CONFIDENTIAL
PATIENT VCJD EXPOSURE ASSESSMENT FORM

1. To be completed for all patients with bleeding disorders* (*including congenital antithrombin III deficiency).
2. For each patient please complete all parts of the form, print and place copy in patient's medical notes.
3. A copy should also be sent in confidence to the UKHCDO National Haemophilia Database Coordinator, University Department of Haematology, Manchester Royal Infirmary, M13 9WL

insert patient identifier sticker here

PART 1: PATIENT INFORMATION

UKHCDO Number:

NAME of Haemophilia Centre:

DATE of BIRTH

NUMBER of Haemophilia Centre:

Did the patient receive ANY UK sourced pooled factor concentrates or antithrombin* between 1980 and 2001?* Factor VIII, factor IX, factor VII, factor XI and factor XIII, prothrombin complex concentrates and antithrombin

YES PATIENT IS "AT-RISK" OF VCJD FOR PUBLIC HEALTH PURPOSES
NO PATIENT IS **NOT** "AT-RISK" OF VCJD FOR PUBLIC HEALTH PURPOSES

PART 2: EXPOSURE ASSESSMENT

Please complete the dates of first and last dose, and the total dose received for the batches listed below. Where no product was received please record 0 for the total dose. THIS INFORMATION IS IMPORTANT FOR PUBLIC HEALTH MONITORING, TO INFORM PUBLIC HEALTH PRECAUTIONS AND FUTURE POLICY FOR PATIENTS WITH BLEEDING DISORDERS*.

BRAND NAME	VIAL SIZE (IU)	BATCH NUMBER	DATE of RELEASE	DATE of FIRST DOSE	DATE of LAST DOSE	TOTAL DOSE (IU)
Factor VIII						
8Y	500	FHB4116	26.06.92			
8Y	500	FHB4189	14.04.93			
8Y	500	FHB4419*	31.07.95			
8Y	500	FHB4547*	01.11.96			
8Y	500	FHB4596*	06.05.97			
8Y	250	FHC0289	23.05.90			
8Y	250	FHC0369	18.12.90			
8Y	250	FHC4237	09.03.94			
REPLENATE	500	FHE4437	21.09.95			
REPLENATE	500	FHE4536*	04.09.96			
REPLENATE	500	FHE4548*	17.10.96			
REPLENATE	1000	FHF4625	29.07.97			
High purity F8	500	FHM3990	17.11.91			
High purity F8	500	FHM4054	06.05.92			
Z8	160	0301-70320	02.08.87			
Z8	190	0304-70510	14.07.87			

* batches previously notified by Bio Products Laboratory (BPL) to consignees

PATIENT VCJD EXPOSURE ASSESSMENT FORM (cont)

BRAND NAME	VIAL SIZE (IU)	BATCH NUMBER	DATE of RELEASE	DATE of FIRST DOSE	DATE of LAST DOSE	TOTAL DOSE (IU)
Factor IX						
9A	600	FJA0092	24.05.90			
9A	600	FJA4239B	09.07.93			
9A	600	FJA4308	18.06.94			
REPLENINE	500	FJM4327	10.10.94			
REPLENINE	500	FJM4437	27.11.95			
REPLENINE	500	FJM4596*	23.04.97			
REPLENINE	500	FJM4625	07.07.97			
HT DEFIX	276	3502-70210	14.09.87			
Antithrombin						
ANTITHROMBIN	500	ATA4535*	20.12.96			

* batches previously notified by Bio Products Laboratory (BPL) to consignees

FOR BATCHES of FACTOR VIII, FACTOR IX AND ANTITHROMBIN LISTED ABOVE

Has the patient asked to know if they received the implicated batch(s)? **YES / NO**

When was the patient informed if they received the implicated batch(s)? **DATE**

NAME of ASSESSOR: _____ **SIGNATURE:**_____

DATE: