





Care For
Appetite
Foundation



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



जन्म प्रमाण-पत्र
 BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 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 निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि हरीपर्वत जोन नगर निगम अग्रा तहसील अग्रा जिला अग्रा राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्ट्रार 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

जन्म तिथि / DATE OF BIRTH:
 19-05-2023
 NINETEENTH-MAY-TWO THOUSAND TWENTY THREE

जन्म स्थान / PLACE OF BIRTH:
 RASHMI MEDICARE CENTER AGRA

माता का नाम / NAME OF MOTHER:
 NIKITA JAIN

पिता का नाम / NAME OF FATHER:
 ANMOL JAIN

आधार नंबर / MOTHER'S AADHAAR NO:
 XXXXXXXX3676

आधार नंबर / FATHER'S AADHAAR NO:
 XXXXXXXX9196

बच्चे के जन्म के समय 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, AGRA, UTTAR PRADESH


माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS:
 KE - 9, PHASE - 1, KAVERI KUNJ KAMLA NAGAR, AGRA, AGRA, AGRA, AGRA, AGRA, UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NUMBER:
 B-2023: 9-90170-014084

पंजीकरण तारीख / DATE OF REGISTRATION:
 28-05-2023

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
 14-07-2023

जारी करने वाला अधिकारी / ISSUING AUTHORITY:

 रजिस्ट्रार (जन्म एवं मृत्यु)
 REGISTRAR (BIRTH & DEATH)
 हरीपर्वत जोन नगर निगम अग्रा
 HARI PARVAT ZONE NAGAR NIGAM AGRA

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".

* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *



Dated: November 5th 2024

TO WHOM SO EVER IT MAY CONCERN

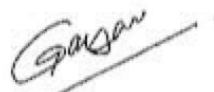
This is to certify that **Master Adwitya Jain**, 1 yr old male, is a case of **Thalassemia Major**. He is currently on supportive care for the same. The only curative treatment for Thalassemia Major is Bone Marrow Transplant. In the absence of matched sibling or matched related donor, **Adwitya** is 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.
Grand Total		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

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



India's First Internationally Accredited Hospital
Indraprastha Apollo Hospitals

Sarita Vihar, Delhi - Mathura Road, New Delhi - 110 076 (INDIA)

Tel: (91-11)- 26625858, 26525803, Fax: (91-11)-26623629, Emergency Telephone No.: 1066

Email: info@delhi.apollohospitals.com, Website: <https://delhi.apollohospitals.com/>

For Online appointment: www.apollohospitals.com

(100) (144)
 Step 1 A/c 3mi - (4H) ⁹ / 2 50 1 las
 10-12 2 Arch back up (1.25) + (10-50) ✓
 3 fix up 1 las + 1 las
 4 BMT 15-16 + 11.5-12.0 las ✓
 5 FU 50.75 / nuts * 2 nuts

Wt =

(C/SZ
 Lkt
 cmv
 Sml)

go to

(C/S) 5- las

DM 3 las

(1-2)

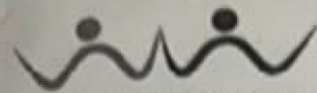
(FO)

(DEF 20)

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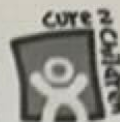




Sankalp India Foundation®

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SUPPORTED BY
Cure2Children Foundation
info@cure2children.org
www.cure2children.org



POWERED BY : Jagriti Innovations

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:ETPNF
			11:01:01G	40:06:01G	15:02:01G	04:EMYZF	03:EDYCS	04:ERTTH
ANAND	Father	19-May-1996	11:01:01G	40:06:01G	07:01:01G	04:EMYEV	02:EDYCV	02:ETPNF
			33:03:01G	44:03:02G	15:02:01G	07:ESDGS	03:EDYCS	26:01:02G
NAYANA	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

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

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

Height: 80.5 cms

UHID: APD1.0011816413
Age/Sex: 17 month/male
BSA: 0.49 m²

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 A/403 P26%
Bilirubin (T/D): 0.43/0.20
DCT/ICT: Neg
G6PD: ND
2D echo: EF-60%

Retic count: 0.38%
DSA: Negative, either of parent donor
HIV/HBsAg/HCV: HBV/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
Fibrosan: NR

DSA - Negative against both mother & father

Plan:

- 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)
- PTIS (cycle # 1 started from 07/11/24)
- TAB. HYDROXYUREA 250 MG PO ONCE DAILY
- TAB. AZATHIOPRINE 25 MG PO ONCE DAILY
- TAB. VALACICLOVIR 250 MG PO ONCE DAILY (TO BE CHANGED TO VALGANCICLOVIR AFETR 2ND PTIS)
- TAB. FLUCONAZOLE 75 MG PO ONCE DAILY (TO BE CHANGED TO VORICONAZOLE AFTER 2ND PTIS)
- SYP. TRIME THOPRIM-SULPHAM THIAZOLIDINE (SEPTAN) 5.5 ML PO TWICE DAILY (MON/TUE/RI)
- SYP. LEVATHIACETAM (1ML/100 MG) 1.0 ML PO TWICE DAILY
- TAB. FOLIC ACID 5 MG N 7AD PO ONCE DAILY
- HYPER-TRANSFUSION AS ADVISED (MAINTAIN PRE TX HB. 12 GM/DL)
- CHELATION: TAB. DEFRIJET 500 A/W 250 MG PO ONCE DAILY
- ORAL & PERIANAL CARE AS ADVISED
- Inj. Neukine 100 mcg s/c x 3 days

- Admit for 2nd PTIS

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Gaurav

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DR KANISHA 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 ARJUN): 8920860478

CENTRE FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPY
GCSF MOBILIZATION SHEET

Patient Details
Patient: ADWITYA
DOB: _____
Sex: MALE
Height: 80 BCM

UHID No: APD10011816413
Age: 15 yrs
Weight: 10.8 kg
SA: 0.49 m²

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>972.99 200</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

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Vas Dev

Consultant signature

Nursing signature



4-11-24

Ms. ADNIYA

1.5 yr / m

new for HAD HSCF

ask reg.

Plan

workup

Reception 4-11-24

form parents
available
order

Anti biopsy

on 4-11-24

Bill from

04-11-24

05-11-24

06-11-24

07-11-24

Admission

Hanna

for PTIS # 1

Vaishan

Gan

(Signature)

Spj Pectus Graped MOV
300 mg

Spint stars

Naetle inline zying + needle



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 5:27:00PM	Report Status : Final
A/c Status : P	Processed at : LPL-NATIONAL REFERENCE LAB
Collected at : MR. SATYENDRA RAY - (AGRA CC 7)	National Reference laboratory, Block E,
Kendriya Hindi Sansthan Road Near Bypass	Sector 18, Rohini, New Delhi -110085
Crossing Khandari Agra MobNo.992777172,	
05624044172	

Test Report

TEST CONDUCTED : THALASSEMIA BETA, MUTATION ANALYSIS
 (PCR, Sequencing)

RESULTS

Homozygous Mutation Detected

Kindly Note: IVS-1-5 (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 (β) 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:

- β - Alleles without a mutation that reduces formation of β chains
- β⁰- Mutations that prevent any formation of β chains
- β⁺ - Mutations that allow some formation of β chains

In all these cases there is a relative excess of α 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.



Name	: Master ADWITYA JAIN	Age	: 6 Months
Lab No.	: 448589922	Gender	: Male
Ref By	: DR TARUN SINGHAL	Reported	: 18/12/2023 12:21:22PM
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Collected at	: MR. SATYENDRA RAY - (AGRA CC 7) Kendriya Hindi Sansthan 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 subcontinent.

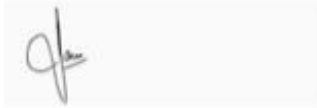


Name	: Master ADWITYA JAIN	Age	: 6 Months
Lab No.	: 448589922	Gender	: Male
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Test Report

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



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
NRL - Dr Lal PathLabs Ltd



Dr Vamshi Krishna Thamam
MCI - 17-25915
MBBS, MD Pathology
DipRCPPath UK, Molecular Genetics
Fellowship, Tata Medical Center
Head - Genomics & Clinical
Cytogenomics
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.



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

Patient Information

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

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 : 1 Year
Lab No. : 449996219	Gender : Male
Ref By : DR TARUN SINGHAL	Reported : 18/7/2024 8:45:43PM
Collected : 18/7/2024 4:38:00PM	Report Status : Final
A/c Status : P	Processed at : Dr. Lal Path Labs Ltd
Collected at : FPSC KAMLA NAGAR D-510, MAIN MARKET, KAMLA NAGAR, AGRA 05624008106,9997069973	Dayal Bagh Road , Agra- 282005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (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/mm3	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/mm3	6.00 - 16.00
Differential Leucocyte Count (DLC)			
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
Absolute Leucocyte Count			
Neutrophils	2.59	thou/mm3	1.00 - 7.00
Lymphocytes	10.64	thou/mm3	3.50 - 11.00
Monocytes	0.89	thou/mm3	0.20 - 1.00
Eosinophils	0.57	thou/mm3	0.10 - 1.00



Name : Master ADWITYA JAIN
Lab No. : 449996219
Ref By : DR TARUN SINGHAL
Collected : 18/7/2024 4:38:00PM
A/c Status : P
Collected at : FPSC KAMLA NAGAR
D-510, MAIN MARKET, KAMLA NAGAR, AGRA
05624008106,9997069973
Age : 1 Year
Gender : Male
Reported : 18/7/2024 8:45:43PM
Report Status : Final
Processed at : Dr. Lal Path Labs Ltd
Dayal Bagh Road , Agra- 282005

Test Report

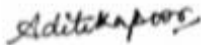
Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.05	thou/mm ³	0.02 - 0.10
Platelet Count	650	thou/mm ³	200.00 - 550.00
Platelets are mildly increased Followup and clinical correlation			
Mean Platelet Volume	7.7	fL	6.5 - 12.0

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 PathLabs Ltd



Name : Master ADWITYA JAIN
Lab No. : 449996219
Ref By : DR TARUN SINGHAL
Collected : 18/7/2024 4:38:00PM
A/c Status : P
Collected at : FPSC KAMLA NAGAR
D-510, MAIN MARKET, KAMLA NAGAR, AGRA
05624008106,9997069973
Age : 1 Year
Gender : Male
Reported : 18/7/2024 8:45:43PM
Report Status : Final
Processed at : Dr. Lal Path Labs Ltd
Delhi Gate ,Agra 282002

Test Report

Test Name	Results	Units	Bio. Ref. Interval
FERRITIN, SERUM (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 Shalini Gupta
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
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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.

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