

Patient Name: Mokshi Yadav

Disease: Severe Thalassemia

Age: 8+ Years



TO
CMRF
Rajasthan

To Whomsoever it may concern

Patient name **Mokshi Yadav (7.12 years) CODE: INM22074**
Mother's name **Nisha Yadav**
Father's name **Jagdish Chandra**
Matched Donor **Khyati Yadav (4.03 years)**
Diagnosis **Severe Thalassemia (major or intermedia)**

Mokshi Yadav is suffering from thalassemia major and has been on regular blood transfusion from 04 months of age. The only curative option for this condition is bone marrow transplantation (BMT). We offered HLA typing to the family and found Khyati Yadav to be a perfect match. We plan to use bone marrow donated by the fully matched sibling donor for the transplantation.

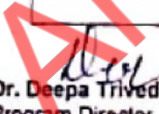
The transplant is being offered to the patient on a non-profit basis with assistance from Sankalp India Foundation. The overall cost of the transplant would be about INR. 10,00,000 (Rupees Ten lakhs only). The cost includes:

- Pre Transplant work up
- Drugs and Disposables
- Diagnostics
- Room Charges which includes doctor's charges, nursing charges, bed charges, food charges and other miscellaneous hospitalization charges
- Procedure charges
- Post Transplant follow-up

This is an package cost for the transplant and may increase in case of a life threatening infections as agents used to treat infections during transplant are expensive. We plan to offer transplant to the child as soon as the money required for the procedure is ready. In case of any query please feel free to contact me.

Contributions for the transplant of this child can be made in favor of

Account Name	Health1 Neuro1 Super Specialty Hospital Private Limited
Account Number	0945694616
Bank Name	Kotak Mahindra Bank Ltd. SG road, Ahmedabad
Branch Name	SG road, Ahmedabad
IFSC code	KKBK0002582


Dr. Deepa Trivedi
Program Director
Sankalp-Health1 Centre for Pediatric Hematology Oncology and BMT
03-01-2026

Dr. Deepa Trivedi
Pediatric Hematologist Oncologist
Sankalp-Health1 Centre for Pediatric Hematology Oncology and BMT

Hospital Name,

Sankalp-Health1

To,

Access Life Assistance Foundation
Plot No. 586/17, 7B,
I P Mission Compound,
Santosh Bag, Ellis Bridge,
Ahmedabad, Gujarat 380006.

Date: 24/02/2026

Dear Sir/Ma'am,

Miss/Master/Baby Mokeshi Yadav is under
treatment at our hospital. We request you to kindly provide temporary accommodation in
your esteemed organization for 5 days/month — (period).

Thank You

Your Sincerely,



orted by

Cure2Children

DKMS
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Sankalp-Health1 Centre For Pediatric
Hematology Oncology and BMT, 5th Floor,
Health1 Super Speciality Hospital, Near
VenitianVilla, Shilaj Circle, S P Ring Road,
Thaltej, Ahmedabad - 380059



PATIENT & FAMILY EDUCATION RECORD

Name : 5-Girl Mokshi Yadav
UHID/IP : 20360/DIP-5-25-884
Age/Sex : 8Y 7M 24D/Female
BedCat/Bed#: DC/628
D.O.A : 22/02/2026 07:37:24
Consultant : Dr. Deepa Hiren Trivedi
Billing Category : DAY CARE



Patient's Name : Mokshi Yadav

IP No. : DIP-5-25-884 Bed/Room No. : DIC Date 22/2/26 Age : 8 Gender ☐ M ☒ F

Attending Consultant : Dr. Deepa Trivedi

Assessment : To be filled by concerned disciplines from admission to Discharge. Use Key below

Barriers to learning		Plan to address Factors
☐ None	☐ Vision / Hearing Limitations	☐ Use of interpreter
☐ Limited Reading Abilities	☐ Physical barriers	☐ Educate family
☐ Religious/ Cultural Factors	☐ Language barriers	☐ Simple language
☐ (Cognitive Limitations unable to understand and follow directions)	☐ Low motivation / desire to learning	☐ Written instructions

Social / Religious or any other Educational Needs:

Written material given and explained (if any):

☐ Patient Guide Book ☐ Room Charges Information
☐ Health Information ☐ Rights & Responsibility
☐ Grievance Handling mechanism ☐ Importance of Infection control & responsibility of visitors

Mention Barriers:

Religious / Cultural Factors :

Completed By: Date: 22/2/26 Time: 7:40 AM Admission Staff Sign with E.I.D: Dr. Deepa Trivedi

Abbreviation:

D — Demonstration, OD - Oral Discussion, W- Written Material

WD — Written Demonstration, VU - Verbal Understanding

Date : 22/2/26

Training Provided by	Name Patient/Relative (Relation)	Sign Patient/Relative	Learning Needs (Write down the topic if not mentioned)	Teaching Method	Outcomes	Sign with EID
Doctor	Time :		☐ Safe use of Medication & Side effects ☐ Disease Specific ☐ Pre Op Instructions ☐ Post op/Sedation Instructions	☐ D ☐ OD ☐ W	☐ WD ☐ VU	
Nurse	Time :		☐ Pain Management ☐ Fall Prevention ☐ Safe use of equipment ☐ Medication Management ☐ Use of Callbell	☐ D ☐ OD ☐ W	☐ WD ☐ VU	
Dietician	Time :		☐ Dietary Intervention ☐ Food & Drug Interaction	☐ D ☐ OD ☐ W	☐ WD ☐ VU	
Floor Co-ordinator	Time : <u>7:40 AM</u>		☐ Delay in Services	☐ D ☒ OD ☐ W	☐ WD ☒ VU	<u>2</u>

Date :

Training Provided by	Name Patient/Relative (Relation)	Sign Patient/Relative	Learning Needs (Write down the topic if not mentioned)	Teaching Method	Outcomes	Sign with EID
Doctor	Time :		☐ Safe use of Medication & Side effects ☐ Disease Specific ☐ Pre Op Instructions ☐ Post op/Sedation Instructions	☐ D ☐ OD ☐ W	☐ WD ☐ VU	

PRE BMT DATA

Date: 20/2/2026
 Name: Makshi Yadav
 Age: 8.08
 Ht: 120 cm // Wt: 20.3 kg

Patient BG: A+ve
 Donor BG: B+ve
 Anti Titre: A⁺ = 1.64 ✓
 B⁺ = 1.64 ✓

REPORTS

Patient On,
 Deferasirox (Desirox) 750 mg OD (Sun Pharma)
 Deferiprone (Kelfar) mg TDS
 Desferrioxamine (Desfral Pump) stop from 2 day mg Over 8 Hours
 Calcium / Folic Acid

Date of Last Blood Transfusion 05 / 02 / 2026, Hb 11 %

Afebrile/ Not :

Oral Cavity :

T2*MRI: Mild in Heart / Jan '26
 Mild in Liver
 - HCV Viral load not detected - Jan '26

HB: 9.9
 TC: 8850
 PLT: 314,000
 ANC: 3580
 DC: 40/50/100/05
 Ferritin: 11046 (01 Jan '26)
 SGPT: 13
 SGOT: 22
 Bilirubin: 0.7
 NA+ 137
 K+ 3.7
 Creat: 0.27
 HIV: Neg
 HBSag: Neg
 HCV: Neg
 TPHA:

PerAbdomen: Liver 14.6 cm below right costal margin / Spleen 9.6 cm below left costal margin

Doctor's Notes:

Clinically Ready
 Video Consent today

Follow up

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 Thaltej, Ahmedabad - 380059

POST BMT DATA

Date: 25/01/26

Name: Makshi Yadav

Chimera: 100% (+29)

Age: 8.11 yrs

(29/04/26)

Ht: 125 cm / Wt: 20 kg

BP: 110/74

HR: 110

SpO2: 98%

ON DRUGS

Syp CSA 1.3 ml BD

Tab MMF:

Tab MPS: Tab Wysoione:

Tab Advir: 200mg TDS

Tab Septran: 1/2 tab (M/N/F) BD

Cap Budez:

Tab Sirolimus:

Folic acid/Calcium/Multivitamin:

Rantac/Pantodac/cyclopam/Mucosigel:

HISTORY:-

SKIN: Rash/itching/Dryness/EC:

GUT: Diarrhoea/Vomiting/Ferritin:

LIVER: Icterus/Urine

Other c/o:

On examination: Febrile/not

Pallor/Icterus/Lymphadenopathy

Cervix/Skin

System: CVS

RS

CMS

Doctor's Notes:

PCV transfusion.

L. Count same

$$P = A + VE$$

$$D = B + VE$$

$$MRDBM - 5T - 06.1$$

POST BMT: +53

CMV: Not detected
(+50) (22/5/26)

REPORTS

Hb - 6.8

TC - 21.06

PLT - 22,740

ANC - 1110

MAY - 137.5

K+ - 6.06

Creat - 0.40

Bilirubine - 0.3

SGOT/SGPT - 99/28

FBS - 85

Urea -

LDH -

DCT -

mcv - 72.7

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bmt@sankalindia.net

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Follow up on:

Sankalp-Health Centre For Pediatric
Hematology Oncology and BMT, 5th Floor,
Venkatesh NagarVenkatesh Nagar, Shilaj Circle, S P Ring Road,
Thalteji Ahmedabad - 380050

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भारत सरकार
Government of India



Aadhaar no. issued: 28/02/2013



जगदीश चन्द्र

Jagdish Chandra

जन्म तिथि/DOB: 05/09/1985

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

7040 0130 4329

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



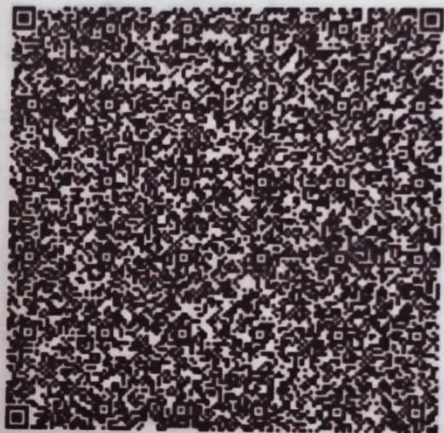
पता:

S/O: देवा यादव, कलिंजरा, कलिंजरा, बांसवाड़ा,
राजस्थान - 327606

Address:

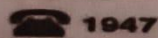
S/O: Deva Yadav, Kalinjara, Kalinjara, PO: Kalinjara,
DIST: Banswara,
Rajasthan - 327606

Details as on: 10/02/2025



7040 0130 4329

VID : 9173 8111 0557 2986



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भारत सरकार

Government of India



मोक्षी यादव

Mokshi Yadav

पिता : जगदीश चंद्र

Father : Jagdish Chandra

जन्म तिथि / DOB : 28/06/2017

महिला / Female



यह आधार 5 वर्ष की उम्र तक ही वैध है

7359 1764 0509

मेरा आधार, मेरी पहचान

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भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मजा: जगदीश चंद्र,
कलींजरा, कलिंजरा, बांसवाड़ा,
कलिंजरा, राजस्थान, 327606

Address: D/O: Jagdish Chandra, Kalinjara,
Kalinjara, Banswara, Kalinjara, Rajasthan,
327606

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