

HEPATITIS SURVEY

FORM C1

Sickness Record Form

This form should be completed and returned with a completed Form C2 to Miss R.J.D. Spooner at Oxford Haemophilia Centre immediately a patient is suspected, on clinical or laboratory grounds, of having contracted hepatitis.

Name of Patient: GRO-A d. of b.: GRO-A 42 Male / Female
Case No. GRO-A Coagulation Defect: Haemophilia 7% Factor VIII

Type(s) of therapeutic material received during the 6 months prior to development of hepatitis: Immuno Factor VIII = kryobulin on 15.3.80 97 Augven

Has the patient previously received treatment with large pool freeze-dried factor VIII or factor IX concentrate? Yes / No 3 yrs ago

Approximate date of onset of hepatitis: Jaundice developed 18.4.80.
Estimated incubation period: Factor VIII given 15.3.80
Any other details: Acute febrile episode 22.3.80 → 25.3.80 incomplete resolution to date.

Symptoms and Signs (delete as applicable)

Asymptomatic Yes No
Jaundice Yes No
Anorexia Yes No
Arthralgia Yes No
Rash Yes No
Nausea Yes No
Vomiting Yes No
Tobacco aversion Yes/No N.A.
Abdominal pain Yes No
Urine discoloured Yes No
Pale stools Yes No
Raised L.F.T.'s Yes No

Contact with Hepatitis - within previous six months (tick or delete where applicable).

No information ()
No contact (✓)
Contact with HB_s Ag-Case Yes/No
Carrier Yes/No
Contact with hepatitis (unspecified) Yes/No

Type of Contact:

No information ()
Household not spouse ()
Spouse ()
Boy/girl friend ()
Other than above (specify):

Present Condition of Patient: Well/ill/Deceased

Unwell but ambulant

Laboratory Results:-

HB _s Ag		HB _s Ab		Type of Test
Date	+/-	Date	+/-	
21.4.80	NEG			Hepa test

Other Sources of Infection - within previous six months (tick where applicable)

Drug abuse (Parenteral) (No)
Tattooing (No)
Renal Unit (No)
Travel Abroad (No)

Transfusion abroad:-

(i) Where No
(ii) When

Haemophilia Centre: Royal United Hospital Bath

Signed:

GRO-C: J M Cuswells

Date:

22.4.80

GRO-C

HEPATITIS SURVEY

To be completed by all Haemophilia Centres for patients with blood coagulation defects who develop jaundice (hepatitis) and to be returned to Oxford Haemophilia Centre with a completed Form C1.

GRO-A

Centre: **BATH**Full name of Patient: **GRO-A**d.o.b. **GRO-A 42**Coagulation Defect: **Factor VIII deficiency**F.VIII/IX level: **7%**Date of onset of hepatitis: **18.4.80 became jaundiced.**

Material(s) received during the 6 months prior to the onset of the present attack:-

Type of Material	Date(s)*	Batch Nos.**	Total number of F.VIII or IX Units
Plasma		-	
Cryoprecipitate		-	
Oxford Factor VIII Concentrate			
Elstree Factor VIII Concentrate			
Edinburgh Factor VIII Concentrate			
Abbott Factor VIII (Profilate)			
Armour Factor VIII (Factorate)			
Cutters Factor VIII (Koate)			
Hyland Factor VIII (Hemofil)			
Immuno Factor VIII (Kryobulin)	15.3.80	09M05679	487x2 u Factor VIII = 974u
Other Human Factor VIII***			
Porcine/Bovine Factor VIII			
Oxford Factor IX			
Edinburgh Factor IX			
Commercial Factor IX***			

Other Material(s) possibly implicated in this attack of hepatitis, including anaesthetics or drugs - please give date(s) and details:-

NIL

Was the treatment given to cover surgery, dental extractions or any other major procedure?

If yes, please give date(s) and details overleaf **Dental Scale & Polish caused bleeding which required infusion of Factor VIII**

General Comments (if any): Please give details overleaf

*Inclusive dates may be inserted

** Not applicable to Plasma and Cryoprecipitate

***Please give the name of the manufacturer and/or trade name of product.