

Witness Name: R

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

EXHIBIT "WITN3094002/36"

This is the exhibit marked "WITN3094002/36 referred to in the second witness statement of Debra Anne Pollard dated 7 May 2019



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HAEMOPHILIA CENTRE AND HAEMOSTASIS UNIT

Dr P. B. A. KERNOFF, MD FRCP FRCPATH
Director

Dr CHRISTINE A. LEE, MA MD FRCP MRCPATH
Consultant Haematologist

EG/MJ/812800

12 April 1991

Dr S. Hall
23A Upper Grosvenor Road
Tunbridge Wells
KENT
TN11 2DX

Dear Dr Hall.

Miss Colette O'DONNELL - GRO-C 59

GRO-C

Miss O'Donnell and her fiancé Steve Wintle, visited the Haemophilia Centre on 26th March 1991 for genetic counselling. Miss O'Donnell has been counselled extensively in the past but wished her fiancé to be well informed before their marriage on 28th April.

We discussed the problems and inheritance of haemophilia. Mr Wintle seemed reassured to know that the gene tends to breed true so that if they had a haemophilic child, he would probably be mildly affected and would be extremely unlikely to have severe haemophilia. There would be no question of antenatal diagnosis since they are catholic and would not consider termination of a haemophilic foetus.

Miss O'Donnell as you know, has other problems. She is being seen by Mr Chalk and will be returning to hear the results of a cervical biopsy on 16th April. There is some suggestion of laser therapy to the cervix as an inpatient which may need cover with DDAVP. This will definitely not take place until she returns from her holiday on 12th May. She has been immunised against hepatitis B in the past but apparently, did not mount an immune response after her booster dose in Tunbridge Wells last year. However, she does have hepatitis B core antibody, evidence of her past infection and it appears unnecessary to give her further booster doses.

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Colette O'DONNELL - 81 28 00.

She had a severe attack of hepatitis B in 1983, about three months after a dose of factor VIII before a back manipulation in Tunbridge Wells. Her liver function tests have remained abnormal ever since and she complains of episodes of feeling what she calls "liverish", from time to time. Results of routine blood tests on 25th March were as follows:-

ALP	106 U/l
ALT	123 U/l
GGT	16 U/l

Viral serology showed her to be negative for hepatitis B surface antigen and surface antibody but positive for hepatitis B core antibody and hepatitis C antibody. In view of these significantly deranged liver enzymes, I plan to refer her to Dr G Dusheiko at the Royal Free, for advice on management of her chronic hepatitis C. I will discuss this with her when she visits the centre on 16th April en route to an appointment with Mr Chalk.

Yours sincerely

GRO-C

Eleanor Goldman MB BCH
Associate Specialist

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