
EXHIBIT AHS11

HAEMOPHILIA / HAEMOSTASIS UNIT



ROYAL FREE HOSPITAL NW3 2QG
Tel: 020 7794 0500 ext 4307

PLEASE FILL IN ALL SECTIONS CLEARLY WITH NAMES IN BLOCK CAPITALS

Hosp. No. : _____
Surname : Angus STEWART
For name : 217032
DOB: GRO-C 65
D.O.B. : _____ Date: _____
Sex : _____
Status: NHS - Private - Other _____

Ward : HC Hospital : _____
Consultant : CAL Specialty : _____
Report Destination (if not as above): _____
For further clinical information contact
Dr's Name : _____ Blood/Tel No : 811

SAMPLE Date 10/7/08 Time 12:10

URGENT ☒

CLINICAL DETAILS:

Is the patient on anticoagulants? YES / NO

VWD
Alphane - 3000iu
98Kg

TESTS REQUIRED:

ASAP

Pre & Post FVIII

& RICO

Pre FVIII = 180 Pre RICO = 37

Post FVIII = 250 Post RICO = 71

For Lab User

Report = 23

HR02