

Registration Form

www.skiptonfund.org e-mail:apply@skiptonfund.org Tel: 020 7808 1160

If you think you qualify for an ex gratia payment because you were infected with HIV as a result of National Health Service treatment with blood or blood products, please complete this form. A formal application form will then be sent to you.

Fund

DOB

ANYB ☐ Currently registered with an NHS doctor in the East London and the City Health Authority area for information you should contact the Patient Data Manager at North East London FHS Consortium on Tel: 0208 926 5250

Please

The Ac

The Sk

PO Box

London SW1H 0YF

or e-mail to: apply@skiptonfund.org

For Office Use Only

RECEIVED 27 NOV 2009

Title Mr/Ms/Miss/Mrs* Delete where appropriate

Name

GRO-A

Address

GRO-A

GRO-A

Post Code

GRO-A

Daytime telephone number:

0208

GRO-A

Is it acceptable for the Skipton Fund to call this number and leave a message? YES ☒ NO ☐

E-mail:

GRO-A

(if applicable)

National Insurance Number

GRO-A

NHS Number

GRO-A

Date of birth:

GRO-A

1949

If you are registered with a Haemophilia Centre, please complete as follows:

Name of Centre

If you qualify, payment will be made direct to your Bank or Building Society account. If, for whatever reason, you do not qualify then these details will be disposed of.

Name of Bank/Building Society:

GRO-A

Name the account is held in:

GRO-A

Sort Code:

GRO-A

Account Number:

GRO-A

or

Building Society Roll No:

GRO-A

Mr [GRO-A]
[GRO-A]
London
[GRO-A]

9th September 2010

Dear Mr [GRO-A]

Re: Skipton Fund, [GRO-A]

In response to our telephone conversation today, please find enclosed copies of all pages of your medical records we have received which mention drug use along with a copy of the letters we received from you and [GRO-A]

[GRO-A] refers to various pages of your GP records which mention drug use but these do not specify snorting cocaine. It is the letter from Dr Shidrawi at Homerton Hospital which specifically refers to snorting cocaine. As mentioned in [GRO-A]'s letter, none of the medical records we have received mention that treatment with blood or blood products were given, this only appears in referral letters from 2008, seemingly as a result of interviews with your doctors.

I hope this helps with your dispute with your medical professionals over snorting cocaine and if there is anything else you require please don't hesitate to contact me.

Yours sincerely

Nicholas Fish
Scheme Administrator

Mr GRO-A
GRO-A
London
GRO-A

17th March 2010

Dear Mr GRO-A

Re: Skipton Fund Application GRO-A

We have now received your completed application form for the Skipton Fund ex gratia payment from your clinician along with numerous pages of medical records from your GP and hospital records.

It is with regret that I must advise you your application has had to be declined. The records and information supplied by your doctor indicate that the more likely source of your hepatitis C infection was during a period of drug use, including snorting cocaine, which is a greater risk factor for the transmission of the hepatitis C virus than treatment with NHS blood or blood products prior to September 1991. Furthermore the medical records included in your application form do not mention that you required treatment with blood or blood products for the various surgeries you underwent prior to September 1991.

If you disagree with the outcome of your application you may wish for your case to be reviewed by the independent appeal panel which is chaired by an experienced lawyer and consists of a haematologist, a hepatologist, a GP and a lay person. You will however need to return your form and advise the fund formally in writing if you do wish to appeal.

I enclose a copy of the appeal panel guidelines for your reference.

Yours sincerely

Nicholas Fish
Scheme Administrator

GRO-A
GRO-A
London GRO-A
26/11/2009

RECEIVED 27 NOV 2009

NI number GRO-A
NHS number GRO-A

Dear Skipton

I have tried to tap into my medical records but have been told to leave it to you, by Homerton hospital; who also say they may only have records for the past 7 years. That being said they also point out if I have maintained contact over the years my records may well have been kept.

Briefly. 17 (night Elvis died!) August 1977. Burst stomach ulcer. Metropolitan/ St Leonards hospital Shoreditch.

Admitted twice for a period of three days. Blood given. Awake and unconscious. Arm with blood drip and saline and some other stuff -? "went to tissue" I discharged myself after three days with the help of friends.

Approx autumn 1981? Fell through window grabbing my first son, who was about to fall through it first. Severed artery and two tendons in right arm. Repair operation. Homerton or the then Hackney Hospital.

14 Sept. 1983 (day after my second son born!) strangulated hernia. Lost consciousness. Saved by neighbour and operated on. Homerton Hospital

Various repairs since this . At least two since that event. Homerton Hospital

October 1989. Smashed tib and fib after drunk hit and run driver used me and my motor cycle as target practice. Two major repair operations between that date and December 1989. Two more operations (minor) to remove nails and bolts and other scrap metal.

Hope this helps and you have my permission to access my medical records.

YOURS Faithfully GRO-A

GRO-A

GRO-A

Practice Code: GRO-A

RL/eg
18.02.2010

To Whom It May Concern
The Skipton Fund
PO Box 50107
London SW1H 0YF

Dear Sir or Madam

re: GRO-A DE GRO-A 1949
London, GRO-A

With reference to the application form's questions 4A and 4B, I would like to add some explanation and comments, also I enclose copies of the relevant notes and correspondence.

Mr. GRO-A says that he had a "burst ulcer" in 1978 requiring a transfusion of 8 units of blood. However, the only records I can find of anything he could be referring to are as follows:

- a) The discharge note dated 29.08.1977 (hospital correspondence (1))
 - "Diagnosis ? haematemesis ? gastritis observed – nad.
Took his own discharge."
- b) a note in his Lloyd-George records dated 21.11.1978 (Lloyd-George notes (page 8)) says:
 - "Had haematemesis over weekend.
Seen at St Ann's
Now OK."
(and then mentions unrelated symptoms).

I think this does not suggest that he was admitted or had a blood transfusion.

Cont'd .../2

Mr. GRO-A has not had any abdominal surgery except for repeated repairs of a left inguinal hernia. However, gastroscopy in 1997 showed gastritis and bulbar scarring in the duodenum (8).

Mr. GRO-A says he had a blood transfusion when he had a "severed artery" at the time of right wrist/forearm lacerations in 1982. However the discharge summary (2) details the repair of tendons, but makes no mention of a "severed artery" or a blood transfusion.

He also says he had a blood transfusion at the time of surgery for an incarcerated/strangulated left inguinal hernia in 1983. There is no discharge summary, though there is an outpatient follow-up clinic letter dated 26.09.1983. (It seems unlikely that a hernia repair operation would necessitate a blood transfusion.)

Finally, Mr. GRO-A says that he had a blood transfusion at the time of a "fractured tibia and fibula in 1989". There is no discharge summary for this admission, but the GP notes refer to a fractured tibia with internal fixation, and there are discharge notes referring to removal of metal work in 1990 and 1997.

Searching through all Mr. GRO-A's GP records, and all his Homerton Hospital records (which only go back as far as 1991) I can find no mention of any past history of blood transfusions until after the Hepatitis C was discovered at the end of June 2008.

I have photocopied all the old GP Lloyd George records. It is not always easy to read the handwriting, but the final line of the entry dated 17.09.1969 (page 3) and entries dated 10.05.1988 (page 20 – my own writing), and 09.06.1988 (page 21) and 22.02.1990 (page 28) may suggest that it is more likely Mr. GRO-A's Hepatitis C was not acquired from any blood transfusion.

Yours sincerely

GRO-A

GRO-A

Bundle (A): Some hospital correspondence about the history Mr. GRO-A has reported.

(B): GP notes: Computer summary and copies of GP Lloyd-George notes.

(A)

GRO-A

Relevant hospital
correspondence.

11

DISCHARGE NOTIFICATION

FROM St. Leonard's Hosp.,
Nuffal Street,
London. N.1.

TEL No 739-8484 HOSPITAL
EXT
(For this matter only)

UNIT No 490507.

SURNAME
(Block letters) GRO-A

~~MR/MRS/MISS~~
FIRST NAMES GRO-A

ADDRESS GRO-A

POSTCODE GRO-A

Dear Doctor

Your patient admitted under the care of MR. STAUNTON
will be discharged/transferred * on 19/8/12 to Home

Diagnosis: ? Haematemesis ? gastritis

Treatment given: Observed - NAD
Took own discharge

GRO-A

Treatment recommended:

Drug sensitivity:

seen at the R
thought he is

examination
er inflamed
ous and
occlusion

ld be grateful
(Gwen)

Sincerely,

TER

S

T

L

1

2

Hackney Hospital

(St. Bartholomew's Teaching Group)

Homerton High Street, London E9 6BE Tel: 01-985 5555

DISCHARGE
SUMMARY
No.

GRO-C

DEPARTMENT ORTHOPAEDIC

REFERENCE

GRO-A

NAME

GRO-A

G.P.

Dr.

GRO-A

GRO-A

GRO-A

E5

ADDRESS

GRO-A

London

GRO-A

Date of Birth

GRO-A 49

HOSPITAL No.

GRO-A

Admitted

1.8.82

Discharged

2.8.82

Ward

D1

Consultant

Mr. Browett

DIAGNOSIS

Date 13th August 1982

History:

This man sustained an injury to his right wrist, which he lacerated on a window pane whilst trying to prevent his sone from running into it.

Treatment:

He was taken to Theatre for exploration of the right forearm and repair of the superficialis tendons. The flexor carpiulnaris was partially divided, and the superficial flexors to the little and ring fingers were divided. These were sutured and immobilised in a back slab.

Post-operatively:

He had elevation and observation with regards circulation, and th econdition settled down. He was discharged to be followed up in the Out-patient Clinic. Hee should remain for about three weeks in th e back slab, and to go onto intensive physiotherapy.

Yours sincerely,

GRO-C

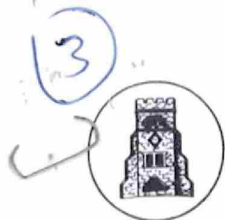
Y. EL GAZZAR

Registrar to Mr. J. P. Browett

• Exam in June
Cant write
will need typewriter
Iny (R) forearm Aug 82

• You pick up.

GRO-A



122 OCT 1983

Hackney Hospital

(St. Bartholomew's Teaching Group)

Homerton High Street, London E9 6BE

Tel: 01-985 5555

26th September, 1983.

GRO-A

Dear Dr. GRO-A

GRO-A d.o.b. GRO-A 49.

GRO-A

GRO-A E.5.

This patient was seen in the Surgical clinic having recently had a left inguinal hernia repair, following an episode of acute obstruction. His wound is now well healed and he is almost asymptomatic, having had an episode of dysuria in the post operative period. His MSU was sterile and he was given Mist. Pot. Sit., which he continued at home.

I have checked his MSU again today and we will see him once more in a months time.

Yours sincerely,

GRO-C

JANET HIGGS, M.D., F.R.C.S.

Senior Surgical Registrar to Mr. Chalstrey and
Mr. Shand.

Dr. GRO-A

GRO-A

GRO-A E.5.

The City and Hackney Health Authority

SKIP0000338_0010

④

HACKNEY/HOMERTON UNIT
HOMERTON ROW LONDON E9 6SR
Telephone 01 985 5555

GRO-A

Hosp. No.

GRO-A

D. of B

GRO-A

40

G.P.
Address

GRO-A

GRO-A

Address

Consultant

Mr Bond.

Date of admission

22/3/20

Diagnosis

$$\# \tau_{BIA} \in \text{INT } A \times B$$

Date of discharge 22.3.76.

72. 3. 6

Treatment in hospital

REMOVAL OF DISTAL LOCKING SCREWS

Follow-up arrangements

QPD in 2152

GRO-C

Bottom half of this sheet to be retained in the Pharmacy

Tear Here

Surname

First Names

Hospital No.

Drugs to take home

Ward

[illegible]

Child resistant containers will be issued unless this box is marked with an X

Date..... 22.3.96

22.3-96

Signed.

House Officer

GRO-C

SKIP0000338 0011

Practice Code: **GRO-A**

11th June 1992

Mr Dowd
Consultant Orthopaedic Surgeon
Homerton Hospital
Homerton Row
London E9

Dear Mr Dowd

re: **GRO-A** **DOE** **GRO-A 49** HOSPITAL NO: **GRO-A**
GRO-A **LONDON** **GRO-A**

I would be grateful if you would see this man who maintains that he still has screws in place following a fractured tibia with internal fixation in 1990. He says he was never sent a follow-up appointment to have the screws removed. He asks if he could be seen in the next 16 weeks as he is off work during this period. I am sorry I cannot find a full report in the notes to confirm this.

Thank you very much for seeing him.

Yours sincerely

Dr J Platford
(Locum)

Practice Code GRO-A

16th December 1992

Mr Dowd
Consultant Orthopaedic Surgeon
Homerton Hospital
Homerton Row
London E9

Dear Mr Dowd

re: GRO-A : DOB: GRO-A 49 HOSPITAL NO: GRO-A
GRO-A LONDON GRO-A

This man has asked to be re-referred to you. He was involved in an RTA in 1989 which involved a fractured tibia which was internally fixated. He says the screws have never been removed and would like to discuss the possibility of this with you. I am afraid we have no details of this operation in our notes - I wonder if you do.

Thank you for your help.

With best wishes.

Yours sincerely

GRO-A

DAY CASE / ENDOSCOPY DISCHARGE INFORMATION

(Please PRINT, write LEGIBLY using a BALL POINT PEN)

GENERAL PRACTITIONER

SPECIALTY :

DATE OF ADMISSION:

gastro

14 / 5 / 97

HOME
HOS.
NHS TRUST

Dear Dr

GP Address:

GP Fax No:

GRO-A

GRO-A

LONDON

GRO-A

Patient:

Hospital No.:

Address:

GRO-A

GRO-A

GRO-A

GRO-A

GRO-A

LONDON

D.O.B

GRO-A

49

EPISODE

Consultant:

OLAGBAIYE

Clinical Information

Principal Diagnosis:

Main Procedure:

Contact Arrangements:

Ward:

Phone No (to call if problems):

9.00 - 5.00: Team Registrar (print name)

Out of hours: ask for duty team

Codes:

Pain Control:

given to take away Yes ☐ No ☐

Name of drug

dose:

duration:

Sutures:

Absorbable ☐

Require removal ☐

Number of days

Advised/removal by:

GP/ Health Centre ☐

Return to ward ☐

District Nurse ☐

Wound care advice given:

No ☐

Yes ☐

If Yes, detail below:

advice:

Change of Dressing required?

No ☐

Yes ☐

If Yes, detail below:

date:

Arrangements:

Weight bearing ☐

Non weight bearing ☐

Not applicable ☐

FOLLOW UP ARRANGEMENTS MADE:

Yes ☒

None required ☐

Medical / Nursing Requirements:

District Nurse: Yes ☐ No ☐

Arrangements for District Nurse:

Date:

Time:

Arrangements made by:

With whom:

Additional Social Support Arrangements:

Social Worker informed

Yes ☐ No ☐

Domestic Help/ Home Care:

Yes ☐ No ☐

Follow up Appointment:

Yes ☒ No ☐

Clinic / Interval / Date:

Time:

ADDITIONAL DRUGS ON DISCHARGE:

(Other than regular medication)

Drug (approved name)	Dose	Frequency	No. of days supply	Continue with drug Y/N ?	How long For?	Pharmacy
Clonidine my an	250mg	b.d	10/2	N		
Pantoprazole	500mg	b.d	10/2	N		
lansoprazole	30mg	b.d	2/52	Y		

Unless this box is ticked, child resistant containers will be supplied ☐

FORM COMPLETED BY:

Name (PRINT):

Consultant's Name:

Please complete in full

Grade:

Signature:

Bleep No. / Ext:

GRO-C

Please contact above Doctor or Ward if further information is

This constitutes the only discharge letter for this patient Yes ☐ No ☐

Further Investigations to come - additional letter to follow Yes ☐ No ☐

SKIP0000338_0014

8

Homerton Hospital
Endoscopy Unit
**ENDOSCOPY
REPORT**

ID Number:

GRO-A

Name:

D.O.B.

GRO-A 49

Sex:

Male

Classif.:

NHS

Indications

(Current Medication lansoprazole)
Abdominal pain.

Date of Procedure

14/05/97 (9:26)

Referring Doctor / Primary Physician

Mr. Olagbaiye
Homerton Hosp.

Endoscopist

Mr. Olagbaiye

Assistant

Chineze Ikemefuna

GRO-A

London

GRO-A

Medication Used

Midazolam 2.5m IV.
Lignocaine spray.

Instrument

GIF XQ200

Report

Informed consent was obtained with the benefits, risks and alternatives for the procedure explained. The patient tolerated the procedure well, and there were no complications.

-Oesophagus

The oesophagus was normal. The z-line was at 40 cm.

-Stomach

Mild erythematous/exudative gastritis involving the antrum was noted.

-Duodenum

Bulbar scarring was present.

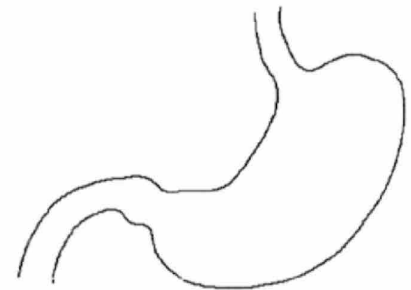
Diagnosis

Gastritis (535.5)

Duodenal Scarring/Deformity (532.70)

Final Disposition

Return to Surgical Clinic in 6 weeks.



Procedures

Biopsy for H. Pylori (urease test).

No material forwarded for examination.

GRO-C

SURGICAL CLINIC 30/4/97

13 MAY 1997

GRO-C

Dr GRO-A

GRO-A

London GRO-A

Dear Dr GRO-A

re GRO-A - DOB GRO-A 49
GRO-A LONDON GRO-A

Many thanks for your two letters on this patient. I believe that you referred him with a recurrent hernia on the left hand side a while back but more recently he has had a five week history of abdominal pain which is eased by milk. He gave a past history of peptic ulcer and also of kidney stones. He claims that both have been cleared and at present being his paraumbilical rather than epigastric.

On examination there was very little to find in the abdomen but my palpation did excite some colicky type pain. He also does have a very minute medial recurrence of his left inguinal hernia.

I think it was sensible to start this investigation with a gastroscopy in the first instance as it is likely to have a recurrence of his peptic ulcer despite the site of the pain. If this is negative we will proceed to a barium study and perhaps an ultrasound. When all the investigations are finished he will require a repair of his recurrent hernia.

Yours sincerely

GRO-C

Mr O Olagbaze
LOCUM CONSULTANT SURGEON

10



HOMERTON

HOSPITAL

NHS TRUST

Consultants: Mr K C Kong
Mr D McCarthy
Mr V Sivagnavel

Department of Trauma & Orthopaedic
Surgery

20th August 1997.
Orthopaedic clinic. 14/08/97.

GRO-A

NHS No: GRO-A

Dr GRO-A

GRO-A

London GRO-A

Dear Dr GRO-A

Re: GRO-A d.o.b. GRO-A 49.
GRO-A London.

This gentleman returned to the clinic asking for removal of the screws. I discussed with him the situation and I told him that all metalwork has to be removed. He agreed with this and he has asked for this to be done in November, 1997. I will discuss this with Mr Siva for his name to be put on the list for November.

In the meantime I have given him an appointment to come back in three months time.

Yours sincerely,

GRO-C

Mr. M. Muhtaseb,
Specialist Registrar,
ORTHOPAEDIC DEPARTMENT.

GRO-C

2 - SEP 1997

Department of Trauma & Orthopaedics

The Homerton Hospital, Homerton Row, London E9 6SR, Telephone: (0181) 919 7955/7422 Facsimilie: (0181) 919 7474
A University Hospital affiliated to the Medical College of St. Bartholomew's Hospital.

SKIP0000338_0017



DISCHARGE INFORMATION

GENERAL PRACTITIONER

(Please PRINT, write LEGIBLY using a BALL POINT PEN)

DEPARTMENT: Orthopaedics

DATE: 19.11.97

Dear Dr GRO-A

GP Address:

GRO-A

Patient: GRO-A

Hospital No.: GRO-A

Address: GRO-A

D.O.B. GRO-A

CLAPTON

GRO-A

INPATIENT EPISODE

Date of Admission:
or TRANSFER

19.11.97

Consultant: MR Siva

Date of Discharge/Death:
or TRANSFER

20.11.97

Ward: Cox Street

Extn: 87

GRO-C

Principal Diagnosis:

Tibial fracture

Codes:

X rays: NA

None relevant ☐

Blood Tests: NA

None relevant ☐

Advice/Information given to patient:

None relevant ☐

Patient Capability:

Mobility:

Continence:

Self-caring:

OUTCOME

Home:

Transferred to:

Died:

Post Mortem: Yes ☐ No ☐

FOLLOW UP ARRANGEMENTS

Medical / Nursing Requirements: District Nurse: Yes ☐ No ☒

Other:

Social Support Arrangements: Meals on Wheels: Yes ☐ No ☒

Home Help: Yes ☐ No ☒

Home Care: Yes ☐ No ☒

Other:

Follow up Appointment: Yes ☐ No ☒

Clinic / Interval / Date: 2 weeks

DRUGS ON DISCHARGE:

Drug (approved name)	Dose	Frequency	No. of days supply	Continue with drug Y/N?	Pharmacy
<u>Arthrolec</u>	<u>1</u>	<u>TDS</u>			
<u>Coproxamol</u>	<u>11</u>	<u>QDS</u>			
<u>temazepam</u>	<u>10mg</u>	<u>night</u>	<u>2</u>		
<u>(2 tablets ten milligrammes)</u>					
<u>total of twenty milligrammes</u>					
<u>12 DEC 1997</u>					
<u>GRO-C</u>					

FORM COMPLETED BY:

Name (PRINT): Allan

Please contact above Doctor or Ward
if further information is required

Unless this box is ticked, child resistant containers will be supplied ☐

Grade: M.S.

Signature: GRO-C

Bleep No. / Ext: 176

This constitutes the only discharge letter for this patient Yes ☐ No ☐

Further Investigations to come - additional letter to follow Yes ☐ No ☐

SKIP0000338_0018

703 (12)

Homerton University Hospital **NHS**

NHS Trust

Homerton University Hospital NHS Trust
Academic Unit of Medical and Surgical Gastroenterology
Homerton Row
London
E9 6SP

Email: **GRO-C**
Tel: 020 8510 7435
Fax: 020 8510 7378
Friday, 09 May 2003

Gastro Clinic, Wednesday, 7th MAY 2003

GRO-A

Dr **GRO-A**

GRO-A

12 MAY 2003

London **GRO-A**

Dear Dr **GRO-A**

RE: **GRO-A** **d.o.b.** **GRO-A** **1949**
GRO-A **London** **GRO-A**

Thank you for referring this 54 year old man with a more than 2 year old history of colicky abdominal pain. The pain is mainly in the left iliac fossa. He has had several episodes of this pain and he informs me most of the time is relieved with a course of antibiotics.

There is no history of nausea or vomiting or diarrhoea, but has constipation. There is no loss of weight or loss of appetite as well.

PAST MEDICAL HISTORY He has had diverticulitis and also gastritis and duodenitis. In attempt on colonoscopy in the past was unfortunately not successful and he did not turn up for barium enema appointments. Also of significance, are multiple orthopaedic problems he has had in the past. There is no family history of Coeliac disease.

He informs me that he associates all his symptoms to taking Gluten.

ON EXAMINATION He is a well looking, haemodynamically stable and abdominal examination shows some left iliac fossa tenderness. He unfortunately, could not tolerate any rectal examination and therefore I could not proceed to do a rigid sigmoidoscopy.

Academic Unit of Medical and Surgical Gastroenterology
Professor Parveen Kumar CBE, Mr Donal Shanahan MS FRCS
Mr Peter Lunniss MS FRCS, Dr Christine Blanshard MD MRCP
Mr Sri Kadirkamanathan PhD FRCS, Dr Ray Shidrawi MD MRCP
Mr R Ravikumar FRCS, Joy Sadeghian RGN DPSN BA (Hons)
The Homerton - The Hospital for Harkness



INVESTOR IN PEOPLE

SKIP0000338_0019

Con't..... GRO-A cr GRO-A

It is my opinion that he likely has got diverticulitis. However, given his symptoms and strong belief that it is associated with Gluten and also the association of the symptoms when ever he takes Gluten containing food. I have requested endomysial antibodies, alpha Gliadin, LFT's, immunoglobulins and full blood count. I have re-organised a barium enema.

Thank you for referring GRO-A to Dr Blanshard's clinic. We will review him with all the above investigations.

Yours sincerely,

GRO-C

Dr Truman A ZIMBWA
CLINICAL FELLOW IN GASTROENTEROLOGY

13

Homerton University Hospital **NHS**
NHS Trust

SL

Homerton University Hospital NHS Trust
Academic Unit of Medical and Surgical Gastroenterology
Homerton Row
London
E9 6SR

Email: **GRO-C**
Tel: 020 8510 7435
Fax: 020 8510 7378
Friday, 18 July 2003

Gastroenterology Clinic, Wednesday 16th July 2003

GRO-A

Dr **GRO-A**

GRO-A

London

GRO-A

23 JUL 2003

Dear Dr **GRO-A**

RE: GRO-A - d.o.b. GRO-A 1949
GRO-A

This gentleman failed to attend for his appointment in my Clinic today. His full blood count, U/E-s liver function tests, immunoglobulins and endomysial antibodies were all normal or negative. He failed to attend for his barium enema appointment on the 12th June.

I have no plans to see him again.

Yours sincerely

GRO-C

DR CHRISTINE BLANSHARD, MD, FRCP
CONSULTANT PHYSICIAN/GASTROENTEROLOGIST

Academic Unit of Medical and Surgical Gastroenterology
Professor Parveen Kumar CBE, Mr Donal Shanahan MS FRCS
Mr Peter Lunniss MS FRCS, Dr Christine Blanshard MD MRCP
Mr Sri Kadirkamanathan PhD FRCS, Dr Ray Shidrawi MD MRCP
Mr R Ravikumar FRCS, Joy Sadeghian RGN DPSN BA (Hons)
The Homerton - The Hospital for Hackney



SKIP0000338_0021

Homerton University Hospital NHS Trust
Discharge Information Form



GP: Dr. **GRO-A**
GRO-A
London
GRO-A

Date: 28-MAY-2005

Patient: **GRO-A**
GRO-A
LONDON
GRO-A
DOB: **GRO-A** 1949 (56 Years)

SCANNED

CNN:

GRO-A

- 3 JUN 2005

STAFF INITIAL

GRO-C

Consultant at Discharge: Dr. Deblina Dasgupta: General Medicine

Ward: MAU/CCU

Admission Date: 27-MAY-2005

Discharge Date: 28 May 2005

Acute Problem(s)
Headache

Chronic Problem(s)

Procedures / Investigations Done: CT brain - No acute bleed, no space occupying lesion, no infarcts - Normal Study

Procedures / Investigations Pending: None.

Allergies: Ampicillin;

- 2 JUN 2005

Chronic Disease Register Tests: Lipids: None HbA1c: None Thyroid Function: None

Patient Capability: Self Caring: Yes Continence: Fully Continent Mobility: Fully Mobile

Outcome: Home

Clinical Presentation: Referred from GP with 19 day Hx of vague headache and o/o stiff neck. Prev RTA 15yrs ago with neck injury.

Significant Investigations: FBC normal, u&e, LFT normal, coag screen normal, CT brain Normal

Clinical Course: No neurological deficit. No photophobia, no signs of meningism. CT brain normal. Pain settled with simple regular

analgesia. Imp MSS pain related to old MSS neck injury. Advised to take regular analgesia and to see GP ?physio referral.

Information Given To Patient: All above. Pt advised to only use ibuprofen if pain ver severe and to always take with food.

Follow up Arrangements

IVU Outpatient Booking

13-JUN-2005 09:00

Endoscopy

22-JUN-2005 15:00

Social Support Arrangements made by Hospital:

Meals on Wheels: Y

Home Help: Y

Home Care: Y

District Nurse: Y /

Drugs on Discharge

Drug	Dose	Frequency	# Days	Continue?	Pharmacy
Ibuprofen	400mg	prn		n	
Co Dydramol	2	qds		y	

Form Electronically Signed By: Sarah Blyth SHO

Bleep No. / Ext. **GRO-C**

Copy: ☐ GP ☐ Patient ☐ Pharmacy ☐ Coding ☐ Notes

13 15

Homerton University Hospital **NHS**

NHS Foundation Trust

Homerton University Hospital
Academic Unit of Gastroenterology
Homerton Row
London
E9 6SR

Tel: 020 8510-7435
Fax: 020 8510-7378

Wednesday, 22 October 2008

Secretary e-mail:

GRO-C

Dr Shidrawi's Liver Clinic: 6th October 2008

GRO-A

Dr GRO-A

GRO-A

London GRO-A

Dear Dr GRO-A

Re:

GRO-A

- D.O.B GRO-A 1949

GRO-A

London

GRO-A

NHS No: GRO-A

Diagnosis:

Chronic Hepatitis C
AST 40-150
Treated Hypothyroidism
Erectile Dysfunction
Hiatus Hernia
Helicobacter pylori related peptic ulcer disease
RTA 1989
Bleeding gastric ulcer 1978
Strangulated hernia 1983
Mesh repair 1993
Repeat hernia repair 2003
Self laceration

SCANNED

GRO-C

Thank you for asking me to see this 59 year old musician with extensive past medical history as summarised above and an incidental discovery of chronic hepatitis C carriage made recently with a viral load of 6.34 log 10 copies per mL. He has had numerous blood transfusions over the years including an 8 unit transfusion in 1978 for a bleeding gastric ulcer (St. Leonard's). Strangulated hernia required a transfusion in 1983, RTA required fractured tibia and fibula 1989 requiring transfusion. Although he has never used drugs intravenously, he has dabbled with amphetamines between 1975 and 1976, smoked marijuana and snorted cocaine on a few occasions. He drank alcohol socially for 5 years but now is absent of alcohol. His partner's mother has chronic hepatitis C and he is unsure of his current ex-partners hepatitis C status.

Dr Christine Blanshard MD FRCP
Dr Ray Shidrawi MD FRCP
Dr Eleanor Wood MB BChir
Dr Annette Fritscher-Ravens MD

The Homerton - The Hospital for
Hackney

Secretaries
Janet Smith
Heidi Bokay

On examination he has evidence of self laceration over both forearms with no peripheral stigmata of chronic liver disease. His abdomen is soft and non-tender. I've arranged for a genotype and will be reviewing him to discuss further options with results. Many thanks for referral.

Yours sincerely,

Dr Ray G Shidrawi MD, FRCP
CONSULTANT PHYSICIAN/GASTROENTEROLOGIST

Professor Roger Williams CBE MD FRCP FRCS FRCPE FRACP
FMedSci FRCPI (Hon) FACP (Hon)
Director, The Institute of Hepatology
Honorary Consultant Physician

William Rosenberg MA MBBS DPhil FRCP
Professor of Hepatology

Dr Deepak Suri BSc FRCP MD

Consultant Hepatologist

Professor Rajiv Jalan MD PhD FRCPE FRCP

Senior Lecturer, Honorary Consultant in Hepatology

Dr Rajeshwar P Mookerjee BSc PhD MBBS MRCP

Senior Lecturer, Honorary Consultant in Hepatology

Dr Steve Pereira BSc PhD FRCP

Senior Lecturer, Honorary Consultant in Hepatology & Gastroenterology

Directorate of Gastroenterology

University College Hospital
2nd Floor, Maple House
Rosenheim Wing
Grafton Way
London WC1E 5DB

Tel: 0845 1555 000 ext 4591

Fax: 0207 380 9162

e.mail: **GRO-C**

web: www.uclh.org

16/12/2008

DS4/PRN/IG **GRO-A**

NHS number **GRO-A**

Dr **GRO-A**

GRO-A

London

GRO-A

Clinic: DES1C. Hepatology. 10.12.08

Dear Dr **GRO-A**

GRO-A

doi: **GRO-A** 1949

London **GRO-A**

Thank you very much for referring this gentleman with chronic Hepatitis C. He was diagnosed whilst being tested for possible Lyme disease. He has had three blood transfusions '70s, '80s and 1989. He has never been a heavy drinker. I note the test carried out by yourself confirmed that he is Hepatitis B negative, HIV negative and an ultrasound in August 2008 at the Homerton showed a fatty looking liver. He is Hepatitis C antibody positive. He has had two HCV RNA viral loads done. They show values of 370 thousand and 8 million international units/ml. He has a ALT is 102 but platelet count normal. I note the past history of hypothyroidism, erectile dysfunction and Helicobacter positivity. Examination was unremarkable with no stigmata of chronic liver disease or any organomegaly.

This gentleman has chronic Hepatitis C with ongoing viral replication. He is keen to explore treatment and I have therefore arranged for him to have a genotype undertaken. In addition he will need a liver biopsy, which I have booked as a day case today.

I will see him three months' time with the results.

Yours

GRO-C

Dr Deepak Suri BSc FRCP MD
Consultant Hepatologist

SCANNED

29 DEC 2008

STAFF INITIALS

GRO-C

15/17



University College London Hospitals



NHS Foundation Trust

Professor Roger Williams CBE MD FRCP FRCS FRCPE FRACP

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e.mail

GRO-C

web: www.uclh.org

10/09/2009

Dictated on 05/09/2009

DS4/PRN/KL GRO-A

NHS number: GRO-A

Dr GRO-A

GRO-A

London

GRO-A

SCANNED

14 OCT 2009

STAFF INITIAL

GRO-C

Clinic: DES3C. Hepatology. 02.09.09

Dear Dr GRO-A

GRO-A

dot GRO-A 1949

London GRO-A

28 SEP 2009

- Diagnosis:
1. Hepatitis C, genotype 3a.
 2. Liver biopsy 2009 fibrosis.
 3. Thyroid dysfunction.
 4. To commence Interferon and Ribavirin October 2009.

Follow up: 4-8 weeks in Nurse Specialist Clinic.

I reviewed this gentleman today. He has hepatitis C genotype 3a. He has been seen regarding this for some time and is now ready to commence antiviral treatment. I have introduced him to our nurse specialists and they will see him in their clinic in the next 6-8 weeks.

In the meantime, I have checked some baseline bloods and also arranged for him to have an ECG and chest x-ray.

Yours sincerely,

GRO-C

Dr Deepak Suri BSc FRCP MD
Consultant Hepatologist

Copy to

GRO-A

(B)

GRO-A

GP summary (computer)
and old GP Lloyd George
consultation notes.

GP computer summary printed

Patient No:1373 Mr John Lockhart Page - 1 of 1

shortly after Hep C
diagnosed.

PATIENT SUMMARY

EMIS no :
Name : GRO-A
Age :
D.O.B. : GRO-A 1949 NHS No. : GRO-A
Address :
Post Code : GRO-A London

ACTIVE PROBLEMS

NK Diverticulitis NOS :
23.04.1996 Pain in right leg :
26.05.1998 Bleeding gums :
23.08.2001 Heartburn :
16.05.2005 Notes summary on computer :
21.03.2006 At risk of osteoporosis :
01.05.2007 Cervical spondylosis :
15.01.2008 Hiatus hernia :ogd 1999
25.03.2008 Erectile dysfunction :
01.07.2008 Test result to patient NOS :
04.07.2008 Diverticulosis :
04.07.2008 Fungal nail infection :
18.07.2008 Hepatitis C :

SIGNIFICANT (NOT ACTIVE) PROBLEMS

1983 Inguinal hernia+obstruct.NOS :repaired
1990 Fracture NOS :tibia - internal fixation
1997 Acute gastritis :and scarred duodenal cap
1998 Inguinal hernia NOS :recurrent, secondary repair
1998 [X]Depression NOS :
1999 Gastroscoy abnormal :hiatus hernia, gastritis,
duodenitis, gastric luminal
blood
18.01.1999 Hiatus hernia :
08.06.2004 Inguinal hernia :left incarcerated inguinal
hernia repair

ALLERGIES

17.01.2006 Adverse reaction to Erythromycins:

PRESENT MEDICATION

	Last Issue
Acute Prescriptions	
Amorolfine Hydrochloride Nail Lacquer 5 % asd 1 ml	4.7.2008
Repeat Prescriptions	
Salbutamol Cfc-Free Inhaler 100 micrograms/puff prn 1 inhaler	29.7.2008
Levothyroxine Sodium Tablets 25 micrograms od 112 tablet	2.7.2008
Vitamins Capsules od 100 capsule(s)	9.5.2008
Clenil Modulite Cfc-Free Inhaler 100 micrograms/actuation 3 puffs bd 1 inhaler	29.7.2008
Peptac Liquid (Peppermint) 10 -15ml with meals and at bedtime 500 ml	18.7.2008
Omeprazole Capsules (Gastro-Resistant) 40 mg od 2*28 capsule	18.7.2008

Patient: GRO-A D.O.B: GRO-A 1949 Comp no: GRO-A NHS No: GRO-A
Address: GRO-A London

Abn Value/Units Range Stat
Volume of Specimen Collected: N/A
Specimen Desc : Not Stated
(Interim Report)

R HAV IGM EIA
(AL)-Normal, no action
Hepatitis A antibody test
Antibody NOT detected

R ACUTE HEPATITIS
(AL)-Abnormal: action taken by doctor
Hepatitis B surface antigen level
Antigen NOT detected
Hepatitis C antibody level
Antibody DETECTED

Compatible with previous exposure to Hepatitis C.
Viral clearance occurs in approximately
20% of infected individuals. To ascertain
current status, we need to see if this
patient is viraemic at present. Please
send blood in EDTA for HCV RNA PCR now

Sample Taken : 27.06.2008 11:28 Request Date : Unknown
Rcvd by Lab : 27.06.2008 11:28 Invest Date : Unknown
Report Issued : 11.07.2008 8:30 Report Rcvd : 11.07.2008

Specimen ID: 00084090859

Lab report ID: 1-00084090859-1486638

Report Ref: LV78082 Laboratory: Requestor: R Deenmamode

①

MALE

(2)

LIVES WITH

GRO-A

CHILDREN

Separated
1987

GRO-A



PAST EVENTS (Personal and Medical)

8 Peptic Ulcer 1970

Manipulated in 1983

RTA 11/87 # trauma

5/91 Kidney Stone

1985 IVU (N)

3/77 PAST

4/95 Cholecystectomy

1/98 Hernia repair

5/98 OGD (N) 3 HP. result
on 5/98 R for HP

2001 Oesophagitis (P.h. gastro)
+ with bleeding

3

MALE		Surname	Forenames
		GRO-A	GRO-A
		GRO-A	National Health Service Number
DATE	*	CLINICAL NOTES	
17.9.69		act 20. Dropped back on his lower limb. no burning. probably not. To The Day After then	
4/11/69	a	Ex. V.I. - Frequency + No dysuria Feels generally well - plenty of sleep To Day 8 p.m. Sulphadiazine 15 g. D.S. has had some kidney trouble.	
17.12.69		Dysuria 25.3.70 Post-Rest a back & arm Numbness in back. Tas-Ruta eye test	
31.3.70	a	GRO-C	GRO-C

This column has been provided for use by the patient or Carer at the time of the visit.

(91399) W.G. Y.P. 11115-5585 6000M 3/63 H.W. FORM 10/7

4

DATE	*	CLINICAL NOTES
29/7/70		Febrile Tas APC 11.4h (38)
26.8.70		10 days ago. Diverber. wonder one. Tas Pamuli (38)
25/11/70		Weg + Gp. V.1 Tas APC Tas APC
22/3/71		Tas APC Stinger Buck

* This column has been provided for doctors to enter A, V or C at their discretion.
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5

MALE		Head	GRO-A	Extremities
GRO-A		GRO-A		
GRO-A				
National Health Service Number		GRO-A 49		
Date	*	CLINICAL NOTE		
10 DEC 1975		cf. l. w. l. s. ... Harman (L) Generalized papular eruption.		
20.1.76		Harman: v. widespread pityriasis versicolor due to superficial fungus malassezia furfur. Tr-Selsun-Cr massaged in whole of affected area after bath on 10 consecutive nights. If still unsatis in 2-3 wths please ref. back.		
19 FEB 1976		cf. l. w. l. s. ... 1979		
27/11		cf. l. w. l. s. @ week 2 - short & severe & pain @ feet hp. @ l. w. l. s. (x20) (x40). 20000 Suppos x (20).		

*This column has been provided for doctors to enter A, V or C at their discretion.
S & K DD192209 3500M 3/74 Form FP7/EC7

185 800

National Health Service Number	<div style="border: 1px solid black; padding: 2px; display: inline-block;">GRO-A</div> Date of Birth - 69
--------------------------------	--

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Dd 556224 6354M 12/76 AG. Form FP

7

Pub. Sensitive & Pericallin

MEDICAL RECORD TO FOLLOW

MALE

Surname

GRO-A

Forenames

GRO-A

GRO-A

National Health Service Number

Date of Birth

GRO-A

49

Dr.

Dr. A. K. Banerjee 24004

Included in Your List on

3 MAY 1978

Date	*	CLINICAL NOTES
1/6		1978. Oxyd. x 50. J. x 100. Ascorbi ac. 500 mg. x 50. - % ears - 0/E Clear of wax.
3/8	S	Prob. officer Wife murdered. St Leonards Hosp. 1977. - Haematemesis. Homerpuddy. h. inguinal hernia Rash on chest. Italy holiday
7/8	S	itchy rash over chest. ? Cause. 400 Tab. Benetol (4wp) x 30 Bednorate out - 15G.
9/9	S	2yem. Sin rash - chest + arm + back. Cause -> Hosp. 6/12 diaphes (sl) -> ENT Hosp
5/9	S	① Rash - glorioful

* This column has been provided for doctors to enter A, V or C at their discretion.

Dd 55623/1093M 12/78 AG.

② Kiplin

GRO-C

, Form FP7B

(8)

Date	*	1978 - CLINICAL NOTES
5/9/78	S	(3) Ba meal
21/10/78	S	Had keratitis as wife see C & Anne's. Now OK. The swelling of face around eye o. Cellulitis and eye p. Pen. V. 250g gals (28) L. Neel X-ray Surges 26/1/79 S. Old skin problem has flared up. - see u/s N. - Gelsin 1500s. Refer to Barts. All very odd - don't understand him at all! 29/5/79 S. Pityriasis Versicolor. Whitfield's Ointment 1000s. X-ray Surges. 16/6/79 S. Nup Whitfield's (1000) The subject is b.d. 20 - really run down. Just a bit of sun, little.

23/11/79 (3) Keen for hospital referral - given
THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR SOCIAL SERVICES
Ref Whitfield's oint 1000s

9

MALE		Surname	Forenames
		GRO-A	GRO-A
Address			
National Health Service Number		Date of Birth	
Date	*	CLINICAL NOTES	
20/2/50	S.	Facial pain. Many colds - 22/2/50 Oxyt. 25mg q.d. N. el. Euc. (1022)	
4/3/50	S.	S. Now has healed ears. O. Plaut i ears. P. Mottop. LA i. wote (2)	
20/3	S.	Lacratory. LA. upsetting him. Recommence of sinusitis. Sinus headache. fe. Re. G. B. (2) (28) no keen Tab. 1000 on ampicillin now. not on any other drug.	
12/4/50	S.	Need constant etc. caten Refer. R. el. not T. N. B.	
		Also L. uia. Ref.	
18/7/50	S.	Recommence of Rety. vices. venice Whiffelds (1026)	

★ This column has been provided for doctors to enter A, V or C at their discretion.

(10)

Date	*	CLINICAL NOTES
20/8/50	S.	Doc: (R) elbow of cranioc. Radioisotidus.
		fricoid elbow - P. left
22.9.80	S	Pain neck → (C) scapular. o/E NAO A. ? muscular pain P. e-c. spin body Q.D.S. (100)
2/4/81	S	Stomach - rd - paracetamol (2) Water brash - abdo NAO (3) (L) femoral hernia 4 yrs → Bm H.
2/4/81		Gingivitis Oraldene mouth wash 10P Amoxil Pen V
21.5.81	S	Wouldn't eat Pen V 20 Copaxone 250 TDS (21)

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11

MALE		Surname	Forenames
		GRO-A	GRO-A
Address			
National Health Service Number		Date of Birth	
Date	★	CLINICAL NOTES	
11/12/01	S	<p>Thinks he had a stroke 3 years ago when he had some weakness on the right of face and arm & leg in the hand. But has recovered nothing else -</p> <p>O. Craniol & high up. Numb A. ? nerve compression P. Nerve-P</p> <p>Also not vesicular has occurred on right side (1028)</p>	
17.2.82	S	<p>9/52 ago sinusitis Now blue feeling 8/8 gingivitis 14 Chlorhexidine 0.2% mouthwash 2 x day</p>	

★ This column has been provided for doctors to enter A, V or C at their discretion.

0582143 13.000m B/78 A.G. LTD

Form FP7

12

Date	★	CLINICAL NOTES
18/7/82	S	<p>Pain in face. Blocked nose Purulent nasal discharge i. tenderness above A. sinusitis. P. Oxytel 15mg qds (50) Chlorphen 4mg qds (50)</p>
21/5/82	S	<p>Still feels v. blocked up Tm. Indigestion L.A. i. water (30)</p>
24/6/82		<p>Nose blocked & face pain again - taking penicillin + something from chemist. - also ears blocked & cannot get in tune.</p>
4/8/82	S.	<p>CPT can hardly see w/o stilette at H&Mop under GA. feeling dizzy ++ & feels scared w/out. P. 100 2P 5 (10) DHA DHA 2000 Records (30)</p>

★ This column has been provided for doctors to enter A, V or C at their discretion.

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SOCIAL SERVICES

13

MALE		GRO-A	GRO-A
Address			
National Health Service Number		Date of Birth	
Date	*	CLINICAL NOTES	
26/10/82		Selscen applic ⁿ 150ml Whitfields diet 100gms for pit vesicula	
11/1/83.		<p>Homeless - (500+ hrs malter).</p> <p>- Went to a Tempered house.</p> <p>- PMH - between ages 15-21 in prison & psychiatric work.</p> <p>- new phobia about living in work. & stress. On panic attack.</p> <p>- Went to Ulster for hearing.</p>	
14/5/83		Ulster to college re typewriting for exam.	
23/8/83.		Hearing given problem again. → Barbi	

* This column has been provided for doctors to enter A, V or C at their discretion

14

Date	*	CLINICAL NOTES
12/8/83.		Perlep - hemisomaphy. - D1470PROCED: Ntz. IT Chyhy 100. D2P Sy x 30.
23/11/83.		Tooth abscess. - Erythema 250y OPS (28).
15/9/84.		Swindle - Detecte T RD. Loni tendem - MSO.
16/12/84		Whole family ill - chainlu wreld vamm canly fu 1/2. He jink tured. 10/7. Lilka re typum need re deemagut inish - re fennik help e cartvedys
17.12.84 S		Cold a sore on R - Other infected H30 x 100

★ This column has been provided for doctors to enter A, V or C at their discretion.
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SOCIAL SERVICES

GRO-C

15

MAL		Surname		Names	
GRO-A		GRO-A		GRO-A	
Address					
National Health Service Number			Date of Birth		
Date	*	CLINICAL NOTES			
12/12/85	S	Definite pain in herniorrhaphy area on coughing - severe (I walked) + tenderness. Back movement write to Mr Chadley - in prison.			
19/3/87	S	S. Ceph. See that. Green phlegm. o. Mx 2 B3 A. Proclit P. Proxilli 25g 14 (21)			
20. 8. 85.		2/52 Severe pain + stiffness in back shoulders arm hand + leg. esp in joints. Wants complete check up as cont prob for 10 yrs. A? FBC ✓			
* This column has been provided for doctors to enter A, V or C at their discretion.					
D8335086 7.673m 12/82 JHB5 A5270					
EBC ✓ Rht ✓ See 7/52					

(16)

Date	*	CLINICAL NOTES
4/10/85	S	<p>Stabbing @ submanary pair intermittently - worse recently. worse movement. At Sleeps OK. looks after 2 children on occasions - At college. ^{Spykey} 12 or 1 day Wants to study Audiology OE 1000 BP 105/60 PR 70bpm CVS ✓ RS - ° rub. OTeudone Rash ant. chest non- descriph. <u>Plan</u> for CXR WR + Kher / VORL TCA 10/7 after R Whitfield's ¹⁰⁰⁰</p>

GRO-C

★ This column has been provided for doctors to enter A, V or C at their discretion

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SOCIAL SERVICES

17

MALE		GRO-A	GRO-A
		GRO-A	
National Health Service Number		GRO-A	Birth 49.
Date	★	CLINICAL NOTES	
27/11/85	A.	<p>Ⓛ Loin pain - intermittent for 48h - 72h. Bowel pattern normal. 9/12 WAD. Urgeless. Ruler +. NBSU ✓ - No growth. RT 103/60 ant Hg. Bleeding 1/1h. - bright red blood. Small quantity. IBS - 8 km. I.V.P. 10 days well. 9/12 WAD. Ant. abd. wall. Hys ✓ ✓ ? slight Ⓛ veral tenderness TRIAL OF Co-dydrene</p>	

* This column has been provided for doctors to enter A, V or C at their discretion.

Printed in the U.K. for H.M.S.O. Dd 8822328 1000M 2/85

(18)

Date	*	CLINICAL NOTES
29/1/86		biagnoli - advice + melvemeleyed 250g MS (21) frithremmy?
7/4/86	A.	Wentli referral to Bash. Cerebral headache. Productive cough hah. 2 1/2 lugbills clear Lung Sums. ① Vibramycin 11 stat ② Rhealates.
30/8/86	S.	Dyspepsia + "wind" 1/2. Nausea occ. vomiting ① haematem ① melena. Headache. Feverish. o/e PR 70m BP 100/70. Abdo soft. Δ Gastric "ju". P Rest - Gastriscan (2000s) (J.)
2/1/87		Bilat. auricular nerve pain ep. for 1st time again. → Bufer 400mg Tds

★ This column has been provided for doctors to enter A, V or C at their discretion

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SOCIAL SERVICES

19

MALE	Surname GRO-A	Forenames GRO-A
Address		

National Health Service Number	Date of Birth
--------------------------------	---------------

Date	★	CLINICAL NOTES
13/5/87		capL - green sputum and sev dry feels best Just split up c.wye job leaving Job - lined box thru wpl. chubby R anast 250, 770
17/3		DNA
15/10/87		Split e nois ? Has NSW. → Gu clinic. Also has v. nasty bloody infected gums. Emphysema using 400 cc April 2002 Hb (21)
4/1/88	S	s. blocked nose, throat. dyspnea and cough o. Chest clear. Ears 2 ✓

* This column has been provided for doctors to enter A, V or C at their discretion

20

Date	★	CLINICAL NOTES
1/2/88	S.	R. VAD - Pulp VAD P. Ref. - Cef → 11/1 Pneumonia & cough, coughs for children. Dol of work. Cleaning patterns - Teigepa 10, with (7) - only
9.4.88		acute epigastric pain, severe abd. ↑ food, wind ++, + cord-pained O/E tender ++, Barrel sounds normal IMP P.U. R. lactulose 10ml bid MMT 10ml QV 10/1 Cenchrin 400 bd 50/1 So. Heart 1
10/5/88	S.	Currody + welfare assessment Can't sleep. T2P 10, (30) Accuracy of diagnosis - a. incoherent - lack of sleep he says.
3/6/88	S.	Had appt. yesterday. Needs reference for care.
N/A		

★ This column has been provided for doctors to enter A, V or C at their discretion
 MUST SEE DOCTOR HEKNOW
 THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR
 SOCIAL SERVICES

GRO-C

21



MALE	Surname GRO-A	Forenames GRO-A
Address		

National Health Service Number	Date of Birth
--------------------------------	---------------

Date	*	CLINICAL NOTES
9/6/88	S	Wrote a letter to say to DVK in dispute to his wife are custody of children 9 (Sua) + Jan (5) with access to his car deceased addit (to say)
		O. No signs of drug abuse Tells rather oddity P. Statement 7/10 (20)
7/1/89		in. 7/1/89 (20)
29/9/88	S	S. Slipped a lift, yanked banged his elbow. P. Call -> 4/10
18/10/88	A	7/1/89 (15)
22/11/88	S	S. hurt (2) shoulders + neck by unfolding of lift platform (Ambulance)

GRO-C

* This column has been provided for doctors to enter A, V or C at their discretion

22

Date	*	CLINICAL NOTES
		due faulty Sping. works as an escort for the hand, cap on wheel- chair). Since neck + (D) shoulder stiff ⊙. neck rot, (R) painful + limited ⊙ abducting ⊙ shoulder → H.H. Court case coming on to get custody of his children - V. Fense; unable to leg the Cal. P. Ken (comp) invoice (14).
20/12/88	→	Nap has 2 children Sister ii h.c. (25)
17/1/89	S	GL- 16/12 → 21/12 Lots of problems: 1) Can't proceed; losing an. 2) 2 friends can't visit to i/v 2 weeks or so. 3) Lost his job. itp 103 ii mob (20) Pauze.
17.7.89.	Rpt	IZP long ⊙ MT

* This column has been provided for doctors to enter A, V or C at their discretion

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SOCIAL SERVICES

23



MALE	Surnames GRO-A	Forenames GRO-A
Address		

National Health Service Number	Date of Birth
--------------------------------	---------------

Date	*	CLINICAL NOTES
8/2/89		S. Cdh and change o. No pills h. Exdetic p. Noisy gutt. SCDs / M (L)
17.2.89	Rpt	T2P 10mg (30)
21/3/89	3	full of aches + joint pains x 10th. no cough. Sweating ① O. <? Visual illusion, Gea. advice the paracet + (50) 2 AA (low), ② also c/o painful + stiff (R) wrist + (low, history). Shoulder, Yong < Cerv. Spine Rt. Shoulder
2/3/89	5.	With a health check.
28/3/89	A	T2P 10mg (30) NA
4/4/89	5	Neck now fixed - not very

* This column has been provided for doctors to enter A, V or C at their discretion

24

Date	*	CLINICAL NOTES
		<p>happy with it.</p> <p>Wets to have physical check again.</p> <p>11/4/89 2 x Appt DNA</p> <p>16/5/89 A Tenaxpa 10₂ wote (20)</p> <p>19/6/89 DNA again. No further report until he comes in.</p> <p>6/6/89 DNA</p> <p>16/6/89 S S Not working. Feels he's been depressed but is getting out of it now.</p> <p>o. BP 120/70. P 80</p> <p>Cy. - Neck NAD</p> <p>Ph. L. NAD</p> <p>Back a bit stiff esp. w/neck</p> <p>A. Cervical spine</p> <p>P. Temp. 10₂ off wote the stop (15)</p> <p>X-rayed spine</p>
		GRO-C

* This column is for C at their discretion

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25

MALE		Surname	Forenames
Address			
National Health Service Number		Date of Birth	
Date	★	CLINICAL NOTES	
1/5/85		FET 105 (10)	
6/11/84		Rhinits / ? Autosomally Sceptolystubing & Vihungā / Rute → caused Abdominal Pain → ketu to stop Chex to Argmentin.	
23/11/85	T #	tub & filp - Discharged faas boy run out of awalgene Cadydromol OK for day not helping at night & DHC in boots (30) Cadydromol (30) Quinine S. (30)	

* This column has been provided for doctors to enter A, V or C at their discretion.

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Date	*	CLINICAL NOTES
29/12/88		not sleep pain in H AS - cuts & hives Nigmo bandage x4
2/1/90	S	still get a lot of pain 1 Cocodan 100 (100) 1 No. 100 (100)
15/1/90	T	Nb. No. 100, cold - unwell, advised to get it changed Screws to be removed tomorrow 1 Cocodamol (60) 1 Hydrocortisone (30)
19/1/90		not sleep discussed 1 Temazepam 10 (7) No. 3
26/1/90		DHC 30 12 Nocte 7dg 1/2/90 am Rpt. 100 100 (30) x 30 1/2/90 pm AR. Dr. said no more T. It also has by him

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27

MALE		Surname	Forenames
		GRO-A	GRO-A
GRO-A			
Date	*	CLINICAL NOTES	
22/90		notes out 22/90 # 10 ave X Cocodamc benazep 10 (7)	
20/2/90		Co. fruxed 60	
* This column has been provided for doctors to enter A, V or C at their discretion.			
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Form FP7			

28

MALE		Surname	Forenames
Address			
National Health Service Number		Date of Birth	
Date	*	CLINICAL NOTES	
22/2/90		Lep 8711 Nampul ref Tamarle At 16mg per 10 (7) later 16L from Jacobs * script changed to 17 Tamarle *	
23/3/90	*	To 7 wh or losp. has had jus. received T. Cod, drch. ii mnd 6.0 Cq. M. 25g, 1/2 L1	
24/9/90 9/5/90		T. Cod, drch. ii mnd 6.0 Apno. losp. re fop scripted - was suicide at time has seen homeopath I can see Hasta retreat for new job	

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29

Date	*	CLINICAL NOTES
B/7/90		INAT
27/7/90	S	Now i wat ven c 2 left
10/8/90	S	Cent. is abs. # Tibia: due to lower extrem. operation on this tibial # and plate internal fixation. Also probably = 6 weeks and med. after, prolonged use of crutches. Suggest osteopathy: Vaccines surrounds the quality of operation. 6.11.90, knee @ Corin. TN. 12/7/90 HS - AS - ? pleural ins. AS do ✓ Ume NAD. Nothen → 10m 10m See name

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30

MALE		Surname		Forenames	
		GRO-A			
		Address			
National Health Service Number				Date of Birth	
Date		★ CLINICAL NOTES			
7.11.90		? Plenary → Home to see letter (for Marie Hall)			
		Cody d (20)			
24/1/91		Dys time for part 3/12 can't go back for old job - Devered			
22/3/91		Attached by brother what does he want? Med 3.4/2 → 13/52			
9/5/91 (1)		awaiting for operation for removal of part from ankle or back NHS - call 13/52 A urgent 1, 2, 3, 4 no allergic rash (P) mean			

* This column has been provided for doctors to enter A, V or C at their discretion

(31)

Date	*	CLINICAL NOTES
21/5/91 N/A	5	Pleuritic @ chest pain 1/7. Pain @ shoulder 4/7 loose movement. cough. SOB. Palpitations Smokes 3/4oz tobacco. feels generally achy. Has had before. OE PR 70/90 BP 100/50 CVS ✓ RS ✓ Tender AAL STCS Movement st. limit full expansion. Lump Prob. Muscular. Plar TCA (2/7) S. aqueous veins for mild eczema. 24/5/91 Z named kidney area H H. itchy scab


* This column has been provided for doctors to enter A or C at their discretion

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(32)



MALE	Surname	Forenames
Address		
National Health Service Number		Date of Birth

Date	*	CLINICAL NOTES
3/6/91		Low pain since this Am 0/6  tender epig • L&KK Mx ✓ Abdo x R ✓ mst map freed + evacuate for ecz an
6/9/91	S	Passed urinary calculus in May (L) (not part) No problem (R) (not part) of Urine: Ncd. Can't sleep. T-2/10 <u>Six</u> <u>Boats</u>

* This column has been provided for doctors to put V or C at their discretion

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Plak Kx arth
Refer urologists batis

33

Date	*	CLINICAL NOTES
		Urine for drug screen, N.C.D.
9/10/91	A	Letter to Mr. Kirby at Homecare (as he's been there twice before)
21/10/91		Final cert re (N)leg # - (Med 5 - 10/10 - 21/10)
26-92	S	① Multiple stressors in personal life & professional. Has counsellor now at Reliance not sleeping. Edynor Cal - lung - metro. Advised of poisoning resident in hotel where works. Discussed & counselled re short course temazepam 10mg. (80)
29/7/92		② Referral to Mr. Rowed re person beg chest xray anoxal 500 3x
26/9/92		Chest xray Anoxal 500

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MALE		Surname		Forenames	
Address					
National Health Service Number				Date of Birth	
Date	*	CLINICAL NOTES			
30/11/92		re-ref An David (contingent & Bolt) med 3 1/2 renovment. 13p			

* This column has been provided for doctors to enter A, V or C at their discretion

35



MALE	GRO-A
------	-------

National Health Service Number	Date of Birth
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Date	*	CLINICAL NOTES
23/1/95		(L) frozen shoulder ASA 185 No help +PH-P. U T Codiplo (60) ? W
22/6/95	S	sash (ore) upper trunk - S? Peineq Vedicabr dy, Selsun Shampoo x 10P. half strength whit fields omit - 1806
27/6/95		dy Selsun BNP Shampoo (152ms) - AerBS
13/12/95		DNA
20-12-95	S	Flu symps on & off 2/2 10/7 Dehydration & x2 vomiting last week. I treat G.E. Diavalyte. Admin

* This column has been provided for doctors to enter A, V or C at their discretion

(36)

Date	★	CLINICAL NOTES
3/1/96		off of all pods Temperature Med 3 21/12 6p po
23/4/96		Duplicate for med 3 21/4 ac med 3 1/4 ac 12/12
24/7/96		wants Ralt 1/12 Med report
5/11/96		5/11/96
7/11/96		Med 3 13/52 Squatic old leg in gna
22/11/96		Dermatiks Derm X 5096 WSP WSP 200 5 Bathovateone P. S. L. U. D.
1/1/97		+ (1) WSP. horn - rec all (1) WSP. horn
5/1/97		rec all (1) WSP. horn

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37

MALE

GRO-A

GRO-A

Address

National Health Service Number

Date of Birth

Date

*

CLINICAL NOTES


7/3/97 3/12 pain, both
elbows / wrists
no fever
Generally slowing
up no change in gait
0 10/80 P80
Reft? slow relaxing
• LOS
P XRay elbow.
FB C CBL N.
RTS N N
LWS N N
Ca Ph AP N
LFTS RTT. PAST
LATE N
PK 2/3.

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38

Date	*	CLINICAL NOTES
8/3/71		7 AST
1/1/72		Needs 1 hr A BC
2/3/72		Abd pain for joint
7/4/72		Abd pain & loose stools Not helped by Colper PH peptic ulcer
		liver edge  Abd soft contended PR - NAD
		depress LFT's hep status
14/1/78		Top alcohol keep HH unwary uncomb & occ low pain. PH kidney stones

* This column is provided for doctors to enter A, B, or C at their discretion

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39

MALE

Surname

GRO-A

Forenames

GRO-A

GRO-A

National Health Service Number

GRO-A

19

Date

★

CLINICAL NOTES

9/4/97	DMA for well man check	GRO-C
21/4/97	Tall re elbows See if flare up	
30.4.97	Severe abdominal pain, comes + goes. History IBS / possible peptic D. Vagueness soft. BS (N). Has appt surgeon re hernia ∴ note given. ! gastroscopy Tory Cimet.	
1/6/97	Med 3 6/52 peptic ulcer, ankylosing spondylitis Depression, hernia	

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Date	★	CLINICAL NOTES
3/7/97		<p>68 yo.</p> <p>PK seeing him for wellman clinic - ? signed off. PUD in past. Rpr in past - no mts.</p> <p>checking of leg previous # - on incop. benefit.</p> <p>Given Med 3 for 8/52 on 4/6/97, by PK.</p> <p>accounting</p> <p>Med 3 given for further 8/52 - to see PK. in 3/52.</p>
4/8/97		DNA.
15/8/97		<p>Benefits deposited</p> <p>Med 3 13/52</p>
19/9/97		<p>Has ad - 11/11/97</p> <p>for sample 21/11/97</p> <p>Under medical</p>
29/9/97		<p>Req. for medical report</p> <p>pg 10.15, dep =</p>
17/11/97		<p>Sung med</p> <p>DHC 30 (20)</p>
4/2/98		<p>Med 3 12 post op</p>

GRO-C

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MALE		Surname		Forenames	
Address					
National Health Service Number				Date of Birth	
Date	*	CLINICAL NOTES			
10/3/98		CAB for disuse			
10/3/98		CAB for ~			
10/4/98		BA for ~			

* This column has been provided for doctors to enter A, V or C at their discretion

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Form FP7

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MALE		GRO-A	
National Health Service Number		GRO-A	
Date	*	CLINICAL NOTES	
9/4/98		Depressed Ref Clw Ryck change of usual ref	
23/4/98		ISQ	
7/5/98		PT says he has been told that 1 heart filed in a form from BA. No evidence that 1 filed in the form T -> Dysdale St. BA form sent -> me 6/4 BA form filed in 9/4	

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Form FP7

43

Date	*	CLINICAL NOTES
Bob	✓	Sum & Gledup
utr	✓	Indygh
pp	✓	Stoped running
		0 12080
		Sum ✓
		As do ~
		for 602
		CH 509T
		UTE
		frutur
		PT 6
		165
		PT / PTK
11/6/98		med 3 3/6 Def
2/9/98		

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44

MALE		Surname GRO-A	Forenames GRO-A
Address			
National Health Service Number		Date of Birth	
Date	*	CLINICAL NOTES	
21/9/98.	•	<p>Recurrence of gum infection - bridge broke - bite affecting gum. Seen by dentist. Used Pen V in past. <u>Wants referral to dental hospital.</u></p> <p>• RTA 8 yrs ago - surgery to (R) leg & removed of pin last year. Repair to hernia LHS abd. now 40 pains on RHS body after active day / scratch. Given shoe fitting via chiropody. (Usually sees PK) <u>Wants portable insert for shoes</u></p> <p>- was referred to chiropodist - no support. Requests meds. to help pain - but can't use NSAID due to PUD.</p> <p>① 1) To see dentist re lower teeth. 2) Refer chiropodist - shoe support. Is under HH orth. debt. 3) Amica 30c tabs PRN. / Clear oil to gums.</p> <p>To see PK next visit.</p>	
9/10/98		<p>Ref ST Leung Shoe support</p>	

GRO-C

45

Date	Star	Clinical Notes
9/10/98	con 6	(10) sided seratic Worse since surgery 1 yr ago ? 10/10/98 11/10/98 rectal bleeding, pile felt BC ✓ <u>not</u> gastric ulcer gastritis appetite ok w/4 or/- rectal pain (10) small pile VAC (10) Mr Lunn's rectal surgeon 29/10
12/1/98		ref DR KUNAR re end of therapy
21/12/98		5/97 w/4 enlarged anastomosis LFTS TFTS RUS

GRO-C

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SOCIAL SERVICES

46

MALE		Surname	Forenames
		GRO-A	GRO-A
Address			
National Health Service Number		Date of Birth	
		7/5/49	
Date	*	CLINICAL NOTES	
12/3/99		<p>① acute hip pain persists fract. ortho OPD patient with i. anaesthesia surgery</p> <p>② Thromb. sp. referral</p> <p>③ Hip/Knee X-ray</p>	
3/4/99		<p>Emergency Surgery: Coughing for weeks, worse at night. Green phlegm. PE 440 (exp 612) OTE - ⊖ wheeze but ? some air trapping. ⊖ creps P R amoxycillin 1000 with 1000</p>	
18/6/99		<p>See Mr. [Name] [Name] - to manage [Name] [Name] 4 pain @ hip [Name] [Name] X [Name] [Name] MSD [Name] [Name]</p>	
14/7/00			

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Date	★	CLINICAL NOTES
17/11/00	①	Has had back ache which laid him up - does not want any referral @ present.
	②	Dermatitis/eczema on arms + hands. Very dry skin. P. Embellents + HC 1%

GRO-
C

48



MALE	GRO-A	GRO-A
GRO-A		
National Health Service Number	Date of Birth	

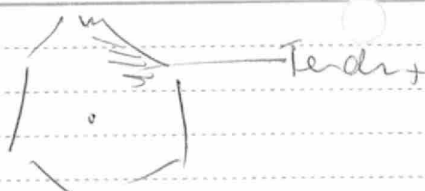

Date	★	CLINICAL NOTES
11/6/01		Frozen @ Shoulder physio not help occasional urgent MPT re ref orthopaed, in surgery
23/7/01		pain & stiffness @ Shoulder & arm seen by orthopaed surg. Let in o surgery planned on arm
24/9/01		Abdo pump + cancelled flight
28/9/01	S	Heartburn and acid in mouth. After @ lower esophagus one night made him very immobile

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(49)

Date	★	CLINICAL NOTES
		
		1y lamictal 150g with Maximal presumed GED and 2.1BS. He's also trying more He doesn't drink any alcohol or use illegal drugs. Num 2/5 need WS form
17/10/01	9	① upper abd pain 7 3/12 every day but random Bowel is intermittent diarrhoea/ irregular of Tender ① UQ + epigastric wt 68.5kg 

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GRO-C
ICES AUTHORITY



MALE

GRO-A

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..Forenames
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GRO-A

Address

National Health Service Number

Date of Birth _____

Date	★	CLINICAL NOTES
17/10/01		? biopsy duodenal disease / mild diverticulitis
28/10/01		→ 4 fibre fbc, ESR tomorrow Metronidazole 400, 7ds Cephalexin 500 7ds
2/11/01		→ App. to see PIC next wk wants referral LWWs Dietary advice re divertic
28/12/01		S wants allergy testing - but I think worth trying any idiosyncratic Anaphylaxis with the LWWs. It felt there was a delay but I do

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Produced in the UK by Tactical SOLUTIONS, Doncaster, South Yorkshire


He caused about 90% of the

(51)

Date	★	CLINICAL NOTES
		"allergy" - but AIT wouldn't cause fever. Mr had a cold
10/1/02		See copy
23/5/02:		RTA 10 yrs ago = residual pain sacrum/leg. Pains when lies down. ^{landed from fall} fell in Feb. - since then wakes = pain @ hip si joint/pelvis. leg XRay - discussed. Tender si joint. No LOM hip. No spinal tenderness. SLE slight ↓ @ <ul style="list-style-type: none"> Is on Rontidine for hiatus hernia. ✓ Is going to see Osteop. or Chiropractor. Will see GP to discuss backpain 5/6/02. Horm. Plus Tox 30c note,
22/7/02	①	SKIN getting ① whole symptoms + variable bowel - Has with in human for 60 years after all ② Sacral pain + tenderness over bed laundry jumps in Jan. - Physio

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MALE		Surname	Given names
		GRO-A	GRO-A
Address			
National Health Service Number		Date of Birth	
Date	★	CLINICAL NOTES	
18/3/03	S	<p>Buerhinder ditca - f pain Ab anal pain ef Pedu r upper abd + EHC</p>  <p>R.R. Anal tenderness. Pinkish ? fissure → Metro + Aph p. dr. des Rochschyl + GIN prau pain. Noun pr</p>	

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THE SKIPTON FUND

PO Box 50107, London SW1H 0YF Telephone: 0207 808 1160 Email: apply@skiptonfund.org www.skiptonfund.org

PART 5 - TO CONFIRM THE AUTHORITY OF RESPONDENT(S)

How long have you known the person in respect of whom you have completed this form?

28 years months

Name of Clinician MR GRO-A

Department General Practitioner

Hospital GRO-A

Address GRO-A

London

Post Code GRO-A

Signature of Clinician

GRO-A

GRO-A

GMC No GRO-A

How long have you known the person in respect of whom you have completed this form?

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

GRO-A

Hospital Stamp

Clinician's

GMC number

How long have you known the person in respect of whom you have completed this form?

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's

GMC number

How long have you known the person in respect of whom you have completed this form?

years months

Name of GP (if relevant)

Surgery

Address

Post Code

Signature of GP

Surgery Stamp &

GMC number

By signing this form I confirm that the information contained within parts 2 - 5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

Please return the completed form to the Skipton Fund in the freepost envelope supplied

Thank you very much for your help in completing this form

8

RECEIVED 24 FEB 2010

GRO-A

Mr GRO-A
GRO-A
London
GRO-A

JL 27/11/01

GUIDANCE NOTES FOR APPLICATION FORM FOR FIRST STAGE EX GRATIA PAYMENT OF £20,000.

TO THE APPLICANT

Thank you for registering with the Skipton Fund. Please read these notes carefully before completing the form. Please also show these notes to the medical professional who you ask to complete the rest of the form after you have completed and signed Part 1.

HOW TO COMPLETE THE FORM

Page 2 of the application form must be completed by the person making the claim. In nearly all cases this will be you, the infected person; if such a claimant is unable to complete the first two pages of the form, they can be completed by a representative as long as this is made clear on the form.

If the application is for a payment that would have been made by somebody who has died, the form asks for information about the dead person.

All the rest of the form after page 2 must be completed by a medical professional, to whom you should give the form after you have completed and signed the first two pages. You should also give these guidance notes to that medical professional.

Generally this medical professional should be the principal clinician treating you; this will probably be a clinician treating Hepatitis C, but in the case of applicants with bleeding disorders it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your General Practitioner, again with these guidance notes.

If you yourself have any records of how you were infected, please give them to the medical professional who will be completing the remainder of the form.

When the medical professional has completed the form, he or she should send it to the Skipton Fund where it will be processed. Provided that the information supplied confirms your eligibility for a payment, this will be made as soon as possible after the receipt of the form by the Skipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Skipton Fund Helpline on (0207 808 1160). In case your call has to be recorded, please be ready to leave a telephone number to which it will be possible to return your call.

TO APPLY FOR SECOND STAGE EX GRATIA PAYMENT OF £25,000

The Skipton Fund will be processing applications for the first stage ex gratia payments as a matter of priority. You will be able to apply for the second stage ex gratia payment at any time in the future. If you believe that you are eligible for this payment, please ask the Skipton Fund for the relevant application form.

1

PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT

Please complete the following in block capitals:

If you are completing this form on behalf of somebody who is unable to do it himself or herself, please supply the following information about that person. If you are claiming as the bereaved partner, parent or dependant of somebody who died after 29 August 2003, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other) MR

Surname

GRO-A

First name

GRO-A

Middle name/s

Address

GRO-A

LONDON

Post Code

GRO-A

What is or was your relationship to this person?

G.P.

If the infected person has died, please supply the SKIPTON FUND with a copy of the death certificate.

PART 1B - TO BE COMPLETED BY THE APPLICANT

DATA PROTECTION

Your personal information will only be used by the Skipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety (Northern Ireland) together "the UK health administrations" to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (acting for and on behalf of the UK health administrations) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

By submitting this form to a medical professional, you consent to your medical details requested in Parts 2 being supplied to the Skipton Fund and the Department of Health (acting for and on behalf of the UK health administrations) for the purpose of administering your application. If your application is ultimately deemed to be ineligible for the ex gratia payment your information will be deleted. If you have any questions regarding the use of your information, please contact 0207 808 1160.

Do you consent to the medical details requested in Parts 2, 3 and 4 being supplied to the Skipton Fund?

*Delete as appropriate

YES/NO

If you have any records of how you (or the deceased person) were infected, please give them to the medical professional who will be completing the remainder of the form.

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Skipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Skipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution fund.

I wish to apply for a £20,000 ex gratia payment.

Signature of Applicant

GRO-A

Date

4 Dec 2009

FOR SCOTTISH APPLICANTS ONLY:

By signing this form I confirm that this claim meets the further criteria for claims emanating from Scotland as set out in section 2 of the Guidance Notes entitled "THE SKIPTON FUND - What it is and how it works".

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TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER

NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.

Thank you for your help with this application.

In most cases this form will concern a patient who is known to you who has been infected with Hepatitis C.

The purposes of this form are

- to confirm that the patient has been infected
- to confirm that the infection most probably arose through NHS treatment

If there are questions in this form relating to your patient that you cannot answer, please consult such other medical professionals as have treated your patient who would be able to provide such answers.

In a few cases this form will concern a patient who had been infected with Hepatitis C but who died after 29 August 2003. In such a case all the questions you are requested to answer refer to the deceased person.

In a few cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A, 2B, 4B and 5.

Please return this form, when completed, to the Skipton Fund in the freepost envelope supplied.

Skipton Fund Limited
Freepost NAT18555
London
SW1H 0BR

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PART 2A - TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT

Has an HCV antibody test ever been positive?

YES/NO* ☒ YES

Is the applicant currently PCR positive?

YES/NO* ☒ YES

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment?

N/A

YES/NO*

If the applicant is PCR negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?

N/A

(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic Hepatitis C.)

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

YES/NO* ☒ YES

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

YES/NO*

YES/NO*

YES/NO*

Please provide details of which genotype the applicant is infected with

3a

If any of the answers in part 2B is 'YES', please ignore the rest of parts 2, 3 & 4A and go to part 4B.

PART 2C - TO CONFIRM THAT A DECEASED PERSON WOULD HAVE BEEN ELIGIBLE FOR PAYMENT

Did the deceased person ever test positive for HCV antibodies?

YES/NO* N/A

Was the deceased person PCR positive at the time of death?

YES/NO*

If either of these answers is 'yes', please complete the remainder of this form in respect of the deceased person.

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment?

YES/NO*

If the infected person has or had haemophilia or any other inherited or acquired bleeding disorder, please go to Part 3, but ignore part 4.

*Delete as appropriate

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PART 3 - TO BE COMPLETED ONLY IN RESPECT OF INFECTED PEOPLE, WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS

i) Please confirm that the infected person has or is a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder)

N/A

YES/NO*

ii) Were any of the following used to treat the infected person before 1 September 1991?

(please tick where appropriate)

Factor VIII concentrate

☐

Factor IX concentrate

☐

Cryoprecipitate

☐

FEIBA

☐

Plasma/FFP

☐

Whole blood or components

☐

(components include platelets, red cells, neutrophils etc)

Did treatment include repeated doses?

YES/NO*

Other coagulation factor concentrate

☐

If so which?

iii) In which NHS hospital(s) did the infected person receive the products listed before 1 September 1991?

iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's Hepatitis C infection was caused through NHS treatment received before that date?

YES/NO*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

If part 3 has been completed ignore part 4 and go straight to part 4B.

*Delete as appropriate

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PART 4A - TO CONFIRM THAT INFECTION MOST PROBABLY AROSE THROUGH NHS TREATMENT - (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)

i) When where and how is it believed that infection occurred?

When? (date)

Where? (in what NHS hospital or other facility)

How? (during surgical procedures, A&E treatment, etc) Please specify.

Mr GRO-A has said that he has had many blood transfusions, but I can find no evidence to support this. Please see my letter

ii) Do any records exist of this possible occasion of infection?

If YES, please specify and enclose a copy of the relevant records

Please see my letter

iii) If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991?

YES/NO*

iv) Were any of the following used to treat the applicant before 1 September 1991? (please tick where appropriate)

Intravenous immunoglobulin

☐

Plasma/FFP

☐

Albumin

☐

DEFIX

☐

Bone marrow

☐

Whole blood or components

☐

(components include platelets, red cells, neutrophils etc)

If so, for what purpose, and did the treatment involve repeated doses?

Please see my letter

v) Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)?

YES/NO*

If YES, please specify

*Delete as appropriate

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PART 4B - OTHER POSSIBLE SOURCES OF INFECTION

Based on evidence or your experience, has the infected person been treated for intravenous drug use?

YES/NO* ☒ YES

Has the infected person ever received hospital treatment outside the UK?

YES/NO* ☒ YES

If YES, what treatment and where?

Is there any other evidence that might affect the eligibility of the infected person for payment?

YES/NO*

If YES, please specify?

Possibly; please see my letter and copies of his GP records.

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

YES/NO* ☒ YES

Variably

*Delete as appropriate

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