

MARK STEWART

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

Name of patient/child*: mark Antony Stewart

Date of birth: 1968

National Registration Number (if known):

Telephone:

Address: London

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 21 September 04

Print name mark Stewart

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

Tiffany Stewart

Name of patient/child*: *Tiffany Antionette Stewart*

Date of birth: *1992*

National Registration Number (if known):

Telephone:

Address: *London*

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 *21 September 04*

Print name *Mark Stewart*