

WITN3289016

M67/8620

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

Name of patient/child*: BRIAN AHEARN

Date of birth: GRO-C 1966

National Registration Number (if known):

Telephone: GRO-C

Address: GRO-C

MANCHESTER

GRO-C

1. I would like confirmation of whether I/my child* received UK sourced plasma derived clotting factors or antithrombin between 1980 and 2001. These include: factor VIII, factor IX, factor VII, factor XI, factor XIII and prothrombin complexes as well as antithrombin.

~~IN PERSON~~ / IN WRITING

2. I would like to know if I/~~my child~~* received an implicated batch.

YES/~~NO~~/~~DON'T KNOW~~

3. I would like to have a specific consultation with [the team] to discuss the implications of this issue. Please contact me to make an appointment.

~~YES~~/NO

4. I understand that my/my child's exposure to an implicated batch will be recorded in my/my child's hospital and GP notes, and on the National Haemophilia Database.

Signature

GRO-C

Date 22.9.04

Print name B AHEARN