

Nick Fish

From: Website registration form <noreply@skiptonfund.org>
Sent: 19 December 2013 09:42
To: The Skipton Fund
Subject: Online registration system - new registration

----- Registration Form ... Generated from website: www.skiptonfund.org -----

-- Title: Mr

-- Forenames: GRO-B

-- Last Name: GRO-B

-- Address: GRO-B

GRO-B

-- Post Code: GRO-B

-- Daytime Telephone: GRO-B

-- OK to leave message?: Yes

-- Email address: GRO-B

-- National Insurance #: GRO-B

-- NHS #: GRO-B

-- Date of Birth: GRO-B/1967

-- This person is not registered with a haemophilia centre

-- Name of Bank/Building Society: HSBC

-- Account Name: GRO-B

-- Sort Code: GRO-B

-- Account Number: GRO-B

12) GRO-B
Dob: GRO-B/1967

NHAIS Agency: South London P.C.S.S. - Lambeth, Southwark & Lewisham

GRO-B

20th February 2015

Dear Mr GRO-B

Re: Skipton Fund application, ref.: 8463

I am writing with respect to your application to the Skipton Fund for the first stage ex gratia payment.

It is with regret that I must advise you that your application has been declined due to the lack of supporting confirmation that you received treatment with NHS blood or blood products prior to September 1991. The page of A&E notes that we have received provides some of the details of the injuries you sustained and treatment you underwent in 1975 but not that you were treated with blood or blood products at that time. We were only able to conclude from the information we have seen to date that a blood transfusion was possible rather than probable.

Of course if you do get further information in respect to your claim from either the hospital or your GP surgery then please return the form back to us along with copies of the supporting documentation. Please note any amendments to the form will need to be signed and stamped by the completing doctor.

If you disagree with the outcome of your application you may wish to apply to the Independent Appeals Panel which is chaired by an experienced lawyer and contains a haematologist, a hepatologist, a general practitioner and a lay person. I enclose a copy of the Appeals Panel's guidance notes to help you decide if you would like your case to go to appeal or not. The Appeals Panel meet roughly quarterly and their next meeting is scheduled for early April.

If you do wish to appeal then please return your form and confirm this in writing. Please note that we have retained everything we have received in connection with your application on your file and will include it with your appeal file if you do appeal the decision.

Yours sincerely

Nicholas Fish
Scheme Administrator

GRO-B

30th January 2015

Dear Mr GRO-B

Re: Skipton Fund Application (Ref. 8463)

I am writing to you to inform you that we wrote to your clinician Dr Wong on 19th January 2015 requesting a copy of the A&E records he mentions in the application form.

On 26th January we received back the copy of your form that we sent to Dr Wong for his reference but we are yet to receive the requested records. As soon as we receive a copy of the requested A&E records we will be in a position to consider your application.

Yours sincerely

Shane Baker
Senior Scheme Assistant

↑
Mr GRO-B confirmed over
the phone that the 1 page
of A&E notes we received
is the page of notes Dr Wong
referred to and that there
are no other available.

GRO-C

Dr Terrance Wong
Gastroenterology
St Thomas' Hospital
Westminster Bridge Road
London
SE1 7EH

19th January 2015

Dear Dr Wong

Re: Skipton Fund Application for GRO-B **(8463)**

I am writing with regards to the Skipton Fund application that you submitted on behalf of Mr GRO-B

I wrote to Mr GRO-B on 11/08/2014 for a copy of medical records which state that he was transfused for a compound fracture sustained in 1975. Mr GRO-B has returned the application form with an email chain from Scarborough and Bridlington Hospitals' Patient Affairs and Access department and a letter from his GP stating that no relevant records exist.

You have stated in your answer to part 4A ii) of the application form (copy enclosed) that records do exist in the form of A&E notes. Would it be possible for you to forward a copy of these notes on to us?

I look forward to receiving your response and have enclosed a freepost envelope for your convenience.

Yours sincerely

Shane Baker
Senior Scheme Assistant

LLOYD HOSPITAL
ACCIDENT AND EMERGENCY DEPARTMENT

C.I. No. **BRIDLINGTON**

Surname	GRO-B	Forename(s)	GRO-B
Address			
GRO-B			
Single	Male	Date of Birth	Religion
Married	Female	8	
Occupation	Employer		
Name of G.P.	GRO-B	G.P.'s address (if not local)	
Next of Kin			
Previous Attendance at ANY Hospital		Date Admitted	
Which Hospital		Ward	
How Long Ago	Unit No. If Known	Consultant	
Date First Seen	ATS	Date	Units
16/9/8			
AM	Toxoid		
History			
Compound # lower (L)			
X-ray			
end Radius & ulna			
Treatment			
Top of wrist fell on (L) arm.			
Recommended			
(PT has Eczema so hasn't had triple vaccine)			
Doctor's Initials	This Patient Has Been:		
	1. Referred to Fracture Clinic on		
	2. Asked to come again on		
	3. Discharged, but asked to see own doctor should there be any further complaint.		

SCARBOROUGH HOSPITAL
ACCIDENT AND EMERGENCY DEPARTMENT

App. No.

Surname	GRO-B	Forename(s)	GRO-B
Address			
GRO-B			
Single	Male	Date of Birth	Religion
Married	Female	GRO-B 67	
Occupation	Employer		
ALLERGIC TO ELASTIC BAND			
Name of G.P.	GRO-A	G.P.'s address (if not local)	
Next of Kin			
Previous Attendance at ANY Hospital		Date Admitted	
Which Hospital		Ward	
How Long Ago	Unit No. If Known	Consultant	
Date First Seen	ATS	Date	Units
16.9.75			
AM	Toxoid		
History			
Compound # @ Radius & ulna			
X-ray			
G.C. Satisfactory			
Treatment			
12.5mg of Penicillin given			
all signs -			
Catheter removed on call Catheter			
Narrower reduction & closure			
of the wound. No vessels or tendon			
injury.			
Check x-ray in the morning.			
Recommended			
This Patient Has Been:			
1. Referred to Fracture Clinic on			
2. Asked to come again on			
3. Discharged, but asked to see own doctor should there be any further complaint.			

Albion Street Group Practice
87 Albion Street
London SE16 7JX
TEL: 020 3049 7120
FAX: 0203 049 7121
www.albionstreetgrouppractice.co.uk

04-Sep-2014
Skipton Fund Application

GRO-B

Dear Sir or Madam

I am writing to you following your letter to Mr **GRO-B** of the 11th August, requesting further medical information. Firstly, I can confirm that he is Hepatitis C positive (genotype 1a) and is looked after by Dr Wong (Gastroenterologist) at St. Thomas hospital.

Mr **GRO-B** had a compound fracture as a child in the 1970s treated at Scarborough hospital. He possibly had a blood transfusion at the time. Such details are not recorded in his GP notes (I have recalled his original file and reviewed all the letters). I think it is highly unlikely that he will obtain a copy of hospital records dating that far back.

Hopefully this letter will be helpful to his application.

Yours sincerely

GRO-C

Dr Barry Marsh BSc MBBS FRCGP

Dr. GRO-B

GRO-B

Dr Robert Davidson GMC 4518877
Professor Delaney GMC 3258693
Dr Timothy Humphrey GMC 3316074
Dr Barry Marsh GMC 4422521

Dr Raj Nair GMC 6077839
Dr Catherine Otty GMC 2785891
Dr Sonia Seyfollahi GMC 4450678
Cathy Trotman NMC 84Y2773E

SKIP0000072_006_0006

Guys and St Thomas' (confidential)
Report printed by RRS

page 1 of 1

name	GRO-B	d.o.b	GRO-B 1967	order / exam'n	11:09 28 Oct 2013
patient no.		to	DMBG	latest report	10:56 28 Nov 2013
consultant				loaded on RRS	10:50 28 Nov 2013
				dept reference	VS13209484

tests HIV-1 Viral Load (Roche); HepC Viral Load (Roche); Hep C genotype;

Description	Value	Units	Ref range	Out of Range
HIV-1 RNA copies/ml	Not Detd			
	GENERAL INFORMATION ABOUT THE ASSAY Lower limit of quantification for assay (Roche COBAS V2.0) is 20 copies/ml. '< 20 copies/ml' indicates detection of HIV-1 RNA below limit of ** TRUNCATED - SEE LAB **			
Log copy number	Not done			
	GENERAL INFORMATION (IMPORTANT: THIS COMMENT IS NOT PATIENT SPECIFIC AND MAY RELATE TO THE RESULTS GIVEN) The current clinical standard for virological suppression is <50 cop ** TRUNCATED - SEE LAB **			
HepC RNA IU/ml	60283			
	GENERAL INFORMATION ABOUT THE ASSAY Lower limit of quantification for assay (Roche COBAS) is 15 IU/ml. '< 15 IU/ml' indicates detection of Hepatitis C RNA below limit of ** TRUNCATED - SEE LAB **			
Log value	4.78			
	GENERAL INFORMATION (IMPORTANT: THIS COMMENT IS NOT PATIENT SPECIFIC AND MAY RELATE TO THE RESULTS GIVEN) 'Hepatitis C RNA not detected' indicates no target was amplified. ** TRUNCATED - SEE LAB **			

Reference Laboratory Results (CPA ID=2321):

HCV Genotype: 1a

(end of report printed by GRO-B at 11:40 13 Aug 2014)

Guys and St Thomas' (confidential)
Report printed by RRS

page 1 of 1

name	GRO-B		order / exam'n	11:09 28 Oct 2013
patient no.	GRO-B	d.o.b	latest report	19:43 30 Oct 2013
consultant	SARRZ	to	loaded on RRS	19:40 30 Oct 2013
		DMBG	dept reference	VS13209485

tests Hep C IgG Abs;

<u>Description</u>	<u>Value</u>	<u>Units</u>	<u>Ref range</u>	<u>Out of Range</u>
Hep C IgG Abs	Detected			

(end of report printed by GRO-B at 11:42 13 Aug 2014)

Guys and St Thomas' (confidential)
Report printed by RRS

page 1 of 1

name	GRO-B		order / exam'n	13:41 16 Oct 2013
patient no.	GRO-B	d.o.b	latest report	17:29 21 Oct 2013
consultant	SARRZ	to	loaded on RRS	17:20 21 Oct 2013
		DMBG	dept reference	VS13201573

tests **Hep A IgM; Hep B surface Ag; Hep C IgG Abs;**

<u>Description</u>	<u>Value</u>	<u>Units</u>	<u>Ref range</u>	<u>Out of Range</u>
Hep A IgM	Not Detd			
Hep B surface Ag	Not Detd			
Hep C IgG Abs	Detected			
	Hepatitis C ANTIGEN also detected, consistent with current HCV infection. If this is the first positive Hepatitis C IgG Abs report on this ** TRUNCATED - SEE LAB **			

(end of report printed by GRO-B at 11:41 13 Aug 2014)

GRO-B

From: Higgins, Fay [GRO-C]

Sent: 15 November 2013 15:15

To: GRO-B

Cc: Davis, Louise

Subject: Access Application

Good Afternoon Mr [GRO-B]

I acknowledge your application for Access to your Health Records.

Unfortunately, I have been unable to trace any record of you having been seen at Scarborough General Hospital.

As your GP records follow you around as you move, there may be some correspondence held within those records.

I am sorry I have not been able to help you.

Yours Sincerely

Fay Higgins

Fay A Higgins
Patient Affairs & Access Officer
Scarborough & Bridlington Hospitals
Direct Dial [GRO-C]

GRO-C

13/08/2014

SKIP0000072_006_0010

GRO-C**From:** Higgins, Fay **GRO-C****Sent:** 18 November 2013 10:33**To:** **GRO-C****Subject:** RE: Access ApplicationGood Morning Mr **GRO-C**

Your records will have been destroyed sometime after your 25th Birthday as per the Department of Health guidelines.

A GP should retain records for 10 years after death.

I did speak to Hull this morning as Bridlington used to come under Hull. They, unlike us could trace you but no longer hold any records.

I hope you will find what you need held within your GP Records.

Yours Sincerely

Fay

Fay A Higgins
Patient Affairs & Access Officer
Scarborough & Bridlington Hospitals
Direct Dial: **GRO-C**
GRO-C

From: **GRO-B****Sent:** 15 November 2013 15:26**To:** Higgins, Fay**Cc:** Davis, Louise**Subject:** RE: Access Application

Dear Ms Higgins

Thank you for your quick reply.

I will double check with my GP, however records of an A&E admission should not be held with him. I was admitted in the first instance to A&E at Bridlington Hospital, then transferred by ambulance to Scarborough for surgery to repair the fracture. I was allowed home post-surgery then attended fracture clinic. It is absolutely imperative for management of a current condition that I have access to all notes and records pertaining to this episode; is there anything further you can do to further check with Bridlington/Scarborough hospitals, and if not can you advise as to how I can escalate this?

I appreciate your efforts, and cannot stress enough how critical it is that I am able to access these records.

Yours sincerely

GRO-B

13/08/2014

SKIP0000072_006_0011

GRO-B

From: Higgins, Fay [GRO-C]
Sent: 15 November 2013 15:15
To: [GRO-B]
Cc: Davis, Louise
Subject: Access Application

Good Afternoon Mr [GRO-B]

I acknowledge your application for Access to your Health Records.

Unfortunately, I have been unable to trace any record of you having been seen at Scarborough General Hospital.
As your GP records follow you around as you move, there may be some correspondence held within those records.

I am sorry I have not been able to help you.

Yours Sincerely

Fay Higgins

Fay A Higgins
Patient Affairs & Access Officer
Scarborough & Bridlington Hospitals
Direct Dial: [GRO-C]
[GRO-C]

The information contained in this message and or attachments is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material.

Unless otherwise specified, the opinions expressed herein do not necessarily represent those of Guy's and St Thomas' NHS Foundation Trust or any of its subsidiaries.

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Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from any system and destroy any copies.

We make every effort to keep our network free from viruses. However, it is your responsibility to ensure that this e-mail and any attachments are free of viruses as we can take no responsibility for any computer virus which might be transferred by way of this e-mail.

13/08/2014

SKIP0000072_006_0012

Skipton Fund

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: apply@skiptonfund.org www.skiptonfund.org

GRO-B

11th August 2014

Dear Mr GRO-B

Re: Skipton Fund Application (8463)

I am returning to you your application form for the Skipton Fund ex gratia payment as we require further information in order to progress with your claim.

The doctor completing your form was unable to provide records confirming you received treatment with NHS blood or blood products prior to September 1991 which is one of the requirements of the scheme. The Skipton Fund can only process information that is provided by the medical practitioners completing the forms, we cannot request medical records and in the circumstances the only course of action open to me is to return your form to you.

Please therefore contact the records department at the hospital where you believe you were treated with blood or blood products as well as your GP surgery and ask if they hold any notes from the time relating to your need for such treatment. If you are told that there are no records to support your claim then please ask that the hospital and GP surgery confirm this in writing and send a copy of their responses to us instead of the records.

Secondly, we have not received documentary evidence to confirm that you are currently hepatitis C PCR positive as stated in part 2A. Please therefore arrange for a copy of the relevant test results to be sent in by either your specialist or GP.

I am enclosing a freepost envelope for you to return the form to us along with the other information requested in due course.

Yours sincerely

GRO-C

Shane Baker
Senior Scheme Assistant

PART 5 - TO CONFIRM THE AUTHORITY OF RESPONDENT(S)

How long have you known the person in respect of whom you have completed this form?

_____ years 10 monthsName of Clinician WOMANDepartment GASTROENTEROLOGYHospital ST THOMAS HOSPITAL

Address _____

Post Code SE1 7EH

Signature of Clinician

Hospital Stamp
Clinician's
GMC number

GRO-C

2497720

How long have you known the person in respect of whom you have completed this form?

_____ years _____ months

Name of Clinician _____

Department _____

Hospital _____

Address _____

Post Code _____

Signature of Clinician

Hospital Stamp
Clinician's
GMC number

How long have you known the person in respect of whom you have completed this form?

_____ years _____ months

Name of Clinician _____

Department _____

Hospital _____

Address _____

Post Code _____

Signature of Clinician

Hospital Stamp
Clinician's
GMC number

How long have you known the person in respect of whom you have completed this form?

_____ years _____ months

Name of GP (if relevant) _____

Surgery _____

Address _____

Post Code _____

Signature of GP

Surgery Stamp &
GMC number

By signing this form I confirm that the information contained within parts 2 – 5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

Please return the completed form to the Skipton Fund in the freepost envelope supplied

Thank you very much for your help in completing this form

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THE SKIPTON FUND

PO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

RECEIVED 08 JAN 2015

GRO-B

8463

MTN 19/12/2013

GUIDANCE NOTES FOR APPLICATION FORM FOR FIRST STAGE EX GRATIA PAYMENT OF £20,000.

TO THE APPLICANT

Thank you for registering with the Skipton Fund. Please read these notes carefully before completing the form. Please also show these notes to the medical professional who you ask to complete the rest of the form after you have completed and signed Part 1.

HOW TO COMPLETE THE FORM

Page 2 of the application form must be completed by the person making the claim. In nearly all cases this will be you, the infected person; if such a claimant is unable to complete the first two pages of the form, they can be completed by a representative as long as this is made clear on the form.

If the application is for a payment in respect of somebody who has died, the form asks for information about the deceased person.

All the rest of the form after page 2 must be completed by a medical professional, to whom you should give the form after you have completed and signed the first two pages. You should also give the guidance notes to that medical professional.

Generally this medical professional should be the principal clinician treating you or who had treated the deceased; this will probably be a clinician treating hepatitis C, but in the case of applicants with bleeding disorders, or in respect of someone deceased who had a bleeding disorder, it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your or the deceased person's General Practitioner, again with the guidance notes.

If you yourself have any records of how you or the deceased were infected, please give them to the medical professional who will be completing the remainder of the form.

When the medical professional has completed the form, he or she should send it to the Skipton Fund along with supporting documents where it will be processed. Provided that the information supplied confirms eligibility for a payment, this will be made as soon as possible after the receipt of the form by the Skipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Skipton Fund Helpline on (0207 808 1160). In case your call has to be recorded, please be ready to leave a telephone number to which it will be possible to return your call.

TO APPLY FOR SECOND STAGE EX GRATIA PAYMENT

Before applying for the second stage payment a successful first stage application has to have been paid to confirm eligibility. If, after receiving the first payment, you believe that you are eligible for this payment, please ask the Skipton Fund for the relevant application form.

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SKIP0000072_006_0014

PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT, OR IN RESPECT OF SOMEONE WHO IS DECEASED

Please complete the following in block capitals:

If you are completing this form on behalf of somebody who is unable to do it himself or herself, please supply the following information about that person. If you are claiming in respect of somebody who is deceased, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other) **MR** Surname **GRO-B**
 First name **GRO-B** Middle name/s **GRO-B**
 Address **GRO-B**
 Post Code **GRO-B**

What is or was your relationship to this person?

If the infected person has died and you did not supply the Skipton Fund with a copy of the death certificate during registration then please attach a copy to this form.

PART 1B - TO BE COMPLETED BY THE APPLICANT OR THE PERSON MAKING THE APPLICATION ON BEHALF OF THE ESTATE IF THE APPLICANT IS DECEASED**DATA PROTECTION - For living applicants only**

Your personal information will only be used by the Skipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (England) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

By submitting this form to a medical professional, you consent to your medical details requested in Parts 2 - 4 being supplied to the Skipton Fund and the Department of Health (England) for the purpose of administering your application. If your application is ultimately deemed to be ineligible for the ex gratia payment your information will be deleted. If you have any questions regarding the use of your information, please contact 0207 808 1160.

Do you consent to the medical details requested in Parts 2, 3 and 4 being supplied to the Skipton Fund?

*Delete as appropriate
YES/NO*

If you have any records regarding your hepatitis C status (or that of the deceased person), please give them to the medical professional who will be completing the remainder of the form.

For all applicants

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Skipton Fund on behalf of myself or, if applying in respect of a deceased person, that the estate has not previously applied for the first stage ex-gratia payment of £20,000 from the Skipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Skipton Fund and NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I wish to apply for a £20,000 ex-gratia payment.

Signature of applicant or the person making the application on behalf of the estate if the applicant is deceased

GRO-B

Date **31 07 2014**

TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER**NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.**

Thank you for your help with this application.

In most cases this form will concern a patient who is known to you who has been infected with hepatitis C.

The purposes of this form are

- to confirm that the patient has been chronically infected
- to confirm that the infection most probably arose through treatment with NHS blood or blood products

If there are questions in this form relating to your patient that you cannot answer, please consult such other medical professionals as have treated your patient who would be able to provide such answers.

In some cases this form will concern a patient who had been infected with hepatitis C but who has since died. In such a case all the questions you are requested to answer refer to the deceased person.

In some cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A (or 2C), 2B, 4B and 5.

Please return this form, when completed, to the Skipton Fund in the freepost envelope supplied.

Skipton Fund Limited
 Freepost NAT18555
 London
 SW1H 0BR

PART 2A - TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT

Has an HCV antibody test ever been positive?

YES/NO*

Is the applicant currently PCR/RNA positive?

YES/NO*

If the applicant is currently PCR/RNA negative, is this as a result of past or ongoing interferon-based treatment?

YES/NO*

If the applicant is PCR/RNA negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?
(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic hepatitis C.)

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2A

PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

YES/NO*

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

YES/NO*

YES/NO*

YES/NO*

Please provide details and a copy of test result to confirm which genotype the applicant is/was infected with

If any of the answers in part 2B is 'YES', please ignore the rest of parts 2 (unless the eligible person is deceased), 3 & 4A and go to part 4B.

PART 2C - TO CONFIRM THAT A PERSON NOW DECEASED WOULD HAVE BEEN ELIGIBLE FOR PAYMENT

Did the deceased person ever test positive for HCV antibodies?

YES/NO*

Was the deceased person PCR/RNA positive at the time of death?

YES/NO*

If at the time of death the applicant was PCR/RNA negative was this as a result of interferon-based treatment?

YES/NO*

If the deceased person died before tests for hepatitis C were available, was a diagnosis of non-A, non-B hepatitis associated with receipt of a blood transfusion, blood component or blood products made?

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2C

PART 3 - TO BE COMPLETED ONLY IN RESPECT OF INFECTED PEOPLE, WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS

i) Please confirm that the infected person has/had or is/was a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder)

YES/NO*

ii) Were any of the following used to treat the infected person before 1 September 1991?

(please tick where appropriate)

Factor VIII concentrate

☐

Factor IX concentrate

☐

Cryoprecipitate

☐

FEIBA

☐

Plasma/FFP

☐

Whole blood or components

☐

(components include platelets, red cells, neutrophils etc)

Did treatment include repeated doses?

YES/NO*

Other coagulation factor concentrate

☐

If so which?

iii) In which NHS hospital(s) did the infected person receive the products listed before 1 September 1991?

iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's hepatitis C infection was caused through treatment with NHS blood or blood products received before that date?

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

If part 3 has been completed ignore part 4A and go straight to part 4B.

*Delete as appropriate

PART 4A - TO CONFIRM THAT INFECTION MOST PROBABLY AROSE THROUGH NHS TREATMENT. (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)

i) When, where and how is it believed that infection occurred?

When? (date) 16 09 75

Where? (in what NHS hospital or other facility)

SCARABOUNDUM

How? (during surgical procedures, A&E treatment, etc) Please specify.

COMPOUND # @ MARKS + ULNAR

ii) Do any records exist of this possible occasion of infection?

If YES, please specify and enclose a copy of the relevant records

YES (A&E NOTED)

iii) If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991?

YES/NO*

iv) Were any of the following used to treat the applicant before 1 September 1991?

(please tick where appropriate)

Intravenous immunoglobulin

☐

Plasma/FFP

☐

Albumin

☐

DEFIX

☐

Bone marrow

☐

Whole blood or components

☒

(components include platelets, red cells, neutrophils etc)

If so, for what purpose, and did the treatment involve repeated doses?

v) Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)?

If YES, please specify

YES/NO*

*Delete as appropriate

PART 4B - OTHER POSSIBLE SOURCES OF INFECTION

Based on evidence or your experience, has/had the infected person been treated for intravenous drug use?

YES/NO*

Has/had the infected person ever received hospital treatment outside the UK?

If YES, what treatment and where?

YES/NO*

Is there any other evidence that might affect the eligibility of the infected person for payment?

If YES, please specify?

YES/NO*

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

If NO, please give your reasons?

YES/NO*

*Delete as appropriate