

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

INFECTED BLOOD INQUIRY

EXHIBIT WITN7509017

BLOOD PRODUCTS LABORATORY, DAGGER LANE, ELSTREE, HERTS., WD6 3BX. Tel: 01-953 6191

Clinical response to heated factor VIII concentratePart 1. Efficacy of factor VIII infusion

Batch

HLH 3266

Patient's surname

First dose (index date)

Forename(s):

Haemophilia Centre

d.o.b.

Case No.

First dose 5 vials = _____ iu f.VIIILast treated 4th 85 usingB.P.L. (product) HL 3212 (batch)

Previous history of hepatitis

Reason for current treatment

Suspect Bleed into knee

Use the table below to record data on the efficacy of successive infusions of this batch, and Part 2 (overleaf) to record viral follow-up data with reference to the first infusion.

If subsequent treatment with another batch of this product is necessary complete Part 1 of the follow-up form relating to the second batch, but continue viral follow-up on Part 2 (overleaf) of this first batch infused.

If subsequent treatment with any other type of concentrate, cryoprecipitate or plasma is necessary, give particulars in the Remarks table below, but continue viral follow-up on Part 2 (overleaf) of the first batch infused.

Patient's mean weight 82 kg Mean resting level of factor VIII _____

Date of infusion	Hour of infusion	F.VIII iu in dose	Sampling times Pre Post	F.VIII levels Pre Post	Rise %	Remarks No.

Remarks

NO.	

Return the photocopy of this page to Dr. T.J. Snape, BPL, as soon as the present course of treatment is completed. Continue viral follow-up on Part 2 overleaf.

Part 2. Viral follow-up.

First dose
(index date)

Batch

Patient's name

Case No.

Haemophilia Centre

Please summarise data on possible virus transmission on the tables and photocopy the partially completed page to Dr. T.J. Snape, BPL, at 8, 24 and 52 weeks after the first dose with this batch, even if you have recorded further treatment with a different therapeutic material in Part 1 and Part 2.

Test enquiry	Pre	Week 1	Week 2	Week 4	Week 6	Week 8
Date						
Bilirubin						
AST/ALT (delete one)						
Alk. phos.						
HBsAg						
Anti-HBs						
Anti-HTLV III						
Remarks/Note no.						

Test enquiry	Week 10	Week 12	Week 16	Week 20	Week 24
Date					
Bilirubin					
AST/ALT (delete one)					
Alk. phos.					
HBsAg					
Anti-HBs					
Anti-HTLV III					
Remarks/Note no.					

Test enquiry	Week 28	Week 32	Week 40	Week 52
Date				
Bilirubin				
AST/ALT (delete one)				
Alk. phos.				
HBsAg				
Anti-HBs				
Anti-HTLV III				
Remarks/Note no.				

Summarise any treatment with other products/clinical notes during this period:
