

Witness Name: Lee Terence Stay

Statement No: WITN1541001

Exhibits: WITN1541002 - WITN1541012

Dated: September 2019

**INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN1541009**

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PLEASE COMPLETE AND RETURN TO DR. ARONSTAM, LORD MAYOR TRELOAR HOSPITAL,  
ALTON, HAMPSHIRE.

I ..  ..... agree to ..... *LEE STAY* .....  
taking part in a trial as explained by Dr. Aronstam.

Signature .....  .....  
Parent ~~or Guardian~~ (delete as applicable).

IF YOU DO NOT WISH YOUR SON TO TAKE PART IN THIS TRIAL, PLEASE  
COMPLETE BELOW:

~~I ..... do not agree to .....  
taking part in a trial as explained by Dr. Aronstam.~~

~~Signature .....  
Parent or Guardian (delete as applicable).~~

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