

Witness Name: Royal Free Hospital (Debra Anne Pollard)  
Statement No. WITN3094003

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**EXHIBIT "WITN30940011"**

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This is the exhibit marked "WITN30940011" referred to in the third witness statement  
of Debra Anne Pollard

TREATMENT

SURNAME: STEWART FIRST NAME: Angus (Unc) DIAGNOSIS: V.W.D. HAEMOPHILIA CENTRE:

HOSPITAL NO.: 20 MAR 1984

DATE/TIME	PLACE (HOME/OP/19)	REASON FOR INJECTION	DRUGS	INJECTION MATERIAL X Doses/bottles	SERIAL/ BATCH NOS	UNITS (total)	VOLUME (mls)	EFFECTS/ COMMENTS
11.00 11.30	H/C	CIN	SPROTACE	BPL	MA 2844	680	45	
<p><i>Consider BOTIVP when he next presents for treatment - contact Dr Kenny or Dr Tuddart.</i></p>								