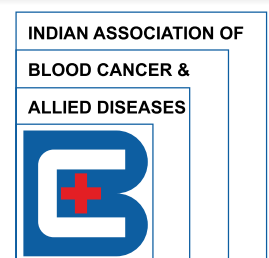


Give Someone A Future



"We care for our patients with compassion and treat our patients, collaborators, and one another with respect, warmth, and dignity." - Amalendu Pal - President



Estd. January 2, 1990

Our Values - Respect for the individual and Excellence through inclusion

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THE ASSOCIATION

Indian Association of Blood Cancer & Allied Diseases is a registered, voluntary, national level, medical support service organization, dedicated to provide medical, education, counselling and other rehabilitative services to improve the quality of lives of children suffering from blood cancer i.e. leukaemia and other blood diseases like thalassaemia, haemophilia etc.

The Association (IABCD) is registered under West Bengal Societies Registration Act, 1961 with No.S/63715 of 1989-90.

Donation made to IABCD is exempted under section 80G of Income Tax Act, 1961 with No. AAAAI0249F20214 dated 28.05.2021 valid from AY 2022-23 to AY 2026-27 issued by DIT (CPC). Our PAN No. is AAAAI0249N.

MISSION

The Association (IABCD) is a multidisciplinary organization dedicated to promoting optimal care to improve the quality of life for children and adolescents affected by blood disorders and blood cancer by advancing research, education, treatment and professional practice.

OBJECTIVES

- A** - To promote and organize voluntary blood donation services.
- B** - To coordinate with medical centres for the purpose of diagnosis and treatment of patients suffering from blood cancer and allied diseases such as leukaemia, thalassaemia, haemophilia etc.
- C** - To provide support services for the rehabilitation of patients and dependents.
- D** - To develop the centre for education and counselling.
- E** - To acquire, build, hire, maintain and run research laboratory and related facilities and equip them with amenities considered necessary for proper discharge of the functions of the Association.
- F** - To print, publish, exhibit, and subscribe periodicals, books, pamphlets, posters etc, that may be considered for the desirable promotion of the objectives of the Association.



President's Remarks

Friends and colleagues,.....

Greetings from the board of Indian Association of Blood Cancer & Allied Diseases! Another year of the new pandemic-imposed reality is behind us. COVID-19 deeply affected all aspects of our lives as individuals and societies. Still, the year 2022 can be viewed as a success of science that provided us with powerful weapons against the virus.....

Fortunately, we continue to collectively persevere and carry forward our medical services for suffering patients. Despite many challenges, IABCD'S patient care programme continues to be a beacon of hope.....

The primary objectives of IABCD include: basic research in the field of transfusion medicine and haematological disorders and blood cancer care. The other objective of the activities of IABCD is a practical application of scientific achievements related to blood cancer, blood diseases and genetically-based diseases, providing biotechnology based solutions that can be used in the economy and as research services for its sustainability.....

Moreover, IABCD is involved in various educational programmes as well as popularization activities performed by the Ingenuity Council of Blood Centres India. In 2022 we initiated training sessions on cross-cultural interactions and competences. The programs of these sessions were tailored to various groups of our staff. We will continue these activities in 2023 to improve mutual understanding, acceptance, and efficient communication between staff members of different origins and cultural backgrounds.....

IABCD's goals are defined in three main areas of scientific quality. Make important scientific discoveries and report them in high-quality publications. Strive for scientific excellence in rendering medical care and research. Be recognized among the best transfusion medicine unit for haematological disorders.....

As every year, at the IABCD we look into the future with optimism, powered by many ideas that we develop together, through brainstorming, consultations, and constructive criticism among various groups of staff. The guiding principle of all our activities is the commitment to excellent science driven by passionate researchers who are supported by professional administration.

We would like to thank our blood donors, volunteers, board members, donors, staff and all stakeholders including patients and their family members for joining and encouraging us, providing support and cooperation to overcome the challenges during pandemic period and creating a healthy platform to render medical services to patients suffering from leukaemia, thalassaemia, haematological disorders and other categories of patients who need blood and blood products to deal with emergency situations.....

Warm regards,.....

Amalendu Pal

President

Kolkata, April 16th, 2023

TREATMENT AND CARE

The Indian Association of Blood Cancer & Allied Diseases contributes to setting standards of care by monitoring and communicating treatment-related safety and supply issues, by convening multi-stakeholder meetings to address challenges in access to safe and effective therapy, and by providing up-to-date and accurate treatment-related information to our community. The safety and supply of treatment products is a key concern for the blood disorders community.

The IABCD closely monitors product safety, supply, and access; issues advisories related to treatment safety and supply; and monitors the development and regulatory status of new and novel treatments..

TRANSFUSION MEDICINE AND CELL THERAPY PROGRAM

Year	Transfusion Management	Thalassaemia	Leukaemia	Haematological and other blood disorders
2022 - 2023	16,277	2,537	3,920	9,820
2021 - 2022	16,047	2,014	3,772	10,261
2020 - 2021	8,022	1,574	2,136	4,312
2019 - 2020	17,672	2,208	3,157	12,307
2018 - 2019	7,576	1,995	2,476	3,105
2017 - 2018	6,364	1,890	2,327	2,147
2012 - 2017	55,453	14,017	16,211	25,225



IABCD BLOOD CENTRE (BANK)

This provides around-the-clock routine and specialized testing and blood components to support the transfusion needs of patients, including those undergoing surgery and those patients who have suffered a trauma, those with various blood and cancer disorders, and those cared for in IABCD Day Care Centre special care services for Thalassaemia.

Year	NO OF PATIENTS BENEFITTED	VOLUNTARY BLOOD DONORS	ENGAGEMENT OF YOUTH LEADERS
2022 - 2023	5,248	10,364	140
2021 - 2022	5,313	8,739	137
2022 - 2021	3,126	4,279	112
2019 - 2020	6,182	8,796	256
2018 - 2019	3,963	3,886	122
2017 - 2018	3,610	3,360	86
2012 - 2017	23,457	30,437	848

BLOOD BANKING -INSTITUTIONAL SERVICES (NO OF UNITS)

Year	Charitable Hospital	Non- Government Hospitals	Government Hospitals
2022 - 2023	4,456	5,354	6,467
2021 - 2022	4,333	5,295	6,419
2022 - 2021	1,874	2,568	3,720
2019 - 2020	4,529	7,523	5,620
2018 - 2019	2,466	1,970	3,140
2017 - 2018	2,456	1,672	2,236
2012 - 2017	23,385	15,510	16,531

IABCD DAY CARE AND THALASSAEMIA PROGRAMME

The IABCD Thalassaemia Care Program, which became a multi sponsorship funded comprehensive treatment centre in 1997, is located within the Section of Haematology and Transfusion Medicine. The program has provided excellence in thalassaemia care through a multidisciplinary approach, and is well established as a comprehensive treatment centre for thalassaemia patients with bleeding disorders. Although the administration of the program is based in the Department of Haematology and Transfusion Medicine, patients include both children and adults. We follow patients with serious inherited genetic and bleeding disorders, and those with qualitative red cell disorders.....

We participate in the national thalassaemia clinical research study, the universal data collection study that tracks longitudinal complications and quality of life in individuals with thalassaemia and other genetic and red cell disorders. We work to design treatments that cause less discomfort to patients in the short term and fewer serious complications in the long term.

OUR APPROACH

Understanding that children with cancer and blood disorders need more than medical care, we work with patients and their families to help them meet their social, emotional, educational, and behavioural needs. Our support services include:

- Routine psychosocial evaluations for newly diagnosed patients and their families.
- A school integration program that includes counselling for families and children about their rights to have special services.
- Psychoeducation and neuropsychological testing for patients at risk for neurocognitive problems.
- Support groups for siblings and parents.



The human body is made up of trillions of cells - the basic building blocks of any complex animal. These cells normally work together to form organs, such as the heart, liver, and skin. For cells to work together, they must have certain traits or characteristics. For example, they need to be able to divide to make new cells at the right time, stay where they are needed, and not crowd out nearby cells. Cancer begins when cells in the body become abnormal and start to grow out of control. This is caused by certain changes in a cell's genes.

What are Genes?



Genes are pieces of DNA inside each cell. They tell the cell how to make the proteins it needs to function. Each gene contains the code (instructions) to make a certain protein, and each protein has a specific job. For example, some genes code for proteins that help the cell grow and divide to make new cells. Other genes code for proteins that help keep cell growth under control. Genes are contained in chromosomes, which are long strands of DNA in each cell. Each chromosome has many different genes. Most human cells have 23 pairs of chromosomes. One chromosome of each pair is inherited from a person's mother, and the other comes from their father. This is why children tend to look like their parents, and they may tend to develop certain diseases that run in their families.....

All the cells in the body have the same genes, but each cell uses only the genes it needs. That is, it turns on (activates) the genes it needs at the right time and turns off other genes that it does not need. Turning on some genes and turning off others is how a cell becomes specialized, such as becoming a muscle cell or a bone cell, for example. Some genes stay active all the time to make proteins needed for basic cell functions. Other genes are shut down when their job is finished and can be turned on again later if needed. While we all have basically the same set of genes, we also have differences in our genes that make each of us unique. The 'code' or 'blueprint' for each gene is contained in chemicals called nucleotides. DNA is made up of 4 nucleotides (A, T, G, and C), which act like the letters of an alphabet. Each gene is made up of a long chain of nucleotides, the order of which tells the cell how to make a specific protein.

Gene Variants and Mutations:

Some people have changes in the nucleotides of a gene, which are known as variants (or mutations). For example, one nucleotide 'letter' might be switched for another, or one or more letters might be missing, when compared to most other people's genes.

Gene variants can have different effects on the proteins they code for. For example:

- Some gene variants might not have any noticeable effect on the protein.
- Some variants might lead to very minor changes in the protein. - For example, a variant might result in a protein that is shaped a little differently and is therefore a bit less effective than the 'normal' version of the protein.
- Some variants might have larger effects. - For example, a variant might result in a protein that does not work at all.

Gene variants that lead to changes in proteins can affect all the cells with that variant, which might even affect the whole body. The overall effects of some? gene variants might not necessarily be 'good' or 'bad.'

For example, gene variants account for differences in people's hair or eye colour.

On the other hand, some variants can lead to a disease (such as cancer) or increase the risk of a disease.

These are referred to as pathogenic variants. (These are also what many people think of when they hear the term mutation.)

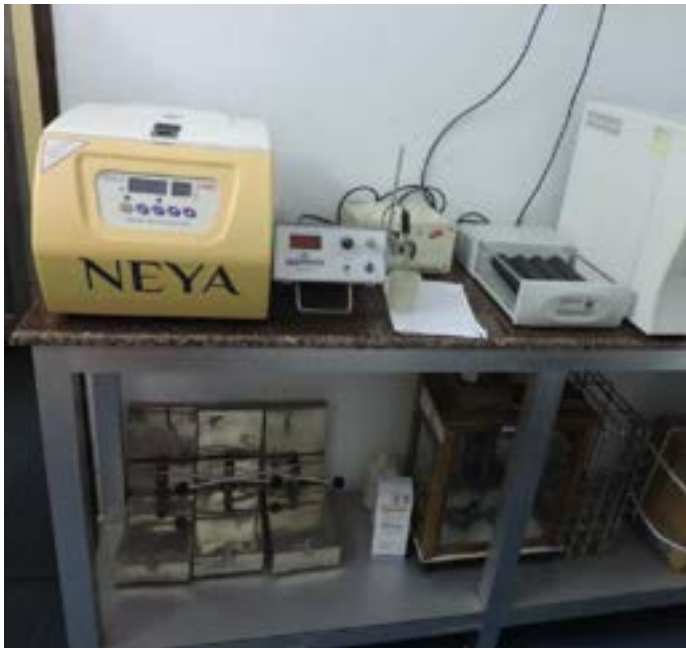
Inherited versus acquired gene mutations:

Gene variants, including mutations, can be either inherited or acquired.

An inherited gene mutation, as the name implies, is inherited from a parent, so it is present in the very first cell (once the egg cell is fertilized by a sperm cell) that eventually becomes a person. Since all the cells in the body came from this first cell, this mutation is in every cell in the body, and can also be passed on to the next generation. This type of mutation is also called a germ line mutation (because the cells that develop into eggs and sperm are called germ cells) or a hereditary mutation. It typically takes more than one gene mutation for a cell to become a cancer cell. But when someone inherits an abnormal copy of a gene, their cells already start out with one mutation. This makes it easier (and quicker) for other mutations to happen, which can lead to a cell becoming a cancer cell. This is why cancers related to inherited mutations tend to occur earlier in life than cancers of the same type that are not inherited.

Inherited gene mutations are not the main cause of most cancers.

An acquired gene mutation is not inherited from a parent. Instead, it develops at some point during a person's life. Acquired mutations occur in one cell, and then are passed on to any new cells that come from that cell. This mutation cannot be passed on to a person's children, because it does not affect their sperm or egg cells. This type of mutation is also called a sporadic mutation or a somatic mutation. Acquired mutations can happen for different reasons. Sometimes they happen when a cell's DNA is damaged, such as after being exposed to radiation or certain chemicals. But often these mutations occur randomly, without having an outside cause. For example, during the complex process when a cell divides to make 2 new cells, the cell must make another copy of all its DNA, and sometimes mistakes (mutations) occur while this is happening. Every time a cell divides is another chance for gene mutations to occur. The number of mutations in our cells can build up over time, which is why we have a higher risk of cancer as we get older. **Acquired gene mutations are a much more common cause of cancer than inherited mutations.**



Blood Centre Quality Control Unit

Other ways gene activity can be changed::

Some of the changes inside cells that can lead to cancer don't involve gene variants or mutations. Cells can turn some of their genes on and off in other ways, and some of these might also affect how a cell grows and divides. Different genes are more active in some cells than in others. Even within a certain cell, some genes are active at some times and inactive at others. Turning these genes on and off is not done by changing the DNA sequence (as is the case with variants and mutations). Instead, the changes in gene activity occur by other means known as epigenetic changes. There are several types of these changes:

- **DNA methylation:**

In this type of change, a small chemical group called a methyl group is attached to the DNA so that the gene cannot start the process of making the protein it codes for. This basically turns off the gene. On the other hand, removing the methyl group (in a process called demethylation) can turn a gene on.

- **Histone acetylation/histone modification:**

Chromosomes are made up of strands of DNA wrapped around proteins called histones. Histone proteins can be changed by adding (or subtracting) a small chemical group called an acetyl group. Adding acetyl groups (acetylation) can activate (turn on) that part of the chromosome, while taking them away (deacetylation) can deactivate it (turn it off).

Drugs called histone deacetylase (HDAC) inhibitors can help in the treatment of some types of cancer by turning on genes that help control cell growth and division.

- **RNA interference:**

Inside each cell, DNA acts as long-term storage for our genes. But DNA is not in the same part of the cell where proteins are made. For a protein to be made, a copy of its genetic code (in the form of messenger RNA, or mRNA), needs to be made from the DNA first. This piece of mRNA can then bring the instructions to the part of the cell where proteins are made. mRNA is only used for a short time to make the protein, and then it's broken down. If the cell needs more of that protein, it makes more mRNA.....

RNA interference is another way cells can turn off genes. A cell can make other forms of RNA that stick to mRNA. This can cause the mRNA to break down or stop it from delivering its code.....

Drugs are being developed to target the forms of RNA involved in RNA interference. This might help turn off specific genes that cause cancer.



State of Art Blood Transfusion



How changes in genes can affect cancer risk:

Some genes normally help control when our cells grow, divide to make new cells, repair mistakes in DNA, or cause cells to die when they are supposed to. If these genes are not working properly, it can affect cancer risk.

For example:

Some genes normally help control when our cells grow, divide to make new cells, repair mistakes in DNA, or cause cells to die when they are supposed to. If these genes are not working properly, it can affect cancer risk.

For example:

- *Changes in genes that normally help cells grow, divide, or stay alive can lead to these genes being more active than they should be, causing them to become oncogenes. These genes can result in cells growing out of control.*
- *Genes that normally help keep cell division under control or cause cells to die at the right time are known as tumor suppressor genes. Changes that turn off these genes can result in cells growing out of control.*
- *Some genes normally help repair mistakes in a cell's DNA. Changes that turn off these DNA repair genes can result in the build-up of DNA changes within a cell, which might lead to them growing out of control.*

DNA changes that create oncogenes or that turn off tumor suppressor genes or DNA repair genes might lead to cancer, although typically it takes several gene changes before a cell becomes a cancer cell. Changes in some other genes do not lead to cancer directly, but they might still make someone more likely to get cancer. For example, some gene changes can limit how well the body breaks down some of the toxins in tobacco smoke. Among people who smoke, people with these kinds of gene changes might be more likely to get lung and other smoking-related cancers. Gene changes can also play a role in other conditions that might impact cancer risk. For example, some gene variants can affect body weight. People with extra body weight are more likely to get some types of cancer, so these variants might also indirectly affect cancer risk. Gene variants and other changes are common. We all have them, and their effects can add up to influence our cancer risk. The main types of genes that play a role in cancer are Oncogenes, Tumor suppressor genes and DNA repair genes.

Genetic Testing for Cancer Risk:

Genetic testing can be useful for some people when certain types of cancer seem to run in their families. It can also be helpful for certain people with cancer who don't have a family history of cancer. But genetic testing isn't recommended for everyone. Here we offer basic information to help you understand what genetic testing is and how it is used for people and families concerned about their cancer risk.

Children and Cancer

A diagnosis of cancer or blood disorder in a family with children presents some unique challenges. It is essential to have adequate information and suggestions for parents and families when a child has been diagnosed with cancer or blood disorder about its treatment, living with cancer or blood disorder, going to school during treatment, psychosocial support, the health care system and communicating with the cancer care team .



Comprehensive care:

Comprehensive care is an approach that cares for the whole patient and all their needs, not just the medical and physical ones. Comprehensive care using the services of many professionals working together is the standard approach at all major medical centres that treat young people with cancer and blood disorder. Good communication among patients, families, and health care team members is very important. Cancer treatment and follow-up care are intense and complex. Everyone involved must have confidence and trust in one another and be able to work well together.

Though it may not seem important considering everything else going on, continuing to be a part of the school community should be a priority. For many children, school is a safe place for learning, fun, and friendship that is far from the world of cancer and treatments. School is the main part of almost every child's daily life, and going back to school is a sign of normalcy. Most paediatric treatment centres offer resources and support to help make sure your child continues with their education with instruction at home, in the hospital, or attending school part-time when they feel well enough. Here are some reasons why it helps children with cancer to continue with school activities during treatment:

- *Continuing to participate in school during treatment can help child adjust by keeping them connected with their "normal life", including friends and school communities.*
- *Continuing with school work helps them to continue to learn and grow and stay on track academically.*
- *Staying connected during treatment can help children feel less overwhelmed with returning to school when treatment completes.*

The cancer care team: Experts from different disciplines (medicine, nursing, social work, and many others) are part of the cancer care team that helps patients and families. Team members offer different services and programs from planning and coordinating details of treatment to supporting the social and emotional needs of children with cancer or blood disorder and their families. They all work together to figure out what each patient and family needs to get healthy and stay healthy.

Oncology social worker:

This person has a master's degree in social work and is an expert in coordinating and providing non-medical care to people with cancer. The oncology social worker provides counselling and assistance to patients and their families.

Psychologists, social workers, child life specialists, doctors, and nurses are involved in providing psychosocial support.



RESEARCH

Indian Association of Blood Cancer & Allied Diseases connects scientists from across various cancer research institutes globally to understand the common underlying causes of cancer, wherever it appears. Traditional cancer research continues to focus on vital questions about the treatment and care of specific types of cancer. Complementing this work, today's research also seeks to understand core cellular and molecular links across multiple cancers. The purpose of the Cancer Research is to study this core biology.....

IABCD Board members are committed to building an institute for the long term and with a clear emphasis on making their research count for cancer.



Research endeavours at IABCD Blood Centre are focused to explore advanced research results and communicate stakeholders through a variety of disciplines: Developmental Therapeutics, Genetics, Cancer Immunology, Cancer , Prevention & Control, and Genome Integrity. Developmental Therapeutics (DT) Research Program is a critical translational innovation initiative, bridging drug discovery and experimental therapeutics to translate preclinical discoveries and treatment strategies into the clinic, while returning clinical advances to the bench for refinement.

The mission of the Genomics, Genetics and Epigenetics Programme study all aspects of gene alterations in cancer with the goal of translating this knowledge into new drugs, novel therapeutic strategies, and novel diagnostic tests. These studies include the discovery of mutations in genes and DNA that cause cancer; analysis of genomic changes and their functional consequences on gene expression; characterization of mechanisms that control protein production from genes; epigenetics; protein structure; and the analysis of large scale genomic data.

Cancer Immunology (CI) Research Programme is to improve understanding of the host response to cancer and to discover and test novel approaches to harness that response to improve patient outcomes. Immune checkpoint blockade for cancer treatment has emerged as one of the most exciting and promising new approaches to treat cancer in decades. The goals of the Cancer Immunology Program are to:

- 1 - Identify the mechanisms underlying the capacity of the immune system to inhibit tumour growth, as well as mechanisms that drive tumour immune resistance.
- 2 - Discover and test new approaches for promoting anti-tumour immunity.
- 3 - Study the mechanistic links between inflammation and cancer.
- 4 - Undertake targeted therapeutic trials that utilize novel endpoint assessment

The mission of the Cancer Prevention and Control Programme is to prevent and control cancer by identifying factors that contribute to cancer development and outcomes, and conducting interventions to address these factors. It has been recognized for many years that cancer risk is determined by the interaction of lifestyle factors and genetics. Identifying lifestyle factors such as tobacco use and excess body weight that contribute to cancer and intervening appropriately has been proven to significantly impact on the cancer burden. Physicians and Researchers all striving to conduct cutting-edge research to identify the causes of human cancers, and use behavioural and other approaches to translate findings into public health interventions to reduce cancer incidence, cancer morbidity, and mortality.

The goals of the Cancer Prevention and Control Programme are to:

- 1 - Identify lifestyle, environmental, and genetic risk factors in the aetiology of cancer.
- 2 - Assess the patterns of care received by patients with cancer to identify effective strategies to improve patient outcomes.
- 3 - Conduct and evaluate lifestyle behavioural interventions for cancer prevention and control.

Professional Education - Diploma Programme in Blood Banking and Transfusion Medicine

Indian Association of Blood Cancer & Allied Diseases made a partnership with Ingenuity Council of Blood Centres India (ICBCI) for enriching the capacity of its blood bank technicians. IABCD sponsored ten technicians to have specialized knowledge in blood banking technology. All ten technicians completed Advanced Diploma in Blood Banking and Transfusion Medicine (6 months programme), specializing in Blood Banking Technology.

The Diploma programme in Blood Banking and Transfusion Medicine consists of 24 subtopics within the 5 main topics-Haematology Basic, Blood banking Fundamentals, Blood banking Technology, Serology and Immunology and Information Technology along with 6 months intensive lab practices.

On successful completion of training all the technicians got employment in hospitals or reputed Nursing homes with higher responsibilities.

Life Insurance Corporation of India steps in to humanitarian service:

The institute (IABCD) appealed to Life Insurance Corporation of India to provide a 5 seater vehicle for promotion of voluntary blood donation and its out reach medical activities and two medical equipment viz, fully Automated Blood Cell Counter and Electrolyte Analyser PSR for its blood bank to support medical treatment of patients suffering from blood cancer and other haematological disorders. The LICI from its Golden Jubilee Foundation Fund Had generously contributed the same. In a program held at the institute on December 07, 2022, Sri Ajay Kumar, Zonal Manager, Eastern Zonal Office, along with other kingpins of LICI formally inaugurated and handed over the 5 seater ECCO and the medical equipment to the President of Indian Association of Blood Cancer & Allied Diseases.



No child Sleeps hungry:



The issue of hunger and malnutrition are among the most serious concerns in our country. And the pandemic has only made it worse. There are over 189.2 million undernourished people in India, which is 14% of our population. Poverty has left millions of families starving and specially the parents of the distressed children who come to IABCD for treatment are unable to provide proper nourishment to their children and that impacted adversely on their health. Realising this our community care cell made a concerted effort to have healthy and nutritious food for all children in partnership with Saibaba Sevashram & Yoga Research, Kolkata. The Saibaba Sevashram & Yoga Research had generously extended their support by providing Junior Horlicks for the children and Horlicks Protein Plus for the young adult patients of our centre.

SUPPORT REQUIRED

Blood Cancer Life Services (Establishing New Unit)

Your partnership and participation in associations is for all blood cancer patients, and are saving lives not someday, but today.



Equipment and infrastructure support	Quantity	Rupees
Elisa Reader and Washer	ONE	8,20,000
Computer with Printer	SIX	3,00,000
Vehicle <i>Mobile medical Programme (including an Ambulance)</i>	TWO	27,00,000
Tube Sealer	TWO	3,50,000
Haematology Cell Counter	ONE	5,60,000
Blood Weighing Scale	TWO	1,10,000
Air Conditioners	EIGHT	3,20,000
Refrigerated Centrifuge	ONE	41,00,000
Multi Pipette	FOUR	1,60,000
Photocopier	ONE	2,00,000
Laminar Airflow	ONE	3,00,000
Blood Bank Refrigerator	TWO	9,00,000
Blood Bank Refrigerator (Deep Fridge)	TWO	15,00,000
Oxygen Cylinder	SIX	60,000
TOTAL		1,23,80,000

We Need Your Support: The Way You Can Help Us for Providing Quality Care



PARTICULARS	SERVICE TYPE	AMOUNT IN RUPEES
Patient care - Medical Services	Blood Transfusion Services for one year (12 times)	37,800/-
Blood Transfusion	Cost of one unit blood transfusion- Transfusion charge (bed charge, doctor's charge, medicine, medical team charges) Rs2200/-- Leucocyte filter cost Rs 950/-)	3,150/-
Iron Chelation Therapy	Cost of therapy per patient	25,000/-
Voluntary Blood Donation	Motivation & collection 50 donors	19,000/-
Education - Blood Banking Technology (Programme for blood bank laboratory technicians)	Stipend per participant @ Rs15,000/- for six months	90,000/-
Education - Transfusion Medicine (Programme for Physicians)	Fellowship per participant @ Rs60,000/- for six months	3,60,000/-
Education - Advanced Nursing Practices Blood Transfusion	Stipend per participant @ Rs15,000/- for six months	90,000/-
Oncology Social work	Fellowship per participant @ Rs40,000/- for six months	2,40,000/-
Summer Training - Research fellowship	Fellowship per participant @ Rs30,000/- for three months	90,000/-

ACKNOWLEDGEMENTS

*Names of organizations/ trusts who have kindly contributed to IABCD
for providing services to suffering humanity*

Arica Diagnostic
Bhaskar Ghose
Bishamber Das Bimla Kapur Memorial Trust
Chief Minister's Relief Fund, Government of West Bengal
G D Pharmaceuticals Limited
Harbhajan Kaur
Hindalco Industries Employees Union
J K Cement Nimbahera Foundation
J K Paper Ltd
Kothari Group CSR Trust
LIC Golden Jubilee Foundation
Meera Kapur
M N Dastur Company Ltd
Microlabs Limited
Morarji Bhagwandas Shivji Sanatorium Trust
Rupa and Company Limited
Sardar Chetan Singh Charitable Trust
Saibaba Sevashram & Yoga Research
Sitaram Jindal Foundation
SJF Philanthropic Organization
Som Mondal
Sri Sri Thakur Sitaram Das Onkarnath Charitable Trust
Tamilnad Mercantile Bank
Thanwala Consultancy Services
The Sukriti Trust
Villo Poonawalla Foundation

Govt. of West Bengal
Directorate of Drugs Control
C.D.S.C.O.-EZ-Govt. of India
State Blood Transfusion Council
Department of Social Welfare
West Bengal Pollution Control Board
WB State AIDS Prevention & Control Society
The Kolkata Municipal Corporation

HIGHLIGHTS

- 1989-1990 - Registration of the Association under West Bengal Societies Registration Act and Income Tax Act 1961. Introduction of ambulance service, Promotion of voluntary blood donation, Sponsorship programme for treatment of patients.
- 1990-1991 - Continuation of ambulance service, blood donation, treatment of patients
- 1991-1992 - Beginning of project work- Blessed by Mother Teresa on March 5, 1992.
- 1992-1993 - Setting up Information, Education and Communication Unit
- 1993-1994 - Computer services unit
- 1994-1995 - Acquiring new premises for Blood Centre for Children.
- 1995-1996 - Completion of first phase of project- Blood Center for Children
Inaugurated by Mr. A.B.N. Morey, British Deputy High Commissioner, Calcutta.
- 1996-1997 - Opening of Modern Blood Bank
- 1997-1998 - Opening of Blood Transfusion Center
- 1998-1999 - Acquiring of instruments for blood components unit
- 1999-2000 - Extension unit for blood centre for children
- 2000-2001 - Opening of Blood Research Center, Blood Components Unit
- 2001-2002 - Beginning of work of Indian Academy of Transfusion Medicine
- 2002-2003 - Oncology Social Work Programme, Establishment of Rural Community Clinic
- 2003-2004 - Cancer Life Centre
- 2004-2005 - Certificate of Registration ISO 9001:2000
- 2005-2006 - Setting up unit for Cell Counter & Immuno Analyzer
- 2006-2007 - Established International Network System
- 2007-2008 - Initiated Short Stay Home in Delhi and Partnership Programme with Indian Corporate
- 2008-2009 - Exchange Education Program with National and International Universities
- 2009-2010 - Standardization of blood banking operating and quality control system
- 2010-2011 - Up gradation of blood components preservation unit
- 2011-2012 - Introduction of Gel Technology for blood banking services
- 2012-2013 - Specialized Mobile Medical Services
- 2013-2014 - Upgradation of blood components preparation unit
- 2014-2015 - Installation of new Microprocessor High Speed Centrifuge
- 2015-2016 - Modernization of blood collection room
- 2016-2017 - Installation of Advanced High Speed Centrifuge for preparation of blood components
- 2017-2018 - Advancement of blood collection and blood safety procedures
- 2018-2019 - Modernization of blood Centre and setting up new quality control unit for blood products
- 2019-2020 - Upgradation of blood components preservation unit
- 2020-2021 - Upgradation of blood transfusion centre with adequate safety measures for hygiene and infection (Response to COVID-19 situation)
- 2021-2022 - Modernization of Day Care Centre (Patients' Blood Transfusion Unit)
- 2022-2023 - Developing Mobile Medical Service Unit

FINANCIAL GOVERNANCE AND STATEMENTS

Indian Association of Blood Cancer & Allied Diseases engage external auditors and external auditor's services to review financial statements in accordance with generally accepted auditing standards and the prescribed norms of Income Tax Authority of Government of India. After the audit report is reviewed and approved by IABCD's Board of Directors, it is made available to donors and external stakeholders. The financial report and audited statement are duly submitted to the Prescribed Authority of Income Tax Department and the Registrar of Societies.....



Anti-corruption & Transparency

We work hard to ensure quality and transparency throughout all of our work because we feel passionate about achieving the maximum possible impact from every single donation we receive. This has been enhanced by the transparency and Anti-Corruption Policy adopted by the board of directors of Indian Association of Blood Cancer & Allied Diseases. We implement measures designed to ensure transparency, simplify integrity and prevent corruption: the drawing-up of a code of activity. conduct, anti-corruption clauses in our procurement, and implementing all corporate social responsibility funded projects.

Auditor: Sri Ritesh Agarwala, FCA, Chartered Accountant, Kolkata

Banker: Bank of Baroda, Beliaghata Branch, Kolkata. • State Bank of India, Salt Lake Sector-III Branch, Kolkata.
IndusInd Bank, Kankurgachi Branch, Kolkata. • South India Bank, Kankurgachi Branch, Kolkata.

Board of Directors and Advisors:

Dr. Manju Datta Chaudhuri, Medical Advisor-Haematologist, Kolkata.
Sri Amalendu Pal, Social Work, Member & Honorary President, Kolkata.
Sri Adil Firoze, Engineer, Honorary Member, Management Specialist, New Delhi.
Sri Sandip Samajdar, Engineer, Corporate Social Responsibility, New Delhi.
Sri Anjan Sarkar, Service, Honorary Member, Kolkata.
Sri Rohit Pal, Honorary Member, Strategy and Investment, New Delhi.
Sri Prasanta Das-Retired Banker, Honorary Member, Bhubaneswar.
Sri Yogesh Wardhani, Bio-Medical Engineer, Honorary Member, New Delhi.
Sri Subhendu Albert Rozario, Finance Specialist, Honorary Member, Kolkata.
Sri Atma Prakash, Financial Consultant, Honorary Member, New Delhi.
Sri Tishikh Dasgupta, Communication & Creativity, Honorary Member, Kolkata.
Dr. Asok Sarkar, Member (Invitee), Medical Director, Kolkata.

The Team: Dr Asok Sarkar, Medical Director., Dr. (Mrs) Reshmi Kundu, Dr. (Mrs) Kakali Bhowmik, Dr. Sucharita Ray, Amitava Khandait, Mrs Mitali Samanta, Ms Swati Chatterjee Sen, Ms Putul Nag, Ratna Mallick, Arpita Mondal, Nibedita Das, Jaysree Mitra, Falguni Ghosh, Uttam Mondal, Purnendu Laha, Subhrajit Mondal, Ankur Goswami, Kapil Kanta Das, Moloy Bachaspati, Neha Ghosh, Papiya Ray, Raghunath Yadav, Pitambar Khamaru, Bhola Jha, Manoj Soni.

Volunteer- Mouli Pal - (Honorary Associate- Scientific Programme)

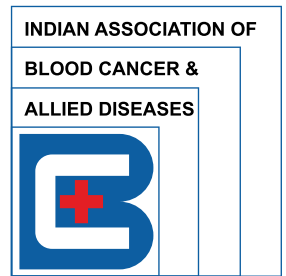
Indian Association of Blood Cancer & Allied Diseases

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web.: www.cancerlifeblood.org



Estd. January 2, 1990



Life at
IABCD
Blood Centre

We are driven by collaboration, creativity, and team and this applies to our internal culture as much as our external partnerships. Our team, all committed to building a connected future and improving the lives of cancer patients everywhere.