DEPARTMENT OF HAEMATOLOGY
CHRISTIAN MEDICAL COLLEGE, VELLORE
RANIPET CAMPUS - 632 517 T.N., INDIA

June 11, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Vishnukripa, CMC Hospital No. AJ15130 has been diagnosed to have **Aplastic Anaemia with infections**. This is a type of bone marrow failure syndrome which is life threatening. The best treatment option for her would be to undergo allogeneic peripheral blood stem cell transplant (PBSCT). As she does not have suitable HLA matched sibling donor, the next option for her would be to undergo haploidentical stem cell transplant using her brother as a donor.

The estimated cost of haploidentical transplant at our center will come to approximately Rs. 30,00,000/- (Rupees Thirty Lakhs only). The cost may be higher in the presence of unforeseen complications.

Any contribution towards her treatment can be sent via Demand Draft / Cheque drawn in favour of "The Treasurer, Christian Medical College, Vellore" indicating the patient's name with CMC Hospital number (AJ15130).

Dr. Sharon Lionel, MD, DM,
Professor,
Department of Haematology.

Dr. SHARON LIONEL, MD., DM.,
Professor, Reg. No. 81901
Department of Haematology
Christian Medical College Vellore
Ranipet Campus 632 517, T.N, INDIA

CHRISTIAN MEDICAL COLLEGE, VELLORE * RANIPET CAMPUS - 632 517 * DEPARTMENT OF HAEMATOLOGY

TEL : 04172 - 224553 / 224494
INTERNATIONAL : + 91 - 4172 - 224553 / 224494
e-mail : haemat@cmcvellore.ac.in
haemat1@cmcvellore.ac.in

DEPARTMENT OF HAEMATOLOGY
CHRISTIAN MEDICAL COLLEGE, VELLORE
RANIPET CAMPUS - 632 517, T.N., INDIA

Ms. [illegible], CMC Hospital No. [illegible]

APPROXIMATE COST BREAK DOWN OF ALLOGENEIC HAPLO-IDENTICAL BONE MARROW TRANSPLANTATION

(2025)

CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE

1. HEPA Filtered BMT Room for 3 – 4 weeks	Rs. 1,50,000/-
2. Drugs (Antimicrobial, Growth Factors etc.)	Rs. 8,00,000/-
3. Blood and Components (Packed cells, platelet concentrates, Fresh Frozen Plasma)	Rs. 4,50,000/-
4. Investigations (Blood counts, Cultures, LFTs, Electrolytes, Cross Match, Drugs assays)	Rs. 4,00,000/-
6. Disposables (Leukocyte filters, online filters, transfer packs, TPN Bags, Hickman Catheter)	Rs. 4,00,000/-
7. Cyclosporine	Rs. 1,50,000/-
8. Total Parental Nutrition	Rs. 1,00,000/-
9. Transplant Fees	Rs. 1,00,000/-
10. Other Hospital Costs - (Outside BMT Room, other drugs, etc)	Rs. 4,50,000/-
TOTAL	Rs. 30,00,000/-

These figures are approximate and depend on:

1. The disease
2. The age and weight of the patient
3. The post transplant complications (infections or graft versus host disease)
4. In uncomplicated cases the costs may be lower. However, in case of serious complications, the cost could escalate significantly mainly because of costs related to prolonged hospitalization, antibiotics, transfusions and parenteral nutrition.

CHRISTIAN MEDICAL COLLEGE, VELLORE
DEPARTMENT OF HAEMATOLOGY
RANIPET CAMPUS 632 517

Dr. SHARON LIONEL, MD., DM.,
Professor, Reg. No. 81901
Department of Haematology
Christian Medical College Vellore
Ranipet Campus 632 517, T.N., INDIA

TEL : 04172 - 224553 / 224494
INTERNATIONAL : + 91 - 4172 - 224553 / 224494
e-mail : haemat@cmcvellore.ac.in
haemat1@cmcvellore.ac.in

DEPARTMENT OF HAEMATOLOGY
CHRISTIAN MEDICAL COLLEGE, VELLORE
RANIPET CAMPUS - 632 517, T.N., INDIA

June 11, 2025

To
Tata Trusts
Mulla House, 3rd Floor,
51, M.G Road, Fort
Mumbai - 400 001

Patient Name and Hospital No.: Ms. Vishnukripa, CMC Hospital No. AJ15130
Treating Doctor's Name: Dr. Sharon Lionel, MD, DM,
Ailment: **Aplastic Anaemia with infections**

Particulars	Details to be filled in by the Hospital
The period when patient was diagnosed with the ailment	April, 2025
Investigative modality confirming the diagnosis	Report enclosed (Biopsy & PNH report)
Clinical Summary of the patient, in brief	Pancytopenia requiring multiple transfusions
The period since when the patient is under treatment for the given condition and the name of the hospital/s (if it's more than one hospital, please mention total duration of the treatment together)	From April, 2025 is on treatment in CMC, Vellore (Ranipet Campus)
Brief on the earlier treatment given to the patient	Trasfusion, Cap. Cyclosporine & Tab. Eltrombopag
Current status of the patient: Admitted / Discharged (To mention the date, if discharged)	Admitted
Current condition of patient – stable at hospital / stable at home /critical at hospital	Stable at Hospital
Current prescribed treatment (for which financial support is requested)	Haploidentical Stem Cell Transplantation
Different treatment options for the given Diagnosis	ATG
Reason for this particular treatment suggested to treat this patient	Curative
Concession, if any offered by the Hospital on current treatment	10%
Current estimated cost with break – up.	Enclosed

Dr. Sharon Lionel, MD, DM,
Professor,
Department of Haematology.

Contact Number: +91_____
/dk

Dr. SHARON LIONEL, MD., DM.,
Professor, Reg. No. 81901
Department of Haematology
Christian Medical College Vellore
Ranipet Campus 632 517, T.N, INDIA

CHRISTIAN MEDICAL COLLEGE, VELLORE
DEPARTMENT OF HAEMATOLOGY
632 517

TEL : 04172 - 224553 / 224494
INTERNATIONAL : + 91 - 4172 - 224553 / 224494
e-mail : haemat@cmcvellore.ac.in
haemat1@cmcvellore.ac.in

DEPARTMENT OF HAEMATOLOGY

Christian Medical College, Vellore

☎ 04172 223606/223633 ✉ haemat1@cmcvellore.ac.in

IMMUNOPHENOTYPING REPORT – PAROXYSMAL NOCTURNAL HAEMOGLOBINURIA (PNH)

Name	: Vishnukripa	**Sex**	: Female
Age	: 22 Years	**Lab Accession ID**	: 2025/PNH143
Hospital No	: AJ15130	**Referring Department**	: Haematology
Date of sampling	: 28.05.2025	**Ordering Physician**	: Dr. Pandit Vijay
Date reported	: 29.05.2025		

Source of Sample: Whole blood sample of the patient and a control collected in 9 ml sodium-heparin tube
Nature of specimen: Diagnostic
Clinical Details: Paroxysmal Nocturnal Haemoglobinuria / Aplastic anaemia
Total WBC count: 1300/µl.

METHODOLOGY:
Method: Buffy coat lysis followed by direct antibody staining.
Antibodies used: CD45, CD14, CD24, CD59, CD15, CD64 (BD Biosciences), FLAER (Pine wood scientific Ltd)
Instrument: 10 colour, 3 laser BD FACS Canto (Becton Dickinson).
Number of events acquired: 10,000 monocytes, 50,000 neutrophils and RBCs.
Gating strategy:
Neutrophils: CD45/SSC (log) and CD15/SSC (log).
Monocytes: CD45/SSC (log) and CD64/SSC (log).
RBCs: FSC/SSC (log)

Result:

Populations gated: Neutrophils, Monocytes and Red blood cells.

	Gated on Neutrophils (CD15 gated)	Gated on Monocytes (CD64 gated)	Gated on RBCs (FSC vs SSC gated)		
	FLAER and CD24 negative	FLAER and CD14 negative	CD59 +ve	CD59 -ve	MFI
Control	-	-	100	-	460
Patient	54.7	67.7	99.4	0.6	472

Reduced expression of FLAER and CD24 was noted on patient's neutrophils and
Reduced expression of FLAER and CD14 was noted on patient's monocytes and
Reduced expression of CD59 was noted on patient's RBC's.

Interpretation: Paroxysmal Nocturnal Haemoglobinuria clone was detected.

Dr. SHARON LIONEL, MD., DM.,
Professor, Reg. No. 81901
Department of Haematology
Christian Medical College Vellore
Ranipet Campus 632 517, T.N. INDIA

CHRISTIAN MEDICAL COLLEGE, VELLORE ★ DEPARTMENT OF HAEMATOLOGY ★ RANIPET CAMPUS - 632 517 ★

Note:

1. The percentage of PNH clone above the limit of Quantitation (LLOQ) is mentioned. Values below the LLOQ are considered as negative.
   For neutrophils, RBCs – 50,000 events and LLOQ is 0.1%
   For monocytes – 10,000 events and LLOQ is 0.5%
2. Interpretive terminology of reporting PNH Clones based on CSLI H52-A2:
   a) PNH population >1% : "PNH Clone."
   b) PNH population 0.1 To 1% : "minor population of PNH Cells" or "minor PNH Clone."
   c) PNH population <0.1 % : "rare cells with GPI deficiency" or "rare cells with PNH phenotype."
3. Presence of 0.1%-1% FLAER/CD59-ve clonal cells requires regular follow up.

The above immunophenotyping results should be correlated with the patient's clinical details and laboratory results.

Disclaimer:

1. This report should not be copied or reproduced except in its entirety.
2. All precautions were taken to ensure the accuracy of these results. However, a 1% chance of error in this report is possible.
3. The reports are based on the tests done on the labelled samples sent to us as mentioned above.

Kotteeswari Kathirvel	Dr. Phaneendra D V. MD	Dr. Vikram Mathews, M.D,DM
Sr. sel Gr Technician I	Assistant Physician	Professor
Flowcytometry laboratory	Department of haematology	Department of haematology

The report is electronically validated and does not require a signature

References

1. *Dezern AE et al. ICCS/ESCCA Consensus Guidelines to detect GPI-deficient cells in Paroxysmal Nocturnal Haemoglobinuria (PNH) and related Disorders Part 1 – Clinical Utility. Cytometry Part B (Clinical Cytometry) 94B:16–22 (2018)*
2. *Sutherland R et al. ICCS/ESCCA Consensus Guidelines to detect GPI-deficient cells in Paroxysmal Nocturnal Haemoglobinuria (PNH) and related Disorders Part 2 – Reagent Selection and Assay Optimization for High-Sensitivity Testing. Cytometry Part B (Clinical Cytometry) 94B:23–48 (2018)*
3. *Illingworth et al. ICCS/ESCCA Consensus Guidelines to detect GPI-deficient cells in Paroxysmal Nocturnal Haemoglobinuria (PNH) and related Disorders Part 3 – Data Analysis, Reporting and Case Studies. Cytometry Part B (Clinical Cytometry) 94B:49–66 (2018).*
4. *Oldaker T et al. ICCS/ESCCA Consensus Guidelines to detect GPI-deficient cells in Paroxysmal Nocturnal Haemoglobinuria (PNH) and related Disorders Part 4 – Assay Validation and Quality Assurance. Cytometry Part B (Clinical Cytometry) 94B:67–81 (2018).*
5. *Illingworth et al. Cytometry Part B.2018; 94B:49–66.*
6. *Oldaker T et al. Cytometry Part B.2018; 94B::67–81.*

DEPARTMENT OF HAEMATOLOGY
CHRISTIAN MEDICAL COLLEGE
RANIPET CAMPUS– 632 517, TN., INDIA.

Biopsy Full Report

CHRISTIAN MEDICAL COLLEGE
IDA SCUDDER ROAD, VELLORE
Norman Institute of Pathology

MC-3195

Hosp.No: **AJ15130** Name: **VISHNUKRIPA** Age: **22** Gender: **F** Biopsy No: **R11191/25**

Specimen Date:	28/05/2025
SPECIMEN	1 slide and 1 block for review: Bone marrow.
GROSS	Single stained and mounted slide labelled as Govt.M.C.TSR 2679/25 MDC. A) 1 slide Single paraffin tissue embedded block inked as 2679/25 MDC. B) 1 block GM/vs/nv/28.05.2025
MICRO	Section shows skeletal muscle, fibrocollagenous tissue, cartilage, cortical and cancellous bone trabeculae with intervening markedly hypocellular marrow (overall cellularity ~10%) with intramedullary hemorrhage and markedly suppressed hematopoeisis. Erythroids are reduced in number and show normal maturation. Scattered myeloids are seen. Megakaryocytes are not seen. There is mild lymphoplasmacytosis and increase in mast cells is noted. There is no increase in reticulin (MF 0). Bone trabeculae appear normal. There are no granulomas or evidence of malignancy. IHC: CD34(1:10) does not show significant increase in immature precursor cells.
IMPRESSION	Consistent with aplastic marrow, trephine biopsy. (One slide labelled as Govt.M.C.TSR 2679/25 MDC and one block inked as 2679/25 MDC reviewed)
	Assisted by : Dr. Riya Prakash Zambare **Reported by : Dr. Elanthenral S**

Dr. Sharon Lionel, MD, DM,
Professor,
Department of Haematology.

Dr. SHARON LIONEL, MD., DM.,
Professor, Reg. No. 81901
Department of Haematology
Christian Medical College Vellore
Ranipet Campus 632 517, T.N, INDIA

CHRISTIAN MEDICAL COLLEGE, VELLORE
DEPARTMENT OF HAEMATOLOGY
RANIPET CAMPUS - 632 517

TEL: 04172-224553 / 224494
INTERNATIONAL: +91-4172-224553 / 224494
e-mail: haemat@cmcvellore.ac.in
haemat1@cmcvellore.ac.in