

3) GRO-A

Dob: GRO-A

Currently registered with the Hertfordshire Health Authority . For further information you will need to contact the Patient Data Manager on;

Tel: 01707 369733

SKIP0000079\_017\_0001

# Registration Form

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

If you think you qualify for an ex gratia payment because you were infected with Hepatitis C as a result of National Health Service treatment with blood or blood products, please complete and return this form. A formal application form will then be sent to you as soon as possible. You may wish to call the Skipton Fund or refer to the guidance on the website (www.skiptonfund.org) if you are not sure about your eligibility for the scheme.

ANYBODY REGISTERED WITH THE MACFARLANE TRUST NEED NOT COMPLETE THIS FORM.

Please complete ALL sections of the form and send it to:

The Administrator,  
The Skipton Fund,  
PO Box 50107,  
London SW1H 0YF

or e-mail to: apply@skiptonfund.org

Account Number:

RECEIVED 29 JAN 2009

For Office Use Only

Title Mr/Ms/Miss/Mrs\* Delete where appropriate

Name

GRO-A

Address

GRO-A

GRO-A

Post Code

GRO-A

Daytime telephone number:

GRO-A

Is it acceptable for the Skipton Fund to call this number and leave a message? YES ☒ NO

E-mail:

GRO-A

(if applicable)

National Insurance Number

GRO-A

NHS Number

GRO-A

Date of birth:

GRO-A

If you are registered with a Haemophilia Centre, please complete as follows:

Name of Centre

If you qualify, payment will be made direct to your Bank or Building Society account. If, for whatever reason, you do not qualify then these details will be disposed of.

Name of Bank/Building Society: NAT WEST BANK

Name the account is held in:

GRO-A

Sort Code:

GRO-C

Account Number:

GRO-C

or

Building Society Roll No:

Mr. GRO-A  
GRO-A

17<sup>th</sup> April 2009

Dear Mr. GRO-A

**Re: Skipton Fund Application (7304)**

We have again received your completed Skipton Fund application form along with various letters.

It is with regret that I must advise you your application has been declined. This is due to the lack of supporting confirmation that you were treated with NHS blood or blood products prior to September 1991 and that this was therefore the likely source of your infection with hepatitis C.

On two of the letters we have received (one from 2000 and one from 2001) it mentions a past transfusion but in the absence of medical records this was presumably as a result of consultation between you and your doctor. Of course, if you do obtain any other supporting medical records then please return these along with your application form and we will consider it again.

If you disagree with the outcome of your application you may wish for your case to be reviewed by the independent appeal panel, which is chaired by an experienced lawyer and consists of a haematologist, a hepatologist, a GP and a lay person. You will however need to return your form and advise the fund formally in writing if you do wish to appeal. I enclose a copy of the appeal panel guidelines for your reference.

Yours sincerely

Nicholas Fish  
Scheme Administrator

Denmark Hill  
London  
SE5 9RS

**Institute of Liver Studies**

**Hepatitis Service**

Tel: 020 3299 9000  
Fax: 020 3299 3445

Dr Kosh Agarwal, BMed Sci (Hons) MD FRCP (Ed),  
Consultant Hepatologist/Lead Clinician  
kosh.agarwal@ **GRO-C**

Dr Philip Harrison PhD MD FRCP  
Senior Lecturer/Consultant Hepatologist  
phillip.harrison@ **GRO-C**

Dr Ivana Carey  
Clinical Lecturer in Viral Hepatitis  
ivana.carey@ **GRO-C**

Dr Astrid Scalori  
Associate Specialist  
astrid.scalori@ **GRO-C**

**Hepatitis Service Team:**

Hepatitis Email:  
hepatitisnurses@kch.nhs.uk  
Hepatitis Office Tel:  
Hepatitis Office Fax:  
Marie-Ange Badot (CNS) Tel:  
Annie Fraser (CNS) Tel:  
Sarah Hodgson (CNS) Tel:  
Kathryn Oakes (CNS-Team Lead) Tel:

hepatitisnurses@kch.nhs.uk &

020 3299 3713  
020 3299 3756

**GRO-C**

**Hepatitis Outpatient Clinic -- Dr Kosh AGARWAL**  
Clinic Date: 14 January 2009

Dr Duggan  
Manor House Surgery  
Emperors Gate  
Chells Manor, Stevenage  
Hertfordshire  
SG2 7QX

Dear Dr Duggan

Re: **GRO-A** DOB: **GRO-A** / Hosp No: **GRO-A**  
**GRO-A**

**PROBLEM LIST**

1. Chronic hepatitis C, genotype 1a
2. Previous responder/relapser to antiviral therapy
3. Pegylated Interferon and low-dose Ribavirin

Mr **GRO-A** attended the Hepatitis Nurse-Led Clinic on 15 January 2009. He completed 72 weeks of combination therapy with pegylated Interferon injections and Ribavirin tablets for the treatment of chronic hepatitis C virus in December 2008.

On review, Mr **GRO-A** reports that most of the side effects from his antiviral medications have resolved and he is generally in good health. His eczema is resolving

Typed on 18 March 2009 by Connor Bingham (Medical Secretary)

**GRO-A**

and his shortness of breath on exertion has resolved considerably as he reports an increase in his walking at the weekends. He incidentally reported that he is currently in the process of completing a Skipton Fund form in relation to his hepatitis C virus.

During this appointment, we discussed the results of the HCV RNA test which was carried out at the end of his antiviral treatment. I am pleased to say that his HCV RNA was not detectable which means he has had an end-of-treatment response.

I have advised Mr **GRO-A** to remain abstinent from alcohol and to continue to maintain a healthy diet.

We will see him in the clinic for repeat blood tests on 10 June 2009 and for a follow up in the clinic with the nurses on 24 June 2009.

Please do not hesitate to contact me should you require any further information.

#### Laboratory Blood tests

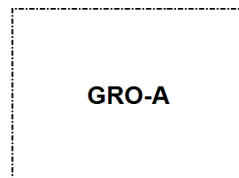
| Test                       | Value                   |
|----------------------------|-------------------------|
| Hb                         | 11.4 g/dl               |
| WBC                        | 6.83 10 <sup>9</sup> /l |
| Sodium                     | 142 mmol/L              |
| Potassium                  | 4.2 mmol/L              |
| Creatinine                 | 89 umol/L               |
| Phosphate                  | 0.81 mmol/L             |
| Total Protein              | 74 g/L                  |
| Albumin                    | 43 g/L                  |
| Bilirubin (Total)          | 5 umol/L                |
| Alkaline Phosphatase       | 64 IU/L                 |
| Aspartate Transaminase     | 22 IU/L                 |
| Gamma-glutamyl Transferase | 17 IU/L                 |
| Globulin                   | 31 g/L                  |
| Calcium                    | 2.30 mmol/L             |
| Neutrophils                | 4.57 10 <sup>9</sup> /l |

Yours sincerely

*Dictated but not signed.*

**Ms Anne Fraser**  
**Viral Hepatitis Clinical Nurse Specialist**

Cc:



**MR. B. V. PALMER**  
**M.A., M.Chir., M.R.C.P., F.R.C.S.**

17 August 2001  
Clinic 13.08.01

Southacre  
39, Pasture Road  
Letchworth  
Herts SG6 3LR  
Tel 01462 683064  
Fax 01462 643872

Dr A.W.G. Savage,  
29 Shephall Way,  
STEVENAGE,  
Herts. SG2 9QN

|              |  |
|--------------|--|
| ASTHMA       |  |
| PRESCRIPTION |  |
| DOCTOR       |  |
| DIAGNOSIS    |  |
| TO FILE      |  |
| ACTION       |  |

*Wates*

Dear Dr Savage,

Re:

GRO-A

Thank you very much for asking me to see this pleasant man as a private patient. Six weeks ago he felt a lump in the right groin which is reducible.

On examination, he does have a moderate right inguinal hernia. There is a cough impulse in the left groin with a probable small hernia. I note that he has Hepatitis C as a result of a blood transfusion when he fractured his ankle.

We discussed the various options that included a laparoscopic TEP (totally extra peritoneal) repair of both sides, but we have opted for a right Lichtenstein repair which will be done after his holiday.

**N.B I have since discovered that this patient should not have been referred as a private patient!. Unfortunately, he did not mention this when I saw him. Would it be possible for you to refer him in the usual way to my clinic at the Lister?**

With best wishes.

Yours sincerely,

GRO-C

Mr B.V. Palmer,  
Consultant Surgeon

# Institute of Liver Studies

Direct Telephone: 0171 346 3066  
Fax Number: 0171 346 3167



TC/mk/D258255

13 December 1999

Outpatient Clinic -- Dr John O'Grady  
(Clinic date: 06/12/99)

Dr A W G Savage  
29 Shephall Way  
Stevenage  
Hertfordshire  
SG2 9QN

King's Healthcare NHS Trust

King's College Hospital  
Denmark Hill, London, SE5 9RS

Telephone: 0171-737 4000

Facsimile: 0171-346 3445

Direct telephone line

Dear Dr Savage

GRO-A (d.o.b. GRO-A 47; Hosp.ID D258255)  
GRO-A Herts, GRO-A

## PROBLEM LIST

## CURRENT MEDICATIONS

**Hepatitis C with Hep C RNA positive Nil**

I reviewed this pleasant gentleman in clinic today. His recent liver biopsy reviewed by Professor Portmann, our Consultant Histopathologist, his liver biopsy showed chronic hepatitis C with mild activity and moderate portal early septal fibrosis (stage II). He currently feels well and there is no outstanding issues. As he is hepatitis C RNA positive and has abnormalities demonstrated in liver biopsy, he would be a candidate for treatment with for hepatitis C. We now have a specialist liaison nurse, Gill Rogers, whom I will contact with a view to commencing treatment for this gentleman. We will follow him up in 3 months' time but in clinic today we have repeated full blood count, U's + E's, LFT's and Hep C VRNA. I will ask Gill Rogers to consider Mr GRO-A to be added to the waiting list for treatment.

Yours sincerely

GRO-C

**Dr Tim Cross**  
**SHO**

cc: ALWF Eddlestone, Professor of Liver Immunology Consultant Physician ,  
ILS KCH  
Mrs Gill Rogers, Liaison Nurse Specialist, ILS KCH

# INSTITUTE OF LIVER STUDIES

Direct telephone and Fax No. 020 7346 3252

E. Mail: [catherine.green@kingshc.nhs.uk](mailto:catherine.green@kingshc.nhs.uk)

11 December 2000

RL/cg/D258255

Outpatient Clinic -- Dr John O'Grady

Dr A W G Savage  
29 Shephall Way  
Stevenage  
Hertfordshire  
SG2 9QN

Dear Dr Savage

GRO-A

## Problem List

Hepatitis C (Stage 2)

I reviewed Mr **GRO-A** in the Liver outpatients clinic today. I note that he has a history of transfusion acquired Hepatitis C virus with a liver biopsy on the 8th November 1999 showing chronic Hepatitis C with mild activity and moderate portal and early septal fibrosis.

On examination today Mr **GRO-A** was well looking. There was no stigmata of chronic liver disease nor was there evidence of organomegaly.

At present we are awaiting a reply from the local health authorities who have been written to regarding their willingness to accept the cost of combination therapy. I have asked Mr **GRO-A** to contact Katherine Barry from our liver clinic early in the New Year to find out the progress of this. If funding was available we would offer him combination therapy with Interferon and Ribavirin. We would also check his Hepatitis C viral genotype. Today, I have repeated his liver function tests. I will write to you once further information is to hand.

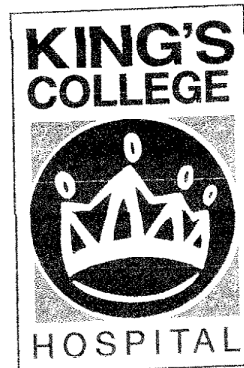
Yours sincerely

GRO-C

Dr Roger Lee  
Registrar to Dr S Norris and Dr J O'Grady

cc: Mr

GRO-A



King's Healthcare NHS Trust

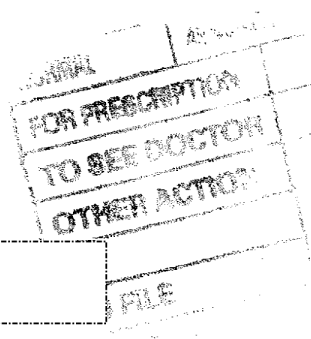
King's College Hospital  
Denmark Hill, London SE5 9RS

Telephone: 020 7737 4000

Facsimile: 020 7340 3445

Direct telephone line

18 DEC 2000





**Institute of Liver Studies  
Clinical Nurse Specialist**

☎ - 0207-346-3982 (24 hr answer machine)

PAGER- 07659 133952

FAX - 0207 346 3756

✉ email [katherine.barry@kingshc.nhs.uk](mailto:katherine.barry@kingshc.nhs.uk)King's College Hospital  
Denmark Hill  
London SE5 9RSTel: 020 7737 4000  
Fax: 020 7346 3445  
[www.kingshealth.com](http://www.kingshealth.com)

23 August 2001

Dr AWG Savage  
29 Shephall Way  
Stevenage  
Hertfordshire SG2 9QN

Dear Dr Savage

|       |                                      |
|-------|--------------------------------------|
| GRO-A | (d.o.b. GRO-A/1947; Hosp.ID D258255) |
| GRO-A | Herts, GRO-A                         |

**GRO-A** was seen in the Hepatitis Nurse Specialist clinic on the 22nd August 2001. He was consent to start in a trial for his hepatitis C, with Pegylated Interferon and Ribavirin, enclosed for your reference you will find a copy of his consent form, GP and Patient information. If you have any questions regarding this do not hesitate to contact me. He is scheduled to commence treatment on the 26th September.

He has had bloods taken for Genotype and Viral load, I will inform you of these once they are available to myself. At this stage I can not inform you of how long his treatment period is likely to be, however once we have the Genotype result, I can give you a duration.

Hb: 14.2 g/dl  
WBC:  $5.73 \times 10^9/l$   
Platelets:  $152 \times 10^9/l$   
Aspartate transaminase: 38 U/l  
Gamma GT: 12 U/l  
ALT: 58

Again if you have any queries please do not hesitate to contact me.

Yours sincerely

|       |
|-------|
| GRO-C |
|-------|

Katherine Barry  
Hepatitis Nurse Specialist

Mr GRO-A  
GRO-A

20<sup>th</sup> February 2009

Dear Mr GRO-A

**Re: Skipton Fund Application (7304)**

I am returning to you your application to the Skipton Fund for an ex gratia payment as we are not able to progress any further your application at the present time. The doctor completing your form was unable to provide records that confirm you underwent 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.

It may be that records held at either Lister Hospital where you were treated in 1986 or, more likely, in your own GP notes have additional information to help with the claim. 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 response to us. Please note any amendments to the form will need to be signed and stamped by the completing doctor and the relevant box completed on page 8.

Secondly, please arrange for a copy of a page of your medical notes which confirm that you underwent interferon-based treatment to clear the hepatitis C virus to be sent to the Fund as this was not enclosed with the original form.

I am enclosing another set of guidelines and a pre paid envelope for the return of your form along with the requested information in due course.

Yours sincerely

Nicholas Fish  
Scheme Administrator



## THE SKIPTON FUND

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

RECEIVED 06 FEB 2009

## 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?

9 years 3 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 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?

9 years 3 months

Name of GP (if relevant)

DR MICHAEL DUGGAN

Surgery MANOR HOUSE SURGERY

Address EMPERORS GATE

STEVENAGE

Post Code

SG2 7QX

Signature of GP

Surgery Stamp &amp;

GMC number

GRO-C

2898753

Dr MICHAEL DUGGAN  
MB BChir MRCS BSc Hons  
Manor House Surgery  
Stevenage

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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PRIVATE AND CONFIDENTIAL

PRIVATE AND CONFIDENTIAL

## PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT

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 as the bereaved partner, parent or dependant of somebody who died after 29 August 2003, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other)

MR

Surname

GRO-A

First name

GRO-A

Middle name/s

GRO-A

Address

GRO-A

Post Code

GRO-A

What is or was your relationship to this person?

If the infected person has died, please supply the SKIPTON FUND with a copy of the death certificate.

## PART 1B - TO BE COMPLETED BY THE APPLICANT

## DATA PROTECTION

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, the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety (Northern Ireland) (together "the UK health administrations") 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 (acting for and on behalf of the UK health administrations) 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 being supplied to the Skipton Fund and the Department of Health (acting for and on behalf of the UK health administrations) 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 ☒

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

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. 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 the 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

GRO-A

Date

04 02 09

## FOR SCOTTISH APPLICANTS ONLY:

By signing this form I confirm that this claim meets the further criteria for claims emanating from Scotland as set out in section 2 of the Guidance Notes entitled "THE SKIPTON FUND - What it is and how it works".

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## 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 infected
- to confirm that the infection most probably arose through NHS treatment

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 a few cases this form will concern a patient who had been infected with Hepatitis C but who died after 29 August 2003. In such a case all the questions you are requested to answer refer to the deceased person.

In a few 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, 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

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## 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 positive? YES/NO\*

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment? YES/NO\*

If the applicant is PCR 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 THE ABOVE ANSWERS

## 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? YES/NO\*
- accidental needle stick? YES/NO\*
- mother-to-baby transmission? YES/NO\*
- other (please specify)?

Please provide details of which genotype the applicant is infected with 1

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

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

Did the deceased person ever test positive for HCV antibodies? YES/NO\*

Was the deceased person PCR positive at the time of death? YES/NO\*

If either of these answers is 'yes', please complete the remainder of this form in respect of the deceased person.

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment? YES/NO\*

If the infected person has or had haemophilia or any other inherited or acquired bleeding disorder, please go to Part 3, but ignore part 4.

\*Delete as appropriate

4

## 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 or is 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   | <input type="checkbox"/> |  |
| Factor IX concentrate     | <input type="checkbox"/> |  |
| Cryoprecipitate           | <input type="checkbox"/> |  |
| FEIBA                     | <input type="checkbox"/> |  |
| Plasma/FFP                | <input type="checkbox"/> |  |
| Whole blood or components | <input type="checkbox"/> | (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 NHS treatment 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 4 and go straight to part 5.

\*Delete as appropriate

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## 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) 26 10 86

Where? (in what NHS hospital or other facility) LISTER HOSPITAL STEVENAGE

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

During a surgical procedure for an internal fixation of a Potts 3 fracture

ii) Do any records exist of this possible occasion of infection? If YES, please specify and enclose a copy of the relevant records

Unhu...

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 | <input type="checkbox"/> | Plasma/FFP                | <input type="checkbox"/> |
| Albumin                    | <input type="checkbox"/> | DEFIX                     | <input type="checkbox"/> |
| Bone marrow                | <input type="checkbox"/> | Whole blood or components | <input type="checkbox"/> |

(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)? YES/NO\*

If YES, please specify

\*Delete as appropriate

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## PART 4B - OTHER POSSIBLE SOURCES OF INFECTION (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)

Based on evidence or your experience, has the infected person been treated for intravenous drug use? YES/NO\*

Has the infected person ever received hospital treatment outside the UK? YES/NO\*

If YES, what treatment and where?

Is there any other evidence that might affect the eligibility of the infected person for payment? YES/NO\*

If YES, please specify?

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? YES/NO\*

\*Delete as appropriate

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