

ANONYMOUS

20/05/82

GRO-B  
FORM C1

HEPATITIS SURVEY

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: "Korate" & "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:

<u>Symptoms and Signs</u> (delete as applicable)		<u>Contact with Hepatitis</u> - within previous six months (tick or delete where applicable).	
Asymptomatic	Yes/No	No information	( )
Jaundice	Yes/No	No contact	( <input checked="" type="checkbox"/> )
Anorexia	Yes/No	Contact with HB <sub>s</sub> Ag-Case	Yes/No
Arthralgia	Yes/No	Carrier	Yes/No
Rash	Yes/No	Contact with hepatitis (unspecified)	Yes/No
Nausea	Yes/No	Type of Contact:	
Vomiting	Yes/No	No information	( )
Tobacco aversion	Yes/No	Household not spouse	( )
Abdominal pain	Yes/No	Spouse	( )
Urine discoloured	Yes/No	Boy/girl friend	( )
Pale stools	Yes/No	Other than above (specify):	
Raised L.F.T.'s	Yes/No		

Present Condition of Patient: Well/~~Ill~~/~~Deceased~~

Laboratory Results:-

HB <sub>s</sub> Ag		HB <sub>s</sub> 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.