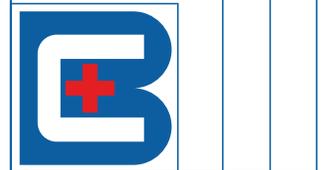


Helping people
to **survive, recover**
and **reclaim** their future



INDIAN ASSOCIATION OF
BLOOD CANCER &
ALLIED DISEASES



Estd. January 2, 1990

IMPRESSIONS

2017  2018





The Association

Indian Association of Blood Cancer & Allied Diseases is a registered, voluntary, national level, medical support service organisation, 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 Thalassemia, Haemophilia etc.

The Association (IABCD) is registered under West Bengal Societies Registration Act, 1961 with No.S/63715 of 1989-90. Donation mate to IABCD is exempted under section 80G of Income Tax Act, 1961 with No. DIT(E)/8E/15/90-91/728 dated 17.03.2008, which is valid for the assessment year in perpetuity vide letter No.DIT(E)/8E/15/90-91/2439 dated 20.05.2011 issued by DDIT (E-I), Hqrs,& Admn. Kolkata. Our PAN No. isAAAAI0249N.



Mission:

The Association (IABCD) is a multidisciplinary organisation 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 organise voluntary blood donation services.
- (b) To coordinate with medical centers for the purpose of diagnosis and treatment of patients suffering from blood cancer and allied diseases such as Leukaemia, Thalassemia, Haemophilia etc.
- (c) To provide support services for the rehabilitation of patients and dependents.
- (d) To develop the center 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.

THE HALLMARKS OF IABCD' PROGRAMMES'ARE:



Sustainability in programming through ensuring quality, value and excellence in care and services.



Care for the thalassaemic children and adults suffering from blood cancer and blood diseases we support enshrined in our commitment, responsibility and responsiveness to the needs and priorities for the communities we serve.



Engagement through improving awareness and access to information, seeking out bold and innovative approaches to difficult and pressing challenges, and seizing opportunities for synergy through partnerships and collaboration.



Transparency as a result of our commitment to the communities we serve, through the establishment of productive working relationships and our pledge to operate openly and inclusively.



Accountability to the communities and stakeholders where IABCD organises voluntary blood donation and outreach camps, as well as with suffering patients.



Global Lessons harnessed to inform and improve future interventions through lessons learned in previous experiences.

PRINCIPLES OF COMMITMENT



Humanity:

Indian Association of Blood Cancer & Allied Diseases addresses human suffering - blood cancer, blood diseases. Our humanitarian actions protect life, health and respect for human beings.

Neutrality:

IABCD accepts patients based on health status and diagnosis, and not on the basis of any economic criteria. It does not refuse any one.



Impartiality:

IABCD's humanitarian and medical services are based on patients' needs and prioritise the most urgent cases of distress.



Operational Independence:

IABCD's humanitarian actions and patient care are entirely autonomous.



PRESIDENT'S REMARKS

EMPOWERING MOTHERS OF SUFFERING CHILDREN 2017-2018

Dear friends,

Blood cancer and blood disorders affected families inevitably struggle to meet even the basic needs of patients' care, most of whom desperately want to provide more dedicated care to their children. But first they must learn how to take care of critical patients at home and handle emergency situations. Indian Association of Blood Cancer & Allied Diseases team felt empowering mothers is a high priority to make a positive change in the lives of suffering children.

The establishment of Indian Association of Blood Cancer & Allied Diseases (IABCD) in 1990 ushered in a new and different kind of medical service organisation. By providing critical medical care services through blood banking, transfusion medicine, oncology counselling, training, research on developing treatment protocol for blood cancer and blood disorders challenged - indeed - changed - the very definition of medical care.

With your help, we have been able to achieve a huge success in caring for our patients, providing training to mothers on home therapy and emergency care. We have worked with our youth volunteers to promote voluntary blood donation and were able to collect blood from 3,360 volunteers. Our successes included: motivating 4700 youth leaders, turning 3,360 youth leaders as voluntary blood donors, capacity building of 86 development leaders, attending 43 medical camps, HIV/ AIDS awareness initiative for 3,690 youth and an initiative to ensure safe blood transfusion services of 1,207 units for thalassaemic patients in our blood centre.

We helped advocate for inclusive medical care and education for blood disorder patients and the rights of people with disabilities; and we supported capacity building of medical technology professionals. On top of this, we have initiated research on blood component therapy usage and our team is engaged on stem cell research.

Behind these statistics you will find stories of individuals whose lives have been forever changed. We are proud of our partners and colleagues whose commitment, skills and passion make all this possible.

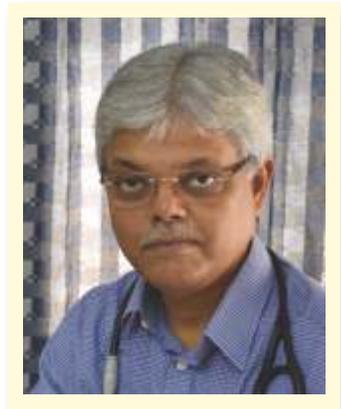
Thank you for your generous time and support, helping us to move one step closer to our vision of an inclusive society for all.

Kind regards,

Amalendu Pal
Honorary Board President
Kolkata, April 08, 2018

MEDICAL DIRECTOR'S NOTE

We provide training and deliver emergency health care and related services to those affected by blood cancer, blood disorders, natural disaster and disease no matter where they are, no matter what the conditions. We train people in their communities, providing them the skills needed to recover, chart their own path to self-reliance and to become effective responders themselves.



Established in 1990 by volunteers, we are a specialised, non-profit, humanitarian medical service organisation dedicated to saving lives and relieving suffering by providing emergency care, for chronic blood diseases, Thalassemia - a blood disorder, health care training and development health care programmes to those in great need. Our mission is to improve the quality of life through medical services, health interventions, development of blood products and related activities that strengthen underserved communities and suffering humanity. With the flexibility to respond rapidly to critical blood diseases, chronic ailments, emergencies no matter economic condition of patients, we offer medical services to thalassemic, haematological diseases and emergency blood banking services to patients admitted both in government and charitable hospitals and medical assistance to people at highest risk, always working to strengthen health care systems and promote self-reliance.

The team of Indian Association of Blood Cancer & Allied Diseases helps those hit by blood disorders, recover from adversity and strengthen their family's response capacity through counselling, training, services and medical support.

Our ability to move fast in emergencies, to reach those in need no matter where they are, no matter what the conditions, coupled with our commitment to serve, lie at the heart of what we do. Since our inception in 1990, we have changed lives, strengthened communities and transformed the way humanitarian medical care is delivered. Our role extends beyond providing regular medical care to critical emergency and surgical services. Our true legacy is the preparation for quality care and follow-on work we do, partnering with patients' and needs of families, regulatory norms of governments and non-government groups participation in promoting voluntary blood donation services at various locations that build self-reliance and sustains the medical programmes and services.

Technical training on medical technology, quality assurance and quality control of blood products, evidence based treatment protocol and family counselling are central to our support of health and medical services. We train and mentor health service providers, managers and community representatives to strengthen their capacity to deliver, manage and monitor quality health services.

We also help rehabilitate medical care facilities and supply patients with essential drugs and medical supplies. Where necessary, we recruit trained medical and technology experts and professionals to extend outreach services. The association works with the local health authorities and drug control department to advocate the benefits of improving transfusion medicine services.

Sourav Ghosh

Dr. Sourav Ghosh
Medical Director

Kolkata, April 08, 2018



Managing Blood Transfusion:

Approach to Optimizing the Care of Patients

Managing patients with transfusion therapy is an evidence-based, multidisciplinary approach to optimising the care of patients who might need transfusion. It encompasses all aspects of patient evaluation and clinical management surrounding the transfusion decision-making process.



1 LIMITING LOSS THROUGH PHLEBOTOMY

Laboratory tests provide vital information on red cell mass, the coagulation system, electrolyte status, renal function, infection, and pregnancy. Because of the severity of their illness, intensive care unit (ICU) and other critically ill patients undergo extensive laboratory testing. The magnitude of blood loss from hospitalised patients for diagnostic purposes has long been a concern. Blood loss through phlebotomy of hospitalised patients for diagnostic laboratory testing is associated with decreases in haemoglobin and haematocrit levels and can contribute to anaemia and the need for blood transfusion.



2 OPTIMISING PATIENT HAEMOGLOBIN

Anaemia is frequently defined as a haemoglobin level less than 12 g/dL (or haematocrit less than 36%) for adult females and a haemoglobin level less than 13 g/dL (or haematocrit less than 39%) for adult men. Depending on the need for surgery, the patient's overall health, and definition of anaemia, 5% to 75% of patients may present with preoperative anaemia.

Preoperative preparation and planning for optimisation of the patient's haemoglobin can decrease the risk for blood transfusion and improve patient outcomes.



3 MINIMISING PERIOPERATIVE BLOOD LOSS

In the operative period, the fundamental methods of blood management are good surgical technique and utilisation of allogeneic transfusion threshold guidelines. However, in many surgical procedures, such as multi-level spine fusion or thoraco-abdominal aneurysm repair, heavy blood loss is highly probable and expected.



4 MAKING EVIDENCE-BASED HAEMOTHERAPY DECISIONS

The rationale for RBC transfusion is based on the need to increase oxygen delivery to key tissues, assessing whether a clinically important oxygen delivery deficiency exists and whether it is best remedied by transfusion are difficult decisions that should be based on more than a determination of hemoglobin concentration. The patient's status and capacity are also important points to consider.



General recommendation

In conclusion, it is recommended that a medical transfusion strategy be developed to help guide patient blood management. 1. Develop a preoperative haemoglobin optimization programme. 2. Develop an intraoperative red cell recovery program, and/or programs in normovolemic haemodilution, component sequestration, and platelet gels. 3. Implement point-of-care monitoring within the operating room environment. 4. Establish an auditing mechanism to ensure reasonable blood utilization by physician. 5. Establish advance transfusion medicine practices for physicians to enhance awareness of transfusion issues.



ENGAGING THE TRANSFUSION COMMITTEE

The success of a patient blood transfusion (PBT) programme is dependent on a multidisciplinary approach. Implementing a PBT programme can best be achieved by providing key stakeholders, including physicians from services that are frequent users of blood and blood components, an opportunity to focus on strategies to optimize their transfusion practices. In most institutions, the Transfusion Committee could offer such an opportunity and serve as a perfect forum to initiate a PBT programme.

Methods for reducing the frequency of phlebotomy include: 1. Identify key stakeholders who can be called to action to address the problem of excessive phlebotomy loss for diagnostic testing. 2. Limit the ordering of tests to those that are medically necessary. This requires defining what constitutes unnecessary or inappropriate laboratory testing. 3. Launch educational efforts directed at changing physician practice. The practice of medicine is a constant balancing act between weighing risks and benefits for the patient. One of the risks of ordering a laboratory test is the impact of the sample collection on the patient's blood counts. Education of physicians and nurses about the potential risk of anaemia as a consequence of phlebotomy should be a first step in improving test utilization. 4. Limit the volume of the samples collected to the minimum needed to perform the requested assays.



Blood banking: Love Transfusion

PEOPLE IN VOLUNTARY WORK-"OUR SOCIAL NETWORK"

Volunteers, social organisations, corporate employee association, political groups and local associations play an important role in the planning, organisation and implementation of local blood donation appointments and voluntary blood donation camps.

More than 4,700 volunteer helpers support the blood transfusion services of the association in carrying out blood donation appointments and outreach camps.

Without the commitment of volunteers and helpers, blood donation is unthinkable. They help with appointments, outdoor camps are contact persons for on-site questions and promote blood donations in the local environment.



No of Patients benefitted



Voluntary Blood Donors



Engagement of Youth Leaders

	No of Patients benefitted	Voluntary Blood Donors	Engagement of Youth Leaders
2017-2018	3610	3360	86
2012-2017	23457	30437	848

Blood safety for donors and recipients

Each blood donation is examined with highly sensitive methods directly after the blood donation in our laboratories.

THESE INVESTIGATIONS INCLUDE:

- blood typing according to the ABO system
- the determination of rhesus factor
- a study of irregular blood group antibodies
- the investigation against antibodies or antigens against
- Hepatitis B and Hepatitis C
- HIV I & II → syphilis → Malaria





EACH BLOOD DONATION PRODUCES UP TO THREE DIFFERENT BLOOD PREPARATIONS

From each "whole blood donation" arise 2 or 3 different preparations of red blood cells (erythrocytes), platelets (platelets) or plasma. The white blood cells (leukocytes) are removed from all blood preparations because they are responsible for a number of undesirable side effects in blood transfusion.



BLOOD BANKING APPLICATIONS USING THE THERMO SCIENTIFIC AND CENTRIFUGES

Blood processing: Blood component preparation is performed to separate blood components from whole blood. Red blood cells (RBCs) and plasma are produced by a single-step hard spin centrifugation. Platelet concentrates (PLTs), RBCs and plasma are prepared by a two-step centrifugation. The two main procedures for preparing PLTs are the platelet-rich plasma (PRP) method and the buffy-coat method.

Guidelines for blood component production: Blood separation is the partial separation of particles from a liquid by gravity through sedimentation. The rate of sedimentation is a function of liquid viscosity, particle density and particle size, concentration of the solution and the force of gravity. To speed up sedimentation, a centrifuge is used.

Since there is a relationship between the physical properties of blood components and the physical principles of centrifugation that impact separation, the optimal centrifugation for blood component production is achieved by determination of the appropriate centrifuge parameters with a Thermo Scientific centrifuge, speed and acceleration and deceleration profiles.

PLATELETS ARE PREPARED FROM WHOLE BLOOD WITH THE PRP METHOD.

Whole Human Blood---Centrifugation (First spin) - Separation (Red Blood Cells and Platelet Rich Plasma) - Centrifugation (Second Spin)-Platelets- Separation-Platelets and Plasma

PRODUCTS: BLOOD AND PLASMA PRODUCTS

Through the application of highly sensitive laboratory methodology, we reduce the diagnostic window which is considered a very significant depending on the disease. Our service tests every blood donation as per regulations for the pathogens HIV, HCV and also for HBV besides malaria and VDRL. All steps in the manufacture and testing of blood products are supported by a powerful modern scientific system. This also contributes to a very high level of safety for the blood products.

THROMBOCYTE CONCENTRATES

All platelet concentrates are tested using a highly sensitive PCR method for the pathogens HIV I / II, HBV, HCV,. The safety regulations and quality control with regards to CDSCO and Drug Control are adhered to.

PLASMA PRODUCTS

All plasma products are tested using a highly sensitive PCR method for the pathogens HIV I / II, HBV, HCV. For quality and safety, safety regulations and quality assurance guidelines of drug control authority are adhered to.

Preparation and safe use whole human blood and blood components

Whole human blood



Red blood cells



Fresh Frozen Plasma



Platelet



Medical Services

The main focus for the IABCD Blood Donation Service - Ensuring a smooth and appropriate blood supply in our service area along with the provision of blood products for patients suffering from blood cancer, Thalassemia and other blood diseases. It helps to provide medical services to patients in our blood centre for children

- Production of high quality blood products
- Supply hospitals with blood products 24 hours a day
- Outpatient treatment of patients with transfusion medicine and haematopoiesis medicine requirements.
- The above institutions also maintain an around-the-clock medical call service.





Blood Transfusion

Year	Transfusion Management	Thalassaemia	Leukaemia	Haematological and other blood diseases
2017-2018	6364	1890	2327	2147
2012-2017	55453	14017	16211	25225



Institutional Services

Supply of blood and blood products both for regular treatment and surgery

Year	Charitable Hospitals	Non-Government Hospitals	Government Hospitals
2017-2018	2456	1672	2236
2012-2017	23385	15510	16531



Research in Transfusion Medicine

Research in transfusion medicine and blood banking is a priority for IABCD because it provides medical care to chronically transfused patients and research result will benefit all such patients including thalassemia who are at higher risk of developing transfusion-associated complications. Large populations who will benefit include trauma victims, cancer patients, patients undergoing orthopaedic and cardiovascular surgery, and patients admitted to intensive care units.

Research activities are carried out with blood transfusions potentially expose recipients to transmissible biologic agents that are known or suspected to be associated with specific disorders. These agents range from major known threats such as human immunodeficiency virus (HIV), Hepatitis C virus (HCV), and Hepatitis B virus (HBV) to novel or emerging agents of public health concern such as Dengue and malaria.



PRIMARY INVESTIGATIONS FOR RESEARCH ARE:

- Identifying the appropriate, pathophysiologically-relevant indications for transfusion for individual patients in specific clinical scenarios;
- Identifying the appropriate, physiologically-relevant markers to determine transfusion effectiveness as well as standardized, harmonized and validated definitions of outcomes;
- Identifying improved methods for preparing classical transfusion products;
- Studying transfusion in paediatric patients and, separately, on neonates;
- Improving understanding of clinical haemostasis, how to use classical transfusion products to treat haemostatic disorders and complications, and how global haemostasis assays might better guide transfusion.



PROFESSIONAL EDUCATION- FELLOWSHIP

The objective of fellowship programme is to develop the competency of young professional engaged in transfusion medicine, oncology, blood banking, nursing care and oncology social work.



TRANSFUSION MEDICINE FELLOWSHIP PROGRAMME

Transfusion Medicine Fellowship Programme (six months) is designed to train physicians interested in acquiring the competence necessary for rendering professional services in blood banking, transfusion medicine, immune-haematology, hospital transfusion service, therapeutic apheresis, coagulation and research.



ONCOLOGY SOCIAL WORK

The association offer fellowship (six months) to postgraduate students perusing medical social work or general social work but has interest in counselling interventions; patient education; and mobilization of community resources to facilitate patient and family adjustment to the diagnosis and treatment of the disease; to promote psychosocial recovery and rehabilitation for both patient and family; and to facilitate utilization of health-care resources.



SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP

The association continues to collaborate with academic and research institutes for engagement of students (medicine/ science and technology graduate) in reach and extension education program through summer fellowship initiative. Through fellowship students are encouraged to focus on technology research in the field of blood product development, therapeutic procedures and treatment protocol both in haemato-oncology and transfusion medicine.



Spirit of Partnership (Sponsorship and Grant)

Support from well-wishers, chief minister's relief fund, governor's relief fund and CSR contribution of many corporate has been a great help in rendering medical services to children suffering from blood cancer and blood disorders in particular and larger amount of patients requiring voluntary blood banking services in general. Joint initiative by the association and sponsors reflect that efficient, well-organized and well-supported health services can be life-saving and life-changing.

Debarati

A parent's dilemma in accepting their child as a blessing or curse from God, and finally triumphing towards a hopeful future...

Young couples Rekha and Krishnendu were overjoyed at the birth of their first daughter. With great dreams and aspirations they named her Debarati - Blessings from God. Life was full of joy and overflowed with hope. However this surge of elation came to an abrupt end, when the infant was diagnosed with Thalassemia at 3 months of age. Both the parents also came to know that they were carriers of the disease. Suddenly it felt like God had not blessed but cursed them.

Overcoming their immediate grief, they underwent counselling. They were fortunate to have the mental support of other family members. Financial assistance was however not there. Till date the family's sole source of income comes from private tuitions, which Krishnendu provided to students from his home. Rekha's responsibilities as a house wife multiplied manifold with the additional duty of looking after Debarati - providing her encouragement and support to look up to a hopeful life.

The strong willed parents decided that they would walk the extra mile to make sure that their daughter grew up as normally as possible, like any other child of her age. Today looking at Debarati and her pleasant demeanour, no one would be able to tell, that in her veins runs a dark disease. She along with the support of her parents, friends and well-wishers has been able to overcome the challenges posed by Thalassemia and live life as normally as possible. Presently in standard seven, studying at the Ramkrishna Mission Sharada Mandir School, she loves to sing, dance, draw and gobble junk food like any other 12 year old.

Both the parents, apart from realising Debarati as a true gift from God as not a curse, greatly acknowledges the partnership of IABCD in bettering their lives. From 2006 she has been visiting the centre for blood transfusion, receiving an average of 20 units per year to maintain a normal level of haemoglobin in her blood. She is one of the children at the centre be sponsored by the **Blue Star Foundation**. Her parents say that at IABCD, has their daughter not only received blood, allied medical care and the much required constant counselling.



Sonia



AFTER THE CHALLENGE OF LIVING WITH BLOOD TRANSFUSION FOR LAST FOURTEEN YEARS, SONIA TAKES ON A CHALLENGE OF HER CHOOSING...

Fourteen years ago, Sonia was first diagnosed with thalassemia at a nursing home in Uttarpara. She hails from a humble household in Singur, where the atmosphere is engulfed in superstitions and ignorance. She is always encouraged by her mother, a woman of indomitable spirit. Kakoli Ghosh, Sonia's mother, frankly tells that she was victimized, tortured, and sent away to her parent's house. Her husband and his side of the family did not accept both of them once they were made aware of the latter's condition. Immensely supported by her siblings, this woman, a mere housewife, raised the bar from ordinary to extraordinary by showcasing that defeat was a word that simply did not exist in her dictionary.

Sonia quickly realised that to become better she had no option but to set herself on the tramlines laid out for her - the tests, the treatment, the consequences of the medicine, missing the joys of childhood and the very surprising emptiness that followed. Perhaps, as a result of these feelings, two years before she set herself a challenge of her own choice.

Sonia, herself, exudes an aura of amiability and takes her ailment in her stride. An aspiring IPS officer, her favourite subject is English and she surrounds herself with numerous activities like singing and dancing. Adept in various dance styles, she has performed in Tarakeshwar, Shibpur and various other places as part of a dance troupe. She is surrounded by incredibly supportive friends and teachers at Menoka Sundari Girls High School, who aid her in all possible ways. She never lets thalassemia bog her down or serve as an excuse. Her dauntless effort, unflinching in the face of troubles, and lionhearted spirit in her mind make her to be achiever.

Her mother acknowledges the partnership of IABCD in nurturing the dreams in Sonia's life. Since February of 2006 till date Sonia has undergone 276 transfusions at IABCD. She is also of the children at the centre, supported through the **Chief Minister's Relief Fund, Government of West Bengal**.

Just like her experience of thalassemia - living on a razor's blade, a feeling of achieving in something that was far removed from anything she might have chosen to do. But most of all, both challenges left her feeling fully aware of how great it feels to be alive.





Support Required: Blood Cancer Life Services

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	1	10,80,000
COMPUTER WITH PRINTER	3	2,40,000
MOBILE MEDICAL VAN	1	12,50,000
BLOOD DONOR COUCH	1	1,75,000
TUBE SEALER	1	2,00,000
PORTABLE TUBE SEALER	4	7,20,000
BLOOD WEIGHING SCALE	1	60,000
AIR CONDITIONERS	10	3,50,000
REFRIGERATED CENTRIFUGE	1	35,00,000
MULTI PIPETTE	4	1,60,000
PHOTOCOPIER	1	2,00,000
LAMINAR AIRFLOW	1	3,00,000
MICROSCOPE	1	50,000
DEEP FREEZER (-800C)	1	11,00,000
DEEP FREEZER (-400C)	1	9,00,000
PATIENT BED	7	3,50,000
STERILE CONNECTING DEVICE	1	8,50,000
BLOOD COMPONENT EXTRACTOR	1	22,40,000
HAEMATOLOGY CELL COUNTER	1	8,75,000
TOTAL		1,42,60,000



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

Particulars	Service Type	Rupees
Patient care- Medical Services	Blood Transfusion Services for one year (12 times)	30,600/-
Blood Transfusion	Cost of one unit blood transfusion	2550/-
Iron chelation therapy	Cost of therapy per patient	5000/-
PreventionHIV/ AIDS	Screening 100 Nos @Rs180/-	18,000/-
Hepatitis B Prevention	Screening 100 Nos @ Rs100/-	10,000/-
Hepatitis C Control	Screening 100 Nos @ Rs130/-	13,000/-
Voluntary Blood Donation	Motivation & collection 50 donors	12,500/-
Education- Transfusion Medicine	Fellowship per participant for six months	3,00,000/-
Oncology Social work	Fellowship per participant for six months	1,80,000/-
Summer training- Research fellowship	Fellowship per participant for three months	90,000/-



Acknowledgements...

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

- Ashwini Kumar Bajaj
Asian Hotels(East) Limited
- Bhaskar Ghoshe
Blue Star Foundation
- Cauvery Electricals
- Chief Minister's General Relief Fund
Govt. of West Bengal
- Damodar Valley Corporation
- Fena Foundation
- G K Khemka Memorial Clinic
- Governor's Fund,
Government of West Bengal
- J K Nimbera Foundation
- LIC Housing Finance Ltd
- M.N.Dastur & Company(P) Ltd.
- Morarji Bhojwani Ch. Trust
- Plasti Pigment Pvt Limited
- Ramanand Charity Trust
- Sardar Chetan Singh Charitable Trust,
- S.B. Prabhakar, Ludhiana
- S.Harbhan Kaur
SBI Life Insurance Co. Ltd
- Sitaram Jindal Foundation
- Sri Sri Thakur Sitaramdas
Onkardas Seva Pratisthan
- Sukriti Trust
- Sunflower Charitable Trust
- Tamilnad Mercantile Bank Ltd
- Thanku Bhojwani Charitable Trust
- Thanwala Consultancy Services

- 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...

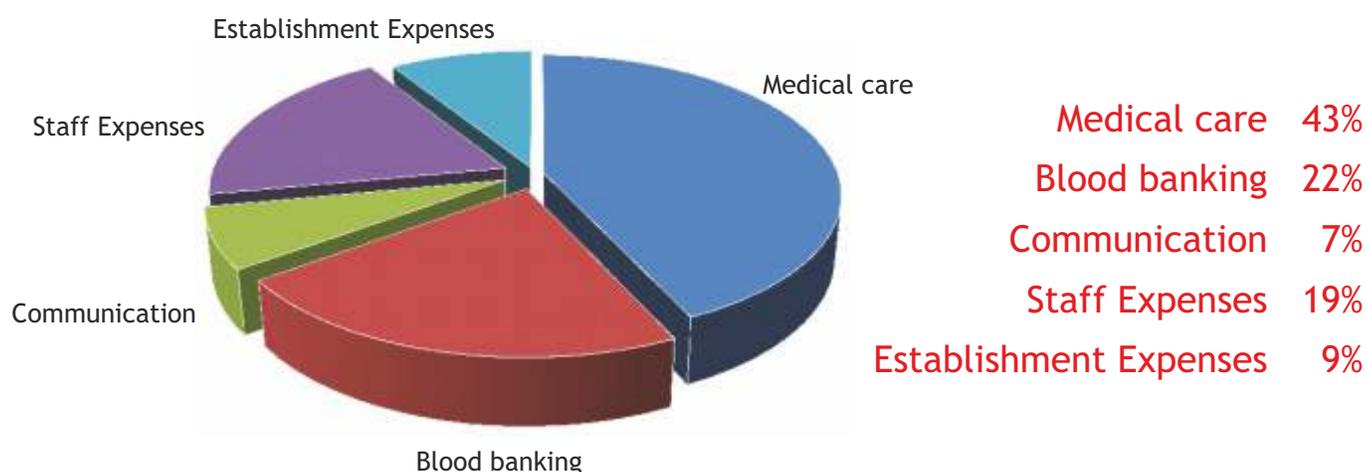
- 1989-1990- Registration of the Association under West Bengal Societies Registration Act and Income Tax Act 1961. Introduction of ambulance service, Promotion of voluntary blood donation, Sponsorship programme for treatment of patients
- 1990-1991- Continuation of ambulance service, blood donation, 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



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.

Financial Statement 2017-2018



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 conduct, anti-corruption clauses in our procurement, and implementing all corporate social responsibility funded activity.

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

Banker: Bank of Baroda, Beliaghata Branch, Kolkata,

State Bank of India, Phoolbagan Branch, Kolkata,

State Bank of India, Salt Lake Sector-III Branch, Kolkata



Board of Directors:

Dr. Manju Datta Chaudhuri, Medical Advisor-Haematologist, Kolkata
Sri Amalendu Pal, Social Work, Member & Honorary President, Kolkata
Sri Alope S. Gupta, Economist, Member & Honorary Secretary, 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 Madhab Banerjee, Honorary Member, Kolkata
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. Sourav Ghosh, Member (Invitee), Medical Director, Kolkata

THE TEAM:

Dr. Sourav Ghosh- Medical Director
Bijoy Mondal
Sugato Ghosh
Mrs. Mitali Samanta
Rituparna Banerjee
Krishna Prasad Sahoo
Raghunath Yadav

Dr. (Mrs.) Reshmi Kundu
Pankaj Roy
Mrs. Putul Nag
Monali Ghosh
Mousami Mate
Pitambar Khamaru
Bhola Jha.

Dr. Kakali Bhowmik
Prabhas Roy
Kapil Kanta Das
Abhijit Halder
Kalyan Das
Alope Dhara

Volunteer : Mouli Pal- (Honorary Project Development Associate)

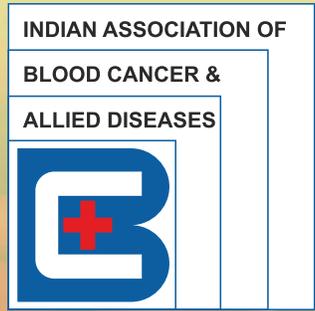


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