

**Nick Fish**

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**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](http://www.skiptonfund.org) -----

-- Title: Mr

8463

-- 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

20<sup>th</sup> 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

30<sup>th</sup> 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 19<sup>th</sup> January 2015 requesting a copy of the A&E records he mentions in the application form.

On 26<sup>th</sup> 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

19<sup>th</sup> 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
Wid	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 hand 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** App. U.K.  
**ACCIDENT AND EMERGENCY DEPARTMENT**

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 WAST			
Name of G.P.	GRO-A	G.P.'s address (if not local)	
Next of Kin	Hastley		
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 2x days -		
Recommended	Cathipadii Hormones on call Carbolic NaOH solution to close of the wound. No Vesicles or tendons injury. Check x-ray in the morning.		
Doctor's Initials	This Patient Has Been:		
GRO-C	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 11<sup>th</sup> 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 Oddy GMC 2785891  
Dr Sonia Seyfollahi GMC 4450678  
Cathy Trotman NMC 84Y2773E

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

page 1 of 1

name	[REDACTED]			order / exam'n	11:09 28 Oct 2013
patient no.	GRO-B	d.o.b	[REDACTED] 1967	latest report	10:56 28 Nov 2013
consultant		to	DMBG	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 [REDACTED] 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
			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	GRO-B	latest report	17:29 21 Oct 2013
consultant	SARRZ	to	DMBG	loaded on RRS	17:20 21 Oct 2013
				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 Application

Good 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]

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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

# Skipton Fund

PO Box 50107, London SW1H 0YF

Tel: 020 7808 1160 e-mail: [apply@skiptonfund.org](mailto:apply@skiptonfund.org) [www.skiptonfund.org](http://www.skiptonfund.org)

GRO-B

11<sup>th</sup> 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 months

Name of Clinician WOMAN

Department GASTROENTEROLOGY

Hospital ST THOMAS HOSPITAL

Address \_\_\_\_\_

Post Code SE1 7EH

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

GRO-C

249720

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

**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.

**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  
 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 Skıpton 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 Skıpton 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 Skıpton 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 Skıpton 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 Skıpton 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 Skıpton 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 Skıpton 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 Skıpton Fund in the freepost envelope supplied.

Skıpton Fund Limited  
 Freepost NAT18555  
 London  
 SW1H OBR

**PART 2A - TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT**Has an HCV antibody test ever been positive? YES/NO\*  YESIs the applicant currently PCR/RNA positive? YES/NO\*  YESIf the applicant is currently PCR/RNA negative, is this as a result of past or ongoing interferon-based treatment? YES/NO\*  YES

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\*  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\*  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  NOPlease 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 &amp; 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\*  YES  NOWas the deceased person PCR/RNA positive at the time of death? YES/NO\*  YES  NOIf at the time of death the applicant was PCR/RNA negative was this as a result of interferon-based treatment? YES/NO\*  YES  NOIf 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\*  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\*  YES

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, neutrofilis etc)Did treatment include repeated doses? YES/NO\*  YES  NOOther 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\*  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 # @ MARIVS+VULNAR

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 NOTES)

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 checked="" type="checkbox"/>

(components include platelets, red cells, neutrofiles 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

\_\_\_\_\_

**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