

Witness Name: Royal Free Hospital (Debra Anne Pollard)  
Statement No. WITN3094002  
Date: 7 May 2019

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**EXHIBIT "WITN3094002/28"**

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This is the exhibit marked "WITN3094002/28" referred to in the second witness statement of Debra Anne Pollard dated 7 May 2019

**Variant Creutzfeldt-Jakob Disease and Plasma Products  
Patient Reply Sheet**

Name of patient/child\*: COLETTE WINTLE

Date of birth: GRO-C 59

National Registration Number (if known): 81.2.8.80

Telephone

Address:

GRO-C

1. I would like confirmation of whether I/my child\* received UK sourced plasma derived clotting factors or antithrombin between 1980 and 2001. These include: factor VIII, factor IX, factor VII, factor XI, factor XII and prothrombin complexes as well as antithrombin.

IN PERSON / IN WRITING

2. I would like to know if I/my child\* received an implicated batch:

YES / NO / DON'T KNOW

3. I would like to have a specific consultation with [the team] to discuss the implications of this issue. Please contact me to make an appointment.

IF AFFECTED  
YES / NO

4. I understand that my/my child's exposure to an implicated batch will be recorded in my/my child's hospital and GP notes, and on the National Haemophilia Database.

Signature

GRO-C

Date

21/9/04

Print name

COLETTE M. WINTLE