

**Thalassemia & Sickle Cell Society of Vadodara**  
under the auspices of  
**Indian Red Cross Society, Vadodara District Branch**

**Thalassemia Screening Camp**

Organizing Body: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: (O) \_\_\_\_\_ (M) \_\_\_\_\_ E-mail Id: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Expected Students to be screened: \_\_\_\_\_

Camp Date: \_\_\_\_\_ Camp Timing: \_\_\_\_\_

Any other Comments: \_\_\_\_\_

No of Technician Required: \_\_\_\_\_

- |          |          |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

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