

# REVION HEALTH CARE (UK) LIMITED

St. Leonards House, St. Leonards Road, Eastbourne, Sussex BN21 3YG  
Telephone: Eastbourne (0323) 21422/641144 Telex: GRO-C

RBC/EB/7010

F0000007

March 26, 1985

Dr. F.E. Preston,  
Consultant Haematologist,  
Royal Hallamshire Hospital,  
Glossop Road,  
Sheffield, S10 2JF.

Dear Dr. Preston,

I am enclosing a cheque for £2,500 to cover our first quarter 1985 support for research in your unit. I would be grateful if you could acknowledge receipt for our records.

With respect to this research work and the publication of your experience with the heat treated Factorate in two patients, I hope to come and see you when next in Sheffield.

Incidentally, do you have any information on the pre and post-dosing status of these two patients with respect to HTLV-3 antibody?

A negative picture before and after treatment in both cases would be valuable information for us if it could be demonstrated.


Kind regards,

Yours sincerely,


**GRO-C**

R. B. Christie,  
DIRECTOR OF CLINICAL SCIENCES

Enc.

 **Armour Pharmaceutical  
Company Limited**

Registered Office: St. Leonards House, St. Leonards Road, Eastbourne, Sussex BN21 3YG

  
cc: Mr. C.R. Bishop

ARMOUR002488

ARMO0000369\_0001

F0000008

# Revlon Health Care (UK) Ltd.

St. Leonards House, St. Leonards Road, Eastbourne, Sussex BN21 3YG

## Lloyds Bank Plc

EASTBOURNE BRANCH  
104 Terminus Road Eastbourne East Sussex BN21 3AH

GRO-C

Date	Cheque No.	Pay to the order of	Amount
3/11/85	033611	Revlon Health Care (UK) Ltd.	£ 2500 -
Amount of pounds in words			
Ten Thousand	Thousands	Hundreds	Tens
	2	5	
Pence as in figures			
Cheque No. 033611			

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ARMOUR002489

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CHEQUE REQUISITION FORM

**F0000009**

FROM: R.B. CHRISTIE

DEPARTMENT: CLINICAL SCIENCES

£ 2500	00
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SHEPHERD, DEPT. OF HAEMATOLOGY,

ROYAL HAMPSHIRE HOSPITAL

GLOSSOP ROAD, SHEFFIELD

S10 23F

INSTRUCTIONS FOR DISPOSAL OF CHEQUE WHEN  
SIGNED:

SEND TO RB CHRISTIE

SEND TO RB CHRISTIE

REQUESTED BY

APPROVED BY

EXAMINED BY

CHECKED BY

**GRO-C**

NOMINAL CODE

AMOUNT

DESCRIPTION

2,500:00

EXTERNAL SIENO CA 539.

**TOTAL PAYABLE:**

DATE PAID

CHEQUE NO.