

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 or Hepatitis B or C as a result of National Health Service treatment with blood or blood products, a formal application form will need to be completed.

Fund Eligibility: ANYB GRO-A

DOB: GRO-A 19

Please provide details of your current 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

The Address: PO Box 10107, 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 *London* 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.

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
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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.

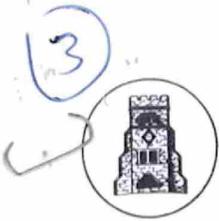
Yours sincerely,

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



172 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.

f

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

f

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

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)

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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

GENERAL PRACTITIONER

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

15 MAY 1997

SPECIALTY: Gastro
DATE OF ADMISSION: 14/5/97

Dear Dr GRO-A
GP Address: GRO-A
LONDON GRO-A
GP Fax No: _____

Patient: GRO-A
Hospital No.: GRO-A D.O.B. GRO-A 49
Address: GRO-A LONDON
GRO-A

EPISODE Consultant: OLAGBAIYE

Clinical Information

Principal Diagnosis: Epigastric Pain

Codes: _____

Main Procedure: Gastroscopy
do test

Pain Control: given to take away Yes No
Name of drug _____
dose: _____ duration: _____

Sutures: Absorbable Require removal Number of days _____
Advised/removed by: GP/ Health Centre
Return to ward District Nurse

Wound care advice given: No Yes If Yes, detail below:
advice: A

Contact Arrangements:
Ward: 324 Phone No (to call if problems): 7697

Change of Dressing required? No Yes If Yes, detail below:
date: ___/___/___ Arrangements: _____

9.00 - 5.00: Team Registrar (print name) Me Omohwo
Out of hours: ask for duty team

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: 32 ___/___/___ 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
<u>Clonidine my an</u>	<u>250mg</u>	<u>b.d</u>	<u>10/2</u>	<u>N</u>		
<u>Paracetamol</u>	<u>500mg</u>	<u>bd</u>	<u>10/2</u>	<u>N</u>		
<u>lanzaprazole</u>	<u>30mg</u>	<u>bd</u>	<u>2/52</u>	<u>Y</u>		

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

FORM COMPLETED BY:

Name (PRINT): Me Olagbairye
Consultant's Name: Me Olagbairye
Please complete in full

Grade: Consultant Bleep No. / Ext: 138
Signature: _____
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

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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

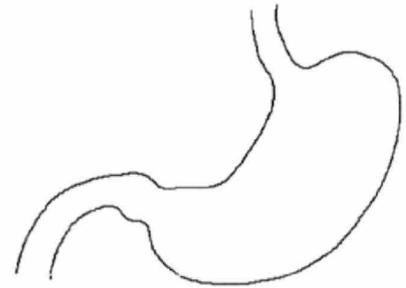
Bulbar scarring was present.

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

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Department of Surgery
Telephone: 0181 919 7384
09/05/97

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 149
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 Olagbarye
LOCUM CONSULTANT SURGEON

Directorate of Surgery, Anaesthesia and Critical Care Medicine

The Homerton Hospital, Homerton Row, London E9 6SR, Telephone: (0181) 919 7384 Facsimilie: (0181) 919 7275
A University Hospital affiliated to the Medical College of St. Bartholomew's Hospital.

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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 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

GRO-C

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

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



HOMERTON HOSPITAL NHS TRUST

DISCHARGE INFORMATION

GENERAL PRACTITIONER

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

DEPARTMENT: Orthopaedics

DATE: 19/11/97

Dear Dr GRO-A

Patient: GRO-A

GP Address: GRO-A

Hospital No.: GRO-A D.O.B. GRO-A 49

Address: CLAPTON GRO-A

INPATIENT EPISODE

Date of Admission: 19/11/97
or TRANSFER

Consultant: MR Siva

Date of Discharge/Death: 20/11/97
or TRANSFER

Ward: Cox Street Stay 0181 519
Extn: 87 GRO-C

Principal Diagnosis: Tibial fracture

Codes:

X rays: Nil
None relevant

Associated Illnesses / Complications:

Blood Tests: NAD
None relevant

Main Procedure / Treatment: Removal of tibial nail

Advice/Information given to patient:

Other Procedure / Treatment:

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
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>i</u>	<u>TDS</u>			
<u>Coproxamol</u>	<u>ii</u>	<u>QDS</u>			
<u>temazepam</u> (2 tablets ten milligrammes) total of twenty milligrammes	<u>10mg</u>	<u>night</u>	<u>2</u>		
12 DEC 1997					

GRO-C

FORM COMPLETED BY: Allan
Name (PRINT):
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

10 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 Kadiramanathan PhD FRCS, Dr Ray Shidrawi MD MRCP
Mr R Ravikumar FRCS, Joy Sadeghian RGN DPSN BA (Hons)
The Homerton - The Hospital for Harkness



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

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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



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114

Homerton University Hospital NHS Trust Discharge Information Form



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

Date: 28-MAY-2005

Patient: **GRO-A**

SCANNED

CNN: **GRO-A**

GRO-A

LONDON

GRO-A

- 3 JUN 2005

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

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. Pah 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: 8th October 2008

GRO-A

To: **GRO-A**
GRO-A
London: **GRO-A**

28 OCT 2008

Dear Dr **GRO-A**

Re: **GRO-A** - D.O.B **GRO-A**, 1949
GRO-A London: **GRO-A**
NHS No: **GRO-A**

SCANNED

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

28 OCT 2008
GRO-C
ST

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 Bohay

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

16
11/12



University College London Hospitals **NHS**

NHS Foundation Trust

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
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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

19 DEC 2008

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 INTERNAL
GRO-C

15 17



University College London Hospitals **NHS**

NHS Foundation Trust

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Tel: 0845 1555 000 ext 4591
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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 : GRO-A London
Post Code :

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 Gastroscopy 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

2

LIVES WITH

GRO-A

CHILDREN

Separated
1987

GRO-A

PAST EVENTS (Personal and Medical)

8 Peptic Ulcer 1970

Skapulated in 1983

RTA 11/87 # trauma

5/91 kidney stone

1985 IVU (N)

3/77 PAST

4/95 Colon resect

2/98 Hernia open

5/98 OGD (N) ? HP. result
on sca refer HP

2001 Oesophagus (P.H. grade)
+ with body

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 with.
 To The Day Ahead Clinic

4/12/69 a Ex. V.I.
 - Frequency +
 No dizziness
 Feels generally well
 plenty of sleep
 To Day Ahead Clinic
 Sulphadiazine
 15g qds
 Has had previous kidney
 trouble.

17.12.69 Dizziness
 25.3.70 No rest or back or arm
 Numbness in feet.
 Testosterone 400 units

31.3.70

GRO-C

GRO-C

This column has been pro- or C at the
 (91399) Wt. YP. 11115-5585 600014 3/63 HW FORM 10/71

4

DATE *	CLINICAL NOTES
29/7/70	Folwants Tas ADC = 4hly (38)
26.8.70	10 days ago. <u>Dwank</u> wonder one.
25/Jul 70	Tas Pamble (38) Wax Wax + Wax Tas ADC Tas ADC Tas ADC
22/3/71	Tas ADC 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	
GRO-A		GRO-A	
GRO-A			
National Health Service Number		Date of Birth GRO-A 49	

Date	*	CLINICAL NOTE
10 DEC 1975		<i>Dr. W. Wilson</i> Herpes (L) <i>Dr. Harman</i> 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		<i>C. Lee</i> 2nd 1979 <i>Dr. W. Wilson</i>
27/11	S	<i>Dr. W. Wilson</i> @ week → shingles pain & pain @ feet. <i>Dr. W. Wilson</i> @ (20) x (20). <i>Dr. W. Wilson</i> supps 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

7

Prof. Suniti & Pervallin VA
MEDICAL RECORD TO FOLLOW

MALE Surname GRO-A Forenames GRO-A
National Health Service Number
GRO-A

Date of Birth GRO-A 49
Dr. A. K. Banerjee 24004
Included in Your List on 3 MAY 1978

Date	*	CLINICAL NOTES
1/6		Dxpt. x 50. J. x 100. Ascorbic ac. 500 mg. x 50. - % ears - 0/E clear of wax.
3/8	S	Prob. office Wife murdered. St Leonards Hosp. 1977. - Haematemesis Kornerputh h. inguinal hernia Rash on chest. Italy holiday
7/8	S	itchy rash over chest ? Cause. 400 Tab. Beneton (4wp) x 30 " Bednorate out - 150
9/9	S	Dyeni Sun rash - chest + arm + back > Cause -> Hosp. 6/12 diaphes (sl) -> ENT Hosp
5/9	S	Rash - glorioful

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

8

Date	*	1928 - CLINICAL NOTES
5/9	S	(3) Ba meal
21/1/28		Had keratitis on the See C & Aune's New ork. The swelling of face around eye o. Cellulitis around eye p. Pen. v. 250g, 200g (28) K Steel X-ray Surves
26/1/19	S	Old skin problem has flared up. - See v. 28 K - Section 1500g. Refer to Barts. Not very odd - don't understand him at all!
29/5/19	S	Pityriasis Versicolor. Whitfield's Ointment 1000g. X-ray Surves.
16/6/19	S	Try Whitfield's (1000) The patient is b.d. 20 - really very thin. Don't get a sun, little.

23/11/29 (2) Keen for hospital referral - given
 THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR SOCIAL SERVICES
 1st Whitfield's oint 1000g

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 during cold = secretor Oxyt. 25mg qd N. el Bic (1022)
4/3/50	S.	S. Nu has healed ears O. Plaid i ears: P. Instop. LA i water (2)
20/3	S.	Acetaminophen - LA. upsetting him, recurrence of sinusitis. Sinus headache. PE. Paracetamol (250) (20) no keen on ampicillin work. not on any other drug.
12/4/50	S.	Need constant etc. control Refer. Royal Nat TMB.
		Also lania. Refer
18/7/50	S.	Recurrence of <i>Pityriasis versicolor</i> Whitfield's (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 certain Radioisotopes.
		fricoid elbow - P. left
22.9.50	S	Pain neck → ⊙ scapular. o/E NAO A. ? muscular pain P. ec. Aspirin 600mg Q.D.S. (100)
2/4/51	S	Stomach trouble - rd - paracetamol ② water brash - abdo mad. ③ ⊙ femoral hernia 4yrs → B.M.
2/4/51		Gingivitis Oraldene mouth wash 10P Amoxil Pen V
21.5.51	S	Couldnt. eat Pen V 20 Copaxone 250 TDS (21)

* This column has been provided for doctors to enter A, V or C at their discretion.
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11



MALE Surname GRO-A Forenames GRO-A
 Address
 National Health Service Number Date of Birth

Date	*	CLINICAL NOTES
11/12/01	S	<p>Thats fo had a stroke 3 years ago den to have see workers at side of face an @ an + tidy i @ had. But has normal noty else - O. Crani + piph an. Normal A. ? nerve compression P. Nerve-P</p> <p>Also not vesicles has occurred On 2/2/02 (1028)</p>
17.2.82	S	<p>9/52 ago sinusitis Now flu feely ^{8/8} gingivitis R. Chlorhexidine 0.2% mouthwash 2x day</p>

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

12

Date	*	CLINICAL NOTES
18/10/82	S	Pain in face. Matted nose Purulent nasal discharge i. tenderness above A. sinusitis. P. Oxycotin 15mg qds (50) Chlaphenon 1g bid (50)
21/5/82	S	Still feels v. blocked up Tm. Indigestion L.A. in water (30)
24/6/82		Nose blocked & face pain again - taking penicillin + something from chemist. - also ears blocked & cannot get in tune.
4/8/82	S	CPT area badly overwre - stitched at H Htop under GA. feeling dizzy ++ - feels stuck up. P. 1000 2P 5 (10) DPA DPA 2000 Paced (30)

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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 oint 100gm for pit vesicula
11/1/83.		Homeless - (ESA + his mother). - Went to a Tempered house. - PMH - between ages 15-21 in prison & psychiatric work. - new phobia about living in Worsh. & stairs. On panic attack. - Went to Usher for hearing.
14/5/83		Usher to college re typewriting for exam.
23/8/83.		Hearing given problem again. → Burt

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

15



MAL **GRO-A** Surname **GRO-A** names

Address

National Health Service Number Date of Birth

Date * CLINICAL NOTES

12/2/85 S Definite pain in herniorrhaphy area on coughing - severe (I watched) + tenderness. Back movement write to Mr Chadway - in prison.

29/3/85 S. S. Ceph. See that. Green phlegm. o. Mux 2 B3 A. Proclita P. Amoxicillin 250 14 (21)

20. 8. 85. 2/52 Severe pain + stiffness in back shoulder (R) 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. EBR ✓ Rht ✓ See 2/52 Form FP7

16

Date	*	CLINICAL NOTES
4/10/85	S	<p>Stabbing @ submanary pain intermittently - worse recently. worse movement. He Sleeps OK. looks after 2 children on occasions - At college. ^{Synkey} 1202/1100 Wants to study Audiology OE J0A0 BP 105/60 PR 70/90 CVS ✓ RS - ° reb. O Tendons Rash ant. chest non- descrip. <u>Plan</u> for CXR WR + Kher / JDR 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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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 W.A.D. Urine pH 6.5. MSH ✓ - No growth. R₂ 100% an Hg.</p>
6/12/85		<p>Bleeding bk. - bright red blood. Small quantity. 1.85 - 8 hr I.V.P. 10 days normal. 9/12 W.A.D. Ant. col. wall. Hys ✓ ? slight Ⓛ normal tendency <u>TRIAL OF Co-dionest</u></p>

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

18

Date	*	CLINICAL NOTES
29/1/86		Gidagwoti - advice + melvemeleyed 250 mg MS (21) Kulturemy?
7/4/86	A.	Wentli referral to Bush. (C) frontal headache. Productive cough high. 2 1/2 lugbills clear Very sinus. 1) rhinorrhea 2) rhinitis.
30/8/86	S.	Dyspepsia + "wind" 1/2. Nausea occ. vomiting & haematemesis melena. Headache, feverish. o/e PR 7cm BP 106/70 Abdo soft. Δ Gastric "ju". P Rest - Craviscin (2000) (J.)
2/1/87		Bilat. auricular nerve pain sp. for Gellord again. → Buser 400mg Tds

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

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MALE Surname GRO-A Forenames GRO-A

Address

National Health Service Number Date of Birth

Date	*	CLINICAL NOTES
13/5/87		capl - green sputum ford sev day feels best Just split up c wife job training date time book the work. check by R amezel 250, 770
17/3		DNA
15/10/87		Split e nois ? Has NSW. → GU clinic. Also has v nasty bloody infected gums. Empyria 250g 400 28 Prest 2002 tabs (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
2/2/88	S.	R. VAD - Push vent P. Neck - left - 11/1 Problems & custody arrangements for children. Wor of work. Cleaning patterns - Teasepa 10, with (7) - only
9.4.88		acute epigastric pain, severe abd. ↑ food, wind ++, + cord-pulsed o/E tender ++, Barrel sounds normal imp P.U. Rx lactulose 10ml bid MMT 10ml qd 10/13 Cimetidine 400 bid 80/17 Sa Prost 1
10/5/88	S.	Currody + welfare assessment Can't sleep. T2P 10, (30) Accuracy of drug usage - a. incoherent - lack of sleep he says.
3/6/88	S	Had appt. yesterday. Needs reference for court.

* This column has been provided for doctors to enter A, V or C at their discretion
MUST SEE DOCTOR HEKNOW
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SOCIAL SERVICES

GRO-C

21



MALE Surname Forenames

GRO-A **GRO-A**

Address

National Health Service Number Date of Birth

Date	*	CLINICAL NOTES
9/6/88	S	<p>Wrote a letter to say to DVK he should be in his wife's custody of children 9 (Sara) & James (5) with access to his & his depreciable addit (to say)</p> <p>O. No signs of drug abuse T. This, rather oddity P. Statement 7/8/88 (20)</p>
27/7/88		<p>in. 7/8/88 (20)</p>
29/9/88	S	<p>S. Slipped a lift, yanked beyond his elbow. P. Act -> 4/10</p>
18/10/88	A	<p>7/7/88 (15)</p>
22/11/88	S	<p>S. hurt (2) shoulders + used up by unfolding of lift platform (Ambulance)</p>

GRO-C

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

22

Date	*	CLINICAL NOTES
		<p>due faulty Spring. 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. Fouse; unable to stop the Cal Pitkin (rap) in Oct (14).</p>
20/12/88	→	<p>New bus service from ii h.c. (25)</p>
17/1/89	S	<p>Ct- 16/12 → 21/12 Ldt of mother: 1) Cant proceed living on. 2) 2 friends with social club 2 weeks or so. 3) Lost his job. ITP 103 ii mot (20)</p>
17.7.89.	Rpt	<p>Para - IIP 103 ii mot (20) MT</p>

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23



MALE Surname Forenames

GRO-A **GRO-A**

Address

National Health Service Number Date of Birth

Date	*	CLINICAL NOTES
8/2/89		S. Cells and change o. No cells H. Exudate P. Acoustic SDCs Mt (L)
17.2.89	Rpt	T2P 10mg (30)
21/3/89	S	full of cells + joint pains x 1wks no cough, Sweating ① O. <? visual illusion, Gen. advice Paracetamol (50) 2 AA (low), ② also c/o painful + stiff (R) wrist + (Low, history). Shoulder, Yong ← Cerv. Spine Rt. Shoulder
21/3/89	S	With a health check.
28/3/89	A	T2P 10mg (30) N/A
4/4/89	S	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
		happy with it.
11/4/89		wants to have physical check again 2 x Appt DNA
10/5/89	A	Tenaxapax 10% water (20) Says he's made an appt
10/6/89		DNA again. No further reports until he comes in.
6/6/89		DNA
10/6/89	S S	Not working. Feels he's been depressed but is getting out of it now.
		o. BP 120/70. P 80 Cyan. - Meds N/A Ph. 2. N/A Rach. a bit stiff esp. neck A. Cervical spine P. Tenaxapax 10% off water the step (15)
		X-rayed via

GRO-C

* This column or C at their discretion

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25



MALE Surname Forenames

Address

National Health Service Number Date of Birth

Date * CLINICAL NOTES

1/5/89 7 1/2 10g (10)

6/11/89 Rhinits / ! Autosensitiv
Sceptistubine
& Vibrona / Ruteo
→ caused Abdominal pain
→ ketu to stop
Chex to Augmentin.

23/11/89 T # tib & fib -
Discharged faas hoy
run out of analgen
Codydromol OK in der
not helping at night
A DHC ii nocte (30)
Codydromol (30)
Quinob S. (30)

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

26

Date	*	CLINICAL NOTES
29/12/88		not sleep pain in Rt AS - cuts & hives Nigmo bandage x 4
2/1/90	S	still getting Rt of pain 1 Cocodan in caps (100) 1 No. Frisil 10 (100)
15/1/90	T	NB. Has a dudge, cold - unwell, and advised to get it checked Screws to be removed tomorrow Kocodamol (60) D. hydrocortisone (30)
19/1/90		not sleeps discussed K Temazepam 10 (7) med 3
26/1/90		DHC 30 12 Nocte 7dg 1/2/90 am Rpt. 1000 Diltiazem (30mg) x (30) PM AR. PK said no more ^{to take a further} T. It also ^{to} by him

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

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27

Date		*	CLINICAL NOTES
22/90			notes out 22/90 # 10 ave X Cocodamide 60 benzoper 10 (7)
20/2/90			Co. fruxed 60

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Form FP7

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MALE		Surname	Forenames
Address			
National Health Service Number		Date of Birth	

Date	*	CLINICAL NOTES
22/2/90		<p>left hand thumb ref to name at 15mg per 10 (7) later 162 from Jacobs * script changed to (17) 15mg per 10 *</p>
23/3/90	A	<p>To 7 am or hosp. has had pils received T. Cod, d. ch. ii. m. (60) C. p. m. 250, 100 (1)</p>
24/9/90 9/5/90		<p>T. Cod, d. ch. ii. m. (60) Apologise re for script - was suicidal at time has seen homeopath I can see after has to return for new job</p>

* This column is for use by the doctor or other person responsible for their discretion.
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Date	*	CLINICAL NOTES
B/1/40		DNT
11/1/40	S	New i wafy seen c-2 left
10/1/40	S	<p>Cent. is abs. # Tibia.</p> <p>due to loose splints operation on this tibial # and placed internal fixation.</p> <p>Also probably = 6 weeks and need of ten, prolonged use of crutches. Suggest osteopathy.</p> <p>Verdict surrounds the quality of operation.</p>
6.11.90		<p>Exam @ Corin. TN.</p> <p>12/7/50 HS - Rb ✓ ? pleural inf.</p> <p>As do ✓.</p> <p>Ume NAD.</p> <p>Not been → 10m 10m</p> <p>See usual</p>

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

Surname: **GRO-A** Forenames: -

Address:

National Health Service Number: _____ Date of Birth: _____

Date	★	CLINICAL NOTES
7.11.90		? Pleursy → Home to see letter (for Marie Hall)
		Codyd (20)
24/1/91		Dug time for part 3/12 can't get back for all job - Dependent
22/3/91		Attached by brother what does he want? Med 3.4/2 → 13/52
9/5/91	ⓐ	awaiting for operation for removal of part from ankle or both NHS - call 13/52 Aughte i, 30/5/91 no allergic rash ⓐ from area

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

32



MALE	Surname	Forenames
Address		
National Health Service Number		Date of Birth

Date	*	CLINICAL NOTES
3/6/91		<p>Low pain since this Am 0/6 tender epig = LSKK</p>  <p>Mx ✓ Abdo xR ✓ must map freely + evaluate for ecg an</p>
6/9/91	s	<p>Passed urinary calculus in May (L) (not part)</p> <p>No problem (R) (not part) of Ure: Ncd.</p> <p>Can't sleep. T 2/10 <u>Six</u> (6) out</p>

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

Plak Ken arsh
refer urologists butis

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)ley #. (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. Accused of poisoning resident in hotel where works. Discussed & counselled re short course temazepam 10mg. (80)
29/7/92		② Referral to Mr. Rowd re person beg chest inf
26/9/92		chest inf 500 3 X chest inf Amoxicillin 500

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

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34



MALE Surname Forenames

Address

National Health Service Number Date of Birth

Date * CLINICAL NOTES

30/11/12 Re-ref Mr Dawd
(cont. eye & belt)
med 3 1/2
renewment. dep

* 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

Date

*

CLINICAL NOTES

23/1/95	A	(L) FROZEN SHOULDER NSAIDS No help +PH - P. U T. Codryl (60) " U
22/6/95	S	sash (over upper trunk - S) Pevea Vertebrae dup. Selsun Shampoo x 100. half strength Whitfield's oint - 100G
27/6/95	A	dup Selsun BHP Shampoo (150mls) - AcBS
13/12/95 20-12-95	S	DNA Flu symps on & off 2/2 10/7 Diarrhoea & x 2 vomiting last week. I verbal G.E. Diavalyte. Admin

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

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Date	*	CLINICAL NOTES
3/1/96		off of all pods Herpetic Med 3 2 1/2 cap per
23/4/96		Duphate for med 3 3/4 ac
24/7/96		med 3 1/4 ac 2 1/2 wants Ralt 1 - Med report
5/4/96		Med 3 13/52
7/11/96		Sciatica old leg injury Gina
22/11/96		Dermatiker Pain X 50% WSP WSP 200 5 Betnovate one to include
1/1/97		+ (L) Leg. herny - rec all up home
5/1/97		rec all up home rec all up home

* This column has been provided for doctors to enter N.V. or C.V. if their discretion.
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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/iv pain, both
 elbows / wrists
 no fever
 Generally slowing
 up no change in pain
 0 wrists P&O
 Refs? slow relaxing
 • LOS
 XRay Elbowy.
 FB C Cbl N.
 RTIS N N
 LS N N
 CA PH AP N
 LTIS RTIT. ↑AST
 UTE N
 PK 2/3.

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

38

Date * CLINICAL NOTES

8/3/77 ? AST

2/3/77 ? Needs Her A BC
+MNT AST

7/4/77 Abdominal pain -
nausea

Abdo pains & loose
stool
Not helped by Colper
PH hepatic ulceration



Abdo soft
cont tend
AL-NAD

press LFT's
hep status

14/1/98 Top alcohol
top HH
unwavy uncomb & occ
L low pain. PH kidney
stones

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

39



MALE

Surname: GRO-A

Forenames: GRO-A

GRO-A

National Health Service Number

Date of Birth: 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	S	Severe abdominal pain, const + gas. History IBS / poss peptic D. Vagueness soft. BS (N). Has appt surgeon re hernia ∴ note given. ! gastroscopy Tory Cimet.
1/6/97		Med 3 1/2 peptic ulcer, anaphylaxis Depression, hernia

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Date	★	CLINICAL NOTES
31/7/97		<p>68 yo. PK seeing him for willman clinic - ? signed off. PUO in past. Rpr in past - no med. Cerebring of leg previous fl - on incap. benefit Given Med 3 for 3/52 on 4/6/97, by PK. accounting Med 3 given for further 3/52 - to see PK. in 3/52.</p>
4/8/97		DNA.
15/8/97		Benefits depressed Med 3 13/52
19/9/97		Hospital - 11/11/97 for surgery 21/11/97 Under method
29/9/97		Req. for medical report
		of 20.15, dep =
17/11/97		sum med
4/2/98		DHC 30 (20) Med 3 12 part of

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 course
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

42



MALE

GRO-A

National Health Service Number

Date of Birth **GRO-A**

Date *	CLINICAL NOTES
9/4/98 23/1/98	Depressed ref clw psych change of usual ref ISD
7/5/98	<p>PT says he has been told that a heart filled in a farm from BA. No evidence that a filled in the farm.</p> <p>T -> Dysdale St. BA form sent -> me 6/4 BA form filled in 9/4</p>

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

43

Date	*	CLINICAL NOTES
Bob WV PP	✓	Sun & bleedup Indigo Stopped sunning 0 12080.
		Sun ✓ As do ~
		fbc eoz ch 5091 UTE fentur PT/PTK
11/6/98		med 3 3/6 Def 8/5
2/9/98		

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

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MALE		Surname	Forenames
		GRO-A	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 PerV 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 pairs on RHS body after active day / scratches. Given shoe fitting via chiropody. (Usually sees PK) <u>Wants portable insert for shoes</u></p> <p>- was referred to chiropodist - no appt. Requests meds. to help pain - but can't use NSAID due to PUD.</p> <p>Ⓟ 1) To see dentist re lower teeth. 2) Refer chiropodist - shoe support. Is under HH orth. debt. 3) Arnica 30c tals PRN. / Clear oil to gums.</p> <p>To see PK next visit.</p>
9/10/98		<p>Ref St Leonards shoe support</p>

GRO-C

45

Date	CLINICAL NOTES
9/10/98 con 6	<p>① sided sciatic Nurse SW co surgeon 1 yr ago ? 10/10/98 ② 10/10/98 ③ 10/10/98</p>
16/10/98	<p>rectal bleeding, pile felt BC ✓ <u>or</u> gastric ulcer gastritis appetite ok w/ & or/- rectal pain ④ small pile ⑤ ⑥ Mr Lunn's rectal surgeon 29/10</p>
12/1/98	<p>ref DR KUNAR re end therapy</p>
21/12/98	<p>5/97 w/ 97 ⑦ 21/12/98 ⑧ 21/12/98</p>

GRO-C

★ This column is reserved for doctors to enter A, V or C
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MALE Surname GRO-A Forenames GRO-A

Address

National Health Service Number Date of Birth 7/5/49

Date	*	CLINICAL NOTES
12/3/99		<p>⓪ sciatic/hip pain persists await ortho consult partner sick i amexylin surgery</p> <p>⓪ done up referral</p> <p>⓪ hip/ankle X-ray GRO-C</p>
3/4/99		<p>Emergency surgery: Coughing for weeks, worse at night. Green phlegm. PE 440 (exp b12) O/E - ⊖ wheeze but ? some air trapping. ⊖ creps</p> <p>P R amoxycillin 1000 tabs with 1000</p>
18/6/99		<p>See Mr GRO-A left</p>
14/7/00		<p>- to Mark of 10/11/00 4 pain @ hip 1/1/00 X-ray 1/1/00 NSAID 1/1/00 ASD 1/1/00</p>

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

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

GRO-C

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

GRO-A

GRO-A

GRO-A

National Health Service Number

Date of Birth

Date	*	CLINICAL NOTES
11/6/01		Frozen @ Shoulder physio not helps lockdown urgent MPT re ref orthopaed, wj surgery
23/7/01 24/9/01		pain @ suppress @ Shoulder & arm seen by orthopaed surf let w o surgery planned on arm Abd pump + cancelled flight
28/9/01	S	Heartburn and acid in mouth. Also @ lower esophagus one night made him very immobile

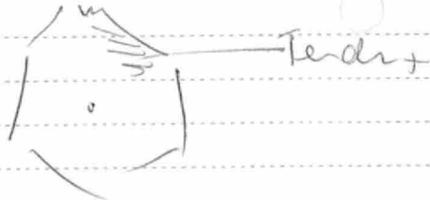
* This column has been provided for doctors to enter A, V or C at their discretion

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Form FP7

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Date * CLINICAL NOTES



17/10/01 S
 ↑ by laminitis 150 gca
 with Maximal
 pressure GREN ad
 2. BS.
 Heel after try more fibre
 He doesn't drink any alcohol
 or use illegal drugs.

1d/0/01
 need ^{2/3} WS form

17/10/01 S
 ① upper abd pain 7 3/12
 every day but variable
 Bowels intermittent diarrhoea/
 incontinence
 of Teeth ① UQ
 + Epigastric
 wt 68.5 kg

50

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

Date	★	CLINICAL NOTES
17/10/01		? <u>hamp pt diverticular disease</u> <u>mild diverticulitis</u> → 4 fibre fbc, ESR tomorrow 1) Metronidazole 400, tid 7ds 2) Ceftriaxone 500 tid 7ds → App ^t to see PIC next wk
2/11/01		Wants refer her to NHS Diet ⁿ advice re divertic
28/12/01	Urgent	S wants allergy testing - but I think worth trying any id ^{ts} first Anaphyl ^{ct} w/ the lumis. He felt there was a delay but I don't see it.

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

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He discussed about ghr

(51)

Date	*	CLINICAL NOTES
10/1/02		"allergy" - but Mr. [unclear] ^{could} cause fever. Mr. had a cold see [unclear]
23/5/02		RTA 10 yrs ago = residual pain sacrum/leg. Pains when lies down. ^{linked from fall} fell in Feb. - since then wakes = pain @ hip si joint/pelvis. leg XRay - discussed. is Tender si joint. No LOM hip. No spinal tenderness. see slight ↓ @ • Is on Rantidine for hiatus hernia. ✓ • Is going to see Osteop. or Chiropractor. ① Will see GP to discuss backpain 5/6/02. Horm. Plus Tox 3oc nocte,
22/7/02	①	Still getting (L) whole symptoms + variable bowel - Heat with in Lumbago for BA enemas after all ② Sacral pain + tenderness over bed laundry jumps in Jan. - Physio-

* This column has been provided for doctors to enter A, V or C at their discretion
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MALE Surname GRO-A Forenames GRO-A

Address

National Health Service Number Date of Birth

Date * CLINICAL NOTES

18/3/03 S Buerhinder ditca - f pain
 Mx anal pain
 ef
 Pedu r
 upper abdo
 + EHC



R.R. Anal tenderness. Pink to pr
 ? prsm
 -> Metro + Aph pr dt. des
 Rochschyl + ATN prand
 pain. Mx pr

* This column has been provided for doctors to enter A, V or C at their discretion. Produced in the UK by The Stationery Office Ltd D0006614 7-98 38806 G8850 Form FP7

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?

2.8 years months

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

years months

Name of Clinician *Mr* **GRO-A**

Department *General Medicine*

Hospital **GRO-A**

Address *London*

Post Code **GRO-A**

Signature of Clinician **GRO-A**

Hospital Stamp **GRO-A**

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp

Clinician's GMC number

GMC No **GRO-A**

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

years months

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

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

THE SKIPTON FUND

PO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

RECEIVED 24 FEB 2010

GRO-A
GRO-A
GRO-A
GRO-A

JL 27/11/09

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.

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? *GP*

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? **YES** *Delete as appropriate

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".

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

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

Has an HCV antibody test ever been positive? YES NO*

Is the applicant currently PCR positive? YES NO*

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 YES/NO*

(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*

If YES did transmission occur as a consequence of:

- sexual intercourse? YES/NO*
- accidental needle stick? YES/NO*
- mother-to-baby transmission? YES/NO*
- other (please specify)?

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? N/A YES/NO*

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

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	<input type="checkbox"/>
Factor IX concentrate	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>
FEIBA	<input type="checkbox"/>
Plasma/FFP	<input type="checkbox"/>
Whole blood or components	<input type="checkbox"/> (components include platelets, red cells, neutrophils etc)
Did treatment include repeated doses?	YES/NO*
Other coagulation factor concentrate	<input type="checkbox"/>
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

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	<input type="checkbox"/>	Plasma/FFP	<input type="checkbox"/>
Albumin	<input type="checkbox"/>	DEFIX	<input type="checkbox"/>
Bone marrow	<input type="checkbox"/>	Whole blood or components	<input type="checkbox"/>
		(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

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*

Has the infected person ever received hospital treatment outside the UK? If YES, what treatment and where? YES NO*

Is there any other evidence that might affect the eligibility of the infected person for payment? If YES, please specify? YES/NO*

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*

Unlikely

*Delete as appropriate