



2. Address Details

Correspondence Address : WZ-41 OLD SAHA PURA MAHABIR NAGAR
TILAK NAGAR Pincode : 110018

State/UTs : _____ District : NEW DELHI

City/Sub District/Tehsil : BELHI Village/Block : GURUNANAK
NAGAR

Document for Address Proof : Driving Licence Ration Card Voter ID Other (Domicile Certificate)

Patient MRN : 10020001745291
 Patient Name : Mr Nikhil Dutta
 Gender/Age/Dob : Male , 9 Year 3 Months , 20/02 /15
 Patient Phone No
 Patient Address : west bengal,Manbazar,Purulia, West Bengal,India,-723131

Consultation Date : 17/06/2024 11:45 AM
 Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
 Consultation Type : OP , NEW VISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- Transfusion dependent Thalassemia Major : Diagnosed at 3 years of age
 HB ELECTROPHORESIS: Hb A: 10.7, HB F: 17.8, HB (E+A2) - 70.4
 Father: HB E trait
 Mother: Beta Thalassemia Trait
 Sister: Beta Thalassemia Trait
 On regular blood transfusions, taking PC once in 20 -22 days, pre transfusion Hb 7- 8g/dl
 Last PC on 13/06/2024
 Recent admission : Malaria and Typhoid
- Iron overload : Ferritin : 12/06/2024 : 663, 773 (April 2024)
 May 2024 : Heart: normal, Liver : T2: 2.8ms, R2: 352 - Moderate loading
 Desirox 1000mg OD X 4 days, 1250 for 3 days
 Keifer 500mg OD - ADVISED 2 - NOT TAKING REGULARLY
- Keen for HLA : Mother: 6/10, father : 5/10; Sister : 8/10 match
 MUD search done - no match (done outside)
 DSA with father : negative

VITALS

Blood Pressure : 106/44 mmHg
 Temperature : 97.7 F
 Height : 135 cm
 BMI : 15.91 kg/m²

Heart Rate : 108 bpm
 SPO2 : 96 % , Room air
 Weight : 29 kg
 BSA : 1.04 m²

GENERAL EXAMINATION

- General Appearance : Thalassemia Facies

SYSTEMIC EXAMINATION

- Per Abdomen : soft, liver just palpable, spleen 3-4 cms below LCM
- Respiratory Examination : b/l nvbs, no added sounds





भारत सरकार

Government of India



बकुल दुता

Bakul Dutta

जन्म तिथि / DOB: 01/11/1989

पति/ Family



4230 7485 0474

मेरा आधार, मेरी पहचान

Patient MRN : 10020001745291
Patient Name : Mr Nikhil Dutta
Gender/Age/Dob : Male , 9 Year 8 Months , 20/02 /15
Patient Phone No
Patient Address : west bengal, Manbazar, Purulia, West Bengal, India, -723131

Consultation Date : 30/10/2024 10:54 AM
Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
Consultation Type : OP , REVISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- **Transfusion dependent Thalassemia Major** : Diagnosed at 3 years of age
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Kelfer 500mg OD - ADVISED 2 : NOT TAKING REGULARLY
- **Keen for HLA** : Mother: 6/10, father : 5/10; Sister : 8/10 match
MUD search done : no match (done outside)
DSA with father : negative
DSA with sister: negative
- **Current visit** : Planned for Auto PBSC backup collection on 31.10.2024.

PAST MEDICAL HISTORY

- No significant past medical history

SOCIAL HISTORY

- No significant social history

FAMILY HISTORY

- No significant family history

PROCEDURE HISTORY

- No known surgical history

Mazumdar Shaw Medical Center

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099 | Tel +91 80 712 22222 | Fax +91 80 2783 2648

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

Appointment
1800 309 0309



Email:
info.msmc@narayanahealth.org

Our Accreditations



Page 1 of 3
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Care Solution

VITALS

Blood Pressure : 111/73 mmHg

Temperature : 96.2 F

Height : 135 cm

BMI : 16.46 kg/m²

Heart Rate : 115 bpm

SPO₂ : 93 % , Room air

Weight : 30 kg

BSA : 1.06 m²

GENERAL EXAMINATION

- General Appearance : Thalassemia Facies

SYSTEMIC EXAMINATION

- Per Abdomen : soft, liver just palpable, spleen 3-4 cms below LCM
- Respiratory Examination : b/l nvbs, no added sounds

DIAGNOSIS

- 75451007 | Thalassemia major , Primary , Final , 17/06/2024

Remarks: Transfusion dependent

INVESTIGATION ORDER

LAB : COMPLETE BLOOD COUNT (CBC)

Cross Match Sample

MEDICATION ORDER

DRUG NAME

- 1) DEFERASIROX-TABLET-500MG-
DEFRIJET
- 2) CALCIUM+PHOSPHORUS+MG+ZN+VIT
D3-SUSPENSION-200ML-CALCIMAX P
- 3) CHOLECALCIFEROL-POWDER-
60000IU/1GM-D RISE
- 4) MULTIVITAMINS-SYRUP-200ML-
ZINCOVIT CL

PATIENT INSTRUCTION

Once Daily (2.5 - 0 - 0 - 0) : 1250 mg daily Tablet Before
Food Till Followup ,
with juice/water
| Start Date: Oct 30, 2024

Once Daily (5 - 0 - 0 - 0) ml TILL_REVIEW | Start Date: Oct
30, 2024

Once a week For 6 Weeks | Start Date: Oct 30, 2024 | End
Date: Dec 10, 2024

Once Daily (5 - 0 - 0 - 0) ml TILL_REVIEW | Start Date: Oct
30, 2024

NOTES

- - Keep pre transfusion Hb: 9.5-10g/dl
- - To give packed cell (15ml/kg) preferably leucodepleted, irradiated and NAT tested.
- - Serum Ferritin to be done once in 3 months.
- - HLA typing high resolution of parents and child.
- - Genetic testing advised especially if planning next pregnancy.

Dr. Azumdar Shaw Medical Center

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Appointment
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NOTES

Parents have been counselled regarding the diagnosis, the management, complications and the curative option of HSCT.

- Genetic counselling also done

• Send CBC -inform report on 30.10.2024.

Admit to ward for PBSC collection tomorrow morning

Keep NPO from midnight 12,1/2 DNS 50ml per hour

Inj GCSF 300 mcg S/C tonight at 10 pm and tomorrow at 6 am 31.10.2024.

CBC at 5 am on 31.10.2024.

Arrange 4 Fr/5 Fr femoral sheath and sedation.

Shift to Apheresis room with PC (I and L).

Inform Apheresis room.

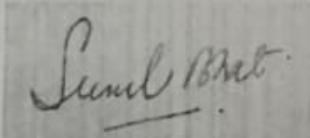
Add Kelfer after PBSC collection

ADMISSION REQUEST

- Inpatient Admission required on 30/10/2024 11:07 AM under Dr. Sunil Bhat , Dr. Pooja P Mallya, Dr. Ravi Joshi for Chemotherapy in Mazumdar Shaw Medical Centre, Bangalore . The estimated length of stay is 2 Days

Auto PBSC backup collection

CONSULTANT DETAILS



Dr. Sunil Bhat , SENIOR CONSULTANT & HOD , PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & B
KMC-97964

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Niveditha S Reddy | Printed On: 30.10.2024 11:07

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Patient MRN : 10020001771930
Patient Name : Mr. Nikhil Dutts
Gender/Age/Dob : Male, 9 Year 8 Months, 20/02/15
Patient Phone No :
Patient Address : Manbazar, Purulia, West Bengal, India, -723131

Consultation Date : 28/10/2024 01:05 PM
Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
Consultation Type : OP, FOLLOW UP



ALLERGY

- No known allergies

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- History : Known case of Thalassemia Major
On transfusion locally since 2017
Pre Transfusion HB in range of 8-8.5gm%
- Iron overload : Serum Ferritin : 2222 ng/ml; April 2024, 1190 on 26/10/24
Current Medications :
, Defrijet 1000mg 4/7 and 1500mg 3/7
Folvite
- Current visit : Has haplo match donors
Both father and sister are DSA negative

VITALS

Blood Pressure : 117/60 mmHg
Temperature : 97.6 F
Height : 134.5 cm
BMI : 16.03 kg/m2

Heart Rate : 108 bpm
SPO2 : 95 %, Room air
Weight : 29 kg
BSA : 1.04 m2

GENERAL EXAMINATION

- General Appearance : Thalassemic facies+

SYSTEMIC EXAMINATION

- Cardiovascular : S1 S2 +
No murmurs
- Central Nervous System : No focal neurological deficits
- Per Abdomen : Soft, Spleen just palpable.
Liver 2 cm below RCM
- Respiratory Examination : B/L Air entry equal

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DIAGNOSIS

- 65959000 | beta Thalassemia (disorder) , Primary , Final , 09/10/2024

MEDICATION ORDER

DRUG NAME	PATIENT INSTRUCTION
1) CALCIUM CARBONATE+VIT D3-TABLET-500MG+250IU-SHELICAL	Once Daily (0 - 1 - 0 - 0) Tablet Orally After Food Till Review Start Date: Oct 28, 2024
2) FOLIC ACID-TABLET-5MG-FOLVITE	Once Daily (1 - 0 - 0 - 0) Tablet Orally After Food Till Review Start Date: Oct 28, 2024
3) DEFERASIROX-TABLET-500MG-DEFRIJET	Once Daily (2 - 0 - 0 - 0) Tablet Orally Empty Stomach Till Review , Start Date: Oct 28, 2024
4) CHOLECALCIFEROL-POWDER-60000IU/1GM-CALCIROL	Once in a month (1 - 0 - 0 - 0) Scoop For 6 Months Start Date: Oct 28, 2024 End Date: Apr 25, 2025

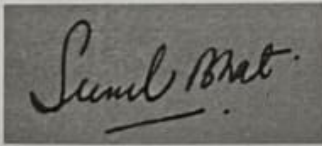
CLINICAL NOTES

- Planned for Auto PBSC Backup collection on 31.10.2024.
Inj GCSF 300 mcg S/C OD from 27.10.2024 to 30.10.2024. (around 5pm)
To get admitted on 30.10.2024 to ward for collection on 31.10.2024.
Report on 30/10/2024 for admission and CBC test at 10 am
Tab Dolo 650mg; 1/2 tablet SOS for pain

FOLLOW UP DETAILS

- Physical Consultation for Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT) on 30/10/2024 10:20 AM

CONSULTANT DETAILS



Dr. Sunil Bhat , SENIOR CONSULTANT & HOD , PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT
KMC-97964

Printed By: Dr. Ravi Joshi | Printed On: 28.10.2024 13:11

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CONSULTATION SUMMARY

Narayana Health

Patient MRN : 10020001771930
Patient Name : Mr. Nikhil Dutts
Gender/Age/Dob : Male, 9 Year 8 Months, 20/02/15
Patient Phone No :
Patient Address : Manbazar, Purulia, West Bengal, India, -723131

Consultation Date : 26/10/2024 03:39 PM
Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
Consultation Type : OP, REVISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- History : Known case of Thalassemia Major
On transfusion locally since 2017
Pre Transfusion HB in range of 8-8.5gm%
- Iron overload : Serum Ferritin : 2222 ng/ml; April 2024
Current Medications :
Kelfer 500mg BD, Defrijet 1000mg 4/7 and 1500mg 3/7
Folvite
- Current visit : Has haplo match donors
Both father and sister are DSA negative

VITALS

Blood Pressure : 104/63 mmHg
Temperature : 97.5 F
Height : 135 cm
BMI : 16.08 kg/m²

Heart Rate : 99 bpm
SPO2 : 93 %, Room air
Weight : 29.30 kg
BSA : 1.05 m²

GENERAL EXAMINATION

- General Appearance : Thalassemic facies+

SYSTEMIC EXAMINATION

- Per Abdomen : Soft, Spleen just palpable.
Liver 2 cm below RCM
- Central Nervous System : No focal neurological deficits
- Cardiovascular : S1 S2 +
No murmurs
- Respiratory Examination : B/L Air entry equal

DIAGNOSIS

- 65959000 | beta Thalassemia (disorder), Primary, Final, 09/10/2024

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INVESTIGATION ORDER

LAB : COMPLETE BLOOD COUNT (CBC) | DIALYSIS VIROLOGY PROFILE (HIV, HCV & HBS AG)-ELISA |
SERUM FERRITIN | BLOOD CROSS MATCHING | BLOOD GROUP & RH TYPING

MEDICATION ORDER

- DRUG NAME
- 1) CALCIUM CARBONATE+VIT D3-
TABLET-500MG+250IU-SHELICAL
 - 2) FOLIC ACID-TABLET-5MG-FOLVITE
 - 3) DEFERASIROX-TABLET-500MG-
DEFRIJET
 - 4) CHOLECALCIFEROL-POWDER-
60000IU/1GM-CALCIROL

PATIENT INSTRUCTION

Once Daily (0 - 1 - 0 - 0) Tablet Orally After Food Till
Review | Start Date: Oct 26, 2024

Once Daily (1 - 0 - 0 - 0) Tablet Orally After Food Till
Review | Start Date: Oct 26, 2024

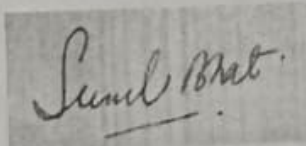
Once Daily (2 - 0 - 0 - 0) Tablet Orally Empty Stomach Till
Review ,
| Start Date: Oct 26, 2024

Once in a month (1 - 0 - 0 - 0) Scoop For 6 Months | Start
Date: Oct 26, 2024 | End Date: Apr 23, 2025

CLINICAL NOTES

- Planned for Auto PBSC Backup collection on 31.10.2024.
Inj GCSF 300 mcg S/C OD from 27.10.2024 to 30.10.2024. (around 5pm)
✓ To get admitted on 30.10.2024 to ward for collection on 31.10.2024.
Will see the CBC and plan for Plerixafor.
Report on 30/10/2024 for admission and CBC test at 10 am
Tab Dolo 650mg; 1/2 tablet SOS for pain
After auto PBSC collection to start Kelfer for chelation
- To show reports today/ tomorrow.

CONSULTANT DETAILS



Dr. Sunil Bhat , SENIOR CONSULTANT & HOD , PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & E
KMC-97964

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Niveditha S Reddy | Printed On: 26.10.2024 15:59

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CONSULTATION SUMMARY

Patient MRN : 10020001771930
Patient Name : Mr. Nikhil Dutts
Gender/Age/Dob : Male , 9 Year 7 Months , 20/02 /15
Patient Phone No :
Patient Address : Manbazar, Purulia, West Bengal, India, -723131

Consultation Date : 15/10/2024 01:31 PM
Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
Consultation Type : VC , FOLLOW UP



The Consultation Summary is generated after, a Remote Consultation session

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- History : Known case of Thalassemia Major
On transfusion locally since 2017
Pre Transfusion HB in range of 8-8.5gm%
- Iron overload : Serum Ferritin : 2222 ng/ml; April 2024
Current Medications :
Kelfer 500mg BD, Defrijet 1000mg 4/7 and 1500mg 3/7
Folvite
- Current visit : Has haplo match donors
Both father and sister are DSA negative

DIAGNOSIS

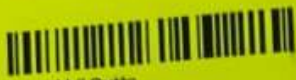
- 65959000 | beta Thalassemia (disorder) , Primary , Final , 09/10/2024

CLINICAL NOTES

- INJ. Quadriflu 0.5 mL intramuscular stat; for patient and father
- As the patient is already on Kelfer, advised to stop Kelfer at least 2-3 weeks before coming here for starting the transplant process. Can come down after 3 weeks to start backup collection and pretransplant immunosuppressive therapy.
- Will come here after 10 days

CONSULTANT DETAILS

Dr. Sunil Bhat , SENIOR CONSULTANT & HOD , PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT
KMC-97964



Mr Nikhil Dutta
10020001745291 (Male)
20/02/15 (9Y 8M 10D)
INP-1002-2410002296
Dr. Sunil Bhat

(1) 30/10/24
Bhargava

BILLING SHEET

NAME : _____ MEDICARE / HEALTH INSURANCE _____
 AGE : _____ SEX : M / F _____
 I.P. NO.: _____
 DEPT. : _____ CONSULTANT : _____ UNIT : _____
 DATE OF ADMISSION : _____ BED NO.: _____ DIET : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Staff

CONSULTANT VISIT CHART (TO BE FILLED BY THE DOCTOR ONLY)

Primary Consultants				Sub Consultants					
Dr.		Dr.		Dr.		Dr.		Dr.	
Date	Sign	Date	Sign	Date	Sign	Date	Sign	Date	Sign

Patient Name : _____
Patient MRN : _____ Age : _____ Gender : _____
Bed No. : _____ Department : _____



Mr Nikhil Dutta
10020001745291 (Male)
20/02/15 (9Y 8M 10D)
INP-1002-2410002296
Dr. Sunil Bhat

1. RECEIVING TREATMENT AND OTHER HEALTH SERVICES :

I, the undersigned request and authorize the hospital and all its physicians, surgeons, technicians, nurses and other qualified personnel, whether employed directly or visiting to perform clinical examination and diagnostic tests, administration and/or injection of pharmaceutical products and medications, withdrawal of blood / other body fluids and tissues for laboratory examination and hospital care which may deem necessary or beneficial for my health.

I understand that medical, nursing and other health care personnel in training or students may be observing and participating actively in my care under the supervision of authorized personnel. I hereby give my consent to such observations and participants.

I understand, agree and give my consent that in emergency situations a healthcare professional may perform emergency health services to preserve my life or health beyond those contemplated at this time

I understand that the results of any treatment, procedure and tests or care may not be adequately predicted. I also understand that I have rights to refuse any drugs, treatment or procedures and seek a second opinion.

I understand that a separate consent will be taken for all invasive procedure and risk benefits and alternative will be explained to me by the admitting consultant or the team members.

I understand that neither hospital nor the involved medical team (or other staff member) can or is allowed to give any guarantee or confirmation of outcomes, and I acknowledge that no guarantees or promises have been made to me about the result of the health services I will receive.

I have been explained the meaning of **vulnerable patients** and I understand that if applicable, I consent to me being categorized as a vulnerable patient or my ward being categorized as a vulnerable patient.

2. CONFIDENTIALITY AND RELEASE OF INFORMATION :

I understand that my medical record will be kept in both hard copy and electronic form and will not release any information without my prior consent.

I have been informed that I have the right to access my health information / record during my stay at the hospital.

I understand and authorize that my information can be accessed by health care professionals involved in my care by the centres authorized by Narayana Health.

I also understand that to obtain payment for the services, I authorize the hospitals to furnish and release my medical record information to the Government agency, insurance company or Third party administrator (TPA)

I understand and give consent to evaluate my medical record information to any individual employed or authorized by hospital to audit.

In case of Imaging services are performed, records/films if required may be sent to other locations for reporting, confirmation or a second opinion.

I hereby release the hospital from all the legal liability that may arise from the release of information requested and provided.

3. VIDEO SURVEILLANCE / RECORDING AND PHOTOGRAPHING :

I understand that video surveillance may be used in hospital for patient-safety purposes and some times for obtaining consent/counselling. I understand and agree to video surveillance for my safety.

Without limitation to the foregoing, I also consent for filming, video recording & photographing of any operation and procedure for the purpose of medical education keeping my identity undisclosed.



Patient MRN : 10020001745291
Patient Name : MR NIKHIL DUTTA
Gender|Age|DoB : Male| 9Y 8M 10D| 20/02/15
Patient Phone No.
Patient Address : west bengal, Manbazar, Purulia, West Bengal, India, 723131

Admission No : INP-1002-2410002296
Admission Date : 30-10-2024 11:53 AM
Admission Type : Inpatient
Admission Category : Chemotherapy
Charge Class : Semi Special
Ward No. : WARD-7F-AB
Bed No. : 7175PL
Plan : One Health Membership – Individual Plan (12 months), 1002_CASH PAYING PROVISIONAL,

CONSULTANT DETAILS

Primary Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
Secondary Consultant : Dr. Shobha B, Dr. Pooja Mallya, Dr. Ravi Joshi (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT),
Admission Reason : Auto PBSC backup collection

ACCOMPANIED BY

Name : MR SAMEER DUTTA
Relation : Father
Gender : Male
Mobile Number

Prepared By: Bhagyalakshmi T, 356528 | Prepared On: 30.10.2024 11:55 |
Generated By: Bhagyalakshmi T, 356528 | Generated On: 30.10.2024 11:55 |

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Admission Slip



Patient MRN : 10020001745291
Patient Name : MR NIKHIL DUTTA
Gender | Age | DoB : Male | 9Y 8M 10D | 20/02/15
Patient Phone No. :
Patient Address : West Bengal, Manbazar, Purulia, West Bengal, India, 723131

Admission No : INP-1002-2410002296
Admission Date : 30-10-2024 11:53 AM
Admission Type : Inpatient
Admission Category : Chemotherapy
Charge Class : Semi Special
Ward No. : WARD-7F-AB
Bed No. : 717SPL
Plan : One Health Membership – Individual Plan (12 months), 1002_CASH PAYING PROVISIONAL

CONSULTANT DETAILS

Primary Consultant : Dr. Sunil Bhat (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT)
Secondary Consultant : Dr. Shobha B, Dr. Pooja Mallya, Dr. Ravi Joshi (PAEDIATRIC ONCOLOGY, HAEMATO-ONCOLOGY & BMT),
Admission Reason : Auto PBSC backup collection

ACCOMPANIED BY

Name : MR SAMEER DUTTA
Relation : Father
Gender : Male
Mobile Number :

Prepared By: Bhagyalakshmi T, 356528 | Prepared On: 30.10.2024 11:55 |
Generated By: Bhagyalakshmi T, 356528 | Generated On: 30.10.2024 11:55 |

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