This is a pilot plan. In order to make screening IDD better, TSH-test is going to be implemented in Japan, newborns’ blood samples taken in Nepal, through air mail to Japan.

1. Objective
After finding out IDD and risky babies, we should deliver Iodine mineral capsules to babies’ mothers during nursing of half year nearly. We look forwards to relapse IDD in future. Certainly we should appreciate it is so much great to see many babies without IDD even if that’s all.

2. Methodology
   a) Samples of filter papers are sent to Nepal. (cf. other samples here)
   b) In Nepal subject babies must be squeezed a drop/ 0.1cc of blood from cut skin. Please air mail samples of filter papers dropped blood to Japan.( cf. picture1)
   c) In Japan filter papers are punched out in Examination Center in Kobe.(cf. picture 2)
   d) At the same time 96 subjects are possible to be measured there. (cf. picture3, 4)
   e) Stuffs related to this pilot plan are 3 persons. (cf.picture5, 6)
      A leader among 3 persons is Dr. Jiro Okawa who wears business suits with tie(cf .picture5)

3. My suggestion to this plan
   a) Taking blood samples should be implemented in Chautara Hospital and nearby Health Post. Because Hospital has learned of our study on IDD. In this plan we should prefer it to outcomes to build business system/ routine work of TSH-test and go well it smoothly between Nepal and Japan.
   b) I guess 100 samples should start here. at first
   c) We need to check quality of blood. So, I’d send sample of Japanese blood to Nepal. And you need keep safe it in Nepalese manner in the same period as babies’ blood samples. You must send back Japanese blood to Japan. Here is finish.

Please show me your opinion and suggestion.
The proposal outline requested by Dr. A B Joshi is the following

1. Introduction
   The goal is that we deliver and have the pregnant women with IDD or likely IDD taken Kombu mineral capsules for enough iodine supplementation before and after their delivery.
   To find the pregnant with IDD before their delivery, or to see babies with IDD immediately after their delivery, we need to have an opportunity of screening IDD in process of ordinary health care of mothers and their babies.
   Because Screening for IDD is not feasible in Nepalese Hospital, the plan of TSH-test for screening which is implemented in Japan was submitted to my NPO office by a medical doctor of NPO member.
   So, a pilot plan as mentioned above, was handed to Dr. A B Joshi.
   This pilot plan is as a trial in the first stage. If you and I are sure to continue TSH-test in Japan as business system/routine work, we must plan a regular project toward the goal gradually.

2. Rationale
   In Japan, mass screening for newborns’ Cretine diseases has been introduced in method of TSH-test since 1979. In result of TSH-test in Japan babies with Cretine had been found in ratio of one to 2400 during 5 years/1997–2001.

3. Literature Review (Background)
   Reviewing the Report of IDD study/2007, I feel it regrettable and unlucky that
   - Screening for IDD was not implemented before iodine supplementation.
   - Therefore, the subjects were not the pregnant women with IDD or likely IDD. So, we cannot find effective TSH-values of the subjects after intervention. I guess the subjects are almost not with IDD. This facts make me disappointed, regrettable.

4. Objectives
   It is to find the IDD patients or the likely IDD in early(stage) stage of pregnancy of the pregnant women or immediately after their delivery who is called Goiter mothers or Cretine babies.

5. Methodology
   The note mentioned above and samples handed by Mrs Bimala
6. Expected outcome of the study
We expect that this plan will be achieved smoothly as business system, between Nepal and Japan.
And quality of the dried blood collected in Nepal is expected to be unchanging until arrival at Japan.
At this time the outcome of study is not expected, out of expectation.
7. References
There is nothing that remind me.
8. Annexes (data collection tools)
Nothing is here, in the present.