

Witness Name: Kathleen Stewart

Statement No.: WITN1002001

Exhibits: WITN1002002 – 046

Dated: 27 September 2019

**INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN1002042**

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TELEPHONE 0171 794 0500



THE ROYAL FREE HAMPSTEAD

Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath

Consultant: Dr K John Pasi MB PhD FRCP MRCPath FRCPCH

Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

File No:

Fax No:

E-mail:

GRO-C

28 January 1999

Mr Angus Stewart

GRO-C

London

GRO-C

Dear Mr Stewart

We hope you may be able to help us with some research. We are studying the occurrence of fatigue in individuals with inherited bleeding disorders. We hope that you would be able to complete the enclosed questionnaire, which will take about 45 minutes. It is important for you to know that the information obtained will be looked at anonymously.

We do hope you may be able to find the time to participate and we will certainly let you know the results of the questionnaire eventually.

Yours sincerely

GRO-C

Christine Lee  
Professor of Haemophilia

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**WRITTEN CONSENT FORM:**

**Title of research proposal: Risk of fatigue and chronic fatigue syndrome in patients with bleeding disorders**

**REC Number: P/98/083**

**Name of Patient/Volunteer :** Mr A Stewart

**Address:**

GRO-C

London

GRO-C

- The study organisers have invited me to take part in this research.
- I understand what is in the leaflet about the research. I have a copy of the leaflet to keep
- I have the chance to talk and ask questions about the study
- I know what my part will be in the study and I know how long it will take.
- I understand that I should not take part in more than one study at a time.
- I know that the local East London and The City Health Authority Research Ethics Committee has seen and agreed to this study.
- I understand that personal information is strictly confidential: I know the only people who may see information about my part in the study are the research team.
- I consent to the research team having access to my medical notes
- I freely consent to be a subject in the study. No-one has put pressure on me.
- I know that I can stop taking part in the study at any time.
- I know if I do not take part I will still be able to have my normal treatment.
- I know that if there are any problems, I can contact:

Royal London Hospital (

GRO-C

Stephanie De Lord  
Cathy Woosey  
Sheila Hayden

Royal Free Hospital (

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Chris Harrington

St. Bartholomew's Hospital (

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Dr Mark Weaver

GRO-C

Patient's/Volunteer's signature

Date

3<sup>rd</sup> Feb 1999

(Please return this signed form with your completed questionnaire)