

Witness Name: PERRY EVANS

Statement No: WITN1212001

Exhibits: WITN1212002

Dated: NOVEMBER 2018

**INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN1212002**

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## 04 Patient annual treatment record

23/10/2018

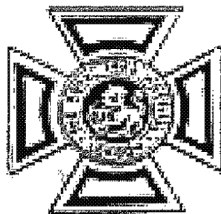
Unique ID	NHD num	Treatment yr	Quarter num for Yr	Haemophilia Centre	Regular Home Treatment	Product	Units Issued
GRO-A		2016	4	North Hampshire		Advate	4000
		2016	3	Royal Free, London		Helixate Nexgen	3000
		2016	3	North Hampshire		Advate	6000
		2016	2	North Hampshire		Helixate Nexgen	2000
		2016	4	Royal Free, London		Helixate Nexgen	5000
		2015	4	Royal Free, London		Helixate Nexgen	2000
		2015	1	Royal Free, London		Helixate Nexgen	3000
		2014	4	Royal Free, London		Helixate Nexgen	3000
		2013	4	Royal Free, London		Helixate Nexgen	6000
		2012	2	Royal Free, London		Helixate Nexgen	4500
		2012	3	Royal Free, London		Helixate Nexgen	7000
		2011	1	Royal Free, London		Helixate Nexgen	2000
		2009	4	Royal Free, London		Helixate Nexgen	47000
		2009	2	Royal Free, London		Helixate Nexgen	3000
		2009	1	Royal Free, London		Helixate Nexgen	12000
		2008	3	Royal Free, London		Helixate Nexgen	169000
		2008	2	Royal Free, London		Helixate Nexgen	7000
		2008	1	Royal Free, London		Helixate Nexgen	61500
		2008	4	Royal Free, London		Helixate Nexgen	5000
		2007	4	Royal Free, London		Kogenate	2500
		2007	4	Royal Free, London		Helixate Nexgen	3000
		2007	2	Royal Free, London		Kogenate	5000
		2007	1	Royal Free, London		Kogenate	13000
		2006		Royal Free, London		Helixate	42500
		2006		Royal Free, London		Kogenate	12000
		2005		Royal Free, London	Yes	Helixate	30000
		2004		Royal Free, London	Yes	Replenate (BPL)	
		2003		Royal Free, London	Yes	Replenate (BPL)	
		2002		Royal Free, London	Yes	Replenate (BPL)	
		2001		Royal Free, London	Yes	Replenate (BPL)	

Unique ID	NHD num	Treatment yr	Quarter num for Yr	Haemophilia Centre	Regular Home Treatment	Product	Units issued
GRO-A		2000		Royal Free, London	Yes	Replenate (BPL)	
		2000		Royal Free, London	Yes	DDAVP	
		1998		Royal Free, London	Yes	Replenate (BPL)	
		1997		Royal Free, London	Yes	Replenate (BPL)	
		1996		Royal Free, London	Yes	Replenate (BPL)	
		1995		Royal Free, London		Material Not Specified	
		1994		Royal Free, London	Yes	FVIII (BPL)	
		1993		Royal Free, London		Immunoglobulin	
		1992		Royal Free, London	Yes	Factorate	
		1991		Royal Free, London	Yes	Factorate	
		1991		Royal Free, London	Yes	Whole Blood	
		1990		Royal Free, London	Yes	Whole Blood	
		1990		Royal Free, London	Yes	Factorate	
		1990		Royal Free, London	Yes	Profilate	
		1989		Royal Free, London	Yes	Profilate	
		1988		Royal Free, London	Yes	Profilate	
		1987		Royal Free, London		FVIII (BPL)	
		1987		Royal Free, London		Profilate	
		1987		Hammersmith Hospital, London		Profilate	
		1986		Royal Free, London	Yes	Immunoglobulin	
		1986		Royal Free, London	Yes	FVIII (BPL)	
		1986		Royal Free, London	Yes	Factorate	
		1985		Royal Free, London	Yes	Factorate	
		1984		Hammersmith Hospital, London	Yes	Factorate	
		1983		Hammersmith Hospital, London	Yes	Factorate	
		1982		Hammersmith Hospital, London	Yes	Kryobulin	
		1982		Hammersmith Hospital, London	Yes	Factorate	
		1981		Hammersmith Hospital, London	Yes	Factorate	
		1980		Hammersmith Hospital, London	Yes	Factorate	
		1979		Hammersmith Hospital, London	Yes	FVIII (BPL)	

## 04 Patient annual treatment record

23/10/2018

Unique ID	NHD num.	Treatment yr	Quarter num for Yr	Haemophilia Centre	Regular Home Treatment	Product	Units Issued
GRO-A		1979		Hammersmith Hospital, London	Yes	Factorate	
		1978		Oxford		Oxford FVIII	
		1978		Hammersmith Hospital, London	Yes	Factorate	
		1978		Hammersmith Hospital, London	Yes	FVIII (BPL)	
		1978		Hammersmith Hospital, London	Yes	Cryoprecipitate	
		1977		Hammersmith Hospital, London	Yes	FVIII (BPL)	
		1977		Hammersmith Hospital, London	Yes	Travenol/Hyland/Hemofil FVIII	
		1976		Hammersmith Hospital, London			
		1975		Dr Craske's research work - Not a centre		Kryobulin	
		1974		Dr Craske's research work - Not a centre		Travenol/Hyland/Hemofil FVIII	
		1971		Hammersmith Hospital, London		Cryoprecipitate	
		1970		Hammersmith Hospital, London		Cryoprecipitate	
		1969		Hammersmith Hospital, London		Cryoprecipitate	



# The Royal Free Hospital

ANDREW EVANS  
Pond Street  
Hempstead  
London NW3 2GG

Telephone

GRO-C

## HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERRIDGE, MD FRCP MRCPATH  
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPATH  
Consultant Haematologist

17.11.90

Dear Perry

I am writing to tell you about the new anti-HCV test.

Many haemophiliacs who have been treated in the past with unheated clotting factor concentrates or other blood products have been exposed to the non-A non-B hepatitis (NANBH) virus, so called because it is unrelated to hepatitis A and unrelated to hepatitis B. One agent responsible for NANBH has now been identified by recombinant gene technology as the hepatitis C virus (HCV). We have a new test available which measures antibody to HCV (anti-HCV) and shows past infection.

Your anti-HCV was positive on 10.4.90

Some people who have been exposed to NANBH (HCV) in the past may never develop chronic hepatitis, but we cannot determine who will progress in this way. Although there are some trials of treatment for such liver disease, no-one is really treating on a regular basis in haemophilia at the moment. Although it is possible that NANBH (HCV) can be spread sexually, information in this area is at present very limited.

We should be very pleased to further discuss with you any of these issues either at your next review or sooner if you would like to make an appointment.

Yours sincerely,

GRO-C

Dr Christine A. Lee  
Consultant Haematologist

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Telephone: **GRO-C**

Hammersmith Special Health Authority  
Hammersmith Hospital  
Du Cane Road · London W12 0

13th July 1983

AM/DC/272745

Dr Heatherington  
163 Tudor Drive  
Kingston  
SURREY

Dear Dr Heatherington

Re: Perry Alan EVANS

This patient with moderate haemophilia A came to see us this week. He is now 21 and is a student in his 3rd year doing mechanical engineering at Kingston Polytechnic.

He now treats himself with a home supply of factor VIII preparation. He has had very few problems particularly since he reluctantly gave up football last Autumn.

On examination he appeared very fit. There was no lymphadenopathy or hepatosplenomegaly and the chest was clear; BP 120/70; pulse 63 regular; joints were all fully mobile. His factor VIII level is 3% so we would not expect him to have too many problems. We did some blood tests and his Hb was 14.8, WCC 5,000 and platelets 225. Biochemical profile was normal apart from slightly raised AST at 50. His factor VIII inhibitor screen was negative.

We have recently been inviting all our haemophiliacs to visit the clinic as many of them do not see a senior haematologist regularly, particularly people like Perry who has only moderate haemophilia and does not develop many problems. We have been particularly concerned because of the development of AIDS (acquired immuno-deficiency syndrome) in some haemophilia patients in the United States who have been using pooled factor products which have probably included donation from people who were incubating AIDS. Early signs of the disease are weight loss, diarrhoea, rashes, lymphadenopathy and unusual prolonged infection. So far we have seen no problems at all with our haemophilia population.

We will see Perry again in 6 months' time.

Yours sincerely,

**GRO-C**

Alison Worsley  
Senior Registrar in Haematology

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## 07 Patient HIV data

23/10/2018

Unique ID	NHD num	Date Code	Centre	Haemophilia Centre	Sample date	Result	Date form completed	Date last negative	Date first positive	Condition
	GRO-A	06	82	Hammersmith Hospital, London	10/07/1984	+	07/06/1991	10/01/1984	10/07/1984	90



Pond Street  
Hampstead  
London NW3 2QG

# The Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Telephone

GRO-C

CAL FMD EVANS

21st June 1988

Dr. Innes  
166 Leavesden Road  
WATFORD  
Herts. WD2 5EG

Dear Dr. Innes,

Re: EVANS, Perry Alan GRO-A (61)  
GRO-A

This patient was seen with his Fiance' and Mrs Miller, our Social Worker, on the 21st June for his six monthly review. He has mild haemophilia with a factor VIII level of 8% and has been HIV positive since at least February 1985. We had a long discussion about the transmission of HIV in particular about precautions that need to be taken for sexual intercourse. They have been advised to GRO-C  
patient's future wife. They plan to marry on GRO-C 1988 and are extremely well informed about HIV infection and it's transmission.

The patient has been extremely well during the last 6 months, the only problem he has had with the respective haemophilia is following a knock on the thigh with a cricket ball which caused a large haematoma. He not had any problems related to HIV Disease on examination his weight was 72 kgs, blood pressure 160 x 80 lying there was no lymphadenopathy the mouth was healthy the skin was healthy in the abdomen I could not feel his liver or spleen and there were no masses.

INVESTIGATIONS  
Hb 13.1  
Wbc 3.2  
Gr 1.6  
AST 85  
T4 Lymphocyte 0.37

This patient is very well informed about HIV disease, he has agreed to enter an asymptomatic trial using AZT. He is getting married on July 23rd 1988 and his future wife understands fully about haemophilia and HIV problems. As far as his haemophilia is concerned the only real problem is his continuing interest in cricket and football which occasionally leads to bleeds. He is managing to treat himself quite effectively.

Yours sincerely

GRO-C

Christine A Lee MA MRCP MRCPsych  
Consultant Haematologist





Pond Street  
Hampstead  
London NW3 2QG

## The Royal Free Hospital

Telephone  
**GRO-C**

EM/VHL/128633

26 September 1986

Dr Innes  
166 Leavesden Road  
Watford  
Herts  
WD2 5EG

AJP		
LVL		
TVN		
BN		
UCL		
Tr		
2 OCT 1986		
Tel		

Dear Dr Innes  
Perry EVANS - GRO-A 61

**GRO-A**

**Diagnosis:** mild haemophilia A - level of factor VIII  
5.5 u/dl.

Perry attended the Centre for a review recently. Generally his health is very good. As a mild haemophiliac he only requires treatment following trauma. He is very keen on group sports such as football and hockey and often sustains injuries subsequent to playing in these games and so exposes himself to the risk of concentrate infusions. He has treated himself at home on a regular basis for many years now.

His only problems have been a tendency to recurrent throat infections and that he is known to have small but easily palpable lymph nodes in the cervical and axillary regions.

On examination he looked well. His weight was 68 kgs (a fall of 4 kgs). Blood pressure 120/80. Small nodes palpable left and right cervical regions and right axilla, all less than half a centimetre in diameter. Examination of the chest and abdomen - normal.

### Investigations:

Haematology: Haemoglobin 14.2 g/dl  
White Cell Count  $3.1 \times 10^9/l$   
Platelets  $202 \times 10^9/l$

Biochemistry: Urea & electrolytes and quantitation of immunoglobulins - normal

Liver function tests - mildly abnormal with fluctuating aspartate transaminase levels, varying between 36 and 87 mmol/l, normal upper limit 40.

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- 2 -

26 September 1986

Dr Innes

Perry EVANS

Immunology: absolute number of T helper cells reduced at  $0.19 \times 10^9/l$ , normal range -  $0.6 - 1.7 \times 10^9/l$ .

In conclusion, Perry Evans is clinically well at the present time. His abnormal liver function tests are almost certainly due to chronic non-A non-B hepatitis which is commonly seen in people receiving factor concentrates. Because of his recent weight loss and palpable lymphadenopathy, we are keeping him under regular review and see him every three months. We will keep you informed of his progress.

Yours sincerely

GRO-C

Elizabeth Miller MRCP MRCPATH  
Hon Lecturer

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## HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

**Director :** Professor Christine A Lee MA MD DSc(Med) FRCP

**FRCPATH**

**Clinical Lead Consultant :** Dr Simon A Brown MD FRCP MRCPath

**Associate Specialist :** Dr Thynn Thynn Yee MSc MD MRCP

**Nurse Consultant :** Sister Christine Harrington, RGN, Cert Ed

**Tel:** GRO-C **Fax:** GRO-C **Email:** GRO-C

20<sup>th</sup> September 2004

Dr Bullman  
Souther Gray House  
St Johns Road  
Watford, Herts WD1 1QB

Dear Doctor,

Re: Perry Alan EVANS

### **Variant Creutzfeldt-Jakob Disease (vCJD) and Plasma Products**

You will be aware that an exercise is underway to trace and inform patients who have received batches of plasma products prepared from plasma donated by people who later developed vCJD (vCJD 'implicated batches'). Haemophilia doctors and Immunologists caring for patients with primary immunodeficiency have been asked to trace patients who have received sufficient of the implicated batches to be considered 'at-risk' for public health purposes.

The Health Protection Agency's Communicable Disease Surveillance Centre (Colindale) is handling the patient notification in England, Wales and Northern Ireland. The Scottish Centre for Infection and Environmental Health is handling this notification in Scotland.

I am writing to inform you that your patient [as attached] falls into this group of patients who are being asked to take special precautions to reduce any possible risk of further transmission of vCJD.

Your patient has been asked:

- not to donate blood, tissues or organs
- to inform people providing their medical, surgical or dental treatment so any special procedures recommended for the instruments used in their care can be arranged, and to consider informing their family in case emergency surgery is needed in the future.

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**Variant Creutzfeldt-Jakob Disease and Plasma Products  
Patient Reply Sheet**

Name of patient/child\*: PERRY EVANS

Date of birth: GRO-A 1961

National Registration Number (if known):

Telephone:

Address:

GRO-A

1. I would like confirmation of whether I/my child\* received UK sourced plasma derived clotting factors or antithrombin between 1980 and 2001. These include: factor VIII, factor IX, factor VII, factor XI, factor XIII and prothrombin complexes as well as antithrombin.

**IN PERSON / IN WRITING**

2. I would like to know if I/my child\* received an implicated batch.

**YES/NO/~~DON'T KNOW~~**

3. I would like to have a specific consultation with [the team] to discuss the implications of this issue. Please contact me to make an appointment.

**YES/NO**

4. I understand that my/my child's exposure to an implicated batch will be recorded in my/my child's hospital and GP notes, and on the National Haemophilia Database.

Signature GRO-A

Date 22-9-2004

Print name PERRY ALAN EVANS

**CONFIDENTIAL**  
**PATIENT VCJD EXPOSURE ASSESSMENT FORM**

1. To be completed for all patients with bleeding disorders\* (\*including congenital antithrombin III deficiency).
2. For each patient please complete all parts of the form, print and place copy in patient's medical notes.
3. A copy should also be sent in confidence to the UKHCDO National Haemophilia Database Coordinator, University Department of Haematology, Manchester Royal Infirmary, M13 9WL.

EVANS Pam A  
 Inse GRO-A ker here

**PART 1: PATIENT INFORMATION**

UKHCDO Member: **GRO-A**

NAME of Haemophilia Centre: **Royal Free**

DATE of BIRTH **GRO-A**

NUMBER of Haemophilia Centre: **080**

Did the patient receive ANY UK sourced pooled factor concentrates or antithrombin\* between 1980 and 2001? Factor VIII, factor IX, factor VII, factor XI and factor XIII, prothrombin complex concentrates and antithrombin  
☒ YES PATIENT IS "AT-RISK" OF VCJD FOR PUBLIC HEALTH PURPOSES

**PART 2: EXPOSURE ASSESSMENT**

Please complete the dates of first and last dose, and the total dose received for the batches listed below. Where no product was received please record 0 for the total dose. THIS INFORMATION IS IMPORTANT FOR PUBLIC HEALTH MONITORING, TO INFORM PUBLIC HEALTH PRECAUTIONS AND FUTURE POLICY FOR PATIENTS WITH BLEEDING DISORDERS\*.

BRAND NAME	VIAL SIZE (IU)	BATCH NUMBER	DATE of RELEASE	DATE of FIRST DOSE	DATE of LAST DOSE	TOTAL DOSE (IU)
<b>Factor VIII</b>						
8Y	500	FHB4116	26.06.92			0
8Y	500	FHB4189	14.04.93			0
8Y	500	FHB4419*	31.07.95			0
8Y	500	FHB4547*	01.11.96			0
8Y	500	FHB4596*	06.05.97			0
8Y	250	FHC0289	23.05.90			0
8Y	250	FHC0389	18.12.90			0
8Y	250	FHC4237	09.03.94			0
REPLENATE	500	FHE4437	21.09.95			0
REPLENATE	500	FHE4536*	04.09.96			0
REPLENATE	500	FHE4548*	17.10.96			0
REPLENATE	1000	FHF4625	29.07.97			0
High purity F8	500	FHM3990	17.11.91			0
High purity F8	500	FHM4054	06.05.92			0
Z8	160	0301-70320	02.08.87			0
Z8	190	0304-70510	14.07.87			0

\* batches previously notified by Bio Products Laboratory (BPL) to consignees

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PATIENT VCJD EXPOSURE ASSESSMENT FORM (cont)

BRAND NAME	VIAL SIZE (IU)	BATCH NUMBER	DATE of RELEASE	DATE of FIRST DOSE	DATE of LAST DOSE	0
0						
9A	600	FJA0092	24.05.90			0
9A	600	FJA4239B	09.07.93			0
9A	600	FJA4308	18.06.94			0
REPLENINE	500	FJM4327	10.10.94			0
REPLENINE	500	FJM4437	27.11.95			0
REPLENINE	500	FJM4596*	23.04.97			0
REPLENINE	500	FJM4625	07.07.97			0
HT DEFIX	226	3502-70210	14.09.87			0
ANTITHROMBIN	500	ATA4535*	20.12.96			0

\* batches previously notified by Bio Products Laboratory (BPL) to consignees

FOR BATCHES of FACTOR VIII, FACTOR IX AND ANTITHROMBIN LISTED ABOVE

Has the patient asked to know if they received the implicated batch(s)?

YES / NO

When was the patient informed if they received the implicated batch(s)?

DATE

8/10/04

NAME of ASSESSOR: Dr Carolyn Miller SIGNATURE:

GRO-C

DATE: 24th September 2004

09 Patient vCJD data

23/10/2018

NHD num	Unique ID	Haemophilia Centre Name	At Risk	Patient notified	Assessor	Assessed Date
GRO-A		Royal Free, London	Yes	Unknown	Dr. C. Millar	24/09/2004

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