DELHI PUBLIC SCHOOL BHARUCH
Circular

DPSB/CIR-NOT/2026-27/040 **Date: 4th August, 2026**

Dear Parent, Greetings!!

As part of a research study conducted by the **Indian Council of Medical Research (ICMR) – National Institute for Vector Control Research (NIVCR), Puducherry**, in collaboration with the **District Health Department, Bharuch**, our school has been selected to participate in an **Epidemiological Assessment of Lymphatic Filariasis**.

The screening will be conducted for selected students aged 9–14 years using a rapid finger-prick blood test (20 µl) to detect the presence of filarial infection. The procedure will be carried out by trained medical professionals using sterile disposable lancets, and the result will be available within approximately 20 minutes.

Participation in this programme is entirely voluntary. Students who test positive will be provided appropriate treatment through the District Health Department at no cost. All information collected will remain strictly confidential.

Parents who are willing to allow their ward to participate are requested to fill in and sign the attached consent form and send it to the class teacher on or before **7thAugust, 2026 (Friday)**.

Your cooperation in this important public health initiative is highly appreciated.

K. Sunilkumar

Principal

PARENT/GUARDIAN CONSENT FORM

Project: Epidemiological Assessment of Lymphatic Filariasis Situation in Areas in Post-MDA Phase and Factors Associated with Risk of Resurgence/Transmission in the Context of Migrants

I have read and understood the information provided regarding the screening programme. I voluntarily give my consent for my child to participate in the screening for lymphatic filariasis conducted by the ICMR-NIVCR team.

I understand that:

- Participation is voluntary.
- A finger-prick blood sample will be collected for testing.
- If my child is found positive, further testing and appropriate treatment will be provided through the District Health Department.
- All information related to my child will be kept confidential.
- I have the right to withdraw my child from the study at any time.

Student's Name: _____

Class & Section: _____ Age: _____

Parent/Guardian Name: _____

Mobile Number: _____

Parent/Guardian Signature with date: _____