

S U P R E M E C O U R T O F I N D I A
R E C O R D O F P R O C E E D I N G S

Writ Petition(s) (Civil) No(s). 184/2026

SARVESHAM MANGALAM FOUNDATION

Petitioner(s)

VERSUS

UNION OF INDIA & ORS.

Respondent(s)

Date : 13-03-2026 This petition was called on for hearing today.

CORAM : HON'BLE THE CHIEF JUSTICE
HON'BLE MR. JUSTICE JOYMALYA BAGCHI

For Petitioner(s) : Mr. A Velan, AOR
Ms. Navpreet Kaur, Adv.
Mr. Prince Singh, Adv.
Mr. Nilay Rai, Adv.
Ms. Kanika Sharma, Adv.
Mr. M. Rashik Hameed Mukilan, Adv.

For Respondent(s) :

UPON hearing the counsel the Court made the following

O R D E R

1. The petitioner claims to be a registered NGO, committed to the cause of Thalassemia (a genetic blood disorder owing to which the patient requires regular blood transfusions). The Petitioner also seeks to highlight the spread of transfusion-transmitted infections such as HIV, Hepatitis B, Hepatitis C, Malaria, Syphilis, etc., which are often contracted by Thalassemia patients (especially children) while receiving blood transfusions. According to the petitioner, these diseases are often transmitted owing to inadequate screening methods utilised to test blood prior to transfusion. In this regard, the petitioner is said to have sent several representations to various States/Union authorities

highlighting specific concerns, including: (i) Unavailability of leuko-depleted (filtered) blood units for transfusion; (ii) Need to implement NAT Testing as the sole screening procedure for blood. Having found that no effective action has been taken, the petitioner has approached this Court, purportedly in public interest contending that NAT Testing is the gold standard for early detection of transfusion transmitted infections, as it can identify the presence of such infections in a window period of 7 - 10 days, as compared to the ELISA method, which has a window period of 55 - 60 days. It is pointed out that NAT Testing is not mandatory under the Drugs and Cosmetics Act, 1940, even though it is recommended by the National Blood Transfusion Council and the National AIDS Control Organisation. It is claimed that NAT Testing is mandatory in some Western countries. It is, however, acknowledged that NAT-Tested blood is more expensive, and patients from economically weaker sections of society are more likely to contract infections from contaminated blood and are not in a position to afford it.

2. As the facts would speak for themselves, the issue sought to be raised has nothing to do with the interpretation or enforcement of a legal right. The petitioner seeks to introduce new technologies to prevent the transmission of infections and diseases during blood transfusion. In the absence of any specialised knowledge or information about the availability of the test which the petitioner wants or their cost component, we are satisfied that no desired direction can be issued by this Court. The nature of the relief sought entails financial implications, and every State has its limitations. In such circumstances, especially when the

petitioner itself has acknowledged that NAT-Tested blood is more expensive, we are not inclined to issue any direction except to let the petitioner submit comprehensive representations to the Secretaries of the Health Department of all the States and Union Territories who may, with the aid and advice of domain experts, take an appropriate decision.

3. The Writ Petition stands disposed of with pending application(s), if any.

(NITIN TALREJA)
ASTT. REGISTRAR-cum-PS

(PREETHI T.C.)
ASSISTANT REGISTRAR