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UCL MEDICAL SCHOOL

28 December 1995

Dr Helen Holzel
Department of Microbiology
Great Ormond Street Hospital
for Children NHS Trust
London WC1N 3JH

Dear Helen

National HCV look-back study

Thank you for your letter voicing your concerns over the bleeding of young children as part of the national HCV look-back. I have agreed with Dr Hewitt that we can attempt to rationalise the provision of appropriate samples for your patients. It seems that we can do all that is necessary and have sufficient material to refer through to the hepatologists at St Mary's if we were to receive a single sample, which should be EDTA anticoagulated whole blood. As an absolute minimum, and I emphasise the absolute nature of this, we will require 2.5 ml of whole blood in a sequestrene tube. This should be dispatched to us to arrive no later than 4.00 pm on the day on which the sample was taken. Transit time should be kept to a minimum and it would seem to be most appropriate to dispatch the sample to arrive well within the six hours stipulated as a maximum between venesection and separation. In view of the value attached to these samples, I would ask that the specimen is sent by courier to us for analysis. We will undertake to separate and to transport the residual cellular pellet to St Mary's for the analysis which they require. Done this way, it means that a single venesection and sample should enable all aspects of the analysis to be conducted with the exception of the liver function tests which you should be able to conduct at your end. I feel it is better that you conduct the biochemistry at GOS because your laboratory is more used to dealing with small-volume analytes from children than is ours. If necessary we could get assays done but it would require an additional sample which would negate the simple protocol outlined above. On this basis I then expect to receive from your HCV look-back patients, one sample of 2.5 ml minimum whole blood in EDTA anticoagulant. We will conduct serology and PCR on this sample and refer the residual cellular pellet to St Mary's. We also expect to receive a photocopy of the LBF3 since, and I know this is trivial, it is the only means we have of claiming recompense for the samples analysed as part of the look-back. I hope this simplifies and clarifies things.

Yours sincerely

GRO-C

Richard S Tedder
Head of Department of Virology

Dr Moore to see
then → GOS HCV file.

GRO-C

GRO-C

cc: Dr Vas Novelli
Dr Pat Hewitt
Dr Angela Gorman
Mr Jim Waite