

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

Name of patient/child\*:

Date of birth:

National Registration Number (if known):

Telephone:

Address:

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 XIII 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.

**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 \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_