

Witness Name: Alan Burgess

Statement No: WITN1122001

Exhibits: WITN1122002-4

Dated: February 2019

## **INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN1122003**

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IN THE HIGH COURT OF JUSTICE

QUEEN'S BENCH DIVISION

WRIT ISSUED 26TH OCTOBER 1988

BETWEEN:-

H.S.1(3) AND H.S.2(4)

Plaintiffs

-and-

CAMBRIDGE AREA HEALTH AUTHORITY (1)  
EAST ANGLIAN REGIONAL HEALTH AUTHORITY (2)  
ATTORNEY GENERAL ON BEHALF OF  
COMMITTEE OF SAFETY OF MEDICINES (3)  
ATTORNEY GENERAL ON BEHALF OF THE LICENSING AUTHORITY  
PURSUANT TO MEDICINES ACT 1968 (4)  
DEPARTMENT OF HEALTH (5)  
EAST SUFFOLK HEALTH AUTHORITY (6)  
CENTRAL BLOOD LABORATORIES AUTHORITY (7)  
NORTH WEST THAMES REGIONAL HEALTH AUTHORITY (8)

Defendants

AMENDED INDIVIDUAL STATEMENT OF CLAIM

In the form of Schedule One to the Order  
of Mr Justice Ognall of 24th July 1989

1. Plaintiff's Reference Number: HS 2(4)

Plaintiff's representative capacity: not applicable

2. London Number: 1989 H No. 2717

3. Particulars of Writ

(a) Issue of Writ: 26th October 1988

(b) Renewal of Writ: Not applicable

(c) Amendment of Writ: 15th September 1989

and 22nd March 1990

(d) Service of Writ: On 1st Defendant: 27/9/89

On 2nd Defendant: 27/9/89

On 3rd Defendant: 27/9/89

On 4th Defendant: 27/9/89

On 5th Defendant: 27/9/89

On 6th Defendant: 27/9/89

On 7th Defendant: 29/3/90

On 8th Defendant: 29/3/90

4. Particulars of Plaintiff

- (a) Date of Birth: GRO-C 1959
- (b) Age: 31
- (c) Category: 2(g)
- (d) Relevant Haemophiliac: HS1(3)
- (e) Relevant Haemophiliac's category: B(i)
- (f) Relationship to HS1(3): Wife

5. Particulars of Haemophilia of HS1(3)

- (a) Type of Haemophilia: A
- (b) Date of Diagnosis: 1967
- (c) Severity: Mild
- (d) Date of Administration of Blood Products between 1st January 1978 and 5th September 1985

See Appendix 1 served herewith

6.1 Types of Blood Product Administered between 1st January 1978 and 5th September 1985

Cryoprecipitate, NHS and Commercial Factor VIII: See Appendix 1 served

herewith

- 6.2 Details of manufacturers and batch numbers of blood products administered between 1st January 1978 and 5th September 1985

See Appendix 1 served herewith

- 7.1 Period during which each such blood product was prescribed for the Plaintiff, with relevant dosages and dosages for each bleeding episode

See Appendix 1 served herewith

- 7.2 The date of each and every sample of blood taken and stored

None recorded in notes

8. HIV tests with negative results:

None

9. First HIV test with positive result:

5th September 1985

10. Date of Sero-conversion

Although there has been no back testing on samples of HS1(3)'s blood, HS1(3) has not received Factor VIII since 1982. Whilst therefore the HS1(3) can state with certainty that the sero-conversion took place in or before 1985, the history of treatment with Factor VIII suggests that sero-conversion probably occurred following contamination with Factor VIII given in December 1982

11. Date HS1(3) developed clinical AIDS:

HS1(3) has, since August 1989, probably been suffering from AIDS in a mild form

12. Other Specific Matters to be pleaded

None

13. Further Definition of Defendants

None

14. Any of the Duties and/or Breaches of Duty pleaded in the Re-Amended Main Statement of Claim not alleged by this Plaintiff

The Plaintiff does not rely on the allegations listed in the general exclusion list for haemophiliacs infected before 1983

14.1 The Plaintiff does not rely on the allegations in respect of clinical management and counselling set out in the Re-Amended Main Statement of Claim Paragraph 92 sections 7 and 8 except: (ag), (ah), (ai), (aj), (ak), (al), (am), (ar), (as)

14.2 Any Duties and/or breaches of Duty not pleaded in the Re-Amended Main Statement of Claim alleged by this Plaintiff

None

15. Particulars of alleged injury including alleged physical and psychological damage and/or other losses

See Appendix 2 served herewith

## APPENDIX 1

K 1

## TREATMENT SHEET

SURNAME

NUMBER

290992

2-7

COMMENTS: Sudden painful L shoulder & painful move. He didn't come earlier as he has usually had no trouble with spiders like this (VII level ~ 17%)	TIME	1700 HRS.	DATE dd/mm/yy	02	04	78	9-14
	WARD	OP	EPISODE TYPE / CONTINUATION				0 15
	SITE	TIME ONSET	DATE ONSET	SITE CODE			16-20
	L shoulder	17:00 PM	30/3/78	L SHS			21-25
DECS:	TREATMENT: CRYO						26
	DECLARED ACT. TOTAL						27-31
	BATCH NUMBER						34-38
	MANF.						39-5

COMMENTS: Bleed to ① calf + arm ② shin following taking to ② skin	TIME	21.00	DATE dd/mm/yy	10	12	82	9-14
	WARD	C3	EPISODE TYPE / CONTINUATION				I 15
	SITE	TIME ONSET	DATE ONSET	SITE CODE			16-20
	LEGG		12/5/82	L L E G			21-25
DECS:	TREATMENT: FACTOR 8 L VII came						26
	DECLARED ACT. 245						27-31
	BATCH NUMBER						34-38
	MANF.						39-5

COMMENTS: As above	TIME	10.00	DATE dd/mm/yy	11	12	82	9-14
	WARD	C3	EPISODE TYPE / CONTINUATION				C 15
	SITE	TIME ONSET	DATE ONSET	SITE CODE			16-20
	As above			L L E G			21-25
DECS:	TREATMENT: FACTOR 8 L VII came						26
	DECLARED ACT. 240						27-31
	BATCH NUMBER						34-38
	MANF.						39-5

COMMENTS: As above	TIME	10.00	DATE dd/mm/yy	11	12	82	9-14
	WARD	C3	EPISODE TYPE / CONTINUATION				C 15
	SITE	TIME ONSET	DATE ONSET	SITE CODE			16-20
	As above			L L E G			21-25
DECS:	TREATMENT: S L VII came						26
	DECLARED ACT. 245						27-31
	BATCH NUMBER						34-38
	MANF.						39-5

## TREATMENT SHEET

SURNAME

NUMBER

290992

2-7

COMMENTS: Continuing treatment A ② calf bleed.	TIME	21.00	DATE	22/11/11	11	12	8	2	9-14	
	WARD	C3	EPISODE TYPE / CONTINUATION							15
	SITE	TIME ONSET	DATE ONSET	SITE CODE					16-20	
	SEE ABOVE								21-25	
DETAILED: NIL	TREATMENT:	Fitted 8 Co. concentrate		PRODUCT	QUANTITY				26	
	DECLARED ACT.	240		TOTAL	NH3 8000				27-33	
	BATCH NUMBER		H/L 02473		MANT.				34-38	
	H/L 02473		H/L 02473		H/L 02473				39-54	

COMMENTS: Continuation of above	TIME	11.00 am	DATE	22/11/11	12	11	2	8	2	9-14
	WARD	C3	EPISODE TYPE / CONTINUATION							15
	SITE	TIME ONSET	DATE ONSET	SITE CODE					16-20	
	SEE ABOVE								21-25	
DETAILED: (leg new mesh better - concentrate decreased (con))	TREATMENT:	8 concentrate		PRODUCT	QUANTITY				26	
	DECLARED ACT.	240		TOTAL	NH3 8000				27-33	
	BATCH NUMBER		H/L 02473		MANT.				34-38	
	H/L 02473		H/L 02473		H/L 02473				39-54	

COMMENTS:	TIME		DATE	22/11/11					9-14	
	WARD		EPISODE TYPE / CONTINUATION							15
	SITE	TIME ONSET	DATE ONSET	SITE CODE					16-20	
									21-25	
DETAILED:	TREATMENT:			PRODUCT	QUANTITY				26	
	DECLARED ACT.			TOTAL					27-33	
	BATCH NUMBER				MANT.				34-38	
									39-54	

COMMENTS:	TIME		DATE	22/11/11					9-14	
	WARD		EPISODE TYPE / CONTINUATION							15
	SITE	TIME ONSET	DATE ONSET	SITE CODE					16-20	
									21-25	
DETAILED:	TREATMENT:			PRODUCT	QUANTITY				26	
	DECLARED ACT.			TOTAL					27-33	
	BATCH NUMBER				MANT.					

IPSWICH AND DISTRICT HOSPITALS

Hospital Number

Surname

M/F

First Names

M/SW



GROUP ONLY ☐

GROUP AND SAVE SERUM ☒

GROUP AND CROSS-MATCH ☐

BOTTLES REQUESTED



WHOLE BLOOD ☐  
PACKED CELLS ☐

DATE AND TIME REQUIRED

7.2.82

PREVIOUS TRANSFUSION  
PREGNANCY/ABORTION  
PREVIOUS ANTIBODIES

YES/NO  
YES/NO

DIAGNOSIS/OPERATION

Haemophelia  
Haemophelia

BLOOD GROUP  
(if known)

SURNAME

HOSPITAL REG. No.

FIRST NAMES

SEX

M

DATE OF BIRTH

23

CONSULTANT/G.P.

JPH

WARD/ADDRESS

SHER2

SIGNATURE

GRO-C

DATE

7.2.82

ASSIGNMENT NO.

BT01023

PATIENT'S GROUP

A Th. Positive

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JE-02

BOTTLES CROSS-MATCHED AND FOUND COMPATIBLE

BOTTLE NO.	GROUP	BOTTLE NO.	GROUP

SERUM WILL BE RETAINED 1 WEEK / UNLESS BLOOD UNIT RETURNED

# **BLOOD GROUP TRANSFUSION**

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☒  
 GROUP AND CROSS-MATCH ☐

TESTS REQUESTED ☐

WHOLE BLOOD ☐  
 PACKED CELLS ☐

DATE AND TIME REQUIRED

PREVIOUS TRANSFUSION  
 PREGNANCY/ABORTION  
 PREVIOUS ANTIBODIES

YES/NO  
 YES/NO

DIAGNOSIS/OPERATION

Haemophilia  
 Left haematoma

BLOOD GROUP  
 (known)

Active

SURNAME

HOSPITAL REG. No.

255938

FIRST NAMES

SEX

AGE

DATE OF BIRTH

GRO-C

58

CONSULTANT/G.P.

WARD/ADDRESS

DR H / mlt

Phere

SIGNATURE

GRO-C

LABORATORY No.

BT08921

DATE 7.12.82.

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JB-36257

PATIENT'S  
 GROUP

AR Negative

## **BOTTLES CROSS-MATCHED AND FOUND COMPATIBLE**

BOTTLE No.	GROUP	BOTTLE No.	GROUP
6248556			
6248545			
6248557			
6248558			
6248543			
6248553			

CRYO.

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS  
 FROM TIME REQUESTED UNLESS NOTIFIED.

19 DEC 1982

IPSWICH DISTRICT HOSPITAL

MRO 135

USE A BALL-POINT PEN  
 OR THREE LABELS

# BLOOD GROUP TRANSFUSION

GROUP ONLY ☒ CR40  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

BOTTLES REQUESTED

6

WHOLE BLOOD ☐  
 PACKED CELLS ☐

DATE AND TIME REQUIRED

CR40

PREVIOUS TRANSFUSION YES/NO  
 PREGNANCY/ABORTION YES/NO  
 PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

Haemophilia  
 calf haematomas

BLOOD GROUP  
 (If known)

A+

SURNAME

HOSPITAL REG. No.

255938

FIRST NAMES

SEX

DATE OF BIRTH

CONSULTANT/G.P.

WARD/ADDRESS

ORH / MSE

Stenn

SIGNATURE

LABORATORY No.

DATE 8/12/87

USE A BALL-POINT PEN  
 OR THREE LABELS

PATIENT'S  
 GROUP

ARh POSITIVE

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JB-86257

BOTTLES CROSS-MATCHED AND FOUND COMPATIBLE

BOTTLE No.	GROUP	BOTTLE No.	GROUP
624 8547	CR40		
624 8548			
626 1731			
626 1732			
626 1734			
626 1741			

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS  
 FROM TIME REQUESTED UNLESS NOTIFIED.

IPSWICH DISTRICT HOSPITAL

MRO 135

# BLOOD GROUP TRANSFUSION

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

BOTTLES REQUESTED

☐

WHOLE BLOOD ☐  
 PACKED CELLS ☐

DATE AND TIME REQUIRED

PREVIOUS TRANSFUSION YES/NO  
 PREGNANCY/ABORTION YES/NO  
 PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

BLOOD GROUP  
 (if known)

SURNAME

HOSPITAL REG. No.

25593

FIRST NAMES

SEX

DATE OF BIRTH

CONSULTANT/G.P.

WARD/ADDRESS

John Inse.

20/11/56

SIGNATURE

LABORATORY No.

GRO-C

DATE

USE A BALL-POINT PEN  
 OR THREE LABELS

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JB-86257

PATIENT'S  
 GROUP

Antibiotic

## BOTTLES CROSS-MATCHED AND FOUND COMPATIBLE

BOTTLE No.	GROUP	BOTTLE No.	GROUP
6261700			
6261701			
6261702	Grouped		
6261703			
6261704			
6261705			
6261706			

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS  
 FROM TIME REQUESTED UNLESS NOTIFIED.

IPSWICH DISTRICT HOSPITAL

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NOT RECORDED

RECEIVED BY NICE OFFICE

# **BLOOD GROUP TRANSFUSION**

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

UNITS REQUESTED ☐

WHOLE BLOOD ☐  
 PACKED CELLS ☐

DATE AND TIME REQUIRED

EMERGENCY ☐

PREVIOUS TRANSFUSION YES/NO

PREGNANCY / ABORTION YES/NO

PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

*cut thumb*

BLOOD GROUP  
 (if known)

SURNAME

HOSPITAL REG. No.

*255938*

FIRST NAMES

SEX

*M*

DATE OF BIRTH

GRO-C *58*

CONSULTANT/G.P.

WARD/HOUSE

*MSE.*

*ops*

SIGNATURE

LABORATORY No.

DATE *6-9-83*

NO LABEL ON EACH COPY

PATIENT'S GROUP

Rh(D)

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JB-C6

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP
<i>6277813</i>	
<i>6277815</i>	
<i>6277816</i>	<i>Suppt.</i>
<i>6277823</i>	
<i>6277822</i>	
<i>6277817</i>	

UNIT No.	GROUP

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS FROM THE TIME REQUESTED UNLESS NOTIFIED

MRO 135 (Rev. 2)

7.

# **BLOOD GROUP TRANSFUSION**

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

TITLES REQUESTED ☐

WHOLE BLOOD ☐  
 PACKED CELLS ☐

DATE AND TIME REQUIRED

SURNAME

HOSPITAL REG. No.

255938

FIRST NAMES

SEX

M

DATE OF BIRTH

GRO-C 88

CONSULTANT/G.P.

WARD/ADDRESS

SIGNATURE

LABORATORY No.

DATE

7.9.83

PREVIOUS TRANSFUSION YES/NO  
 PREGNANCY/ABORTION YES/NO  
 PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

Cut thumb

BLOOD GROUP (known)

PATIENT'S GROUP

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JB-86257

## **BOTTLES CROSS-MATCHED AND FOUND COMPATIBLE**

BOTTLE No.	GROUP	BOTTLE No.	GROUP
6277 2225			
6277 827			
323994 92	Cross-matched		
22495 20			
22497 57			
22498 32			

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS FROM TIME REQUESTED UNLESS NOTIFIED.

MRO 135 (Rev. 1)

IPSWICH DISTRICT HOSPITAL

WILL HIGGINS VIA BOSTON

HIGGINS BOSTON

IPSWICH AND DISTRICT HOSPITALS

Hospital Number

255938

Surname

M/F

First Names

M/S/W

# PATHOLOGY REPORTS MOUNT SHEET

D of B

GRO-C

58

Age

Rel.

**BLOOD GROUP TRANSFUSION**
GROUP ONLY ☐GROUP AND SAVE SERUM ☐GROUP AND CROSS-MATCH ☐

UNITS REQUESTED

☐
WHOLE BLOOD ☐

DATE AND TIME REQUIRED

PACKED CELLS ☐EMERGENCY ☐

PREVIOUS TRANSFUSION YES/NO

PREGNANCY / ABORTION YES/NO

PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

Haemoglobin

Cut finger

BLOOD GROUP (known)

SURNAME

FIRST NAMES

SEX

DATE OF BIRTH

GRO-C

CONSULTANT/G.P.

WARD/ADDRESS

SIGNATURE

GRO-C

LABORATORY No.

DATE

23 - 85

 USE A BALL-POINT PEN  
LABEL ON EACH COPY
 

PATIENT'S GROUP

Rh(D)

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

JB-C6376

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP	UNIT No.	GROUP
452 026G		441771	
452 024G	(CR) precipitate	454216	
452 025		441772	
452 027		441774	
		454202	
		441773	

4 units given  
12ml 24.4.85  
HJE

9.30pm

6 units given

1/2 23.4.85

HJE

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS

IPSWICH DISTRICT HOSPITAL

FROM THE TIME REQUESTED UNLESS NOTIFIED

MRO 135 (Rev. 2)

IPSWICH AND DISTRICT HOSPITALS

# PATHOLOGY REPORTS MOUNT SHEET

Hospital Number **255938**

Surname

First Names

☒ M/F

M/S/N

D of B **GRO-C 58**

Age

Rel

## BLOOD GROUP TRANSFUSION

GROUP ONLY ☐  
GROUP AND SAVE SERUM ☐  
GROUP AND CROSS-MATCH ☐

UNITS  
REQUESTED ☐

WHOLE BLOOD ☐  
PACKED CELLS ☐

DATE AND TIME REQUIRED

EMERGENCY ☐

PREVIOUS TRANSFUSION YES/NO  
PREGNANCY / ABORTION YES/NO  
PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

*Haemophilia*

BLOOD GROUP  
(known)

SURNAME

HOSPITAL REG. No.

FIRST NAMES

SEX

DATE OF BIRTH

**GRO-C 58**

CONSULTANT/G.P.

WARD/POUNCE

*A+E*

SIGNATURE

**GRO-C**

LABORATORY No.

DATE **23.4.95**

USE A BALL-POINT PEN  
OR LABEL ON ENVELOPE

PATIENT'S  
GROUP Rh(D)

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

J5-6374

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP

*Agglutinate*

UNIT No.	GROUP
441771	
454216	
441772	
441774	
454202	
441773	

*6 units given  
1/5  
M. Edwards*

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS  
FROM THE TIME REQUESTED UNLESS NOTIFIED

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# **BLOOD GROUP TRANSFUSION**

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

N. H. S.

SURNAME

HOSPITAL REG. No.

M/21267

FIRST NAMES

SEX

M

DATE OF BIRTH

GRO-C58

PRIVATE OR CAT. II

CONSULTANT/G.P.

WARD/ADDRESS

A/E

UNITS REQUESTED ☐

WHOLE BLOOD ☐

DATE AND TIME REQUIRED

PACKED CELLS ☐

EMERGENCY ☐

PREVIOUS TRANSFUSION YES/NO

DIAGNOSIS/OPERATION

PREGNANCY / ABORTION YES/NO

Haemorrhage

PREVIOUS ANTIBODIES

BLOOD GROUP (if known)

SIGNATURE

LABORATORY No.

DATE 28.5.85

PATIENT'S GROUP A Rh(D) Positive

USE BALL-POINT PEN OR LABEL ON EACH CO.

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP
441794 G	
441795 G	
441796 G	
441797 G	
441798 G	
441799 G	

Cryoprecipitate

UNIT No.	GROUP
441801 G	Cryoprecipitate

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS FROM THE TIME REQUESTED UNLESS NOTIFIED

IPSWICH HOSPITAL

27 MAY 1985

MRO 135 (Rev)

# BLOOD GROUP TRANSFUSION

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

UNITS REQUESTED ☐ WHOLE BLOOD ☐ DATE AND TIME REQUIRED  
 PACKED CELLS ☐ EMERGENCY ☐

PREVIOUS TRANSFUSION YES/NO  
 PREGNANCY / ABORTION YES/NO  
 PREVIOUS ANTIBODIES

BLOOD GROUP (if known)

SURNAME  
 FIRST NAMES  
 SEX M  
 DATE OF BIRTH GRO-C58  
 CONSULTANT/D.P.  
 WARD/ADDRESS A/E  
 SIGNATURE GRO-C  
 LABORATORY No.  
 DATE

USE A BALL-POINT PEN  
 OR LABEL ON EACH COPY

PATIENT'S GROUP A Rh(D) POSITIVE

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP
441764	
441765	
441791	
441763	
441766	
484589	

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

TO BE GIVEN AS PER INSTRUCTIONS OF Dr. SIMPSON

4/5/11 6.00g

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS FROM THE TIME REQUESTED UNLESS NOTIFIED

SWITCH DISTRICT HOSPITAL

MRO 135 (Rev. 2)

<b>AD GROUP INFUSION</b>	GROUP ONLY <input type="checkbox"/>	N. H. S.	SURNAME	HOSPITAL No. No. <b>255938</b>
	GROUP AND SAVE SERUM <input type="checkbox"/>	PRIVATE OR CAT. II	FIRST NAMES	SEX <b>M</b> <b>20493</b>
GROUP AND CROSS-MATCH <input type="checkbox"/>	DATE AND TIME REQUIRED	CONSULTANT/G.P.	WARD/ADDRESS	DATE OF BIRTH <b>GRO-C-58</b>
UNITS REQUESTED <input type="checkbox"/>	WHOLE BLOOD <input type="checkbox"/>	P/O / Dr. Burtos G.P.		<b>A/E.</b>
	PACKED CELLS <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>		
PREVIOUS TRANSFUSION YES/NO	DIAGNOSIS/OPERATION			
PREGNANCY / ABORTION YES/NO	<b>Mild Haemophilia</b>			
PREVIOUS ANTIBODIES	SIGNATURE			
BLOOD GROUP (if known)	DATE <b>12-8-85.</b>			
	LABORATORY No.			

PATIENT'S GROUP Rh(D)

USE A BALL-POINT PEN OR LABEL ON EACH COPY

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP	UNIT No.	GROUP
507256G	CRYO.		
501287G			
507255G			
507258G			
507257G			
501286G			

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS FROM THE TIME REQUESTED UNLESS NOTIFIED

IPSWICH HOSPITAL

MAJ 135 (Rev. 3)

# BLOOD GROUP TRANSFUSION

GROUP ONLY ☐  
 GROUP AND SAVE SERUM ☐  
 GROUP AND CROSS-MATCH ☐

UNITS REQUESTED ☐

WHOLE BLOOD ☐ DATE AND TIME REQUIRED  
 PACKED CELLS ☐ EMERGENCY ☐

PREVIOUS TRANSFUSION YES/NO  
 PREGNANCY / ABORTION YES/NO  
 PREVIOUS ANTIBODIES

DIAGNOSIS/OPERATION

*Hemiplegia R.  
 Painful shoulder.  
 60 emergency.*

BLOOD GROUP (if known)

SURNAME

HOSPITAL REG. No.

*A/E 12676*

FIRST NAMES

SEX

*M*

DATE OF BIRTH

*GRO-C 58*

CONSULTANT/G.P.

WARD/ADDRESS

*A/E*

SIGNATURE

*GRO-C*

LABORATORY No.

DATE

USE A BALL-POINT PEN OR LABEL ON EACH COPY

PATIENT'S GROUP *A Rh(D)*

*Positive*

PLEASE COMPLETE ALL ABOVE THIS LINE WITH BALL-POINT PEN

*to be given as per instructions of Dr. Simpson*

UNITS CROSS-MATCHED AND FOUND COMPATIBLE

UNIT No.	GROUP
<i>441764</i>	
<i>441765</i>	
<i>441791</i>	
<i>441763</i>	
<i>441766</i>	
<i>484589</i>	

*CEXO 18T*

UNIT No.	GROUP

SERUM WILL BE RETAINED 1 WEEK / UNUSED BLOOD WILL BE WITHDRAWN AT 48 HOURS

FROM THE TIME REQUESTED UNLESS NOTIFIED

SWITCH DISTRICT HOSPITAL

MRO 135 (Rev. 2)

APPENDIX 2: PARTICULARS OF LOSS AND INJURY

The Plaintiff is married to HS1(3) and has 3 children, two girls (d.o.b. 1980 and 1982), and a boy (d.o.b. [GRO-C] 1986). The two girls are likely to be carriers of haemophilia. The Plaintiff's life was uninterrupted by her husband's haemophilia and the news of the diagnosis has changed her whole life. She and her husband live in constant fear of AIDS, they worry about every illness, and she has to attend for blood tests frequently.

As a result of inadequate counselling about the implications of being HIV+, the Plaintiff and her husband were unaware of the risks to the Plaintiff and to unborn children of "unprotected sex", and the Plaintiff's son was conceived after the Plaintiff's husband had been told about his infection. This caused great anxiety for the Plaintiff and her husband when they realised the implications.

[GRO-C]

[GRO-C]

The Plaintiff suffers the isolation of anyone who lives with an HIV+ individual, and worries about the children and others finding out about the situation.

The family have been unable to move house because of the impossibility of obtaining a mortgage.

IN THE HIGH COURT OF JUSTICE

QUEEN'S BENCH DIVISION

B E T W E E N:

HS 2(4)

Plaintiff

-and-

CAMBRIDGE AREA HEALTH AUTHORITY  
and Others

Defendants

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AMENDED STATEMENT OF CLAIM

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Hansell Stevenson & Co  
11 Upper King Street  
NORWICH NR3 1RJ

(REF: PBH)