



**Government of West Bengal**  
**Directorate of Health Services (HCP under NHM)**  
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Memo no: HFW-27025/41/2024-NCD SEC-Dept. of H&FW *thal/868*

Date: 23/09/24

TO  
The MSVP  
Medical College & Hospital..... (All)  
West Bengal.  
&  
The Chief Medical Officer of Health  
District/Health District..... (All)  
West Bengal.

Sub: Standard operating Procedure (SOP) for detection of Thalassemia carriers.

I am hereby sharing approved Standard operating Procedure (SOP) for detection of Thalassemia carriers.

Enclosed: SOP for Detection of Thalassemia Carriers.

*Am 23/9/24*  
w Director of Medical Education  
Government of West Bengal

*Am 23/09/24*  
Director of Health Services  
Government of West Bengal

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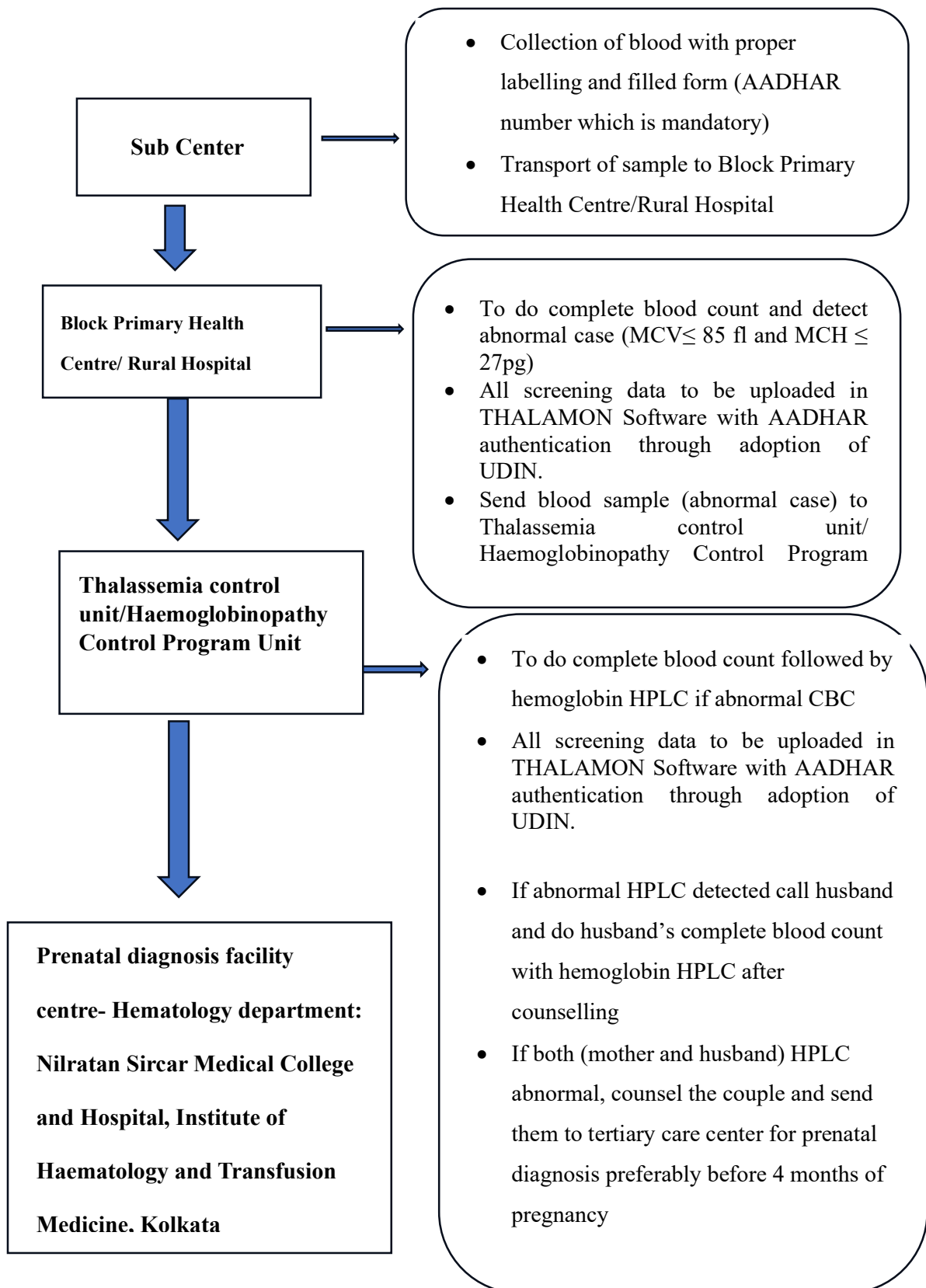
1. MD NHM, Dept. of H & FW, Swasthya Bhawan.
2. AMD NHM, Dept. of H & FW, Swasthya Bhawan.
3. Director of Public Health, Dept. of H & FW, Swasthya Bhawan.
4. Dy DHS(NCD-I), Dept. of H & FW, Swasthya Bhawan.
5. ADHS(NCD-I), Dept. of H & FW, Swasthya Bhawan.
6. Sr. PA to Principal Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal.
7. Dy. CMOH-III, \_\_\_\_\_ (All).
8. Dy. CMOH-IV, \_\_\_\_\_ (All).
9. BMOH, \_\_\_\_\_ (ALL).
10. TCU, \_\_\_\_\_ (All).
11. Office Copy.

*Am 23/9/24*  
w Director of Medical Education  
Government of West Bengal

*Am 23/09/24*  
Director of Health Services  
Government of West Bengal

***Standard operating  
procedures for  
detection of  
Thalassemia carriers***

## WORKFLOW



## 1. Sub Center

Blood to be transported to nearest Block Primary Health Centre or Rural Hospital in same day (in Vaccine Carrier) or next day (store the sample in refrigerator at 2–8-degreeCelsius, if not transported in same day)

1. **Collection of samples** (pregnant women first trimester/ early second trimester/adolescent girl) after verbal consent
2. 2.5ml blood in EDTA vial to be collected
3. **Materials required for collection**
  - Disposable syringe (5ml)
  - EDTA vial
  - Alcohol swab/ Cotton+ spirit
  - Tourniquet
4. **Procedure for collection**
  - Draw 2.5ml blood in EDTA vial
  - Mix properly by six to eight times inversion and eversion of tube
  - Keep in vaccine carrier
5. **Form fills up (Refer to page 4)**

## 2. Block Primary Health Centre/ Rural Hospital (BPHC/RH)

1. Receive sample and store the sample in refrigerator at 2–8-degreeCelsius
2. Do complete blood count (CBC) in automated cell counter (Same day or next day).
3. All screening data to be uploaded in THALAMON Software with AADHAR authentication through adoption of UDIN.
4. Identify abnormal CBC by following criteria
  - $MCV \leq 85$  fland
  - $MCH \leq 27$  pg



If abnormal CBC, then EDTA blood sample to be transported to nearest Thalassemia control unit/ Haemoglobinopathy Control Program Unit in same day (in Vaccine Carrier) or next day (store the sample in refrigerator at 2–8-degree Celsius, if not transported in same day)



**3. Thalassemia control unit/  
Haemoglobinopathy  
Control Program Unit  
(TCU/HCP)**



- 1. Receive sample** and store the sample in refrigerator at 2–8-degree Celsius
- 2. Do complete blood count (CBC) followed by Hemoglobin HPLC if abnormal CBC Result** (Same day or next day)
3. All screening data to be uploaded in THALAMON Software with AADHAR authentication through adoption of UDIN.
- 4. If abnormal haemoglobinopathy detected**
  - TCU/HCP counsellor will call respective mother and ask to send husband for CBC and HPLC testing in TCU/HCP Unit
  - In case of adolescent, TCU/HCP counsellor will call the legal guardian for counseling and delivery of report
- 5. If abnormal haemoglobinopathy detected in both samples**
  - Call mother and husband for counselling in TCU/HCP Unit for Prenatal Diagnosis.



If abnormal haemoglobinopathy detected in mother and husband HPLC samples CBC, then within 14-16 weeks (4 months) send them to Prenatal diagnosis facility centre- Hematology department: Nil Ratan Sircar Medical College and Hospital, Institute of Haematology



**4. Prenatal diagnosis facility centre-  
Hematology department: Nil Ratan  
Sircar Medical College and  
Hospital, Institute of Haematology  
and Transfusion Medicine, Kolkata**

<b>FORM</b>		
Sub Center name-		
Name of in charge of subcenter		
Mobile number-		
Serial number-	Date of collection-	
Name mother/Girl-	Age-	
Mobile number-	AADHAR Number-	
Name of husband/legal guardian-	Age-	
Mobile number-		
Address– Village-,      Post office-,      Police station,		
Pin code-		
Nearest PHC name-		
Nearest BPHC/RH name)-		
Sample to be sent to-		