

To all Consultant Haematologists in Charge of Blood Transfusion Laboratories supplied by NLBTC (NHS and Private, including UCH).

PEH/ed
24 April 1995

Dr H Davis
Consultant Haematologist
Queen Elizabeth II Hospital
Howlands
Welwyn Garden City
Herts AL7 4HQ

Dear Dr Davis

Hepatitis C look-back

We are now in the position to commence the first stage of HCV look-back. As you know, the Health Departments have decided that the recipients of blood components originating from donors now known to have been infected with hepatitis C should be traced so that they may be offered appropriate counselling, testing and follow-up, including consideration of treatment.

According to our records, the components listed on the attached sheet were issued to your blood transfusion laboratory on the date shown. The donors of these units have been confirmed to have been infected with hepatitis C and it must be assumed that the listed components were potentially infectious.

The first essential step is to identify the recipient and the clinician responsible for the patient's case at the time of the transfusion, or his/her successor, with a view to informing, counselling and testing the patient. I enclose a proforma for each component on the attached list, designed as a record of the identification of the recipient and for related information*. As some components may be easier to trace than others, please return individual forms when complete. Copies of the forms should be kept with your records and in the patient notes.

I would be grateful if you could inform the clinician under whose care the transfusion took place, or his/her successor, that steps should be taken to contact the recipient. A draft letter for this purpose is enclosed. So that we may know the identity of the patient who received the donated unit and the consultant to whom you have sent the letter, please return a copy of the letter sent to the clinician with the proforma. We will then contact the GP or clinician currently caring for the recipient in order to establish the best method of informing the patient. Unless you are the clinician currently responsible for the patient's care we shall not normally ask you to undertake the counselling and testing of the patient.

*Please note that the unique centre code number (W) is excluded from the donation number on this form.

There is no need for any case of hepatitis C, identified through the look-back procedure, to be notified to the CCDC.

Please do not hesitate to contact me if there are any questions or concerns arising from this letter.

Yours sincerely

GRO-C

Dr P E Hewitt
Acting Medical Director

Enc

1. List of blood components
2. List of abbreviations for blood components.
3. Form LBF 1 for each component
4. Draft Letter DLHCV 2 for clinician who originally gave/prescribed transfusion.

NOT RELEVANT