in the U.S. were available, has selected two tests. One is the Wellcombe test (never used so far as I know except on an experimental basis) and the other is the Organon test, which has recently been introduced in Europe but has not yet been approved in the U.S. The Abbott test, which is far the most widely used in the rest of the world, has been excluded. This seems to me an eccentric decision to put it mildly and apparently justified on the grounds that the Abbott test produces somewhat more "false positives". This is marginally true but false positives can of course be eliminated subsequently. "False negatives" are clearly far more dangerous and indeed fatal. Sensitivity or the ability to detect anti-body to the virus is the most important criterion for tests intended to screen donated blood because this minimises the likelihood of false negative results allowing contaminated donations into the blood supply.

The Abbott test is I believe accepted even by the DHSS as the most sensitive. If the DHSS recommends U.K. blood banks not to use the Abbott test the result seems likely to be that a higher number of contaminated blood donations will enter the blood supply of the U.K.

I enclose a briefing memorandum which Mr. Schoellhorn has prepared. Of course Abbott would be happy to make any further useful clarification.

Abbott's primary immediate objective is to be allowed to make a scientific presentation in a meeting with representatives of the DHSS who have a direct role in formulating policy.

Yours

GRO-C