

Witness Name: Jayne Warner
Statement No. WITN7509001
Exhibits: WITN7509002-018
Dated: 14th August 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN7509015

Document 14

FORM H. (Part 1)

CHRONIC HEPATITIS SURVEY

Please complete this form and return it to Miss R.J.D. Spooner at Oxford Haemophilia Centre immediately a patient is suspected on clinical or laboratory grounds, of having developed CHRONIC HEPATITIS.

Name of Patient:

Date of birth:

Male/Female

Coagulation Defect:

Basic F.VIII/IX level: 22

Acute/Insidious Onset

Approximate date of onset: 18.3.82

Reason for initial investigations (please tick appropriate box):-

Acute illness ☒

Routine Screen ☐

Other (specify) 6 weeks after dental extraction

Level of initial investigations: R.E.82

Symptoms and Signs (delete as applicable):-

Asymptomatic

Yes ☒ No ☐ Not known

Jaundice

Yes ☒ No ☐ Not known

Anorexia

Yes ☒ No ☐ Not known

Arthralgia

Yes ☒ No ☐ Not known

Rash

Yes ☒ No ☐ Not known

Nausea

Yes ☒ No ☐ Not known

Vomiting

Yes ☒ No ☐ Not known

Tobacco aversion

Yes ☒ No ☐ Not known/not applicable

Abdominal pain

Yes ☒ No ☐ Not known

Urine discoloured

Yes ☒ No ☐ Not known

Loose Stools

Yes ☒ No ☐ Not known

Pruritus

Yes ☒ No ☐ Not known

Splenomegaly

Yes ☒ No ☐ Not known

Esophageal Varices

Yes ☒ No ☐ Not known

G.I. Bleeding

Yes ☒ No ☐ Not known

(If Yes, state site:)

Genitovesicular

Yes ☒ No ☐ Not known

Raised LFTs

Yes ☒ No ☐ Not known

HBsAg.

Present/Not present/Not tested

HBsAb.

Present/Not present/Not tested

Any significant illness which might have precipitated the onset of Chronic Hepatitis? Yes/No/Not known

If yes, please give details: Dental extraction 18.3.82

First contact with F.VIII concentrate

Present condition of patient: Well ☒ Ill/Deceased/Not known

PLEASE ALSO COMPLETE FORM H (Part 2) if date is available.

Haemophilia Centre: LINCOLN

Date form completed: 18.3.82

Contact with Hepatitis:-

Please tick appropriate box(es)

No information ☐

No contact ☒

Contact with HBsAg Case ☐

" " " Carrier ☐

Unspecified contact ☐

Type of contact:-

No information ☐

Household not spouse ☐

Spouse ☐

Boy/Girl friend ☐

Other than above (specify)

Date of contact:

Other Sources of Infection:-

Drug abuse (Parenteral) ☐

Tattooing ☐

Renal Unit ☐

Travel Abroad ☐

Transfusion Abroad ☐

GRO-C

WITN7509015_0002