



# THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA & INDIAN RED CROSS SOCIETY

GUJARAT STATE BRANCH, AHMEDABAD

Thalassemia/Sickle Cell Prevention Control & Research Programme

Thalassemia MINOR/Sickle Cell (TRAIT) SCREENING FORM MS UNIVERSITY STUDENT 2018-2019



WRITE ONLY IN CAPITAL LETTERS

ID NO

NAME OF FACULTY

DEPARTMENT

NAME OF STUDENT

FATHER'S NAME

SURNAME

NATIVE DISTRICT OF STUDENT

NATIVE DISTRICT OF FATHER

NATIVE DISTRICT OF MOTHER

BIRTH DATE

AGE

MALE/FEMALE

MARRIED/UNMARRIED

RELIGION \_\_\_\_\_ CASTE \_\_\_\_\_ SUB CASTE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TALUKA \_\_\_\_\_ DISTRICT \_\_\_\_\_ PIN CODE \_\_\_\_\_

MOBILE NO. \_\_\_\_\_ EMAIL ID \_\_\_\_\_

DATE

SIGNATURE OF STUDENT

Marriage among Cousins :- YES/NO

History of Thalassemia in family any :- YES/NO

History of Blood Transfusion and other Relevant History :-

## Note:

- Above mentioned information is for the purpose of analysis only will be kept confidential
- In case of 'Positive' result for Thalassemia minor, all the members of the family need to be tested for Thalassemia.
- Report of this test will not be valid for any medico legal case.

## Consent

I have come to know the basic knowledge of thalassemia/Sickle Cell through counseling. IEC (information by Electronic and Communication) material supplied by Indian Red Cross Society Gujarat Branch and the video CD of Thalassemia/Sickle Cell presented by Indian Red Cross Society Gujarat State Branch. I have been also informed that the blood sample shall be collected only for Thalassemia/Sickle Cell Screening.

Payment Receipt  
For M.S. University Copy

DATE \_\_\_\_\_

Received with thanks from \_\_\_\_\_

ID NO \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

FACULTY NAME \_\_\_\_\_

MOBILE NO \_\_\_\_\_

EMAIL ID \_\_\_\_\_

Rs: 150/- (Sum of Rupees One Hundred Fifty Only)

Cash Received Sign

Note:- Kindly Collect this Reports after one week from the University Health Center or Download Report from Your E-mail ID.

Address:- University Health Center Opposite Rotary High School Pratapgunj, Vadodara 390002. Contact No. 0265-2791616

Time:- 10:00 AM To 5:00 PM

You must submit Payment Slip to collect Your Report

Payment Receipt  
For Report Collection Copy

DATE \_\_\_\_\_

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