

**KALAWATI SARAN CHILDREN'S HOSPITAL
BANGLA SAHIB MARG, NEW DELHI 110001**

DATE-3/6/13

To,
The Managing Trustee
Relief India Trust.
D- 22 Sector - 3
NOIDA 201301 (UP)

Subject :- Regarding arrangement of Injection Interferon 2-alpha b 30 mcg/week & Ribavarin 450 mg daily to poor patient Sheetal 11 yrs / female (Hepatitis C)

Dear Sir,

Firstly I would like to thank you for the continuous support provided to the poor patient of thalassemia patients of this hospital.

This is to bring to your kind notice that we have a patient Sheetal 11 yrs/female being treated at Kalawati Saran Hospital New Delhi at thalassemia unit. And she has received multiple transfusion for thalassemia. During the screening she has been found to be suffering from Hepatitis C positive.

She requires treatment for Hepatitis C to prevent long term complications like Hepatocellular carcinoma. Treatment is in the form of weekly Injection Interferon 2-alpha b 30 mcg/week & Ribavarin 450 mg daily for approximately 6 months (24 weeks)

We request you to please provide financial support for the Sheetal . As the parents of the patient are very poor and they can not afford the same. This medicine is not available in the hospital.

The cost of the treatment is Rs7500/- per week that means Rs.30, 000/- for 1 month and Rs.1,80,000/- for 6 month (approx). Moreover she has to come 4 to 6 times to the hospital for the treatment of Hepatitis C, she would also require financial support for transportation.

A letter of Dr. Praveen Kumar Professor of pediatric (treating doctor) is attached herewith.

Thanking you.

Yours Faithfully,


A.N. SINGH
Medical Social Worker
Kalawati Saran Children's Hospital
New Delhi-1
Medical Social Worker
KALAWATI SARAN CHILDREN'S HOSPITAL (New Delhi)

श्री गुरु पंने श्री द्वादी
शिलीफ इंडिया इन्टर
डी. २२ ए. ३
नोरुडा (उपग्रह)

श्री गुरु पंने जिगद्रादी
शिलीय इंडिया ड्राइ
श. 22 अ. 3

~~नाम~~ (उपनाम)



विषय - अंग्रेज वस्त्रों की लालच उठाना ॥ १८६१
 के अंग्रेजों की लालच उठाना के लालच उठाना

महामा

आपकी मातृका हो कि प्रायश्चित्त प्रणाली पत्नी की बला
कमाल निवासी अनेकाने डेवरी फरीदाबाद की
रहने वाली हैं। मेरे पास ही बचने हैं। जिसने बेटी
शीतल उम्र ११ वर्ष की है उत धर्म सिद्धि का विचार ही नहीं
कर उत हैं पराशरिणी भी ही हो गया है। बच्ची
आ दुलगा पलावरी सान बाक सिद्धिस्थान में बच
रहा है। डामर ने बच्ची के लिख hi। Interference. 2
Alphabet 30 meg. रहा वह Ribavirin पदार्थ, दोनो के सिद्धि
बेला ही हो गया एक बच्चा। यह घर भाभी, भैंस
हो जो अस्पताल में नहीं आता ही, प्रसिद्धा है ११ व
१२००/- का लोका जो भैंस का लोका रु. ३०,०००/- लोका
रहा ६ माह एक लोका लोका जो पति धर्म प्रसिद्ध
ने यह लोका नहीं करा पर रही है।
अतः आपने निर्णय है कि मेरी बच्ची का
घर सिद्धि में ही रहा है। आपकी आशीर्वाद
होगी।

7-2914

3/6/13

forwarded
A
3/6/13

5/11/07

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मि - २११००

(संक्षिप्त)

NATIONAL THALASSEMIA WELFARE SOCIETY (REGD.)

KG-1/97, VIKAS PURI, NEW DELHI-110018 Ph. : 25507483, 25511795

THALASSEMIA UNIT KALAWATI SARAN, HOSPITAL, NEW DELHI

THALASSEMIA CENTRE RECORD (T.C. No.)

Name	Sheetal	Age	11yr	Sex	F	H. No.	145
Date of Birth	19/4/01	Bl. Group	B+ve	HCP No.			
Father's Name	Baldew KS	Address	H.No - 1120, Jaleel K. Mehta				
	Plot - 37,	Kanidabad	Telephone				
Diagnosis B-Thalassemia Major/Intermediate/Minor/Others (Specify)							
Date		Ht		Wt		Liver	
		HbsAg		HIV		Spleen	
				HCV		S. Ferritin	21/1/01

INSTRUCTIONS

Date	Pre-Transfusion Hb	Amount of blood given	Next Date	Remarks / Reaction
11/9/12	10.2	445 gm	22/9/12	Kellogg 40/50 AD, PA 100 Cal 1 tds, T. Sibelium Smg 1 tab HS.
24/9/12	10.7	460	11/10/12	Kellogg 40/50 AD, PA 100, Cal 1 tds T. Sibelium Smg 1 tab HS.
16/10/12	10.2	460	9/11/12	Make headache chart Kellogg 40/50 AD, PA 100, Cal 1 tds T. Sibelium Smg 1 tab HS.
17/11/12	9.9	400	10/12/12	Kellogg 40/50 AD, Cal 1 tds, PA 100
19/12/12	8.5	400	5/1/13	Kellogg 40/50 AD, Cal 1 tds, PA 100
12/1/13	9.1	260	29/1/13	Kellogg 40/50 AD, Cal 1 tds, PA 100 T. Pan 40/100 (BBF) XIWK.
8/2/13	7.6	448	25/2/13	Kellogg 40/50 AD Cal 1 tds, PA 100
25/2/13	9.2	460	18/3/13	Kellogg 40/50 AD Cal 1 tds, PA 100 X - Stop Maxtra 1 tab tds. - Stop the antibiotic smg. Head
18/3/13	9.5	448	8/4/13	Stop Maxtra 1 tab tds (fill in) T. Pan 1, 100 g Kellogg 700. (fill in) Kellogg 40/50 AD, Cal 1 tds, PA 100
9/4/13	9.6	448	30/4/13	Kellogg 40/50 AD, Cal 1 tds, PA 100
4/5/13	10.5	430	24/5/13	Kellogg 40/50 AD, Cal 1 tds PA 100
31/5/13	8.9	228	13/6/13	↑ Kellogg 50 (2-1-2), Cal 1 tds PA 100

To,

03/06/2013

The Medical Social Worker,
Kalawati Saran Children's Hospital,
New Delhi.

Sub: Request to arrange financial support for the patient, Sheetal, age-11 yrs/female.

Sir,

We have a patient Sheetal, 11 yrs, female being followed at Thalassemia Unit, Kalawati Saran Children's Hospital, New Delhi and has received multiple transfusions for Thalassemia. During the screening, she has been found to be Hepatitis C positive. Her workup for Hepatitis C shows that she has high HCV viral load (2.99×10^5 IU/ml) and she has HCV genotypetype 3. She requires treatment for Hepatitis C to prevent long term complications like Hepatocellular carcinoma. Treatment is in the form of weekly injection Interferon 2-alpha b 30 mcg/week and Ribavarin 450 mg daily for approximately 6 months.

We request you to please explore financial support for the patient as she is poor and this drug is not available in the hospital.

Thanking you,

Yours sincerely,


Dr. Praveen Kumar, 03/06/2013
Professor,
Pediatrics,
KSCH

Professor
Department of Paediatrics
L.H.M.C. & Assoc. K.S.C. Hospital
New Delhi-110001

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कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
 बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

नैदानिक रसायनिक
CLINICAL BIOCHEMISTRY LAB

नाम/Name	Sheela	आयु/Age	12y	लिंग/Sex	f
C.R.No	91875	Consultant	Dr J Chandra		
Ward/OPD	4000	Unit/Bed No.			
Date/Time	31.5.13	ANA - NEGATIVE ✓			
Diagnosis/History	ANA	POSITIVE			
Time of Receipt		Signature of the Doctor			
		Today's Lab. Ref. No.			

INCOMPLETE FORM IS NOT ACCEPTABLE

MARK THE INVESTIGATION REQUIRED IN THE BOX

	BLOOD / SERUM	UNITS	NORMAL RANGE
	GLUCOSE F	mgs%	80-100
	GLUCOSE PP	mgs%	65-140
	GLUCOSE R	mgs%	60-140
	SODIUM	mEq/l	130-149
	POTASSIUM	mEq/l	3.5-5.0
	CHLORIDE	mEq/l	98-108
	UREA	mgs%	10-40
	CREATININE	mgs%	0.5-1.0
	URIC ACID	mgs%	3.0-6.5
	BILIRUBIN TOTAL	mgs%	0.2-1.0
	- CONJUGATED	mgs%	0-0.2
	- UNCONJUGATED	mgs%	Up to 1.0
	SGOT (AST)	I.U.	10-40
	SGPT (ALT)	I.U.	10-45
	ALK PHOS (ALP)	I.U.	Up to 350
	TOTAL PROTEIN	gm%	6.6-8.0
	ALBUMIN	gm%	3.5-5.0
	GLOBULIN	gm%	1.8-2.5
	CALCIUM TOTAL	mgs%	9-11
	- IONIZED	mgs%	4.0-5.5
	- UNIONIZED (P.B.)	mgs%	4.5-5.5
	INORGANIC PHOSPHATES	mg/dl	2.5 - 5.0
	CHOLESTEROL TOTAL	mgs%	150-250
	- HDL	mgs%	40-60
	- LDL	mgs%	130-190
	TRIGLYCERIDES	mgs%	50-150
	AMYLASE	I.U/L	Up to 95
	CPK TOTAL	I.U/L	20-195
	CPK-MB	I.U/L	0-24
	T3	ng/ml	0.5-1.85
	T4	ug/dl	4.4-11.6
	TSH	uIU/ml	0.39-6.16
	CSF PROTEIN	mgs%	15-40
	- SUGAR	mgs%	40-70
	- CHLORIDE	mgs%	100-125
	STOOL PH		
	- REDUCING SUBSTANCES		

SIGNATURE

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL

बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

नैदानिक रसायनिक
CLINICAL BIOCHEMISTRY LAB

नाम/Name	Sheelvi	आयु/Age	12y	लिंग/Sex	F
C.R.No	9875	Consultant	Dr S. Chandra		
Ward/OPD	Free	Unit/Bed No.			
Date/Time	31/5/13				
Diagnosis/History	Left KFT				
Time of Receipt					

Signature of the Doctor

Today's Lab. Ref. No.

INCOMPLETE FORM IS NOT ACCEPTABLE

MARK THE INVESTIGATION REQUIRED IN THE BOX

BLOOD / SERUM	UNITS	NORMAL NBRANGE
GLUCOSE F	mgs%	60-100
GLUCOSE PP	mgs%	65-140
GLUCOSE R	mgs%	60-140
SODIUM	mEq/l	130-149
POTASSIUM	mEq/l	3.5-5.0
CHLORIDE	mEq/l	98-108
UREA	27 mgs%	10-40
CREATININE	0.4 mgs%	0.5-1.0
URIC ACID	mgs%	3.0-6.5
BILURUBIN TOTAL	1.3 mgs%	0.2-1.0
- CONJUGATED	0.3 mgs%	0-0.2
- UNCONJUGATED	1.0 mgs%	Upto 1.0
SGOT (AST)	22 I.U.	10-40
SGPT (ALT)	138 I.U.	10-45
ALK PHOS (ALP)	506 I.U.	Up to 350
TOTAL PROTEIN	gm%	6.6-8.0
ALBUMIN	gm%	3.5-5.0
GLOBULIN	gm%	1.8-2.5
CALCIUM TOTAL	10.1 mgs%	9-11
- IONIZED	mgs%	4.0-5.5
- UNIONIZED (P.B.)	mgs%	4.5-5.5
INORGANIC PHOSPHATES	mg/dl	2.5 - 5.0
CHOLESTEROL TOTAL	mgs%	150-250
- HDL	mgs%	40-60
- LDL	mgs%	130-190
TRIGLYCERIDES	mgs%	50-150
AMYLASE	U/L	Up to 95
CPK TOTAL	IU/L	20-195
CPK-MB	IU/L	0-24
T3	ng/ml	0.5-1.85
T4	ug/dl	4.4-11.6
TSH	uIU/ml	0.39-6.16
CSF PROTEIN	mgs%	15-40
- SUGAR	mgs%	40-70
- CHLORIDE	mgs%	100-125
STOOL PH		
- REDUCING SUBSTANCES		

SIGNATURE



DELHI STATE AIDS CONTROL SOCIETY
(Govt. of NCT of Delhi)

INTEGRATED COUNSELLING & TESTING CENTRE

HIV TEST REPORT FORM

Name and address of ICTC centre: 2 MCC

(Form to be filled in duplicate)

Name: Surname _____ Middle name _____ First name Shubel

Gender: M / F / TG ☒ Age: 12 Years PID # 3291 Lab ID # 3291

Date and time blood drawn: 31/5/13 (DD/MM/YY) 10.10 AM (HH:MM)

Test Details:

Specimen type used for testing: Serum / Plasma / Whole Blood

Date and time specimen tested: 31/5/13 (DD/MM/YY) 12.30 P.M. (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
Name of HIV test kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I: <u>Alkion</u>	<u>Non Reactive</u>	<u>Non Reactive</u>	<u>NA</u>
Test II: <u>/</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Test III: <u>/</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

Interpretation of the result: Tick(✓) relevant

☒ Specimen is negative for HIV antibodies

☐ Specimen is positive for HIV-1 antibodies

* Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)

Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks.

* Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres

Name & Signature Bharati
Laboratory Technician 31/5/13

Name & Signature Sanjib Gogoi
Laboratory In-charge 31/5/13

---End of report---



INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No: 011-46300000 Ext: 7055 & 7056, 011 26706700 - 02

Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in



Name	: Ms SHEETAL	UHID	: ILBS.0000041738
Age / Gender	: 12 Year(s)/Female	Patient's Phone	: --
Bill No.	: CS228579	Requisition No.	: 532956
Referred By	: Dr Seema Alam	Reporting Date	: 10-May-2013 16:18
Station	: OP	Accession No.	: 13072145
Date of Collection	: 07-May-2013 14:50		
Payer Name	: General OPD		

VIROLOGY

HCV GENOTYPING

Test

Method:

Result

Nucleic Acid Hybridization

Instrument:

Linear array HCV Genotyping

Sample

Plasma

Result:-

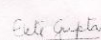
HCV GENOTYPE 3

Uses of this assay

1. Clinical management
 - deciding duration of treatment
 - predicting likelihood of response
2. Epidemiologic marker
 - tracing source of an HCV outbreak
 - investigating non-conventional routes of HCV transmission

HCV is divided into 6 major genotypes based on the sequence homology of its nucleotide bases. These are numerically numbered from 1 through 6. It is an established fact that determination of HCV genotype is important in determining duration of therapy. Further, determination of a patient's genotype also helps in predicting response to therapy. Genotyping also helps us in understanding the epidemiology of the virus.

The LINEAR ARRAY HCV Genotyping test is an in-vitro test to be used for determining the genotypes of HCV. The test utilizes reverse transcription to target RNA to generate complementary DNA (cDNA), amplification of target cDNA by PCR, and nucleic acid hybridization for genotyping of HCV RNA in human plasma or serum.


Dr EKTA GUPTA, MD
(Associate Professor)


Dr Neha Ballani
(Senior Resident)

End Of Report

**INSTITUTE OF LIVER & BILIARY SCIENCES**

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Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02
Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in

Name	: Ms SHEETAL	UHID	: ILBS.0000041738
Age / Gender	: 12 Year(s)/Female	Patient's Phone	: —
Bill No.	: CS228579	Requisition No.	: 532956
Referred By	: Dr Seema Alam		
Station	: OP		
Date of Collection	: 07-May-2013 14:50	Reporting Date	: 09-May-2013 16:25
Payer Name	: General OPD	Accession No.	: 13072145

VIROLOGY**HCV-RNA (Quantitative)****Test****Result**

Method.

Real Time PCR

Instrument

Cobas TaqMan 48

Sample

Plasma

Result

2.99 x 10⁴ IU/ml.**Result of HCV RNA (IU/ml) with Interpretation**

HCV RNA not detected - HCV RNA not detected in the clinical sample by this assay

< 25 - HCV RNA detected, but the calculated result is below the lower limit of detection for this assay. It is advised to repeat the assay after 2 to 3 weeks.

25 to 3.91 x 10⁴ IU/ml - HCV RNA detected, and the calculated results are within the linear range of the assay> 3.91 x 10⁴ IU/ml - HCV RNA detected, and the calculated results are above the linear range of the assayLinear range of the assay: 25 IU/ml to 3.9 x 10⁴ IU/ml

Lower limit of detection: 25 IU/ml

Uses of Real Time RT-PCR for HCV RNA

1. To confirm results for screening assays for HCV
2. To monitor response to therapy

Note: This test is NOT intended for initial screening for HCV infection. Detection of HCV RNA during the course of infection may be intermittent, a single negative test result for HCV RNA may not be conclusive. Please correlate clinically.

Hepatitis C virus (HCV) is an enveloped RNA virus belonging to the Family Flaviviridae. About 15% of patients who acquire HCV are able to clear the virus completely and never develop clinical disease. The remaining 85% develop chronic infection (hepatitis), but most of these patients remain asymptomatic and the disease sub-clinically and gradually evolves into chronic hepatitis. A fraction (about 20%) of these chronically infected patients develop hepatic cirrhosis. Patients who develop cirrhosis of the liver may either remain stable for years or may develop complications like ascites, esophageal varices with or without gastrointestinal bleeding. They are also at increased risk of hepatocellular carcinoma (HCC).

Real Time RT-PCR is a quantitative technique in which RNA of HCV is quantified in plasma/serum using PCR. The COBAS Taqman 48 viral load assay is a semi-automated technique for quantitation of HCV RNA using the Taqman chemistry.

Note.

*FDA-approved test for quantitation of Hepatitis C viral load in patient sample

Ekti Gupta
Dr EKTA GUPTA, MD
(Associate Professor)

Sallan
Dr Neha Ballani
(Senior Resident)

End Of Report



हरियाणा सरकार

255

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14/11/68

BHAGWAN SINGH

LIC. No. 381

राशन कार्ड

Anagpur Dairy Faridabad

L. No. - 98

केवल राशन वस्तुओं के लिए)

वितरण क्षेत्र का नाम Old Faridabad
 राशन कार्ड संख्या 625214
 परिवार के मुखिया का नाम मोहन
 माता/पिता का नाम मोहन
 पत्नी/पति का नाम मोहन
 एल.पी.जी. गैस उपभोक्ता नं. 8568 एक वितरण क्षेत्र के वितरण
 क्या आवेदक एवं परिवार का कोई सदस्य आयकर दाता है या नहीं।
 मकान नं. 587 वार्ड/सेक्टर नं. 15
 मोहल्ला/गली का नाम मोहन
 स्थाई ठाक पता मोहन

सदस्यों की संख्या	प्यल्क	बच्चे	मोहन	मोहन
<u>3</u>	<u>2</u>	<u>1</u>	<u>x</u>	<u>3</u>



BHAGWAN SINGH
 D/38
 Anagpur Dairy Faridabad
 L. No. - 98

धारक के हस्ताक्षर

वितरण क्षेत्र के अधिकारी व मोहन

तिथि

(डिपो धारक द्वारा भरा जाना है)

डिपो का नाम विष्णु डिपो अर्थात् नम्बर 255 नं. 7
मोवा/11/15 98 **BHAGWAN NINGH**

डिपो धारक के हस्ताक्षर व मोहर
 विक्रम सिंह **Anangpur Dairy Faridabad**

परिवार के सदस्यों का विवरण 98

क्र.० संख्या	नाम	आयु	परिवार के मुखिया के साथ सम्बंध
1.	कल देव कुमारी	33	24/4
2.	पुनम	25	पति
3.	शीतल	03	पुत्री
कुल सदस्य	(8)		

[Signature]
 Inspector, Food & Supply
 Faridabad
 तारीख: 15/11/2015

तिथि: