

ANONYMOUS

20/10/82 23/15

GRO-B

HEPATITIS SURVEY

FORM C1

Sickness Record Form

This form should be completed and returned with a completed Form C2 to Miss R.J.D. Spooner at Oxford Haemophilia Centre immediately a patient is suspected, on clinical or laboratory grounds, of having contracted hepatitis.

Name of Patient:

GRO-B

d. of b.

GRO-B

GRO-B

Case No.:

GRO-B

Coagulation Defect:

FVIII 0%

Type(s) of therapeutic material received during the 6 months prior to development of hepatitis: "Koate" & "Factorate"

Has the patient previously received treatment with large pool freeze-dried factor VIII or factor IX concentrate? Yes/No.

Approximate date of onset of hepatitis: 1.5.82

Estimated incubation period:

Date of previous attack(s) of hepatitis: NONE KNOWN

Any other details:

Symptoms and Signs (delete as applicable)

Asymptomatic	Yes/No
Jaundice	Yes/No
Anorexia	Yes/No
Arthralgia	Yes/No
Rash	Yes/No
Nausea	Yes/No
Vomiting	Yes/No
Tobacco aversion	Yes/No
Abdominal pain	Yes/No
Urine discoloured	Yes/No
Pale stools	Yes/No
Raised L.F.T.'s	Yes/No

Contact with Hepatitis - within previous six months (tick or delete where applicable).

No information ()

No contact (✓)

Contact with HB_s Ag-Case Yes/No

Carrier Yes/No

Contact with hepatitis (unspecified) Yes/No

Type of Contact:

No information ()

Household not spouse ()

Spouse ()

Boy/girl friend ()

Other than above (specify):

Present Condition of Patient: Well/ill/Deceased.

Laboratory Results:-

HB _s Ag		HB _s Ab		Type of Test
Date	+/-	Date	+/-	
4.5.82	-ve	6.10.81	+ve	RIA

Other Sources of Infection - within previous six months (tick where applicable)

Drug abuse (Parenteral) ()

Tattooing ()

Renal Unit ()

Travel Abroad ()

Transfusion abroad:-

(i) Where _____

(ii) When _____

Haemophilia Centre: LEICESTER

Signed:

GRO-B

Date:

19.5.82.