HAEMATOLOGY UPDATES

Vol. 11, No. 3, July-September 2017

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President's Column

Our Dear Colleagues
Assalam-o-Alaikum,

A bundle of thanks to all of you for your very welcome response and confidence to Pakistan Society of Haematology. I request you all to pray the Almighty Allah to give Health, Courage and Strength to fulfill this obligation.

Alhamdolillah we have finalized the Working Groups of PSH for different aspects of Haematology, BMT and Haemostasis and Transfusion Medicine to formulate guidelines, in local prospective for better diagnosis and management. We have signed memorandum of understandings and collaboration with International Society of Laboratory Haematology (ISLH) and International Society of Haematology (ISH).

We all know this is the era of multidisciplinary team management and evidence based medicine. We need a very close coordination and support of different disciplines for better patient care. We should strat our preparations for upcoming mega event of 20th PSH meeting Haemcon 2018, to be held on March 01-04, 2018 at Pearl continental Hotel Rawalpindi.

Last but not the least, my dear friends the strength of our organization lies in unity. Let us remain united in achieving our goals. Also increase the new memberships of budding haematologists to increase the family of PSH. I think I should stop here and Insha-Allah rest will be discussed in next updates.

With Thanks

Prof. Dr. Nisar Ahmed,
President,
Pakistan Society of Haematology

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About PSH

Pakistan Society of Haematology was formed in 1996 with the aim of promoting advancement of haematology, BMT and transfusion medicine in the country. Presently it has more than 350 members and we all should make efforts to enroll every haematologist in the country. We request all our members to take special interest in extending the membership to all those haematologists around you who have not yet registered with PSH. Website was launched and has been very active in recent past. We are trying to rejuvenate the website "http://www.psh.org.pk. The website would be interactive and provide on line forum for sharing views with other haematologists, and case discussion with the experts. Other features will be facility to download online membership form, newsletter, list and addresses of the members. Hopefully the website will be more operational within this month InshaAllah.

SCHEDULE OF PSH MONTHLY MEETING

City	Coordinator Name	Date	Time
Lahore	Dr. Muneeza Junaid	2nd Tuesday of the Month	09:00am to 10:00am
Karachi	Dr. Bushra Moiz	Last Friday of the Month	08:00am to 09:00am
Quetta	Prof. Nadeem Samad Shaikh	Last Friday of the Month	09:00am to 10:00am
Rawalpindi/ Islamabad	Brig. Ch. Altaf Hussain	Last Thursday of the month	03:00pm to 05:00pm
Peshawar	Dr. Shah Taj Khan	3rd Thursday of the month	1200pm to 01:00pm

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EXECUTIVE COMMITTEE

New Executive committee was elected during 19th Annual Conference of Pakistan Society of Haematology held at Lahore from 16th-18th February 2017.Following are the office bearers of executive committee.

PRESIDENT	PRESIDENT ELECT	SECRETARY/TREASURER
Prof. Dr. Nisar Ahmed 0300-4330196 dr_nisarahmed@hotmail.com	Maj. Gen. Pervez Ahmed 0300-8561288 parvez101@yahoo.com	Dr. Saima Farhan 0300-2408440 dr_saima99@yahoo.com

MEMBERS

ARMED FORCES	ISLAMABAD	PUNJAB
Brig. Ch. Altaf Hussain **Brig. Maqbool Alam** **Brig. Saqib Qayyum**	**Prof. Dr. Ayesha Junaid**	**Dr. Muneeza Junaid** **Dr. Manzoor Hussain** **Prof. Dr. Arif Hussain**
SINDH	**BALUCHISTAN**	**KPK**
Prof. Dr. Muhammad Irfan **Prof. Dr. Salman Naseem Adil** **Dr. Muhammad Nadeem**	**Prof. Dr. Chandi Kapoor**	**Dr. Shah Taj Khan**
AZAD KASHMIR	**OFFICE ASSISTANT**	**OFFICE ASSISTANT**
Dr. Zahida Qasim (Mirpur)	**Mr. Imran Waheed** 0322-5181302 itsme.immy@gmail.com	**Mr. Abdul Aleem** 0333-4391558 aleemtospeak@gmail.com

NATIONAL PSH COORDINATORS

RAWALPINDI/ISLAMABAD	KARACHI	QUETTA
Brig. CH. Altaf Hussain 0300-5464272 altaf444@gmail.comm	**Dr. Bushra Moiz** 0300-2160765 bushra.moiz@aku.edu	**Prof. Dr. Nadeem Samad** 0300-8380847 drnadeemsheikh@hotmail.com

PESHAWAR	LAHORE
Dr. Shah Taj Masood 0300-9249027 shahtajmasood@yahoo.com	**Dr. Muneeza Junaid** 0333-8029026 dr.mjunaid@gmail.com

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PSH HISTORY

Gen Masood Anwar

1. PSH was raised as "Pakistan Society of Haematology/Transfusion Medicine (PASHT)" in 1991. A meeting was held at 5 pm on Friday Nov 22, 1991. Professor Dr Mohammad Khurshid, Brig(later Lt Gen) Muhammad Saleem, Dr Khalid Zafar Hashmi, Dr Nasim Siddiqui, and Dr Abdul Hayee attended the meeting as members in presence of Prof A. V Hoffbrand. In this meeting Dr Khurshid presented a brief outlay of the necessity to create such a society. He also pointed out that Dr. Abdul Hayee, Dr. Khurshid, Dr KZ Hashmi and Brig Saleem had met at Bahalpur and agreed on the general principles that the first meeting would be held along with the International conference of Pathology.

2. Though initial work was comprehensive, governing body and meetings of PASHT were not held regularly. In Sept 1994 it was proposed by Gen Muhammad Saleem to meet all PASHT members during Pakistan Association of Pathology (PAP) conference at Quetta. Dr Muhammad Khurshid in consultation with Gen Saleem, Prof Abdul Hayee, Dr Khalid Zafar Hashmi proposed a provisional constitution of PASHT for the discussion in meeting
3. Haematologists from all over the country met on Saturday 9th March 1996 at Hotel Pearl Continental Rawalpindi in order to form a society. It was unanimously agreed that official name of society will be "Pakistan Society of Haematology" with official abbreviation of "PSH". It was also decided that until elections for office bearers the society matters will be looked after by a committee as under
    a. Dr. Muhammad Khurshid
    b. Dr. Ehsan-ul-Allah
    c. Dr. Abdul Hayee
    d. Dr. Khalid Zafar Hashmi
    e. Dr. Khalid Hassan
    f. Dr. Masood Anwar will act as Co-ordinator
4. A general body meeting of PSH was held at Peshawar on 2nd and 3rd Nov 1996. Election for office bearers were carried out as follow
    a. Lt. Gen. Muhammad Saleem President
    b. Prof. Muhammad Khurshid as Vice President
    c. Dr. Khalid Hassan as Secretary/treasurer

    Later in Oct 1997 appointment of vice president was renamed as president elect.

List of past presidents includes

1. Prof. Dr. Abdul Hayee
2. Prof. Dr. Abdul Khaliq
3. Prof. Dr. Muhammad Khurshid
4. Prof. Dr. Khalid Zafar Hashmi
5. Maj. Gen. Masood Anwer
6. Prof. Dr. Khalid Hassan
7. Maj. Gen. Suhaib Ahmed
8. Prof. Dr. Samina Naeem
9. Gen. Muhammad Ayyub

List of past secretaries includes

1. Dr. Khalid Hassan
2. Maj. Gen. Massod Anwar
3. Prof. Fazle-e-Raziq
4. Dr. Salman Naseem Adil
5. Dr. Shaheena Kauser
6. Brig. Nadir Ali
7. Maj. Gen. Pervez Ahmed
8. Dr. Nadeem Ikram
9. Dr. Humera Rafiq
10. Brig. Tariq Mehmood Satti

5. PSH was registered with Govt of Pakistan on 8th August 1998(RS/ICT/298 dated 8 Aug 1998 as non political and non sectarian body to promote advancement of haematology including transfusion medicine through encouragement of research, teaching and technical methods. The body will also organize scientific meetings, publication of scientific material, and affiliation with other National and international organizations. Members of Governing body included

a. Lt. Gen. Muhammad Saleem as President
b. Dr. Khalid Hassan as General secretary
c. Dr. Birgees Mazhar Qazi as member
d. Dr. Waseem Iqbal as member
e. Dr. Hassan Abbas Zaheer as member
f. Dr. Mobina Ahsan Dhodhy as member
g. Dr. Farah Yasin as member
h. Col. Masood Anwar as member

It was also decided that First National conference will be held on 4th Oct 1998. Since then Annual conference is held regularly in all capital cities of Pakistan. The society is publishing a quarterly newsletter and providing a forum to the haematologists all over the country contributing as advisors in haematology, consultants, researchers and mentorship. Currently the Governing body includes

- Prof. Dr. Nisar Ahmed as president
- Gen. Parvez Ahmed as President elect
- Dr. Saima Farhan as Secretary

PSH National Advisory and Steering Committee

- Gen. Muhammad Saleem
- Prof. Abdul Hayee
- Prof. Muhammad Khurshid
- Prof. Abdul Khaliq
- Prof. Khalid Zafar Hashmi
- Gen. Masood Anwar
- Prof. Khalid Hassan
- Prof. Yasmin Lodhi
- Prof. Tahir Jameel Ghazi
- Maj. Qaiser Husnain
- Col. Ghulam Rasool
- Prof. Tahira Tasneem
- Prof. Farzana Amjad
- Prof. Nouman Malik
- Prof. Fozia Butt
- Gen. Suhaib Ahmad
- Prof. Samina Naeem
- Gen. Muhammad Ayub
- Prof. Fazle Raziq
- Prof. Javed Asif
- Brig. Muhammad Amin
- Col. Farooq Khatak
- Dr. Barjees Mazhar Qazi
- Prof. Saeed Ahmed Malik
- Prof. Nighat Yasmin Ashraf
- Brig. Jalil Anwar
- Prof. Waseem Iqbal
- Dr. Syed Iftikhar Abdi
- Brig. Ehsan Alvi
- Brig. Zahoor ur Rehman
- Prof. Luqman Butt
- Brig. Farhat Abbas Bhatti
- Brig. Nadir Ali
- Brig. Muhammad Ashraf
- Prof. Tahira Zafar
- Prof. Zeba Aziz
- Dr. Madoodul Manan
- Prof. Muhammad Hirani
- Prof. Zahoorul Latif
- Dr. Mian Muhammad Sharif
- Prof. Mussarat Niazi
- Prof. Muhammad Saeed Talpur

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11th Heamatology Incentive Course at AFIP

The 11th Heamatology Intensive course was held at Armed Forces Institute of Pathology, Rawalpindi from 28th-30th July,2017. The event held under auspice of Pakistan Society of Haematology was attended by a large number of FCPS trainees. It was a unique experience for the young haematologists where they were exposed from rich morphology to interesting coagulation, hemoglobin disorders as well as complicated transfusion.

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Day 1 comprised of introductory lectures on Morphological approaches by Maj Gen (Retd) Parvez Ahmed HI (M), Molecular Techniques by Dr Muhammad Nadeem and Immunophenotyping in haematological malignancies by Maj Hamid Tipu. It was followed by hands on workshop on morphology.In the evening the discussion on the cases and interactive session with the residents were done by Maj Gen (Retd) Parvez Ahmed, Prof Nisar Ahmed, Maj Gen Tariq Satti, Brig Ch Altaf and Brig Qamar Un Nisa.

On Day 2, the residents were appraised on different aspects of transfusion like Donor deferral, Antibody identification and ABO discrepancies. The residents were given the opportunity to practice their transfusion skills and later the queries of residents were elaborately answered by the transfusion experts Maj Gen Saleem Ahmed, Dr Saba Jamal, Brig Maqbool Alam, Brig Nuzhat Mushahid and Lt col Sajid Yazdani.

Day 3 comprised of luminating talks by Maj Gen (Retd) Sohaib Ahmed, Maj Gen (Retd) Muhammad Ayub, Brig Ch Altaf and Dr Ayesha Junaid. Residents practiced their practical as well as dry challenge related to coagulation and hemoglobin disorders.

It was a great platform for the young budding haematologists to learn from their respected and renowned seniors and to benefit from their rich professional experiences.

The intensive workshop was a well planned and organized effort by AFIP team Maj Gen Parvez Ahmed, Brig Ch Altaf, Col Hamid Saeed Malik, Maj Ayesha Khurshid, Maj Nabeela khan, Maj Zunera Sajjad, Maj Saqib and Maj Ali.







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1st PSH National Haematology Symposium

1st PSH National Haematology Symposium was held in Quetta on 12th August, 2017 in Serena Hotel. This was the first event hosted by beautiful city of Quetta in beautiful weather and totally patronized by renowned haematologist from all over Pakistan.

This event was preceded by Pre-Symposium Workshop on Transfusion Medicine amicably convinced by Brig. Nuzhat Mushahid at Regional Blood Center Quetta which was attended by about 30-Participants including doctors and technologists.

The main event of Symposium was held in Serena Hotel, Quetta. Ceremony started with the name of Allah, National Anthem and welcome address by Prof. Dr. Nadeem Samad. Prof. Dr. Nisar Ahmed, President PSH highlighted the present and future activities of PSH. An overview of Haematology Past, Present and Future by Professor Emiratus (Ex-Dean) Prof. Dr. Muhammad Khurshid was given followed by address by Honorable Chief Guest Prof. Dr. Sikander Riaz, Director Institute of Public Health Quetta in which he highlighted the role of local government for establishing haematology at Baluchistan.

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After short break for tea the session resumed with talk on Red Cell Indices by Prof. Dr. Nadeem Samad. Dr. Muhammad Hanif (What's New in Myelofibrosis), Maj. Gen. Parvez Ahmed (Myeloma Today), Dr. Hayatullah (How to approach Thrombocytopenia in Pregnancy), Maj. Gen. Tariq Mehmood Satti (Management of Thalassemia), Brig. Altaf Chaudhry (Diagnostic Approach to Bleeding Disorder), Brig. Nuzhat Mushahid (ABC of Transfusion Medicine) Dr. Muneeza Junaid (How to Investigate Hemolytic Anemia) and Dr. Saima Farhan (Management Hemophilia A and vWD).

Over all the session was very interactive. All the speakers kept the audience and immediate answer by the speakers kept the session alive. The day ended with vote of thanks by Dr. Chandi Kapoor. We hope that symposiums like these will be held all over Pakistan for uplifting of haematology.

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PSH ACTIVITIES

PSH Monthly Meeting, AIMC-Lahore Chapter

PSH Monthly Meeting, CMH-Lahore Chapter

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PSH Monthly Meeting, Peshawar Chapter



The Monthly Pakistan Society of Haematology meeting was held at Combined Military Hospital and Medical College Lahore on 19-09-2017. Two cases were discussed, Acute Myeloid Leukemia with Minimal Differentiation and Bone Marrow Oxalosis secondary to Primary Hyperoxaluria.

AN INSIGHT INTO THE SYMPTOMATOLOGY OF B-THALASSAEMIA MAJOR

NIBD & BMT, Karachi.

β-thalassaemia major is an important autosomal recessive disorder in many ethnic groups across the world and especially in Pakistan. Blood transfusion and iron chelation is the mainstay of treatment in a vast majority of patients (1). Most of the symptomatology of β- thalassaemia major is considered to be due to low haemoglobin level and effects of massive deposition of iron in the body. Iron chelation is the standard of care and recommended as soon as 10-20 blood transfusions have been given to the patient (1). Recently, haemoglobin-F augmentation using Hydroxyurea (HU) is explored as a potential treatment option in transfusion dependent and non-transfusion dependent β- thalassaemia patients to ameliorate the need of blood transfusion (2). Many groups from France, Iran, India and Pakistan have reported encouraging results in a subgroup of study patients (3-6). Other groups reported additional benefit of iron chelation, along with HbF. induction; when used in combination with other chelators, showed the maximum chelation effect (7,8). Mechanism of many of the clinical benefits of HU reported in β-thalassaemia is poorly understood. Despite of maintaining a haemoglobin level between 6-7 g/dl, they have a significantly improved quality of life and marked improvement in physical activity. Effects of HU at sub-cellular level i.e. on intracellular anti-oxidant levels, handling of trace elements required for enzymes in different metabolic pathways, oxygen binding and dissociation from haemoglobin-F are not known. Our group started to explore proteomics, metabolomics, genomics and metallomics in β- thalassemia patients with and without the use of HU to understand the disease biology better (9, 11-13).

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Recently, metallomic profile of β-thalassaemia patients before and after treatment with HU was reported. Of 19 elements analysed in serum of these patients, 8 showed correction of impaired levels to the same levels as found in healthy control subjects. Exposure to HU not only improves Hb levels in β-thalassemia patients but also reduces biometaldys regulations and normalization of many metabolic pathways (9). This possibly translates into improved quality of life and exercise tolerance. These eight elements include Vanadium (V), chromium (Cr), iron (Fe), cobalt (Co), Ni, copper (Cu), rubidium (Rb), and lead (Pb) have differential distribution when compared with HU untreated samples. There have been contradictory reports about copper in β-thalassemia patients; some studies claimed that thalassemia patients had elevated levels of serum copper, whereas others reported copper deficiency in some of the patients.

A significantly higher copper level was also reported in transfusion dependent thalassemia patients (before the start of HU in them) as compared to healthy controls. After starting HU, these patients showed a significant reduction in serum copper level similar to those found in normal healthy individuals. These results indirectly support the lower oxidative stress in HU-treated patients as the copper levels return to normal. Elements such as vanadium, chromium, cobalt, lead, nickel and rubidium are found in ultra-trace levels in the human body. Except Rb, they all are toxic. The concentrations of V, Cr, Co, and Pb were found to be significantly elevated in thalassemia patients before HU treatment as compared to those of healthy controls (10). However, their Levels decreased after HU treatment. Excess vanadium has been reported to cause biochemical imbalances in the body, resulting in body aches, arthritis, a weakened immune system, gastrointestinal disorders and various symptoms. High Lead level causes anaemia, brain damage, kidney disease, impaired growth, impaired reproductive function, and impaired mental functions in children. Our group found lower serum concentration of Ni, and Rb in untreated β-thalassemia patients as compared to healthy controls (10). Treatment with HU normalized these levels to those of healthy and untreated subjects. Zinc is an essential trace element. Its deficiency results in growth retardation, hypogonadism in males, skin changes, and delayed wound healing. These clinical signs are seen in severe thalassemia.

Zinc deficiency was consistently found in HU treated and untreated β-thalassemia patients; lower in those of HU-treated patients as compared to healthy controls. Selenium is a component of glutathione peroxidase (Gpx)and thioredoxinereductase (TrxR). Our group reported significantly higher selenium levels in b-thalassemia patients, and even higher in those of HU-treated patients as compared to healthy controls (10). Scientific literature shows contradictory reports about selenium in thalassemia patients.

This metallomic data in β-thalassaemia indicates that beta globin gene mutations may have some indirect functions in controlling metallomic pathways at cellular level. Many clinical manifestations in this disease may not be attributed to a low haemoglobin level. This data shows some evidence that part of the symptomatology may be attributed due to dysregulation of these trace elements in the body. HU to some extent reverses this dysregulation and directly or indirectly reduces oxidative stress at cellular level thereby improving the bodily functions in β-thalassaemia patients.

More studies are needed on metallomic regulation in this group of patient. Correction of deficiencies of some of these trace metals by supplementation along with HU treatment to reduce those trace elements which are present in higher concentration will bring them in equilibrium. This may add a new dimension in improving the treatment modalities of this disease, improving quality of life and exercise tolerance.

Studying metabolome of β-thalassemia patients for disease prognosis and to understand unclear pathophysiological mechanisms of thalassemia started to unveil many interesting and important differences in serum metabolites of β-thalassemia patients and normal subjects. What these differences are doing in disease pathophysiology will be discussed in subsequent issues of NJHS.

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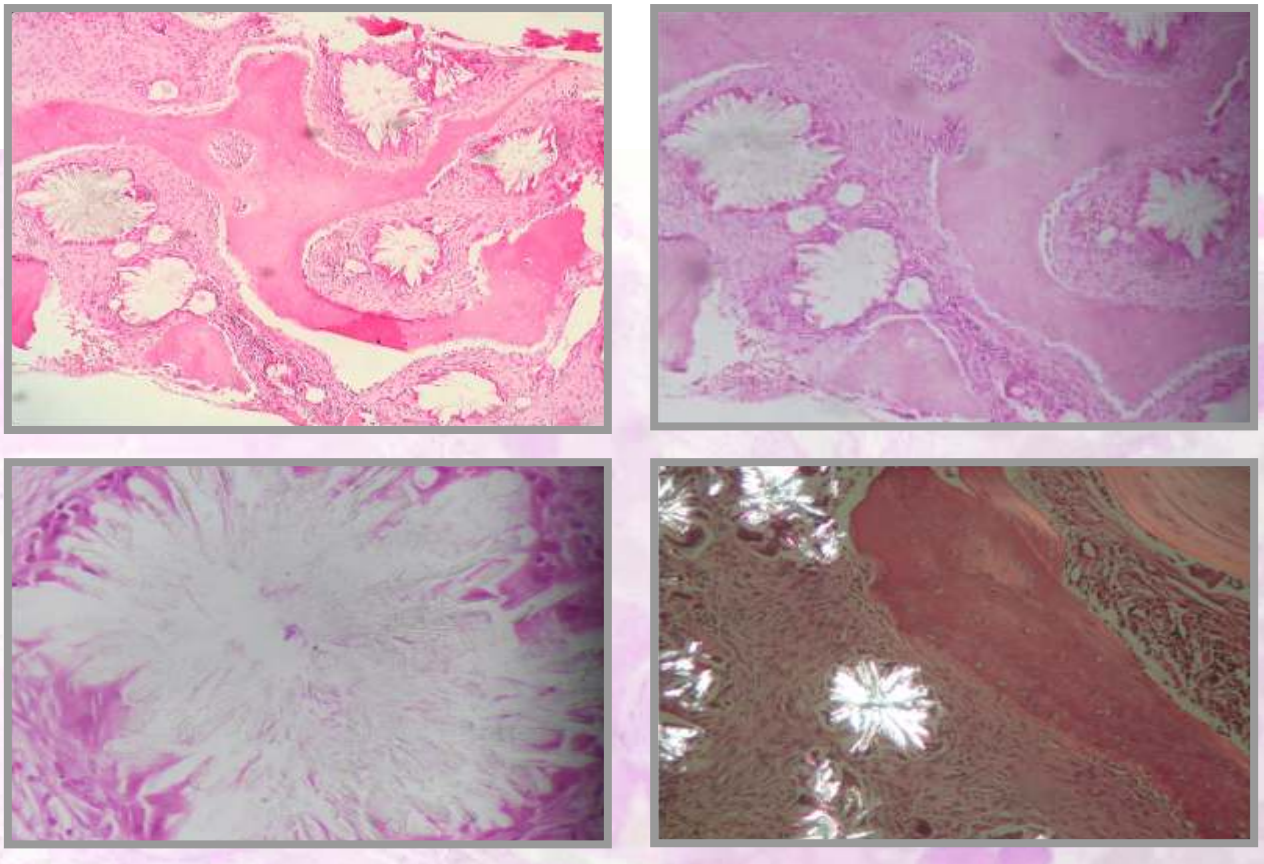
CASE REPORT

BONE MARROW OXALOSIS SECONDARY TO PRIMARY HYPEROXALURIA

CMH LAHORE

A 15 year old girl referred to Haematology department for bone marrow examination. Patient was a known case of End Stage Renal Disease secondary to obstructive uropathy. She was diagnosed with renal calculi two years back for which she underwent right ureteroscopic lithotripsy and left percutaneous nephrolithotomy. She was on haemodialysis twice a week and Inj Epokine 10,000 U S/C was being given thrice a week. Despite the maximum erythropoietin dose and transfusion support the patient's haemoglobin was persistently low. Her complete blood count showed low haemoglobin and platelet count, peripheral smear showed dimorphic picture with normal reticulocyte count. Renal function tests were markedly deranged, in Liver function test Alkaline Phosphatase was raised at 1809 U/L, rest was normal. Serum Ferritin was raised at 963 ng/ml and Parathyroid hormone level was raised as well. Serum Vitamin B12 and folate levels were within normal range. Bone marrow examination revealed a diluted tap, trephine biopsy was hypocellular and all cell lineages were depressed.

Crystalline deposition was seen surrounded by diffuse dense fibrosis. These crystals were needle shaped, colorless and arranged in needle shaped arrays. They had a characteristic birefringent property under polarized light. On basis on morphology and birefringence under polarized light they were labelled as calcium oxalate crystals. Further investigations revealed 24 hour urinary oxalate levels to be in the upper normal limit. Crystalline deposits were seen on the retina on Fundoscopy. Stones yielded 90 % calcium oxalate . On basis of these findings a diagnosis of Bone Marrow Oxalosis secondary to Primary Hyperoxaluria was made.



Bone Marrow Oxalosis (Trephine Biopsy Pictures)

ACUTE MYELOID LEUKEMIA WITH MINIMAL DIFFERENTIATION
CMH LAHORE

A one year old girl presented to the Pediatric OPD with fever for the past 15 days. There were no associated systemic symptoms. On full blood count with peripheral smear there was leukocytosis TLC 25.0 x 10?/l , platelet count was 40 x 10?/l and haemoglobin was 10.1 g/dl. Bone marrow was markedly hypercellular with 85 % of the population comprising of large to medium sized blasts. On cytochemistry the blasts were Sudan Black negative. Based on these investigations Flow cytometry was done which showed these blast cells to be positive for HLA-DR

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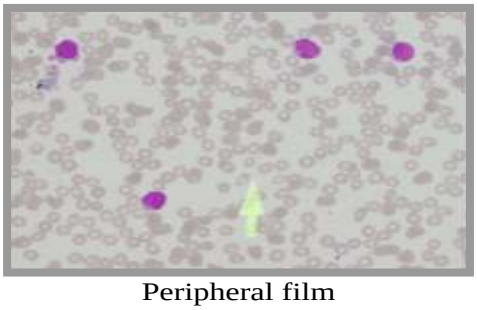
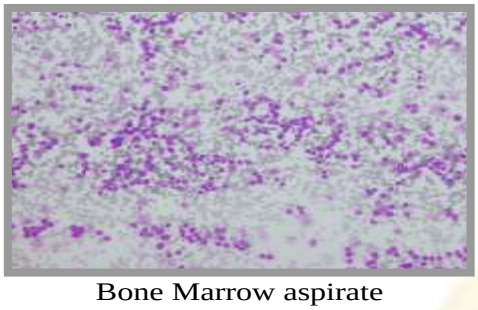
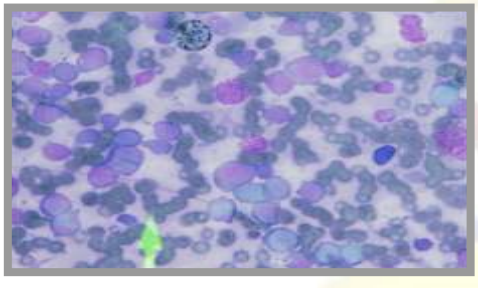
(26%) , CD 45 (76%) , CD 34 (72%), CD 13 (45%) , CD 117 (75%) , CD 33 (74%) and MPO (0 %). It was negative for B and T lymphoid markers. The diagnosis of Acute Myeloid leukemia with Minimal Differentiation was made on basis of Flow cytometry.


Peripheral film


Bone Marrow aspirate


Bone Marrow Aspirate


Sudan black stain on Bone Marrow Aspirate

PRESIDENT ACTIVITIES

Armed Forces Institute of Transfusion (AFIT) Rawalpindi
A Centre of Excellence

I recently visited the Armed Forces Institute of Transfusion (AFIT) Rawalpindi during the Haematology Intensive Course (28-30 July-2017). The institute has purpose built building for all of the different departments including a donation centre. On average 52000 individuals visit the donation centre of this institute each year for blood donation and in routine Red Cell Concentrates, Fresh Frozen Plasma and Platelets are issued to patients.

In addition special requirements of patients are also catered for by providing them cryoprecipitates, irradiated blood components, leucopoor, washed, phenotyped RCC and apheresis products.

Therapeutic plasma exchange procedure is performed by the well trained staff of this institute. More over platelet cross match facility is also available.

The component manufacturing is by closed system ensuring fully sterilized environment. Blast freezer is also available to ensure high quality Fresh Frozen Plasma preparation.

The immunohaematology department works round the clock to solve the blood group discrepancies, investigate the AIHA cases, red cell antibody identification and red cell phenotyping. The institute is equipped with state of the art equipment to accomplish all of the procedures. The process of blood grouping and cross-matching is being shifted to fully automated system (BIORAD).

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The screening of TTIs is performed by Chemiluminescent Immuno Assay (CMIA by ABBOTT) followed by NAT for HBV, HCV and HIV in all negative cases. The NAT is performed as per international standards on ROCHE system. Recently the GRIFOLS system is also being added to the NAT department.

A purpose built fully equipped blood transport vehicle is available for smooth delivery of blood and components away from the centre particularly in the event of any disaster or calamity.

This institute is ISO certified and registered with ISBT-128 labeling system of the blood and components. The external quality assurance programme is also in place with College of American Pathologists (CAP). All the departments follow the internationally accepted protocols to provide the safe and quality blood components to its patients.

AFIT is also a training institute, providing training to lab technologists and nursing staff from basic to the advanced levels. The haematologists are also being imparted the essential rotational training in transfusion medicine.

This institute is proudly a centre of excellence in the field of Transfusion Medicine, working day and night with ultimate goal to serve the humanity.

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AUDIT REPORT

July 1st-2016 to June 30th-2017

SHEIKH & CHAUDHRI
Chartered Accountants
M. SAEED MALIK (FCA)

166 - B, SIKANDAR ROAD,
UPPER MALL SCHEME,
LAHORE-54000.
Website: www.shchco.com
E-mail: info@shchco.com
Phone : 35751138, 35751172
35751730, 35751128

PAKISTAN SOCIETY OF HEMATOLOGY (PSH) LAHORE
RECEIPTS & PAYMENTS ACCOUNTS
FOR THE YEAR ENDED JUNE 30, 2017

	RUPEES
Opening Balances	
Cash at Bank	103,853
Cash in Hand	-
	103,853
Receipts	
Registration	1,217,479
Donation	14,842,321
	16,059,800
Payments	
Bank Charges	65,821
Conference Management	1,287,000
Travelling	1,416,500
Accomodation	4,871,000
Postage	73,612
Food	3,826,316
Office Expenses	523,422
Other Expenses	1,461,000
Printing	2455881
	15,980,552
Closing Balance	
Cash at Bank	160,864
Cash in Hand	22,237
	183,101

Prof. Dr. Nisar Ahmed
President

Dr. Saima Farhan
General Secretary

Dr. Tariq Ismael
Finance Secretary

Auditors' report:-

We have checked the above receipts and payment statement of the **PAKISTAN SOCIETY OF HEMATOLOGY (PSH) LAHORE,** for the year ended June 30, 2017 and report that the statement above is in agreement with the books of account produced and explanations given to us for the purpose of our verification.

Lahore
September 12, 2017

SHEIKH & CHAUDHRI
Chartered Accountants

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UPCOMING EVENTS

NATIONAL

2nd National Haematology Symposium
Independent Medical University Hospital, Faisalabad
Saturday, 25th November, 2017.
For Contact: Dr. Muhammad Usman
Cell: +92-300-9668121,
Email: pmcian99@hotmail.com,

20th PSH Annual Meeting Haemcon 2018
Pearl Continental Hotel, Rawalpindi
March 1-4, 2018
For Contract: Gen. Tariq MehmoodSatti
Commandant AFBMTC/ NIBMT, Rawalpindi
Cell No: +92-336-4243525
Email: tariqmahmood_satti@yahoo.com

INTERNATIONAL

ICPLAM-2017
20-22 October, 2017 – Durban,
South Africa.

HAA 2017
29 October – 1 November 2017 – Sydney, Australia
www.haa2017.com

Haemophilia Academy
30th October – 3rd November, 2017
Edinburgh, UK
http://haemophiliaacademy.com/index.php

ISTH Workshop on Thrombosis and Hemostasis
4-7 November 2017 – Bangkok, Thailand
https://www.isth.org/page/workshop17

ABHH-2017
9th – 12th November, 2017,
Brazil.
www.abhh.org.br,

ISBT-2017
25th – 28th November, 2017
Guangzhou, China.
http://www.isbtweb.org/guangzhou/

59th American Society of Haematology (ASH) Annual Meeting and Exposition
9-12 December 2017 – Atlanta, USA
www.hematology.org/Annual-Meeting

World Congress of Phlebology
4-8 February 2018 – Melbourne, Australia
www.uip2018.com

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Views & News

The Pakistan Society of Haematology updates is published on a quarterly basis and is a quick guide to all the happenings in the haematology community. To improve the updates, your comments and suggestions are welcome. We further encourage you to send us write ups and photographs of any PSH event in your city/province and they would be featured in our upcoming updates.

For contact, please refer to our corresponding address. We hope to hear from you on regular basis.

mediaplus06@gmail.com 0300-4296110

CORRESPONDENCE

Dr. Saima Farhan, Secretary PSH

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Transfusion Medicine Division, Diagnostic Block,
The Children's Hospital and the Institute of Child Health, Ferozpure Road Lahore.
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Email: psh.org.pk@gmail.com, Web: www.psh.org.pk